

# Care Crisis Review

Children's Principal Social Network  
survey findings



2018



CARE CRISIS REVIEW



## Care Crisis Review

### PSW Survey Findings

**Feb 2018**

#### **Background:**

Applications for care proceedings in England and Wales are at record levels. This is one factor contributing to the rise in the number of children looked after, now at the highest level since 1985. A Sector-led review, facilitated by the Family Rights Group, has been commissioned to look at underlying causes and to identify reforms that will safely reverse this trend whilst retaining a focus on achieving the best outcomes for children.

The PSW Network has been invited to participate in this review. This report summarises the findings of our recent survey of PSWs. It is being distributed for final consultation with PSWs, and invites final comments and further suggestions to be shared by, or at the National Network Meeting on 20<sup>th</sup> February 2018.

The final report will be submitted to the Care Crisis Review Team.

#### **Executive Summary of Findings:**

- There has been a strong response to the survey that covers every region.
- Social workers are concerned about rising numbers of children in care and care applications. This picture is not uniform across the country.
- Other work in the care crisis review is needed to correlate effective interventions with areas where care numbers are stable or falling.
- Social workers are advocating for the reinstatement of preventative services and the time to do effective relationship based social work.
- Social workers are concerned about the impact of austerity on vulnerable families.

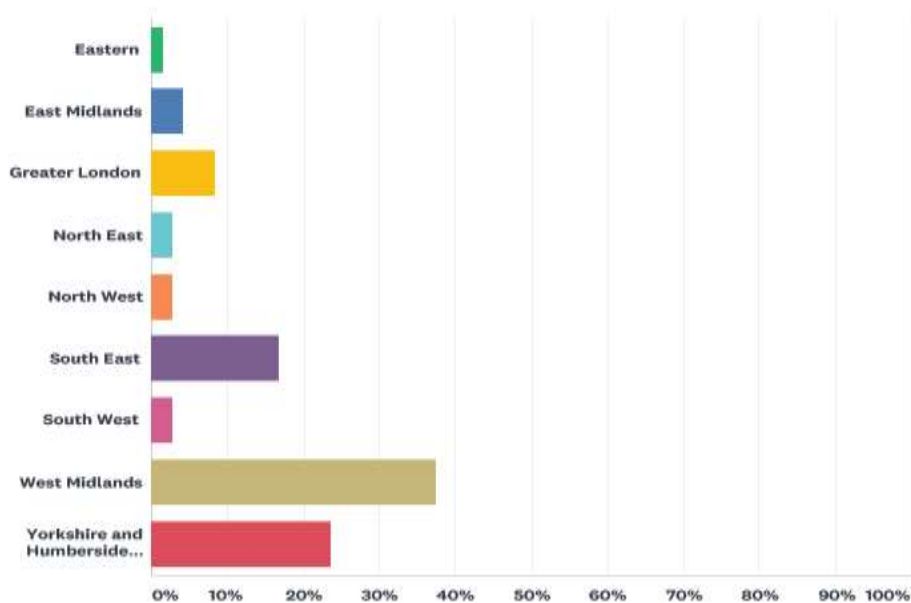
## Survey Findings:

### 1. Response Numbers:

Surveys notoriously elicit very poor response rates. It's not possible to know what the rate of response to the survey was as individual PSWs were asked to share the survey within their organisations, however the number of responses has been very healthy, with 76 responses in total. The spread of the survey was also healthy, with every region covered by the Network producing at least one response. Three regions accounted for over 75% of the total number of responses. There is no reason to suggest that the 'crisis' is most acutely experienced in regions with higher response rates.

#### Q3 What region do you work in?

Answered: 72 Skipped: 4



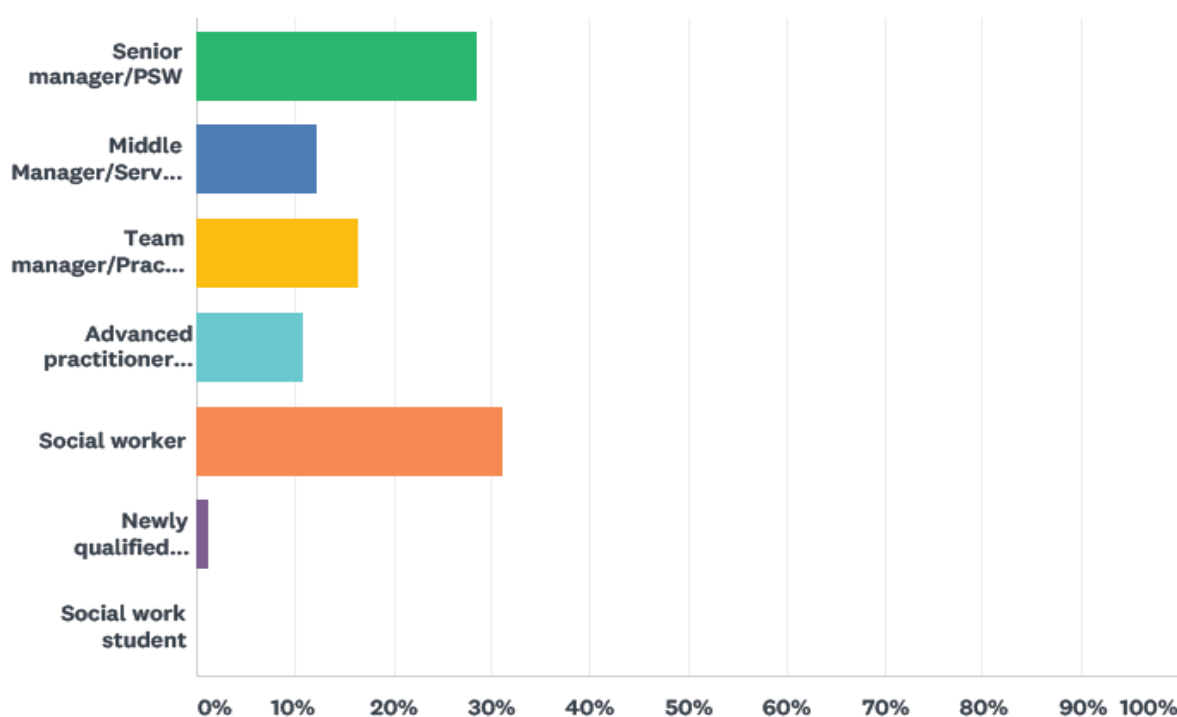
ANSWER CHOICES	RESPONSES
Eastern	1.39% 1
East Midlands	4.17% 3
Greater London	8.33% 6
North East	2.78% 2
North West	2.78% 2
South East	16.67% 12
South West	2.78% 2
West Midlands	37.50% 27
Yorkshire and Humberside Branch	23.61% 17
TOTAL	72

## 2. Who Responded?

40% of respondents identified themselves as middle to senior managers and/or PSWs. Just over 40% identified themselves as either senior or advanced practitioners or as social workers. In other words there was a good spread of those with experience of front line practice and those with a whole system view.

