

# **Building Family Resilience**

**2015 – 2021**

## **A Strategy for Cambridgeshire Children Families and Adults Services**

## Contents

<b>Section</b>	<b>Page</b>
<b>Background &amp; Purpose</b>	3
<b>Children in Care – 2015-2021</b>	4
<b>LAC Population</b>	6
<b>LAC Budget Model</b>	7
<b>Reducing the Risk and Building Resilience</b>	8
<b>Summary of Outcomes</b>	9
<b>Outcome 1</b> Families are supported to stay together	10
<b>Outcome 2</b> Risk is managed confidently and intensive support is provided for families at the edge of care	14
<b>Outcome 3</b> Children remain in education	16
<b>Outcome 4</b> Placements for children in care are in county and with families	17
<b>Outcome 5</b> Children are moved through the care system quickly	20
<b>Sufficiency Statement</b>	22
<b>Ensuring the strategy is implemented</b>	22
<b>Appendix 1 – Achievements Since the 2011 Strategy</b>	23
<b>Appendix 2 - Action Plan (separate document)</b>	25

## Background & Purpose of the Placements Strategy for Looked After Children

This strategy sets out how we will help families to build their resilience so that more children are able to stay safely at home. We want to support families, where possible, to stay together in the interests of children and young people. The strategy has a clear focus on further reducing the number of children becoming looked after in Cambridgeshire over the next five years; on minimising safely the time children spend in care and therefore reducing the expenditure on care arrangements for children and young people.

This strategy does not conflict with our safeguarding duties. Vulnerable children will still need to be accommodated by the County Council in order to ensure their safety and wellbeing. There are no proposals to change the thresholds for children being accommodated and decisions will always put the interests of the child first. The strategy is written in this context and focuses on how children's and families' needs can be met in different ways for example, earlier intervention.

The strategy acknowledges that decreasing funding means we must reduce both numbers of children in care and the expenditure on the support we provide. This will require new thinking, different approaches and a dedicated focus from services across the County Council and its partners.

The strategy is part of the long term strategic business planning work being undertaken across all areas of the County Council to ensure our services and finances are sustainable.

The overarching vision for services in 2020 is that *“children, families and adults in Cambridgeshire live independently and safely within strong and inclusive networks of support. Where people need our most specialist and intensive services, we will support them.”* (CFA Strategy 2015-2021)

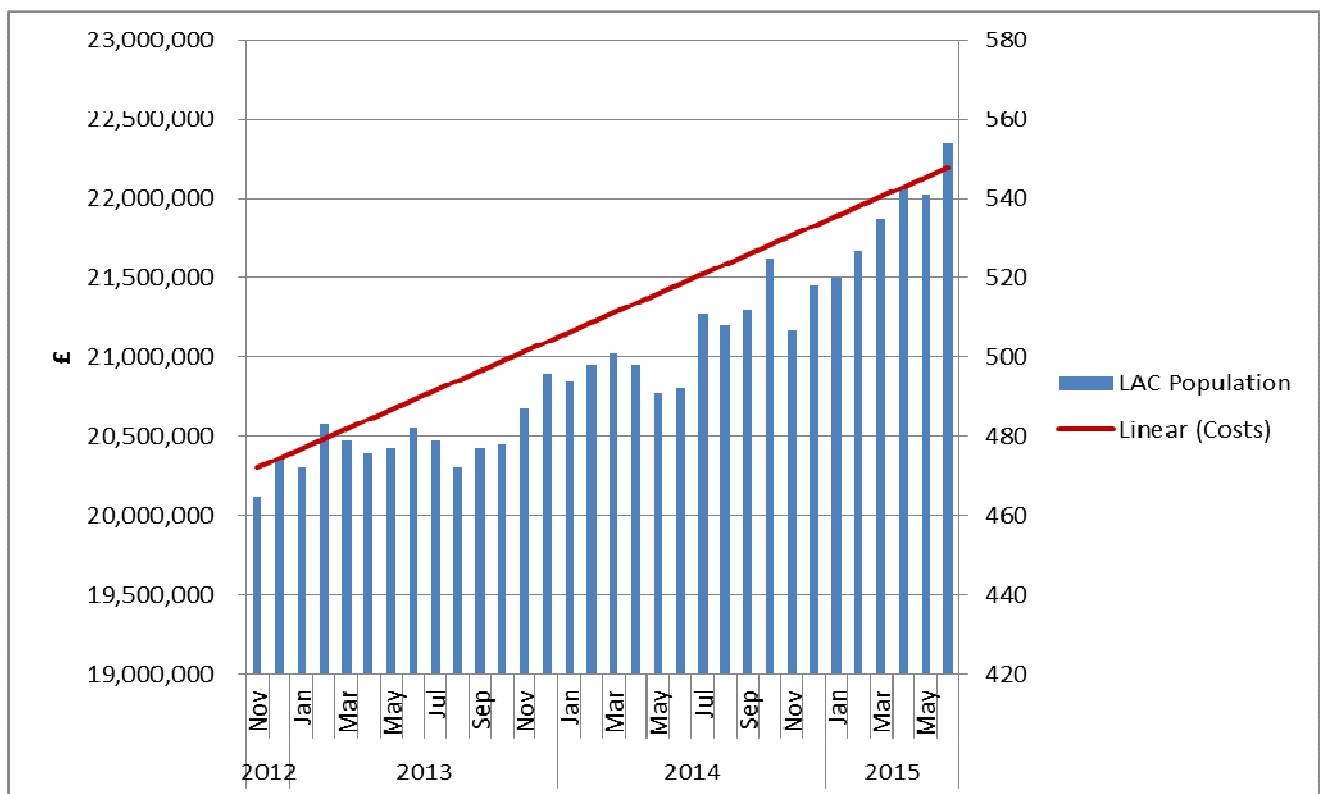
For children at risk of harm, achieving this vision means working to help families address their problems and to find alternatives to care wherever possible. The network of support for children and families will include schools, emergency services, health partners, community groups and families working together to make plans that keep children safe and independent.

