Decision making in Children's Hearings.

KURLUS, I., HENDERSON, G., ROGON, P. et al.

2019

Report 5

Decision making in Children's Hearings

Home Compulsory Supervision Orders - effectiveness of decision making and outcomes

SCOTTISH CHILDREN'S REPORTER ADMINISTRATION

The Scottish Government
Riaghaltas na h-Alba

Contents

Acknowledgements

Dedicated to Dr Paul Rogon, 1979 to 2019, who led on this research.

This research was commissioned by the Scottish Government which also contributed to its funding.

Many people contributed to this research, and this is gratefully acknowledged:
Dr Ruth Woods, Robert Gordon University, was involved in the development and design of the research.
Dr Donna Nicholas for her contribution to data collection.
The Research Advisory Group (RAG) for their support and advice throughout the research: Thekla Garland & Iain Fitheridge, Scottish Government; Dr Dominic McSherry, Queen's University Belfast; Debbie Lucas, Social Work Scotland; Dr Marion Gillooly, Includem; Nina Vaswani, Centre for Youth & Criminal Justice; Sara Crawford, Children's Hearings Scotland; and Kirsten Hogg, Barnardo's Scotland.
The social workers, Children's Panel Members and Children's Reporters who generously gave their time to take part in the focus groups.

Summary

This is one of a series of reports on research on the effectiveness of Compulsory Supervision Orders where the child remains at home with their parents (home CSOs); also known as being looked after at home.

There has been criticism of the use of home CSOs. It has been claimed that they are being used inappropriately and that Children's Hearings are disproportionately influenced by the availability of resources in making decisions. Yet there is limited information on why Children's Panel Members decide to make a home CSO. This is the first study to examine Hearings decision making on home CSOs. It did so through a combination of examination of Hearings reasons for making, continuing or terminating home CSOs and the views of social workers, Panel Members and Children's Reporters.

Four main factors were found to influence Hearings decisions – 1. availability and quality of evidence; 2. child's age in terms of attachment, resilience, and ability to express their views; 3. cumulative vs. acute risks and thresholds of intervention; and 4. communication between professionals, with children and parents, and within the Hearing.

The emphasis on the evidence for Hearings is not new. Panel Members described their sense of responsibility in deciding whether a child could be supported at home with a CSO. Having information that is clear, accurate and factual ensures that their decision is evidence-based and proportionate to the child's needs.

The child's age emerged as a major factor in whether a home CSO was made and how long it would last. Older children were viewed as more resilient and statutory interventions taken after an accumulation of risk. Whereas for younger children interventions were made more immediately at points of crisis. The visibility of older children to universal services was described as a protective factor that may influence earlier termination of their home CSOs. This raises questions about how the early and effective intervention approach is being applied to older children. Are these children being exposed to risks for too long before statutory interventions are considered necessary and made?

Attachment of a child to family members was an important consideration in deciding whether a child could remain at home with support of a CSO. Decision makers had to weigh up if the detriment to a child would be greater being removed from parents and siblings than from remaining in a poor home environment. Engagement of parents was described as being key in this decision - if they would accept support then a home CSO may be best for their child.

The availability of resources and supports was not raised as important factor in decision making, and this supports the findings in another part of this research that the majority of children and young people with home CSOs and who had care plans were being offered and/or provided with a range of services.

The factors found to influence Hearings decision making on home CSOs are no different to their considerations when deciding to make CSOs away from home. It was clear that Panel Members, Reporters and social workers are striving to make decisions that are in the best interests of the child.

Introduction

This is the fifth in a series of reports on research on the effectiveness of Compulsory Supervision Orders where the child remains at home with their parent(s) (home CSOs); also known as being looked after at home. Home CSOs are one of the most common measures 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).

There has been criticism of the use of home CSOs in that it has been said that they are being used inappropriately, and that Hearings are unduly influenced by the availability of resources in deciding whether a child should be looked after at home or accommodated (Barnardo's, 2015; Welsh et al, 2014). Yet there is limited information on why Children's Panel Members decide to make a home CSO. Whilst this is an issue that has been touched on in other studies, there has been no previous research on Hearings decision making on home CSOs. This part of the research looks at Hearings decision making and the factors that lead to home CSOs being made, continued, varied and terminated.

Methods[1]

The research combined examination of Hearings reasons for making, continuing or terminating home CSOs with the views of social workers, Panel Members and Children's Reporters.

