

## **Report to Safeguarding Scrutiny and Overview Committee on DCC's approach to children in Care - how do we keep as many as possible safely out of Care and how do we improve the situation of those coming into Care.**

1. In January 2016, the number of children in care was 466 – it has risen to 502. The current Care and Protection LAC cohort within this overall figure is 453, with the remainder made of children who have a disability which sit within the Prevention and Partnerships service. However since May of this year, the figure has begun to plateau. Within the current cohort of care and protection cases there are a 29 young people who will reach adult hood by 31 March 2017. Overall, the increase over the last two years has been attributable to a number of factors including an increased focus upon neglect, child sexual exploitation and now an increase due to asylum seeking children and young people arriving in Dorset. It was further recognized that there has been a national rise in the number of children coming into care due to care proceedings.
2. Children's Services are currently looking at a timeline of two year maximum to get a reduction of 20% of Looked After Children (LAC). This will be achieved in three specific strategies, the first is reflected in the increased focus through the delivery of the Care and Protection Service model of delivery from 5 September 2016, with a clear outcomes based approach for families. The second is the overall initiative to deliver permanency for our younger looked after children so that they do not remain in care for their entire childhood. The third is a project which will focus on reducing the number of older young people in our care who are voluntarily accommodated by their parents. These projects alongside 9 other projects, all form part of the overall Forward Together for Children Programme which all contribute to the overall delivery of the reduction of the numbers of children coming into the care of the Local authority.

### **Prevention**

3. The Family Focus (FF) team was piloted as part of the 'Edge of Care' project – 26 cases have been referred so far and only 2 have had to be accommodated. The Family Focus project became a Service on 5 September located within Care and Support. The service has been expanded to now deliver across the County rather than just in the south. They operate as a separate service delivered to the area teams and care and Support (13-25) service. The focus of the FF team will be early intervention work through a 12 week programme working with the family to keep children/young people at home. The referrals for the team will come from the Area teams and from the Multi agency hub. Once the teams are established it is envisaged they will be able to broaden the scope of their work to work with the Family Partnership zones. The MASH has now gone live and is working well.
4. The MASH Team have so far an average of 70 contacts per day, which is what was planned for. Those will be for a variety of reasons and degrees of seriousness of concern, not all will require professional input. Overall, the number of accepted referrals compared to contacts over the last three weeks has been 48%. The majority of these referrals have come from the Police, of which only 35% were accepted as referrals. A similar ratio of accepted referrals compared to contacts were received from health professionals.
5. The Family Partnership Zones are now leading alongside partner agencies including health on the delivery of parenting courses.
6. Youth work is also now being provided through Family Partnership zones. There will be targeted youth work within schools based provision.
7. There are a number of commissioned arrangements that Children's Services use either on a single one off basis or through a joint approach, family partnership zones to support families will feature as part of the basic practical help and support.

## **Partnership Working**

8. The toxic trio of substance abuse, domestic abuse (including emotional abuse) and mental ill health of parents/carers are some of the primary causes of children needing to be taken into Care. They require partnership working to address them effectively. The department has a communications task to do to ensure partner agencies are aware of recent organizational changes and how their services join with ours to create a network of support.
9. It was reported that there was a positive meeting between a representative of Children's Services and Public Health recently about health visiting which is a vital preventative service. Subsequently another meeting has been looked at to examine school health, again as a preventative intervention. A further report on the important developments is requested.
10. There are concerns around mental health provision. Children's Services finds that the support services often say that they cannot work with a child as they are not stable. Criteria thresholds can be very high, until the child is "bad enough" but this may be behavior on the part of the child which is unacceptable to those caring for it. Children will also behave differently in different environments, for example acting out at home and being well behaved in school. Children's Services are working with other agencies to enable a smoother workflow through the system. Recent secondments to the CCG to facilitate greater integration of community children's health services will create a platform for improvements to health outcomes.