This Strategy sets out in detail how we will support families to stay together in the interests of children and how we will provide cost effective care when children cannot live safely with their families.

## CHILDREN IN CARE 2015 TO 2021

The starting point is the upward trend which has seen the number of children in care increasing since the end of 2013 and spend on care arrangements rising alongside. This is shown below.

**CHART 1: THE TOTAL NUMBER OF CHILDREN IN CARE AND COSTS IN CAMBRIDGESHIRE 2012-2015**



This increase has been from a historically low rate of children in care in Cambridgeshire compared to other local authority areas but nevertheless our ambition is to reduce numbers by increasing the effectiveness of our work with families and partners. The ambition of the Strategy is to reduce the rate of children per 10,000 to 29.3 by 2021, which would be one of the lowest rates of any authority in the UK achieved currently.

The reasons why children become looked after and why numbers are increasing have been considered. Analysis of the risk factors in the cases of children becoming looked after shows the most prevalent issues are

- Mental Health Needs amongst parents/carers
- Neglect
- Domestic Abuse in household
- Emotional Abuse
- Drug Misuse by Parents
- Alcohol Misuse by Parents
- Homeless 16+ young people

In particular the combination of substance misuse, mental health concerns and domestic violence are recognised as the key issues for focus in work across the safeguarding system to ensure children do not become looked after and remain in their families. These are by far the most common factors contributing to the abuse and neglect of children and amongst the most difficult to resolve. If not tackled successfully, children in families where there is substance misuse, mental health concerns and /or domestic violence will be at a greater risk of becoming looked after.

Demographic increases in demand, particularly due to Cambridgeshire's population rising more sharply than the national average, will result from the growth in the 0-18 population which increases by around 3,000 per year. More recently increases have stemmed from rising numbers of unaccompanied asylum seeker children and it is anticipated that unaccompanied asylum seeker children will continue to be seen in higher numbers in future.

As well as reducing numbers, the Strategy sets an expectation that the cost of the care provided for looked after children decreases over time. This will be achieved by changing the mix of placements we make, exploring new models and continuing to drive lower costs through effective commissioning and contracting practice. Cambridgeshire has previously had a higher number of out of county and external placements compared to other authorities as a result of a higher proportionate usage of residential and independent fostering care. The actions in this strategy will move us to a position in line with or below the average for local authorities with more in-house provision.

