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**Care Proceedings Pilot Evaluation:  
Key Findings – October 2017**

Research and Statistical Bulletin: 10/2018

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## **CARE PROCEEDINGS PILOT: ACRONYMS**

**Band 7** – Grade reference for Pilot Senior Social Work Practitioner (SSWP)

**COAC** – Children Order Advisory Committee

**CSL/SOL** – Counsel and Solicitor professionals (used in report of survey)

**EITP** – Early Intervention Transformation Programme

**FCC** – Family Care Centre

**FPC** – Family Proceedings Court

**GAL** – Guardian Ad Litem

**ICO** – Interim Care Order

**NICTS** – Northern Ireland Courts and Tribunals Service

**NIGALA** – Northern Ireland Guardian ad Litem Agency

**PAMS** – Parent Assessment Manual Software

**SEHSCT** – South Eastern Health and Social Care Trust

**SW** – Social Worker

**SSWP** – Senior Social Work Practitioner

**WHST** – Western Health and Social Care Trust

**VOYPIC** – Voice of Young People in Care

***'The people who are living with the consequences of your decision are children.'***

***[VOYPIC Chief Executive]***

## 1. BACKGROUND

- The Care Proceedings Pilot, aimed at promoting good decision making and minimising unnecessary delay for children subject to care proceedings, was launched jointly by the Departments of Health and Justice in December 2015.
  
- The objectives of the pilot were to:-
  - *Examine the Implementation of the COAC (Children Order Advisory Committee) Guide to Case Management in Public Law Proceedings (2009);*
  - *Identify barriers to successful implementation; and*
  - *Develop solutions to address the barriers identified.*
  
- It was also intended that the findings from the pilot would be used to help determine whether legislative changes were required in Northern Ireland similar to those introduced in England and Wales under the Children and Families Act 2014.
  
- Factors which were identified as contributing towards unnecessary delay and were therefore considered as part of the pilot were:-
  - *The Use of Expert Assessments,*
  - *Social Work Caseloads,*
  - *Court Capacity,*
  - *Social Work Assessments,*
  - *The Use of and Weight Attached to Pre-Proceedings,*
  - *Professional Continuity, and*
  - *Volume of Court Documentation.*

## 2. PILOT STRUCTURE

- The model used for the pilot was loosely adapted from a Care Proceedings Pilot held in three London boroughs during 2012/13, often referred to as the Tri-borough Pilot.
  
- Two Trusts and their applications to busy FPCs were selected to participate in the Northern Ireland Pilot: Western Health and Social Care Trust (WHSC to Londonderry FPC) and South Eastern Health and Social Care Trust (SEHSCT to Newtownards FPC).

- These courts differ not just in terms of geography but also in terms of the locations of their higher court tier (i.e. Family Care Centre - FCC) to which cases transfer.
- On top of existing stakeholder involvement in care proceedings, three new roles were established for the purposes of the Northern Ireland Pilot; these included:-
  - *A Project Manager,*
  - *Two Case Managers (one for each Trust area), and*
  - *Two Court Liaison Officers (one for each court).*
- As the extent of success of the project would be dependent on each stakeholder agency contributing to a new way of operating within public law processes, each of the agencies agreed to a list of expectations and commitments.
- Some of the key commitments were: social work continuity; revised social work templates to be used for assessments and statements; social work assessment of kinship carers to be initiated without delay; judicial continuity; NIGALA to allocate guardians within its 8 day allocation target; solicitors and barristers representing children and parents to engage in the pilot; Case Managers to be the bridge between the Trust and the court; and the Project Manager to ensure timely delivery against the project plan.
- There were three distinct phases to the pilot;-
  - *Preparatory Phase (involved awareness raising of the pilot and the establishment of the three main workstreams for the project);*
  - *Validation Phase (ran for 18 months and involved the tracking of cases and Quarterly Pilot Review Meetings), and*
  - *Evaluation Phase (involved the evaluation and reporting on findings).*
- A Steering Group jointly chaired by the Department of Health and the Northern Ireland Courts and Tribunals Service (NICTS) and comprising members from a range of stakeholder groups was formed in order to maintain oversight of the project and to formally sign it off at its conclusion.



