

APPENDIX 2. Version 21

DRAFT LAC ACTION PLAN NOVEMBER 2015-MARCH 2017

Target LAC Number April 2016: 535 Target LAC Number April 2017: 497

Action Plan contains workstreams that will begin in this period - some may span more than one period and are priority rated accordingly

Impact Key
Cost = reduction in placement cost
Time = reduction in length of placement
Number = reduction in the number being accommodated

| Priority Rating: | | RAG |
|---|--------|--|
| Urgent Priority (work to embed activities to be complete by April 2016) | High | Blue: Complete Green: On track Amber: Slippage or Issues |
| Development of activities will continue in to next period (Apr 16-Mar 17) | Medium | Red: Significant Risk of Delay |

| NO | WORKSTREAM/ ACTIVITY | WORSTREAM DETAILS AND ACTIONS REQUIRED (DELIVERABLES) | TARGET AGE GROUP | LEAD | TARGET END DATE | REVISED END DATE | IMPACT OBJECTIVE | WHAT WILL THE IMPACT BE? | HOW WILL THE IMPACT BE MEASURED? | TARGET SAVING (£K) | TARGET REDUCTION OF 52-WEEK PLACEMENTS | OTHER SUCCESS CRITERIA | PROGRESS TO DATE (from progress report) | Priority Rating | RAG |
|--|---|--|------------------|--------------------------|---|------------------|------------------|--|--|--------------------|--|--|---|-----------------|-------|
| OUTCOME 1: FAMILIES ARE SUPPORTED TO STAY TOGETHER | | | | | | | | | | | | | | | |
| 1.1 (page 11) | A higher proportion of children who are referred to CSC to have a Family CAF in place so that no child comes through without one. | 1. A higher proportion of children, excluding emergency safeguarding issues and UASC, will have a Family CAF. A % of cases will need to be agreed. 2. Raise awareness through consultation with stakeholders that completion of a Family CAF is required. 3. Review access to services where children do not have a Family CAF and ensure continuous refusal of a CAF by a family is referred to CSC. | | L. Lofting/ C. Smith | Jun-16 Mar-16 Jun-16 | | Number | More children with Family CAFs will result in more early support, and therefore fewer reaching the edge of care and potentially becoming looked after. | Number of CAF's per year overall and % step up to CSC. (to be made available via CSC performance monitoring report). | | | % proportion to have Family CAF (state tolerance). How will this be measured? Monitoring of refusal | LL/ CS to meet 15.2.16 to agree key deliverables and target dates | Medium | Red |
| 1.2 (page 11-12) work plan drafted | Support for parents/carers with mental health difficulties | 1. A Service Specification will de developed with suggested options for delivery. 2. A scoping exercise to determine the level of need to be undertaken; collecting of information re referrals to adult mental health and the outcome (take up or not). 3. An overview of the current adult mental health services with referral thresholds and working practices. | | T. Jefford/ B. Squire | May-16 May-16 May-16 | | Number | Early identification and signposting for parents with mental health difficulties will result in and increase in Family CAF's with services being accessed in a timely manner, and children will be supported to remain within their family unit. | Base line to be agreed and reasons for becoming LAC to be monitored via CSC performance monitoring report. | | | | | Medium | Amber |
| 1.3 (page 12) | Domestic Abuse | 1. Review 40 cases ehere children became LAC, to identify learning points with regards to domestic abuse for all relevant organisations. 2. Ensure the Domestic Abuse offer is implemented across Social Care and E&P using audit tools and techniques to judge how this has been emebdedd into practice. 3. Ensure access to support for those at high risk of harm is timely with cases presented at MARAC within 3 working days and support from IDVAs provided as appropriate. 4. Ensure the E&P and Social Care workforce development plans include expectations set out in the Domestic Abuse Document. 5. Ensure 80% of E&P and Children's Social Care staff are fully compliant with the appropriate workforce development expectations. | | T. Jefford / V. Crompton | May-16 Oct-16 Apr-16 Apr-16 Mar-17 | | Number | Increased workforce knowledge leads to earlier identification and intervention, including Family CAF's and children will be supported to remain within their family unit. | Base line to be agreed and reasons for becoming LAC to be monitored via CSC performance monitoring report. | | | | | Medium | Amber |
| 1.4 (page 12) | Improve pathway for Substance Misuse Support (by parents/carers) | 1. Review 40 cases ehere children became LAC, to identify learning points with regards to substance misuse for all relevant organisations. 2. Pilot joint visits between Inclusion and Wisbech Locailty Team, with a view to understanding the needs of children within this cohort, not already known to Children's Services. The pilot will run for 6 months and will be fully evaluated. Further action will be dependent on findings. The project will commence in March 2016. Following this provide an evaluation report. 3. Develop a working protocol between Children's Social Care and Inclusion Drug and Alcohol treatment services where parents are misusing substances. 4. Ensure the Children's Social Care and Inclusion protocol is implemented across Social Care and Inclusion using Auditing. 5. Ensure access to Inclusion Services for parents misusing substances is timely with the first treatment intervention received within 3 weeks of referral. 6. Update existing parental substance misuse screening tool 7. Embed the Substance Misuse Screening Tool for use within E&P and Children's Social Care and ensure it is used appropriately. 8. Publish the Parental Substance Misuse expectations for | | T. Jefford / V. Crompton | May-16 Nov-16 Feb-17 Oct-16 Ongoing Jan-17 Jan-17 Jan-17 | | Number | Early identification and signposting for parents with substance misuse issues will result in an increase in Family CAF's with services being accessed in a timely manner, and children will be supported to remain within their family unit. | Base line to be agreed and reasons for becoming LAC to be monitored via CSC performance monitoring report. | | | | | Medium | Amber |