### Q4 What is your professional role?

Answered: 74 Skipped: 2



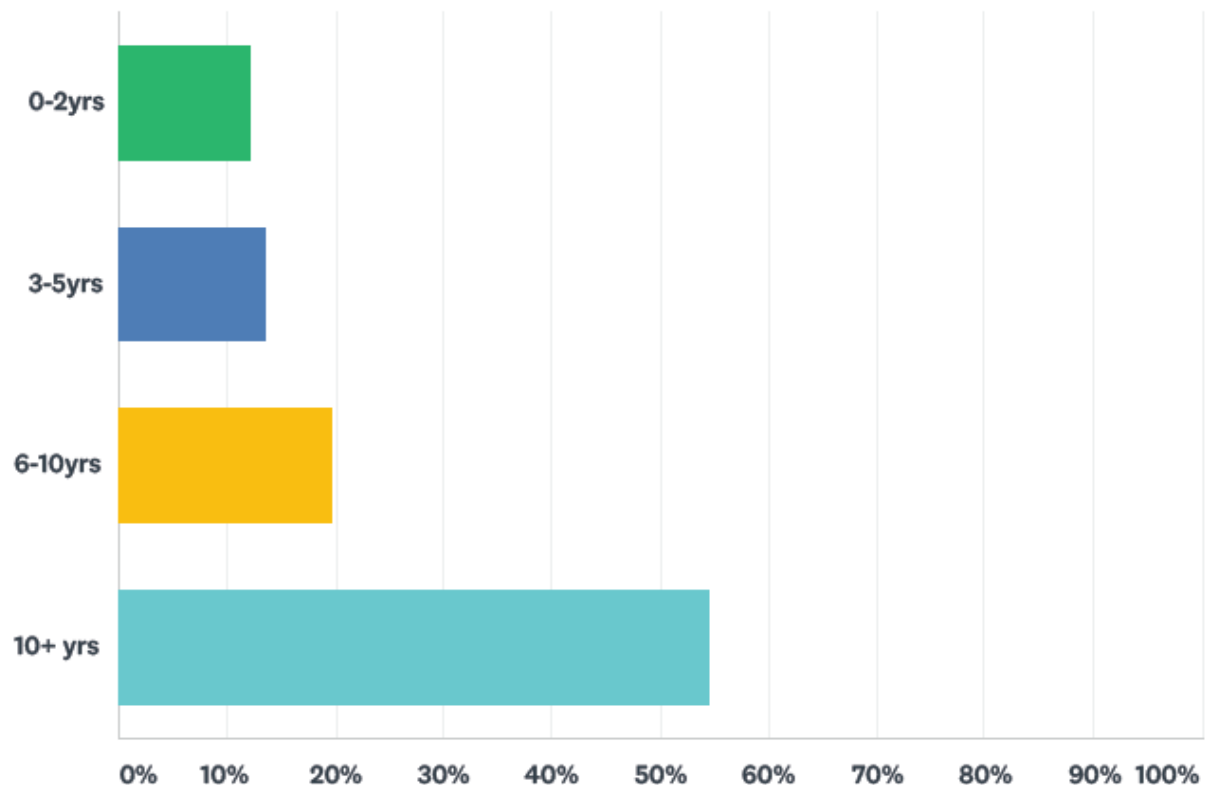
ANSWER CHOICES	RESPONSES	
Senior manager/PSW	28.38%	21
Middle Manager/Service Manager	12.16%	9
Team manager/Practice manager	16.22%	12
Advanced practitioner / Senior social worker/consultant social worker	10.81%	8
Social worker	31.08%	23
Newly qualified social worker	1.35%	1
Social work student	0.00%	0
<b>TOTAL</b>		<b>74</b>

### 3. Level of Experience

Encouragingly the respondents to this survey carried very significant levels of post qualifying experience. 88% of respondents had over 3 years post qualifying experience. Nearly three quarters had over 6 years experience and over half had more than 10 years experience. It's reasonable to conclude that respondents to this survey are highly committed to statutory children's social work and are well informed through a meaningful historical context.

## Q5 How long have you been qualified?

Answered: 66 Skipped: 10

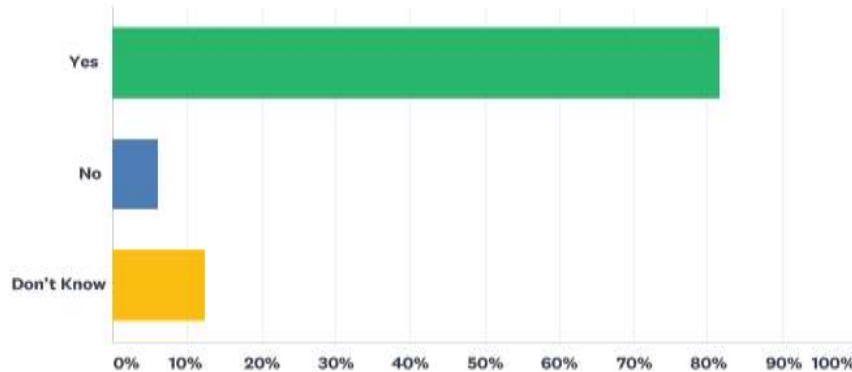


ANSWER CHOICES	RESPONSES	
0-2yrs	12.12%	8
3-5yrs	13.64%	9
6-10yrs	19.70%	13
10+ yrs	54.55%	36
Total Respondents: 66		

#### 4. Care Numbers

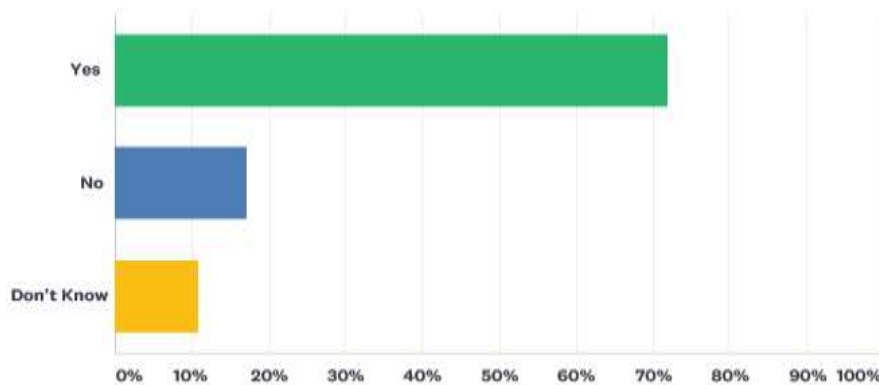
Q6 In your experience are the numbers of care applications increasing?

