

Bridgend County Borough Council

Decision making on the looked after children pathway

Summary Report

January 2018

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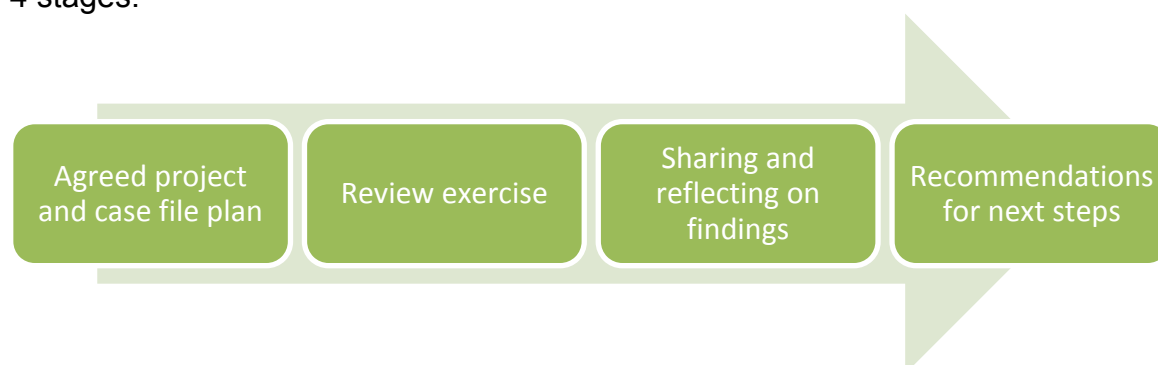
Summary Report

1 Introduction

Bridgend Children's Social Care have been facing a challenging agenda in the last period. With the completion of an external inspection of children's services by CSSIW in January/February 2017, there are some clear requirements for improvement as part of the ongoing remodelling programme which will place demands on staff and managers across the service.

The Institute of Public Care (IPC) has been asked to support Bridgend during this period in two projects, the first to support Bridgend management team through a bespoke leadership and management development programme and the second to undertake a learning review of a selection of cases where children have become looked after by Bridgend Children's Social Care. The purpose of this project is to help teams review the extent to which they have been able to embed the principles and practice of the Social Services and Wellbeing (Wales) Act 2014 in practice, and consider where further improvements in practice, guidance and protocols could be achieved.

In the project IPC are undertaking a review of the pathways experienced by the children and young people who have become looked after in the last year, to review decision-making and analyse practice across their care pathway and explore with teams how interventions and decision-making might have been more effective. The project involves 4 stages:



This report provides a summary of the findings from the diagnostic review of the assessment and care and support planning for children who became looked after in Bridgend between October 2016 and September 2017. The feedback is structured around the following case types:

- Unborn – where the family were referred during the pregnancy of the child who became looked after.

- Early intervention for children aged 0 to 11 years. Where the child referred was aged 0 to 11 years and there may have been opportunities for early intervention prior to the start of the child becoming looked after.
- Early intervention for children who were teenagers. Where the child referred was aged 13 to 17 years and there may have been opportunities for early intervention prior to the start of the child becoming looked after.

We were asked to look specifically at:

- The quality of decision making, timeliness, and threshold management at the front door including any relevant Information Advice and Assistance (IAA) arrangements
- How risk was identified, assessed, mitigated and managed
- Whether there is a coherent model of early intervention and preventative services, and the relationship between children's social care and these services
- Whether there is evidence of strength based, outcome focussed assessments and care plans
- Whether there is evidence of strong partnership working underpinned by a common value base and clear roles and responsibilities
- Whether there are dynamic quality assurance and quality improvement systems driving continuous improvement within and between teams
- Whether there is evidence of the involvement of children, young people and families at a service level and in practice.

Findings are summarised in the sections below.

2 Methodology

In November 2017 IPC reviewed the case records of 35 children who became looked after during the period October 2016 to September 2017. The cases were randomly selected by Bridgend Borough Council from all the children who became looked after in that period.