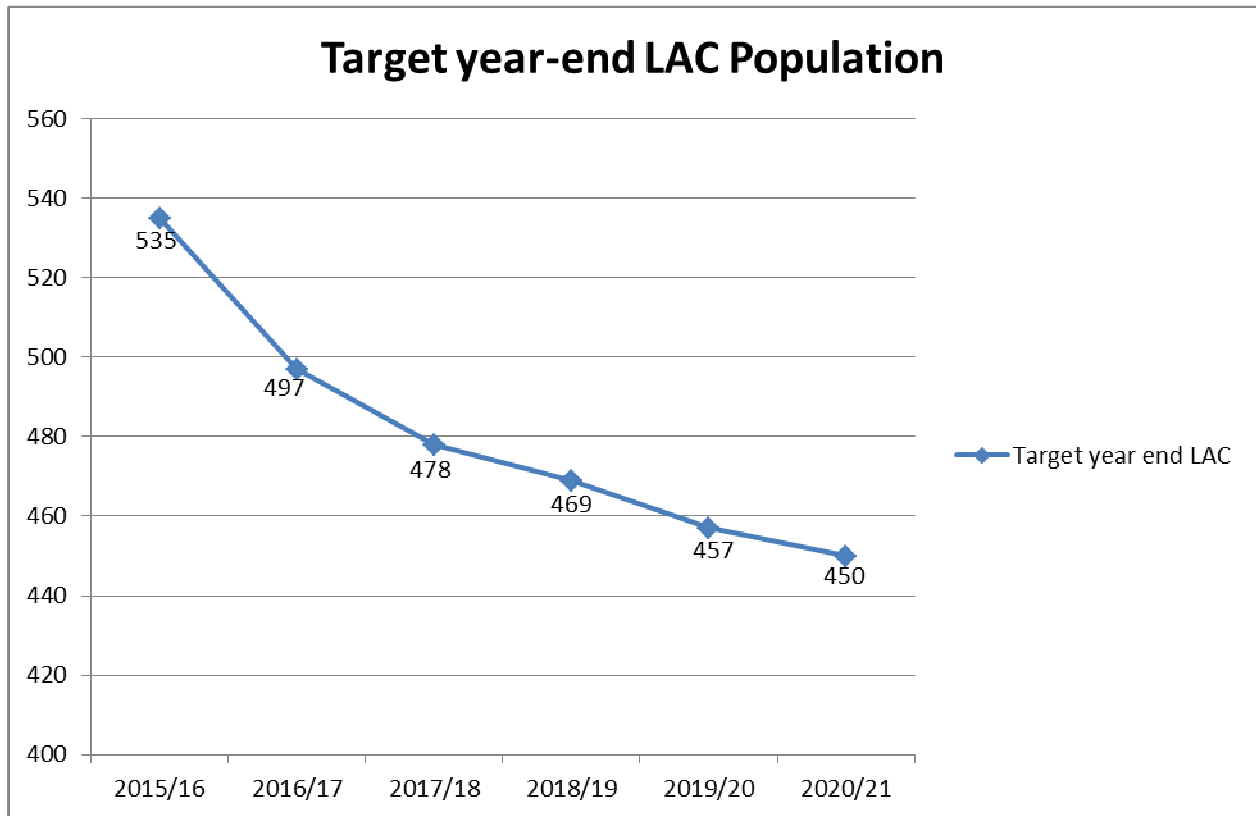
Recent trends in the numbers of children coming into care in Cambridgeshire mean that the current level is simply not affordable within the resources available to the County Council. The cost for care is unsustainable within the allocated budget and needs to be reduced. The strategy therefore establishes a plan to change these trends and reduce the number of children in care to 453 from 577 (as of November 2015) over the next five years. This includes the target of reducing the number of LAC to 535 by April 2016.

In order to achieve this, we will need to continue to support and develop a workforce that is able to manage risk confidently, broker solutions within families and the wider community; strengthen bonds with schools to ensure we are working together to identify issues and risk at the earliest opportunity and promote resilience and creativity to deliver flexible solutions and alternatives to children becoming looked after.

The table and charts below show how the LAC budget is being modelled for the duration of the business plan (2015-21) based on the delivery of this strategy. This represents an extremely ambitious plan for services and partners in Cambridgeshire. The rest of the strategy sets out in more detail the work streams and proposals being taken forward to deliver it.

## CHART 2: TARGET LAC POPULATION

By 2021 the target LAC population is 453. This is an overall reduction of 20.67%, from the 31<sup>st</sup> October 2015 actual LAC population of 571, and a 15.33% reduction from the target LAC population of 535 (shown below):



### CHART 3: LAC BUDGET MODEL 2015-2021

The chart below shows the total number of services users and the associated budget requirement for each type of placement between 2015 and 2021.

By 2021 there will be less reliance on external and out of county placements including residential. In house fostering placements will account for 54% of placements (currently 27%) and independent fostering will reduce from 47% to 19%. These changes, combined with an overall reduction in numbers will enable a budget reduction of £6.3m, excluding demography.

