

**Safe & Strong Communities Select Committee
Inquiry**
on
Edge of Care

**Final Report
August 2018**



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Chairman's Foreword / Summary

Preventing children from coming into our care is a critical function of the County Council. The unfortunate truth is that the outcomes of looked after children are significantly worse than children who are brought up in their own family setting.

The Cabinet Member for Children and Young People, Cllr Mark Sutton outlined that the rate of children becoming looked after in Staffordshire is rising. Historically, Staffordshire has performed well and has relatively low numbers of looked after children compared with other Local Authorities. This continues to be the case. Whilst the rise is reflected nationally, the Safe and Strong Communities Select Committee were asked to review our edge of care services to understand whether more can be done to address this rise in Staffordshire.

This inquiry set out to understand:

- Why are more children becoming looked after in Staffordshire?
- The preventative measures used by the County Council to prevent children entering the care system
- Is there anything else the County Council should be doing to prevent children from becoming looked after?

From the outset of the inquiry, it was clear that "Edge of Care" was a wide concept, covering issues relating directly to the prevention of children entering the care system such as early help and intensive support, reunification of children with their family and court proceedings.

The information provided about our edge of care offering was broad in nature and officers were keen to express issues with the system which may affect the overall number of children who are looked after and not just issues relating to the increase of children becoming looked after. These issues outlined in our report below are important but were in addition to the focus of this inquiry. Given the significance and size of the issues uncovered, some of our recommendations are referrals to other Select Committees/Panels.

Our conclusions and recommendations are below and were arrived at by holding two inquiry days with officers and several meetings with members. I would therefore like to put on record my thanks to Helen Philips and Tina Gould and all of the officers for their support throughout this inquiry and to the members for their valued input.



*Mr Conor Wileman
Scrutiny Chairman*

1. Conclusions and Recommendations

During our inquiry we have had the opportunity to consider in detail the developments made and systems in place to support children, young people and their families who are on the cusp of the care system. The dedication and commitment of the officers we met is unquestionable and the continual endeavour to create innovative ways to safely support children to remain within their family setting is a great credit to them and an incredible asset to the County Council. These developments and systems are set out in Section 6 of this report.

The issues around the care system are complex and it is apparent that in most instances there are several reasons why children become looked after.

Our inquiry focused on identifying **why** children and young people came into the care system. Throughout our investigation it became increasingly apparent that there are very complex reasons for most children being on the cusp of care. Although one issue may trigger further complications (issues around worklessness, housing, substance misuse) this one issue soon develops into a more complex picture and it becomes difficult to easily identify the initial trigger.

We received information compiled by the Transformation Support Unit (TSU) giving data on risk factors for children and their families. This data was useful and helped illustrate the factors involved, including domestic abuse, parental mental ill-health and parental substance misuse (the toxic trio). However, whilst the data was useful for providing members of the inquiry with an overview of the main factors involved, it was very difficult to use this data to address the real question, which was to explain why more children in 2017/18 were becoming looked after. Some of the data provided to the committee was 2015/16 data and at this time the Council had not seen a rise in looked after children. The inquiry did benefit from further data from 2017 about whether families known to the Council would benefit from advice on substance misuse, domestic abuse, parental mental ill health, and debt, benefits and housing advice and this is reflected in several conclusions below. This inquiry therefore **RECOMMENDS** that in order to recognise the issues, current and clear data needs to be available to enable co-existing factors for assessment to be established both for the inquiry and for the development of the wider Council strategy. We further **RECOMMEND** that a comparative set of 2017/18 data relating to that headed "Understanding the problem" (page 12), be requested from the TSU, to the Safe & Strong Communities Select Committee, to enable comparisons with the 2015/16 figures.

Welfare, housing and debt

With concerns around debt and budgeting being an area highlighted in the TSU data we are aware that an unintended consequence of the Universal Credit roll out could be a 5 week gap between the change in benefit funding and the impact this could have on housing and household budgeting. It is important that everything is done to prevent this adversely impacting on the welfare of children in households where this is an issue. Concerns have also been shared more recently around the possibility of financial domestic abuse under the new credit system.

In addition we are aware of instances where a family has been evicted from their home by social housing landlords and this has led to children being put at a severe risk of neglect. We must stress that all partners must consider how their decisions may affect children and how their decisions may ultimately end up costing the taxpayer more than if they were more flexible with their rent payment terms.

We commend the work being developed through the MASH in creating a wider breadth of support from the outset, with partners including mental health, drugs and alcohol, finance and housing all engaged at the point of assessment.

We also acknowledge the One Front Door pilot project launched in Tamworth that creates a centralised point of access for Early Help referrals. Both these developments support early recognition and holistic assessment of need. This inquiry **RECOMMENDS** that the One Front Door project is rolled out swiftly throughout Staffordshire to ensure from the outset that we have a holistic view of family circumstances.

Substance misuse

We remain concerned at the impact of substance misuse. 960 families known to the Council would benefit from advice on this issue which is a substantial proportional of our known family population.

The Intensive Family Support Service (IFSS) provides evidence based interventions and considers whole family solutions where a parent or carer's substance misuse is causing significant concerns for the welfare and safety of children in the home. This is a very intensive programme of support and necessarily means that each officer has a low case load to enable the intensive nature of the programme to be delivered. We remain concerned that substance misuse is a growing issue. Very recent news features have highlighted the destructive nature of the use of "monkey dust", a new drug which is prevalent in Staffordshire. We are also aware of concerns around County Lines, with vulnerable individuals being targeted to supply drugs across the County. There are wider safeguarding concerns here and we feel substance misuse and how the County works with partners to address this is an issue that needs further investigation and we therefore **RECOMMEND** that the Cabinet Member is asked to clarify the current situation with regard to addressing the issues of substance misuse within the County, including concerns around County Lines and the use of monkey dust. We also **RECOMMEND** that the Cabinet Member considers a less intensive service to complement the existing service where there is a lower threshold for qualification into the service.

Domestic abuse and parental mental ill health

One or more of these issues including substance misuse were prevalent in 56% of assessments undertaken by the Council in 2015/16. As mentioned above we would like up to date data in these particular areas however we are aware of work already taking place to address these issues.

The inquiry and the Committee are aware of the new domestic abuse strategy currently in implementation across the County. We welcome this new strategy and will be scrutinising

this implementation for any child or adult safeguarding concerns in 2019 once the implementation is complete. We were pleased earlier in the year to understand that the Office of the Police and Fire Commissioner had agreed to allocate an additional £600,000 to tackling domestic abuse across the County.

This inquiry is also aware of Central Government's plan to address the parity between mental and physical health. Whilst this is something that the Healthy Staffordshire Committee will scrutinise, it is important to note how this particular area can have a significant effect on a child's wellbeing and may lead to neglect and a child being taken into care. We will continue to monitor this closely.

Young people

We commend the Intensive Prevention Service (IPS) for its support of young people aged 11-17 with emotional, psychological and behavioural problems who are at risk of coming into care and also the work of the Short Break Unit. Of those receiving IPS 85% were able to remain with their family which is a remarkable success. Equally the Family Group Conference Service has seen significant number of children on the cusp of coming into care able to safely remain with their families. We **RECOMMEND** that the IPS is extended to young people between the ages of 8-11 to reflect the increasing likelihood of children of this age requiring emotional psychological and behavioural help.