Within the 35 cases there were:

- 11 cases where the child was referred during the mother's pregnancy
- 13 cases where the children were aged 0 to 11 years at the point of referral of this episode of intervention.
- 11 cases where the children were aged 13 to 17 years at the point of referral of this episode of intervention.

The records reviewed were those available through Wales Community Care Information System (WCCIS) and the legacy DRAIG system for access to Word and scanned documents. Not all the records that were expected to be present were available e.g. Public Law Outline (PLO) letters. There were few if any items of correspondence or reports from external agencies available in the WCCIS records. This may reflect the migration of records from the old system to the relatively new WCCIS.

The WCCIS template forms appeared repetitive and were not always fully completed. There were no chronologies available in WCCIS. This meant there were cases where there was uncertainty as to whether we had been able to see all the records.

The template used to gather information from the records is attached as Appendix A.

3 Summary of Findings

3.1 Unborn – children identified as significantly at risk pre-birth

We reviewed 11 cases where children were identified during the mother's pregnancy as being at risk and where they subsequently entered care.

Key themes from the findings are:

- The need for pre-birth assessment and action to plan for the safeguarding of the baby at birth was correct in all cases. All the mothers and in most cases the fathers had long histories of vulnerability. Decision making was correct in the application of thresholds and in the use of care proceedings.
- There were examples of good pre-birth assessments i.e. those completed immediately after the referral. They identified the issues to be addressed and made recommendations for the next steps usually for more in-depth assessment including parenting assessment.
- The assessments did try to focus on strengths as well as risks and in the best assessments there was positive use of the structure provided by the assessment template to describe "what are we worried about", strengths, issues and "what matters".
- There were examples of assessments which lacked sufficient history and all the assessments could have benefited from a chronology. In a couple of cases, we were unable to find the completed assessment on the system.
- While assessments were timely there was insufficient urgency in nearly all cases in progressing the work. The key issue is not maintaining the pace of case progression following the referral so that pre-birth assessment and the birth planning and related decision making are all in place some weeks before the due date.
- The move through the linear sequence of strategy discussion, Section 47 enquiry, initial child protection conference (ICPC) and child protection registration (CPR) seems to delay the progress of the case as it appears that in some cases it is only after these steps are all completed that work starts on pre-birth parenting assessments. These delays meant that the pre-birth assessments were not being completed pre-birth or were completed in a rush. This weakens the basis for secure decision making for the birth plan.
- The PLO was used in nearly all these cases and helped to provide a structure to planning and decision making pre and post birth. While they identified the assessments required and what action the parents had to take, they were, perhaps, not influential enough in ensuring this work was completed in a timely way.
- There were examples of timely referral by maternity services and in nearly all the cases there was evidence of good information gathering and liaison with partner agencies and other local authorities. We could see the benefits of ICPCs in engaging partners in the development of case planning and decision making.

- Once the child is born the work to safeguard the child and work with the parent or parents is in most cases good with use of a range of placement options and services to assist the parents.
- In 5 of these cases, the parents had had previous children removed. There was little evidence of interventions or work with the parents following removal of these previous children.
- Psychological assessments were undertaken for some of the parents during care proceedings but not as part of the PLO process which meant the local authority's evidence on the parents' capabilities was less developed than it could have been at the point that care proceedings were initiated.
- There was only one example of a Family Group Conference (FGC) in this group of cases. In the majority of cases there were family networks who were engaged and were considered as carers during the care proceedings. An FGC might have enabled earlier engagement of the families with the issues in the cases.

3.2 Early intervention 0 to 11 years

13 cases were reviewed for the 0-11 age group. In this group there were five children aged 0 to 5 years, six aged 6 to 8 years, and two aged 9 to 11 years.

