

Care Crisis Review

Professionals survey results

Developed by Family Rights Group
for the Care Crisis Review

Report prepared by:
Calum Webb, Martin Heneghan,
Permala Sehmar and Kate Morris
(University of Sheffield)

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CARE CRISIS REVIEW

The Nuffield Foundation

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Family Rights Group is a charity that works with parents in England and Wales whose children are in need, at risk or are in the care system and with members of the wider family who are raising children unable to remain at home. The charity's overall objectives are to enable children to live safely within their family network, where possible, and to strengthen the positive family and community support networks of young people who cannot live with their parents. We advise parents, grandparents, other relatives and friends about their rights and options when social workers or courts make decisions about their children's welfare. We campaign for families to have a voice, be treated fairly and get help early to prevent problems escalating. We champion family group conferences and other policies and practices that keep children safe within their family network.

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INTRODUCTION

“We are facing a crisis and, truth be told, we have no very clear strategy for meeting the crisis.” - Sir James Munby, President of the Family Division of the High Court of England and Wales

“A review that considers changes that could be made nationally and locally to safely reduce the number of children coming into care is long overdue.” - Alison Michalska, President, Association of Directors of Children’s Services, 2017-18

The Care Crisis Review was established in response to the record numbers of children subject to care proceedings and the very high numbers of children in the care system. The Review is facilitated by Family Rights Group and is due to report in mid-June 2018. It is funded by the Nuffield Foundation.

Survey methods

The findings detailed within this short paper follow analysis of data generated from a survey conducted by Family Rights Group on behalf of the Care Crisis Review. The survey was designed to examine how a range of professionals working in (or coming into contact with) the children’s social care and family justice system, understand and experience the ‘care crisis’ day to day. It was also intended to elicit their ideas and views about possible responses to the crisis. The survey was promoted via social media, FRG’s newsletter, via the organisations represented on the Review’s Stakeholder Advisory Group and various professional and practice networks.

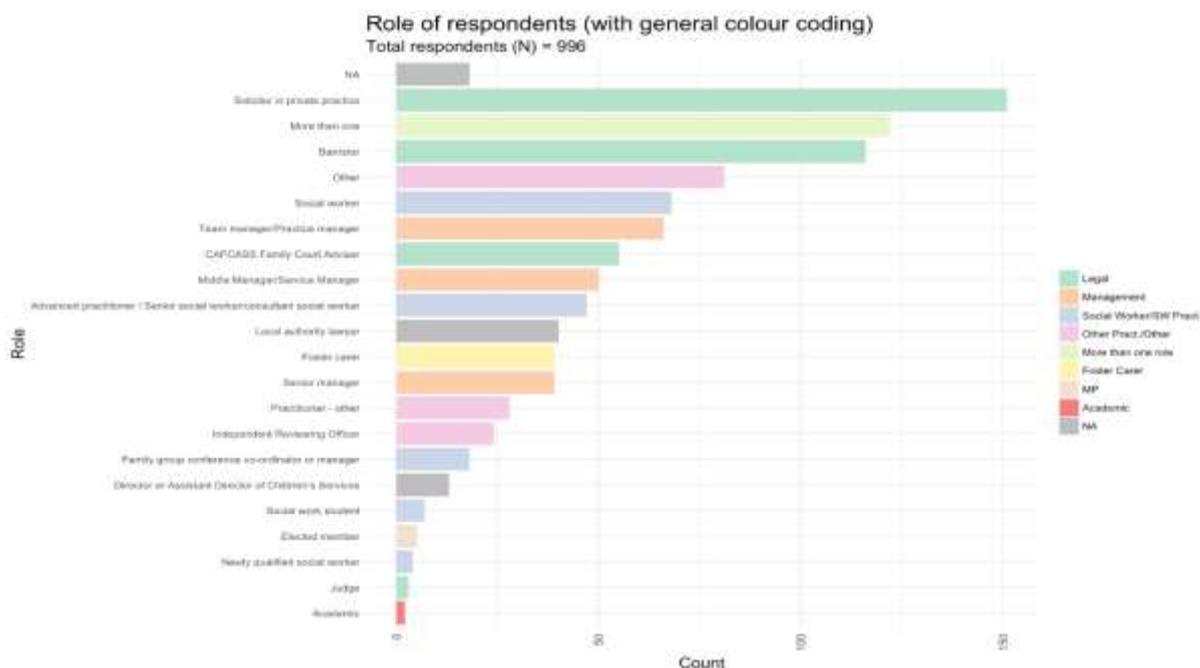
Decision makers and practitioners were asked to complete the survey (hosted by Survey Monkey) during February and March 2018. The survey was ‘self-selecting’ in that professionals actively chose to respond, and inevitably this means this cannot be a representative sample of professionals and the responses to the survey must be considered in that context. Whilst it is therefore difficult to generalise in anyway, the survey responses do however, offer some valuable insights and raise some important questions that have relevance for future developments.