Universal support and early help

Data from the NSPCC, *'Realising the potential: Tackling child neglect in universal services'*, review suggests that, nationally, there is a lack of awareness amongst partners of their responsibility around safeguarding and appropriately dealing with, and raising awareness of, potential concerns.

We are aware of the work of the Staffordshire Safeguarding Children's Board (SSCB) and the partnership representation on that Board. In light of the issues raised by the NSPCC and the importance of ensuring all practitioners are aware of their responsibilities, we **RECOMMEND** these concerns be raised with John Wood, Chairman of the SSCB, and that the Select Committee specifically raise these concerns during their scrutiny of the SSCB Annual Report.

Beyond universal services, it is apparent that support at the very earliest possible point is essential to prevent families falling into ever more complex situations which are more difficult and costly to resolve. Building Resilient Families and Communities (BRFC) provides this lower level support and looks to identify route causes of problems at an early stage. In particular we commend the Early Help model and its use of the Early Help Assessment Form which is a universal tool for all practitioners from any service to use with the child and their family to summarise and record their current circumstances, their strengths and their needs. This then becomes the basis for an agreed plan for working together to achieve the identified improvements in the life of that child and their family. It is commendable that of the 639 families who received Early Help, only 2% needed to resume services.

We note the significant work undertaken with schools around the use of Dedicated Schools Grant (DSG) monies following the decision by the Schools Forum in October 2017 to take the DSG money allocated to the Local Support Teams (LSTs) and return it to schools. Work with individual schools to broker this funding has been undertaken, with this money now re-allocated on their behalf. This funding, along with £3m BRFC funding, will enable a complementary support service to the LSTs at a lower tier two level. We commend officers for this work and have some concern that partnership working with schools may become increasingly difficult as they become more autonomous, separate units. It will therefore be the responsibility of the providers of family support in local districts to build a strong relationship with local schools. We therefore **RECOMMEND** that quantifiable evidence of referrals from schools are shared with the Safe and Strong Communities Select Committee and this is reviewed as part of the wider early help/children's centre review taking place in September 2018.

We are also pleased to note that both the Health Visitor and School Nurse services are part of the 0-19 commissioning and have been brought together to enable delivery of the healthy child programme. We are also aware of the work of the Children's Centres and that they are due to come under the 0-19 commissioned services from 2020. These are key services that help prevent early concerns developing into more complex issues as described above. We particularly commend the pro-active work around the whole family approach, including home visits, in areas of deprivation with children between 5-8 months and again before 2 years. We also note that of those receiving the intensive health visitor intervention service, approximately 7% go on to need additional support. The Safe and Strong Communities Select Committee has included scrutiny of 0-19 commissioned services on their work programme, currently scheduled for their December meeting. They are also undertaking work in September around the Children's Centres, visiting them to evaluate the changes made since their last piece of work in 2014. We wish to emphasise the importance of early help and identification services in working with children and their families to prevent escalation from cusp of care into the looked after system. We suggest that the scrutiny work in September and December should take account of the work undertaken during this inquiry.

Factors to consider when children are in our care

During our research a number of factors were identified that create difficulties for officers and the children and families they are supporting. Early on in our inquiry it was necessary to set a narrow terms of reference, however the officers were keen to mention these areas of concern below which may explain why the total figure of looked after children in Staffordshire is rising. This alongside evidence that more children are becoming looked after explains the moderate rise in total numbers of looked after children in the County.

Court delays

These delays are partly the result of court closures and partly due to a slowing down of the system, particularly with regard to the reduction in Special Guardianship Orders and delays in discharge orders. We have heard that this is a national as well as a local problem and we understand that representations have been made locally to HH Judge Perry (Designated Family Judge, Stoke-on-Trent Combined Courts) and he has in turn made representations

nationally. A promise has been made for more court time to reduce delays and we want to ensure that this takes place and that the extra time allowed enables the delays to be dealt with promptly. We therefore **RECOMMEND** to the Corporate Parenting Panel that they monitor developments with the Courts, ensuring the extra court time is given and establish if this is sufficient to enable the delays to be effectively dealt with.

We are also aware of difficulties created as a result of changes in the way Section 20 of the Children Act 1989 is now interpreted, with the removal of a child from its parents without a clear plan to return home being seen as a Human Rights issue. This again has resulted in an increase in care proceedings both locally and nationally, and in local authorities and courts having great difficulty in managing this increase in work load. We understand that representations have been made to the Family Justice Board and that these have been fed into the National Board. A national review is being undertaken, with a working group set up in January 2018 tasked to consider the significant rise in court proceedings across the Country in the last 2-3 years. We therefore **RECOMMEND** that the Corporate Parenting Panel monitor the outcomes from this national working group to identify the efforts to ameliorate the current concerns.

Adoption

There is now a shortage of individuals wishing to adopt and this, alongside the subtle change in practice resulting from recent court judgements, has seen an increase in the number of children being subject to a care order rather than a placement order. Central Government has also indicated that the large number of adoption agencies nationally is an inefficient use of resources, with an expectation that agencies will come together. Staffordshire adoption agency is creating a partnership with Telford, Stoke-on-Trent and Shropshire, and we **RECOMMEND** to the Corporate Parenting Panel that they monitor progress with this new partnership going forward.

Challenges for Foster Carers

One of the challenges identified related to the behaviour and needs of young people and how this impacts on their ability to find appropriate foster care. There is an increase in aggressive and violent behaviour as well as an increase in young people presenting with significant social, emotional and/or mental health issues. This presents challenges for making successful foster placements and a need has been identified for resilience fostering. We are pleased to note that activity is underway to address this need, in particular the Resilience Fostering Project, which includes a robust package of practical and financial support for foster carers who are able to take on the more challenging young people.

Finally we wish to congratulate officers for their continual work towards ensuring that wherever possible children are able to stay within their family setting

2. Setting the Scene

At the time of writing the scoping report for a possible review (June 2017) in Staffordshire the number of Looked After Children was 1009, showing an increase of 34 over the year. At this time there were 595 children subject to a Child Protection Plan, which had increased from 563 in May 2017, but was down overall and below statistical neighbours' average. The number of Children in Need cases had increased slightly from 2914 to 2946, but was down overall and below statistical neighbours' average. The number of Early Help 'open' family cases had increased steadily over the same period.

The Looked After Children rate in Staffordshire was stable at 58.9 per 10,000 of the 0-17 population at the end of June. This remained lower than the published West Midlands rate (74.7) at the end of December 2016, but we have seen an upward trend over the past few months.

However, the Head of Families First reported to the MTFs Working Group in 2016/17 that there was a projected overspend of £3.5m in the Looked After Children budget. He reported that there were a significant number of initiatives in train to prevent those 'on the cusp of care' from coming into the system and various projects were showing positive outcomes.

Performance figures on the numbers of looked after children and the performance of the Looked after Service area are regularly reported to the Corporate Parenting Panel (non-public meeting). Wider performance is also reported each month to the Children's Improvement Board. However no recent scrutiny had taken place by the Safe and Strong Communities Select Committee.