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	Number of service users	Total budget requirement	Number of service users	Total budget requirement	Number of service users	Total budget requirement	Number of service users	Total budget requirement	Number of service users	Total budget requirement	Number of service users	Total budget requirement
Residential - disability	2.91	325,189	2.73	305,788	2.15	240,709	1.67	186,986	1.63	182,837	1.60	179,117
Residential schools	10.65	1,091,641	8.24	844,539	6.88	705,203	5.85	599,171	4.90	502,180	4.00	409,968
Residential homes	26.15	3,885,952	23.91	3,552,606	20.43	3,036,229	17.96	2,668,933	15.52	2,306,259	14.00	2,080,966
Independent fostering	227.62	9,261,503	153.86	6,260,167	125.38	5,101,536	96.29	3,918,011	84.46	3,436,654	76.47	3,111,341
Supported Accommodation	26.15	1,542,871	19.24	1,135,227	17.21	1,015,156	12.53	739,303	12.25	722,899	12.00	708,191
16+	9.69	178,264	6.41	118,048	6.06	111,510	5.88	108,278	5.75	105,876	5.64	103,721
In house fostering	129.79	2,553,817	186.72	3,673,862	197.88	3,893,587	217.21	4,273,894	216.48	4,259,431	216.07	4,251,498
Kinship	36.81	391,128	35.29	375,051	35.49	377,134	41.77	443,885	49.01	520,843	52.02	552,766
In house residential	9.69	1,586,322	13.50	1,586,322	13.50	1,586,322	13.50	1,586,322	13.50	1,586,322	13.50	1,586,322
Concurrent adoption	8.72	158,656	5.50	100,061	5.19	94,518	5.04	91,779	4.93	89,743	4.83	87,917
<b>TOTAL</b>	<b>488.17</b>	<b>20,975,342</b>	<b>455.40</b>	<b>17,951,671</b>	<b>430.18</b>	<b>16,161,904</b>	<b>417.71</b>	<b>14,616,561</b>	<b>408.44</b>	<b>13,713,044</b>	<b>400.13</b>	<b>13,071,809</b>

Note 1: The placements identified in the budget model represent 88.28% of the LAC population. The remainder of the population includes staying put and unaccompanied asylum seeking children.

Note 2: The number of service users is an average over the full financial year, therefore taking account of the length of time young people are in placement. It is not a number of placements at a given time, hence they are not always whole numbers. For example, in 2016/17 the target yearly average for in-house residential is 13.5. If the average length of stay is 6 months, i.e. 0.5 of a full financial year, the target number of young people placed would be 27.

Note 3: The percentage reduction in the LAC population is different to the percentage reduction in the total budget requirement. This is because the reduction in budget requirement is a combination of a reduced LAC population and a change in placement composition.

Note 4: The target for in-house residential includes Hawthorns, Victoria Road **and** London Road

## **Reducing the Risk and Building Resilience**

We want children to live with their families within strong and inclusive networks of support. We will support children and their families who need our help with a Think Family approach.

By 2020, all our work will start from an understanding of a child and family's needs and the support available from their friends, family and community. This builds on current work. We will coordinate support when not available from families and the wider community, to improve outcomes and to reduce cost whilst keeping children safe.

We will do all we can to prevent people needing our services. We will build strength and capacity within people's relationships and the networks available to them so that they can meet their own needs and therefore are better able to look after their children. We will proactively identify those who need specific additional support to address problems to reduce their impact and/or to prevent them from getting worse. Where people do need our services, we will identify what we might need to do, or commission earlier to reduce longer term, high cost intervention that could otherwise be needed over the course of a life time.

We will ensure that we reduce the number of children requiring statutory child protection services by providing early intervention targeted support . Where intervention is necessary we will work closely with the family, their family group and community to support them to make changes to their lives and improve the outcomes for their children.

Where this is not possible and children need to come in to our care we will ensure that the placement available meets the specific needs of each child focusing on family settings and maintaining their education placement to ensure stability in a time of change. We will also make our budget available more flexibly to resource different care plans, not only providing traditional placements.

### **Our vision is that:**

Families receive support to help them stay together wherever possible. Our support builds on the strengths of families and clearly addresses the risks to children so that plans succeed and children do not need to come into care.

Where children and young people do come into care they have good educational and care placements primarily in a family setting and that their care pathway ensures that they are looked after for the shortest period of time.



