

Report 3

Care planning and interventions

Home Compulsory Supervision Orders -
effectiveness of decision making and outcomes



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Summary

This is the third in a series of reports on research on the effectiveness of Compulsory Supervision Orders where the child remains at home with their parents (home CSOs).

Home CSOs are the most common type of CSO made by Children's Hearings and accounted for 45% of all CSOs in place in 2018, which is 4,270 children and young people¹. Questions have been raised about the quality of planning for children and young people who are looked after at home and the delivery of interventions to support them. To help answer these questions, the documents provided to Hearings for 343 children and young people were examined to find out the extent to which there were care plans that met statutory requirements, and if services were available to deliver these plans.

There were 172 young people and 171 young children research sample:

Three groups of young people aged 12 or more with home CSOs (1. with offence grounds, 2. with education non-attendance grounds, 3. with grounds not related to offending or non-attendance – control group); and

Two groups of young children under 3 years old (1. with home CSO; 2. with CSO away from home – control group).

In addition, 14 focus groups were carried out with social workers, Children's Reporters and Children's Panel Members to gain their views on care planning.

Findings

There are five main findings from this research:

F1. Children with home CSOs were not treated differently from their peers who were accommodated in terms of provision of care plans for their Hearings. Up to a third of young children with home CSOs and those with CSOs away from home had no plans for their care provided to their Hearings.

F2. The requirements of National Guidance and the Children & Young People (Scotland) Act 2014 Act were not being met for around a third of children and young people with CSOs (both at home and away from home) on the basis that there were no plans for their care presented to their Hearings.

F3. The majority of Hearings made decisions on the basis of short term care plans or no plans at all for children and young people. Only a fifth of children and young people had care plans with clear timescales. There were few children and young people in this study where there were plans of over six months for their care and

¹ Scottish Children's Reporter Administration (2018). Statistical Analysis 2017/18. Accessed on 15/08/2018 from: <https://www.scra.gov.uk/wp-content/uploads/2018/07/Full-Statistical-Analysis-2017-18.pdf>

support. This is despite the importance that practitioners told us they place on clear plans for their decision making.

F4. Corporate Parents cannot evidence that they are meeting their statutory responsibilities for looked after children and young people, as there were no plans for the longer term futures of the children and young people in this study.

F5. Most children and young people with home CSOs and who had care plans, and their families, were being offered and/or provided with a range of services to meet their identified needs. However, the majority of these parents and young people did not fully engage with the services offered.

Conclusion

In this part of the research we sought to find out for young people with home CSOs, young children with home CSOs, and young children looked after away from home: **were the child's needs and interventions to address them identified and were there clear timescales for delivery?**

In the majority of cases the child or young person's needs and their those of their parents were identified, and supports were available. What was lacking in most cases were plans with clear timescales and that went beyond the short term. This raises questions about Hearings decision making and the extent to which Corporate Parents are meeting their statutory responsibilities to looked after children and young people.

Introduction

This is the third in a series of research reports on the effectiveness of Compulsory Supervision Orders (CSOs) where the child remains at home with their parent(s) (home CSOs).

Children looked after at home

Home CSOs are the most common type of CSO made by Children's Hearings and accounted for 45% of all CSOs in place in 2018, which is 4,270 children and young people (SCRA, 2018). Forty one per cent of the home CSOs in place in 2018 were for young people aged 12 years and above, and 10% were for children under 3 years old². These 'home CSOs' have the same statutory basis as CSOs where the child is accommodated, including that the local authority has a legal duty to implement them.

Questions have been raised about the quality of planning for children and young people who are looked after at home and the delivery of interventions to support them (Barnardo's, 2015; Scottish Government, 2015). To help answer these questions, this part of the research examined the quality of care plans and the types of supports provided for different groups of children and young people with home CSOs and those of children looked after away from home.

Care Plans

It is a legal requirement that a report from the local authority is provided to a Children's Hearing³. With the implementation of the GIRFEC approach⁴, these reports should follow the format set out in National Guidance. This includes that Child or Care Plans should consider the immediate and short term as well as the longer term risks to the child (Scottish Government, 2014). Part 5 of the Children & Young People (Scotland) Act 2014 (the 2014 Act) aims to implement the requirement for a Child Plan into law. This part of the 2014 Act has not yet been fully implemented but it is intended that all children who have a wellbeing need, and that need cannot be met without a targeted intervention, will have a Child's Plan. Section 34(1)(c) of the 2014 Act specifies that the content of a Child Plan, includes for each targeted intervention:

- '(i) the relevant authority which is to provide the targeted intervention,
- (ii) the manner in which the targeted intervention is to be provided, and

² From data produced from SCRA's Data Warehouse on CSOs in place at 31/03/2018. Home CSOs are counted as those where there is no residence condition and those where the residence condition is with parent/relevant person.

