5th Annual Social Work and Social Care Research in Practice Conference

Group 2 – Donegall Room
Helen Dunn
Catherine Cooke
Lorna Montgomery

Building Better Futures: an evaluation
Building Better Futures
Assessing and Enhancing Parenting Capacity in Child Protection

Ms Catherine Cooke
Ms Helen Dunn
Dr. Lorna Montgomery
Building Better Futures


Dr Stan Houston (Assistant Professor, Trinity College Dublin & Professor Emeritus, Queen’s University Belfast)
Dr Lorna Montgomery (Queen’s University Belfast)
Dr Manoli MacDonald (Queen’s University Belfast)
Aim: to maximise the effectiveness of assessment and intervention in child protection in order to build capacity, initiate change and transform practice within the HSC Trusts in N.Ireland.
Key Attributes of Parenting

- Problem-Solving
- Communication
- Roles
- Behavioural Control
- Affective Responsiveness
- Affective Involvement

- Strengths
- Concerns
- Impact on child
- Action plan
Formative evaluation

Processes involved:

- Senior Practitioners x 5 – learning set – practice wisdom
- Pre and post questionnaires
- Pre and post standardised measurements forms charting progress in designated parenting competences
- Semi-structured interviews
- A thematic analysis of BBF completed inventories
- Miscellaneous evaluation sources to triangulate cross-cutting themes
Formative Evaluation

Key questions for the final phase of the evaluation

• is the model fit for purpose in mainstream practice
• does it add value and support other practice approaches
• can practitioners incorporate it
• how is the model to be mainstreamed and sustained
• how do other key personnel understand the model – social work teams, courts, judiciary
Formative Evaluation

Conclusions and implications:

• Very positive start
• Assessing the overall implementation – learning reviews
• Focus groups and learning sets in each Trust
• Measuring outcomes – complexities – range of tools and standardised tests – finding the most appropriate
• Role of change agents – to be assessed
What parents have said

I just feel that she gets the situation, she gets me.

She made me feel that I was a person

I wouldn’t be who I am today without it, because I was able enough to talk about everything, even my past relationships

She’s never made me feel like she looks down at me
What social workers have said

I feel more confident in the recommendations I make as I feel I have a much clearer picture

I have a greater empathy for my families as I now better understand how they have come to this place in their lives

this model has enabled me to do the type of work I came into social work to do

I understand better the impact on the child
Una Lernihan
and
Cathy Meenan

Home on Time Trial (foster carers)
securing early permanency
The Early Intervention Transformation Programme (EITP)

Home on Time

Concurrent Care Planning Scheme

Una Lernihan HSCB and Cathy Meenan WHSCT

7th March 2018
Home on Time
Concurrent Planning Scheme

- Home on Time – enables identified young children in care to achieve permanence as soon as possible firstly through a return home to birth parents and where this is not safe to do so through a placement with concurrent carers (foster and adoptive carers) who can go on to adopt them.
- Provides birth parents with intensive assessment and intervention to address to improve parenting capacity
- Delivers reduced timeframe for children to secure permanence
- Reduction in placement moves for young children
- The risk sits with the concurrent carers and not the child
Why is *Home on Time* important?

- Children in the care system need to go to live with secure stable and loving families as soon as possible who can support them though childhood and beyond.
- Permanence gives a child sense of security continuity commitment and identity.
- Emotional permanence (attachment), physical permanence (stability) and legal permanence (PR).
- Firstly, children must be supported to grow up with their birth families and siblings whenever this is safe to do so.
- Delay or drift in planning for children long term future can be detrimental to heir social emotional and psychological well being.
- Children who cannot be brought up by their birth families have a right to grow up securely attached to carers capable of proving safe and effective care for their childhood and beyond.


How have we done so far?

