TARGAPARTNERSHIP

Review of six cases within Jersey's Child Care Team and recommendations for further work

Introduction

Further to an initial meeting in May 2010 and in response to concern about the high number of cases in Care Proceedings, Children's Services requested that Targa Partnership review a selection of cases, all of which featured children and young people who were subject to Care Proceedings or in the pre-proceedings stage. We spoke with the social worker and Senior Practitioner about the cases then reviewed the files, looking particularly at court statements but also matching those with other key documents on the file. We also had general overview discussions with Sean Pontin, Manager, Children's Services and fed back some of the thoughts contained in this report.

This document is written with the intention of passing on our views both in a general and case specific manner. We do so in the hope that the information within is seen as constructive. We consider that many Local Authorities with whom we have contact in the UK would have experienced similar dilemmas and difficulties to those experienced by the workers in Jersey. We make this point, as the workers we met seemed to hold a view that social work practice on the main land was in much better shape than that on the island. We also perceived a feeling within workers that other professionals (Guardians, the Judiciary, experts) were overtly critical and obstructive of the local practitioners' work and their plans for the children and young people they worked with. We are conscious that this is within a context of major changes over the last few years with social work on the island being

scrutinised and judged from many angles. (A Serious Case Review, An Inquiry into Child Protection, the introduction of Children's Guardians, and a judicial process which was making ever greater demands on social workers both from within the service and from outside to produce ever more material). This we felt had led to a heightened anxiety, sometimes a lack of confidence and consequently, a lack of authority and feeling of uncertainty about whether the service was on the right track.

The Cases

Our overview of each case will provide a summary of the background, which has not always been double-checked for accuracy due to time restraints. Some of the difficulties that emerge are historical and add to the difficulties in dealing with the case in the present. Although suggestions are made as to possible ways forward in some of the cases we need to discuss these further to check them against the current social worker's more thorough knowledge of the case and some of the finer details. We have not always had access to all the up to date Court reports in all the cases.

Case 1: Family [redacted]

Family Composition:

[redacted]

Background History

There is a long history of involvement with the family due to chronically poor home conditions and failure to take the children, especially [redacted] to medical appointments. There have also been a number of allegations of sexual abuse (not dissimilar from the case which was subject to the recent Serious Case Review). The [redacted] is a convicted sex offender and historically there have been concerns that the mother allowed the children to have contact with him. All the children have been subject of previous care proceedings with [redacted] remaining subject of a full care order and in a local children's home until [redacted] 2008. The children were accommodated again in [redacted] 2009 after [redacted] told staff at school he did not want to return home and wasn't being fed – on investigation the home was considered unfit for all the children and the parents agreed to the children being accommodated. The parents have since been convicted of [redacted] and served community sentences. The [redacted] were initially placed with their [redacted] grandfather and aunt, whilst [redacted] returned to his previous children's home, Le Preference.

The [redacted] placement did not prove tenable long-term as the Grandfather himself was stating he was finding it too much and reported he had hit [redacted] with a slipper. As a result of this incident, foster placements were sought for [redacted] but only [redacted] was moved due to, as we understand it, difficulty in finding a placement for [redacted] [redacted]

therefore remained with her Grandfather for a further six months until being moved to a foster placement in [redacted] 2009.

In May 2010, [redacted] and [redacted] disclosed that [redacted] had sexually abused them. [redacted] was removed from his then foster placement because it was considered he could pose a potential risk to the carer's children and for a time, contact between [redacted] was stopped and is now very limited. [redacted] also disclosed that [redacted] had sexually abused [redacted] Both [redacted] and [redacted] made admissions to this effect in police interview. The criminal case against [redacted] is ongoing. He is due to be assessed by the AIM organisation and the social worker is undertaking a risk assessment to consider whether it is safe enough for him to have contact with his [redacted] again. [redacted] social worker is providing support to him alongside a psychologist from CAMHS. He is considered to be a 'young 15'-is not offending or engaged in other anti-social behaviour. Behaviour is more problematic at school.

[redacted] behaviour is the most challenging out of the [redacted] she lashes out and is 'emotionally all over the place'. There are as yet no discernible triggers for her outbursts. Her carer is struggling to care for her. A decision has been made to seek an alternative placement. [redacted] is accessing art therapy and she is due to have a psychological assessment.

The parents have not had any form of contact with [redacted] since July 2009, although the mother still has contact with [redacted] every Saturday. This is unsupervised and is considered to be positive for [redacted] It is known that mother has [redacted] [redacted] father was previously considered to be a protective factor and [redacted] and

[redacted] returned to their parents' care previously under the terms of a Supervision Order (2007) on the basis that he would act as the primary carer for all the children. Both parents have disengaged from contact with Children Services. The mother has [redacted] who was in care and remains involved with the Leaving Care Service.

Care Proceedings were issued in [redacted] 2009 but the case was not heard until [redacted] 2010.

Comments

There has been little progress in terms of planning since the children's accommodation in January 2009. In effect the children are likely to be in limbo for two years by the time the proceedings conclude.

The already lengthy history of neglect, previous care proceedings and short period since [redacted] Care Order was rescinded would have been grounds enough to return to Court immediately in January 2009, especially after early indications that the parents were unable to engage.