At the Select Committee meeting of 26 September 2017 Members agreed the scope and terms of reference for this inquiry.

3. Scope of the Work / Terms of Reference

We sought to identify why children were entering care in Staffordshire.

The following key factors were identified:

- Behavioural problems
- Risks of Child Sexual Exploitation
- Gang Related involvement
- Substance/alcohol misuse of the child and or parents/carers
- Lack of full time educational placement (part time timetables, exclusions, SEN/PRU)
- Emotional/mental health issues- child -parent/carers
- Domestic violence
- Housing issues
- Financial hardship
- Risk of abuse: neglect, physical abuse, sexual abuse, emotional abuse.

We wish to understand what work is being done by the Council and partners to impact on the numbers entering care and to consider the current mechanisms in place to prevent children coming into care.

4. Membership

The following Select Committee members participated in this Review Group:

Mr Conor Wileman (Inquiry Chairman)
Mr John Francis
Mr Jason Jones
Mr Kyle Robinson
Mr Paul Snape
Mrs Victoria Wilson

5. Methods of Investigation

The Inquiry was held on 30 January to consider the work already undertaken around children on the edge of the care system, current services and commissioning, proposed new developments and local member feedback.

We then met on 12 February 2018 to identify any further information required. Following that meeting we met officers on 13 March to consider the information requested.

During our investigation we met with the following officers:

- Richard Hancock, Head of Families First and Deputy Director of Children's Services
- Mick Harrison, Commissioner for Safety, Children and Families
- Barbara Hine, Building Resilient Families & Communities Co-ordinator
- Christopher Heeley, County Manager
- Deborah Ramsdale, Strategic Lead, Looked After and Disability Services
- Karen Johnson, County Manager, Specialist Safeguarding
- Liz Kelay, County Manager, Prevention and Placements
- Mandy Thomas, Team manager, Looked After Services
- Natasha Moody, Early Years Commissioning Manager

Our final meeting was on 13 August where we consider our findings and agreed our recommendations.

6. Findings

Children in Need, Child Protection, Looked After Children and the definition of "Edge of Care"

Every Local Authority (LA) must protect and promote the welfare of children in need in its area. To do this it must work with the family to provide support services that will enable

children to be brought up within their own families. Children in need are defined in law as children who are aged under 18 and: need local authority services to achieve or maintain a reasonable standard of health or development; need local authority services to prevent significant or further harm to health or development; or are disabled.

Different levels of care and intervention are required dependent on the identified need of the child. Where there is a concern for a child's welfare, either arising during the course of providing current services, or through a reported concern of maltreatment, children's social care must initiate enquires to identify whether protective action is required. LAs have a duty to make enquiries under Section 47 of the Children Act 1989 and, where they have reasonable cause to suspect the child is suffering or is likely to suffer significant harm, they should take action to safeguard and promote the child's welfare. Part of this action will be to develop a Child Protection Plan which sets out how the child can be kept safe, how things can be made better for the family and what support they will need.

The LA also has the responsibility under Section 20 of the Children Act 1989 to assess and, if required, provide accommodation to children in need who have been lost, abandoned, where there is no adult with parental responsibility for them, or because they are not being provided with suitable accommodation or care. A statutory assessment of a child will also be undertaken by the LAs Children's Social Care Services where the child is made subject of a Section 31A Care Order (Children Act 1989) by the Courts. This order places a statutory responsibility on the LA as a corporate parent, to assess the child's individual needs and to develop a care plan to meet these needs.

Edge of Care considers children and young people on the cusp of coming into the looked after care system and works to safely prevent and reduce them coming into care.

Child protection

During 2017, 901 children and young people were subject to a Child Protection Plan. Almost two thirds of these (59%) had neglect as a primary category of abuse. The next most prevalent category of abuse was emotional abuse, at just over one third (36%), the cause for the remaining 5% was physical and/or sexual abuse.

The aim of the Child Protection Plan is to manage/reduce any potential risk to the child and to provide appropriate intervention. Where the plan is not being successfully completed eg the family can't evidence sustained change, consideration for the child entering care will be made. This happens in a planned way in line with the relevant policies and an application to court for a care order made.

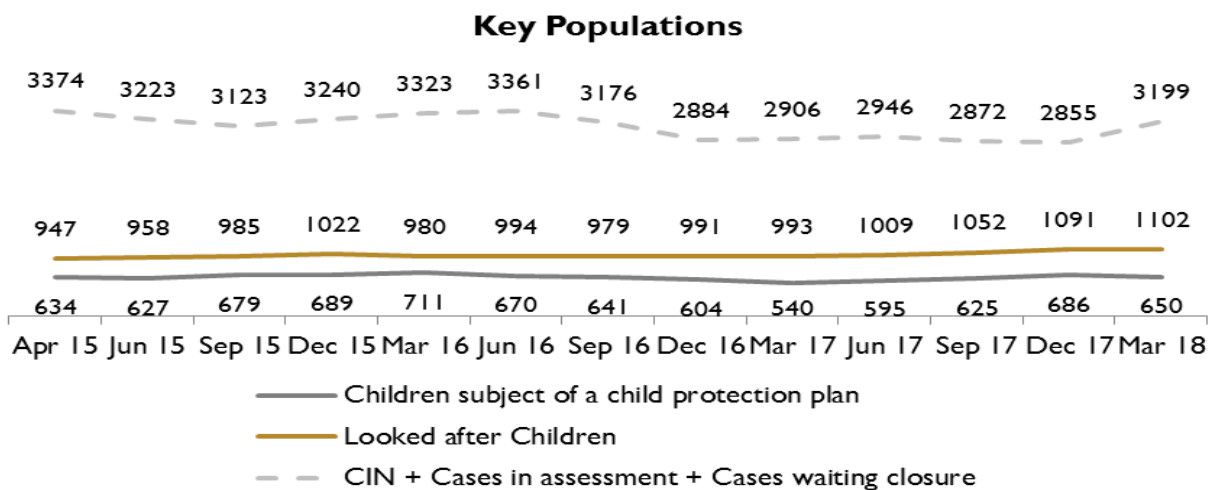
Just less than one quarter (193) of all the children and young people who were previously subject to a Child Protection Plan in 2017 became Looked After immediately following or whilst subject to their Plan. This is a similar number to the 2016 figure of 23%. Of those children and young people, just over half (107) were subject to an Interim Care Order, one

third were voluntarily accommodated under Section 20 (63 children), and the remainder were accommodated as a result of:

- Police Protection Powers (12)
- Emergency Protection Orders (10)
- Short-term breaks (1)

| Looked After Legal Status | 0-4 years | 5-8 years | 9-11 years | 12-16 years | 17 years | Total |
|---|-----------|-----------|------------|-------------|----------|------------|
| Interim Care Order | 55 | 21 | 17 | 14 | | 107 |
| Voluntary accommodation under Section 20 | 31 | 13 | 7 | 12 | | 63 |
| Under Police Protection in LA accommodation | 6 | 2 | 1 | 2 | 1 | 12 |
| Emergency Protection Order | 6 | | 3 | 1 | | 10 |
| Short term breaks | | | | 1 | | 1 |
| Total | 98 | 36 | 28 | 30 | 1 | 193 |

At the end of March 2018 the most up to date figures showed that the number of Looked After Children was 1102, an 11% increase from the previous year (993). 650 children were subject to a Child Protection Plan, an increase of 20% from the previous year (540). The number of Children in Need (which includes cases in assessment and awaiting closure) is 3199, a 10% increase from March 2017 (2906).



