Regional variations in care planning in Northern Ireland: An infringement of the children’s rights


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In the Care Pathways and Outcomes Study, we found a significant relationship between the type of placement the children ended up living in and the Health and Social Service (HSS) Board area responsible for them.

<table>
<thead>
<tr>
<th>Geographical area</th>
<th>Trust A</th>
<th>Trust B</th>
<th>Trust C</th>
<th>Trust D</th>
<th>Trust E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentages of children living in each placement type in each HSS Trust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster care</td>
<td>20.0</td>
<td>26.8</td>
<td>32.9</td>
<td>42.2</td>
<td>50.0</td>
</tr>
<tr>
<td>Residential care</td>
<td>7.0</td>
<td>7.8</td>
<td>5.1</td>
<td>13.3</td>
<td>20.0</td>
</tr>
<tr>
<td>Adoption</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Residence Order</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Placed with independent foster parents</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Regional variations re the placements of children taken into care

WHAT?

In terms of policy frameworks, all the participants mentioned permanence and stability, and followed the broad regional policy principles. However, practices, structures and Trust guidelines continued to differ. With these in mind, we investigated the extent to which Trusts A, B, C and E supporting adoption was greater. For instance, Trust B participants mentioned the existence of a permanence team (which they argued did not exist in the other Trusts), and Trust A participants talked about the permanence policy that instructed them to mention adoption in the child’s LAC review, as well as their concurrent placements (which they believed did not exist in the other Trusts). In Trust E, participants explained they were in the process of starting adoption, and beginning to recruit concurrent carers.

WHY these differences?

In terms of social workers’ confidence to stand by their assessments in Court, while participants in Trust A & B argued that social workers were confident, participants in Trust E felt that some social workers weren’t confident enough to fight battles such as adoption. Participants in different Trusts talked about specific mindsets (e.g. children have to be ‘perfect enough’ to be adopted, in Trust C) in their organisation that influenced the type of decision-making focused for particular children.

WHAT DOES IT MEAN?

An ecological model of decision-making in care planning

Regional variations factor

GLOBAL CONTEXT FACTORS

Participants in Trusts B, D and E referred to the difficult relationship they held with the Courts, particularly in terms of large disagreements and a rise in the use of independent experts and assessments. Participants also mentioned a range of different socio-economic, political and cultural factors, particularly when trying to place children (in poverty levels, ethnicity, and sectarian division/conflict). Participants in Trust B explained that the endemic social poverty in their Trust, coupled with the economic downturn, had impacted on the ability of children to take on Residence Orders for fear of losing placements. In Trust E, participants talked about kinship placements being located in high deprivation areas. Participants in Trust E suggested there is more reliance on kinship care in an urban Trust than there is in a rural one. In Trust E, there was a significant BME population in the Trust, which was unrepresented in their LAC statistics.

REGIONAL PRACTICE FACTORS

The only Trust that had a permanent team and it’s study taking of making their care plan public. The permanent service adoption - there’s been a lot of drive towards prioritisation of the permanent plan and all of an initial planning process and trying to follow the permanence policy agreed... prioritising within three months of care planning and then being reviewed.

In terms of social workers’ confidence to stand by their assessments in Court, participants in Trust A & B felt that social workers were confident, participants in Trust E felt that some social workers weren’t confident enough to fight battles such as adoption. Participants in different Trusts talked about specific mindsets (e.g. children have to be ‘perfect enough’ to be adopted, in Trust C) in their organisation that influenced the type of decision-making focused for particular children.

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This study aimed to explore the reasons behind it. Between Jan 2015 and May 2016, we conducted focus groups with senior managers involved in care planning in each of the 5 HSS Trusts in NI.

Regional variations re the placements of children taken into care

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WHAT DOES IT MEAN?

This suggests geographic variations in decision-making and care planning, leading to a ‘postcode lottery’ for children who enter care. This is partly a result of the Trusts’ differing mindsets, organisational cultures and practices, their geographical and social realities, and their resources.

Regional variations re the placements of children taken into care

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A regional policy and guidance document should be developed and implemented in conjunction with the 5 HSS Trusts in NI, taking into account best practice in each Trust, and being mindful of differing socio-economic and cultural characteristics of each area, especially in terms of poverty, ethnicity, minority populations and sectarian division/conflict. Information and guidelines on permanence and decision-making should be considered an infringement of these rights.

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