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


Document Version:
Other version

Queen's University Belfast - Research Portal:
Link to publication record in Queen's University Belfast Research Portal

Publisher rights
© 2019 The Authors & QUB.

General rights
Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The Research Portal is Queen’s institutional repository that provides access to Queen’s research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person’s rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

Download date: 17. Nov. 2019
Regional Variations in Care Planning in Northern Ireland: An Infringement of the Children’s Rights

Montserrat Fargas Malet, School of Social Sciences, Education and Social Work, Queen’s University Belfast
m.fargas@qub.ac.uk

WHAT?

Regional variations re the placements of children taken into care

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

Regional Practice Factors

In terms of policy frameworks, all the participants mentioned permanence and stability, and followed the broad regional policy principles. However, practices, structures and Trust guidelines somewhat varied.

Participants in Trusts A, B and E, while those in Trusts A, B and E, supporting adoption to greater degree. In Trust A, participants mentioned the existence of a permanence team (which they agreed did not exist in the other Trusts), while Trust A and Trusts B and D participants talked about their permanence policy which instructed them to mention adoption in the child's LAC, as well as in their placement plans. Participants in Trust A reported adoption as a possible stage and trying to follow the permanence policy. Those birth children did not exist in other Trusts. In Trust 4, participants explained they were in the process of starting to boost concurrent placements, and beginning to recruit concurrent carers.

In terms of social workers' decision-making processes, we found that some social workers were confident in their decision-making, while those in Trusts C, D and E had the highest number of children in residential care (43% and the highest proportion of LACs placed with a foster parent (25%) than in any other Trust.

Participants in Trust D and E are the second and third of the Trusts in terms of geographical area.

Both trust D and E have the least proportion of placements that are in residential care (25% and 20% respectively).

Participants in Trust D and E have the least number of kinship placements (40% and 30% respectively).

Regional Context Factors

In terms of geographical context, some Trusts had a more diverse population than others. Trusts C, D and E have a more diverse population and are more deprived than Trusts A and B. Participants often mentioned the existence of a geographic area in their Trusts. Some of the Trusts have a significantly lower number of children in residential care (15% and 20% respectively) than in any other Trust.

Participants in Trusts A and B have the highest number of children in residential care (43%), and the highest proportion of LACs placed with a foster parent (25%) than in any other Trust.

Participants in Trusts A and B have the lowest proportion of placements that are in residential care (25% and 20% respectively).

Participants in Trusts A and B have the least number of kinship placements (40% and 30% respectively).

WHAT DOES IT MEAN?

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

Regional policy and guidance documents should be developed and implemented in consultation with the 5 HSC Trusts in NI, taking into account best practice in each Trust, and being mindful of differing socio-economic and cultural characteristics of each area, especially in terms of poverty, ethnic minority population and sectarian divide.

Governments have responsibilities in ensuring UNCRC obligations.

Based on the study findings, we developed an Ecological Model of Decision-making in Care Planning

This model highlights the contributions of different factors to the decision-making process. It suggests that regional variations in care planning can be influenced by a range of factors, including policy frameworks, social workers' decision-making processes, and geographical context.

The model also highlights the importance of involving children and young people in the decision-making process, and the need for a more inclusive and participatory approach to care planning.

Click our blog: http://blogs.qub.ac.uk/pathways