³ Children's Hearings (Scotland) Act 2011

⁴ Getting It Right For every Child (GIRFEC) is the national approach to improving the wellbeing of children and young people in Scotland

(iii) the outcome in relation to the child's wellbeing need which the targeted intervention is intended to achieve.'

Another policy intention of the Child Plan is that it will form the basis of a single planning framework incorporating plans required under other legislation and the National Guidance (Scottish Government, 2015).

At present, all looked after children should have a current care plan⁵. This should include detailed information about the child's care, education and health needs, as well as the responsibilities of the local authority, the parents and the child. Scottish Government (2010) guidance for the care plans of children on home CSOs states:

'The plan should lay out clearly who is responsible for doing what, and what resources or services are to be employed. It should set out expected timescales for the allocation of cases, meetings with the family, drawing up of the child's plan and ongoing contact between the social worker, child and family during the period of the supervision requirement⁶.'

The care or child plan is therefore a key document in informing decision making in Hearings and by local authorities on the interventions needed to support children and young people at risk.

Local authorities have statutory duties to implement CSOs and any conditions specified in them⁷. However, the duty to promote and protect the wellbeing of looked after children and young people lies with all public bodies involved in their lives. These Corporate Parents have arrange of legal responsibilities to looked after children and young people⁸, which include: assessing the needs of looked after children and young people and providing the supports to meet them; providing opportunities for them to take part in activities to promote their wellbeing; and taking action so that children and young people can access services. Responsibility for providing the supports and services to deliver care plans is therefore wider than the local authority and can include any of the other Corporate Parents.

Research aims

This part of the research examined the documents provided to Hearings to find out the extent to which there were plans made for the child that met the requirements of the National Guidance and the 2014 Act, and if services were available to deliver these plans. In other words - **were the child's needs and interventions to address them identified and were there clear timescales for delivery?** The research did not examine the format of

⁵ A care plan is considered 'current' if it has been produced or reviewed in the past 12 months.

⁶ Now known as a Compulsory Supervision Order

⁷ Section 144(1) Children's Hearings (Scotland) Act 2011

⁸ Part 9 of the Children & Young People (Scotland) Act 2014 (the 2014 Act) sets out the roles and responsibilities of Corporate Parents. The 2014 Act also lists the 24 organisations which are Corporate Parents.

reports and plans, it only sought to answer this question for each of the 343 children in the study.

Methods⁹

Sample

Information was extracted from SCRA case files on 343 children (under 3 years) and young people (aged 12 years or more) split to five groups¹⁰:

1. Education – accepted/established grounds are non-attendance at school¹¹, first CSO was at home and was made between 1 April 2013 and 31 March 2014 – 90 young people.
2. Offending – accepted/established grounds are has committed an offence¹², first CSO was at home and made between 1 April 2013 and 31 March 2014 – 51 young people.
3. Control: young people – accepted/established grounds are not offence or school non-attendance, first CSO was at home and was made between 1 January and 31 March 2014 – 31 young people.
4. Children under 3 years - when CSO made, first CSO was at home and was made between 1 April 2013 and 31 March 2014 – 84 children.
5. Control: children under 3 years - when CSO made, first CSO was away from home and was made between 1 April 2013 and 31 March 2014 – 87 children.

The reports provided to Hearings by the local authority or a multi-agency group for the 343 children and young people were examined at three time points:

- When CSO first made – time point 1 (T1)
- After a year (i.e. at their Hearing closest to 31st March 2015 that made a substantive decision) – time point 2 (T2)
- After two years (i.e. Hearing closest to 31st March 2016 that made a substantive decision) – time point 3 (T3).

Data were collected between August 2017 and March 2018, and were collated and analysed using MS Excel and SPSS¹³.

⁹ Ethical approval for the study was granted by SCRA's Research Ethics Committee on 19th July 2017.

¹⁰ For more on the research sample, please refer to: Report 1. Residence and contact conditions [LINK]

¹¹ Section 67(2)(o) Children's Hearings (Scotland) Act 2011 'the child has failed without reasonable excuse to attend regularly at school'

¹² Section 67(2)(j) Children's Hearings (Scotland) Act 2011 'the child has committed an offence'

¹³ SPSS - Statistical Package for Social Scientists

Practitioners views

Fourteen focus groups were carried out between September and December 2017 with social workers, Children's Panel Members and Children's Reporters in: Dumfries & Galloway; Dundee; Fife; Moray; and North Lanarkshire. There were a total of 78 participants (20 male; 58 female) – 32 social workers, 26 Panel Members and 20 Reporters. Focus groups were sector specific. Notes were taken during the focus groups and were analysed thematically¹⁴.

