



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Making a Difference

Achieving good outcomes for children,
young people and their families in Wales

June 2013



Printed on recycled paper

Print ISBN 978 0 7504 9570 7
Digital ISBN 978 0 7504 9568 4
© Crown copyright 2013
WG18828

Contents

Introduction	2
Chapter 1: Quality of Outcomes	4
Chapter 2: Quality of Assessment	8
Chapter 3: Quality of Social Work Intervention	10
Chapter 4: Quality of Care Planning and Review	14
Chapter 5: Quality of Services	16
Chapter 6: Quality of Leadership and Management	19

Introduction

This report sets out the findings of the review of services for children in need in Wales undertaken by CSSIW in 2012-13.

In the last fourteen years the number of looked after children in Wales has risen from 2991 in 1998 to 5725 in 2012. This growth presents a number of challenges and dilemmas, not least to delivering sustainable social services against a backdrop of diminishing resources. During the same period in England the numbers of looked after children rose from 53,300 to 67,050. In 1998 the rate per 10,000 population under 18 years was 45 in Wales and 47 in England. By comparison in 2012 in Wales it has risen to 91 compared to 59 per 10,000 in England. The Local Authority rate varies across Wales from 54 to 167 per 10,000 population. Despite a number of initiatives over the last decade there has continued to be an increase in the rate of looked after children in Wales.

The Children in Need Census demonstrates that children in need have poorer outcomes compared to both the general population and children looked after. Educational attainment for children in need was lower than children in the general population and looked after children at every key stage of measurement. Similarly when making comparisons in relation to health surveillance checks, dental checks and immunisations, outcomes were poorer for children in need.

The Census reported that there were 20,240 children in need at 31 March 2012, which was a rate of 320 per 10,000 children aged under 18 years. Of these children, more than a third (36 per cent) of referrals were from local authority departments and a further 29 per cent from the police and primary or community health services, a quarter (25 per cent) of children in need had a disability. Parental substance or alcohol misuse and domestic abuse were the most frequently recorded parenting capacity factors.

With between 45,000 to 50,000 children being referred to social services each year (of whom approximately half meet the threshold for

assessment), the continuing rise in the numbers of looked after children and poor outcomes for children in need, the challenges facing the sustainable delivery of social services in Wales are considerable. Critical to the future sustainability of services is whether current policies and initiatives are having the desired impact of improving outcomes for children, and support families to care for their children whilst reducing the number of children who need to be looked after.

Set against this backdrop CSSIW undertook this review with the aim of seeking to identify what makes a difference in terms of working with children in need and their families. This review focussed on the quality of social work intervention and practice with children and their families and examines the interventions and services that are successful in achieving good outcomes for children and their families.

Overall Conclusions

Quality of Outcomes

- Good early decision making informed by accurate and well analysed assessments is critical to achieving safety outcomes for children and young people.
- There is insufficient multiagency coordination, and strategic commitment to improving the education and health outcomes for children in need. This results in children in need having poorer education and health outcomes than children looked after, whose education and health are subject to statutory guidance.
- The voice of the child is not heard consistently by practitioners across Wales, and this results in poor quality of life outcomes.

Quality of Assessments

- There was evidence to support the position that there is increased risk to children, when early assessments and early decisions at the frontline are undertaken by unqualified staff.
- There was evidence of decisions being made and initial assessments being completed without a comprehensive visit to the child and their

family. This contributed to the poor quality of assessments and increased risks to children.

- Social worker practitioners and local authority leaders support the maintenance of timeframes for the accessibility and completion of assessments, although professional judgement and flexibility are also crucial.
- The guidelines and timeframes within the current child protection system are highly regarded by professionals for managing risk and achieving safety outcomes.

Quality of Social Work Intervention

- The majority of children and families reported that they had experienced poor quality relationships with social workers.
- Social workers gave a resounding call for the time and the skills to improve the quality of their relationships with children and families.
- The quality of the relationship between the social worker and children and their family is a significant contributor to achieving good outcomes.
- Consideration should be given to developing a national evidence based “toolkit” for practitioners to draw upon when working with children and families.
- Working with families who are resistant to change, requires skilled, competent and confident practitioners. There was a strong view that the skill base of social work practitioners needs to be strengthened.

Quality of Care Planning and Review

- The voice of the child in assessments and care planning across Wales needs to be improved and social work practitioners would benefit in developing skills in engaging with children.

- Outcomes are more likely to be achieved where the practitioners work collaboratively with children and their families to compile and review the care plan.
- Practitioners welcomed the regulatory timeframes for planning and reviewing cases although evidence supported the need for professional judgement to be exercised to enable the best outcomes for children to be achieved.

Quality of Services

- Commissioned services at a strategic level in local authorities need to be coordinated and referral processes streamlined to reduce bureaucracy and improve timely access to services.
- Services must be commissioned based on sound local and regional needs assessments; and their effectiveness evaluated on the outcomes achieved and not just the service outputs.

Quality of Leadership and Management

- Workforce strategies that deliver improvements in the skills of the social work workforce and retain experienced social workers in frontline work are critical to supporting families to care for their children.
- The management and measurement of performance and quality is improving in children’s social services in Wales. However the quality of social work practice will only improve if quality management activities are more developed and better coordinated.
- In order to deliver sustainable improvements in children’s lives there must be increased participation of children and young people in decision making at all levels of service delivery.

1. Quality of Outcomes

Overview

This review focussed on outcomes in respect of safety, health, education and quality of life for children in need (see Appendix A), and what helps or hinders their achievement. The review found that child protection guidance and the prescribed timescales for intervention are crucial and valued by practitioners in ensuring timely action and intervention to safeguard children.

Children looked after are subject to specific requirements and guidance regarding their health care and education and the critical factor to improving their health and education outcomes is the additional support and intervention from both schools and social services department. The challenge of improving outcomes for children in need is securing the necessary multi agency support and services. With few exceptions, the young people surveyed expressed an improvement in their general quality of life after the interventions of social services.

The review also examined the possible reasons for the rise in looked after children in Wales. The majority of local authorities surveyed (15) indicated that they expect the numbers of looked after children to rise in the near future. The remainder of respondents either expected the number to remain stable, with only two anticipating a decrease. Most senior managers were keen to emphasise that the reasons for the rise in the looked after population were complex and varied and several had commissioned research to gain an understanding of the factors particular to their own local authorities. Development of strategies for preventative services and initiatives such as Team Around the Family, the monitoring and scrutiny of the looked after children population and focussing on alternative care arrangements such as kinship care and special guardianship orders were all cited by managers as ways to achieve good outcomes for children while managing the number of looked after children. Workforce strategies to improve the

skills of social workers, effective management of vacancies and strategies to encourage experienced social workers to remain working at the frontline were also seen as vital.