Data supplied by BIDT

Why children are coming into the care system in Staffordshire

At the time of this review 405 children or young people had entered care during the 2017-2018 calendar year (as at end of February 2018).

Of these 221 (55%) entered the system voluntarily under Section 20.

Section 20 of the Children Act 1989 allows for the LA to take a child into the care system by agreement rather than by court order. This will include children with nowhere to live or those that have no one to look after them, eg unaccompanied asylum seekers. They may also include those whose parents can't look after them for a period of time, due to illness or other difficulties. A local authority may also offer to provide Section 20 accommodation for a child when that local authority has made an application to court for a care or supervision order, or is thinking about making an application. Recent case law has seen a significant change to the way Section 20 is interpreted by the Court, now seeing the removal of a child from its parents without a clear plan to return home as a Human Rights issue. This has led to the Courts now being more likely to issue an Interim Care Order, with shared parental responsibility between the parents and the LA and the child remaining at home. This can present safeguarding concerns with, in general, 28 weeks wait for court proceedings to be concluded. Even though the child remains at home during this process they are still included in the LAs looked after population figures.

These changes have resulted in an increase in care proceedings both locally and nationally. LAs and Courts have great difficulty in managing this increase in work load. Representations have been made to the Family Justice Board and these have been fed into the National Board. A national review is being undertaken on this issue, with a working group having been set up in January 2018 tasked to consider the significant rise in court proceedings (37% rise) across the Country in the last 2-3 years.

Of the 405 children and young people entering care during 2017-2018, 136 children and young people (34%) entered the care system on a Care Order, which suggested their accommodation was planned.

A Care Order places a child under the care of the LA under Section 31 of the Children Act 1989. The Order gives the LA parental responsibility for the child. This does not necessarily mean that the parent doesn't have parental responsibility but the parent's wishes can be overridden by the LA where it is in the best interests of the child.

Of the remaining 11%:

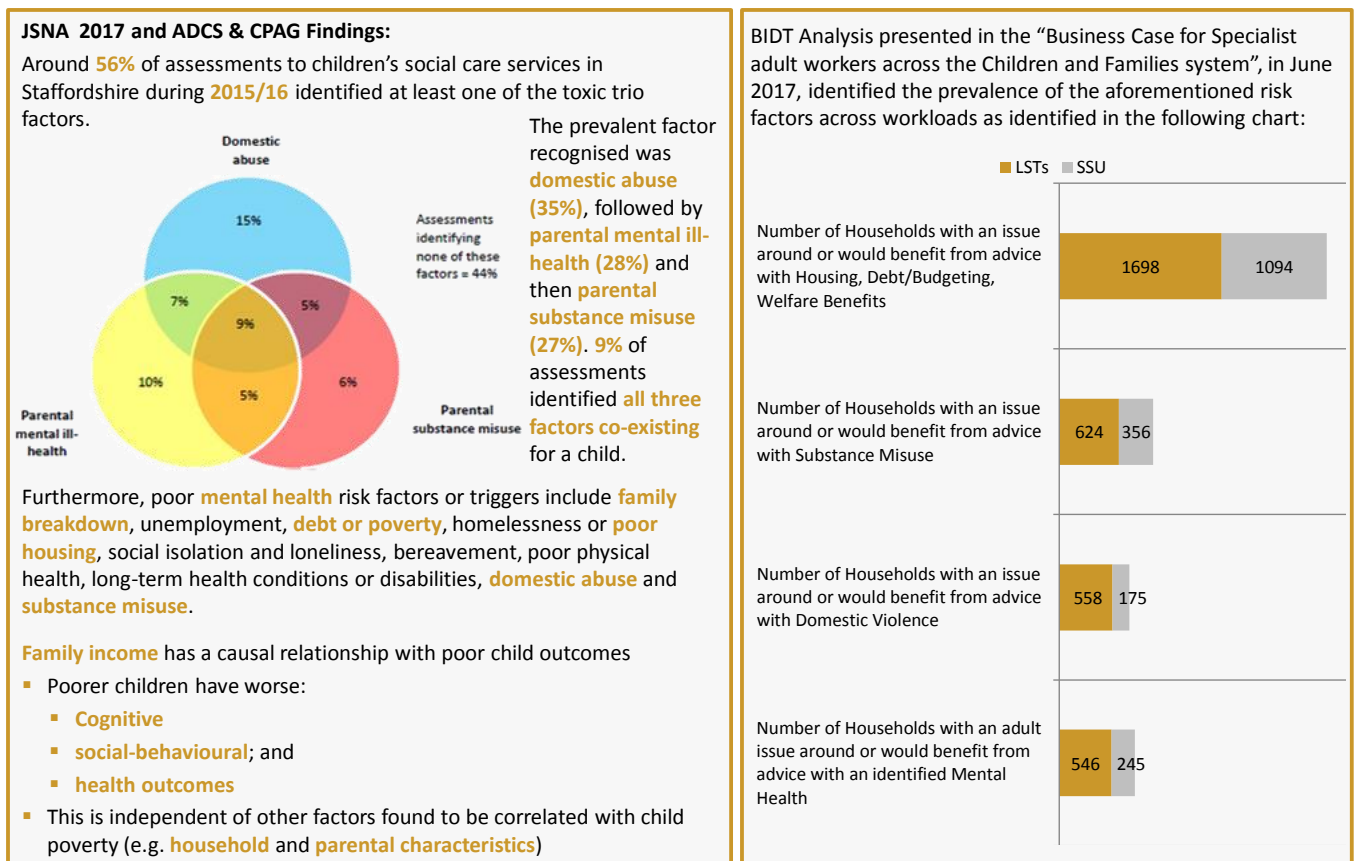
- 32 had come into the system as a result of Police Protection, where a situation arose that required the use of emergency Police powers which allow the removal of a child and for that child to be placed into the care of the LA;
- 14 had been subject to an Emergency Protection Order (EPO), where a court gives the LA the power to remove a child or keep a child in a safe place for a specified duration, giving the LA parental responsibility to protect the child's welfare. An EPO

is an extreme measure and is therefore used only in cases of emergencies, ie, where the child is considered to be in imminent danger;

- 2 were on remand under Section 21 of the Children Act 1989.

The Transformation Support Unit (TSU) provided the detail below identifying the primary drivers for children and young people entering the care system:

Understanding the Problem



During 2017 approximately 150 children entered the care system without previously being subject to a Child Protection Plan. Of these about two thirds entered care after escalating from a CIN Plan, with the majority of these children being over the age of 10 and entering on a Section 20 voluntary agreement. Of the other third (50 children), the majority entered care quickly within 7 days of their referral. 17 of the 50 entered care on an emergency protection order/police protection powers due to immediate safety concerns for their wellbeing.