The analysis of survey data summarised the quantifiable responses in a series of charts, some of which are included in this report. The research team used a thematic approach to group the responses to the open ended questions.

Respondents

The total number responding reached 996 with a geographical spread but particular representation from London, the South West, South East England and North West England. Of the 996 respondents, 807 were from England, 123 from Wales, and 13 from Scotland; the rest operated throughout the UK or did not specify. The respondents included lawyers, social workers including team managers, foster carers as well as others:

Figure 1 roles



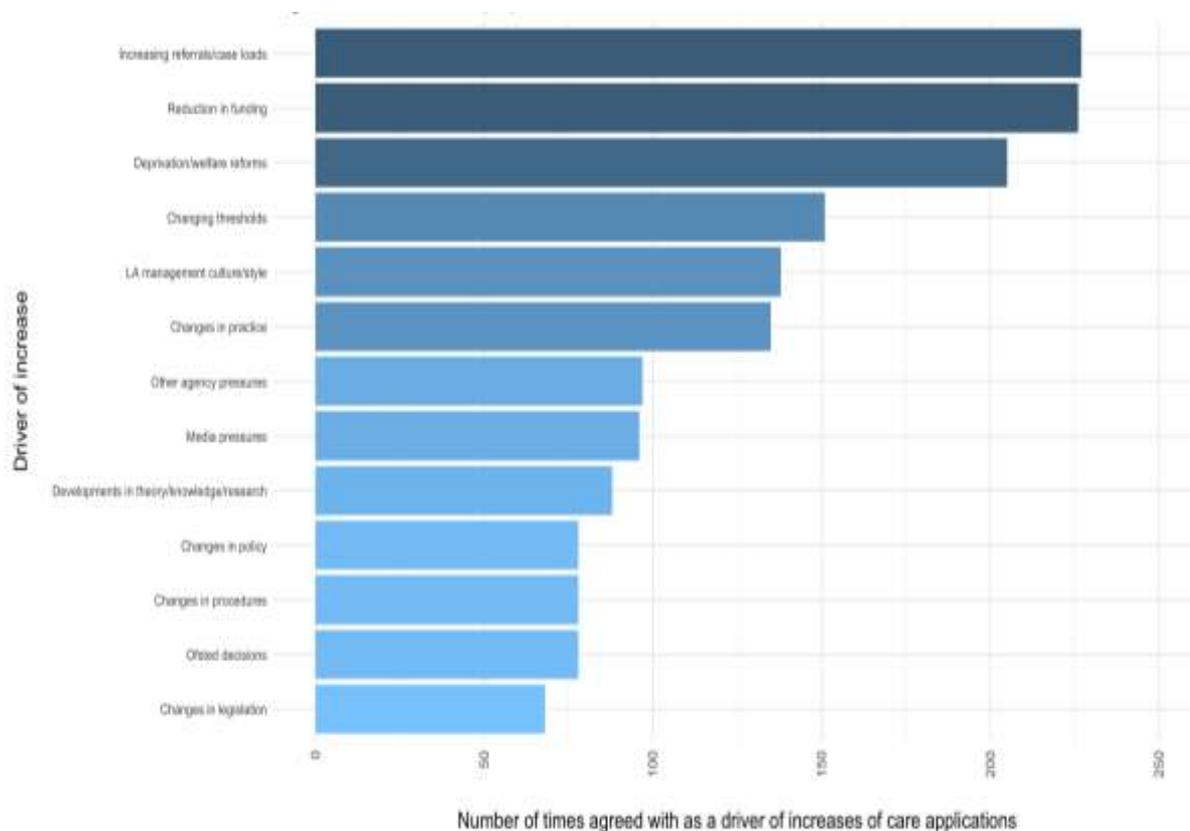
Those who responded included front line practitioners but also senior decision makers, including directors of children’s services, judges and elected members. Responses were also received from academics in relevant fields.