Of the 75 children accepted onto Home on Time Scheme (as at 31 December 2017):

- 72 have been placed with concurrent carers;
- 62 parental assessments have commenced;
- Best Interest Decision agreed for 36 children;
- Freeing Orders agreed for 25 Children;
- 16 Children have been adopted;
- 4 Children have returned home.
Average Durations Between Different Stages of Adoption Process

LAC population for the year ending 31 March 2014

- Entry into Care: 11 mths
- LAC Best Interest Proposal: 6 mths
- LAC Best Interest Decision: 14 mths
- Date Child is placed for Adoption: 8 mths
- Date Adoption Order is granted: 1 year 4 mths

Home on Time Scheme for the period April 2014 – December 2017 for children Adopted

- Entry into Care: 7 months
- LAC Best Interest Proposal: 2 months
- LAC Best Interest Decision: 3 months
- Date Child is placed for Adoption: 8 months
- Date Adoption Order is granted: 9 mths

For those children within the HoT Scheme who were returned home, the average duration from Entry to Care to returning home was 10 months.

Note: The time between different stages of the adoption process may not add to the total time as a small number of cases have been excluded from some of the in-between calculations. Source: Children Adopted for Care in NI (2013/14)
Benefits of Home on Time for Birth Parents
(Western Trust)

1. Birth parents are able to avail of intensive support from a Family Support worker and Senior Practitioner - engagement 4 times weekly, extra support with housing, family planning, health issues etc.

2. Consistency of workers and more positive relationships established. Parents involved in HOT have a lot of issues to deal with and have a better chance of success with more intensive support.

3. Better outcomes in terms of contact if parents are not able to make/sustain required changes and child remains in placement examples of this was seen within our HOT programme – a mum who had no previous post adoption contact was able to have contact with her baby involved in HOT who remained with the concurrent carers.

4. Birth parents are able to meet and establish relationships with the carers so they know who is caring for the child in most cases this has been a positive experience for birth parents. (in 17/19 cases within the WT)

5. Intensive assessments results in less delay for all involved.
Benefits for Agencies & Carers (Western Trust)

- For the first time all Trusts have concurrent carers, this is a huge step forward for Trusts who didn’t have concurrent carers prior to the HOT scheme.
- Carers are very clear they are putting themselves forward as foster carers in the first instance to promote rehabilitation of the child to the parents.
- Carers benefit from a young baby being placed with them without having had multiple placements in the care system.
- The attachment/bonding process begins at an early age between carers and child, which can be transferred to birth parents if the child returns home.
- The carers know that they have given the child the best start possible regardless of outcome.
- The carers can meet and establish a relationship with birth parents which is beneficial from the onset to understand the reasons why the child is not in the parents care to helping to explain to their child if they adopt that they knew their birth parents particularly if contact post adoption is not sustainable.
Benefits to the Child (Western Trust)

- The opportunity to make early attachments with carers who could potentially be permanent carers if rehabilitation is unachievable.
- Avoidance of multiple moves and care givers.
- Avoidance of multiple care givers / workers during assessment phase – 2 HOT workers but all contact handovers done between carers and parents.
- Permanency established sooner than non HOT cases, which have resulted in same outcomes
- Examples of good outcomes;
  - A - siblings placed together
  - B - Parents who have asked to engage in HOT and queried why it wasn’t done for them or their older children
  - C - Children have been placed at very young age that there would have been difficulty placing at older age if they had not have been on HOT scheme due to issues such as FAS
  - D - Parents accepting they cannot parent and requesting that their child remain with the concurrent carers.
Franz Kavanagh
South Eastern Health & Social Care Trust

Ageing out of foster care, the support and experience of young people
Ageing out from Foster Care, the support and experience of young people

Ageing out from Foster Care, the Support and Experience of Young People

Franz Kavanagh
Social Worker Intensive Support Fostering Scheme
Ageing out from Foster Care, the support and experience of young people