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|---------------------------------------|---|---|---------------|-----------------------|---------|--|--------|--|---|--|--|---------------------------------------|---|--------|-------|
| | | 9. Ensure the E&P and Social Care workforce development plans include expectations set out in the LSCB Parental Substance Misuse Document. | | | Apr-16 | | | | | | | | | | |
| | | 10. Ensure 80% of E7P and Children's Social Care staff are fully compliant with the appropriate workforce development expectations. | | | Mar-17 | | | | | | | | | | |
| 1.5 (page 12) | Review the impact of parenting support courses on LAC and ensure consistency of use and capacity. These courses form part of our preventative approach and we need to ensure that their use is promoted and their effectiveness and impact is monitored. | Children with Disabilities 1. Children's Proactscip Instructors will run 1 more Proactscip training course for parents before April 2016 and schedule and promote 3 more for 2016/17. This provides training on proactive strategies for use with children whose behaviour may be challenging. 2. Instructors will prepare an evaluation report of the 3 courses run to date for joint Children and Adults Proactscip Board In April 2016. | | S. MacBean | Apr-16 | | Number | Accessible parenting programmes and earlier support for parents will prevent escalation of issues, building family resilience and confidence, enabling children to remain in or return to their family unit. Step-downs to Locality team will be supported to ensure a differentiated response. There will be an increasing number of Family CAF's targeting early help to keep family's together. | Attendance at Parenting Programmes will be tracked, and involvements and impact reported on. | | | To be added once first data available | | Medium | Amber |
| | | General Parenting Courses 1. Evidence-based parenting programmes form part of our preventative approach and we will ensure that their use is promoted and their effectiveness and impact is monitored. | | J. Sollars | Apr-16 | | | | | | | | | | |
| 1.6 (page 12) | Support parents with Learning Disabilities and parenting capacity issues | 1. Training for workforce to understand adult learning difficulties and the implications for expectations of parenting capacity. 2. Where parents have been identified as having a learning disability consideration will be given to the best way to communicate with them to ensure children remain at home. 3. Ensure that plans address learning capacity of parents and are written and communicated to ensure parents understand the changes that need to be made to ensure the family stays together. 4. This will be monitored through case audits and through the child in need planning process. | | T. Gurney | Mar-16 | | Number | Workforce has a greater understanding and therefore can produce information and communication more effectively, enabling parents to understand what is required and children to remain at home. Increase in effective Family CAF's for this group. | To be added to CSC performance monitoring report. | | | | LDP/CSC have drafted a joint protocol to safeguard the welfare of children at risk when they are residing with a parent(s) or carer(s) with a learning disability. This protocol covers all key deliverables within this action plan. Sign off from Management teams (LDP/CSC) expected by end March. | Medium | Green |
| 1.7 (page 12) work plan drafted | Parenting support website We will develop an accessible website that answers parent's questions and helps them pro-actively manage their children's needs. The site will include information regarding setting boundaries and managing difficult behaviour. This will be a useful tool in enabling practitioners to signpost parents to further comprehensive sources of support. | 1. List of content areas to be produced based on research into the common problems and situations parents need help with. This will develop further from the work underway to understand common needs identified to support 'Early Help' and the ACT. Additional research will be conducted with 'Think Family' workers, and social care staff as well as gaining views directly from parents where possible, based on questions around 'what would have helped you', 'what would you use'. 2. Prioritised list of subject areas to be produced based on research into the information content, resources and applications that can provide support for the questions and situations identified. Research into the materials available, identification of any budget required to pay for subscription services (eg online parenting courses) or 3. Prioritised plan of work agreed and implementation begun to source/secure/develop content making best use of existing trusted sources. Plan will set out expected delivery time for specific content sections etc based on what is agreed overall. 4. Navigation plan of site/web content produced and any work required by others in Digital Strategy Team or LCSS IT team agreed through the Gateway process. 5. Development of any applications or similar, quizzes, online assessments, and things that people can do to encourage their involvement. 6. Develop marketing communications plan to support use of the content by key groups (practitioners, families) 7. Workforce training plan to raise awareness and utilisation of online resources in practice | | M. Whitehand | Jun-16 | | Number | Support for parents, available 24/7, will prevent escalation of issues direct to social care, building family resilience and confidence, enabling children to remain in their family unit and local community and re-direct through a Family CAF. • Support for practitioners in their role – measured by surveys and monitoring of their online activity • Support for the ACT and measurement of their referral to online resources as part of their response to families or practitioners • Use of online materials by the public (we cannot measure who the individuals are) from a baseline position. It will be noted that it is difficult to quantify/attribute change of behaviour to any one thing and particularly information, however it will contribute to overall reductions | Number of hits to website | | | | | Medium | Amber |
| 1.8 (page 13) | Adult sexual health and contraception | 1. Lead officers in Public Health and safeguarding services will work together to develop a pathway and guidance for practitioners for prioritising adults that require targeted support 2. We will also continue to support adults and young people with a learning disability to access sex and relationship training, education and support. | | V. Thomas/ S. MacBean | Jun-16 | | Number | Education of teenage LAC to prevent pregnancies which are more likely to result in babies being taken into care, linking with the Corporate Parenting Strategy. | Link data to teenage parenting strategy and SPACE project data. Link to IRO spreadsheet. | | See Target Reduction in Children in Care | | Action updated by VT 11.2.16 | Medium | Amber |
| 1.9 (page 13) | Support to children in their early years | 1. We will work with commissioners of Health Visiting to consider how Health Visitors will support the strategy by taking opportunities to identify early, through standard interventions, families at risk of LAC. 2. We will ensure that eligible families take up the offer of free education for 2 year olds, and that wider support and intervention with families is planned in an integrated way across services in the early childhood sector so that | 0-2 year olds | J. Sollars | Apr-16 | | Number | Better identification at earlier stage will enable intervention to take place and thereby reduce the numbers of children needing to become LAC later. | Data to be collected will be agreed through the service specification to be drafted by Public Health. | | | | | Medium | Green |
| | | | 2 year olds | | Ongoing | | | Increasing the take up of the 2 year-old offer will reduce pressure on families with struggling | 2 year old uptake will be measured via EYF Team data. | | | Agreed target of 80% Take up | Currently at 83.5% take up for eligible children | | |