The majority of respondents had more than ten years post-qualification practice experience but this was more varied for social workers and foster carers. Most respondents, particularly those in legal or management roles, felt that care numbers had risen in their area in the last two years, with over 50 per cent in each of these groups saying they had seen an increase. The responses were broadly similar across both England and Wales.

Reflections on the rising numbers

The chart below reflects respondents’ views on the drivers for the increase in care order applications. Respondents could choose one or more factors, or none.

Figure 2: Drivers for increase



The themes identified driving the rise

1. System Overload

The responses paint a picture of a system that is completely overburdened and struggling to cope with the complexity and volume of cases. It is dealing with the twin challenge of an increase in families requiring support, whilst resources to meet the demand are cut. These challenges then compound the problem by having an adverse effect on staff turnover, further reducing morale and the capacity to meet the challenges. In addition, mandatory time constraints, particularly in respect of care proceedings, also restrict opportunities for long-term strategies that may reduce the burden.

Key issues included:

- Pressures have increased in all areas of the system; Courts, CAFCASS, Education, Voluntary Sector, CAMHS and adult mental health.
- Chronic underfunding of all services.

- The timescales and pressures that guide the work with families who are at risk of court involvement.
- The increase in volume and complexity of cases and higher caseloads for some social workers, coupled with stringent timescales about the length of time decision making can take in care proceedings reduces the opportunity to carry out meaningful work with families.
- An exodus of experienced workers with consequences for informed confident practice.
- Less early or preventative support resulting in local authorities being more likely to intervene later down the line when there is heightened family stress and a crisis.
- Decision making in a fragile system of care, where there is a shortage of placements, a lack of placement stability and increased pressures on placements (fostering and adoption) because of the complex needs of children.

'In addition to increased caseloads there is increased complexity in terms of cases. Recent discussion with a middle manager of a referral and assessment service in a unitary local authority noted referrals had increased by 18 per cent in the previous month. This has contributed to social workers falling behind in meeting timescales for assessments. Workloads have increased to between 40 to 50 per social worker. Additional staff - locum in the first instance - have been sourced to meet this increase in demand. There are cost implications - the additional staff and the increased risk of social workers being unable to adequately visit - assess - prioritise. Team workloads for a team of six is fluctuating between 240 to 300. A growing number of local authorities have recognised the importance of reducing workloads to under 20. Despite the commitment to lower workloads - some local authorities have workloads of 28 to 30 and been slow to recruit additional social workers because of the budget implications'. (Practice manager, local authority)

'It is extremely concerning to see the increase in the number of care applications being made and a common theme we see is that support services are simply not available or being made available to provide the support that families need. We are constantly told that funding has been cut and local authorities do not have the funds to provide the support some families require. We have also noticed that some local authorities are extremely poor in providing support for families when one or more parent may have a learning difficulty. There is a lack of communications and cooperation between adult and children services with a theme of one department pushing any responsibility onto the other. The result being the support needed being lost for the parent/child'. (Solicitor)

'Just that I think all the systems are broken now through financial erosion and inadequate training. The courts are collapsing, and social work is so determined to "protect children" that increasingly in doing so it creates more damage than the original harm. Social work is in a position of being the final arbiters of child protection but in many ways make poor decisions. They don't consult or listen to others who may know more. This is a sad indictment of my

own profession. We used to help families'. (Local authority children's social care – team manager).

Concerns about higher thresholds to access services are connected to this theme and is also related to the theme of missed opportunities to work with families, since they have impacted on the opportunity to work earlier with families to address problems and avert the situation deteriorating.