1.1. The evidence shows that safety outcomes for children tend to be the main focus of social work intervention. The main barriers to achieving safety outcomes was not following child protection guidance, not intervening in a timely manner or poor decision making. Where this occurred it was mainly due to poor leadership and management, workload pressures, or at times, human error. Children and young people spoken to during the review indicated they did not always have time to build up a trusting relationship with their social worker or the poor relationship between the family and social services hindered the safety outcomes for the children. Other times, the children said they felt confused by the events around them and unclear of when they could get help.

“At one point I thought he was going to kill my Mum, and I was like I’d rather he kill me, because I can’t bring up the kids with no support, so I thought I’d prefer him taking it out on me than my Mum. I told social workers that and they told me not to put myself in danger and that they were working towards a ‘focus point!’”

Young person

In most cases considered in the review, the children were made safe, sometimes, because they eventually became looked after:

“Being taken into care can be a big shock... when a child is in the midst of a situation, you are not aware of the dangers or any of the effects or anything because to you it’s normal. It’s not until you tell someone what’s happened and the person reads it back to you that it really settles in: ‘is this really me?’”

Young person

1.2. The review identified that the health outcomes for children in need under the age of 5 were generally identified in the care plan and more likely to be achieved as this group of children will have an allocated Health Visitor. However, the health needs of older children tended not to be so well recorded in the child in need plan and therefore without input for a lead health professional, children's health needs are often overlooked by social workers. This can impact upon achieving good health outcomes, especially when neglect is the key issue. Strengthening multi-agency collaboration and contributions to assessment and care planning would help contribute to improving health outcomes.

1.3. The Wales Children in Need Census highlights that education outcomes and achievements for children in need are lower than children looked after. A key factor in children achieving well educationally is parental support and their interest in their child's education along with support to undertaking homework and private study at home. However, parents who are suffering from barriers to their parenting capacity, such as domestic violence, depression or drug misuse, are more unlikely to provide the required support and interest in their child's education. Similarly, a home characterised by violence, abuse or neglect is not a conducive environment to support and nurture a child's learning. In local authorities where services were not "joined up", there was a tendency for education departments to rely on social services to resolve the difficulties within the home. Resolving complex family problems require a co-ordinated multi agency approach and a greater focus is needed on improving child's education if they are to fulfil their true potential. The review saw some very good examples of education outcomes for children in need, looked after children and care leavers many of whom had very difficult home circumstances or experienced very traumatic events. These children have achieved very good GCSEs and A levels with some studying at university, including Masters and PhDs. Home work clubs, extra tuition, revision planning, positive behaviour management all contributed to good educational outcomes. The commitment of the

school and the relationship with the social worker was crucial, as was the importance of building the children's self belief, and aspirations.

“ We aspire for them, until they can aspire for themselves. ”

Leaving Care Team Manager

At a strategic level, one local authority is attempting to improve educational outcomes by extending the corporate parenting responsibilities for councillors to children on the child protection register. This has served to place a corporate emphasis on improving the education outcomes for all children in need. Another local authority is developing a vulnerable children's assessment within its education department to identify at an early stage children who need extra support, with the expectation that this will lead to improved attainment.

1.4. Evidence regarding quality of life outcomes was mainly collected from children and young people's views. While young people may have one-sided understandings, regarding the services and support they receive, their knowledge of their own happiness levels was theirs to know. Like the other outcomes, they were more easily evidenced with children looked after than they were with children in need. In some cases, quality of life outcomes were achieved by the local authorities funding extra curricular activities, which build self esteem and confidence. Physical activities also help to build and restore "happiness" and improve emotional well being.

1.5. Services to support individuals, who had experienced sexual abuse and domestic abuse, tend to be provided by commissioned services e.g. NSPCC, or Women's Aid. However the provision of specialist counselling and emotional well being services is not consistent across Wales. The effects of the emotional disturbance suffered by the child are often experienced by the school, in the form of poor behaviour or truanting. Depending on the response from the school, this can have a further negative impact on the education outcomes.

1.6. Where the views or perspective of the child is taken into account, the outcomes achieved are more likely to be sustainable in the long term. This is especially true for older children whose cooperation is important to realising the objective of the plans. Even in younger children, the importance of understanding the perspective of the child is crucial for achieving the right outcomes.

In one example, a plan to remove a baby at birth, due to her mother's severe substance misuse, was changed when the social worker assessed the bond the baby had formed with her mother shortly after birth. The social workers determination and dedication to realise the objectives of a very complex plan, ensured the best possible outcomes for the baby, as she remains well cared for with her mother 2 years later. The key to achieving the outcomes in that case was a full appreciation of the child's perspective.

1.7. Whilst the review identified that it is possible to achieve safety outcomes for children without gaining a full understanding of the child's perspective, these cases were frequently associated with poor education and quality of life outcomes. In summary, social workers can make children safe without fully hearing their voice, but it is less likely that the child will be happy or achieve well at school. The main barrier identified by practitioners to securing and understanding the views of children is the time available to effectively engage with children. Practitioners identified a gap in their skills in engaging with and ascertaining the wishes and feelings of very young children. In the local authorities where these skills have been developed, there was a marked difference in the quality of outcomes for children and families.

1.8. Social services managers gave various possible explanations for the increase in the number of looked after children. Poverty and deprivation were the most commonly sighted factors. The recession, cheap alcohol, easy access to illicit drugs, access to child pornography via the internet, reduction in housing benefit, lack of employment opportunities and the national shortage of affordable housing,

particularly for young people are all factors that impact on family functioning. There was a strong view that the proposed UK Government changes to the Welfare System could lead to an increase in homelessness, hardship and tensions within families. This may result in greater levels of substance misuse, domestic violence and increased mental health problems. This in turn could increase levels of risk to children.

1.9. Managers cited that it is unlikely that deprivation will explain sudden 'in year' exponential rises in the number of children in care. They suggested that this can instead be associated with a change in leadership and management in organisations or an organisational anxiety about managing risk. There was a particular concern about the financial and resources pressures that may be placed on all agencies, impacting on the future effectiveness of multi agency working which is crucial to keeping children safely at home. Linked to this is some statistical evidence suggesting that where preventative services such as Flying Start have bedded in, there is an increase in the number of children on the child protection register. This may indicate the potential for preventative and early intervention and support initiatives to identify previously hidden risk. Local authorities have evidence that an increase in the number of children on the child protection register will result in an increase in the number of children looked after. However, these factors do not account for the significant increase in the rate of looked after children in Wales over the last 15 years.