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|---|---|--|--|---|----------|--------|--------|---|--|---------------|--|--|--|--------|-------|
| 3.2 (page 17) | Establish effective collaboration and joint working | Establish local point of access for schools, securing links between Locality Teams and newly established SEND Specialist Teams to ensure early signs of SEMH are identified and effectively responded to by the schools and targeted/ specialist support services when needed. Establish process within Transfer meetings between Locality Teams and Childrens Social Care by which adolescents who are at risk of needs escalating are identified and prioritised, with appropriate additional support provided for the family as required | | H Phelan | Ongoing | | Number | Stable education is supported by the effective use of family CAF to reduce the pressure in families due to exclusion or non-attendance relating to challenging behaviour, therefore reducing the likelihood of children coming into care. | Measures will include: -Reduction in the number of permanent exclusions -Reduction in the number of requests for EHCP for SEMH -Reduction in the number of Out of County placements for SEMH -Improved attendance figures for those identified with SEMH -70% of those using the Exclusion/Behaviour phone line report satisfaction | | | | | High | Green |
| 3.3 (page 17) | Services that support the stability of educational placements | Provide appropriate support to schools to enable them to effectively manage the additional needs of LAC, to prevent escalation to crisis management, whenever possible. At times of crisis, to co-ordinate support across teams so that the school placement is maintained. | | M Cullen / J Pallett | Ongoing | | Number | Stable education is supported by the effective use of family CAF to reduce the pressure in families due to exclusion or non-attendance relating to challenging behaviour, therefore reducing the likelihood of children coming into care. | | | | | Regular meetings between Marian Cullen and Xenia Dixon (ESLAC teacher) to share cross service developments, offers and thresholds. SEND Specialist Services Teachers and ESLAC teachers working together to discuss cases. Dedicated EP resource provided to ESLAC for consultation/advice. SENiD Specialist Services joining ESLAC/START Tuition Framework. | Medium | Green |
| 3.4 (page 17) | Support for care leavers | ESLAC to provide support and guidance to young people who are progressing from Y11 to post 16. | | J. Pallet | Ongoing | | Cost | Smooth transitions between Year 11 and Post 16 education will support young people moving to supported accommodation or successfully exiting the care system. This will also help with reducing the number of LAC who are NEET. | Pathway plans data | | This will reduce the number who return to care and therefore reduces the cost. This links with the saving in 2.4 | | | Medium | Green |
| OUTCOME 4. PLACEMENTS FOR CHILDREN IN CARE ARE IN COUNTY AND WITH A FAMILY | | | | | | | | | | | | | | | |
| 4.1 (page 18) | Family based care (Creative Care) | 1. Draft a process for Creative Care | | R. Holland/ R. Leslie | Complete | | Cost | Creative solutions will reduce the use of high cost external placements. Data regarding successful moves will be collated. | IRO Spreadsheet will be used to identify cases that are most likely to succeed | -1,005 | Reduce external residential homes to 22.77 52-week placements. | | | High | Amber |
| | Review placements and look at creative options to reunify child with family and reduce cost. This is being undertaken through creative care work and S20 panel. | 2. ART to implement the process | | | Apr-16 | | | | | | | | | | |