Focus groups[2]

Fourteen focus groups involving 78 participants were carried out with Reporters, Panel Members and social workers in: Dundee; Fife; Moray; North Lanarkshire; and Dumfries & Galloway. Focus groups were sector specific. Notes were taken throughout discussions and some quotes recorded verbatim. Notes were analysed thematically.

Children and young people's case files

The reasons for Hearings decisions for 86 children and young people[3] were examined. These were from the Record of Proceedings for each Hearing. These documents are held by the Scottish Children's Reporter Administration (SCRA).

The sample comprised of three groups of children and young people who had first been placed on a home CSO and this was made between 1 April 2013 and 31 March 2014[4]:

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

[2] For more on the focus groups please refer to Report 4: Professional trust and relationships in Children's Hearings [LINK]

[3] Selected at random from the 343 children and young people in the main study

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

- 39 children aged three years or under – young children group;
- 24 young people with accepted/established offence grounds[5] - offending group; and
- 23 young people with accepted/established non-attendance at school grounds[6] - school non-attendance group.

For each of the children and young people, information on Hearings decisions and reasons were collected when their home CSO was made and at a review Hearing held approximately one year later.

Case studies
Case studies are used in this report to give real examples to illustrate the points raised in the focus groups, and are taken from the 86 cases above. Some details have been changed to ensure anonymity, but Hearings recommendations and decisions on measures have not.

Findings

Four common factors emerged, from the focus group discussions, as having the most influence on Hearings decision making on home CSOs[7]:

1. Evidence;
2. Child's age;
3. Risks and thresholds; and
4. Communication.

Each of these are discussed below.

1. Evidence

Sources
The Statement of Grounds[8] was seen by all the focus groups as being of critical importance in Hearings decisions. This document, it was agreed, is fact-based, clear and concise. Reporters stressed the importance of having accurate and factual information from referrer, social work and other agencies for their investigation and to produce the Statement of Grounds, and for these to be accepted in the Hearing or established in court.

[5] Section 67(2)(j) Children's Hearings (Scotland) Act 2011 'the child has committed an offence'
[6] Section 67(2)(o) Children's Hearings (Scotland) Act 2011 'the child has failed without reasonable excuse to attend regularly at school'
[7] Availability of services and resources was not identified as an important factor in Hearings decision making in this research. This finding is different to that of previous research (Barnardo's, 2015; Welsh et al, 2014).
[8] Section 89 of the Children's Hearings (Scotland) Act 2011 – 'Principal Reporter's duty to prepare statement of grounds'

Social work recommendations were agreed to be very important in informing Hearings decisions.

Panel Members said they valued having school reports. They explained that as a child spends a lot of their time at school, its staff are likely aware of how the child and their parent(s) present and engage. For children under three years, health visitor reports were said to provide useful information about the child's health and development, parental engagement and the domestic situation (e.g. cleanliness of the home).

Previous Hearings decision and reasons are also used by Panel Members in making decisions - these help their understanding of the child's history in the Hearings System.

Discussion in the Hearing

Panel Members explained that their decisions are not based solely on the written documentation they have. Whilst this forms the basis of their understanding of the situation and what has been happening in a child's life, current information is essential and this can be down to what is said '*on the day*'.

> *"We can only justify our reasons based on the information in the papers and discussion…" (Panel Member)*
>
> *"…information you've [got] is only a taster, and one way or another, even if it's accurate information, you've still got to verify it through the discussions. And that I find the most beneficial part of the Hearing…" (Panel Member)*
>
> *"What people say and discussion on the day is very, very important, probably most important" (Panel Member)*

The importance of the discussion in the Hearing is illustrated by the case studies below:

1. School non-attendance group

After a lengthy discussion regarding [young person's] non-attendance at school, the Panel agreed on Compulsory Measures of Supervision with an early review in September for the following reasons: There are underlying issues which only became apparent during the Hearing and indicate [young person] may be outwith parental control, including mixing with older peers, staying out late at night and generally pushing the boundaries of acceptable behaviour. The Panel requested an early review to ensure [young person] engages with Social Work and returns to school following the summer break. The Panel also requested that should [young person] fail to engage or attend school, an alternative plan is put in place for their education.