1.10. There was clear evidence in case files that the crucial difference between children remaining at home with social work support and becoming looked after is the cooperation and engagement of the parents and carers with social workers and other services. However, over 80% of social workers reported that they did not feel that they had the skills to effectively engage a resistant family to cooperate with services. Local authorities have experienced difficulties in recruiting qualified social workers, particularly in frontline intake and family support teams. The review found that where

social workers were experienced and had high levels of skills (working within child protection for 5 years or more), they were more likely to engage effectively with families and support children to remain living at home. Getting the right balance between experienced and skilled staff and newly qualified staff in the workforce is an important factor in determining the effective delivery of social

work interventions and in keeping children safely at home. This underlines the importance of effective workforce planning. There may be a correlation between the challenge over the past 15 years in recruiting and retaining skilled and experienced social workers in front line teams and the increase in the number of children being looked after.

2. Quality of Assessment

Overview

The review investigated whether the quality of assessments had any impact on achieving good outcomes for children and young people in need. This included access to an assessment, responsiveness of the service and the quality of the information and analysis in the assessment. Overall the evidence would support the retention of timescales for assessments but the adoption of a more flexible approach to support professional judgement and management oversight. The review found that a good initial assessment is critical in supporting sound professional decisions. Furthermore, it was clear that there are risks inherent in duty and referral decisions being made by unqualified staff. The skill and ability of the social worker in being able to produce a good quality assessment and constructively challenge information given by the family, while still maintaining a positive relationship is crucial. There were risks evident, when initial assessments were conducted without the family being seen.

Social workers interviewed in some local authorities were very critical of the format of the ICS initial and core assessment templates. They found that they do not facilitate holistic assessment or support analysis, with an almost unanimous call for the elimination of tick boxes and to have narrative free text. The inspectors also saw cases where the quality of assessments were impacted by unnecessary bureaucracy.

2.1. The review surveyed local authority opinions on the impact of accessibility and timeliness on the quality of assessments. There were a variety of views expressed. Social work practitioners reported that the quality of referral information, engaging effectively with children and their families and the participation of partner agencies can be barriers to completing assessments within the required timescale. Managers expressed the view that staff can be placed under additional pressure if there are a high number of assessments to complete within the required timeframe, this also impacts upon the quality of assessments.

“In terms of governance there is a clear risk of ‘hitting the target and missing the point’.”

Local authority survey respondent

Whilst some practitioners cited that timescales are too rigid and provide perverse incentives to meet the timescale irrespective of quality or purpose, the majority clearly stated that were timescales to be removed completely there would be the risk of drift. Similarly measures of accessibility and timeliness of assessments were considered to be an indicator as to whether the right staffing and resource capacity has been established to deal with service demand and effective risk management. There was general agreement amongst local authorities managers that if timescales were removed there is a greater risk that assessments may not be completed in timely way so as to inform effective decision making.

2.2. Social workers spoken to during the review were generally supportive of the National Framework for Assessment as a tool to develop a full understanding of a family. The only exception to this was the view that the current format of initial and core assessments in some local authorities were not suitable for disabled children. Good assessments were more likely to be achieved if the social worker had the skills to work collaboratively with the family to help them come to an understanding of the family's strengths and difficulties. It is essential that social workers are trained and have confidence to work with families who may be deceptive or resistant. Some tools seen by reviewers, such as the “Signs of Safety” (see appendix A) model that is being implemented by two of the local authorities visited, are reported to help social workers to develop strong and appropriately challenging relationships with families. There were examples of the child's story being evident in assessments that began with a through chronology and detailed family history. This usually helped to inform a thorough analysis of the child's current functioning within their family.

2.3. The review found evidence that poor quality initial assessments lead to poor quality decision making that left children exposed to unacceptable

risk and delays in appropriate action being taken. Evidence indicated that large caseloads, unnecessary bureaucracy and crucially the level of the skill and experience of social workers were factors that contributed to poor quality initial assessments. Poor quality core assessments tended to lead to care plans that the family had little or no investment in, and thus the outcomes were either not fully achieved, or they tended to be unsustainable in the long term. A poor understanding of the child in the context of their family led to poor decisions, and an increased likelihood of children becoming looked after. Poor assessments tended to take the information given at face value, or else, conversely to impose the views of the social worker onto the family, leaving the family with a lack of investment in the subsequent plan. The tools provided with the assessment framework for use when conducting core assessments are rarely used. Social workers spoken to said they did not find the tools useful. The tools are in questionnaire format and to be used effectively, the social worker must have the necessary skills to challenge and question responses, particularly where families are deceitful or resistance to change.

2.4. There were examples where local authorities had taken initiatives to reduce unnecessary bureaucracy associated with assessments, improve the format within which assessments were presented and invest in training for social workers. There were examples of good quality assessments that had a definite impact on the quality of outcomes.

In one local authority, the highly skilled social workers conducting core assessments work intensively with families for several weeks at an early stage, using specific skill and intervention models, conducting an assessment in partnership with the family to overcome resistance and help them to understand the full extent of their situation.

They then produce one detailed and analytical, high quality report that is thorough enough to serve as a core assessment, child protection report, or court report etc, if and when required. The evidence indicates that this approach led to a virtuous cycle, because the process of working with the family to produce the assessment resulted in the family's commitment to change and they were less likely to be subject to child protection or court proceedings.

However, in four of the local authorities visited the systems that had been developed for recording and managing information were less effective and often resulted in duplication of effort by staff, there was evidence that this had a direct impact on the quality of assessments. In these local authorities social workers expressed feeling overwhelmed at times by the plethora of reports they were required to produce. Practitioners questioned the usefulness of the electronic systems describing them as not fit for purpose and often driving the process: in one example if something was missed in one of the sections the system would not allow the worker to progress to the next section. Such functionality within the system is meant to be helpful but is in fact time consuming and impacts on thought process and analysis.

2.5. Whilst social workers mostly reported that they had good day to day working relationships with key statutory partners, the evidence of multi agency contributions to assessments was not consistent. Local authority managers pointed to difficulties in securing cooperation from partners to provide information for assessments, and expressed the view that this must be addressed by new government policy. There was some evidence that social services were seen as responsible for engaging others in the assessment rather than these agencies recognising their responsibility to fully engage in these processes.