| | | 3. Fortnightly discussion regarding Creative Care to take place through S.20 panel. | | | Apr-16 | | | | | | | | | | |
| 4.2 (page 18) | Reduce the number of external placements/ increase in-house fostering placements | 1. Develop emergency foster carer provision (in-house) | | T. Collins/ R. Leslie | Ongoing | | Cost | Expanding the size and skill set of in-house fostering provision will reduce the use of agency foster placements and residential placements, therefore reducing the average weekly cost. | Key Activity Data | -2,535 | Increase in-house fostering to 186.72 52-week placements; reduce IFAs to 155.00 52-week placements & kinship 52-week placements to 35.29 | | | High | Green |
| | External residential and IFA use will be reduced. In-house fostering placements will be increased. [Additional action plan attached]. Wherever an external placement disrupts, the young person will be brought back in-county. Developing partnerships with external providers in-county to provide cost effective long term residential placements. | 2. Develop the fostering action plan | | | Apr-16 | | | | | | | | | | |
| | | 3. Implement findings from fostering consultant to improve the fostering service. | | | Apr-16 | | | | | | | | | | |
| | | 4. Develop in-county supported lodgings provision for 16+ | | | Jun-16 | | | | | | | | | | |
| | | 5. Develop shared understanding between Social Care and Strategy and Commissioning on the types of placement children and young people can expect to increase the understanding of each service of the particular pressures relating to the current financial pressures with the placement budget. A set of joint 'rules' will be drafted and signed up to then shared widely by all managers. | | | Apr-16 | | | Reduction in no. of residential placements. Reduction in emergency placements Reduction in length of time in external accommodation | | | | | | | |
| | | 6. Develop a clear understanding of the likely placement needs over the coming 12 months and beyond. We will undertake a full review of the needs of our current LAC population to ensure we have the right resources to meet needs. | | | Apr-16 | | | Targeted commissioning of services to meet current needs. Up to date evidence base to hold ART to account. | | | | | | | |
| | | 7. Develop a defined process for decision making and challenge around threshold agreements and resource needs for a young person. | | | Apr-16 | | | Reduce number of emergency placements. Reduce new high cost placements. | | | | | | | |
| 4.3 (page 19) | Lowering the cost of the most expensive placements | 1. Continue to review the top 50 placements weekly | | R. Leslie/ J Davies/ T. Collins/S.J. Smedmor | Ongoing | | Cost | Reducing the unit cost through improved procurement and commissioning, and sourcing alternatives. | ART will provide cost data. | | 90% occupancy of in-house residential (including London Road, Hawthorns and Victoria Road) = 13.5 52-week placements | | Expect 20/50 to be moved in FY 16/17 | High | Green |
| | | 2. Budget information available to units and Sec 20 panels; reduce costs through procurement of places | | | complete | | | | | | | | Units aware of budget spend | | |
| | | 3. Develop written process for escalation/ challenge by ART when matched place in county/ in house is refused | | | complete | Jan-16 | | | | | | | Process drafted | | |
| | | 4. Develop notional budgets for Units | | | Apr-16 | | | | | | | | process for units to take ownership of budgets to be developed. | | |
| | | 5. Explore independent options in County for children and young people with mental health issues | | | Jun-16 | | | | | | | | | | |