### 3. EVALUATION METHODOLOGY

- A range of both quantitative and qualitative data has been collated and used for the purposes of the evaluation.

#### Quantitative Data

- The pilot tracked and collated data relating to Article 50 Care Order applications by WHSCT and SEHSCT at the Londonderry and Newtownards Family Proceedings Courts (FPCs) respectively between January and December 2016.
- Applications lodged by the same Trusts at the same courts between January and December 2014 were used as a benchmark against which to measure the impact of the changes introduced during the pilot.

#### Qualitative Data

- Qualitative feedback was sought from a range of professional stakeholders who had varying degrees of involvement in the pilot.
- This feedback was sought by means of a series of semi-structured interviews, an online survey, two generic focus group sessions and Quarterly Pilot Review Meetings.
- The low response rate of 40% to the survey may in part reflect the fact that sufficient cases had not concluded by the time the survey issued and recipients may not therefore have felt in a position at that time to provide the requested feedback. Given the low response rate to the survey, the findings must be treated with caution as they may not be representative of the wider target group comprising all recipients.
- Survey findings were analysed in terms of the wider professional groupings of (i) Social Work Profession (comprised HSCT CASE Manager, Trust Senior Practitioners, Social Work Managers and Social Workers) and labelled SW, (ii) Guardian Ad Litem category (labelled GAL) and (iii) legal profession (comprising DLS solicitors, solicitors for the child, solicitors for parents and other parties and senior and junior counsel but excluding the judiciary)(labelled CSL/SOL). Any reference to overall survey findings in this report reflect the results for the entire survey respondent group (i.e. including the judges).

#### 4. PILOT REVIEW MEETINGS

- Quarterly Pilot Review Meetings were held in order to facilitate continuous improvement based on shared learning and to enable the provision of feedback on the care proceedings process.
- Meetings were chaired by the Project Manager and attended by professionals from a range of disciplines across the Family Justice System.
- The initial review at each Trust/FPC area in April 2016 considered baseline cases.
- A total of eighteen cases collectively involving twenty seven children were subject to review.
- A series of twelve questions were addressed in respect of the cases reviewed. The main findings to emerge from analysis of these reviews were as follows:-
  - The COAC Guide Stages were reported as having been followed for each of the cases reviewed;
  - A range of factors were identified as having worked well (e.g. communication and collaboration across all parties involved, the quality of assessments and reports, the timely manner in which professionals worked, and the effective management of timescales from a judicial perspective); the most frequently identified reasons for the need for court action included the risks involved for children resulting from domestic violence or from parental drug and/or alcohol abuse, parental mental health issues, parental competence and lack of parental responsibility);
  - The types of family circumstances which were highlighted as impacting negatively on case duration were those where there were strained or complex family relationships or where there were inter-generational complexities;
  - While in many cases, the age of the child was not deemed to have impacted on the case duration, there were some examples quoted of cases involving babies or young children having concluded quickly; two such cases reviewed where consolidated Freeing and Care Orders were granted, related to children benefitting from placement

and assessment through the 'Home on Time' project, another Early Intervention Transformation Programme (EITP) project;