Findings

Evidence of planning

For the majority (71%) of children and young people, plans were presented to the Hearings which first made their CSOs. However, this also means that for over a quarter there were no clear plans in place for the interventions they were to receive - this was the case when CSOs were made, and for those still on CSOs after a year and after two years (Table 1).

Those most likely to have plans were young people in the offending group, and this was the case at all three time points. The group least likely to have plans were those children under 3 years who were looked after away from home (i.e. control: children under 3 years) and this was at all three time points – this means that for around 40% of young children with CSOs away from home there were no clear plans for their care (Table 1).

Table 1. Evidence of planning when CSO made and after one and two years

Group	No. and % of children & young people <u>with</u> plan presented to Hearing at:					
	Time point 1 (CSO made)		Time point 2 (CSO after 1 year)		Time point 3 (CSO after 2 years)	
	No.	%	No.	%	No.	%
Education	66	73%	68	76%	36	68%
Offending	49	96%	42	82%	25	78%
Control: young people	25	81%	22	71%	16	64%
Children < 3 years	53	63%	60	71%	37	66%
Control: Children < 3 years	53	61%	55	63%	27	60%
Totals	246*	71%	247**	72%	141***	67%

* Total children and young people at T1 = 343

**Total children and young people at T2 = 343 with 106 CSOs terminated at this point

*** Total children and young people at T3 = 211 with 99 CSOs terminated at this point

¹⁴ For more about the focus groups, please refer to Report 4: Professional trust and relationships in Children's Hearings [link]

The lack of plans was not restricted to children and young people whose CSOs were to be terminated (Table 2). Twenty one per cent of those whose CSOs were continued after one year did not have plans presented to their Hearings; and at review of their CSOs after two years for there were no plans for the 30% of children and young people whose CSOs were continued for longer. However, there were differences between age groups, with relatively few young people whose CSOs were continued being without plans at their Hearings compared with young children for whom over 30% there were no plans. In addition, young children looked after away from home were the least likely to have plans at Hearings that continued their CSOs, with 38% after one year and 40% after two years having no plans presented for their care.

For those whose CSOs were to be terminated, the proportions without plans were slightly higher at 34% after one year and 36% after two years (Table 2).

Table 2. Children and young people with NO plans presented to their Hearings when CSO continued or terminated

Group	% of children & young people with NO plans presented to Hearing at:			
	Time point 2 (CSO after 1 year), and:		Time point 3 (CSO after 2 years) and:	
	CSO continued	CSO terminated	CSO continued	CSO terminated
Education	17%	35%	15%	33%
Offending	3%	40%	0	37%
Control: young people	20%	67%	20%	54%
Children <3 years	31%	23%	39%	25%
Control: children <3 years	38%	31%	40%	38%
Totals	21% (N=237)	34% (N=106)	30% (N=112)	36% (N=99)

Duration of plans

It can be argued that if an intervention is to be targeted and have an outcome, then it should have a timescale in which it is to be delivered and the desired outcome achieved. From discussion with the Research Advisory Group, it was decided that plans would be assessed on whether they were short term (i.e. less than six months), medium term (i.e. six months to one year) or long term (i.e. over a year). This was done for the 246 children and young people with plans and at each of the three time points.

Almost all of the available care plans had short term timescales at each of the three time points. There were few children and young people whose plans had medium and long term timescales, and this was particularly the case for both groups of children aged under 3 years (Table 3). There were medium term plans for up to a quarter of young people (in the three groups) but there were very few with longer term plans.

Table 3. Proportions (%) of care plans with short (<6 months), medium (6 to 12 months) and long term (>12 months) timescales

Group	Plans presented to Hearings with short, medium and long term timescales (%)								
	Time point 1 (CSO made)			Time point 2 (CSO after 1 year)			Time point 3 (CSO after 2 years)		
	Short term	Medium term	Long term	Short term	Medium term	Long term	Short term	Medium term	Long term
Education	100 %	12%	5%	100%	10%	6%	97%	22%	11%
Offending	96%	8%	2%	95%	12%	0	92%	24%	16%
Control: young people	92%	20%	0	91%	23%	9%	81%	25%	6%
Children <3 years	94%	4%	2%	82%	5%	2%	92%	5%	3%
Control: children <3 years	72%	2%	2%	76%	13%	4%	70%	4%	4%

For numbers in each group at each time point, please refer to Table 1.

Clarity of timescales in plans

The timescales in plans were assessed on whether they were clear or not. Clear timescales were defined as those with dates in the future. Unclear timescales were those that were not defined and instead used terms like ‘on-going’ or ‘immediate’, or had dates set in the past. It was noted whether plans at each of the three time points had clear timescales for the short, medium and/or long term.

Approximately, 28% of the 246 children and young people with plans had plans that had clear timescales (Table 4). Looking at all the children in the study, this means that only about a fifth had plans with clear timescales when their CSOs were first made.