Answered: 65 Skipped: 11



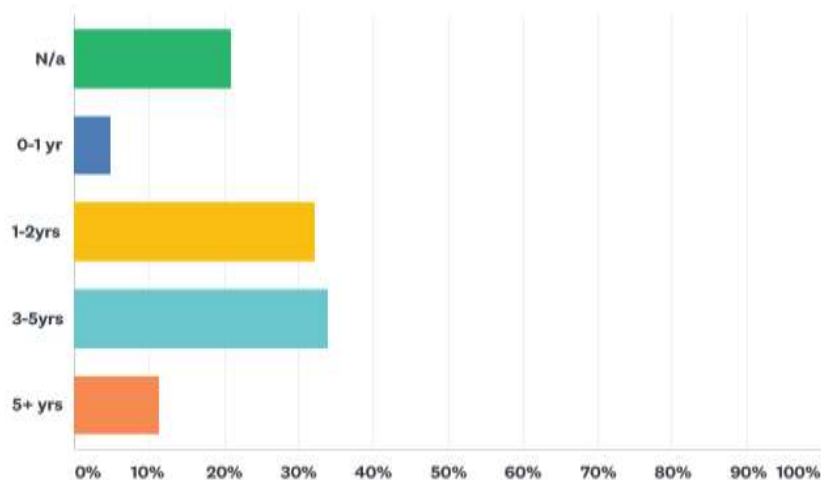
Q7 In your experience are the numbers of children and young people coming into and remaining in care increasing?

Answered: 64 Skipped: 12



Q8 If you have noticed an upward trend, roughly how long do you think that has been going on?

Answered: 62 Skipped: 14



The purpose of questions 6 – 8 is not to capture factual information as this is available through national statistics. The purpose is partly to capture the ‘mood’ or experience of the profession and partly to introduce the more important questions around why care numbers are increasing and what might be effective in reversing this trend.

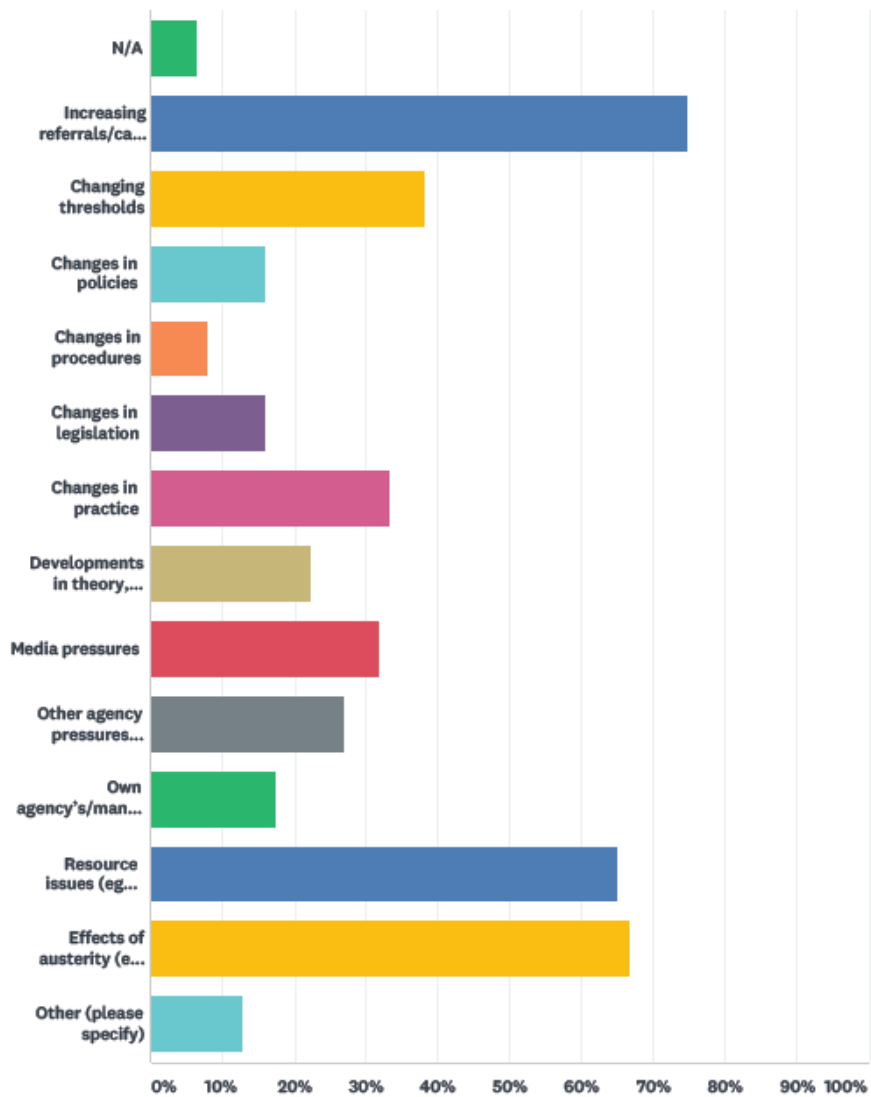
Overwhelmingly the experience of social workers is that numbers of care applications are going up and that the number of children in the care is also increasing. The perception is that this increase has been taking place over the past 5 years (71%). Findings from national statistics would suggest that whilst there have been spikes around major events such as the death of Peter Connolly, there has actually been an upward trend dating back to the early 1990s and the introduction of the 1989 Children Act. The Care Crisis Review will be examining in detail the underlying causes behind this trend.

Clearly there are some Local Authority areas where care numbers are not increasing. This section of the survey therefore may also facilitate a correlation between areas where care numbers are not increasing and the sorts of interventions that are thought to be effective at keeping children out of the care system.