3. Quality of Social Work Intervention

Overview

The team reviewed the quality of social work engagement with children and families, and the impact of the social work relationship on the quality of outcomes achieved. Good quality relationships lead to quality outcomes that are sustainable in the long term, and leave the family with resilience and the resources to face adversity in the future. Children and families are also more likely to come forward and seek help from services if they should need them again. Responses to the survey of children and young people conducted for this review, indicated that improvements are needed in the skills of social workers to interview and engage sensitively with children. Whilst the quality of the services provided to children and young people is extremely important to them, the survey demonstrates that it is the quality of the social worker's interaction with them that is foremost in their concerns. What the majority of young service users want is someone they can rely on and who they feel understands and values them. Whereas the ideal situation would be to retain a social worker for the duration of the intervention, if this cannot be achieved, children would value better management of the process of changing their social worker. The review also revealed that children and young people do not appreciate it when staff are careless about timeliness of visits and appointments or lack the courtesy to cancel appointments.

The review examined the factors that aided and impeded the quality of decision making, risk assessment and risk management. Local authorities have various decision making and risk management processes. In the best cases, these processes served to help social workers feel supported and empowered in their work. However, in other examples seen by the review, the decision making processes was overly bureaucratic and time consuming. Seven local authorities surveyed, revealed that they were refocusing the work of children's services social workers from care/case management to a direct intervention model, in order to improve the quality of social work relationships, and decision making and outcomes for children.

3.1. The review found significant evidence to suggest that the quality of the relationship between the social worker and the family has a critical impact upon achieving good outcomes. Good outcomes were more likely to be achieved with good quality relationships, because families tended to invest in the care plans, and engage with social workers and the services to achieve the desired outcomes. Conversely poor quality social work relationships resulted in poor decision making because social workers were unable to get a complete picture and understanding of the family. This sometimes resulted in delays in the local authority acting to safeguard children and in a few examples, children being exposed to significant harm even though they were known to social services.

Poor quality relationships were likely to be with families that were uncooperative or resistant to social work intervention. In these cases, social workers were more likely to escalate the interventions or threaten to do so in order to attempt to secure cooperation. In some cases, the poor quality relationships led to cases being closed prematurely and the consequence that cases were then re-referred. In some cases, inexperienced social workers or risk adverse team managers, were likely to use the child protection register or the "Care Order" for those children placed at home with parents, as a means of securing cooperation from resistant families. This led to outcomes that were not sustainable in the long term. Good relationships were more likely to be achieved with resistant families, where social workers were using specific evidence based models of practice. The review saw in practice different models and methods of intervention used in some local authorities (see Appendix A). However, there was some evidence that not all the models were effective in every situation and careful consideration was required of the social worker in identifying the appropriate tools to use with each family.

3.2. The review investigated the factors that helped form good social work relationships with children and young people, and what were the barriers. Children and young people identified several factors that led to poor quality relationships including feeling uncared for and feeling unable to trust or engage with a particular worker, perhaps due to gender or stigmatising practice. Children and

young people spoke of social workers portraying impatience, frustration, tiredness or even anger when engaging with them. They also described their impressions of their social worker as dominating, aggressive or bullying. In other cases, they cited the impact of small gestures that were not always appropriate:

“ While I was having contact, she was just playing on her phone. She was like texting people. When my mum was trying to talk to her, she was like ignoring her. ”

Young person

A key factor mentioned by children was poor communication of key information and not having their views listened to; an example being social workers who tended to communicate decisions better to their parents than they did to them. The review saw examples of poor communication where assumptions had been made that the young person had fully understood the written material given to them, without the need for further explanation. There was also evidence of one way communication, with social workers doing the talking without checking that the young person was actually engaged. Children told us of being habitually interrupted when they were speaking, or their point of view being discounted in favour of an adult's or a professional's, and of having a feeling that it did not really matter what they said. The question of when information was explained to them was also a factor that could impede good communication.

“ I appreciate that they referred me to that service because my needs were complex but it would have been appreciated to have had some face time with the person who was making these decisions about what's going on in my life. ”

Young person

3.3. Another key factor identified by children and young people was reliability. A significant number of children reported having social workers that turned up late, or not at all to arranged appointments. They spoke of being annoyed at having cancelled plans with their friends, and then the social worker not turning up at the last minute. Thus a social worker could find that a child is uncommunicative, or reluctant to engage on an occasion, impacting on the quality of the social work intervention, simply due to the avoidable action of turning up late.

“ If they say they're going to do something, do it. Don't let me down on it. Turn up on time. You can understand 15 minutes, half hour but not like not turn up or ring you or turn up an hour and a half later. Just make sure you are there when you say you're going to be there. ”

Young person

Staff turnover was also identified as a factor that impedes the ability of young people to form good relationships with social workers. There was some evidence that children were not always informed that their social worker would be changing or even that their case had been closed. This left them under the impression that they had a social worker but had not seen them for many months. More than 80% of children surveyed reported feeling hostile when social workers came and went without notice or explanation:

“ I have no idea when he'll turn up ... sometimes I don't see him for months and then sometimes I see him too many times at once. Sometimes he's just waiting in my house. It's creepy, like what are you doing in my house? I haven't prepared any answers. It's a bit of a shock, like a pounce – like a panther that just pounces on you. He bombards me with questions sometimes and I'm just like, 'Arrrrrrhhh!' Usually, I like to know what is going to happen. ”

Young person

3.4. Features of good quality relationships identified by children included, the social worker being down to earth and understanding; being listened to and treated with respect. Social workers who responded with honesty to enquiries, were reliable and kept their promises were also valued. Evidence from the case files suggests that these social workers tended to be either very experienced, or they had recently received training in communicating with children. The responses from the children and young people reveal both the factors that enable a good relationship, and the importance of a good quality relationship:

“ I didn't want my social worker to leave – even though I was only 11 years old, she sat us down and explained everything that was going to happen. She's the only one that explained that the house we were going to was only going to be for a short time, like 3 months, because it was only a temporary placement. She explained why we would be moving elsewhere. She was the only one that explained why we went into care. She was the only one to explain to us about contact and everything. She was the ONLY one that sat us down and explained everything, so we could understand it. And that is important. ”

Young person

3.5. Investigating the quality of social work decision making, the review saw that in most cases, decisions are not made by social workers in isolation. Local authorities are keen to ensure that social workers are not exposed or isolated, by creating decision making forums such as panels or sign off by team managers, principal officers or heads of service. However, at times these forums and processes could be time consuming. In one example, social workers told us that they would have to go to four different panels, all which required a report in a different format, to get one decision agreed. Cumbersome processes like these,

disempowered social workers, had a negative impact on the relationships they were able to form with service users, and there was evidence that it impeded good quality decision making.