## Outcomes

This strategy covers five key outcomes, these are;

- 1. Families are supported to stay together**
- 2. Risk is managed confidently and intensive support is provided for families at the edge of care**
- 3. Children remain in education**
- 4. Placements for children in care are in county and with a family**
- 5. Children are moved through the care system quickly**

The strategy sets out “what will be different” and details what “we will commission”. Some of these areas of work and activities are already taking place. It therefore reflects both new and existing activity. Activities that are already taking place are listed under “what will be different” because greater emphasis is being placed on them and their focus or the way they interact with other activities is different. Details of how we will complete the changes set out in the strategy are described in the action plan at appendix 2. The numbers listed under the “we will commission” section correspond with those in the action plan.

## Outcome 1: Families are supported to stay together

We know that children's needs are best served in a family. Very occasionally it is not possible for this to be within their own family. Helping families stay together and able to look after their children must therefore be a key focus for us and it begins with early identification of need and effective early intervention. Preventative and early support services can reduce the number of children and young people reaching the need for statutory and specialist services and the threshold for care and needing to become looked after.

Cambridgeshire's Early Help Strategy promotes a whole family approach by services. This will support outcomes for the whole family. The aim is for children, parents and carers to remain together as a family with cohesive and coordinated plans which are led by the lead professionals. This approach ensures that children at risk of becoming looked after are targeted and that there is focused work with these families.

The Together for Families Project is responding to the new requirements of Phase II of the national Troubled Families initiative and broader issues by taking a 'Think Family' approach towards the complex and often inter-related problems of the whole family, ensuring that a single family plan (Family CAF) is developed across all services and coordinated by a lead professional. Additional investment has been used to develop new ways of working across County and District Councils, the Police, Job Centre Plus, health services and voluntary and community groups. The think family approach will mean that it is more likely that problems are identified earlier and a comprehensive plan developed to respond to these which will prevent escalation to social care and LAC.

### What will be different

- We will support public and voluntary sector organisations to work with families where children are at risk, ensuring that risk is safely managed in the community and the number of children becoming looked after is reduced. This will include supporting those parents with their own learning needs.
- There will be coordinated response to substance misuse, mental health issues and domestic violence that will consider the impact on children within families where this is occurring.
- We will prioritise and work to build the parenting capacity of families with additional vulnerabilities and break intergenerational cycles of need through timely interventions /support for the family. Focusing on early years and families with a disabled child through the family CAF and lead professional.
- We will develop a website that will signpost parents to advice and guidance to help them with their parenting concerns.
- We will support practitioners by offering a clear pathway for sexual health advice and contraception to support people and families at the right time.
- We will further integrate the offer across services that make a difference to families with children in their early years to prevent escalation of need.

## **We will commission:**

### **1.1 A partnership of public and voluntary sector organisations supporting early identification of risk**

The Council will lead a partnership of public and voluntary sector organisations so that they have a core focus on identifying families where children are at risk as early as possible embedding Think Family Principles into the practice of public sector employees through the Together for Families programme.

The principles of Think Family working are to have:

- One Lead Professional – nominated to co-ordinate the work with the family
- One thorough family assessment – which considers the needs of the whole family, how the issues inter-relate and the wider context and relationships which surround presenting issues
- One overarching family support plan –one overarching support plan managed by the Lead Professional and reviewed regularly with the family and professionals involved through team around the family meetings
- A team around the family – all professionals who are involved with any member of the family working together to the support plan with agreed goals
- Limiting transfers families experience through our services - one coordinated intervention is more effective than services taking it in turns and transfers between teams consume time, energy and so incur cost
- Commitment to putting the family's needs at the centre and overcoming professional difference

Local services provided by health and the Council will deliver an effective and targeted family work offer to families whose children are at risk – working to manage risk, build strengths and prevent needs escalating so that children can remain safely within their families. Health Visitors will ensure that they are sharing information about risks or concerns they have from one of their 11 statutory visits through the Think Family process. As part of this, all children on the edge of care will have a CAF in place.

### **1.2-1.4 Support for parents/carers facing mental health difficulties, domestic abuse and substance misuse**

Mental health of parents and carers is a key factor in a high proportion of cases where children and young people become looked after. We need to help parents to address and manage their mental health as a central part of our work to keep children safe and keep the family together. We will prioritise and follow up the referral of adults with mental health difficulties to Adult Mental Health Services through an agreed pathway with CPFT when we think that adults are going to meet the threshold for services. We will consider the development and commissioning of direct services for adults whose mental health issues are impairing their parental capacity. These adults may be unlikely to meet the threshold for Adult mental health services although their

mental health issues are likely to be enduring and significantly and adversely affecting their children's lives. Working with a better understanding of parental mental health and having a clear service response will enable us to reduce the likelihood of care entry. This service is likely to be home based, short term and targeted with the use of evidence based interventions overseen and supervised by a Clinical Psychologist. A service specification will be delivered by early 2016.