2. Young children group
Social work recommendation today was not to impose a CSO on child as mum has been managing very well with all the various supports offered to her. This was a direct contradiction of the social work recommendation made 3 weeks ago in the care plan. The Panel were concerned that this reversal seemed too quick and felt that there were still some unresolved issues, especially around dad. He has never engaged properly with the necessary assessments for direct contact and Panel were concerned that he may try to make contact which would not be in child's best interests at this time. Mum is doing exceptionally well according to all professionals involved with her and has matured into motherhood. She has a good attachment with child and is willing to accept all the help on offer.

Reporters and social workers acknowledged the importance of discussion in the Hearing, but they also observed that Panel Members can struggle with the emotions of parent(s). In some cases, this can lead them to make a decision that contradicts the evidence and professional opinion. Social workers felt that Panel Members can focus too much on parents views in that '*brief snapshot*' of time in the Hearing; this can influence Panel Members decision making by reducing their objectivity, and deflecting from the '*months of wo*rk' behind social work recommendations.

Evidence gaps

Panel Members commented on the lack of reports from health sources. They agreed that health visitor reports are excellent for younger children, and would like to have health input in other types of cases; for example, where a child or parent has a particular physical or mental health issue.

Social workers and Panel Members raised the lack of input from adult services. If parent(s) had addictions and/or mental ill-health then input from the services they are working with would be helpful as these issues are often the root cause of the child protection concerns.

> *"…parental substance misuse is often a factor in our cases and a big thing with some of these cases is that parents might say the right thing, but that nothing really changes. It is important to have the expert substance misuse knowledge and the knowledge of the patterns of behaviour the drug and alcohol workers bring to the decision-making process" (social worker)*

> *"I sometimes wish adult services would have more of an input…it would be great if substance misuse services, housing, etc. provided a report" (social worker)*

Concerns were raised around the lack of or the poor quality of Child Plans[9]. Reporters and Panel Members both felt that this was an issue requiring attention and suggested that SCRA should be more proactive in rejecting social work reports that lack clear, measurable Child Plans. This would improve the quality of the evidence provided to the Reporter and to the Hearing.

[9] For more on this, refer to Report 3. Care planning and interventions [LINK]

3. Young children group
It was the majority decision of the Panel to appoint a safeguarder because they felt there were too many unresolved issues. Mainly that the social worker who attended today's Hearing was not able to give us a comprehensive current assessment of the reasons why [child's] Order should be terminated. The Panel were extremely concerned regarding [father's] access to heroin substitutes, which he was purchasing illegally on the street. Furthermore, the parents minimised the violent incident on 15th February, which led the Panel to decide that a safeguarder was required to gain more information about all the circumstances and whether child's CSO should be terminated.

2. Child's age

Cumulative risk versus crisis

For young children referral tends to come at what professionals described as '*flash*' or *'crisis'* points – where intervention was critical for the child's protection. With older children, it was discussed that the level of risk could be more an accumulation of concerns and they were often not as immediately vulnerable as young children. Older children were seen as '*living with the risk'.* They were able to remove themselves from risky situations, whereas younger children could not, and as one group of social workers commented - are able to '*vote with their feet'*. Older children were also seen as more likely to have a network of support. These age-related influences were explained to be protective factors for older children.

> *"Environmental risks are different at different ages. A baby or toddler is at significant risk in dirty/cluttered rooms, but at 14 the young person can step over obstacles…" (social worker)*

4. Offending group
[Young person] is currently outwith parental control and is participating in escalating levels of offending in the community. [Young person] not currently in an education placement. The Panel wish to review the CSO in April to understand if [young person] is participating in the vulnerable young person's care plan that social work and other agencies are putting in place. The Panel communicated to [young person] that if he did not take up this opportunity residential school might be next option to be pursued to ensure that he engaged in some form of education and to mitigate the offending in the community which puts himself and others at risk.

5. Young children group
The Panel unanimously agreed it was essential to have a CSO. The reasons for this is that the two children need a high level of support from all agencies. Mum is struggling at present to ensure the children are looked after and attend school, nursery and their various medical appointments. She has no support from her partner who is not well enough to help her at present. The children need a lot of care and attention and although there has been improvements there is much to be done before the situation becomes acceptable. There are still issues with alcohol misuse that must be addressed with immediate effect. Progress has been made but as there is still significant problems. Dad is due to commence working with occupational therapist to address his mental health issues and the Panel would like an early review to see how things are going. Dad's health issues have a major impact on the family and the Panel felt that progress in this area is urgently needed.