- Context of Role
- Rationale - Research Evaluation Methods/Completion of Social Work Awards (Specialist and Leadership)
- Aim - To give voice and further create an awareness to the experience of young people ageing out from foster care to independence
  - To inform professionals and foster carers
  - To facilitate change in service delivery
- Methodology – Qualitative service evaluation, 15 Interviews (10 young care leavers, 5 foster carers)
Overview

• 477 children and young people cared for within SET
• 21% of care leavers achieved 5 GCSE compared to 81% non care leavers
• One in four female care leavers aged 19 became mothers
• Children in care 4 times more likely to have a mental health problem. (Dept. Of Health, January 2017)
• Sawyer, 2018; Sabetes, 2015; Collins and Pinkerton, 2014; Greeson 2014; Hojer, 2014; Nesmith, 2013; Daly, 2012; Stein, 2012; Collins, 2011; Samuels, 2009; Munson, 2008; Stein, 2005;
• The Children’s (Northern Ireland) Order 1995
Ageing out from Foster Care, the support and experience of young people

Findings

Themes deriving from Young Person and Foster Carer interviews

Relationships, Transitions, Mental Health,

Education/Training, Parenthood,

Isolation/Loneliness/frightened

Managing Finance, Independent Living Skills

Ulster University

South Eastern Health and Social Care Trust
Findings

Relationships

“But it is the way at 18 they are moved. Again and the person who is delivering the leaving/transition, really depends on the personality rather than the service.” (Leonard – foster carer)

A Plan that Listens to Young People

“No they were just put where they got...XX was offered two places and picked one, then they placed him in the other one.” (Mary – foster carer)
Ageing out from Foster Care, the support and experience of young people

Findings

Unsupportive Social Work Relationships

“She had to go on maternity leave 3 times, so I had another male social worker, but I never seen him...yes I remember having loads.” (Denise – young person)

“I didn’t get on with X, she had a really dark sense of humour, I didn’t get it...I was angry, I told her to leave one day, she said this is not your house...I went mental...because other times she was like this is your home...from day one we didn’t click.” (Gerard – young person)
Findings

Supportive Social Work Relationships

“Well, X was my social worker at the time, and I loved her, and we were just dead on close and she understood everything. She came to me and said she had a foster placement in Bangor. I said Bangor, no please stop it, Bangor Why?...I want Belfast...I was like obviously I don’t like it, it’s Bangor and they are like stuck up people” (Brea – young person)

“So social services, the Trust, picked up the slack helping me with accommodation and organising all that, and moving to university, because I wasn’t really sure.” (Colin – young person)
Findings

“I think a lot of people relied on my resilience ...I have read a lot around resilience and professionals are relying on this too much, and not really understanding what it is, and maybe they feel someone is resilient when in fact they may not be as resilient as they think they are.” (Kate – young person)

“So for me I think the main thing for a 17/18 year old young person, they don’t want to see their social worker, especially at 18, don't close the file. You know, keep that open and keep linking in with them maybe until they are 20. I know they have a right to say ‘No’ but the offer should probably remain there.” (Kate – young person)
Ageing out from Foster Care, the support and experience of young people

**Learning**

- We know social work can make a difference – young people say so.
- Study highlighted that the social worker/young person relationship is crucial at all stages and aspects of care.
- Social workers need space and time to be able to build the relationship and create trust and services need to respect this.
- Raises issues of finance at a time of political and economic uncertainty.
- Changes have been made in Trusts to support relationships but will these be reviewed?
- Young people to be interviewed whilst in care and post care about their care experience to feel valued and to facilitate change.
Ageing out from Foster Care, the support and experience of young people

Thank You for Listening
Paul McCafferty
Queen’s University Belfast

What knowledge base social workers use to inform their decisions regarding permanency decisions of Looked After Children
Paul McCafferty
Lecturer in Social Work

What knowledge do social workers use to inform their decision regarding permanency recommendations for Looked after Children?
Rationale

• Discern the knowledge that social workers currently use to make recommendations regarding permanency arrangements for Looked after Children.