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| | | 6. Creation of emergency solo placements at Hawthorns Children's Home. | | | Mar-16 | | | | | | | Work to H complete. Ofsted reg, staffing and protocol for use being developed. | | | |
| 4.4 (page 19) | Reducing the cost of external placements | 1. Continue to commission IFAs through the Eastern Region Fostering Contact . | | J. Davies/ R. Leslie | Ongoing | | Cost | Reducing the unit cost by better procurement through regional collaboration. | ART will provide cost data. | -132 | | | High quality/ low cost providers have been taken to view properties in March, Wisbech & Linton | High | Amber |
| | | 2. Monitor and report savings made as a result of negotiating discounts | | | Ongoing | | | | | | | | | | |
| | | 3. Review the external residential framework contract. | | | Apr-16 | | | | | | | | | | |
| 4.5 (page 19) | Develop Assisted Boarding Placements | 1. Establish process to procure places where appropriate to avoid children coming in to care. This is being taken forward through the RNCF and Assisted Boarding Schools Network. | 10-18 year olds | J. Davies/ R. Wilshire | complete | Jan-16 | Number | Supporting family resilience by reducing the pressure within families, enabling the child to remain part of the family unit. | There are currently no Assisted Boarding Placements. Any increase on this will provide data required. | | | | Scoping paper developed and process agreed. Transferred to Access. | High | Green |
| 2. Launch programme across all SW Units to raise awareness and encourage take-up. Launch to be led by Units information to be drafted centrally. | Mar-16 | | | | | | | | | | | | | | |
| 4.6 (page 20) | Cambs policy on UASC Placements Development of dedicated pathway for UASC to ensure assessments are made quickly and children placed in the most appropriate and cost effective accommodation | 1) Review potential for crash pad to reduce call on in-house fostering while long term solutions found. | | C.Smith/T. Collins/ J. Davies/ | Apr-16 | | Cost | Through offering emergency solutions as a more cost effective response prevents blocking of longer term placements for other children in the care system, and therefore prevents the escalation of cost for permanence. | UASC placement type and locations will be monitored by ART. | | | | | High | Amber |
| | | 2) Develop emergency pool of foster workers to support UASC | | | Apr-16 | | | | | | | | | | |
| | | 3) Draft UASC Pathway | | | Apr-16 | | | | | | | | | | |
| 4.7 (page 20) | Develop in county provision for disabled young people | 1) Work with providers already operating in Cambridgeshire to discuss the Council's needs and work with them to establish in-county provision. | | R. Holland/ J. Davies | Apr-16 | | Cost | Offering in-house provision reduces the use of expensive external alternatives, therefore reducing the average weekly cost. | Number of placements made in-county | -8 | Reduce residential disability to 2.73 52-week placements | | 8.2.16: First working group meeting set up for 15.3.16 | High | Amber |
| | | 2) Develop a working group to review First Steps to ensure Cambs Special Schools do not exclude disabled children. | | | Apr-16 | | | | | | | | | | |
| | | 3) Develop 52 week education provision in-county | | | Sep-16 | | | | | | | | | | |
| 4.8 | Parental financial contributions We will consult on parental contributions | 1) Re-submit proposal through Democratic Process (Spokes/ Committee) | | T. Collins | Jun-16 | | Cost | Generating income, reducing the net average weekly cost. May also result in fewer children entering the care system. | Reduction in number of children becoming LAC | | | | | Medium | Amber |
| OUTCOME 5: CHILDREN ARE MOVED THROUGH THE CARE SYSTEM IN A TIMELY WAY | | | | | | | | | | | | | | | |