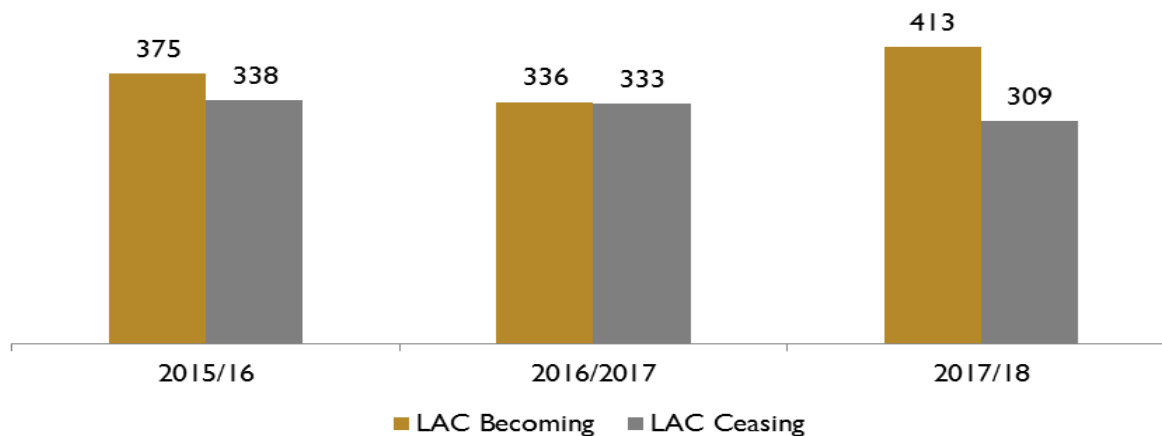
Leaving Care

315 children left care during 2017-2018. The most common reason for children and young people to leave the care system is as a result of becoming 18 (included in the “other” figure).

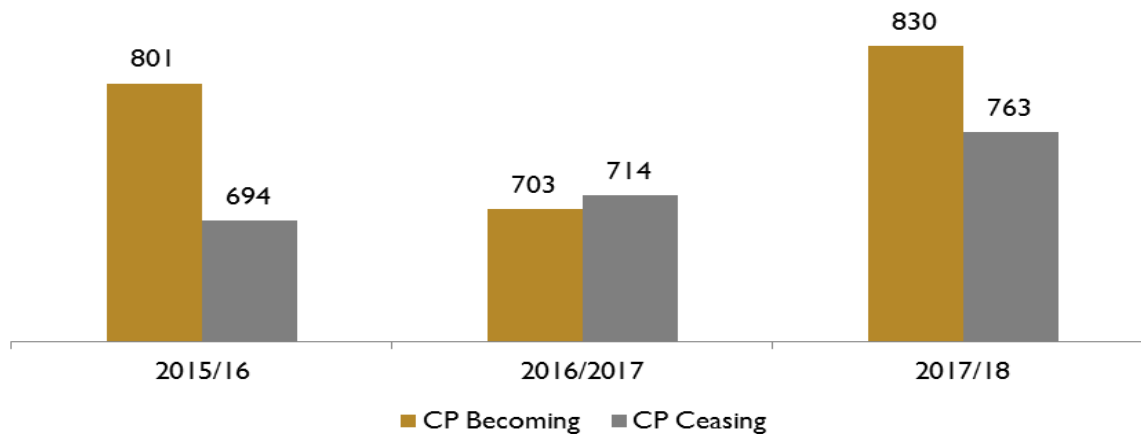
| Reasons for children and young people coming out of the care system 2017-2018 | |
|---|--------|
| Reason | Number |
| Other (including turning 18) | 118 |
| Returned home | 66 |
| Adopted | 49 |
| SGO granted | 37 |
| Independent living | 36 |
| Residence Order Granted | 5 |
| Sentence to Custody | 3 |
| Transfer to other LA | 1 |

However 27% left care as a result of adoption or Special Guardianship Order (SGO).

Looked After Children - Becoming & Ceasing



Children Subject Of A CP Plan - Becoming & Ceasing



Data supplied by BIDT

Managing numbers of children coming into care - including current and anticipated future demand

It is difficult to predict the demand for children coming into the care system, although targeted measures have been developed to support those vulnerable to becoming looked after. Recently the number of children becoming looked after has been fairly static, other than for unaccompanied asylum seekers (rising from 20 to 80 in 2016 and remaining at that level).

| • Age range of children and young people coming into the care system 2017-2018 | |
|--|--------|
| Age Range | Number |
| 0 - 4 | 145 |
| 5 – 9 | 73 |
| 10 - 14 | 85 |
| 15-16 | 80 |
| 17 - 18 | 19 |
| Over 18 | 3 |

NB the 3 aged over 18 years were unaccompanied asylum seekers who were initially age assessed as being under 18.

However, since April 2017 there has been a rise in the number of looked after children, partly due to a slowing down of the Court system, the consequent reduction in the flow of cases and the general capacity following a number of court closures. There has also been a change in the type of orders given, with a reduction in the number of Special Guardianship Orders awarded. Representations have been made to HH Judge Perry (Designated Family Judge, Stoke-on-Trent Combined Courts) over the significant delays in discharge orders being heard and the impact this has on the number of looked after children and young people. Having raised this issue at a national level Judge Perry has advised that more court time will be made available. He has also agreed to give consideration to how discharge applications can be prioritised to quicken the process and reduce delays.

There has been a significant change in **adoption**, with a large rise in the number of adoptions following a clear focus from the Coalition Government to address the backlog. However resulting from this backlog focus there is now a shortage of those wishing to adopt. Added to this there has been a number of cases where judgements have influenced case law and Courts have seen a subtle change in their practice, with adoption now being seen as a very last resort. The result of this has been a growth in the number of children being subject to a care order rather than a placement order.

In Staffordshire the number of adoptions has remained between 40-50, but has dropped this year to 30. Nationally there are between 4000-5000 children adopted each year, with approximately 180 adoption agencies managing these. Central Government has indicated they feel this is an inefficient use of resources and expect agencies to come together.

Staffordshire adoption agency is creating a partnership with three other LA adoption agencies, these being: Telford; Stoke-on-Trent; and Shropshire.

There continues to be steady recruitment of **foster carers** and it is recognised that fostering is the best option with residential care only used where fostering is not possible. Currently Staffordshire places approximately half of its fostered children with independent foster carers and half with its own Staffordshire carers. Each week the number of foster carer placements is reviewed, with 100% of Staffordshire's capacity currently in use.

As at December 2017 in Staffordshire there were:

- Over 300 Staffordshire children placed in in-house foster placements;
- Just under 300 placed with independent foster carers;
- 100 placed with friends/relations;
- Approximately 100 in residential care;
- Between 50-60 placed at home;
- A small number in independent living; and
- 30 placed for adoption, although the order had yet to be made.

Building Resilient Families and Communities (BRFC)

BRFC focusses on work with families that need support to ensure:

- school attendance increases and to reduce the risk of school exclusions;
- support the reduction of crime and anti-social behaviour in children and young people;
- help address worklessness, financial exclusion and working debt;
- support children who are in need or subject to a Child Protection Plan;
- help support families who are affected by domestic violence and abuse; and
- help ensure that mental health issues are recognised and addressed.