Aims

• Use the findings to inform education, training and supervision practices with the intention of increasing the robustness, consistency and defensibility of decisions taken.
Method/ology

- Theory
- Methodology
- Method
  - Case vignette
  - Thinking-aloud
  - Semi-structured interview
- Sample
Thematic analysis

- Organisational knowledge
- Practitioner knowledge
- User knowledge
- Research knowledge
- Policy community knowledge


- Theoretical knowledge

Drury-Hudson (1997 and 1999)
Findings I

• The decision
  • Foster care 5
  • Adoption 10
  • Kinship care 2
  • Residential care 0
  • Return to parents 0
Findings II

• **Organisational knowledge:** “everything we do goes back to the CO”

• **Case experience:** “mainly for me it was case experience from the last case.”

• **User knowledge:** “the child’s wishes have to be considered at all times” however “it’s trying to get Clare to the stage that she would understand that she can’t go home.”

• **Research knowledge:** “I suppose that’s why I would choose adoption and research shows that adoption is better. I don’t know where, but it is written down.”

• **Theoretical knowledge:** “I think you do things automatically. You sometimes forget what theory it is you are working under.”
Possible practice implications

• Different decisions based on the same case

• Consistency/Reliability/Defensibility

• Evidence informed decisions

• Knowledge utilisation
Possible practice implications II

- More blended approach to knowledge development
  - BSW
  - PiP
  - In-service training
- Greater emphasis on all the functions of supervision.
- Greater expectation to explicitly identify and provide a rationale for the knowledge used to make decisions.

Is it really??
Thank You

Have you any questions?
References

Adrian Graham
South Eastern Health & Social Care Trust

Developing Team resilience as strategy to prevent burnout and compassion fatigue in statutory residential care
DEVELOPING TEAM RESILIENCE AS A STRATEGY TO PREVENT BURNOUT AND COMPASSION FATIGUE IN A STATUTORY RESIDENTIAL CHILD SETTING IMPLEMENTING THERAPEUTIC PRACTICES

ADRIAN GRAHAM
TEAM LEADER
SOUTH EASTERN TRUST
METHODOLOGY

• QUALITATIVE RESEARCH

• PURPOSE TO ELICIT MANAGERS PERCEPTIONS OF TEAM RESILIENCE (ALL SECTORS)

• 15 SEMI-STRUCTURED INTERVIEWS

• PURPOSIVE SAMPLING

• AIDE-MEMOIRE OF 5 QUESTIONS AND ADDITIONAL PROMPTS (AUGMENTED)
FINDINGS

- IDENTIFIED 9 KEY THEMES FROM THE FINDINGS INCLUDING:
  - RECRUITMENT
  - COMMUNICATION
  - SUPERVISION
  - TEAM MEETINGS
  - TEAM DEVELOPMENT / TRAINING
  - REFLECTIVE PRACTICE
  - RESILIENT INDIVIDUALS
  - TEAM ETHOS / POSITIVITY
  - MANAGEMENT STYLE
RECRUITMENT

• GETTING THE RIGHT PERSON FOR THE JOB – PASSIONATE ABOUT WORKING WITH YOUNG PEOPLE
• SHADOW SHIFTS PRIOR TO INTERVIEW
• PROBATIONARY PERIOD – INVOLVING SERVICE USERS
• IMPACT THEY HAVE ON THE TEAM
• APPROPRIATE SKILLS MIX
COMMUNICATION

