

## Looked After Children

# Reducing the Number of Emergency Placements Aberdeenshire Council

### Contact for Enquiries

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Faced with an increasing number of emergency referrals to its fostering service, Aberdeenshire Council has begun to put measures in place to address the issue and increase the level of planned admissions.

## Background

Aberdeenshire Council monitored referrals to its Family Placement (fostering) service over the course of a year. Over that time, it identified a significant increase in the number of emergency referrals as opposed to planned admissions: 49% of referrals were emergency, 51% were planned.

Research confirms that outcomes for young people and their families are significantly improved where children and young people are accommodated on a planned basis. A planned approach is more likely to result in a successful transition as it allows the child's needs to be fully considered and addressed, and in a timeframe that suits the child.

Unplanned moves can result in the child experiencing disruption in a variety of areas of their life with potential adverse consequences, for example, with school and family contact.

Whilst there will always be occasions when a child or young person needs to be accommodated on an emergency basis, Aberdeenshire Council wanted to reduce the number of children being accommodated this way. It is **working towards 80% of referrals being planned.**

## Key Activities

The council undertook a number of tasks to try to tip the balance to planned placements.

1. It refreshed guidance on accommodating and supporting a child in foster care and residential care.
2. It reinforced the benefits of planned admissions and highlighted that the majority of children accommodated have been known to social work for a significant period of time prior to becoming accommodated.

3. It encouraged managers and workers to try to predict outcomes and plan for them.
4. It embedded the use of multi-agency action planning meetings (MAAPMs) which have to be chaired by either a social work manager or chair of a Child Protection Case Conference (CPCC) where children are at risk of being accommodated.
5. It reinforced the 72-hour review of emergency placements which must be discussed with a social work manager.
6. It tightened up timescales around admission planning meetings for both planned and emergency admissions.
7. It changed the referral process and enhanced definitions which included:

**Emergency Placement (same day)** – The child is at significant risk of harm and the child’s legal status is identified, e.g. S25, CPO and social work manager have agreed the referral

**Urgent Placement (within 5 days)** – There is indication of potential significant harm and/or exceptional circumstances and the social work manager or MAAPM has agreed the referral.

**Planned Placement** - MAAPM or equivalent planning forum recommends that the child should be accommodated within a certain type of placement.

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## Benefits and Impact

Due to a problem in collating statistics, the council has, so far, been unable to differentiate between emergency and urgent placements without a manual count. This is being addressed at present.

The early statistics for 2015 indicate no change in the proportion of emergency placements to planned placements. It is unclear whether this is because the council is still embedding the process and it is too soon to tell or because the measures taken haven’t addressed the problem.

To test further, a monitoring spreadsheet is being circulated more regularly to social work managers to highlight ‘high offending’ areas/teams in order to address the issue directly with particular teams and/or individuals.

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## Learning

The approach required a culture change within social work services. Social workers and their managers often worked really hard at keeping children at home with their families. Thresholds needed exploring and analysis of parenting capacity had to be improved. There is ongoing work around this in terms of discussion and training.

Change doesn't happen overnight; it needs to be embedded and requires buy-in.

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### Additional Information

The council anticipates ongoing monitoring and driving of change in this area. It now collects monthly statistics around types of referral, i.e. planned, urgent and emergency. These are shared across the service to keep the issue live.

There is also further consultation with staff planned around what else needs to be done to support this change in practice.