- Only five of the cases reviewed (three pilot cases and two baseline cases) had involved the use of expert witnesses. Both baseline cases had involved some element of delay related to the use of expert witnesses; only one of the pilot cases had experienced delay and this was partly attributed to the introduction of a 'new' expert after the original expert involved moved to another job;
- For the majority of cases reviewed, there had not been any issues related to professional continuity. There were a small number of cases where there had been a change in professional personnel which were reported as having run in a timely and smooth fashion. There were two other examples, however, one involving a change of judge and guardian (a baseline case), and the other involving a transfer from the Republic of Ireland where there had been delay attributed to changes in the professionals involved;
- There was little commonality across cases in terms of the areas that could have been better. The examples provided were very case specific and included such suggestions as better availability of dates for adoption panels for best interest recommendations, reduced waiting time at court, and difficulties in assessing parents living outside Northern Ireland;
- A range of factors were identified as having resulted in cases being described as exceptional. The most commonly identified factors were those which related to the parents' circumstances and attitudes; the inter-generational nature of some cases and trauma/stress already experienced by the mother from having previously lost a child;
- For the vast majority of cases reviewed, there was no perception of there having been unnecessary delay. Two of the four cases which were considered to have experienced unnecessary delay were baseline cases;
- There was broad consensus across the various Pilot Review Meetings that the stakeholder commitments had not been an issue over the duration of the pilot; in fact much of the feedback emphasised that this had been a positive aspect of the pilot;

- Some issues identified as requiring consideration included the need for a protocol to deal with transfers between the Republic of Ireland and Northern Ireland, the value of detailed PAMs assessments, the potential role for the Senior Social Work Practitioner (SSWP) in skilling up social workers to carry out such assessments, and closer collaborative working between the guardian and the social worker. From the child's/young person's perspective, the benefits of kinship care and supervision orders were highlighted. A further factor, identified in the case of an older child was for their voice to be heard in the court proceedings.
- Final review meetings took place at each pilot location in April 2017 to review how the pilot had worked. From the Trust perspective, experiences of the pilot at both locations were broadly similar. Positive aspects of the pilot identified included:-
  - Recognition of the value of pre-proceedings work;
  - The value of the Band 7 social worker (established for the purposes of the pilot) with regard to completion of assessments and attendance at court;
  - The improved report templates;
  - The improved quality of social work assessments;
  - The increased scrutiny in terms of the role of and/or requirements for experts;
  - The shorter timescales for kinship assessments.

## 5. CASE TRACKING

- Workstream 1 of the pilot involved the tracking of all Care Order applications lodged by the Western and South Eastern Health and Social Care Trusts at the Londonderry and Newtownards Family Proceedings Courts (FPCs) (this included cases subsequently transferring to the Family Care Centre (FCC) or the Northern Ireland High Court) between January and December 2016.
- The unit of analysis used for case tracking purposes was the child i.e. each child has been treated as a separate case.
- A cut-off date of 5 July 2017<sup>1</sup> was taken for the purposes of analysing the case tracking information. At this time 104 out of the 178 applications (i.e. 58%) had concluded.

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<sup>1</sup> Two additional cases which completed on 5 July have been omitted from the analysis as they had not been notified to NIGALA until the following day i.e. after the database for this evaluation had closed.

- Applications lodged by the same Trusts at the same courts during the 12 month period January to December 2014 (henceforth referred to as baseline cases) provided a benchmark for assessing the success of the pilot in reducing unnecessary delay in care proceedings.
- It should be noted, however, that there were over twice as many pilot (i.e. 178) as baseline cases (i.e. 81).
- Given that the conclusions reached are based on the cases concluded by the cut-off date of 5 July (42% of pilot cases were still outstanding at this juncture), it is premature at this point in time to make any conclusive comments regarding the respective times taken to process the pilot and baseline cases. This will only be possible after all (or most) of the pilot cases have concluded as there may be differences between the complexity of completed and outstanding cases.
- Two separate approaches have been taken for the analysis presented in this report. Firstly the *median* duration for completed cases is presented. Secondly, the proportion of pilot and baseline cases which concluded within three specific timescales was calculated i.e. at under 15 weeks, at under 25 weeks and under 35 weeks.
- All pilot cases, including those where applications had been received in late December 2016, would have commenced at least 25 weeks before the 5 July cut-off. Comparisons between pilot and baseline data at the 'under 15' and 'under 25' week timeframes are therefore valid as the pilot data in these instances will not be subject to change as more pilot cases conclude. The 'under 35' week pilot figures will, however, be subject to change as further pilot cases conclude; these should therefore be treated with caution at this point in time.
- Based on a comparison of the baseline cases with the pilot cases concluded by the cut-off date of 5 July, the key findings at this point in time are as follows:-
  - While identical proportions of cases (i.e. 58%) had concluded for both periods by 5 July in the relevant years, the volume of cases completed over the pilot period (i.e. 104 out of the 178 cases) far exceeded the volume completed over the baseline period (i.e. 58 out of the 81 cases);