Having said that, it is unclear to what lengths and in what manner the parents were offered support, assessment or any therapeutic intervention during this time. There seems to have been an expectation that they clean the home up, but it is not clear from the papers whether any consideration was given to why these parents were struggling to achieve and sustain improvements. The mother has [redacted] and it appeared that both parents might have been overwhelmed/depressed but there is not sufficient evidence of

how any engagement by Children's Services took account of this or tried to understand what was going wrong in the family.

Similarly, there is no evidence of any follow up after the parents failed to attend office appointments or whether there was an attempt to work with the parents in their home. There is some PAMS assessment material on the file but no analysis in a PAMS format.

Once the parents were told they were going to be charged [redacted] the case seems to have suffered from inertia, as if the social workers were waiting for the outcome of the criminal proceedings before action was taken regarding the children's long term care needs.

In relation to the children, we are concerned that a resource led placement decision resulted in [redacted] being placed separately at an early stage of the proceedings. This is likely to have undermined their attachment to each other and in our experience makes it much more likely that they will be placed separately at final hearing. We could not find sufficient evidence in what we read to suggest there are cogent reasons for them being separated. In addition, [redacted] was placed with a full time working, inexperienced foster carer. Given the concern about [redacted] behaviour this must be viewed as a naive choice of placement as it was unlikely that such a carer would be able to provide [redacted] with the level of care she needs. As a result she now needs to move placement and will consequently experience another loss. It is not clear why it took so long to place [redacted] in foster care (6 months after [redacted] had admitted hitting her with a slipper). [redacted] had three placement moves before a more stable placement was found.

It seems that after [redacted] disclosed sexual abuse by [redacted] contact with him was stopped despite reports of [redacted] It would seem to us that more effort to provide carefully supervised contact might have been made.

Reports that [redacted] disclosed feeling uncomfortable in relation to "a kissing game" with [redacted] in January 2009 were not placed in the historical context of [redacted] disclosure of having been sexually abused by [redacted] in 2001 nor the knowledge of the [redacted] conviction for sexual abuse of a [redacted] girl.

We understand that a psychological assessment of the children's needs has recently been commissioned within the care proceedings. This will be helpful in terms of future care planning and treatment plans, however there are steps that could be taken now to enhance the children's security, such as offering the carer support to care therapeutically for [redacted] In our experience, children who have experienced trauma and disruption in their attachment history, benefit most from clear routines and boundaries, with stable and nurturing carers. We are concerned that a behavioural cognitive approach (anger management) is being used with [redacted] which will be teaching her to inhibit her anger. This is likely to be counterproductive and will reinforce that anger and she herself is bad if she continues to get angry.

Though there is mention of the paternal Aunt, there is no analysis of whether her role could be extended in the children's lives.

The initial social work statement is much too lengthy with unnecessary detail of meetings and incidents detailed in full. This seems to reflect the lack of clarity in Children Services'

thinking. There is a lack of analysis and clear assessment of the parents and children. The language in the statement and chronology was, in our view, inaccessible, especially given the [redacted]

Despite the length of the report there is no mention of the risk of sexual abuse despite the history and current disclosures.

Although the report is over 120 pages long the recommendations amount to only two paragraphs.

Case 2: Family [redacted]

Family Composition:

[redacted]

Background History

[redacted] is well known to Children's Services, coming from [redacted] in which there has been much involvement in the past. [redacted] siblings are still in care. Historically it would appear that there was a failure to protect [redacted] from their father despite a risk assessment. [redacted] disclosed sexual abuse by her father in 2005, giving a full and detailed account in police interview. She was placed in care then returned home after her father left the household. She later retracted the allegation and the father returned to the household to care for the children when the mother [redacted] In 2007 [redacted] disclosed sexual abuse by their father. He was arrested [redacted] Following the [redacted] EPO's were taken on [redacted]

There was a pre-birth conference in September 2008 when [redacted] name was placed on the Child Protection Register. [redacted] was born in [redacted] 2008 and [redacted] cared for him for over a year.

[redacted] name was removed from the Register in February 2009 due to progress made by [redacted] A psychological report commissioned in the care proceedings relating to

the [redacted] dated March 2009 made reference to the positive relationship between [redacted]

Concerns increased after [redacted] separated. In May 2009 there was increased concern re [redacted] staying with [redacted] as she didn't like staying at home on her own. [redacted] name was re-registered in August 2009 following which [redacted] left the island with [redacted] travelling to [redacted] where her new partner, [redacted] was working. After a brief period in [redacted] they went to [redacted] to visit [redacted] and on 28th October 2009, registration was transferred to [redacted] Whilst in [redacted] care proceedings were considered due to non-engagement, a PLO letter was sent to [redacted] on 28th October 2009 and at a "Meeting before Action" held on 2nd November 2009, [redacted] walked out part way through. On 17th November 2009, [redacted] informed [redacted] that she was prohibited from taking [redacted] out of the county. With Jersey Children's Services support, she returned to Jersey at the beginning of December 2009 to have a termination of the pregnancy of her unborn baby. Before being offered a flat with [redacted] was placed with [redacted] and his parents for a few days.