## 5. Underlying Reasons for Rising Care Numbers

Q9 If you have noticed an upward trend, what do you consider to be the main drivers in this?(identify as many as you consider apply)

Answered: 63 Skipped: 13





## Other Factors Identified by Respondents:

### OTHER (PLEASE SPECIFY)

families giving up on young people with challenging behaviour

Risk averse practice, case law, high levels of scrutiny if Authorities have not done well on inspection

General awareness has increased amongst partner agencies

domestic abuse increase, no support for perpetrators to change

Reduction in other support eg CAMHS

greater understanding fo safeguarding from the general public and multi agency partners

Welfare reform & austerity

case law

The full set of responses to question 10, asking for more details in relation to the issues identified in question 9, are provided at the end of this report in Appendix A.

- The responses tended to group into four broad areas:
- Increasing Awareness and changing Policy and Practice
- Increasing Risk Aversion
- Reducing Resources
- Austerity and Increasing Levels of Deprivation

### Increasing Risk Aversion

Included in this was a sense that media pressure, inspection regimes, and pressure from court processes and timescales as well as high case loads all contributed to a sense for some respondents of an increasingly risk averse culture:

*“Higher caseloads warrant less time for relationship building and truly getting to the heart of cases in order to feel confident in making risk sensible decisions. Inspection regimes and Court process create a constant pressure and expectation which at times pushes SW into process thinking rather than balanced professional judgement. Fear of getting it wrong and being blasted across tabloid newspapers and social media make the profession and senior managers more risk averse”*

*“When LAs are in intervention the response is to become risk averse because of the high level of scrutiny; in my opinion it can make practitioners less able to hold risk. Greater internal scrutiny can mean that cases are escalated sooner rather than later”*

*“Lack of resources= absence of preventative work. Media pressure= increasing caseloads. Increasing caseloads= more crisis response and unwillingness to manage risk which then serves to lower thresholds”*

On the other hand in some areas there was a sense of confidence around an improving ability to accurately assess risk and to make correct decisions about care applications, where these decisions may not have been made in the past:

*“Assessment of risk has improved with the increased auditing of SW practice. The Authority Senior Managers have a better oversight of the front door services, and where children have been left in difficult home circumstances due to previous poor practice, these cases are now being rectified and assessments are of better quality”*

### **Increasing Awareness and changing Policy and Practice**

Growing awareness in the population generally and amongst other professionals around issues such as domestic abuse and child sexual exploitation are cited by respondents as driving an increase in referrals, in some places there has also been a lowering of thresholds and consequently increasing numbers of children coming into care.

Changes in ‘policy’ or practice around areas such as use of S.20 was seen as contributing to an increase in care applications.

Respondents have also expressed concerns about the 26 week care proceedings ‘limit’ resulting in insufficient time for change or for permanence plans for children outside of the care system to be realised:

*“Developments in policy and research rightly and positively for children means that we are intervening early but timescales for families to achieve change are much reduced”*

This is seen as contributing to both increases in numbers of children in care, and care applications, and also the need for repeat care applications.

### **Reducing Resources**

A high proportion of respondents identified funding cuts and a reducing resource base as being key drivers. Cuts in early help and preventative services and reducing availability of wider support, such as family support services or CAMHS are seen as contributing to increasing case loads and numbers of children in care:

*“Services to support families prior to getting things to crisis have been cut”*

*“Due to increasing Caseloads it is hard to do pro active social work hence you are always reacting in a crisis”*

Social workers themselves see rising case loads and increasing bureaucracy as impacting on their availability to undertake direct face to face and preventative work with families:

*“Social workers are still bound to their desks”*

*“... huge pressures on social workers with increasing amounts of complex paperwork in order to meet the demands of our regulatory bodies and the courts ...”*

And recruitment and retention challenges are seen as impacting on caseloads, confidence and decision making:

*“Due to recruitment challenges we have an inexperienced workforce with inexperienced managers. This can lead to a lowering of the threshold combined with an increase in complexity of cases which leads to an increase in care applications”*

*“.. lack of experienced managers with limited experience of working with some of the issues social workers are managing”*

*“less staff and resources and more cases means that workers don’t have the capacity to fully assess a situation and implement preventative work to enable children to remain at home”*

## **Austerity and Increasing Levels of Deprivation**

There was a very clear and consistent message coming from a high proportion of respondents that austerity measures were leading to increasing levels of poverty and deprivation, and the reduction in the range and availability of community resources and preventative services, and that this was impacting severely on families' resilience and outcomes for children. This dynamic is summed up very eloquently by one respondent:

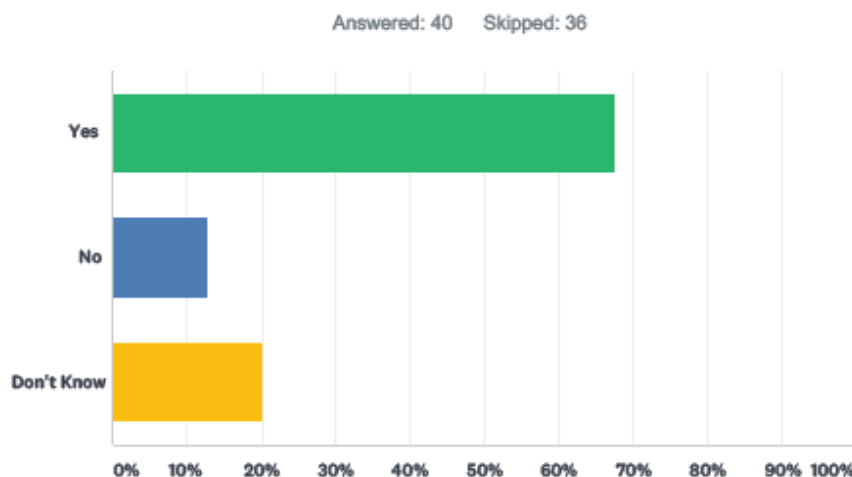
*“Referrals are increasing due to professionals seeing an increase in children presenting as neglected - dirty and hungry at school for example. While this can potentially be down to the parent's neglectful attitude, more and more it is due to financial issues created by the austerity measures in place - bedroom tax and benefit cap for example ... Because the early help is not present, these cases are escalated. This leads to expectations being higher for the family than they can achieve and so care proceedings are the only option”*

This situation, with an increasingly risk averse culture, reductions in services and funding, social workers not being able to focus on direct work and prevention, and increasing levels of poverty and deprivation could be described as something of a 'perfect storm'. Although there is also evidence that this picture does not impact uniformly across every region or authority.

## Prevention and Early Engagement

Fortunately the picture is not all bad news and more than two thirds of respondents felt that there were effective approaches to early intervention and prevention.