'Higher thresholds required to achieve any social care intervention means early help preventative work is not available to children and families over a period of time to achieve and sustain change. Thresholds mean that social work is only involved with families when significant harm has happened and the impact on children spiralling'. (Independent Reviewing Officer, local authority)

2. Austerity, cuts, deprivation – impact on families

A large number of respondents cited austerity as the driver in the increase in cases of neglect. In addition, cuts to key support services have led to more families in crisis, overburdening an already creaking system.

Key issues included:

- Benefit cuts, the benefits cap, the spare room subsidy (known as the bedroom tax), the introduction of universal credit and the accompanying changes in payment arrangements, delays in payment of welfare all impacting on family stress and deprivation.
- Poor housing and poor working conditions or no work contributing to increased stress within and for families, with associated higher levels of domestic violence and abuse, mental health and substance misuse and crisis for families.
- Cuts to early support services increasing crisis situations.
- Cuts for domestic violence projects increasing stress and risk within families.
- Chronic underfunding and cuts to services – social care, education, voluntary sector, mental health services.

'The care system is on its knees in my area. Practitioners undervalued and demoralised. Legal system on its knees also - overwork and underfunded all round'. (Barrister)

'There is a serious lack of experienced and properly trained social workers. Parents and family members need early and good legal advice. The whole system is not adequately funded, including the funding of independent support groups. Post-care proceedings support is non-existent which in itself perpetuates the cycle of children from the same family being placed in care. In cases of neglect and general sub-standard parenting, early supportive intervention with an element of education is often likely to prevent the escalation of problems. If social workers were able to gain the trust of those requiring their services, then engagement is more likely to be forthcoming'. (Barrister)

'Benefit changes and bedroom tax combined with ongoing austerity measures causing the "perfect storm" of increased pressure on families. It should also be

noted that families reaching crisis points are not able to access legal aid since the LASPO cuts and I have noticed more cases that may have previously been dealt with on a private law basis coming into the care system as the parents are unable to resolve issues for themselves'. (Solicitor)

3. Missed opportunities for partnership with families

There was concern and frustration expressed that high caseloads and other time constraints detract from meaningful relationship-based practice at an earlier stage and as a consequence, cases are thought to be more complex. High staff turnover also fracture opportunities to build relationships.

Key issues included:

- Practice is process and system driven to meet timescales rather than family needs.
- Lack of partnership working with families.
- Not enough time to work with families and develop relationships.
- Professionals taking entrenched or polarised positions.
- High caseloads and unrealistic timescales impacting on social workers' time for work with families.
- Families distrust in professionals because of punitive practice.

'...there are rarely intensive support services available that would prevent proceedings. We rely on parents engaging with proposed plans on a statutory basis and if they don't, cases inevitably escalate. In most local authorities there is no 'middle ground' where parents who are difficult to engage or to work with are offered a better, more intensive, more focused service - so when cases are higher risk - there are no additional resources and they end up in court instead'. (Local authority social workers)

'There are two clear drivers of the crisis - resources (financial) resources (personnel). The quality of social work staff is poor, there is little continuity with huge turnover and over reliance upon agency staff. Clients have little or no rapport with social workers who have little in common with their clients and are often seen as harsh and judgmental'. (Solicitor)

'The power dynamics and raised thresholds and that families may have asked for help and not received it. They become very distrustful of services. Lack of therapeutic services to assist families, parents and children through proceedings - interventions to achieve a better outcome'. (Foster carer)

4. Fear and blame; anxiety and risk aversion

Technocratic managerialism and practice in the aftermath of high profile media cases have led to fear and anxiety in practice. Numerous mentions were made of the deaths of Peter Connolly and Daniel Pelka, and these were often at the forefront of social workers' minds. Respondents referred to these events leading to increasing risk averse practice with practitioners fearing vilification by/in the media

Key issues included:

- Fear of media backlash.
- Managerial cultures that foster risk averse practice.

‘Since the death of Peter Connolly and other high-profile cases where children have died, the media pressure on social workers has risen. We are rarely categorised (along with staff such as nurses, police, firefighters) as being a force for good who need protecting from austerity but are castigated when we are perceived to have got it wrong as either too liberal or too interfering’.