## **Working with children in Care**

11. The 'Reducing the need for care' project is part of the Forward Together for Children programme. Children come into care either on a voluntary basis or as the result of a Court Order. There have been a number of changes made to the statutory guidance used by social workers. In addition, attention has been directed to the need for earlier action in families to avoid older children being taken into care for which permanency is more difficult to achieve.
12. The Department are looking at cohorts of LAC and are finding increasing numbers of Connected Person and Special Guardianship Order placements, where children, whilst still being "In Care", are placed with relatives or family friends, who are then treated as foster parents, including receiving training and allowances. This can be very difficult for those relatives or friends but if handled correctly can keep children in the wider family rather than being "taken away". However it does mean that the children remain looked after and therefore there are financial costs for the County Council. Each of these connected persons placements has been reviewed by the permanency panel in order to ensure that the concept of Special guardianship order is discussed. This Order is a permanent order which means that the child is no longer in care. However it still means that the Local authority have to consider the payment of an allowance and when the child is 18 years they are still entitled to support from the Local Authority.
13. There is in place a robust tracking and monitoring meeting which takes place every two weeks, to consider the appropriateness of new entrants to the care system. In addition, there is a Permanence panel in place to consider the long term care needs for permanence for each child/young person who is in foster care or residential care. This panel meets once a month. All cases being considered for care proceedings come to the panel twice a month Complex needs panel. All placements in external residential and external foster care are reviewed and tracked at the monthly Care and Support panels.
14. The Independent Reviewing service reviews each care plan in the Child's Looked After Review. The aim of the child's Looked After Reviews are to achieve what is best for the child through their Care plan. In addition, each social worker will receive direct supervision with their Team Manager where the individual plan for the child will be discussed and actions agreed. The question of whether a child can go home is a key part of the LAC Review. The IROs form a

key part of quality assuring the work provided by social workers. They have 40 cases audited each month – the most recent 77% response was 'Good'.

## **Residential placements**

15. It was confirmed that residential placements are kept solely for complex cases where there are no other alternatives. It is the case that almost all of these cases will have been placed in other types of placement prior to a residential provision being sought. Examples are, mother and child placements, complex adolescents and children who have been traumatised due to the extreme abuse that they have experienced. There are clearly additional costs involved across the delivery of services to children in out of county placements.
16. It was further noted that children who are severely disabled (CWAD) also form part of the LAC cohort. The current focus is on early help as these children will usually spend their lives in the care system and will often go on to require adult care support. The Specialist Educational Needs (SEN) service has been expanded to 0-25 years of age, providing a crossover between the boundaries of Children's and Adults' Services. Funding can be gained from DCC's health partners for some of the CWAD cases and usually they are schooled locally.
17. The Short Breaks programme has seen a huge success in offering respite care to parents who have children who are disabled. Consideration could be given to the possibility of expanding the Short Breaks service to beyond CWAD as part of a preventative work plan.

## **Monitoring, gathering of data and finances**

18. Data is regularly captured. The Care and Support service have a monthly performance framework which is based on an Outcomes based accountability approach, with 12 identified obsessions. Partnerships and Prevention are currently developing a similar process. The Permanence Service is monitored through the Independent Review Officers (IROs) which is now a very robust service. The budget is worse due to a number of higher cost placements. Difficulties in the fostering service are identified and acknowledged – the increase of LAC has outgrown the fostering service therefore affecting the availability of in-house foster carers. An in-house foster parent costs around £30K per annum compared with £50K for agency foster parents. This is a national issue and therefore is also impacting on availability of IFA foster carers. Improving the fostering service is another project within the FTFC program. There has been growth in the number of Connected Persons and SGO placements, though it was acknowledged that these were not nil-cost options.
19. The Government are providing funding for Unaccompanied Asylum Seeking Children (UASC) who are sent to Dorset for accommodation but additional costs are likely to be included over and above what the government provide.

## **20. Future developments**

21. Significant progress has been made. The changes that took effect on 5 September as part of the FTFC programme will enable a very different approach taken by our social workers. There is a very clear rationale to how these changes will impact on our demand and along with the family partnership zones create different service opportunities for family support.
22. It is recognised that there needs to be a change of culture and way of thinking. Managers will need to be made more responsible and accountable for their budgets. Changes in culture and outcomes based thinking alongside the changes in how services are organized will create the environment where alternatives to care are considered. The service seeks to answer these issues through an OBA approach, clear lines of accountability. Alternatives need to be considered other than bringing a child into care. There needs to be more training for social workers about working with parents to enable those parents to realize that the local authority

accommodating their child is not always the right answer, and to help them cope with alternatives.

23. The Council is currently waiting to hear from the Department for Education (DfE) about the outcome of the Council's Innovation Bid for the "reinvigorating social work" project with Bournemouth University.

Pauline Batstone  
Chairman - Safeguarding Scrutiny and Overview Committee  
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