**Q11 Are you aware of any effective approaches (either where you work or elsewhere) to positive early engagement that enhance the chances of resolving family difficulties?**



A full list of the responses to question 12 is provided at the end of this document in Appendix B. To summarise though, a wide range of approaches were identified. These included:

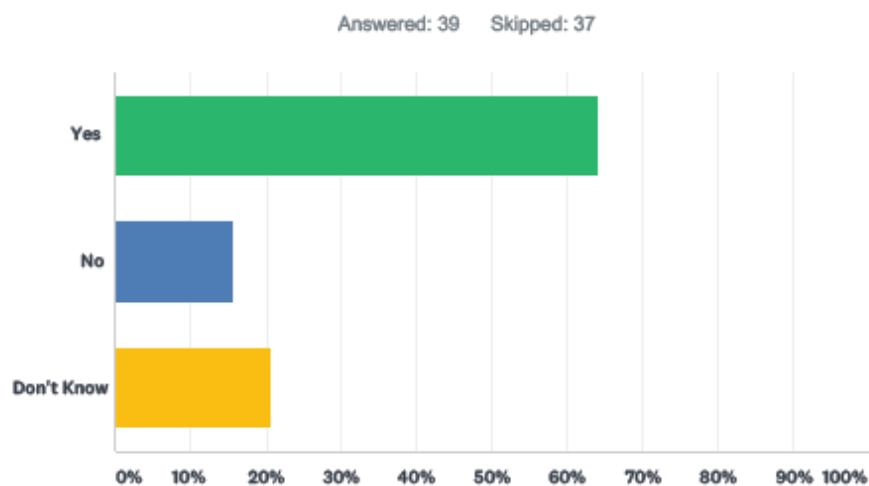
- Family Safeguarding
- Family Drug and Alcohol Courts
- Family Group Conferencing
- Signs of Safety
- Pause
- Systemic Practice
- Multi Systemic Therapy
- Early Help, Crisis Intervention and Edge of Care Services

What these interventions or styles of working all have in common is that they are restorative, strengths based and collaborative approaches that seek to foster engagement and proactively problem solve with families.

## 6. Helping Children Stay out of or Leave Care

There is also reason for optimism arising from responses to this question, with two thirds of respondents again being able to identify policy or practice which helps to keep children out of care.

**Q13 Are you aware of any policies or practices (either where you work or elsewhere) which may safely lead to reductions in care applications, children coming into care and staying in care?**



Along with many of the approaches already identified in the previous question respondents noted other strengths based approaches such as:

- No wrong Door
- Family Finding (USA Model beginning to be introduced in the UK)
- Brighter Futures
- Lifelong Links
- NSPCC – Reunification Programme

Respondents also referred to what could be broadly described as more confident and assertive case management approaches. These included

- More effective and assertive use of PLO
- High level reviewing of Care Plans
- Resourcing 'Edge of Care' services
- Changes in managing adolescent risk behaviours

Finally a number of respondents commented that preventative social work requires smaller case loads in order to work proactively and to spend time with families building strong relationships. This final point obviously links back to respondents' concerns about increasing caseloads and bureaucracy preventing social workers from being able to work effectively. (Full responses are provided in Appendix C)

## **7. Research Findings**

The Care Crisis Review Team is in the process of collating research findings and this question was asked mainly to ensure that nothing was missed.

Respondents mainly referenced the evaluations of the innovation programmes (see full responses in Appendix D). However the final response was in the form of a plea and referenced the work of Paul Bywaters et al on deprivation, poverty and inequalities within the funding of child protection services. Given the concern respondents expressed about the impact of austerity, this plea appears to be particularly pertinent and echoes the concerns of others in the profession.

## **8. Final Thoughts**

The last question asked for anything else respondents would like the Care Crisis Review to take into consideration (full responses are presented in Appendix E).

Many themes already touched on came up. A number of respondents made the point that the issues are systemic and can not be reduced to one or two isolated factors:

*"I don't believe that there is a single solution but that both national and local strategies are required alongside effective interpersonal work with families"*

*“Courts, CAFCASS and CSC working together, rather than against”*

*“It is intimately related to the decisions this government have made about benefits, housing, resources - particularly in the areas of legal aid, domestic violence, early help parenting services, and the NHS (specifically mental health services for adults and children). This is not one problem, it is a combination of many”*

Other common themes that came up were the need to reduce case loads, the need to retain experienced staff, the fear of making mistakes and the public perception and understanding of the social work role.

Finally as one respondent put it:

*“... we will need to be tenacious to engage and .... work with govt to lobby ... for a more consistent investment in children's early help and protection”*

## **9. Conclusion**

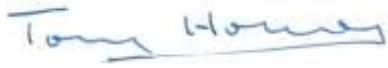
It's clear from the level and quality of responses to the survey that social workers are engaged and concerned about this issue. As can be seen from responses there is a clear message that this is not a single issue problem but a system wide one. Social workers are concerned that the conditions for working effectively are not always available to them, for example having the support services and resources, not being able to retain experienced social workers, and case loads and bureaucracy preventing the intensive direct, relational social work that they feel could make a difference.

On the other hand social workers do have confidence in many of the new innovation programmes and emerging strengths based approaches. There appears to be a ground swell in which social workers understand and value use of self as agent for change, relationship and restorative approaches.

There is also a high level of concern about the effects of austerity and how this undermines efforts to support families.



The results of this survey indicate a willingness within the profession to be a part of the solution, but also recognition that social work can only be *a part* of the solution and that public policy and large scale systemic issues need to be addressed.

A handwritten signature in blue ink that reads "Tony Holmes". The signature is written in a cursive style and is underlined.