BRFC is a whole family model that works to identify and address the root causes of exhibited problems. Most of the support is lower level and can be addressed through partnership working with voluntary and community providers through the Children Centres. Following a recent tendering process there are now 6 providers working towards the 6 BRFC outcomes. Local Support Teams (LSTs) are involved with BRFC where the adult's needs are impacting on the needs of the family and/or children.

The work of BRFC is usually at Tier 2 level and this lower level support is vital to ensure problems are addressed and appropriate support given to avoid escalation of needs and services required. It works in partnership with the family, focusing on their existing strengths and recognising them as the experts of their own experience. It works to empower the family to challenge and change their thoughts and behaviours in order to meet the needs of their children.

Part of this programme is the Family Intervention Team which provides wrap around family support delivered through district based teams, recognising that problems are interconnected and affect family members in different ways. The Team contains individuals from a range of organisations to help respond to the needs of the family, including, for example, representation from the LSTs, Staffordshire Police, and the Department for Work and Pensions.

BRFC introduced the Early Help model which is now working across a wider partnership to support identifying and addressing needs at the earliest opportunity and support reducing demand across the sector. This model uses the Staffordshire Early Help Assessment Form, a universal tool for practitioners from any service to use with the child/young person and their family to summarise and clearly record their current circumstances, their strengths and their needs. This is then the basis for an agreed plan for working together to achieve the identified improvements in the life of that child and family. Of the 639 families who had received Early Help, only 2% had needed to resume services.

0-19 Commissioning

A lot of 0-19 commissioned services are delivered through the LSTs. These include Health Visitor and the School Nurse Services, which have been brought together to enable delivery of a healthy child programme. Changes have been made to enable a more intensive programme of work which helps identify cases for concern. There has been an increase in the number of children coming into the care system aged 0-4. These early services often present the first opportunity to recognise concerns and identify the support needed to address them at the earliest opportunity.

The Children's Centres are also due to come under the 0-19 commissioned services from 2020. Children Centres are purpose built centres for families. Their primary purpose is to be a community venue which is used by a range of partners including Job Centre, Midwives, Health Visitors, Childcare, private and voluntary provision. These centres are used by a range of partners, most of whom offer consent based support services to families.

A tendering process has been undertaken for 0-19 contracts, looking at the whole family approach. Contracts have been awarded to six providers, all of whom had previously been delivering services, and will continue to provide Tier 3 support services.

Pro-active work is now being undertaken, including home visits, in areas of deprivation with children between 5-8 months and again just before 2 years of age. This work included efforts to ensure the take up of 2 year old nursery provision. Work is also undertaken to improve socialisation and to encourage families to access the support they need. This includes raising awareness of the facilities and opportunities available through community centres and sign posting around community support.

Of those receiving the intensive health visitor intervention approximately 7% go on to need additional support.

Innovation and current services

A number of changes and developments have taken place in recent years to ameliorate the growth in number of those needing support and/or coming into the care system. The chronology below briefly highlights some of these developments.

| Chronology of developments | |
|----------------------------|---|
| Date | Development |
| 2012/2013 | <p>As a response to an increase in children coming into the care system (both locally and nationally) targeted work is undertaken to consider how to appropriately manage those on the cusp of the care system.</p> <p>The Accommodation Panel replaces the previous arrangements and an Independent Placement Overview Panel is established. Critical friend discussions are established for all emergency decisions. This gives a formal process and weekly meetings to consider any child coming into the care system, critically assessing any planned entry before this is made and assessing those placements made as a result of crisis to ensure the most appropriate care provision.</p> |
| January 2013 | <p>Intensive Prevention Service (IPS) is introduced (through a re-alignment of existing resources) in response to local and national data that indicated a disproportionate rise in teenagers entering care and that those late entrants into the care system often have poorer outcomes. Edge/cusp of care becomes a priority focus.</p> |
| 2014/2015 | <p>All staff are trained in the solution focused methodology that underpins IPS. A range of evidence based interventions are delivered, linked to the Child in Need Plan and tailored to the needs of the family.</p> <p>Core working hours are extended.</p> |
| January 2016 | <p>The Breathing Space project goes live. This is a Families First, Public Health and Midwifery partnership adopting the same solution focused methodology as IPS.</p> |
| February 2016 | <p>The Alders Children's Unit changes designation to become a focused 4 week placement centre for young people coming into care with a plan to return home, or a foster placement breakdown and a plan for the young person to return to the foster placement. The IPS team work to support this process.</p> <p>A drugs and alcohol worker is seconded to the IPS from Tier 3 services as a response to the increasing number of young people with drug and alcohol issues who are not engaging with mainstream support.</p> |

| | |
|---------------|--|
| April 2016 | <p>The Intensive Family Support Service is introduced. This is a Families First, Public Health and Addiction Dependency Solution partnership. The service has an intensive strength based approach.</p> <p>The YMCA commissioned placements go live, working alongside IPS and filling the gap created by a reduction in the Supporting People Fund. This provides accommodation under Section 17 for young people aged 16/17 years who present as homeless.</p> |
| June 2016 | <p>Stafford Short Breaks Unit (SSBU) goes live, offering short breaks under Section 17 of the Children Act 1989, to young people at risk of entering care. The Unit works alongside IPS and the Social Worker under the Child in Need (CIN) Plan to offer bespoke packages of support to meet family's needs including both planned and emergency overnight stays and outreach support.</p> |
| 2016 | <p>The Intensive Interventions Team brings together existing but disjointed resources to provide County wide support services to children and young people in Staffordshire Foster Placements that are at risk of placement breakdown.</p> |
| October 2016 | <p>The Intensive Interventions Team implements a weekend out of hours service to provide further support to fostering households. As part of this an existing senior practitioner post takes on a more focussed role (cost neutral) with responsibility relating to sufficiency of internal placements. The post over 9 months has a significant influence in expanding the terms of approval of existing carers through working closely with the Placement Service at the point of referral and with the Intensive Intervention Team to provide bespoke support to existing carers.</p> |
| November 2016 | <p>The Family Group Conference Service moves into the Edge of Care Service alongside IPS and extends its role to supporting families with a lower level of need to prevent problems escalating through the development of a good practice guide.</p> |
| 2017 | <p>2 YMCA emergency beds are developed which can be accessed up to 7pm.</p> |
| October 2017 | <p>Contingency funding of £250k over 12 months is agreed to extend IPS support to include:</p> <ul style="list-style-type: none"> • Emergency duty service out of hours • Provide an all age reunification service to help support younger children returning home after this intensive support • Support to residential providers, foster carers and young people to assist with the transition from residential care to foster care and ensure placement stability |

The **Intensive Prevention Service (IPS)**, first introduced in 2013, supports children and young people aged 11-17 who have emotional, psychological and behavioural problems and

who are at risk of coming into care. The aim is for the young people to remain in their home, or to return home from a short period of care as soon as possible. This intensive support could be as much as 7 days a week, at any part of the day, including early mornings or evenings, and may include a weekend stay at the Short Break Unit. The support is solution focused and develops a plan to help both the parent and child, and may include parenting programmes that are evidence based and tailored to the needs of the individual parent and child. This service provides additionality to existing services that may already be accessed by the family, taking a multi-agency approach and working in partnership with the LSTs. The young people receiving this intensive service are hard to reach and would struggle to access more main stream service provision.