Table 4. Clarity of timescales in plans when CSO made and after one and two years

Group	No. children & young people with plans with CLEAR timescales					
	Time-point 1 (CSO made)		Time-point 2 (CSO after a year)		Time-point 3 (CSO after 2 years)	
	No.	% of plans	No.	% of plans	No.	% of plans
Education	24	36%	27	40%	17	47%
Offending	10	20%	13	30%	6	24%
Control: young people	7	28%	4	18%	1	6%
Children <3 years	12	23%	11	18%	7	19%
Control: children <3 years	18	34%	15	27%	8	30%
Total	71*	29%	70**	28%	39**	28%

* Total children and young people with plans at T1 = 246

**Total children and young people with plans at T2 = 247

*** Total children and young people with plans at T3 = 141

Practitioners views

The consensus in the focus groups was that care plans are essential to inform Hearings decision making:

“A proper Child’s Plan will feed into our decision – one with short, medium and long terms outcomes and responsibilities. These always reflect multi-agency decision-making and feedback” (Panel Member)

Care plans also provide a means for practitioners and Hearings to measure and monitor progress, particularly for parents and young people who are not engaging with services:

“You have a baseline of where you were and you can use the home CSO as a means of access to assess where you are now” (social worker)

Participants explained the benefits of care plans that are specific and measurable - making it is easier to identify lack of progress and if an early review of the home CSO may be required. But Panel Members and Reporters raised that this was not always their experience of care plans presented to Hearings:

“Often Care Plans are very woolly, not SMART and unenforceable and immeasurable” (Panel Member)

“Care Plans are often very, very general” (Reporter)

Delivery of care plans

For those children and young people with care plans presented to their Hearings (Table 1), SCRA case files were examined to assess whether the range of required services were available to deliver the plan and the parent(s)’ and young person’s engagement with it. This was recorded as: Yes – full engagement; Partial - engagement with some aspects of the plan but not others; None – no engagement or complete withdrawal of engagement. Availability of services to deliver the care plan was simply recorded as: Yes – services were available; or None – no services were available.

Young children

There were clear differences in levels of parental engagement with plans between those with young children on home CSOs and those whose children were looked after away from home (Table 5). Virtually all parents with young children with home CSOs were engaging with the care plans at least partially, and virtually none who were not. With time, more parents fully engaged with plans where child had a home CSO – this ranged from 34% when CSOs were made to 54% after two years. In comparison, over a quarter of parents whose children were on CSOs away from home (control group) did not engage with care plans.

Looking at the 24 young children (40%) whose home CSOs were terminated after a year and who had a care plan, in almost three quarters of cases their parent(s) had been fully engaged with it. In comparison, for those whose CSOs were continued at home (22) or varied away from home (14), just over a third of parents were fully engaged with the care plan.

Services were available to deliver the care plans in almost all cases, although this was slightly lower for children with home CSOs – range of 83% to 89% over the three time points compared with 92% to 98% for those with CSOs away from home (Table 5).

Table 5. Young children - Parental engagement with care plans and availability of services to deliver plans

Time point	Group (no. with plans)	Parental engagement with plan (%)*			Services available to deliver plan (%)*	
		Yes	Partial	None	Yes	None
T1 (CSO made)	Under 3s (n=53)	34%	57%	9%	83%	4%
	Control (n=53)	17%	43%	26%	92%	2%
T2 (CSO after a year)	Under 3s (n=60)	48%	37%	0	83%	0
	Control (n=55)	25%	24%	34%	98%	0
T3 (CSO after 2 years)	Under 3s (n=37)	54%	38%	0	89%	0
	Control (n=27)	29%	15%	26%	96%	4%

*Percentages do not always equal 100% as cases where information was not evident/missing are not included

Practitioners views

Focus groups discussed how home CSOs, particularly for younger children, can give the impetus to parents to change their behaviour. For some it gives a ‘wake-up call’ or ‘the kick’ to engage with services. These parents realise that if they want their child to remain at home then they have to work with services to make and sustain positive change:

“Full parental engagement is the only way it’ll work” (Panel Member)

Home CSOs were seen as important in supporting social workers to get access to a child and/or family who have not engaged voluntarily, it: ‘gets you through the door’. This can allow social workers to assess the family situation and provide support:

“[It] enforces engagement where there’s unlikely to be consistent engagement on a voluntary basis that’s likely to produce positive outcomes for the child” (Reporter)

“A compulsory order can enforce social work intervention that can allow work to be done with the young person and the family, to put in appropriate boundaries and the like...” (Panel Member)

“...a home CSO gives social work a statutory right to enter the home and the family realise that working with them might not be as bad as they think” (Reporter)

Social workers also stressed that a home CSO does not always guarantee engagement:

“If a family refuses to work with the system, the Children’s Hearing has no power” (social worker)

Young people with home CSOs

There were differences in the proportions of young people and their parents who engaged with care plans between the three groups, but there was a common trend across the groups of more young people and parents engaging over time on CSOs (Table 6). The education non-attendance group had highest proportions of young people (16% to 21%) and parents (14% to 24%) who did not engage with care plans. Whereas almost all young people and their parents in the control group had engaged with plans, with the majority doing so fully.