**Tony Holmes**

**Principal Children and Families Social Worker, City of York Council**

**(On Behalf of the Children's PSW Network)**

**09.02.18**

## Appendix A - Brief Description of the Issues Leading to Rising Care Numbers

#	RESPONSES
1	NA - In our authority the number of applications have remained consistent since 2015.
2	Austerity in relation to the impact on local authorities regarding the level of savings they are required to make due to cuts from government - this means that there are fewer resources, fewer people and expectation that staff can be everything including HR, finance and administration as well as social work etc.... This is in the context of a growing population who are also struggling with austerity
3	- austerity impacting on resources allocated to early help work - risk averse culture
4	Case law in relation to section 20 had an impact leading to cases being issued which historically sat within LA's under section 20 arrangements. Austerity and the hit on early intervention services has meant that families are coming in a greater crisis. When LA's are in intervention the response is to become risk averse because of the high level of scrutiny; in my opinion it can make practitioners less able to hold risk. Greater internal scrutiny can mean that cases are escalated sooner rather than later. There is a drain of practice wisdom over time; promotions happen sooner and the ability for supervisors to think creatively is not fully developed and there is no one sometimes in a chain of line management which has the breadth of experience that can assist with the necessary creativity. Although process was designed for swifter decision making and therefore positive outcomes for children the time allowed is insufficient to allow families to make the necessary changes. Cases move to the next stage at times because the definition of what constitutes drift and delay has shifted. Case law around adoption has skewed decision making in LA's at times which means that young children are sometimes having repeat proceedings.
5	Increasing referrals and numbers of families in crisis with children in need of protection
6	The media has influenced legislation, austerity has meant there are less resources to support vulnerable families, the move towards working in children's timescales has meant an increase in proceedings and children becoming looked after
7	Lack of early intervention is then meaning that situations are escalating and damage is being done that cannot be undone With increasing knowledge and good practice there is also a recognition that children cannot be left in unsafe environments while parents are given endless chances to make changes which is prompting swifter action
8	Legislation and case law regarding adoption and SGOs as well as thresholds leading to changes in practice and not as many children leaving care as a result. Increase in appropriate referrals as a result of a greater awareness of partner agencies of thresholds. Austerity is significantly impacting on Local Authorities in the North East and deprivation is more significant as a consequence. .
9	Higher caseloads warrant less time for relationship building and truly getting to hear of cases in order to feel confident in making risk sensible decisions Inspection regimes and Court process create a constant pressure and expectation which at times pushes SW into process thinking rather than balanced professional judgement Fear of getting it wrong and being blasted across tabloid newspapers and social media make the profession and senior managers more risk adverse Very complex needs of family and the impact of poverty, unemployment etc create more stress and pressure which impacts on children and escalates worry
10	Families under greater pressure from cuts to services particularly preventative services. Services often managing on short term money so cannot follow through results
11	I feel there is not an upward trend in children coming into care as the decision is not made lightly and requires senior managers approval.
12	Due to increasing Caseloads it is hard to do pro active social work hence you are always reacting in a crisis. It also means that you have less time to support a rehab back home plan hence the rehab may brake down. As there are extremely limited resources it means long delays in work being completed if families can not afford to fund their own work.

13	Mental health and the lack of available support Lack of professions working together sharing information Domestic abuse and the increase, perpetrators moving to new partners and repeating the behaviours Financial issues within the families
14	Services to support families prior to getting things to crisis have been cut, we are a risk management team now and we should be working to prevent risk, planned supported working and not fire fighting. Lack of funding, lack of services, .
15	working in the area of adoption there has been a significant increase in the number of children with care and placement orders in the last 18months.
16	Media - due to cases like Baby P Austerity and services - less preventative services means that families do not have the same level of support so are coming into child protection services.
17	There is a significant reduction in preventative services, almost no camhs services for children and young people displaying mental health issues or trauma associated with separation and loss issues arising from being separated from family members. Lack of support for foster carers from fostering teams who have been reduced significantly resulting in greater households to support in addition to managing to request for placements. Increase in workloads, lack of experienced managers with limited experience of working with some of the issues social workers are managing. increasing pressure upon foster carers, placements, children being placed in long term placements at a much younger age, fragile connected care placements that disrupt when children reach adolescence. Anxieties for staff about performance, competence and accountability. Working within a city centre office, difficulty in reaching work and not co-located within the communities in which we work and therefore less available and accessible to children and families.
18	Assessment of risk has improved with the increased auditing of SW practice. The Authority Senior Managers have a better oversight of the front door services, and where children have been left in difficult home circumstances due to previous poor practice, these cases are now being rectified and assessments are of better quality.
19	caseloads have increased across whole service, impacting on available resources. increase in number of times children on CP plans escalating into court arena and number of further children born to parents in proceedings has increased. there has been a noticeable increase in neglect cases and families are really struggling to meet the needs of their children - although the pattern, I would say, comes more from generational neglect and failure to sustain changes
20	Lack of resources= absence of preventative work Media pressure= increasing caseloads Increasing caseloads= more crisis response and unwillingness to manage risk which then serves to lower thresholds over time Austerity leads to more families being pressured, and a greater total number of stressors on families vulnerable to difficulty
21	Referrals are increasing due to professionals seeing an increase in children presenting as neglected - dirty and hungry at school for example. While this can potentially be down to the parent's neglectful attitude, more and more it is due to financial issues created by the austerity measures in place - bedroom tax and benefit cap for example. The families in crisis have no community resources as the society is blameful and individualistic, and so the situation deteriorates. Where once there were children's centres and parenting classes where community resources were offered and shared, these essential first contact services have been cut by the belt tightening budgets provided to the Local Authorities. Because the early help is not present, referrals come in to Children's Services and because of the deterioration, these cases are escalated. This leads to expectations being higher for the family than they can achieve and so care proceedings are the only option.
22	Changes to the benefit system has had a massive impact. Restructuring of teams and thresholds. Budgets cuts and delay in families receiving the service they require.
23	ok
24	Due to recruitment challenges we have an inexperienced workforce with inexperienced managers. This can lead to a lowering of the threshold combined with an increase in complexity of cases which leads to increase in care applications. Whilst the majority of these are appropriate there are a number where we have sought care orders and not been granted these which may indicate a threshold issue and workers not having sufficient time to undertake effective interventions due to increase in workload.
25	Since Baby P there have been increased referrals this has meant proportionately a rise in court proceedings: increased awareness of other scandals etc CSE, gangs etc resulting in increased knowledge and referrals; austerity has led to more children's and families being impacted by alcohol, drug use, poor housing and hence more need
26	Changes in welfare legislation and policy are squeezing families, breaking up communities and eroding family and community resilience