• GOOD, EFFECTIVE, STRUCTURED, SUPPORTIVE AND HONEST COMMUNICATION

• FEELING UNSAFE WHEN COMMUNICATION BREAKS DOWN – RISE IN CONFLICTS

• CORNERSTONE OF CARE – REDUCES AN ‘US AND THEM’ CULTURE

• STRENGTHEN INTERNAL DIALOGUE

• UNCERTAINTY AMONGST STAFF MEMBERS WHEN COMMUNICATION FAILS
SUPERVISION

• DILEMMA OF MANAGERS AROUND PROVIDING EMOTIONAL SUPPORT AGAINST ACCOUNTABILITY

• ONGOING EMOTIONAL SUPPORT AND MENTAL HEALTH SCREENING

• THERAPEUTIC OR CLINICAL SUPERVISION AS AN ALTERNATIVE
TEAM MEETINGS

• TIME TO SHARE LEARNING AND PROMOTE DEVELOPMENT
• CONTINUE TO EVALUATE THEY WORK UNDERTAKEN
• PLACE TO MAKE COLLECTIVE DECISIONS
• PROMOTES COHESION AMONGST STAFF
• AWARE OF INDIVIDUALS STRENGTHS AND WEAKNESSES
TEAM DEVELOPMENT / TRAINING

• STRONG LINKS BETWEEN LEVELS OF FUNCTIONALITY AND RESILIENCE
• TEAMS SHOULD BE ALLOWED AND SUPPORTED TO GROW AND LEARN TOGETHER
• DEVELOP AN INTERNAL WORKING MODEL OF SUPPORT
• STRONG CONNECT BETWEEN BEING OPEN AND HONEST AND BUILDING TRUST
• SOCIALISATION OF TEAMS WITH ACTIVITIES THAT PLACED VALUE ON THE IMPORTANCE OF TEAMS
• ESTABLISH A CULTURE OF LEARNING AND DEVELOPMENT
TEAM DEVELOPMENT / TRAINING

• MINIMISING THE FORMATION SUB-CULTURES – DEVELOPMENT OF FRIENDSHIPS / RELATIONSHIPS

• RESILIENT TEAMS ARE A RESULT FROM GOOD INTERPERSONAL RELATIONSHIPS

• ABILITY TO RESOLVE INTERPERSONAL CONFLICT

• DEVELOPMENT OF TEAM SELF-AWARENESS – STRONG INTERNAL DIALOGUE
REFLECTIVE PRACTICE

- Reflective practice can lead to team resilience
- Conscious and unconscious processes within the environment
- Emotions should not dominate the decision making process
- The ability to ‘make sense’
RESILIENT INDIVIDUALS

- Conscious and unconscious peer modelling
- Key features of resilient individual
  - Diverse skills mix – calm, focused, manage conflict
  - Uniqueness and personality was fundamental
  - Internal leaders within the team – complimented team leadership
  - See others views and place context around this
  - Understanding of trauma and the impact trauma has on teams
TEAM ETHOS / POSITIVITY

- Shared belief in the work undertaken
- Realistic mission statement – constantly reviewed
- Strong foundations
- Being ‘in tune’ with the environment
- The more established a team is the more trust exists within its members
MANAGEMENT STYLE AND LEADERSHIP

• MANAGEMENT NEED A STRONG INTERNAL DIALOGUE – MAKE CONNECTIONS WITH THE TEAM
• OPEN DOOR POLICY
• TEAM LEADER AND DEPUTY TEAM LEADER – COMPLEMENT EACH OTHERS PRACTICE
• RESPOND TO INDIVIDUAL NEEDS OF THE STAFF MEMBERS – POSITIVE RELATIONSHIPS
• ENCOURAGE GROWTH AND DEVELOPMENT FROM AN INDIVIDUAL AND TEAM PERSPECTIVE
• ABILITY TO EXPLORE NEW MODELS OF PRACTICE AND ALTERNATIVE METHODS
RECOMMENDATIONS

• Developing team resilience should be a priority for all teams within residential child care

• This research should be carried out with workers to establish their perspectives on developing team resilience

• Personal construct / traits of individuals should be explored to assist in appropriate and effective recruitment

• Team development days should be prioritised

• Reflection should be an ongoing experience with all teams implementing therapeutic practices

• Supervision needs to embrace aspects of clinical and therapeutic input