(Senior manager, local authority)

‘Social workers are more defensive and less willing to work the case outside of proceedings. This may be risk aversion for fear of criticism if something goes wrong (Baby P etc.) or lack of resources (social work assistants etc.) to work with the family. Social workers defensive practices - putting cases before the Court rather than run the risk of things going wrong if proceedings not issued; difficulty in keeping cases out of court under section 20 agreements’.

(Local authority practitioner)

5. Cultural Competency and work with Black and Minority Ethnic Families

Some of the respondents noted a lack of cultural competency and language barriers to working with Black and Minority Ethnic families.

‘There is very little cultural competency so care proceedings involving Black and Minority Ethnic families are often based on cultural lack of awareness and knowledge’. (Solicitor, private practice)

‘Very little understanding of issues round race/transcultural placements, families and children’s own experiences of racism’. (Barrister)

‘The major factor we have is to do with language barriers and cultural differences. We are working with many families where English is not the first language. Finding interpreters can be difficult especially with regard to languages such as Sylheti. Often in this culture the interpreters know the family and therefore issues of confidentiality are breached. Some cultures do not see anything wrong in harshly disciplining their children which does not dovetail with child care in this country. These tensions form barriers to working together’.
(Local authority – Social work student practitioner)

6. Workforce development including social work training and experience, use of agency social work staff

Some practitioners expressed a generational difference in the dispositions of newly trained social workers compared to experienced social workers. Newer recruits are argued to be more risk-averse, less able to work with the family and more inclined to

begin proceedings to remove children from their families. In addition, social work training is argued to be stretched due to limited resources and high caseloads resulting in social workers not being adequately trained when they enter the field. A related issue is the prevalence of inexperienced staff and use of agency staff as a concern for many of the respondents in the survey.

‘Poor social work training (in practice) leads to newly qualified social workers (NQSWs) doing work that is beyond them, and poor supervision/management leads them to practice without proper guidance and develops shoddy practice with dangerous knowledge gaps. As this workforce progresses in their social work career, the problem is compounded by the knowledge gaps never being filled and continues the poor practice. This is rarely challenged by universities/practice educators because the need for social workers is very high. Local authorities accept poor practice as they need social workers’. (Middle manager, local authority children’s social care)

‘I am increasingly seeing local authorities with less experience across all areas relating to children’s services. I worry that this leads to a culture where the complexity and demands of this type of work is not sufficiently understood and the working conditions/environment relating to work load, time pressure and support makes it a really difficult for skilled and experienced practitioners to stick around for more than one to two years’. (Practitioner, local authority)

‘I am aware that the local authority struggles to recruit and keep experienced social workers often relying on agency social workers who may not have the necessary experience to undertake the role of social worker. I am very aware of highly stressed social workers and how hard they work’. (Voluntary sector worker).

7. Changing awareness

Some respondents view an increase referrals as being due to developments in the field. Some argued that there was a greater understanding of neglect and its consequences. Greater knowledge about identifying sexual exploitation and domestic abuse was also thought to be partially driving some of the trend.

‘Better understanding of impact of neglect and domestic abuse has resulted in more timely responses.’ (Local authority children’s social care, senior manager)

‘Increased awareness of exploitation, both sexual and criminal, trafficking and the impacts of early trauma and early childhood experiences.’ (Local authority children’s social care, team manager)

However, concern was expressed by some practitioners that the drive to enhance awareness of adverse childhood experiences and the impact of violence against women and domestic abuse whilst increasing awareness was not resulting in effective remedies.

'There is heightened awareness while not truly providing remedies or indeed acknowledging that we need to be far better at understanding how being looked after itself, particularly if children are older, can bring negative consequences.'
(Local authority children's social care director or assistant director)

WORKING IN PARTNERSHIP WITH CHILDREN AND FAMILIES

The survey also asked a series of questions about working in partnership, the barriers and promoters and the experiences of professionals when seeking to work in partnership. Many professionals did not answer the question about whether partnership working was the norm. Of the 493 that did answer, most (59 per cent) felt that they did rather than they did not work in partnership with families. The exception were legal professionals in England where a slight majority felt they didn't work in partnership. Aside from the legal practitioners, the patterns across England and Wales were similar, with no significant differences except more social workers did not answer the question in Wales.