Key themes from the findings are:

- In all these cases the decision for the children to become looked after was correct and proportionate to the issues involved. In most cases at the time of becoming looked after the issues were serious and urgent, and alternatives had been explored.
- There were missed opportunities for earlier intervention with most of the cases [9 out of 13] either with Bridgend or other local authorities.
- It was hard to see that there was a coherent and coordinated approach to earlier intervention with the families. A number of cases had not had effective step down from an earlier social work intervention or should have been stepped up earlier. This raises the question of what services might be able to make a difference and or how parents can be motivated or enabled to make better use of the range of services available.
- There are a wide range of intervention services available and these are being used but in these cases they did not seem to make a difference. This is likely to reflect a combination of the lack of intensity of the services, the level of difficulties in the families, time limited interventions and how well the interventions are managed and coordinated within the multi-agency plan for the child and family.
- The assessments following the referral for the current episode were of mixed quality. There were good assessments with attention to history, information gathered from partners, family engagement, speaking to the children and leading to clear and appropriate recommendations. Where assessments were weaker they held more limited information, were based more on what parents reported and were limited in the review of history and analysis of what this might mean for the child and family now. There were some examples where the voice of the child was not evidenced or it was noted that their views were not sought as they were too young, even regarding some of the older children in this group.

- Parenting assessments were undertaken within care proceedings, as were psychological assessments, but we did not see such assessments used in pre-care proceedings.
- For all the cases it was hard to find chronologies completed as a routine part of the case work before public law proceedings started.
- For nearly all the cases the child protection process was well used and helpful in ensuring the protection of the children and the progression of the case.
- The PLO was used in seven cases. There were examples of cases that moved effectively through the process which helped give structure and clarity to decision making. It was perhaps too drawn out in a minority of cases reflecting the problems in engaging parents and evidencing progress.
- While there was considerable family involvement and efforts to place children within their families there was only evidence of three FGCs taking place amongst these cases.

3.3 Early Intervention - teenagers

11 cases were reviewed in this group. The young people in this group were mainly 15 years or older with one 13 year old, four 15 years, four 16 years and two 17 year olds. The most striking characteristic of these young people is that only four were living with a birth parent at the time they became looked after. Three were adopted, two were living with a grandparent and two with an aunt.

Key themes from the findings are:

- The decision making for the children to be looked after was correct in all cases. There was no other option available. In all the cases, the children became looked after as a result of the carers no longer willing or able to care for the young person due to their behaviours.
- There were good assessments in six out of the eleven cases. The assessments told the story, analysed the risk, were strength based, engaged with the young person and family and suggested programmes of work that reflected the needs.
- Only four of the eleven children were living with a birth parent and in all the other cases there were indications of the serious difficulties their adoptive or family carers were having. Most had had some intervention but not sufficient to address the difficulties and prevent the children becoming looked after.
- The majority of the cases had considerable previous histories and for a third of the cases there were opportunities for earlier intervention which might have had an impact on whether the child became looked after. For these cases we could not see a coherent model of early intervention and prevention. Services lacked effective coordination and the response seemed crisis led.
- We saw some good examples of working with the young person and ensuring their views were heard.
- In all the cases there was liaison with partner agencies. However, there appeared to be missed opportunities in some cases to work pre-looked after especially with schools and education and therapeutic services given the special needs of these children.

- Only in two of the cases was a FGC held. There were other cases where an FGC might have been useful to help mobilise family and service resources to help the child and family at an earlier stage.
- A range of services were used in the cases and once the child was in care the key services were the quality of the placement and the social work input with the child, family and in managing sensitive issues such as contact.
- All the children initially entered care under Section 76 which was appropriate. For a number of these cases where care proceedings had or were subsequently being initiated we could not see the benefits of this given the continuing engagement of the family and the age of the child.
- There were two cases where vulnerable young people had been placed in supported lodgings/independent living, where this decision appeared to be inappropriate.