In the 2016-2017 financial year, 217 young people received support from IPS, with 66 young people receiving this support at the end of March 2017. Over half of these young people (132) received support for behavioural difficulties, whilst 40 received support as a result of parenting issues. Of those young people who received this service 85% remained in the care of their parents and/or carer, and 23 entered the care system. Where the need for IPS is identified the team has the resource available to provide same day emergency response as and when required.

The **Reunification Team** supports children and young people to return home from long term care. A bespoke support plan is developed prior to the return home, with intensive support to aid the transition. NSPCC research has been used to help develop this work, with the developed plan working 3 months before and between 3-6 months after the return home to support that process. The aim is to ensure the child is able to remain at home and to achieve the best possible outcome. In the 2016-2017 financial year 28 young people were supported through this programme. During that time 28 new young people were referred to the programme and of these 17 were accepted for support. On average 12 cases are open at the end of each month. Support for 24 young people concluded during this period, with 20 of these successfully remaining at home.

The **Family Group Conference Service** works with young people who are: at risk of coming into the care of the LA; part of the Reunification Programme; and as directed by the Court. The purpose of the Conference is to mobilise wider family networks to support the child to stay at home safely. The Conference is independent of the child's social worker or their care plan, is evidence based, with the child and/or their advocate attending, helping them to be involved in the decision making process. Once a family plan has been agreed it is reviewed regularly to ensure the promised support is still available. 126 Family Group Conferences were held during 2016-2017 with 37 reviews. Of these children and young people 83% remained within their family and 56% of children that were looked after by the LA prior to the Conference are no longer in care. The primary aim of the conference is to build strength within the family.

The **Breathing Space** Project works with women who have had one or more children removed from their care and who are in the early stages of a further pregnancy. The Project offers intensive support to these families by delivering parental programmes and practical and emotional support to help them make the changes needed to remain caring for their child following the birth. 12 women receiving support from the Breathing Space Project gave birth between April 2016 and May 2017. Of these 11 babies returned home with their parents following the birth. The final baby came into care temporarily and has since been placed in the care of his father.

The **Stafford Short Breaks Unit** was developed in 2016 when Ofsted re-registered the Shaping Futures Stafford based children's residential care home. The re-designation was designed to allow a more creative use of facilities. The Unit gives an opportunity for planned (as far as possible) short break placements that prevent young people being taken into long term care. Placements have to meet clear criteria, including: being known to IPS; being aged between 11-17 years; and being subject to a Section 17 Order. The occupancy level of the Unit runs at approximately 80%. Between June 2016 and June 2017, 60 young people had been supported in the Short Break Unit and 53 young people had been offered emergency support.

The **One Front Door** initiative is a pilot project launched in Tamworth on 19 February 2018. The project has two separate strands:

- the one front door approach which creates a centralised point of access for Early Help referrals; and
- a full review of the existing Early Help Assessment, introducing new paperwork and a new approach to assessment, planning and intervention which is more focused and based on a strength based model of intervention.

The Outcomes Star is utilised as a means of assessment and assessing effective change.

The **Intensive Family Support Service (IFSS)** works with families where:

- there is already an allocated social worker;
- parent or carer substance misuse is causing significant concern around the welfare and safety of children in the home;
- the public law outline process is being instigated; and
- children are subject to a Child Protection Plan.

The IFSS provides evidence based interventions and considers a whole family solution (this type of approach has been adopted in Wales throughout their work with families). The work is intensive for a 4 to 6 week period, offering at least 30 hours intervention at times to suit the family, including evenings and weekends. The intervention includes a range of

structured exercises to help the family identify strengths, values and consider goals to work towards, in agreement with the Social Worker to ensure it is safe for the children to remain in the home.

Some families have entrenched drug use over many years and IFSS supports them in making necessary changes. Following the 4-6 week intensive programme regular “check-in” visits are made over a 12 month period. Booster sessions are offered to support families maintain their progress if required. Because of the very intensive nature of this work the service case load per Family Intervention Specialist is necessarily low, with 2 families per specialist at any one time. Currently there are 6 full time and 1 part time specialists in Staffordshire.

A number of **new projects** have also been identified and agreed by Cabinet at their October 2017 meeting. These new services will support transition and are invest to save projects, with funding agreed for 1 year when it is hoped that the demonstrability of the savings will result in the projects becoming self-funding. The agreed projects are:

- Emergency Duty Services (EDS) Pilot: IPS staff will deliver weekend support for families at risk of breakdown. This will be piloted for 6 months (starting from 12 January 2018) to test its effectiveness and value for money before a decision is taken on whether to continue the work;
- Reunification – younger age group: work started in December 2017 targeting a younger aged group of children (under 11 years) who are in long term care, to consider whether they are able to return home. Where a return home is considered possible a programme of support will be put in place, which may include parenting programmes. This initial return home will not immediately decrease the number of looked after children as they will return home on a care order until the return has been identified as secure;
- Extending the Intensive Prevention Service: consideration is being given to extending IPS to work with younger children (under 11 years).

Challenges/opportunities and how these are being managed

Challenges remain around:

- the collective management of risk across Families First and other agencies, ensuring that all partner agencies are working towards a common outcome;
- the lack of understanding in some instances that care is not a no risk option;
- the long term consequences of a lack of full time education and difficulties in terms of school exclusions;
- involvement in crime;
- Involvement with drugs and alcohol;
- Increasingly aggressive/violent behaviour;
- mental health issues for both young people and parents and access to appropriate services in a timely manner;

- Child Sexual Exploitations (CSE) and children who are missing.

Work is underway through the MASH to develop a wider breadth of support from the outset, with a wide range of partners, including, mental health, drugs and alcohol, finance, housing, with partners engaged at the point of assessment. This will enable one joint assessment and avoid the need for referrals and the wait that this can entail as well as avoiding the trauma of constant assessments which can be difficult for some individuals to manage. Almost all interventions with children are as a result of the behaviour of adults around them and part of the Children's Transformation is to address this.

The **behaviour and needs of young people** open to the IPS have significantly changed over recent years, becoming more complex. There is an increase in aggressive and violent behaviour and increase in young people presenting with significant social/emotional and often mental health issues. This presents challenges for placement making, and the current cohort of foster carers largely do not appear to be able to manage or have skill set, confidence or resilience to manage this growing group of young people.

Activity is under way to address this in a number of ways, including the **Residential to Fostering** project, which looks at the increasing number of children being placed in long term residential care who have a care plan for fostering but have been unable to find a secure foster placement. Often these young people have had a number of placements break down. This development looks again at the possibility for the young person of being placed with specialist foster carers. It includes planning meetings to identify what multi - agency response is required to enable the child to live within a family setting and support a smooth transition.

A programme of payment for skills has been started, with a robust package of financial and practical support for foster carers who are able to take on the more challenging young people. Consideration is given to what multi agency response is needed to help support the placement and identify who will deliver the necessary interventions. Resilience fostering will receive enhanced support and funding. The placements are prescriptive, and may include the requirement for a solo placement. Advanced payments are made to the carer to assist transition as well as pre-fostering meetings to help build relationships. As at January 2018 it was anticipated that 2 young people would leave their residential placements within the next 6 months. It is a very small cohort but in terms of cost to the young person and their outcomes it is invaluable. The expansion of the **Resilience Fostering Project**, with specialist carers skilled and supported to provide placements for the most difficult to place children is designed to meet the increasingly challenging needs of the more difficult to place children and young people.