| 5.1 (page 20) | Reunification Well-resourced and coherent reunification services can lead to better and speedier permanence outcomes through a stable return home to parents. This work will ensure that reunification is considered as soon as the child becomes Looked After. | 1) Map a process for tracking children where reunification has been agreed to ensure it remains on track.NSPCC Framework. | | S.J. Smedmor/ T. Collins | Apr-16 | | Time | Speeding up identification of reunification cases and the process of reunification will result in a reduced amount of time children spend in care. | IRO database will help to monitor the number of children exiting care. CFA Performance Management Team will provide data regarding the number of children who return home as part of the care package plan, or because of free will. | | | | 8.2.16: Meeting arranged with SJS/TC/FB 25.2.16 to discuss working group. | High | Amber |
| | | 2) A tracker will be developed to enable Resource Panel to track children through the reunification process to prevent drift. | | | Apr-16 | | | | | | | | | | |
| | | 3) Develop Monthly meeting to track all children with a reunification led by HoS Corporate Parenting. | | | Apr-16 | | | | | | | | | | |
| 5.2 (page 21) | Ensuring adoption is quick where appropriate | 1) Develop a system to track the timeliness of a child's journey through the adoption process. | | T.Collins | Complete | | Time | Children spend less time in care. | Coram/ TC will provide this data. | -60 | Reduce concurrent adoption to 5.50 52-week placements | | | High | Green |
| | | 2) Set targets regarding the number of concurrent carers per year. Each year that these targets are exceeded will enable reinvestment back in to CCA. | | | Complete | Jan-16 | | | | | | | Target number of concurrent carers of 10 agreed | | |
| 5.3 (page 22) | Ensuring cost effectiveness of adoption and special guardianship order arrangements Undertake review of SGO payments to ensure cost effectiveness. | 1. Complete desktop review of all of the allowances – focus on SGO and CAO that are post two years | | T. Collins | Mar-16 | | Cost | Shorter period for receipt of payment, resulting in reduced overall cost of post-adoption services. | Reduction in SGO payments | -350 | | | | High | Green |
| | | 2. Devise a Plan and the SW resource required to undertake the review of those SGO and CAO cases where the allowances being paid is post two years. | | | Mar-16 | | | | | | | | | | |
| | | 3. Write to all carers in receipt of SGO and CAO to explain the review taking place of those long standing cases who have been in receipt of allowances for at least | | | Apr-16 | | | | | | | | | | |
| | | 4. Any new case being considered for an SGO/CAO the carers will be informed that the allowance will be for up to a two year period, a further comprehensive review of the child's needs and the carers financial circumstances will be completed for continuation of allowance. | | | Mar-16 | | | | | | | | | | |
| | | 5. Policy to be updated to reflect the change in practice and communicated to all staff | | | Complete | | | | | | | | | | |
| | | 6. Change in Practice – all support plans whether that be for Special guardianship, Child assessment or adoption will be signed endorsed by the respective Group/Manager HOS- ensuing that the financial undertaking is proportionate and reflective of the child's needs and family circumstance. | | | Mar-16 | | | | | | | | | | |
| 5.4 | Participate in the cost calculator for adoption activity | 1. Cambridgeshire will participate in research being carried out by Loughborough University to identify costs associated with adoption activity | | T. Collins | Ongoing | | Cost | Gathering of benchmarking data will allow the | | | | | | Medium | Green |