3.6. Ten of the local authorities surveyed, revealed that they have begun to put in place measures that will result in the improvement of social work intervention, and suggested measures that could be implemented at a national level. Reduction in the overall bureaucratic burden on individual social workers; development and training of the workforce and securing appropriate levels of resource, emerged as the key initiatives being undertaken by local authorities to improve the quality of social work intervention. Three of the local authorities provided evidence that they are developing a culture for social workers to deliver and be professionally accountable for their own interventions with families. The need to ensure that caseloads are kept to a reasonable level and that suitable levels of qualified staff are retained was also highlighted. A focus on quality of practice at a national level was also advocated; as one respondent put it:

“ (We need) Infrastructure to give the concept of 'evidence based practice' real teeth and ensure its consistent development as 'the way we do business' in social work. This could include further development of accredited therapeutic interventions delivered by 'accredited' or 'licensed' social workers (similar to those supported in IFSTs); Improved access to best practice research and the development of 'centres of excellence'. ”

Local authority survey respondent

3.7. Risk management was done best when an experienced social worker was able to make an early and accurate assessment of risk that was supported by a fuller assessment of both risk and protective factors. Several local authorities identified the implementation of specific child protection models to assess risks and protective factors as

fundamental to improving quality in many aspects of service delivery. One authority is developing a focus with managers on the key areas of analysis, critical thinking and appreciative enquiry recognising the importance of the role of team leaders in developing quality across a relatively inexperienced workforce. Another local authority emphasised developing early intervention and prevention

strategies in order to give social workers the time to do their jobs as change agents. The public law outline when used effectively also provides a framework for safe robust decision making. In the best examples, it provides a structure for decision making that ensures that no one worker or agency is left exposed with high risk decisions on children and their families.

4. Quality of Care Planning and Review

Overview

The review examined the quality of planning and reviews for children and particularly focused upon whether the voice of the child was integral to these processes. Managers and practitioners acknowledged the value of timely planning and review of cases as set out in national guidance and regulation but also highlighted the need for professional judgement and flexibility.

As with assessments, the review found that bureaucracy can impact upon the quality of care planning with examples of children and young people being subjected to multiple plans, the purpose of which can be confusing. Reviews of care plans or arrangements tended to be more effective if they were focussed on decision making around the action designed to fulfil the outcomes. Where plans are tasked focused it can be difficult for families to work out what is expected of them, and crucially what they can expect from the services that are affecting their lives.

There were good examples where the voice of the child was evidenced in case recordings, at planning and review meetings and through the use of the consultation papers or engagement tools. However this was not consistent and a greater focus is required to ensure every child's voice is heard.

4.1. Local authorities surveyed, were asked to evaluate the impact of timeliness on the quality of care plans. Overall, there was a majority view that the timescales associated with the planning and reviewing processes were helpful in preventing drift and holding agencies to account for their decision making, this has been identified through the auditing and independent reviewing process. It was also recognised that the timeliness of decision making, care planning and effective multi-agency working has an impact on the quality of outcomes for children.

“ If we are dominated by timescales there is a danger that information from other relevant agencies will not be collated and this detracts from the quality of plans. ”

Survey respondent

One respondent expressed this by illustrating the importance of producing plans that are based on a thorough, reflective assessment, where the process has allowed time for critical thinking, otherwise:

“ Bad care planning habits are established where we focus on 'doing obvious things' following assessments rather than thinking about needs and outcomes. ”

Survey respondent

4.2. The quality of the care plans tended to be better where outcomes based planning was embedded in practice. They were well expressed, the children and their families clearly understood the purpose of the plan and what it was seeking to achieve. Where outcomes are clearly defined and with the cooperation of the family, care plans were easier to monitor and deliver. Local authorities are moving towards outcomes based planning, but this is still a work in progress. The review team saw a move to outcomes based planning in five of the local authorities visited. In three of these, implementation is at an early stage of simply changing the format of the documents. There were examples of some staff not entirely clear what an “outcome” or a “need” is. For example in the section on the family's needs one plan read:

“ Mr X needs to stop beating his wife and children. ”

Care plan

4.3. The review saw cases where duplicate processes' were operating with one family at the same time, such as child protection and care proceedings, this could mean that there are court care plans, child protection plans and LAC plans running alongside one another, at times some plans

were redundant because the court directed the planning. In extreme cases of several processes running concurrently, significant resources were employed with monitoring and reviewing. This duplication offers little added value and impacts adversely on social workers and other agencies time and serves to continue and disengage children and their families.

4.4. Families told us that they appreciated having clarity around what needed to change, and what the consequences of not changing would be. They also appreciated the social workers who demonstrated an early understanding of the difficulties the family would have to overcome when attempting to change their behaviour. The “signs of safety” model was appreciated because families felt empowered by the process of charting their progress; the motivational interviewing technique used by the IFSS (See appendix A) programmes was appreciated because it empowered parents to see the possibilities and strengths they had to change. Most families agreed that ultimately, what really achieved positive outcomes for children was that the parents or carers found and sustained the motivation to change. The single factor that caused this was not easy to pin down, but having made the decision to change, the success of the social worker as a change agent, is helped or hindered by the effectiveness of the care planning.

“ I would say to other fathers, using drugs, being violent, going to prison, like I was... look into the eyes of your children, and ask yourself what they see when they look at you ... that’s when I decided things must change. ”

Parent

4.5. In some plans, the focus of the intervention is so invested on the adults in the family, the requirements of the services, and bureaucratic demands that the child’s voice is barely heard. Of the children and young people surveyed, 78% reported feeling that they had not been given the opportunity to give their opinions on the services they received. More than 50% of children did not attend child protection or looked after children reviews, and there is still insufficient priority given to making all or part of the review meetings child friendly.

“ When the social workers used to come and see me, they used to take me to a room, with loads of people... There used to be like 12 people in a room saying to me like that ... ‘, my name’s so and so, I’m to do with so and so ... and that was it. If I become, like Prime Minister, I would take the law into my own hands because I would know what them kids would want. Because I’ve been through it myself, I would know how to prevent them from feeling not wanted and bored. ”

Young person

5. Quality of Services

Overview

The review looked at the range and availability of services, commissioned from the third sector or provided in house by local authorities. One of the key findings of the review was that the range and quality of services available to families varies considerably across Wales. The review provided evidence that the role of social workers in children's services far exceeds that of care management. The social worker cannot simply contract outside agencies to provide services to families without their direct intervention and involvement. Where this is done, the services do not achieve the desired outcomes. Parents and carers valued services provided; however they also said that they can be overwhelmed if there are too many professionals involved in their lives.