Following their return to Jersey, there were lots of concerns regarding [redacted] dysregulated behaviour around [redacted] and failure to prioritise his needs. A pre-proceedings letter was sent on 24th December 2009; and on [redacted] December 2009 [redacted] was accommodated for three nights as [redacted] was ill. There was deterioration in home conditions and [redacted] presentation during a home visit on 26th January 2010 and [redacted] said she wanted to kill the unborn baby and was drinking every night to make it happen. She had come off her anti-depressants. An EPO was subsequently taken and [redacted] stood in front of the car when this was executed in an attempt to stop [redacted] being taken.

The birth of [redacted] child is imminent. The father is [redacted] In April 2010, [redacted] attended an appointment to discuss possible adoption of the unborn baby. There are several mentions of [redacted] distress that she is not allowed to see [redacted] and concern for [redacted] in particular.

Comments

The complete breakdown in relationship and communication between [redacted] and Children's Services indicate that an independent social work report or returning to Lisa Wolfe who had completed the [redacted] psychological report would have been useful and likely to have been more acceptable to [redacted] although we note that she walked out of the recent psychological assessment.

There was a failure to build upon Lisa Wolfe's recommendations of March 2009. She had made clear recommendations that there needed to be a systemic family approach taken to working with the family. Also that [redacted] urgently needed a package of support based around her parenting that allowed her to have a break from direct care of [redacted] and which could offer her in a low key way, regular support in the form of someone to talk to about any worries or concerns about [redacted] She recommended in the long-term that [redacted] should be funded to have psychodynamic psychotherapy for an initial contract of one year. [redacted] agreed to this.

The psychologist, Lisa Wolfe had been critical of past involvement by Children's Services and we wonder whether she was regarded as an unhelpful expert because of this. She referred to 'System induced trauma' caused by the EPOs taken on the children, Exclusion Order and a

protracted lack of contact. At this point Lisa Wolfe had noted [redacted] has placed [redacted] at the centre of her life and her attachment to [redacted] and ability to prioritise his needs is clear in her interactions with [redacted] It was also noted that [redacted] relies heavily on [redacted] She also referred to her as co-operative, mature and insightful.

These positives are clearly discrepant to the reported extremely negative behaviour in contact when [redacted] has reportedly ignored [redacted] (we did not see the contact notes) and there doesn't seem to be any attempt to understand or explain the discrepancy.

The Children Services' initial statement is extremely negative such as, "Despite his young age [redacted] has demonstrated huge resilience in coping with the chaotic lifestyle imposed on him by [redacted] " There is no acknowledgement of the good care given in his early months, nor whether the social work style used by a worker who had positively engaged [redacted] at that stage was attempted by the new worker who took over, as recommended. There is also no analysis of the impact of the traumatic events [redacted] experienced at the time of her pregnancy and [redacted] birth or in fact the trauma she is known to have experienced in her birth family. In essence we felt it was an extremely harsh report with no empathy for [redacted] history and [redacted] responsibility despite the Local Authority's failings to protect her [redacted] from a father that was assessed as dangerous.

It is arguable that [redacted] loss of faith in Children's Services is understandable in the historical context– this does not mean that [redacted] did not need to be subject to protection but *could* explain her near intractable position

[redacted] father, was apparently sidelined at the time of [redacted] removal and no consideration seems to have been given to placing [redacted] with him or his grandparents despite them being known and familiar to him. In fact [redacted] was told that as he did not have PR for [redacted] he could not be told what had happened. There is no comprehensive assessment of [redacted] and his extended family on the file. We feel this was an extraordinary response to a possible family carer for [redacted] which must have set up a difficult relationship from the outset.

There has been no parenting assessment of [redacted] despite knowledge of his child's forthcoming birth. He was not included in the recent psychological assessment despite [redacted] saying if she were to resume care of [redacted] it would be with [redacted] It is not clear whether [redacted] was offered any support or input to increase his understanding of the risks [redacted] poses.

It is unlikely [redacted] will make sufficient progress to prevent [redacted] from being adopted. Without an attempt to engage her in treatment this will most likely be true for the new baby too. The social worker is unsure whether to proceed with [redacted] placement for adoption or delay. We feel that planning for [redacted] should proceed, but that [redacted] must be offered the opportunity to engage in treatment to maximise her chances of keeping the new baby. A mother and baby placement off island would be the best option if [redacted] would agree to go. If not, the baby will probably need to be removed but we strongly feel that an independent parenting assessment needs to be commissioned.

Case 3: Family [redacted]

Family Composition:

[redacted]

Background History

The parents have used heroin historically and are on methadone programmes. [redacted] is not the father of [redacted] but has nevertheless taken her on as his. [redacted] and [redacted] cared for [redacted] during the first year of her life, though protective measures were taken after an anonymous referral was made stating that [redacted] bottle was being spiked with valium (Summer 2008). [redacted] was said to be "shocked" by this allegation, a hair test re [redacted] was taken and the findings were that [redacted] had been exposed to opiates (heroin/methadone) at levels, which suggested she had ingested it, as opposed to (passively) absorbing it through the environment if her parents had been smoking around her, for example.