Definitions

The survey asked respondents to reflect on the meaning and extent of partnership working. The responses reflected a broad (and possibly confusing) definition of partnership working. The terms used include a combination of skills, knowledge and values:

`consultation`, `honest communication`, `listening`, `involving`, `collaborating`, `engagement`, `signposting`, `straight talking`, `empowering`, `transparency`, `supporting`, `getting alongside`, `valuing families`, `being strengths based`, `supportive and not punitive`, `respecting`, `enabling`, `being non-judgemental`, `being genuine` `building relationships`.

Partnership was identified by some respondents as `working with the whole family` to include extended family networks, relatives and friends. In contrast, other responses prioritised a child focus, with acknowledgement that some practitioners will articulate that they are `only there for the child`. There was also a small number of responses that identified partnership working as professionals working together and did not include the family or child in this process.

Barriers to partnership

The survey asked respondent to identify if there any barriers to working in partnership with families in their area. 493 responded, of which 88 per cent stated there were one or more barriers.

a) The lack of resources and subsequent impact on services was acknowledged as a significant negative impact on partnership working.

'The principle is understood and attempted but limited by resources to achieve an outcome. Education, support and assistance for parenting training is limited

compared to the past due to resource cuts, staff overworking and commitments that overlap to ongoing proceedings that may be before the court. Staff morale is low'. (Barrister)

'Good relationships with other agencies, which unfortunately can be inconsistent and often depends on personalities. Mutual respect and understanding for the difficulties experienced by families helps to engage them in a partnership agreement. We are finding the collaborative skills approach which we are piloting reinforces this ethos and has good results so far'. (Education Practitioner)

'Short answer: providing support to families to enable them to continue caring for children safely, or where that is not possible providing safe care for children away from their families, and meanwhile looking for possibilities for returning children to their families'. (Barrister)

'I think this means that court proceedings should be a last resort and that ALL the energies of a local authority social work department should be aimed at keeping children within their birth families. BUT this requires proper training of social workers and the appropriate provision of resources to support families in need. It requires a complete change in emphasis because at the moment most families fear any intervention from social workers because they see that as the first step in the removal of their children'. (Barrister)

b) Ineffective multi agency working: a siloed approach to service provision with agencies preoccupied with the demands of their own service and unable to consider safeguarding the wider family, for example:

'Health professionals often do not participate in child protection conferences or looked after children reviews because 'there are no health issues'. This misses the point of collaborative approach to safeguarding - in that the health visitor may be the only professional with a positive relationship with the family and therefore is in the best position to engage them...When true partnership working happens, it works brilliantly, and the outcomes are evident in the outcomes for families. Sadly, this is the exception, not the norm'. (Local authority lawyer)

c) Court timescales: some respondents identified the 26 week timescale for care proceedings as contributing to a process driven system that has created barriers for effective practice with families.

'Issues faced by families which prevent them from offering good enough care to their children are often long standing and entrenched. Affecting and maintaining change in such circumstances should not be dictated by an arbitrary timescale but by a genuine timetable for the individual child. Local authorities should be entrusted to undertake this work outside of proceedings, by working in partnership with families and without fear of criticism or litigation.

Drift is unacceptable but so too is exposing families to 26-week timescales when there is no realistic prospect of them addressing their issues in that time. Care proceedings should be a last resort, not the first.' (Local authority social work practitioner)

'At the moment as the law stands the local authority can only issue care proceedings upon the birth of the child. If the mother does not agree with the local authority plan for her baby she is expected to leave her baby and attend court plus be able to give reasonable instructions within hours or very shortly after giving birth. This is manifestly unfair on the new mother and creates great stress and uncertainty for her through all the latter stages of pregnancy, birth and afterwards. Psychologists will not assess mothers within six weeks of birth because they say it is unfair on the mother, yet the mother is expected to face court and potentially must give evidence to contest the local authority plan very shortly after what could have been a long and traumatic birth. It is hugely unfair and often mothers are forced into a corner because of their physical and emotional health at the time. What has been said by some time by professionals working in the field is that the local authority should be able to issue proceedings and obtain an Order to become effective upon the birth of a live child. This way the plan would be ratified, and the mother would not have huge uncertainty pre-birth and huge stress post birth with an uncertain plan. I have had cases with a 14-year-old mother and a 16-year-old mother recently both of whom contested the local authority plan of removal of their babies. The stress of uncertainty about what would happen after the baby's birth made the 14 year old physically ill in the latter stages of pregnancy. Neither had a Guardian prior to the baby's birth because they were appointed upon the issue of proceedings. The 16 year old is autistic and didn't understand what was going on fully; she stayed awake all night after giving birth as she thought social workers would just come and take her baby.' (Local authority lawyer)