Reviewers examined the effectiveness of the services' engagement with children and their families, and how the commissioning of services helps or hinders the achievement of good quality outcomes for children. Local authorities are currently developing strategies to improve the effectiveness of commissioned services in delivering outcomes for children. The use of collaborative approaches with other agencies to secure the provision of services is vital in improving the quality and range of services that can be offered to children in need.

5.1. The review considered a range of service provision including advocacy services, parenting services, in house family support services and specialist services for child protection and education support services. In 69% of cases, children and young people were consulted or informed in advance of services being provided and in 66% of cases they were given choices regarding the provision of the service. In 91% of cases the children and young people spoken to knew who had provided the service and 87% of children spoken to considered that their needs had been met. 56% of services that were considered in the survey were highly valued. The availability of some specialist services including domestic abuse services, services for children's mental and emotional health and services to support survivors of sexual abuse are not consistently available across Wales.

5.2. Social workers believe that they are good advocates for children and families and negotiate for the services that are needed by the families. However social workers agreed that sometimes they made referrals based on the availability of the service, and the need to provide support to the family, rather than because their assessment had indicated that the particular service is required. This is usually referred to as service based planning rather than needs based planning. There are numerous referral processes that need to be navigated and this can be time consuming, and detracts from the time available to engage with children and families. The review saw little evidence in most of the local authorities visited of the use of common referral processes across commissioned services.

5.3. The review found that although workers from commissioned services can form good relationships with children and families, and deliver outputs that are valued, active involvement with the allocated social worker is essential to maximise the potential of meeting the full needs of children and their families. A young person surveyed expressed this view:

“ I didn't even know how to contact my social worker. I didn't even meet them until about a year on. Eventually, I had to get my (voluntary organisation) worker to arrange it with him. They basically just chucked money at (voluntary organisation) and expected them to deal with it ... I felt abandoned, in a way, like 'you're not worth our time. ”

Young person

Where good outcomes were achieved, social workers had engaged and communicated effectively with all the services involved. They had ensured that everyone was informed of all progress at regular intervals, made themselves available to offer any support or information the services required, solved any problems, ensured all the different services worked well together, and that they were all focused on the outcomes defined in the plan. This required sometimes high levels of negotiating, communication and engagement skills. Professionals

working for other services were clear that the main difference between cases where outcomes were achieved, and where they were not, was the quality of the work done by the social worker, to secure the engagement and cooperation of the family with all the services.

“ Good social work practice (in children’s services) is having good levels of communication, involving children and young people and families, engaging with and coordinating other services’ involvement. So whether it’s health, voluntary sector, education – it is drawing everybody’s experiences of a child or family together in order to drive their decision making and inform their planning. ”

Voluntary sector manager

There was evidence that professionals from commissioned and other statutory services and agencies were more likely to be committed to the delivery of the care plan, if they had confidence in the allocated social worker.

5.4. Parents and carers appreciated services that were clear about the outcomes that needed to be achieved and did not overwhelm them with too many different professionals. Parents and carers had varied views on the value of commissioned assessments for court and felt that often they were being asked for the same information by various individuals. Children particularly valued the stability and security that a good foster placement can provide. The review saw evidence that good quality foster care contributed to good education and good quality of life outcomes. Children and young people were clear that having a good relationship with their foster carers was the key element in the positive changes in their lives:

“ These foster carers actually were the ones that discovered that I was Dyslexic, so I did the tests and they pushed and pushed and pushed for me to have someone in school to help me. They went to the school every week, just pushing and pushing. In the end I had a woman, she came to every single lesson and she’d help me. She knew me, I didn’t have to ask for help, she just knew when I was struggling. ”

Young person

The health services that were valued the most by young people were the services for drug and substance misuse. Young people recognised the reasons that they used drugs and the negative effects on their lives, thus where these services were effective in reducing or eliminating drug use, they were highly valued. Where children were critical about services, it was usually if they either had to wait too long, or they did not understand the need for the service. Advocacy and mediation services were highly appreciated.

5.5. Most local authorities indicated that they have made improvements in their corporate parenting strategies that should strengthen partnerships across local authority departments. The review saw some good examples of coordinated prevention strategies where social services departments work with other agencies, this is most effective where there is commitment, both political and corporate from all agencies to common objectives which influenced the designing and delivery of services that will help identify and meet need at an early stage.

“ Our motto is prevention is better than care. ”

Local authority councillor

Preventative strategies were seen to work most effectively where they are applied consistently by every agency across their services, rather than by singular projects.

For example, in one local authority, initiatives are being taken as part of their prevention strategy, to enable teachers to understand the impact of poor parenting and to provide extra services into school to support, for example, parents with drug or alcohol abuse. At the same time, children in schools are being educated in their rights under the United Nation Convention on the Rights of Children. This includes their right to live free of abuse and neglect, and the level of care they should expect at home.

5.6. Local authority managers acknowledged the importance of jointly commissioning services although they also noted that budget pressures across partner agencies was creating difficulties.

They noted that this could be particularly true for health services, as the threshold for service delivery and intervention were not always the same as local authorities. There was a clear view that recording unmet need more consistently would identify and inform gaps in commissioning. Needs analysis methods could also be improved to effectively match services to demand. Although local authorities recognise that the monitoring and evaluation of commissioned services need to be focused on the outcomes that they deliver and not just the quantity of the services provided, only two indicated that they are taking measures to rectify this. One was developing a Results Based Accountability (see Appendix A) framework to evaluate commissioned services, while the other reported developing more effective, meaningful and independent consultation with children and families.

6. Quality of Leadership and Management

Overview

The review considered the impact of leadership and management on the quality of social work practice with children and families, and on the quality of the outcomes achieved. The review looked at the vision the local authority had set for children, and the corporate priority given to achieving the vision and outcomes. The review collated evidence from elected members across the political spectrum in the seven local authorities visited. As well as articulating the vision and aspirations that their authorities had for children and young people, the members also identified risks to realising outcomes inherent in both Welsh and UK Government policies.

The review also considered the impact of performance management and quality assurance systems. The evidence demonstrates that there is a strong performance management culture in most local authorities although the implementation of performance management was variable. Where it was system driven and purely functional, with the process applied unthinkingly, it actually mitigated against good performance. Quality assurance in local authorities tends to focus on quality control, and the other aspects of quality management are for the most part underdeveloped. The best examples of quality assurance were seen where quality was an inherent part of the culture of the department.