A Fact Finding Hearing, which took place at the beginning of 2010, made inconclusive findings, stating that although [redacted] had ingested opiates, it was impossible to tell whether this had been deliberate. [redacted] has been cared for by her maternal grandparents, [redacted] since her removal. An assessment of the paternal grandmother has also been undertaken as she cares for [redacted] when [redacted] are working. Her home was subject of a recent drugs raid when drug paraphernalia was discovered. This was thought to belong to her [redacted] who is also a substance misuser. It would seem that [redacted] care has been good and she is thriving.

The parents were reportedly subject to a drugs raid in [redacted] 2009 and drug paraphernalia was discovered. A planned rehabilitation of [redacted] to their care was abandoned

after this. Their engagement has improved since November 2009 and they have attended contact every day and been attending appointments with the substance misuse service. [redacted] was born with signs of opiate withdrawal and has been treated with oramorph on the SCBU. [redacted] is due to be discharged from hospital soon and will have completed her withdrawal on the ward.

There was evidence of domestic violence between the parents in December 2009.

A risk assessment has been carried out by Ruth Elmsley (which wasn't on the file), which reportedly identified a risk with the couple together and identifies [redacted] as presenting the greater risk. Ruth has been commissioned to undertake an updating assessment.

The current proposed Care Plan is for [redacted] to be discharged from hospital to the care of [redacted] is being required to move out to his mother's address, who will move in with [redacted] and support her in her care of [redacted] and supervise [redacted] contact who will be permitted to visit the home address during the daytime only. Children's Services will monitor the arrangement and as yet it is not known how able [redacted] mother will be to enforce boundaries. If things go well, it is hoped that [redacted] and [redacted] will join [redacted] and [redacted] at home after three months.

Comments

As far as we could see, there is no comprehensive social work assessment of the mother and father, though there are adequate kinship assessments of the paternal grandmother and maternal grandparents. Therefore, there is no analysis of any psychosocial difficulties that may underlie the parent's substance misuse and how these will be addressed to reduce risk

of relapse. Although [redacted] is assessed as posing the greater risk, there is no plan as to what treatment he will be offered to ameliorate the risk, rather it seems that it is hoped that if no incidents occur in the next three months then it will be safe enough and the risks will have gone away.

The direction of the case seems to have got stuck on whether [redacted] ingestion of methadone/heroin was deliberate or not rather than on analysis of a comprehensive assessment of the parents and whether they are making sufficient progress.

We noted that despite two occasions early in [redacted] life when mother was reported to relapse and there were reports of domestic violence, that the case was then reported as closed.

As far as we could see there was no rigorous assessment of the parent's substance misuse and treatment plan. This seems a vital *missing* component of the assessment. There has not been an instruction of an expert with expertise in substance misuse. In our view the plan is very risky without such an assessment – and a clear understanding of both parents' prognosis, both as a couple and individually. In our experience it is rare for parents to maintain stability on a methadone programme over time and more usual for relapse to illicit methadone or heroin use on top of their prescribed methadone. Therefore the lack of clear treatment plans for the parents occurs as high risk for relapse.

We also questioned whether there was a clear vision of what would need to happen in order that the parents can live together and care for both children. Without this, informed by a comprehensive parenting and drug assessment, the current plan looks dangerous.

We would also comment – though recognise this might be beyond the control of Children's Services that - it is now two years since the incident happened that led to [redacted] needing to be safeguarded. This seems to be an inordinately long time for [redacted] to be subject to proceedings although we recognise she has been in a stable placement with family members.

If [redacted] is to return to parents or [redacted] to remain, a decision needs to be made quickly.

Case 4: Family: [redacted]

Family Composition:

[redacted]

Background History

[redacted] became subject to care proceedings on [redacted]09 and has been subject to Secure Accommodation Orders since [redacted]10 and [redacted]10. Children's Services have been granted leave to refuse contact between [redacted] and her father in addition to successfully securing an injunction against him making contact with [redacted] further to his [redacted] sexually abusing [redacted] [redacted] remain at home and their case is closed. [redacted] has always been seen as the problem in the family, so current secure accommodation order is beign seen as the mother as a vindication of her negative views of [redacted]

There is a long history of neglect and sexual abuse allegations and disclosures within her birth family, which we won't repeat here, though there is evidence of failure to protect the children at critical times. [redacted] father had been subject to five counts of indecent assault before moving in with the family. [redacted] has significant mental health problems, and [redacted] has recently been adopted.

[redacted] appears to have responded well to being in a secure environment. [redacted]

[redacted]

There is a dispute between Children's Services and the Guardian about [redacted] placement, which we will comment on below.

Comments

Historically this case fits the concerns as outlined in the [redacted] family and the family at the centre of the Serious Case Review (also see later the [redacted] family). We will make suggestions in relation to these concerns at the end of this report and will not repeat the historical concerns here.