Risks to the child may accumulate until they are too high for there not to be statutory intervention that may require them to be accommodated, regardless of their age.

> *"Cumulative offending or an escalation of offending behaviour indicates risk is increasing and that the network of support is not working. This is difficult to manage at home…" (social worker)*

> *"When it [the home situation] becomes such a detrimental impact on the child, it needn't be one catastrophic event that makes you remove them, but the overall accumulation" (Panel Member)*

As social workers explained, oftentimes their recommendation of a home CSO is '*stepping stone'* to get the child into the '*system*' if there is a likelihood of them being accommodated at some point in the future.

Resilience and vulnerability

All participants considered the child's age to be a key determinant of risk and need for intervention - with a consensus that the younger the child the greater the need for statutory intervention. In other words, professional thresholds for statutory intervention are lower for younger children - described as acting as a '*safety net'* for those children too young to keep themselves safe.

6. Young children group
The child needs to be on a CSO because there has been a long history of (lack of parental) care and too much upheaval in her young life. The CSO ensures all support required is provided by social work and other agencies. It's early days and the CSO will be a safety net. The contact was set at minimum of two hours per week supervised because Mum has not been consistent in keeping appointments, she has a history of mixing with unsuitable people, resulting in her losing several tenancies in recent times. There are still concerns for her safety in local area.

7. Young children group
The Panel heard that there were considerable concerns regarding the current situation at home with the impending arrival of the new baby is likely to cause further concerns. The Panel heard that the placement at Children's Centre has only recently been used and has not been taken up consistently, in addition various appointments with professionals have been missed and mother's toxicology screens have come back positive. The Panel all noted that a CSO is required for [child's] ongoing care, welfare, development and safety, on the condition that [child] attends the Children's Centre four times a week.

Termination of CSO - older children were felt to be more likely to have their CSOs terminated earlier than their younger siblings because older children are being seen in school. Younger siblings may have more limited contact with professionals and so can be of potentially higher risk of harm. It was also explained older siblings can be monitored through a younger sibling's CSO.

8. Young children group
Much progress has been made over the last few months and there are currently no concerns re. [child's] welfare. [father] has stopped taking cannabis for several months and he is providing support. [Mother] suffers from anxiety and depression but she is receiving help with this from her GP practice. In making this decision the Panel took into account that social work are still involved with the family through the younger child but stated that voluntary support should be available to [child].

Voice and agency

The consensus was that older children are more able to verbalise their wishes and communicate if they want to stay at home or not. Panel Members explained that the child's age does play a role in decisions older children are more able to give their views. They explained that it is about weighing up the child's wishes with their level of tolerance and resilience versus potential risk and detriment – whether it be over where they live or who they see. Panel Members were quite clear that their decisions are '*on balance'* and they emphasised that whilst the child's views are important, it is what is in the child's best interests that is paramount – and they may not be the same thing.

Attachment

Focus groups agreed that levels of attachment (to parent(s), sibling(s) and/or other significant adults) are significant in decisions on whether a child should remain at home or not. In deciding whether to make a home CSO, Panel Members explained they must consider the '*family bond*'. They emphasised the importance of attachment. They also said that the emotional bond between a child and their parent(s) can be evident in the Hearing.

9. Young children group
The child was present at the Hearing and although too young to participate they played happily with their siblings who were also present. The child was seen to have good interaction between [mother] and [father]. The child is benefitting from more contact with Dad and continuing contact with their grandparents.

Practitioners explained that a home CSO can sometimes be less risky to a child than being taken into care. This is in cases where there is a greater risk from disruption of attachment and the child's trauma on being removed from their birth family, even where they are living in less than ideal conditions. One social worker explained that where, for example, there was serious substance misuse within a family but there was strong attachment between the parent(s) and child(ren), they would be less likely to recommend removal from home than where there was no attachment.

3. Risks and thresholds

Risk to the child's immediate physical and emotional safety was the key issue for all practitioners when recommending or making a CSO, and if this should be at home or accommodated. Social workers explained that this was often because the family do not acknowledge the deteriorating circumstances and associated risks. They stressed that, although all families and situations are different, the risk can be especially high when coupled with non-compliance or dis-engagement and where no positive change has been achieved and/or sustained. Only where these can be evidenced will the Hearing consider leaving or returning a child to the care of his/her parent(s) and/or terminating the CSO.