Workforce development plans were examined to determine whether they have a direct impact on achieving good outcomes for children and families. Social work practitioners and team managers expressed the importance and value that they place on supervision. However they reported that in times of pressure, supervision can be very task focused on the actions required in cases, and less focussed on general quality, performance or professional development. Social workers noted that they needed to develop their skills to work with families that were resistant to change and to conduct specialised assessments. They would also value training in evidenced based intervention methods. The review team concluded that there may be merit

in considering a national governance framework for Wales to approve the use of evidence based interventions in social work. Finally the review looked at the quality of user engagement. Whilst it is easy to evidence the breadth of participation activities that take place, it is less easy to evidence the impact that they have had in improving the quality of services for children and families.

6.1. All the elected members spoken to were able to clearly articulate a vision for children within their local authority and were clear about their responsibilities as a corporate parent. In areas where the vision was clearly expressed and understood, the policies of the council and prioritisation of resources explicitly reflected the vision and there was evidence of greater progress and impact on achieving the desired outcomes. Where the vision was less understood across the whole council, policies of other departments in the council could sometimes run counter to policies for children and their families. Members demonstrated a recognition that policies and strategies needed to be more joined up across service areas and that Local Service Boards should be the vehicle to provide a holistic and joined up strategic approach to service delivery. Members also recognised importance of the lead member role and the need to develop a good understanding of the issues and the importance of scrutiny arrangements. Some areas have developed initiatives to ensure cross departmental responsibility for realising the vision for children in need, such as using the corporate parenting functions when presiding over housing and education decisions. Grant funded initiatives, such as key stage 4 improvement projects, were also cited by elected members as useful vehicles for joining up strategies across departments for children in need. However, members noted that there were occasionally issues in securing cooperation on the priorities from partners outside the council, particularly health boards. In a challenging fiscal climate, elected members had recognised the need to prioritise social services, and had either protected them from cuts in funding, or had increased the funding for children's services. All elected members spoken to felt that welfare reform is likely to significantly increase demand on social services. It was stressed that the upcoming reforms are likely to reduce the wealth in some areas in Wales by removing substantial resources from the local

economy. A further issue raised was that of pay disparity between social workers which some elected members believe to be one of the underlying causes of workforce instability.

6.2. Most local authorities have dedicated performance information staff that collate data and provide regular performance information which is regularly scrutinized. Performance against performance indicators is closely managed and monitored by the management teams in all the local authorities involved in this review, which includes team managers, service managers, heads of service and corporate directors. Social workers spoken to generally valued the timescales and the Performance Indicators as they help them to avoid drift in cases. On the other hand, the review came across evidence of social work activities being “triggered” by IT systems rather than being the result of a reasoned professional judgement, and of cumbersome or burdensome computer systems used to collect performance information.

6.3. The management and measurement of quality within local authorities comprises a range of activities, and not all of these are effective. The quality of assessments and court reports is usually evaluated principally at team and service manager level using case file audit tools. A number of local authorities have focussed on improving the quality of assessments and reports provided for courts, and can evidence recommendations by the judiciary recognising the improvements. In addition, the review saw local authorities that were developing methodologies such as Results Based Analysis to measure improvements in quality, although the effects of this on improving the quality of the work were not yet evident. Five of the local authorities visited have identified specific areas of improvement from their quality audits and are developing programmes of training and development to achieve these. However, the evidence was clear that social workers in these local authorities were unaware of the effect of quality management activity. As a result, the impact on the quality of professional practice was limited. One local authority visited provided an example of good practice. Managers in this authority are changing the culture of the workforce to focus on good quality work. They are doing this using a “Total Quality Management” approach. The review

team saw evidence that the senior managers in this authority collated all the information from the various quality assurance activities, including the views of children and families and make it available to the practitioners and managers, to ensure that the activities had a demonstrable effect on improving the quality of the professional work. In this authority, the effect upon the quality of the social work and the quality of the outcomes achieved was clearly evident:

“**The Total Quality Cycle is about maintaining and improving practice. It requires regular evaluation to ensure that services are continually meeting the changing needs of children and young people with whom we come into contact. The challenge facing Child and Family Services is to translate this into improved practice at all levels, the aim being to develop a culture of quality for the whole organisation combining top down vision and planning with bottom up involvement and motivation of all staff.**”

Local authority policy document

6.4. While investigating the quality of supervision and training, the review found that where there was severe pressure on teams, supervision was not consistent. The ongoing development of the workforce is one of the critical factors that local authorities are focussing on in improving the quality of interventions provided. The review team saw some well developed training and development plans; however, social work practitioners commented that whereas there was a good range of training available for social workers who were inexperienced; there were less development opportunities available for social work practitioners who had been qualified for five years or more. Social workers noted that they needed to develop their skills to work with families that were resistant to change. Most felt that they had not been given this training as part of their social work training. Frontline team social workers felt that they would conduct more specialised assessments if they had the time and the training, thus saving on the need to commission these reports externally. They would also value training in evidenced based intervention methods (e.g. motivational interviewing), but are

reluctant to be restricted to specified methods of intervention. Rather they were seeking a range of “tools” that could be drawn upon dependent upon the needs of the service user or the specific situation. Consideration could be given to developing a national governance framework to approve the use of evidence based interventions in social work. This would enable local authorities and other social work agencies to develop training programmes that are based on what improves outcomes for children and young people.

6.5. Service user engagement and participation is conducted using a range of activities to capture feedback from young people and families. These can be general or targeted at specific aspects of local authority social services. The activities include satisfaction surveys, surveys following specific activities such as child protection conferences, as well as focus groups and conferences. Complaints and compliments are also frequently used to gauge service user satisfaction. The role of the independent advocacy services is vital in ensuring views and wishes are taken into account. Junior Local Safeguarding Children Boards also increase the voice of children and young people in planning and reviewing services. However, local authorities could not easily demonstrate the impact of all these activities. In the survey of children, young people and their families, conducted for this review, 55% of respondents remembered their views being sought but 51% felt their views were not heard and taken into account, 64% of service users felt that they were not dealt with in a timely manner while 73% felt that their access requirements were provided for. Young people clearly appreciated having a voice especially where they felt the people who made the decisions were listening:

“ I mean, I’ve met the Head of Social Services – it was all very big and proper, but we sat and we managed to get our point across. And we said ‘we don’t want our stuff put in black bags any more, we want suitcases’. And something was done about it, he was really good. He did, like, what he said. We had been on about this for years and then we finally actually got to meet him in this big conference building. ”

Young person

6.6. Young people and their families responding to the survey were asked what measures would improve the quality of the social work services they received. Principal themes that emerged from the question were improving listening, communicating and interaction skills with children and families; improving reliability, honesty and integrity; improved timeliness of services (especially getting permissions for looked after children to participate in activities) increasing the diversity of the cultural and ethnic make up of social work practitioners, and improving the transparency of policy making. Whilst appreciating that social workers will change from time to time, there was a definite view that local authorities could do more to reduce the frequency of change of workers and ensure that the change over is more seamless. The number who responded using the word ‘listen’ is very striking and reflects the general opinion that improvements can be made only with the increased participation of children and young people in decision making at all levels of the service.