There is a dispute between Children's Services and the Children's Guardian over the Care Plan within the Court proceedings. Children's Services want to place [redacted] on the island, arguing that though there isn't a place at the White House (which is a therapeutic resource with a high staff ratio and would be ideal for meeting [redacted] needs, but has just two placements), there is alternative provision within the island's resources, which *could potentially* meet [redacted] needs. There is a plan to reduce the places at Heathfield to a five bed unit for 11-14 year olds where there will always be a staff ratio of 2/3 staff to the 5 children. Children's Services argue that this will be sufficient to meet [redacted] needs until she can move to Briggadon when it open as a more therapeutically orientated home in June 2011. They consider that [redacted] is better served by remaining on the island where she has lived all her life, can remain in easier contact with her family (she sees her mother once a week at present and [redacted] remain at home) and her life can be 'normalised'.

The Children's Guardian is arguing that [redacted] needs are so great that she needs specialist care in a therapeutic unit such as the White House and that if this isn't available Children's Services should develop one on the island for [redacted] or [redacted] should be placed in a similar resource on the mainland.

A psychological assessment of [redacted] is underway but not yet finalised and will contribute to the decision.

It is our view that Children's Services should wait to see what the outcome of the psychological report is before finalising their care plan. There appears a to perceive Children's Guardians as unnecessarily interfering, oppositional and unhelpfully critical. It would seem to us that at present Children's Services have made their case quite clearly, although when considered in the wider context of her family's functioning it might be that it is unduly optimistic to think that [redacted] will cope in a non-therapeutic resource over the next year. As we understand it, whilst there is going to be a higher staff ratio at Heathfield there will not be therapeutically trained staff. Children's Services may need to be flexible as regards to suggestions made by the expert in the care proceedings and change their care plan accordingly if need be.

This resonates in what we perceived as a tendency towards social workers becoming defensive and thereby reacting to alternative professional views and recommendations as potentially unhelpful and critical. We would suggest that the skill base and expertise within Children's Services might be better harnessed once a clear role and identity is established within their own proceedings and pre-proceedings work. A balance needs to be achieved to considering carefully what other professionals contribute and being confident of one's own

Care Plan. If for example the psychologist also argues that [redacted] needs to be placed in a specialist placement off the island and the case is well argued it might be that the plan needs to be changed, if not then the confidence in your own plan is increased.

We also felt that it will be important for [redacted] to undertake work in relation to her father and that over time, contact might need to be considered, or [redacted] will simply "vote with her own feet" and seek him out.

We note that there was a thorough Child Permanence Report on [redacted] on the file. We question whether such plans are necessary for older children such as [redacted] because of the amount of time and work they take to compile.

Case 5: The [redacted] family

Family Composition:

[redacted]

Background History:

The history of this case goes back to [redacted] birth. Mother suffered post-natal depression, when [redacted] was born and she asked for him to be adopted. There have been many incidents of unexplained bruises and sexualised behaviour in both children. The children have been looked after by their grandparents for long periods, though there is no explanation of this in the Core Assessment. One of the workers discussing the case with us said that it was difficult not to think, whilst reading the history "There's a massive history….I kept thinking why didn't we do something there?"

There is no information from 2002-2008, which is not explained. In 2008 [redacted] were removed following an incident in which the mother wrestled with [redacted] and tweaked his nipple resulting in bruises. Home conditions were described as poor.

[redacted] is now placed at the White House and is the subject of care proceedings. He is showing signs of sexualised behaviour.

[redacted] is back at home, though there are concerns regarding his sexualised behaviour, which historically has been a concern in relation to [redacted] (though there is a file entry regarding [redacted] in this respect in 2008). [redacted] has recently become subject of a safeguarding plan following a recent Child Protection conference.

[redacted] has a previous history of inappropriate sexual behaviour, (thought to have been in his late adolescence with another male [redacted]) and was also sexually abused as a child.

Workers raised the dilemma of whether [redacted] should be joined to care proceedings.

Comments

Again, there are historic concerns regarding neglect, domestic violence and indicators of physical and sexual abuse not being analysed and acted upon sufficiently. There is a lack of any comprehensive assessment of the parents' psychosocial histories. We would suggest that if this had happened earlier alongside an analysis of the referrals coming in regarding physical abuse and sexualised behaviour then proceedings are likely to have been indicated much earlier. In addition there are substantial gaps in the case recordings which may reflect that we did not have access to all the files

That [redacted] is now in the White House is an indicator of the difficulties he has experienced in the home and even though he *might* have been the scapegoated child or had a particular meaning, it is unlikely that [redacted] has not suffered harm as well. In fact, the case history also suggests that [redacted] has also been harmed whilst in the parent's care. In our experience it is extremely unusual for only one child in a family to be subject of care proceedings and does not promote a sense of systemic thinking that is helpful when assessing families.

[redacted] has contact with his whole family together – we would suggest that [redacted] might benefit from additional sibling contact held separately from the parents. We noted a

lack of detailed assessment of the parents, their respective histories and ability to meet the dependency needs of both children. Although [redacted] remains at home we also note that he has 'anger management' problems and on [redacted]08 it was recorded that he committed an indecent assault on a similar aged child. We would also recommend that detailed assessments of the parents and children should be undertaken by a suitably experienced and qualified social worker or psychologist.

We also note that the appointed expert who reported within the care proceedings was in fact the treating psychologist allocated to the family. It is our collective opinion that an independent expert would have been a more preferable appointment, not least because this may have raised a potential conflict of interest that could have jeopardised valuable support and treatment for the family and potentially placed the treating clinician in an untenable position.