- The median duration of completed pilot cases to date (208.5 days) was much lower than that for baseline cases (308 days);
- Overall, there was no difference between the proportions of pilot and baseline cases concluding with 15 weeks (pilot: 11%; baseline: 12%) and 25 weeks (both 22%);
- The median durations of completed applications at each court were considerably lower for the pilot than for the baseline period. The differences were especially marked for the Londonderry courts where the FCC median reduced from 800 days for the baseline period to 247 days for the pilot period and the FPC median reduced from 449.5 days (baseline) to 209.5 days (pilot). While the median for Newtownards FPC was already much lower than that for Londonderry FPC during the baseline period, there was also a reduction, albeit of smaller magnitude, in the median recorded for the pilot period - down from 212 days (baseline) to 171 days (pilot);
- None of the 28 applications to Londonderry FPC for the baseline period had completed within 25 weeks; this compared with 31.9% of the 47 applications during the pilot period having completed within this timescale;
- The picture for Newtownards FPC has been somewhat different with smaller proportions of cases completing within 15 and 25 weeks during the pilot period compared with the baseline period. The percentage of cases completing within 15 weeks fell from 25.7% (9 cases) during the baseline period to 18.4% (14 cases) during the pilot period. The percentage completing within 25 weeks has fallen from 51.4% (18 cases)(baseline) to 31.6% (24 cases) (pilot);
- At Health Trust level, while the median time taken for applications to be completed showed a reduction for both Trusts in the pilot period, this reduction was much more marked for Western HSCT (down from 528 days to 212.5 days), than for South Eastern HSCT (down from 203 days to 180.5 days);
- The picture regarding the proportions of cases which had concluded within 15 and 25 weeks respectively was very different across both Trust areas. The proportion of cases which had concluded within 15 and 25 weeks respectively during the pilot period had fallen compared with the baseline period for South Eastern HSCT but had increased for Western HSCT;

- Analysis by age of child at time of application showed that, with the exception of the 'under 1' and '16 and over' age bands, there were reductions recorded during the pilot in the time taken for applications to be completed. The reductions were most marked for the '5-8' (median down from 413 days to 171 days) and '9-12' (median down from 352 days to 149.5 days) age bands. The time taken over the pilot period to conclude applications for the 'under 1' age group increased from 210.5 days (baseline) to 226 days (pilot);
- Over the pilot period substantive reductions were recorded in the median times where there was 1-3 siblings. The most marked reduction in median time was recorded for applications involving two siblings (down from 821 days during the baseline period to 175 days for the pilot period). The median duration of cases not involving siblings showed an increase over the pilot period (up from 199 days to 212.5 days);
- For both the baseline and pilot periods, the vast majority of applications concluded with a Care Order (72% of pilot applications and 64% of baseline applications);
- The median duration for applications concluding with a Care Order fell from 333.5 days during the baseline period to 208 days during the pilot period. There were insufficient applications concluding with the other types of order to justify valid statistical comparison of the respective median times to completion;
- There was a notable difference between the distribution of applications concluding with the various types of placement between the baseline and pilot periods. The proportions of applications resulting in foster placement, home and kinship care were broadly similar for the baseline period (all in the range 27% to 33%). For pilot applications however, the proportion resulting in kinship care (41%) far exceeded the proportions resulting in either foster placement (22%) or home (24%);
- There were pronounced reductions in the time taken for applications to be completed across each of the three main placement types. The median time taken to conclude applications resulting in foster care fell from 470.5 days (baseline) to 265 days (pilot), that to conclude applications resulting in the child/young person remaining at home fell from 353 days (baseline) to 190 days (pilot) while that for applications resulting in kinship care fell from 237.5 days (baseline) to 197 days (pilot);

