

Appendix 4: Building Family Resilience Looked After Children Strategy **Consultation Responses - February 2016**

Question 1: Do you understand what we want to achieve?

All respondents answered “yes” to this question, with one respondent raising a concern about the concept of all families being supported to stay together, saying that, in some cases this is not appropriate at all.

Response:

It is positive that all respondents understood the aims of the Strategy. With regard to the concern around all families being supported to stay together, the Strategy has aimed to be clear that vulnerable children will still need to be accommodated to ensure their safety and wellbeing (page 3). Where this it is not possible for the family to remain together and a child needs to come in to our care, we will ensure that the placement meets the needs of the child focusing on family settings and maintaining stability of education (page 8).

Question 2: The Strategy sets out five outcomes, do the outcomes cover all that needs to be included in the Strategy? Should any of them be added to or amended?

There were three responses to this question. One agreed that the outcomes cover all that needs to be included in the strategy. Of the other two, one requested that Action 1.8 of the Action Plan more explicitly state that there will be a preventative focus with regard to adult sexual health and contraceptive advice. This should be linked together with the actions regarding support to parents with mental health/ domestic violence and substance misuse difficulties to ensure that those experiencing these issues have access to contraceptive and sexual health support.

The second response suggested that Outcome 4 (Placements for Children in Care are In-County and With a Family) make it clear that we promote the concept of a range of placements as a key outcome to aim for and that it is best that all children live with families.

Response:

We will ensure that in the development of action 1.8 Adult sexual health and contraception, is clearly linked with actions 1.2 Mental Health, 1.3 Domestic Abuse and 1.4 Substance Misuse and that the target cohort for each of these actions are prioritised for support. It should also be noted that this action links with action 2.5 Space project which is a newly launched service (pilot) working with mothers who have had multiple babies removed.

We expect that a wide range of placements is available to suit the specific needs of the individual child, this includes foster placements, residential placements, solo placements and placements for UASC and others with specialist needs. Although as agreed the emphasis is on in- house and in-county placements as set out in the Strategy and Plan. The Strategy and Action Plan also promotes the development of Creative Care options to enable a broader range of placement or reunification options to be considered alongside traditional care placements.

Question 3: Are there any areas that have not been included in the Strategy?

All respondents with the exception of one answered “no” to this. One respondent asked if the mental health of children and young people could be given a greater focus addressing the pressure on CAMH and querying if this could be an invest to save opportunity.

Response :

This is being considered through the work of the Cambridgeshire and Peterborough Joint Commissioning Unit.

Question 4: Does the Action Plan clearly set out the actions that need to be undertaken to achieve the outcomes as described in the Strategy? If no, explain what should be amended.

Three respondents answered yes to this and four said that it needed to be clearer for the following reasons:

- More action focussed and owned by those in the authority, clearly stating how lessons have been learned.
- For reasons regarding sexual health and contraception action as stated above.
- There could be more emphasis on family workers, localities and children’s centres and the preventative work that they can do to support families entering and leaving the care system, and parenting support programmes they can deliver.

Response:

The Action Plan is a working document and as such is subject to continual revision as actions are shaped to meet the needs of the changing environment and drive commissioning intentions. As part of this progress monitoring and effectively learning through the success or otherwise of these actions will be inherent within the monitoring process.

There is a significant focus on the role of early help and preventative services throughout the strategy and action 1.5 looks specifically at the impact of parenting courses delivered within localities, to ensure that their use is effectively promoted and monitored.

Internal Audit Report

Internal Audit has also provided a response to the consultation. The main points and our response is set out below:

Understanding Success and Failure:

Internal Audit recommended a review of all actions in the Action Plan to ensure that each one has a clear and measurable outcome for success and that consideration is given to identifying the tolerances for these criteria, and the point at which a failure to meet a given outcome should trigger investigation and/or corrective action.

Response:

Expected savings for specific outcomes have now been included in the Action Plan. As highlighted above, the Action Plan is a working document and is subject to revision as we develop the actions and agree with leads specific activity related success criteria. We will ensure, as we further develop this that this success criteria and tolerances, where appropriate, are updated in the plan. Key Activity Data is used to monitor these savings and the corresponding change in LAC numbers on a monthly basis.

Safeguarding Risk:

Internal Audit highlighted the management of additional risk particularly in relation to the development of a framework for Specialist and Edge of Care Services and associated timescales for implementation of the framework. Further, it was recommended that quality assurance is undertaken and focussed on the most high risk cases.

Response

The LAC Strategy has a number of interdependencies with other strategies and action plans. Audit and quality assurance is a key part of the Next Steps Action Plan. We will ensure that the Action Plan is linked with the Next Steps quality assurance actions to prevent duplication and that lessons learned are fed through to the LAC Action Plan. Mapping the interdependencies with inter-related action plans and strategies, will aid mitigation of these risks. Timescales have now been developed for Action 2.1 Specialist and Edge of Care Services.

Impact on other budgets

Internal Audit highlighted that a budget reduction to the LAC Placements budget could result in increasing costs on associated budgets. For example they suggested that the aim that the educational settings remain stable could have an impact on the LAC Transport Budget.

Response:

We will ensure that all budget interdependencies are mapped and understood so that we can identify expected increases or decreases in cost and budget accordingly. This has already been included in SEND and LAC Transport budget lines.

Frequency of Impact Monitoring

Internal Audit made reference to the review and monitoring of actions. In the strategy document it stated that a monthly review of progress would be undertaken and a 6 monthly review of the impact of the activities in the Action Plan. It was felt that quarterly reviews may be more appropriate.

Response:

A revised monitoring schedule has been developed which will require the monthly updating of actions via progress reporting. Actions that are highest priority and/ or RAG rated 'red' will be further reviewed in detail, monthly. We will complement this with quarterly half day meetings to review in detail all actions including those with a lower RAG rating or with a 'medium' priority rating.