Case 6:

Background History

family history is the same as that of He was therefore exposed to the same dangerous behaviour as both from his father and the system (as per the psychological report of Lisa Wolfe, March 2009)

was diagnosed as having when he was three years old

two months later his behaviour was noted to be difficult. In winter 2007 asked to go into care as he stated his father was hitting him all the time (egged on by). In February 2008, he disclosed physical abuse by his father and was video interviewed but returned home (no evidence of injuries). His name was not registered at an Initial Child Protection Conference.

In July 2008, told his social worker that he could not discuss his family or he would get beaten up and put in a care home. Deteriorating behaviour at school was noted – he was described as angry and lashing out. said there were 'bad secrets' at home; he talked about emotional and physical bullying by The father contacted, Out of Hours stating he was having problems with and that he "did not want to lose it". In August 2008, the father contacted Out of Hours requesting be taken into care. In September 2008, the father again contacted Out of Hours stating had trashed the house and was out of control, and had threatened to tell the school his father had beaten and raped him. Emergency Protection Orders were granted on 08 on

[redacted] placed separately. Contact was arranged between [redacted] twice a week.

In June 2009, Panel endorsed a recommendation for long term foster care for [redacted] In July 2009 [redacted] was expressing suicidal ideation – feelings of overwhelming sadness and anger. On [redacted] July 2009, [redacted] was admitted to hospital after attempting to take his own life [redacted] He was extremely distraught and dys-regulated on the ward and [redacted] whilst there.

In September 2009, his carers report extended periods where [redacted] was crying and distressed "curled in a ball rocking, sobbing inconsolably". He was suspended from school for fighting and threatening behaviour.

In October 2009, [redacted] absconded and [redacted] returned him on two occasions. Play therapy was suggested but in the social workers final statement dated, 22nd October 2009, it is stated that CAMHS were unable to facilitate this and CAMHS would support [redacted] carers instead. [redacted] then foster carers worked so if he was excluded from school (a frequent occurrence) he had to go to respite

In [redacted] 2009, [redacted] was restrained at school-it was reported that he wanted to cause physical injury to another child and kill them. On [redacted] 2009- [redacted] absconded and was found by his psychologist who assessed him due to [redacted] to have been in a distressed state and talking about wanting to harm himself. There were ongoing problems at school.

On 20th November 2009-the then carers agreed to care for [redacted] until Christmas. An alternative long-term foster placement was sought.

On 10th December 2009, [redacted] was told he would have to leave his carers after Christmas. He was upset and said he wanted to stay until [redacted] New carers were identified on 11th December 2009. [redacted] the female carer is home full time and [redacted] so they are considered a positive match.

On 12th December 2009, [redacted] had unsupervised contact resulting in [redacted] becoming distressed.

On 16th December 2009, [redacted] said he wanted to 'smash his head up' so he could 'get rid of all the memories'. A planned family contact was therefore cancelled two days later.

On 20th December 2009- [redacted] was reported by his carers to be struggling to eat and sleep. On 24th December 2009 [redacted] threatened to remove [redacted] from the placement. On 25th December 2009 [redacted] absconded and went to [redacted] home before being returned by a school teacher.

On 18th January 2010, [redacted] was informed a family had been found for him. [redacted] is reported to have been distressed and said he wanted to stay with his then carers. We are unsure whether they wanted him moved.

[redacted] met his new carers on 19th January 2010. He was overwhelmed and absconded, saying he did not deserve such a family. The Children's Guardian raised concern that the carers are

only approved as short-term carers. Throughout January 2010, [redacted] missed school frequently which is recorded as 'unfit due to emotional difficulties'. At the end of January 2010, part way through his introductions, [redacted] expressed anxiety that the new carers wouldn't want him when they saw his angry side

On 22nd February 2010- [redacted] moved full time to his new carers. He absconded to [redacted] who informed Children's Services. On 28th February 2010- [redacted] absconded again and was found at his previous carers

In [redacted] 2010- [redacted] moved to [redacted] School. He was reported to be regularly absconding to [redacted] and his previous carers. At the end of March 2010 [redacted] said he didn't want to stay with his new carers

Comments

Although the final statement is well written there is no analysis of the extent of [redacted] needs and how these will be addressed. Reading [redacted] file had a profound affect on Becca and it was apparent to her that he is a severely traumatised child and at very high risk of developing serious mental health problems.

We are concerned that the extent of [redacted] needs are underestimated and that at present the Care Plan is not sufficiently cognisant of his vulnerability and mental health needs

We are concerned that despite Lisa Wolfe's advice that the family should be seen and worked with as a system, the [redacted] are being worked with very separately – and

we felt concerned whether a lack of contact with each other is right and how this will be reviewed.

It would seem to us that a child psychiatrist could have helpfully informed the care planning process and we are not sure whether this has been considered. The independent Educational Ppsychologist's report was not evident on file – so we are unsure of her recommendations.

It would seem to us that there is a need for specialist advice in [redacted] case and we are unsure which and how any assessments during the lengthy care proceedings have informed the Care Plan. It would seem reasonable that there is a contingency plan in this case (in line with the Children's Guardian's views) as [redacted] vulnerabilities are likely to place his current placement at considerable risk as he gets older.