- Compared with the baseline period, there was a notable reduction in the use of expert witnesses over the pilot period. Of pilot applications completed by the 5 July cut-off, the majority (72%) did not involve experts, 26% had one expert and 2% (i.e. 2 applications) involved more than one expert. This contrasts with the baseline period when 35% of applications did not involve any experts, 42% involved one expert and 23% involved two or more experts;
- Compared with the baseline period, there was a substantial reduction in the median time recorded for pilot applications where experts had not been involved (171 days compared with the equivalent figure of 315 days for the baseline period). This contrasted with the higher median time recorded for pilot cases involving one expert (i.e. 330 days) than for baseline cases involving one expert (262.5 days).

## **6. VIEWS ON SEVEN MAIN FACTORS ORIGINALLY IDENTIFIED AS CONTRIBUTING TOWARDS UNNECESSARY DELAY**

- There was some evidence of an increase in the use of pre-proceedings in one of the pilot areas in particular. There were mixed opinions among respondents of the different groupings as to whether the use of pre-proceedings assisted engagement with the family, a slightly more favourable view as to whether it improved decision-making and minimal belief that pre-proceedings acted to divert proceedings.
- Views as to whether there had been a change in the willingness by courts to accept assessments made pre-proceedings were inconclusive.
- Trust social workers by a very substantial margin felt that the quality of social work statements, assessments and analysis had all improved in the pilot areas. Around a quarter of guardians (GALs) and counsel/solicitors (CSL/SOL) who expressed a view also felt that these had improved, but the most commonly expressed view among these groups was that there had been no change.
- The quality assurance role of the Principal Practitioner and input of Band 7 Senior Social Work Practitioner (SSWP) were seen by Trust social workers as having been crucial in achieving these improvements in assessment and analysis and in sustaining them moving forward through training and oversight.



- There was a majority view among Trust social workers that the number of requested expert assessments had decreased in the pilot areas. Around a quarter of GALs and CSL/SOLs also felt there had been a decrease.
- GALs and CSL/SOLs were much more positive about the necessity and added value of expert witnesses in assessments that had been made than was the case with Trust social workers.
- There was evidence of tensions between different professional groupings about (a) the use of experts, particularly the use of independent social workers and (b) the whole issue of the relationship between delay and legal aid.
- The notion that joint instruction of experts operated to reduce delay was not supported by much of the comment received.
- The difficulty of securing experts was noted by several respondents and interviewees, with the suggestion of the advantages of having a call-off panel of relevant experts to address this.
- The use of the Band 7 in expediting blockages in social worker caseloads was referred to in a number of interviews. It is beyond this difficult to draw any conclusions regarding the impact on delay of the caseloads for social workers or any other grouping involved.
- It is clear that there are a number of perceived downsides to lack of continuity across all the professional groupings involved and that delay may on occasion be one of them. However, there was general acceptance that staff continuity would not always be deliverable in reality. It also appeared anecdotally that in perhaps the majority of the instances cited it had been the manner in which the discontinuity was handled rather than the simple fact of the discontinuity itself that had been the prime factor in whether or not delay had occurred.
- While there was undoubted concern as to the volume of court documentation among most interviewees, it is striking how little reference was actually made to delay in the course of their comments upon it. It was clearly felt that streamlining of information and documentation would be beneficial. And there is an unavoidable presumption that anything that adds to workloads unnecessarily, should logically lead to unnecessary

delay at some point. But this issue did not transpire as being as significant on analysis as might have been expected. It was considered to be of more significance at Care Centre and High Court tiers than in FPCs.

- There was a high degree of frustration voiced about the limitations of the court facilities available and about the time that might be wasted by staff waiting around court for hearings. The possibility of timetabling was raised as a possible way of alleviating this. However, beyond limited sitting times, very little evidence on how court capacity was generating delay per se was actually forthcoming from discussion on this.