The Cambridgeshire Domestic Abuse Strategy drives our multi-agency Domestic Abuse Partnership ensuring effective victim support. This will successfully direct interventions with families, robust safeguarding of children living in households with domestic abuse and raising awareness in schools and communities about domestic abuse and the damage it can do to lives. We will implement the domestic violence offer. We will stratify the CFA workforce according to the training levels of the offer and incorporate the LCSB training also. We will review the numbers that have been trained and at what level and agree to train 95% of the CFA workforce according to the training offer and level required for this role by December 2016. We will use case audits as a performance tool to evaluate consistency and the assessment of risk. The audit findings will be taken to a wider audience than before so that the practice lessons can be learned by front line practitioners who should be competent and confident in dealing with domestic violence cases. The service offer for perpetrators and those at highest risk will continue to be reviewed.

The Cambridgeshire Drug and Alcohol Action Team (DAAT) works with families affected by substance misuse, ensuring safeguarding of children affected. We will ensure that the Inclusion Service works with those affected as part of a team around the family, acting before the point of crisis by further developing the relationship between substance misuse teams and children's social care services. Recent work on parental substance misuse will be developed into an action plan across CFA services. The legacy of the Children's Link worker project, with the Inclusion Substance Misuse Service, will be built upon so that the contracted services have a strong focus both on safeguarding those at risk and on seeking opportunities for early prevention work in support of families with Locality Teams in particular. Audit and case inspection will remain part of performance management and both for CFA and for Inclusion. The Drug and Alcohol Commissioning Group will have oversight of this work together with a new parental substance misuse group yet to be constituted.

#### **1.5-1.6 Services that prioritise and work to build the parenting capacity of families**

The Council will continue to offer families a range of parenting support courses for all ages of children including those with SEND. These courses help families to talk to each other and avoid conflicts and problems with relationships. They support parents to understand their children's feelings and behaviour and improve communication. The courses form part of our preventative approach in stopping families reaching crisis point and thereby needing to involve intensive statutory services.

We will commission training to ensure that the workforce is mindful of parenting capacity i.e. that parents and carers understand assessments and plans and the actions they are required to undertake. This will ensure that parents with limited capacity understand clearly what is expected and are supported to implement any changes required in their parenting so they are better able to meet and prioritise their children's needs.

### **1.7 A new parenting support website**

Sometimes parents need extra support to help them when parenting becomes difficult. An accessible website will be developed that answers parent's questions and helps them pro-actively manage their children 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. Further details can be found on the council website.

### **1.8 Adult sexual health and contraception pathways**

We will support vulnerable parents with getting the right sexual health advice and contraception at the right time. This will support our strategy to reduce the number of children becoming looked after by reducing pressure on families and young people who experience their own challenges. Lead Officers in Public Health and safeguarding services are working together to develop a pathway and guidance for practitioners.

We have commissioned a new service for mothers who have children taken into care repeatedly as the result of a destructive cycle of behaviour. This work focuses on avoiding repeat removals of babies from birth mothers. The project focuses on intensive support work with identified women; care leavers in particular, who are likely to have their baby removed with the aim of engaging with the woman to see how she can be supported through the difficult period following removal and in an effort to try to prevent a similar pattern presenting in the future. We believe this new model can significantly reduce the number of babies becoming looked after from mothers who are trapped in this cycle.

### **1.9 Support to children in their Early Years**

We will continue to deliver a range of services for 0-5s and their families. Whilst budget limitations will change how we deliver these services we will continue to ensure that they make a difference to families and young children and that we are reaching them and their families as early as possible to prevent escalation later on and to give children the best possible chances.

We will review the system of support, including that available through our partners, for the early years, ensuring that there remains a focus on identifying families who are struggling as quickly as possible and intervening effectively as early as possible.

We will ensure that the family CAF is used to target support from health visitors, children's centre's, early years settings and schools. Services will be mapped so that when difficulties within families are identified by partner

services, who are often the first line of contact with families, they are able to signpost or seek help on their behalf.