Table 6. Young people’s and parents engagement with plans

Time point	Group (no. with plans)	Young person’s engagement with plan*			Parental engagement with plan*		
		Yes	Partial	None	Yes	Partial	None
T1 (CSO made)	Education (n=66)	6%	41%	21%	11%	36%	24%
	Offending (n=49)	26%	49%	16%	55%	41%	0
	Control (n=25)	52%	32%	8%	52%	49%	4%
T2 (CSO after a year)	Education (n=68)	32%	48%	19%	44%	28%	21%
	Offending (n=42)	41%	47%	12%	60%	31%	7%
	Control (n=22)	64%	36%	0	64%	27%	4%
T3 (CSO after 2 years)	Education (n=36)	42%	42%	16%	47%	25%	14%
	Offending (n=25)	32%	68%	0	56%	28%	8%
	Control (n=16)	75%	25%	9%	62%	38%	0

*Percentages do not always equal 100% as cases where information was not evident/missing are not included

When young people and their parents were fully engaged with their care plans, CSOs were more likely to be terminated within a year:

There were 24 young people in the **education group** whose CSOs were terminated within a year, and who had care plans - 54% of these young people and 62% of their parents had been fully engaged with the care plans. However, there were also four young people whose CSOs were terminated at this point due to their and their parents non-engagement with services. In comparison, 30% of young people whose CSOs were continued and 34% of their parents (36 home CSOs, eight accommodated) were fully engaged with the care plans, and 20% and 25%, respectively were not.

There were 12 young people in the **offending group** whose CSOs were terminated, two thirds of them and their parents had fully engaged with the care plans. For the 30 young people who remained on CSOs (17 at home, 13 accommodated) 30% fully engaged with their care plans as did 60% of parents.

Table 7. Young people – availability of services to deliver care plans

Group	Availability of services to deliver plans*					
	Time-point 1 (CSO made)		Time-point 2 (CSO after a year)		Time-point 3 (CSO after 2 years)	
	Yes	None	Yes	None	Yes	None
Education	58%	3%	89%	9%	97%	3%
Offending	84%	6%	86%	7%	88%	8%
Control	100%	0	91%	4%	100%	0

*Percentages do not always equal 100% as cases where information was not evident/missing are not included (particularly the case for the education non-attendance group when CSO made).

There were services available to deliver the care plans of almost all the young people across the three groups (Table 7). There were very few young people where it was recorded that there were no services available (range from 3% to 9%).

Family problems and needs, and targeted interventions

The next stage was to look at specific needs and whether targeted supports to address these were offered or provided. These could be part of the care plan or separate to it. Case files of the 343 children and young people were examined to find what specific types of support were identified, and why. The problems and needs of the families of young children and young people and if they received interventions to help them were analysed. These specific needs were: substance abuse, domestic abuse, educational attainment, educational attendance, financial support, physical health, mental health, parenting skills, family work, housing, offending, advocacy support, and career/training. The most common of these needs (i.e. present in at least half of cases) are discussed here (Figures 1 and 2). It should be noted that information was not always recorded in reports and plans, or was incomplete. This should be considered in interpreting the findings below.

Children under 3 years

Parental substance abuse

When the home CSOs were first made - there were 53 children (63%) whose parent(s) had substance misuse problems, and in two thirds of cases (66%) targeted support was offered or provided.

When CSO away from home first made (control group) - there were 78 children (90%) whose parent(s) had substance misuse problems, and again, in two thirds of cases (67%) support for this was offered or provided.

Domestic abuse

When home CSOs first made – domestic abuse was present in 48 cases (57%), and for a half it recorded that support for this was being provided or offered.

When CSOs away from home first made (control group) - there were 60 cases (69%) where domestic abuse was a feature, with 48% with support offered or provided.

Parental mental health

When home CSO first made - 48 children (57%) had parent(s) with mental health problems, and it was recorded that 79% of them were provided or offered support with this.

When CSOs away from home first made (control group) - the majority of children had parent(s) with mental health problems (64, 74%), and in most cases (73%) support was offered or provided.

Support for parenting skills

When home CSO first made - the parent(s) of 59 children (70%) were identified as needing support to improve their parenting skills, and most (83%) were provided or offered it.

When CSOs away from home first made (control group) - 71 of children's parent(s) (82%) required support with their parenting skills, with the majority (69%) being offered or provided with it.