## **7. VIEWS ON OTHER ASPECTS OF THE PILOT**

- There was nothing definitive in the data here to support any view regarding impact of family group conferences on later legal delay.
- There was no evidence from the survey to suggest a general perception of changes in the use of voluntary accommodation in the pilot areas.
- There was some evidence that Trust social workers in the pilot areas felt there had been a reduction in the amount of unnecessary delay in initiating care proceedings.
- Trust social workers very strongly endorsed the view that assessments had been completed in a more timely fashion and that there had been an overall reduction in delays in cases completed.
- Trust social workers were approximately evenly divided between those who thought that care plans had improved and those who thought there had been no change. The majority across the other groupings felt there had been no change.
- Around a third of respondents who gave a definitive answer to questions about communication and collaborative working across the different professions felt that these had improved in the pilot areas. The remaining two-thirds felt there had been no difference.
- The benefits of the pilot review meetings were identified in a number of interviews in particular, with the view that these should be continued in some form. There was also

recognition of the potential for inter-disciplinary tensions in such collaborative review work if not appropriately handled.

- There was no evidence of any change in role at court beyond a minority of Trust social workers reporting less frequent attendance at court.
- Approximately half of Trust social workers among survey respondents reported changes to their working practices resulting from the pilot. Again, approximately half of Trust social workers among survey respondents reported positive knock-on effects on other aspects of their working from the pilot.
- There was minimal reporting of either changed working practices or knock-on effects resulting from the pilot among GALs and CSL/SOLs.
- GAL and CSL/SOL groups were approximately evenly split between those who felt that the pilot had made no difference on the outcomes for children and those who felt that it had made a positive impact. Trust social workers tended more to the view that the impact had been positive.
- There were concerns expressed both in survey and interview that there was a danger of the quality of outcomes for children being sacrificed in the desire to reduce time taken.
- When survey respondents were asked about the impact of the pilot on outcomes for parents, it is significant that a high proportion of them did not answer this question. There was recognition also that while the views of children had been canvassed as a deliberate piece work for the project, the same was not the case for parents (apart from through their legal representative), thereby making representation of the views of parents less definitive.

## **8. EXPERIENCE OF CARE PROCEEDINGS FROM A CHILD'S/YOUNG PERSON'S PERSPECTIVE**

- Material on the child/young person's perspective was achieved through (a) two VOYPIC advocates (one from each pilot area) speaking directly to some young people to get their views on care proceedings and (b) additional perspectives obtained through interviews with VOYPIC Management, NIGALA Management and other NIGALA personnel.

- A total of 9 young people in the age range 11-17, five from SEHSCT and four from WHSCT met with the VOYPIC advocates. One from each Trust area represented a case from the baseline cohort; the remainder were cases from the pilot. In all of these cases the conclusion had been a Care Order and in all of these cases this was the outcome these young people had desired.
- Many of the young people spoke of how stressful it could be waiting for care proceedings to conclude and of the relief they experienced once decisions had been made.
- Some of the interviewees raised issues of children/young people not understanding why they had been brought into care; it was suggested that this was an area that could be addressed.
- The benefits of actively involving children/young people in the decision-making process were highlighted by several interviewees.
- The main factors identified by interviewees as contributing to delay were:-
  - Parents drawing out the process (e.g. to ensure that the child/young person would see that they had done all they could to keep them in the family unit);
  - Lack of available court time; and
  - Use of voluntary accommodation arrangements.
- It may be noted that some of these include/relate to delay prior to the initiation of care proceedings.
- There was general recognition across interviewees of the stress and emotional disturbance which delay in resolving their cases engendered in children/young people.
- All of the young people involved spoke favourably of their social workers and guardians ad litem. It should be noted, in fairness, that all of these young people had wished for the Care Order outcome which had been achieved in their case.
- Most of the young people spoken to stated that they had had no desire to attend court to hear the proceedings. There was suggestion in this respect that many young people

may have misperceptions about court which could be addressed by offering the opportunity of a court familiarisation visit (as is available in SEHSCT).