We will work with commissioners of Health Visiting to build in opportunities to identify families at risk of LAC through the standard suite of visits undertaken. 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 to ensure clear pathways and decision making.

## **Outcome 2: Risk is managed confidently and intensive support is provided for families at the edge of care**

For children at the edge of care, i.e. child where there is a high at risk of being looked after, we need to have services which can act quickly and decisively in response to family crises and to prevent children coming into the care system.

This means being able to manage risk confidently, offering effective support and interventions and identifying alternatives to care wherever they exist.

We need to ensure our services meet the needs of families and children who are at risk of coming in to care to enable us to reduce the LAC population in the coming years. We are developing new services and investing in existing services such as 'Alternatives to Care' to meet the needs of these families to ensure a balanced approach is taken to risk whilst giving families the opportunity to develop their strengths within a supported framework.

### **What will be different**

- We will offer a clear framework of services to those children who are on the edge of care.
- Services will focus on working with and for families to achieve the best long-term outcomes for children and young people. Our work will be systemic, reflective and based on families' strengths and aim to keep families together wherever this is in the best interests of children.
- We will broker family solutions wherever possible – ensuring that we have always fully explored the potential for children to remain at home or to be placed with kinship carers before considering permanency within care. We will respond quickly and effectively to crises - undertaking intensive work with families to identify alternatives to care.
- Improved pathway for 16+ young people to prevent them becoming Looked After
- We will monitor and review new initiatives such as 'Alternatives to Care' and the 'Space' project.

### **We will commission:**

## **2.1 A clear framework of Specialist and Edge of Care Services**

In order to respond quickly and effectively to crises we will develop a framework that will set out the range of specialist services covering different types of need and risks, avoiding duplication. This will set out clear referral processes and monitoring and evaluation of impact. In some cases, service specifications will be re-set and re-drafted and the point at which each service is able to intervene will be re-defined.

We will ensure that all specialist services are well defined so that it is clear what each will deliver, for whom and how. When referrals need to be made, clear guidance will support staff to ensure that they are made quickly and to the correct service. Staff will receive additional training to support them in their decision making. We will develop a system whereby referrals to specialist services will be approved by a single point of contact to ensure that each service receives the right case at the right time. This will enable practitioners to have a clear process to ensure that children and families receive the right support and the right time both in a time of crisis and to prevent crisis.

All services will be monitored and tracked, and we will develop a single database so that what works best for who in reducing LAC numbers can be evidenced and used to inform future commissioning intentions.

The newly formed Alternatives to Care team, whilst still embedding, will be evaluated to ensure it meets its objectives to improve outcomes for children and families and achieve reductions in 11-18 year olds becoming LAC.

## **2.2 Services which work with and for families to achieve the best long-term outcomes for children and young people**

We will develop a dedicated response to support children and young people remaining at home. Our Family Intervention Partnership service will, alongside the wider partnership priorities, focus on working with families whose children, due to a multiplicity of issues in their lives, are at risk of coming into care. Locality Teams will continue to support families and young people who may be on the trajectory towards care, and we shall seek to increase access to specialist services, such as SFSS, at an earlier stage for families who would benefit. The system of intensive family-focussed services in Cambridgeshire, (Multi-systemic therapy, Specialist Family Support, Alternatives to Care) will be commissioned to target families with children at the edge of care.

## **2.3 Services to broker family solutions wherever possible**

It is best for children if they can live within their own families or wider kinship groups wherever this is safe. We must therefore ensure that we have always supported families to find solutions to their own problems and fully explored all alternatives to care before moving children into care and long-term placements. We will use Family Group principles, i.e. seeking solutions from within the family by identifying protective factors and the strengths within the wider family, in our work with engaging wider family members. This could include short break opportunities to provide respite on a regular basis to prevent family breakdown.

The social work units and early help services will work to engage wider family members as fully as possible and as early as possible in resolving family difficulties. Social work units will continue to use Child Arrangement Orders or Special Guardianship Orders (SGO) to secure different care arrangements within wider families where appropriate, in preference to seeking full care arrangements. We will also involve wider family members in child protection plans and Public Law Outline (PLO) processes to ensure they support resolving the risks and avoid the need to move to care proceedings.

## **2.4 Improved pathway for 16+ to prevent them becoming Looked After**

The increase in the number of 16+ children becoming LAC needs further analysis to identify the core issue. A consistent approach to the Southwark judgement<sup>1</sup> is required so that we are clear who we need to look after and which young people should remain the responsibility of the District Housing Departments. Both the Judgement and the Guidance emphasise the continuing duty of housing and children's services to collaborate in the discharge of their duties to children and young people. Wherever possible all agencies, whether voluntary or statutory, need to assist these young people to remain living at home with their parents or to return home if it is safe to do so.