Methodology

The evidence for this report is gathered from detailed survey responses from 21 local authorities in Wales; 75 case files, 37 of which demonstrated good outcomes and 7 of which were subject to detailed case review; Interviews with approximately 150 social practitioners; 40 strategic managers in social services; and elected members from across the political spectrum; responses and interviews with approximately 30 parents and carers, and 120 children and young people. The review was conducted in three phases.

The first phase was a survey sent to all local authorities in Wales, that focused on the evaluation and measurement of quality in social work services from children in need.

The second phase was fieldwork where the review visited 7 selected local authorities, children's social services departments from around Wales. These local authorities were asked to select five or six cases that demonstrated good outcomes achieved for children and young people and the review selected a further five or six random cases to review. The cases were reviewed by reading the case files, speaking to the practitioners involved and interviewing the children and their families. One case in each local authority was subject to a detailed case review, where all the practitioners from all the agencies that had worked with the family were called to a meeting with the review team, where they reflected on their practice, and on what the key elements were to achieving good outcomes for the child and family. The review team interviewed groups of social work practitioners comprising social workers, senior social workers, and team managers and reviewing officers. They also interviewed strategic managers, and elected members.

The third phase of the review comprised a consultation with children, young people, parents and carers who receive social services from across Wales. The consultation was conducted by Cognition, and took the form of individual interviews with children and young people, focus groups with older children and young people, and focus groups with parents and carers.

Focus on Outcomes:

For the purposes of this review, the review team defined and evaluated four outcomes for children in need:

Safety outcomes: This is essentially that the child is protected from abuse and neglect (including emotional harm from domestic violence). That if they are referred to social services because they are suffering from or are at risk of significant harm, the work done by social services has served to stop or prevent that harm from happening. It also includes other safety factors such as self harming, absconding, and sexual exploitation. There was a focus on the specific risk or harm, and the specific nature of the outcome achieved.

Health outcomes: This refers to the indicators of health promotion used by the health service for children's health. This includes vaccinations, health checks, meeting health milestones, and appropriate health assessments. The review focussed on the specific health outcomes that have been achieved.

Education outcomes: This pertains to education attainment. Specifically achieving key stage assessments and GCSEs. With younger children it is the achievement of the early years targets. In some cases it was possible to get the exact attainments for the children in the files we looked at, and in others, we spoke to the representatives from schools, or to the children and their families.

Quality of life: This is essentially about how happy a child is with their current life situation. That is, the quality of their care at home, or with foster carers; their friendships, enjoyments, extra curricular activities, and general emotional wellbeing.

Models of Social Work Practice seen on the review:

Signs of Safety: The Signs of Safety is a strengths-based, safety-organised approach to child protection, created in Western Australia by Andrew Turnell and Steve Edwards working with over 150 front-line statutory practitioners. For more information please see their website: www.signsofsafety.net.

Solution Focussed Therapy: Solution-Focused Therapy, Solution-Building Practice therapy was developed by Steve de Shazer (1940-2005), and Insoo Kim Berg (1934-2007) and their colleagues beginning in the late 1970's in Milwaukee, Wisconsin. As the name suggests, SFBT is future-focused, goal-directed, and focuses on solutions, rather than on problems. For more information please see the website: www.solutionfocused.net

Restorative Practice: This approach focuses on resolving conflicts at the earliest possible stage, seeking to avoid blame and supporting people to take responsibility for finding a constructive solution to issues. It encourages effective communication and working towards positive outcomes. For more information please see the website: www.transformingconflict.org

Appreciative Enquiry: This is a method of problem solving that was pioneered by David Cooperrider of Case Western Reserve University in the mid 1980s. It is being used by one local authority in Wales as a quality assurance tool, to encourage critical thinking in Social workers. For more information please see the website: www.appreciative-inquiry.co.uk

Integrated Family Support Services: IFSS is statutory service that is unique to Wales. IFSS provides targeted intervention to support children and families affected by parental substance misuse. For more information please see the website: www.wales.gov.uk/topics/childrenyoungpeople/parenting/help/ifst

Team Around the Family: This is an element of the Families First Programme in Wales, and aims to provide a coherent and integrated support, focused on families as a whole by seeking early identification and appropriate intervention. For more information please see the website: www.wales.gov.uk/topics/childrenyoungpeople/parenting/help/familiesfirst

Motivational Interviewing: Originally developed by clinical psychologists Professor William R Miller, Ph.D. and Professor Stephen Rollnick, Ph.D. This technique focuses on exploring and resolving ambivalence and centres on motivational processes within the individual that facilitate change. It is used by many Integrated Family Support Teams, and in some local authorities, by social workers in child protection teams. For more information, please see the website: www.motivationalinterviewing.org

Results Based Accountability: Results Based Accountability or Results Accountability was developed in the USA by Mark Friedman. The model is 'outcome focussed' which means that success is measured by the impact not the level of activity and it is a collaborative model which brings together key partners. It is increasingly used by the Wales Government, and is being used as a means of measuring quality in at least one children's social services department in Wales. For more information please see the website: www.wlga.gov.uk/past-events-documents/presentation-using-results-based-accountability-to-set-objectives

Four Site Model: The 'Four Site Model' is a framework that has been developed by Dr David Thorpe and Dr Suzanne Regan. For managing the front door and coordinating multiagency services. The 'sites' referred to in the model are the contexts or meetings where vulnerable children and their families become known as being in need of a joint response from agencies. For more information, please see the website: www.cypswansea.co.uk

Acknowledgements:

The local authorities who participated in the fieldwork:

Denbighshire County Council

Ceredigion County Council

Newport City Council

Torfaen County Borough Council

Rhondda Cynon Taf County Borough Council

City and County of Swansea

The review team:

Marya Shamte, Inspector CSSIW

Katy Young, Inspector CSSIW

Rhonwyn Dobbing, Fee paid inspector CSSIW

Margaret Wearing, Fee paid inspector CSSIW

Cheryl Beach, Fee paid inspector CSSIW

Sheila Booth, Fee paid inspector CSSIW

Angela Mortimer, Area manager CSSIW

Marc Roberts, Area manager CSSIW

Gillian Huws John, Area manager CSSIW

The consultation with children, young people and their families was conducted by Cognition.

CSSIW would like to thank the children, young people and family members who spoke about their experiences and contributed to this review.