

CELCIS REACH: Cathie O'Donnell | Case Study: Sometimes the permanent placement is back home

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In this video case study, Cathie O'Donnell of Renfrewshire Council tells the story of the young boy whose permanent placement was to return home to his family. Through the work of the Permanence and Care Excellence (PACE) programme, a multi-disciplinary team, including the child's nursery, put in place a support package for the mother.

Before PACE the young boy would have been allocated a social worker at the point of him being referred and there would have been a parenting assessment carried out and certainly there would have been great efforts for that assessment to have happened within the three-month time frame. That assessment would have primarily been carried out by the social worker for the child. We took a slightly different approach at the time because of our learning around PACE.

We looked at who was involved in the wee boy's young life (which was his health visitor) and he had a nursery placement although his attendance was quite poor. We contacted his key worker at the very early onset of the case and we designed a meeting where the family met with ourselves and with the health visitor and the education key worker and we call that a permanency planning meeting. But we very much talked through what the assessment would look like and the timeline of the assessment with the parents with a very clear sort of understanding of, if it was a positive assessment what that would mean for the family, but if it wasn't positive what that would also mean for the family. Within that planning meeting we set out the key dates for the assessment starting, the midpoint and the outcome and involved in other agencies in that very early on.

We did the assessment and the methodology used in the assessment was observation of contact. It was parental capacity interviews and also the third dimension was looking at all the other aspects of the parent's life. The slight change to the methodology and with the PACE approach is that we involved both the health visitor and the key worker in the contacts so they became very familiar with all of the issues that were affecting the family and became very positive role models within the contact which was really nice to see. The health visitor was the person that referred them to

social work but she actually throughout the course of the assessment became one of their main supports. We had a family support allocated to the case who also worked with the health visitor in visiting the family home even though the child was not present, talking through the role of the parent and talking through practices of what makes a safe parent. And she would do additional things like take them to the supermarket and show them how to do a family shop, even though the child wasn't in their care. They were learning much more than they would have with just the standardised assessment.

This was a very positive one. I would probably say midway to maybe three-quarters way through the assessment, it was evident when parents were really taking on board advice that they were given. We worked out what the deficits were so therefore we could work out what supports they would need in the longer term. The boy went home and this was about a year and a half ago. I've since heard that the case is now completely closed to social work. The health visitor remains, they have a new baby in the last six months and furthermore with the poor attendance at nursery - mum is now in real engagement with the nursery and I hear she's on the PTA which is remarkable so that's a really good outcome. And they see services as their main support which is also very good.

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