- The lack of child-friendly facilities at current courts was flagged as a concern by several interviewees.
- Apprehensiveness about meeting the judge was identified as a specific concern for the children/young people. There were suggestions that personal interaction with the judge would be beneficial to the children and would give them a sense of active participation in the care proceedings process.
- The general consensus among those interviewed was that the pilot had been a success from the perspective of the child/young person.
- Reference was made to the need to continue work with parents following the outcome of proceedings, based both on the possibility of the child/young person returning to or maintaining contact with the birth family and on the desirability of preventing the same scenario with subsequent children.
- Issues were also raised about mechanisms for representation of the child/young person at pre-proceedings stage and the need for retention of records which would document, for the young person's later inspection his/her input to and involvement in the case.

## **9. VIEWS ON THE WAY FORWARD**

- Respondents were generally very positive across all professional groupings to the effect that the COAC guide was being implemented as to the Family Proceedings Court in any case.
- As to whether barriers to successful implementation of the COAC guide had been identified and as to whether solutions to these had been identified, the response of Trust social workers was generally positive. The most common response among GALs and CSL/SOLs on these questions was 'Don't Know'.
- The three main areas of concern identified in respect of the COAC guide in the pilot areas were:

- Its application in (and applicability to) the court tiers other than the Family Proceedings Court;
  - the need for better awareness of the guide; and
  - the need to make the guide less cumbersome.
- There were major differences in view across different professional groupings as to legislative options moving forward.
    - 26 Week Limit – Trust social workers were typically strongly in favour of a 26 week time limit for care proceedings (unless in exceptional cases). The CSL/SOL grouping were almost wholly opposed to a 26 week limit, as were the majority of interviewees.
    - 4 Week Renewal – Trust social workers and GALs strongly supported the removal of the 4 week duration for second and subsequent Interim Care Orders (ICOs). Legal professionals had a much more mixed view. There was some feeling that this was functionally already happening in any case through administrative renewals.
    - Judicial Control of Experts – Trust SWs and GALs again strongly supported the question as put; legal representatives were divided in their response. There remains an element of ambiguity in the exact interpretation of this question by survey and focus group respondents.
  - There was no unambiguous response in the survey to the question as to whether the changes introduced in the pilot areas were sustainable. What was clear, however, was that the Trust social workers had the most positive view about sustainability of any of the groups.
  - Summarising additional feedback about the pilot, from survey respondents, focus group attendees and interviewees, the following points seem to emerge:
    - Overall view of pilot – the majority of views expressed were favourable about the pilot overall and reported that it had been a worthwhile exercise. However, there were also concerns explicitly made that the ethos of the pilot meant that the quality of outcomes were being sacrificed to timescales.

- Commitment of staff – there was widespread recognition of the degree of commitment of staff on the ground to making the pilot a success.
- Momentum – there was concern at a number of levels about the risk of loss of momentum now the pilot had formally concluded.
- Resource – without question the availability of resource came across as the most commonly identified key feature for developing on the gains of the pilot. This was not simply about the need for resource generally but about the need for resource of the Band 7 specifically.

## **10. CONCLUDING REMARKS**

- IT Resource – the need for major improvement in IT resource both in specific areas and across the system generally came through a range of topics covered in the evaluation.
- Training – a range of training needs were identified in the evaluation across a number of different work areas and including all professional groupings.
- Delay prior to legal proceedings – while the pilot addressed delay following the start of care proceedings, the question of delay prior to the start of proceedings is not addressed in the current evaluation.
- Legal aid – it would be helpful for all concerned for there to be research to provide unequivocal resolution of the basis on which claims of delay in authorisation of legal aid are made in care proceedings cases.
- Views of the Child/Young Person – the importance of meeting the judge and the possibilities of court familiarisation visits and wider court involvement came through as part of the general concern that the child/young person's voice should both be heard and be recognised as being heard.
- Views of the Parent – the issues of further work with parents and of the experience of parents themselves in the care proceedings process could benefit from further exploration.