Housing support

When home CSO first made - 32 families (38%) needed support with housing, and this was offered or provided in 69% of cases.

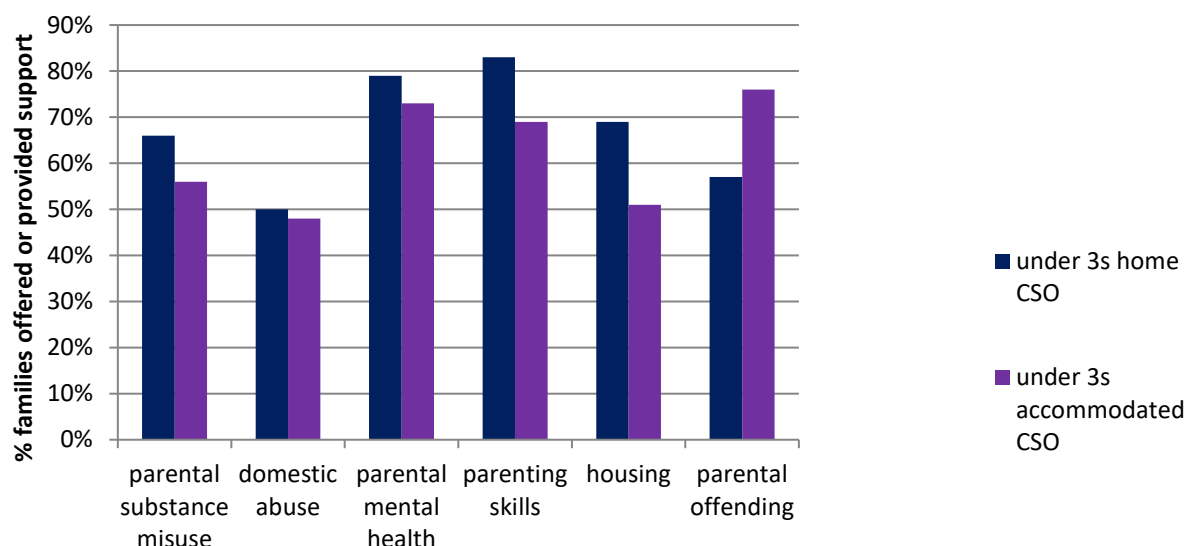
When CSOs away from home first made (control group) - the majority of families needed housing support (55, 63%), and a half (51%) received or were offered this.

Parental offending

When home CSO first made - in 58% of families (49), one or both parents were involved in offending, and it was recorded that over a half (57%) were offered or provided with interventions.

When CSOs away from home first made (control group) - most children had a parent involved in offending (74, 85%), and interventions offered or provided in 76% of cases.

Figure 1. Targeted supports offered or provided to address specific family problems and needs – young children whose first CSO was at home and those whose first CSO was away from home (control group)



Young people looked after at home

For the three groups of young people with first CSOs at home, the same needs and interventions were examined as above but with the focus being on the young person rather than their parents. Those support needs that were most commonly recorded for young people or their parents when CSOs were first made are discussed below (Figure 2).

Educational attainment

54 of the 90 young people (60%) in the education non-attendance group were identified as having needs around their educational attainment – 98% of those with this need were offered or provided with support.

For 45 of the 51 young people (88%) in the offending group, there were concerns about their educational attainment – 80% of those with this need were offered or provided with support.

This was a concern for 10 of the 31 young people (32%) in the control group – again almost all (90%) were offered or provided with support.

Educational attendance

Not surprising almost all (83, 92%) of the young people in the education non-attendance group were recorded as needing support for this, and 95% of them were offered or provided with such support.

Most of the young people in the offending group (36, 71%) also had problems with school attendance, and 67% of them were offered or provided with support. Around half (16, 52%) of young people in the control group were not attending school, and 68% had been offered or provided with support.

Parenting skills

The parents(s) of 60 of the young people (67%) in the education non-attendance group were reported as requiring interventions to improve their parenting skills – 83% who needed this support were offered or provided with it.

The parents(s) of 21 of young people (41%) in the offending group also required such support, and 52% were offered or provided with it.

Most of the young people (26, 84%) in the control group's parents required support to improve their parenting, and 77% of them had been offered or provided this.