d) Pressures on social workers: many respondents viewed children's services as overloaded by increased referrals, high turnover of social work staff, high caseloads, technocratic managerialism and unrealistic time pressures. These elements combine to reduce the space for partnership working.

'Often there can be delay in engaging the Local Authority in pre-proceedings and sometimes within proceedings simply because of the volume of work and staffing levels cut to the bone. However, we are fortunate in our area that we have many dedicated professionals who work hard to help families and children, but the volume of work sometimes overwhelms them.' (Local authority practitioner)

'There is some work in partnership, but it is down to individual social workers and does not appear to be embedded in local authority structures and procedures. At the same time it is very clear that resources have been cut too far. There is no universal 'safety net' and social workers seem to be under a great deal of strain. I think working in partnership takes energy, reflectiveness,

imagination, space to fail and try again - time and money, in other words.' (Local authority practitioner)

e) Organisational culture: some respondents suggested that there was a disconnect between children's social care management and social work practice on the ground:

'I have noticed for some time now that local authority management seems to operate quite remotely from the social worker on the ground and that pragmatic wishes to provide support for parents, for example, is then later overridden by senior management. I appreciate there are always resource implications but I do wonder how much time social workers get to spend in supervision or reflection with senior management.' (Barrister)

'Management styles are more business-like in approach. Managers do not like professional challenge. Workers are being told what to do instead of being trusted in their professional ability. Workers are fearful of losing their jobs if they challenge. A culture of disillusioned workers is the result of poor management.' (Local authority social worker)

'There needs to be clarity between the Department for Education (DfE) - the Judiciary – local authorities - children and their parents - as to who is 'actually' determining the shape of services. In recent years the Judiciary has used the court arena to fill the policy void created by the DFE in its lack of leadership / vision for the sector. Ideally -children's services - should be taken out of the DFE - and placed in its own stand alone Department'. (Barrister)

Promotors for partnership working

Respondents identified a number of elements that could promote partnership working. These included:

- experienced social workers
- good leadership
- good multi agency working including good relationships between professionals and families
- having consistent social workers to help build positive relationships,
- relationship based practice
- listening to families
- restorative practice with families including family group conferencing
- having time to build relationships and time to work with families
- location and being community based
- Family Drug and Alcohol Courts.

'Good relationships with other agencies, which unfortunately can be inconsistent and often depends on personalities. Mutual respect and understanding for the difficulties experienced by families helps to engage them in a partnership

agreement. We are finding the collaborative skills approach which we are piloting reinforces this ethos and has good results so far. (Education practitioner)

‘Caring, respect and believing in the family as the best place for children.’
(Voluntary sector practitioner)

Respondents also identified strengths based, therapeutic and whole family approaches as effective ways of working with families. This included; the Family Drug and Alcohol Court (FDAC), Pause, Caring Dads, Family Group Conferences (FGC), Video Interactive Guidance (VIG), Multi – Systemic Therapy (MST) and Signs of Safety.

There were specific services identified; Highbury Advocates, Family Rights Group’s Advice Service, Love Barrow Families, Kinship Carers Liverpool, Systemic Social Work, Leeds Family Valued innovation, Place2be where families can access counselling through their child’s school, Mellow Parenting, C-Change tools and the Problem-Solving Court (being piloted in Yorkshire and Humber) Gwent Specialist Substance Misuse Service, the Integrated Family Support Service and the Freedom Programme supporting women affected by domestic violence and abuse.

Mechanisms for effective working were also identified and these included: good multi-agency working, reflective practice, and team around the worker, good advocacy, relationship-based practice, thinking family and cultural competency with families.