3.4 General conclusions

- At the point where the children became looked after this was the correct decision and the best way to safeguard their welfare and well-being in all the cases reviewed.
- While in many cases there was discussion about the use of a FGC there were few cases where there was an FGC. FGCs were not used as part of early intervention strategies.
- The weaknesses seen in assessments related in part to the lack of attention to history for the child and the parent. Chronologies were hard to find outside of public law documents.
- Parenting and psychological assessments seemed not to be used outside of public law proceedings.
- Whilst there was some evidence of ensuring the involvement of the children and young people in their planning, there were examples of where this was missing: - the child's voice does not yet appear to be consistently embedded and recorded in practice.
- There was directional supervision in most cases but there were gaps in managers signing off assessments and other key documents. We did not see evidence of reflective supervision on the case files.

4 Suggested recommendations

- Strengthen progression of work in pre-birth cases so that where it is clear, following initial assessment, that a substantial intervention will be required, (as it was in all these cases), work starts on parenting assessments and other assessments of the adults as early as possible and should be completed well before the birth due date.
- Review what services could be available for parents who have had children removed at or shortly after birth so that the likelihood of the removal of future children is reduced. The development of the Reflect service helps meet this recommendation.
- Ensure that parenting assessments and psychological assessments are considered as part of the CPR or PLO stage of the case or earlier to enable better judgments to be made about the plan for the child and for the local authority to be more fully prepared at the point care proceedings are initiated.

- Make better use of FGCs in public law proceedings and at the PLO stage so that what the wider family and support system can or cannot provide is understood earlier in the child's journey.
- Chronologies should be present on all cases and developed further when cases enter PLO which will enable social workers to complete a better analysis of the parents and the child including future risks and the capacity for change.
- Review the impact of early interventions to understand whether and where they are making a positive difference, especially with the children and families with the highest needs, and where there are gaps in services or where existing services are not having an impact.
- Work with social workers on improving the consistency of assessments so that they are all 'good'.
- Identify at an early intervention stage and with partners, children not living with birth parents or who are adopted and where there are early signs of difficulty in relationships, and ensure that these children at higher risk of becoming looked after are given priority for services.
- Review how management oversight is undertaken so that there is a clear record of oversight on the cases and that the reflective as well as the directional elements of supervision are recorded.

Institute of Public Care
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5 Appendix A: Template

Question	Response	Notes
Case Ref Number		
Date of birth (month and year only) and age of key child		
Gender of key child		
Broader family composition i.e. number of siblings, whether living with Mum, Dad, Step Parent etc.		
History, including of previous referrals / social care episodes / prevention and social care services involved		
Date (month) of referral leading to the latest assessment for this care episode/intervention		
Dates assessment started and completed		
Is the assessment proportionate to the needs?		
Assessed needs of the child and family (in brief)		
Is the assessment strength based and outcome focused?		
Anything missing from the assessment?		
How well does the assessment reflect the information gathered?		
Are families' voices central to the assessment process and content and based on what matters to them?		
What other influences on the assessment are evident and decision making i.e. other agencies?		
Does the plan reflect the needs and risks		

Question	Response	Notes
identified.		
To what extent have social worker decisions been timely once children are in the assessment process?		
What services or supports have been harnessed to meet this child and family's needs? Including the resources of family, friends and community, the social worker themselves, 'in house' resources and the resources of other agencies. Do the resources reflect the assessment and plan?		
To what extent have these interventions and supports been evidence based?		
Have any particular needs been unmet?		
To what extent has the assessment been impactful / resulted in positive well-being outcomes for the child (and family)?		
Child status at the point of coming into care e.g. on a Child Protection Plan or Care and Support Plan? TAF Plan? No service involvement?		
Circumstances including risks and protective factors at the time of their entry into care – are these reflected in the latest assessment		
Date of coming into care		
What were the key factors influencing the decision that they should come into care?		
Was the decision making timely? Were panels or senior managers involved and did partners play a role in the decision making?		
Was there a Family Group Conference or similar kind of meeting?		

Question	Response	Notes
Was there evidence of child's wishes and views contributing to the plan and personal well-being outcomes identified?		
Was the PLO process used and if so how effective was it?		
To what extent were placements with family, friends, relatives explored?		
Was the child and family supported to ensure that if possible the child can return to their family		
To what extent has there been a consistent social worker for this family?		