The Intensive Intervention Teams work is being extended to undertake assessing foster carers to pilot **Turnaround**. This project will provide fostering placements under Section 17 to support children remaining in their home community and will work closely with the Short Break Unit. The team is also piloting a **foster carer peer support programme** that will better meet the needs of general foster carers providing long term care and is expected to provide efficiencies such as the reduction of social work visits to these households.

The Intensive Intervention Teams also undertake all **stability and unplanned ending meetings**. The significant learning coming out of the work of these Teams will further inform both current and future developments.

Staffordshire has made a Social Impact Bond application for the **Pyramid Project** which is designed to establish a provider who will work with the LA to recruit and support specific/specialist carers for the older, and more difficult to place (in foster care) young people. Staffordshire has been successful in their expression of interest through the Life Chances Fund. Work is being undertaken with regional partners to firm up the bid which will be used for:

- Step-down from residential care to work with investors and providers to recruit carers who have resilience to support young people with complex needs to live in a family environment;
- Stimulate the market and expand supported lodgings hosts for young people 16+ for whom supported accommodation is too large a step.

The submission will be made by 30 April 2018 with successful submissions being informed by 18 July 2018.

A **Credo Residential Migration Project** has also been established to find specialist foster placements close to home for young disabled people currently living in out-of-area residential care. This is a £1.1m joint project with Hertfordshire County Council over an 18 month period from July 2017.

A challenge remains around IPS for Children with disability needs, as whilst it is recognised that IPS can provide an intensive service, specialist skills and knowledge is lacking.

The **Edge of Care Strategy** is clear with regard to pathways and in the role of each service area in working with children on the edge of care through to permanency. However in some cases there may be a requirement for further training to ensure the support mechanisms in the strategy are realised and all families' situations are improved, reducing incidents of referral or re referral to edge of care services and short breaks.

Staffordshire has made a Social Impact Bond application to address **Drug & Alcohol** issues, working with Children in Need and/or children subject to a Child Protection Plan and their families to reduce child safeguarding concerns associated with drug and/or alcohol use amongst parents. It will deliver strength based interventions to reduce drug/alcohol use and improve parenting skills with the aim of de-escalate levels of risk to children and young people who may end up on child protection plans or as looked after. This is a joint proposal developed by the SCC Commissioner and the provider, Alcohol & Drugs Solutions. The successful application is for a £35k development grant, which has been received. An agreement has also been reached for a further £1.89m over 7 years

A further challenge followed the vote by the Staffordshire Schools Forum in October 2017 to allocate **Dedicated Schools Grant** monies back to schools. This funding had been used to support the work of the LSTs and a significant piece of work has since been undertaken with individual schools to broker this re-allocated money on their behalf. This funding, along with £3m of BRFC money, will enable a complementary support service to the LSTs at a lower tier two level. The funding will be performance managed and delivered on a district based model.

Developments within other LAs

Similar services to those developed in Staffordshire are replicated in some other authorities. For example North Yorkshire has implemented a service named “No Wrong Door” which combines residential care with fostering, creating a hub to provide support for those children within the care system or who are on the cusp of becoming looked after. Each hub has a dedicated team and all children have an individual key worker.

Two hubs have been created, one in Scarborough to serve the east of the county, whilst one in Harrogate serves the west. The traditional council-run young peoples' homes have been replaced by these hubs. The two hub teams each include: a life coach who is a clinical psychologist; a speech therapist; two community foster families who work out of the hub and are part of the professional team; and Community supported lodging places for 16 and 17-year-olds, again staffed by people who are specially trained and are part of the professional team.

The London Borough of Bexley has joined with four other boroughs to provide multi-systemic and functional family therapy to young people and their families. The initiative will work to keep vulnerable families together and prevent young people from being taken into care. The Positive Families Partnership is the first programme of its type in London, and has been jointly commissioned by the five London Borough Councils of Bexley, Merton, Newham, Sutton and Tower Hamlets, with support from the Big Lottery Fund using National Lottery funding. Over the next three years it is anticipated that the Positive Families Partnership will work with more than 350 young people involved in serious anti-social behaviour and/or substance misuse, who have been identified as being at risk of going into care. These vulnerable young people and their families will be offered access to intensive, holistic, therapeutic programmes designed to help address the young person's behavioural issues and improve how the family functions. This has only recently begun so there is no statistical data to measure its performance as yet.

Community Impact

Resources and Value for Money

Early recognition, intervention and targeted support for those on the cusp of coming into the care system helps prevent escalation of issues that impact on children and young people's chances of staying safely in their home setting and therefore avoid them becoming part of the looked after system and the cost implications that this entails.

Equalities and Legal

Every Local Authority (LA) must protect and promote the welfare of children in need in its area in line with the 1989 Children Act.

Risk

Without early preventative work the number of children being taken into the care system will increase, having a significant impact on the children and families involved whilst increasing the cost to the LA.

Climate Change

There are no climate change implications.

**County Councillor Conor Wileman
Review Group Chairman
August 2018**

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List of Appendices/Background Papers

Background papers

Section 20 of the Children Act 1989 - A guidance note for parents & professionals
<http://www.transparencyproject.org.uk/press/wp-content/uploads/2016/02/s20guidancefeb16.pdf>

Building Resilient Families and Communities Staffordshire's Operating Model
July 2015
<https://www.staffordshire.gov.uk/community/community/BRFC-Operating-Model.pdf>

| Glossary | |
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| ADCS | Association of Directors of Children's Services |
| BIDT | Business Improvement & Development |
| BRFC | Building Resilient Families & Communities |
| CAMHS | Child and Adolescent Mental Health Services |
| CIN | Child in Need |
| CPAG | Child Poverty Action Group |
| CPP | Child Protection Plan |
| CSC | Children's Social Care |
| CSE | Child Sexual Exploitation |
| CYP | Children & Young People |
| DfE | Department for Education (previously DCSF/DES/DfES) |
| DIPs | District Inclusion Partnership |
| DSG | Dedicated School Grant |
| EDS | Emergency Duty Service |
| FIP | Family Intervention Projects |
| FIT | Family Intervention Team |
| HCP | Healthy Child Programme |
| HIAs | High Impact Areas |
| ICO | Interim Care Order |
| IFSS | Intensive Family Support Service |
| IPS | Intensive Prevention Service |
| JSNA | Joint Strategic Needs Assessment |
| LA | Local Authority |
| LST | Local Support Team |
| NCMP | National Childhood Measurement Programme |
| NSPCC | National Society for the Prevention of Cruelty to Children |
| PLO | Public Law Outline |
| PR | Parental Responsibility |

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|-------------|-----------------------------|
| PRU | Pupil Referral Unit |
| SGO | Special Guardianship Order |
| SIB | Social Impact Bond |
| SSBU | Stafford Short Breaks Unit |
| TSU | Transformation Support Unit |