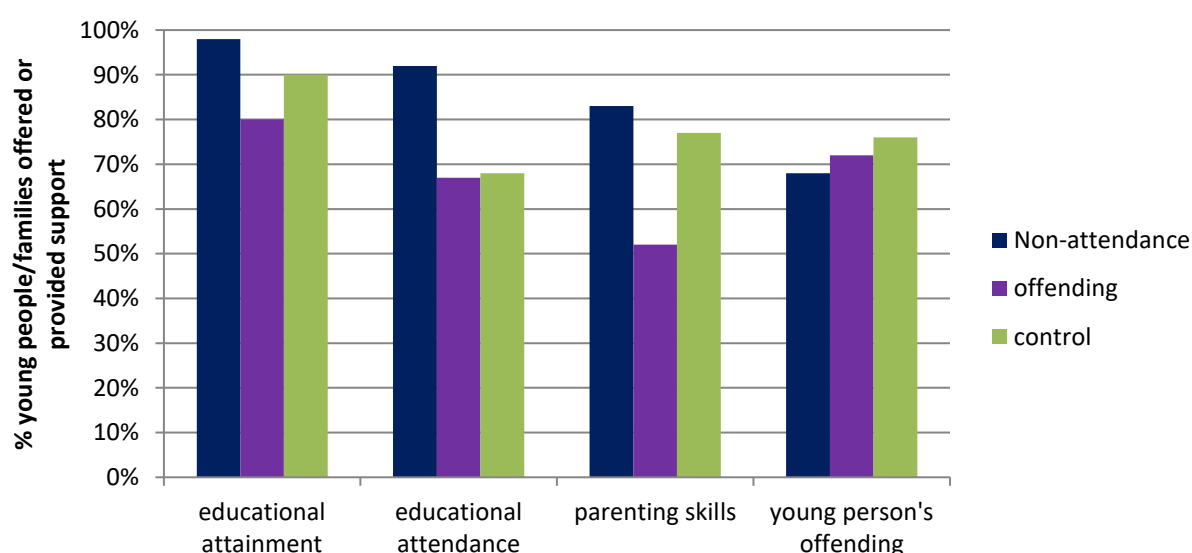
Young person's offending

Sixteen young people (18%) in the education non-attendance group were involved in offending, with 68% being offered or provided with support.

All of the young people in the offending group were recorded as requiring support with their offending, and 72% were reported as being provided or offered it.

Over half (17, 55%) of young people in the control group needed to support to address offending, and this was offered or provided to 76% of them.

Figure 2. Targeted supports offered or provided to address young people's or family problems and needs – three groups of young people on home CSOs



Practitioners views

The consensus across the focus groups was that a home CSO is only effective if there are resources available to implement it and the care plan. Panel Members expressed

frustration in cases when they knew there was a lack of resources to fully implement the care plan and ‘felt’ for social workers when their hands were tied due to lack of resources.

All the focus groups discussed how, in some cases, home CSOs are a way of obtaining resources that would otherwise be unavailable. In essence, the home CSO ‘adds more weight’ to a practitioner’s bid to secure resources, with Child and Adolescent Mental Health Services (CAMHS) given as a particular example:

“[A] home CSO can be used to secure services for offenders” (Panel Member)

“...a home CSO does secure services, especially psychiatric services...” (Panel Members)

Despite acknowledgement that a home CSO may sometimes be used to secure resources, participants felt that this should not be the case. Social workers, in particular, said that their decision making centres on risk rather than resources. There was also some agreement that the service provision for children and young people in care may sometimes be more timeous and/or intensive:

“There are a lot of services that can be accessed away from home that can’t be accessed at home – assessments, counselling, therapy...It’s very difficult to access that kind of support if you are on a home supervision order.” (Panel Member)

“...if you are in residential [service provision] will be even quicker, and it shouldn’t be. It shouldn’t be. If you need it at home or in residential it shouldn’t matter” (Panel Member)

There was also a general view that the effectiveness of a home CSO cannot be looked at in isolation; it should not be regarded as a single type of measure and instead as a wider package of intervention tailored to needs of the individual child or young person:

“...it’s about the overall impact of statutory intervention” (Reporter)

Discussion

Care plans

National Guidance requires that all looked after children should have care plans (Scottish Government, 2014). It makes clear that care plans should consider the immediate and short term risks as well as longer term risks to the child, and that objectives should be set out following the criteria SMARTER: Specific, Measurable, Attainable, Relevant, Timebound, Evaluate and Re-evaluate. This is so that children, young people and their families can understand clearly what is being done to support them and why.

There were no care plans presented to Hearings for 29% of children and young people in this study when their CSOs were made. This did not improve with time, with 33% having no care plan at the Hearing held after they had been on a CSO for two years. It was young children on CSOs away from home who were least likely to have care plans, with around 40% having no plan across all three time points. Those most likely to have care plans were young people in the offending group of whom 95% had care plans when their home CSOs were made and 78% after two years.

F1. On the basis of the findings of this study, children and young people with home CSOs were not being treated differently from their peers who were accommodated in terms of provision of care plans for their Hearings.

F2. The findings indicate that the requirements of National Guidance and the 2014 Act are not being met for around a third of children and young people with CSOs (both at home and accommodated) as there are no plans for their care presented to their Hearings.