27	less staff and resources and more cases means that workers dont have the capacity to fully assess a situation and implement preventative work to enable children to remain at home. There is a lack of time to enable workers to complete a full and proper risk assessment and so are sometimes too risk averse
28	Awareness steadily rising over time leading to more referrals Services have been reducing as a results of cuts
29	Increasing caseloads have meant that practitioners have less time to work with Children and Families, there are huge pressures on social workers with increasing amounts of complex paperwork in order to meet the demands of our regulatory bodies and the courts, there is also a huge shortage of experienced social workers primarily because of burn out and people not remaining in frontline work for extended periods of time. This means families who have extremely complex needs are not getting the level of service they require and issues can often be missed as practitioners have not got the level of experience required. Developments in policy and research rightly and positively for children means that we are intervening early but timescales for families to achieve change are much reduced. Whilst this is positive in terms of children not experiencing delay and drift we need to also see this in the context of resources and services designed to address some of the difficulties they experience often having long waiting lists and therefore timescales do not match up. Often this work can then be significant and again lengthy so this often goes beyond the timescales of how long we can allow children to wait. However the difficulty is that even when this work is identified often providers such as the NHS or other local services cannot prioritise people on the basis they have children and will say that whilst significant it doesn't meet the need of there service. LA's are then left to foot the bill for expensive and comprehensive therapy out of very under resourced safeguarding budgets. The impact of this under resourcing has meant cuts to alot of the safeguarding budgets in turn reducing our Early Help offer to families. Whilst we can streamline and make effective use of these services these are now being cut considerably which increases the role of social workers in picking up some of these deficits. On top of this we are dealing with families faced with the financial pressures enforces upon them by the government cuts and policies generally. Austerity has had a massive impact on the levels of poverty and deprivation faced as well as the levels of stress and frustration within homes. This in turn leads to homes that are increasingly then becoming abusive either physically or emotionally
30	national focus of cutting back on early intervention and early identification of vulnerable children and their families. increased caseloads and negative media representation of the social work role has lead to some risk adverse practice. social workers still 'bound' to their desks, form filling and tick boxing rather than being able to spend time with families.
31	increase in care since Peter Conolly and this has not stopped due to futyher child deaths and the media coverage of them. we work in a very risk adverse way. lack of a practice framework to manage risk and safe uncertainty. impact of lack of early help to work with low level distress in families. im pact of austerity on domestic abuse, use of substances and metal health. difference in multi agency thresholds without multi agency working
32	Overall impact of austerity, case law and lack of preventative services.

## Appendix B - Effective Approaches to Positive Early Intervention

#	RESPONSES
1	FDAC
2	family approach
3	- Leeds model re restorative practice - Ealing model of working with young people - we are just going through transformation and applying locality multi-agency working, early help family group conferences, targeted youth service for edge of care cases In addition joining FDAC and commissioning MST
4	-signs of safety/wellbeing approach applied from universal and early help service level to social care level of intervention; through increased early use of naturally connected network in support and safety planning; through promoting a robust risk assessment framework which recognises harm and risk as well as strengths and existing safety.
5	Early intervention programmes with a whole family approach so working with victims and perpetrators. Multi-disciplinary working in teams (Family Safeguarding Model)
6	N/A
7	PAUSE project After Adoption - birth mothers Edge of Care wrap around packages of support to prevent a child becoming looked after Family Group Conferences Signs of Safety methodology
8	Signs of safety has really helped us to be clear about our concern and specific about harm. impact, likelihood of reoccurrence etc - our biggest challenge is have therapeutic support available when we really need it
9	Systemic approach - using a more collaborative style with families (not doing 'to' them). looking at the whole family and avoiding blame and shame, taking a more strengths based approach.
10	Crisis management of family breakdown using solution focused approaches and intensive family support offered to manage this.
11	NA
12	More workers available for Early Help More workers for mental health support Simpler ways of sharing information More progress and training available Intervention within schools for both sexes around perpetrators behaviours and victims feelings
13	Early Help but this is not enough, government got rid of all the amazing 0-5 support for families
14	Use a FEHA in York (like a CAF)
15	SOS used within Early Help services assists the family identifying issues and how to resolve them, with assistance from LA and those early help and universal services .
16	Adverse Childhood Experience work addresses the experiences of parents and a change of focus on how we work can have a positive impact on outcomes for the children - the focus is on developing resilience and addressing parental experiences
17	I work in a way that incorporates the realities of what the family has to face financially and with whatever support is available. Sometimes, if parents can be encouraged to prioritise certain areas, their parenting can be considered 'good enough', but this is sometimes only a temporary fix. More services are required.
18	Early intervention. Family Group Conferences, involving family early on. Working in partnership, trying to ensure families don't feel threatened.
19	Family Group Conference Services Moving to an interventionist approach, rolling our sleeves up to work alongside families. Proportionate rather than reactive social work
20	NVR, tripl p, therapeutic approaches
21	Whilst we are a Signs of Safety organisation we haven't seen the reduction of care proceedings that I am aware that other LAs using Signs of Safety have seen.
22	Better early interventions and early help In Warwickshire as compared to neighbouring local authorities

23	FGC, signs of safety, the integrated teams for families in Herts
24	n/a
25	Early intervention panels locally help to divert demand and support families before problems become too serious. Range of approaches and services eg FGC, use of systemic methods
26	The family intervention service previously offered by Warwickshire put in place really intensive support ie 3 times a week which gradually reduced over time. This was effective in engaging and effecting positive change but essentially was such a restricted service is was primarily for some of our most complex families which reduced the overall impact as we need to look at this going in before some of these difficulties become so entrenched.
27	Family Group Conferencing, Drug & Alcohol Court
28	development of a different futures approach, identifying vulnerable mothers who have had more than one child removed form their care. rehabilitation home work for young people who are in the care system with time given to therapeutic support for both the child and the family
29	multi systemic therapists in leeds, provides a 24/7 service to families struggling with caring for children and provides a structured approach to supporting those families over a subscribed time period. multi agency locality working in Hertfordshire. putting the solution as the responsibility of all the partners and working in this way to support families with the multiplicity of their problems. signs of safety in Lincolnshire, managing risk and placing the safety of children within the families own resources. systemic practice in RBKC, relationship based working to understand the complexity of the system of the family, the environment and the ability and capacity to parent. all of the above need the caseload of social workers to be small and focused.
30	Early Help FGC FDAC

## Appendix C – Effective Interventions Preventing Care

#	RESPONSES
1	LAC prevent programme NSPCC - Reunification programme FDAC model - not used in our authority
2	as above & Safeguarding model (Hertfordshire)
3	Motivational interviewing FDAC Model of working
4	Edge of care service to prevent reception into care
5	N/A
6	DfE Innovation Programmes
7	Family finding approached - Kevin Campbell - use in USA and starting to see exploration of use in UK ovations programmes
8	Calderdale - stronger safer families (systemic at core) but strong front door/preventative using family intervention/support
9	Effective safety planning with families and looking at whether there are other family members who can care for the child/ren as opposed to using the foster care option.
10	Reduction in case loads and more emphasis on early help and resources available meaning less families are reaching crisis point.
11	PLO, but also teams to prevent children and YP staying in care
12	Restorative Practice in Leeds
13	We have a "edge of care" type service that provides preventative support to children at risk of coming into care although this is for a small group of children/young people and not available to a wider group.
14	Signs of Safety is a model that can work with the family network and is supposed to reduce intervention, reduce children coming into care and reduce proceedings - in WSCC we use this model but I have not seen the expected reductions and have actually seen a huge increase
15	In West Sussex we use Signs of Safety to engage families regarding specific risks and to develop targeted safety plans and safety goals- it's starts with the aim of what the family are going to do in the longer term rather than focusing on professional expectations and support, with clear bottom lines for involvement
16	brighter futures
17	Case planning meetings
18	changes in managing adolescent risk taking behaviours; no wrong front door Nth Yorks, SOS Swansea, Pause project and recurrent care proceedings projects, innovation projects
19	Supporting families at the edge of care
20	Early help, change work with families, Effective, assertive use of PLO Strong gateway policy
21	Again FIS as referred to above is required to put in that really intensive support at point of crisis in order to prevent us getting to the point we have to Look after the children because at times we struggle to get back from here.
22	Transformation Ops Manager looking at reducing numbers by revisiting care plans
23	as above
24	all of the above lead to less children coming into care and remaining within their family or wider family system. all of the above need small caseloads to be able to give time to work on change within the family
25	Lifelong Links