10. Young children group
The Panel heard from the professionals present that it was safe and appropriate that [child and brother] be rehabilitated to their parents' care. An extensive parenting assessment had been completed that indicated that the parents had fully engaged with targeted supports. The children had been having contact with their mum and dad four times a week and their carer stated that this level of contact was causing confusion, especially to [child]. Her view was that the children should return home quickly to help them settle in to their home as untraumatically as possible. In spite initial misgivings the Panel were convinced that with the appropriate support the family were able to offer a safe, nurturing and stimulating environment for [child and brother]. The Panel and the local authority, however, made it clear that should this rehabilitation not be successful, then no further attempt would be made. The parents were fully accepting of this decision.

11. Offending group
[Young person] made good progress in the last year when he has been living with his father. He sees his mother regularly. There has been no further offending. [Young person] is better able to control his anger and remove himself from situations. No order principle should apply. [Young person] has matured and is making decisions for himself. He is aware of services e.g. Throughcare and said he would engage with these if he required them.

12. Young children group
Both parents have chronic long term problems related to [child]'s care which has been exacerbated by [mother]'s drug use and problems with prescribed medication. The Social Services Dept. have grave and legitimate concerns about the parents' genuine understanding about what [child] needs to be kept safe with consistency and cooperation with all agencies. This was supported by the Safeguarder. Grandparents have also offered their support and have cared for [child] in the past.

Differences in thresholds

Focus groups discussed apparent differences between practitioners in their thresholds for intervention.

> *Their [social workers] thresholds, I think, due to the nature of their work is a lot higher…" (Reporter)*

> *"Thresholds of social work seem to be high, [some children] need earlier intervention and compulsory measures earlier. [We] shouldn't let these kids run on and on with no change to their life" (Panel Member)*

> *"Think the mix of Panel Member background helps…they're not looking at it all through professional eyes. They're looking at it through a lens of what is best for the child. They're not jaded by other professional experiences, what's happened in other similar cases. …Panel Members' views are often more realistic and child-focussed" (Reporter)*

> *"[There's] a correlation between a change of worker and removal of children…A fresh pair of eyes brings with it more objectivity as the new social worker doesn't have the same relationship with the family… it's quite obvious to see" (Reporter)*

Participants were very aware of the '*minimal intervention*' principle. Social workers pointed out that thresholds for intervention are set out in legislation and require a risk of immediate harm; and different professions therefore should not, in theory, have different thresholds.

Sibling groups

Sibling groups were often seen as the '*glue*' holding the family together in situations where home life is chaotic. Both social workers and Panel Members felt that the sibling group could be a protective factor. They also considered needs of children as individuals:

> *"We always take into account the risk of any intervention because it is unlikely that siblings will be placed together. We often make different recommendations for different siblings. The needs of each individual child are assessed individually" (social worker)*

Practitioners explained that they do try and keep siblings together where it is in their best interests and where possible (e.g. availability of placements). In such cases, social workers said that they would be more open to exploring potential kinship placements to maintain the strong attachment between siblings. However, if it was in a child's best interests to be removed from home and their siblings to stay, they would not hesitate to pursue that.

"For instance there have been cases where there are children in a family ranging from one to two years up to 14 and we have recommended the younger children be accommodated away from home whilst the older children remain at home because they have more resilience" (social worker)

13. School non-attendance group
The latest assessment received by the Panel recommended that [young person's] CSO could be terminated, as she has made significant progress since the last Hearing. She is working well at school and is enjoying her work placement. However, today Panel received a letter from [social worker], to say that some issues have come to light. [Young person] has moved to her grandparent's house since August, following an argument with her mum, her younger brother is also living there. Social work were unaware until recently, when Gran informed them, due to not having enough money to care for her grandchildren. Both young people had not disclosed this new information to any agency, and both have since told social work that their mum is drinking heavily, misusing the household income and has a new partner that they do not like. At today's Hearing [social worker] informed Panel that the oldest brother is still in the family home, that he is destructive and out of control. Panel were concerned as this has safety issues, if [young person] was to remain in the family home she needs the protection of a CSO. Panel were also concerned that if [younger brother] was to return to the family home, there would be safety concerns.