General Comments

Assessment

Our first and overriding impression relates to assessment. Though there was evidence of core assessments completed on files it was difficult to link these with ongoing plans of work and reviewing how this work was impacting on families.

We found that there was a lack of attention to the background and history of parents and therefore a lack of understanding of what might motivate parents in their relationships with their children – and what interventions might help parents' better care for their children.

We are unclear whose responsibility it is to undertake core assessments and what the process is by which these are approved and reviewed. We felt that the principle of looking beyond the current incident and understanding incidents within an overall view of family history and functioning was not applied.

An over reliance on whether an incident of physical or sexual abuse had "really happened" meant that often an analysis of the family as a whole and what it was like for a child growing up in the home was overlooked – in the cases we looked at, there was a trend for neglect, probable physical and sexual abuse indicators to be overlooked. In the one case where drug addiction was identified as a clear risk factor, there did not seem to have been sufficient assessment of the extent of the addiction or the prognosis (again with a tendency to focus on whether a particular incident of a baby ingesting methadone/heroin had actually happened or not). Without an understanding of parental background/psychosexual history there was not a context into which to place incidents of reported abuse/neglect.

Marian Brandon et al in "Understanding Serious Case Reviews and their impact" (June 2009, Department of Children, Schools and Families) have identified that a failure to understanding of the parents' background history and how this has impacted on their parenting capacity is a feature of cases which go badly wrong. She writes of the needs of workers to have trust in a theoretical model (e.g. the ecological model), which includes understanding of a parent's own history of being parented, as well as past and current relationships, the individual meanings of the children parents are caring for and current stressors and strengths. Such an approach leads to better analysis of the risks to children and what protective strategies need to be promoted.

We believe that more carefully structured assessments and interventions would lead to a better understanding of the main features in each case and therefore when needed, a better analysis of what constitutes significant harm for the relevant children. This in turn would lead to more confidence in presenting evidence in Court, providing more succinct reports which present an analysis of the situation rather than over-reliance on description.

Also more attention is needed to provide assessment of extended family and possibility of alternative placements if need be, as soon as possible. We wonder whether a Family Group Conference model would be helpful.

Supervision

Although we did not see evidence of supervision notes, we wonder how supervision is being used to help workers, particularly in cases of [redacted]

Drift

Due to the lack of early assessment, children are removed either via EPOs (which are usually traumatic for children and parents alike) or via agreed accommodation when matters have become intolerable at home. We feel with better assessment and planning the use of both could be reduced.

In the case of accommodation, most graphically in the case of the [redacted] matters drifted for 14 months until care proceedings were instigated. Again we conclude that a more active assessment and careful engagement with the family would have been beneficial. It is possible that the emphasis on criminal charges [redacted] took the focus off resolving matters for the children more quickly.

Court Reports and Court Process

Again the comments regarding assessment are relevant.

We have already commented that there seems to be a lack of confidence in presenting cases to Court. In our view reports were usually too long. We understand this culture has arisen due to requests from the Bailiff and advocates for more and more information, but wonder whether other factors have also played a part. In our experience the best-received reports are succinct, provide an overview of the themes and clearly spell out the main factors leading to the threshold criteria being met. It is important to identify the family's strengths as well as risk factors as it demonstrates fairness. The reports we read were generally negative about parents with little focus on resources they had. We also noted that despite the visible failing by Children's Services to take appropriate safeguarding action in the past, mistakes were not acknowledged in reports.

Under the Public Law Outline, other key documents, the letter before proceedings, schedule of proposed findings, Care Plan, any key minutes and records (recent CPC or Strategy Meetings) are required to be filed alongside the initial social work statement at the point of issue.

The Care Plan needs to be clear about what further assessments might be required and why – Adult Psychiatrist/Psychologist, Child and Family Psychiatrist/Psychologist, Drug and Alcohol assessments, Independent Social Worker assessment, Educational Psychiatrist, Paediatrician.

We were confused as to how expert advice is currently viewed by Children's Services. It seemed that it is often commissioned but not necessarily used to inform care planning; therefore the value of the expertise was lost. In our experience, good quality expert evidence can be invaluable in determining the outcome of proceedings.

Resources

We wonder whether there is a tendency to fit problems into the resources rather than identify the needs of children and parents and see if they can be met.

We are concerned that sibling groups are placed apart and that there was a long wait for a mainstream foster placement in at least one of the cases we reviewed. Many of the carers seemed to have full time jobs, which caused problems and disruptions to the care arrangements of extremely vulnerable children needing compensatory and reparative care. In our experience, professionalising the fostering service is likely to result in increased

applicants wanting to foster and an increase in the skill levels of carers, not least because they are available to attend training.

We are not clear whether LAC children have an accelerated route into CAMHS if necessary and whether carers can be supported by CAMHS to offer therapeutic care.

Recent Serious Case Review

In coming to the above conclusions we are aware that in many cases we are mirroring the comments made by the writer of the Serious Care Review dated February 2010.

We find the following excerpts relevant and in accordance with our own review of the six cases over two days:

"Moreover, the Children's Services IMR highlighted how out of kilter assessments being undertaken by social workers in the last 7 years were with the conclusions being reached."