## Appendix D – Research Base

#	RESPONSES
1	NSPCC and FDAC is supported by research.
2	recent DfE innovation programme evaluation
3	Both models have been evaluated and reported on.
4	N/A
5	Community Care and findings from the DfE Innovation Projects.
6	no
7	Not sure what research is available currently
8	all the research relating to Special Guardianship
9	No
10	New Zealand use restorative practice and has been found to be beneficial there, also numbers if children having care applications is reducing in Leeds
11	No
12	no
13	See England Innovations Project/ Signs of Safety research
14	yes
15	evaluations, evidence informed practice sits behind these things
16	No
17	no
18	Other La's have had success
19	yes
20	evaluations of all the systems indicate you need a small caseload
21	please paul bywaters research on child protection and poverty



## Appendix E – Final Thoughts

#	RESPONSES
1	No
2	no
3	The courts need to look at the issue of court time to hear cases in a timely way. More research needs to be done on courts which throughput efficiently More resource needs to be made available from central Govt to set up FDAC to avoid repeat proceedings.
4	We need more early help with regards to supporting vulnerable families, we need to work with parents who have previously had children removed, we need to support extended families to care for children
5	In some local authorities children have been on child protection plans and in the PLO process more than once without any long term change therefore the approach now is that this is not acceptable and action is being taken. The 26 week deadline does not give parents adequate time to make changes and evidence this; however if there has been good practice parents will have had ample opportunities for this prior to the care proceedings and the proceedings should not act as a 'wake up call'
6	Individual conversations with Local Authorities to identify issues specific to local areas.
7	In my experience social work is still misunderstand within broader organisational contexts and we are expected to fit into corporate systems that do not always support best social work practice. There remains a huge fear of making the 'wrong' decision and the consequences of this We still do not support sw very well through trauma and have to work better to create a system where Sw resilience can flourish as it just isn't happening due to high caseloads, lots of process and increasing need
8	No
9	We need more resources for early help, more support going into families, more access to finances. Long term it will be cheaper than paying excessive amounts per week for fostering, residential's and secure units.
10	We need to keep social workers to enable consistency for families to build up a relationship, we need more support services, until more funding is offered within case management teams re keeping staff and services then as stated earlier we are always going to be fire fighting cases and not managing them, we need more sws to case manage not having to prioritise the ones that are in crisis. we need to avoid them getting to crisis in the first place if we can.
11	I see many social workers keen to do their jobs well for children they are responsible for, However, the high case loads and demands of court work mean they are over stretched and the high staff turnover also effects moral.
12	Lack of experienced social workers on the ground, seems to be difficulties in recruiting and retaining staff which may effect care applications i.e. inappropriate requests made to court, more risk averse which is also affected by current climate where social work profession is vilified if there are any child deaths etc.
13	please look at work being carried out on trauma and resilience - the Adverse Childhood Experiences
14	There is a lack of cooperative working between courts, CAFCASS and local authorities to explore thresholds/ common issues- as such problems tend to arise within single cases in proceedings, leading to non-compliance and a lack of understanding around each parties point of view- and where there is liaison it is at too higher level, with operational or practice managers often not involved in discussions from the LA side
15	The care crisis is not an area set out on its own. It is intimately related to the decisions this government have made about benefits, housing, resources - particularly in the areas of legal aid, domestic violence, early help parenting services, and the NHS (specifically mental health services for adults and children). This is not one problem, it is a combination of many.

16	The high level of case loads social workers hold and the cases becoming more complex. The lack of support available for children and adults with mental health issues, having a huge impact of their engagement with services.
17	Courts, CAFCASS and CSC working together, rather than against.
18	i would like more social care workers in teams to be available to undertake targeted work in times of family crisis
19	There are far too many teenagers coming into Foster Care at such a late stage in their childhoods. Their needs by far outweigh the skills many Foster Carers have. Behaviours have become increasingly violent and social media and mobile phones appear to be more important to children and young people than trying to engage in a placement and remain in a stable, consistent environment.
20	the on going investment in innovation projects needs to be evaluated over a longer time period to get the true impact finding
21	no
22	I don't believe that there is a single solution but that both national and local strategies are required alongside effective interpersonal work with families.
23	I think that you need to look at the placement crisis as often mis-matched placements that are used as a result of not having sufficient placements available lead to children's behaviour increasing either because they are not managed properly and also due to being placed alongside children where they are being exposed to more extreme and challenging behaviours. Instability that is created by children then having to move through a series of placements has a further impact, regardless of the longer term plan for that child being one of rehabilitation or long term options outside of the family, on their sense of emotional wellbeing and ability to go on to meet their potential.
24	if you have a million pounds you can chose to spend it having less social workers who have high case loads and take lots of children into and through the care system. this will then cost you many millions as those children grow into adults and are disconnected from their family and culture, often ending up in the criminal justice system and having issues of domestic abuse, substance misuse and mental health, costing you 3,4,5 million. if you spent that 3,4,5, million on more social workers having small (10 children) case loads and working with the LSCB partners in small hubs, they will be able to work with the family to keep the children at home or in the wider family and make substantial changes. this leads to less involvement with those children as they grow up, less care leavers and less money in the long term. this crisis is about budgets, if you took the budget that children in care cost as children and adults (many in the criminal justice system have been in care), and agree to put this on more intensive change programme working, parents would get the help to keep their children, so stop them having many more, they would become better parents and have more resilient children who would then be better parents when that time came.
25	this review is warmly welcomed- we will need to be tenacious to use the findings from this review to engage and indeed work with govt to lobby them for a more consistent investment in children's early help and protection.