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| 5.5 (page 22) | Transition to Adulthood | 1. Develop a policy to ensure effective pathways for those who are leaving the care system are established in a timely manner prior to the young person becoming 16. | | R. Holland/ T. Collins | Apr-16 | | Time | Earlier planning will result in a smooth transition and successful exit of care, in a timely manner. | | | Impact linked to 2.4 | | | Medium | Amber |
| | | 2. Improve the availability of community support and resources to prevent reaccommodation. | | | Sep-16 | | | | | | | | | | |

-6,789

TARGET REDUCTION IN LAC POPULATION (See Note 2)

| | | |
|-------------------------------------|---|---|
| | TARGET REDUCTION IN CHILDREN IN CARE | TARGET REDUCTION OF 52-WEEK PLACEMENTS |
| TOTAL DEMOGRAPHY REDUCTION: | 16/17: 148 | 32.5 |
| TOTAL REDUCTION IN EXISTING LAC: | 15/16: 42 16/17: 38 | 15/16: 42 16/17: 38 |

| Objective | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | Business Planning reference |
|---|---------|---------|---------|---------|---------|--------------------------------|
| Reduce the number of children who are looked after | -2,100 | -1,615 | -1,680 | | -1,744 | A/R.3.012 |
| Reduce the unit cost of placements for children in care | -922 | -958 | -714 | | -427 | A/R.6.406 |
| Reduce the length of time children are in care | -507 | -853 | -809 | | -485 | A/R.6.305 |
| Adoption* | -350 | | | | | |
| Share Care provision (4.7) | -500 | -174 | | | | |
| Alternatives to Care (2.5) | -219 | | | | | |
| In-house fostering | 0 | | | | | |
| Inflation | -132 | -124 | -110 | | -96 | A/R.6.407 |
| Carried forward pressure | -2,059 | | | | | |
| | -6,789 | -3,724 | -3,313 | | -2,752 | -2,581 |

* saving included for completeness and to ensure savings are not double counted.

SAVINGS:

| Placement type | 2016/17 saving |
|--------------------------|-------------------|
| Residential - disability | -75 |
| Residential schools | -153 |
| Residential homes | 796 |
| Independent fostering | -3,638 |
| Supported Accommodation | -35 |
| 16+ | -118 |
| In house fostering | 1,011 |
| Kinship | 14 |
| In house residential | 0 |
| Concurrent adoption | 50 |
| TOTAL | -2,148 |
| BP savings | -1,429 |
| Budget Transfers | -719 |
| | -2,148 |

Note 1: Edge of Care Definition

The following criteria may be used to define a child on the 'Edge of Care'

- Have or in need of a Family CAF
- Open to Children's Social Care
- Have a Child In Need or a Child Protection Plan
- Considered likely to become accommodated should the current intervention not succeed
- Recently left care to return to live with their parents and are still in need of specialist support

Issues' may include:

Parents' capacity to cope due to:

- Their own mental health or substance misuse
- Poor parenting skills
- Experience of domestic violence
- Their own learning difficulty
- Limited or no wider family or community networks

For older young people 11+ 'issues' may include

- Violence from young person
- Criminal or anti-social behaviour
- Emotional and anger management issues
- Mental health issues
- Family discord
- Young person homeless, abandoned or subject to neglect or abuse
- Missing from home
- Child Sexual Exploitation and risk taking behaviours

Note 2: Target LAC Reduction

There are two columns for target numbers – the first is the target number of **children** diverted, and the second is the 52-week placements diverted.

The target demographic reduction in children in care is an educated estimate of the number of children teams will need to work with in order to meet the target reduction in 52-week placements and therefore the savings. It is unknown how many of these children would enter funded placements, the types of placements they may require and the length of time they may remain in care. This target therefore will be reviewed after 6 months.

The target reductions in 52-week placements, separated out for demography and current numbers have been calculated from the demography calculations and the BP model respectively. Please note, these reductions are in 52-week placements so, in reality, the number of children diverted or reunified will need to be greater than this. Where possible the target reductions have been assigned as per the BP model, and others have been assigned as agreed with project leads.