"This evidence was factually recorded but not comprehensively analysed."

"failures to adequately assess risk of harm"

"Sexual abuse was identified as the main safeguarding concern throughout much of the involvement of professionals and yet it tended to only be direct allegations of sexual abuse that led to formal investigation."

"In the absence of a high quality comprehensive and holistic assessment of [redacted] *needs it is unsurprising that the therapeutic services were not adequate."*

"The danger of this mindset is that it disarmed the professional network so that early in

the 2000's it was still considered by some as a "family support case" which in local terms meant low level monitoring and a focus on practical support. What was required was an assessment which could make greater sense of the impact of the Mother's psycho social history on her capacity to parent children and the subsequent package of support that would need to be provided, including protective measures."

"Nevertheless if a clear understanding had been sought of both the impact of this trauma on the Mother's capacity to parent as well as the potential and multiple risks to the children then more effective measures could have been put in place at an early enough stage which may have both supported the Mother and protected the children."

"What is striking is the apparent lack of rigour and challenge within the supervisory relationship in Children's Services. Social workers inevitably become enmeshed in these complex and emotive cases. Supervision that is based on challenge as well as support is crucial if social workers are to intervene effectively. This lack of challenge appears to reflect a fragility in professional authority that was present in different parts of the system but most noticeable within Children's Services. The failure to assertively challenge the Court's recommendation following the hearing in 1999 to rehabilitate the children is the most striking example of this weakness in supervision."

Neglect will continue to be a challenging area of social work practice, but research findings offer excellent sources of information and supports for good practice. I recommend that Children's Services as a whole should mount a learning event about neglect, built around this case and the SCR, which accesses the best evidence on neglect, and supports the service to improve its practice, supervision, and assessment and planning in such cases.

Training on sexual abuse should be provided to Children's Services and core agencies working with children, and should emphasize the recognition of signs and symptoms and the challenges of working in this area.

Training on interviewing, assessing and working directly with children should be provided and updated for all Children's Services social workers. Specialist additional training should be available to social workers and family support staff who regularly work directly with children in a support or therapy role.

Training on child protection should establish consistent thresholds for response to child protection referrals/concerns – so that children at risk of harm receive the same level of protection within the Assessment and Child Protection Team and within the Child Care Team.

What Targa Partnership could offer:

We were impressed by the enthusiasm and desire to do well within the social workers and senior practitioner we met. We are confident that this coupled with the skills and tenacity workers undoubtedly possess can be used to provide a more confident and authoritative service based on up to date skills and knowledge.

We would suggest Targa Partnership could help in the following areas:

Undertake independent social work assessments. This would have most value in those cases where relationships with parents have broken down and/or the care planning process is seemingly stuck, either within proceedings or prior to proceedings – in the cases we have seen both the cases of [redacted] could be examples.

Provide consultancy to supervisor/social worker in those case identified as needing it.

Provide training in assessment and supervision – this could be an ongoing programme with consultation and feedback regarding both.

Provide training in report writing –this could also be ongoing and in addition to providing consultation and feedback on actual reports being written

Workshops on neglect and sexual abuse as suggested in IMR (we haven't seen this, though include the excerpt from the SCR which refers to various suggestions made)

Workshop on developing solution focused/resource based practice with multi-stressed families

Provide training in risk assessment, to include consideration of the importance of understanding a parent's history and experience of being parented in determining their capacity to parent.

Explore the possibility of developing a Therapeutic Assessment Programme for identified families – this is a programme of work spanning over 12 weeks in which a clinical psychologist and social worker team work with parents to assess whether change is possible, using brief therapy methodology.

Training re PLO compliant practice – to include Court and lawyers as we are struck that cases are taking a long time in Court

We can provide an audit of other cases in care proceedings or in pre-proceedings to provide a view as to overall quality of current initial and core assessments and suggest ways forward

Rebecca Carr-Hopkins
Paul Shadbolt
Mike Bazzard

Targa Partnership

15th July 2010

Appendix One

NB this passage comes from the SCR….we have not seen the report referred to, though note these recommendations:

"This was the longest and, because of the nature of the involvement, most complex report. It is of a high quality and should serve as a rich source of learning for managers and practitioners in the department. The author made important recommendations ***in the areas of assessment, looked after children, case management, training and supervision****. The recommendations include the urgent need for* ***a full case audit*** *to ensure that the worrying features of this case are not repeated in other cases. The Children's Services action plan has taken on board all of the recommendations. However I would go further in relation to training and supervision. In relation to training, one off courses although important may not be sufficient, particularly for the registered social workers who play such a pivotal part in the safeguarding process. Consideration needs to be given as to how a more systematic approach can be taken to continuing professional development and the role of certificated post qualifying education. This is also true of the managers who need management training that provides explicit focus on their management of complex practice as well as updating their specialist social work and child protection knowledge. With regard to supervision, the arrangements in this case did not seem to lead to sufficient management oversight of the decision making in this case. There should therefore be an audit of supervision and a review of the supervision policy in terms of ensuring that high quality, evidence-based supervision of practice is provided throughout the department. This goes beyond the procedural changes with their emphasis on compliance currently within the action plan."*