There is a discrepancy between our findings on availability of care plans and the Scottish Government's annual statistics on the numbers of looked after children and young people with current care plans which reported that at 31st July 2017, 93% of children looked after home and 95% of children looked after away from home had care plans (Scottish Government 2018a). This may be due to a difference in definitions. For the data collected from local authorities for the Scottish Government's looked after children's statistics, a 'current care plan' is one which was developed or revised in the last 12 months (Scottish Government, 2018b). For this study we defined a current care plan as one that identified a child's needs at the time of their Hearing and included targeted interventions that were being or were going to be delivered. This becomes important when we consider that the majority of care plans examined in this study only had short term timescales of less than 6 months. It could well be that local authorities in making returns for the looked after children's statistics are including care plans with timescales in the past as they still meet the Scottish Government's definition of a 'current' care plan. Another explanation could be that care plans exist but are not being provided to Hearings.

Clarity of plans and timescales

For the majority of children and young people who had care plans, there were short term timescales (i.e. under 6 months). There were very few plans that had timescales of a year or more, and this was true for children and young people with home CSOs and children who were accommodated. This finding is not new, previous SCRA research also highlighted that the majority of care plans do not take a long term view of looked after children's education, despite this being a statutory requirement (Henderson & Whitehead, 2013)

In addition, only a fifth of children and young people had plans with clear timescales (in that there were dates set in the future) when their CSOs were first made. This is despite the importance that practitioners told us they place on the availability of clear plans to inform their decision making.

These findings raise questions about 1. Hearings decision making and 2. the role of Corporate Parents.

1. If Hearings are to make informed decisions about what statutory interventions are necessary for a child or young person, these need to be informed by what supports are going to be available and for how long. A CSO lasts for up to 12 months. There were few children and young people in this study where there were plans of over six months for their care and support.

F3. On the basis of the findings of this research, the majority of Hearings are making decisions on basis of short term plans or no plans for children and young people.

2. It is explicit in law and guidance that corporate parenting responsibilities to looked after children and young people are not short term: the Scottish Government (2015c) states that it is the responsibility of a corporate parent to: 'uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood' (Scottish Government, 2015c); and section 58 of the 2014 Act requires that corporate parenting duties apply to all looked after children and care leavers up to age of 26, regardless of placement type. It is difficult to see how Corporate Parents are to meet these responsibilities in the absence of long term plans for children and young people's care, development and future aspirations.

F4. Corporate Parents cannot evidence that they are meeting their statutory responsibilities for looked after children and young people, on the basis that that it appeared that there were no plans for the longer term futures of the children and young people in this study.

Services and support

It has been raised that many children who are looked after at home do not receive the services they need and that support for them 'is frequently inadequately planned or

sporadically delivered' (Barnardo's Scotland, 2015). Also that these children and young people often receive less attention and support than other looked after children, that a culture has developed in which some providers regard children on home supervision as being less in need or less entitled to services than other looked after children and, as a result, many of their needs are overlooked (Young et al, 2015; Lerpiniere et al, 2015). Our research found no evidence to support these assertions.

The children and young people in this study were from families with complex problems and needs. For example, the majority of both young children and young people, had parents who required support to improve their parenting skills, and most were offered this. However, parenting does not take place in isolation. Parents are also influenced by stressors within the wider environment and family, such as poor housing, poverty and unemployment that make parenting more challenging and increase the likelihood that difficulties will arise (Ward et al, 2014). It is not enough then to address single issues within families, wider packages of support are required. There was some evidence that services were trying to deliver such a range of support for most the families in this study. For those children and young people with care plans, in almost all cases services were available to deliver them. Looking at specific needs and if targeted interventions to address these were available – again, in most cases these supports were offered or provided to the young person and/or family. What did differ was the engagement of parents and young people with their care plans and services. Parents of young children with home CSOs were more likely to engage with care plans than those whose child was not in their care. For young people, home CSOs were more likely to be terminated when the family was engaging with the care plan; and for those who remained on CSOs engagement with care plans increased over time. However, there were a significant minority of parents and young people who did not engage with their plans at all, and this was more so with those in the education non-attendance group.

F5. The majority of children and young people with home CSOs and their families were being offered and/or provided with a range of services to meet their identified needs.

Conclusion

In this part of the research we sought to find out for the young people with home CSOs and young children with home CSOs or looked after away from home: **were the child's needs and interventions to address them identified and were there clear timescales for delivery?** In the majority of cases the child or young person's needs and their those of their parents were identified, and supports were available. What was lacking in the majority of cases were plans with clear timescales and that went beyond the short term. This raises questions about Hearings decision making and the extent to which Corporate Parents are meeting their statutory responsibilities to looked after children and young people.

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Home Compulsory Supervision Orders - effectiveness of decision making and outcomes

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