4. Communication

Child's views

That the child's voice is central to Hearings considerations was accepted across the focus groups . This was in the understanding that decisions are made in the best interests of the child rather than what may be a direct reflection of their wishes. Panel Members place great weight on the child's views and particularly those of older children, as shown in the case studies below.

14. Offending group
[Young person] has admitted very serious offence grounds. Despite a large amount of supports being offered his aggression and school attendance has deteriorated. Early review in 6 weeks as Panel Members were very concerned that [young person] has said he will engage with agencies in the past and has not done so. Serious consideration was given to whether [young person] should be accommodated or placed in secure accommodation due to the seriousness of the situation at home but he assured Panel Members that he was willing to change and go to school. His mum and her partner want him to remain at home at present but admit it's very stressful for them and their other children.

15. School non-attendance group
[Young person] and his parents agreed with the referral and all the statements of fact. [Young person] also provided a Having Your Say form asking for help. [Young person] currently spends all his time in his bedroom therefore receives no education or social contact. [Young person] and his family agreed to the following: That he would engage with [named service] and education outreach who will visit the house for one or two sessions with a view to getting [young person] to fully engage again with outreach.

16. Offending group
[Young person] accepted the grounds. He had previously denied being involved in the offence. He understood and regretted what he had done. He said he would not do it again. Social work said they would support him. [Young person] did not want to move away from home although he was having difficulty sticking to his mother's rules. [Young person] is emotionally insecure and needs the framework of CSO and the care plan. [Young person] understands he has to adhere to care plan. [Young person] has said he wants to go back to school as he wants to do well.

There was agreement that the child should be consulted in the writing of reports so that these contain their views. Panel Members observed that children's views were evident in education reports and not always in those from social work. However, social workers said that they always speak to the child and include their views in their reports.

Which professional is best placed to speak to the child is not the same for all children. This could often be the child's social worker, and could also be a trusted teacher or other worker:

> *"It's best to get views via the person with the best pre-existing relationship with the young person and/or parent" (social worker)*

Presentation of parents in Hearings

Social workers and some Reporters felt that Panel Members struggle to make decisions when parent(s) present well in the Hearing or are very emotional. Whilst social workers understood why this happened, and that Panel Members were in a particularly difficult situation, they felt that often they placed undue weight on the parent(s) emotional state rather than the evidence presented to them.

> *"Some Panels are really influenced by parents crying or if they have legal representation. It depends on the strength and experience of the Panel and whether the Chair is strong, skilled and able to take control" (social worker)*

> *"It's really difficult when parents can get it together for a few hours. The Panel only get a snapshot" (social worker)*

Social workers also raised that Panel Members will often listen to the parent(s) views rather than the child's, particularly where the parent(s) present as very emotional. This, they said, can result in '*decisions being made to suit them [the parent(s)] rather than the child*' and Hearings' decisions being '*emotionally led*'.

> *"Often the decision is made on what happens in the room – it can tip in the way of parents not the child" (social worker)*

Panel Members said that they do listen to the parent(s) views. They are clear that the Hearing is about ensuring everyone has their say and that their decision may not reflect parental wishes.

Some Panel Members described their dissatisfaction when parents use Hearings as a place to vent their anger and/or frustration at social workers. They observed, that in these circumstances the parents legal representative can often help in calming the situation. Having a safeguarder's report can also help deflect parents attention from the social worker and their report.

All participants emphasised the importance of the Hearing's Chair in time and conflict management, and making sure everyone can have their say:

> *"The Chair can give the…[parent] opportunity [to speak], cut the time, be quite strict with the lawyer because they do like to take over…" (Panel Member)*

Discussion

Four main factors were found to influence Hearings decisions – 1. availability and quality of evidence; 2. child's age in terms of attachment, resilience, and ability to express their views; 3. cumulative vs. acute risks and thresholds of intervention; and 4. communication between professionals, with children and parents, and within the Hearing.

There is a common theme throughout the wider research about the limitations placed on Hearings when they do not have the evidence they need to come to decisions[10]. This emphasis on the evidence for Hearings is not new (Kurlus et al, 2014; 2016; Henderson et al, 2015; Porter, 2018). What is clear from this research is the sense of responsibility that Panel Members have in deciding whether a child can be supported at home with a CSO or needs to placed away from their parents. Having information that is accurate and factual gives Panel Members confidence that their decision is evidence-based and proportionate.

The child's age emerged as a major factor in whether a CSO was made and how long it would last. Older children were explained to be more resilient and statutory interventions taken when risks accumulated to such an extent that they were necessary. Whereas for younger children interventions were made more immediately at points of crisis. The visibility of older children to universal services and/or their younger siblings having CSOs were said to influence the termination of their home CSOs earlier than those of young children. This raises questions about how the early and effective intervention approach is being applied to older children. It supports the findings from other parts of this research that most young people with home CSOs have complex and entrenched needs across all aspects of their wellbeing[11]. Are these children being exposed to risks for too long before statutory interventions are considered necessary and made?

Attachment to family members was an important consideration in deciding whether a child could remain at home with support of a CSO. Decision makers had to weigh up if the detriment to a child would be greater being removed from parents and siblings than from remaining in a poor home environment. Engagement of parents was described as being key in this decision - if they would accept support, then a home CSO may be best for their child.

The availability of resources and supports was not raised as important factor in decision making, and this supports the findings in another part of this research that the majority of children and young people with home CSOs and who had care plans were being offered

[10] See Report 3. Care planning and interventions and Report 4. Professional trust and relationships in Children's Hearings [LINK]
[11] See Report 2. Wellbeing outcomes for children and young people [LINK]

and/or provided with a range of services to meet their identified needs[12]. This contradicts the findings from previous research (Barnardo's, 2015; Welsh et al, 2014).

The factors found to influence Hearings decision making on home CSOs are no different to considerations when deciding to make CSOs away from home. What was clear was that Panel Members, Reporters and social workers are trying to make decisions that are in the best interests of the child.

References

Barnardo's Scotland (2015). Overseen but often overlooked: Children and young people 'looked after at home' in Scotland. Available from: http://www.barnardos.org.uk/17187_su_scot_overseen_but_overlooked.pdf

Henderson, G.; Hanson, L.; Kurlus, I.; Hunt, M. & Laing, A. (2015) *Permanence Planning and Decision Making for Looked After Children in Scotland: Adoption and Children (Scotland) Act 2007*. Scottish Children's Reporter Administration & Scottish Government. Available from: https://www.scra.gov.uk/wp-content/uploads/2016/03/Permanence-research-main-report-1.pdf)

Kurlus, I.; Hanson, L. & Henderson, G. (2014) *Children's Reporter Decision Making.* Scottish Children's Reporter Administration. Available from: https://www.scra.gov.uk/wp-content/uploads/2016/03/SCRA-Research-Report-Reporters-decision-making-June-2014.pdf)

Kurlus, I.; Henderson, G. & Brechin, G. (2016) *The Next Steps Towards Better Hearings* Edinburgh: Children's Hearings Improvement Partnership. Available from: https://www.chip-partnership.co.uk/wp-content/uploads/2016/10/Better-Hearings-Research-Report-2016.pdf

Porter, R. (2018) *Contact Decisions in the Children's Hearings System*. Centre for Excellence for Looked After Children in Scotland, University of Strathclyde. Available from: https://www.scra.gov.uk/wp-content/uploads/2018/08/Contact-decisions-in-the-Childrens-Hearings-System-2018.pdf)

Scottish Children's Reporter Administration (2018). Statistical Analysis 2017/18. Available from: https://www.scra.gov.uk/wp-content/uploads/2018/07/Full-Statistical-Analysis-2017-18.pdf

Welsh, V., Lerpiniere, J., Sadler, S. & Young, E. (2014). Overseen but often overlooked: Children and young people 'looked after at home' in Scotland. Report 1. Reviewing the literature. CELCIS. University of Strathclyde. Available from: https://www.celcis.org/files/3214/4585/8334/Overseen_but_often_overlooked-Report-1-literature-web.pdf

[12] Report 3. Care planning and interventions [LINK]

Home Compulsory Supervision Orders - effectiveness of decision making and outcomes

List of reports in this series:

Report 1. Residence and contact conditions
Report 2. Wellbeing outcomes for children and young people
Report 3. Care planning and interventions
Report 4. Professional trust and relationships in Children's Hearings
Report 5. Decision making in Children's Hearings
Report 6. The views and experiences of young people and parents

Indiya Kurlus, Gillian Henderson, Paul Rogon
Scottish Children's Reporter Administration
March 2019