This will be being led by Children's Social Care Units. Close working relationship with District Housing Providers is being maintained and improved to ensure that needs of 16 year olds are met appropriately.

Children Social Care Units and Locality Teams are working to ensure a consistent message to parents and young people with regard to appropriate support.

## **2.5 Monitor and review of the newly implemented services "Alternatives to Care" and the "Space" project.**

These newly formed services (2015) will need to be closely monitored for their effectiveness and in the case of the Alternatives to Care service, expansion will be considered to enable the service to reach a wider number of children and young people.

## **Outcome 3: Children remain in education**

Schools and other education settings play a vital role in preventing problems for children and families from escalating. The ability of schools to engage children in education is a proven positive influence on family situations, as is the work that schools do directly with parents and the services supporting them. Conversely, being out of school is very often a trigger for the escalation of behavioural, social and emotional problems which can quickly impact on home life and the ability of families to cope.

---

<sup>1</sup> Further information regarding the Southwark Judgement can be found in s.1.5 of the Council's 'Protocol for the assessment of 16/17 year olds and Care Leavers', available on the Council's website.



Keeping children in school, maintaining their education and ensuring children are engaged and learning through high-quality teaching and learning are, therefore, important elements of our strategy.

#### **What will be different**

- Children at risk will continue to be monitored for attendance to ensure they are engaged in learning on a full time basis thus reducing pressure on vulnerable families.
- We will formalise the way in which schools work alongside social care and early help teams to identify early, and manage risk, to support families when children are vulnerable to harm by engaging and supporting children to attend school/education. This will be delivered through a protocol.
- Education provision will remain a stable factor during the times of crises – including when families are at risk of breaking up, during transitions into care or during moves between care placements, ensuring services involved understand their role and pathways to support if issues arise.
- Care leavers, children in care and children in need are supported to gain the qualifications, skills and confidence to succeed in adulthood and gain employment.

#### **We will commission:**

##### **3.1 Analysis of patterns of attendance and absence**

We will explore how to monitor the attendance of vulnerable children in schools and ensure that attendance is monitored through the child protection and CIN planning process. We will continue to support schools so that they understand the importance of monitoring the attendance of their most vulnerable pupils.

The Education Support for Looked After Children (ESLAC) Team will provide more support to schools to monitor the attendance of individual LAC children, working together to identify issues within families early on. This work will include the role of Education Welfare Officers and their relationships with schools to help children remain in school.

##### **3.2 Support within Localities for the early identification of risk**

Schools will work alongside early help teams within the framework of Think Family to identify and manage risk. Through Locality Allocation and Referral Meetings (LARMS) we will support families when children are vulnerable to harm by engaging and supporting children to attend school/education.

##### **3.3 Services that support the stability of educational placements**

We will ensure that wherever possible, school placements will be maintained. This may require the local authority making arrangements for transport to and from school, be that through relatives, friends or other community services. We will ensure that our services help schools to focus on the needs of these children at such times of crisis.

### 3.4 Support for care leavers

ESLAC will support and challenge pupils as they progress from year 11 into post 16. ESLAC will provide support and advise on placements, options and be available at 'results time' in the summer to support transition of LAC children into Post 16/FE and be a point of contact for young people if they experience difficulties at a new setting, course option etc.

ESLAC will focus on those who are 'Not in Education, Employment or Training' (NEET) or potentially NEET. Data will be reviewed on a regular basis and links with locality teams, 18-25 team and other support networks will be developed. ESLAC will develop a 'Personal Education Plan' (PEP) which better links to the Pathway Plan to coordinate the support provided for young people

## Outcome 4: Placements for children in care are in county and with a family

For children and young people in care we need to make sure we have a sufficient and diverse range of placements, available locally, which promote positive experiences for all children in care, whatever their needs. We will explore new and creative solutions, especially for children and young people where the traditional options of fostering or residential care will not lead to good outcomes.

These placements and support arrangements will include an appropriate education setting which ensures that becoming Looked After does not lead to a break in their learning. This may mean maintaining the child's current school placement even if that requires travel. We need to recognise the relationship between placements and school for children in care where a breakdown of a school/education provision is often a trigger for the breakdown of their placement. Similarly, problems at home often manifest themselves at school through behaviours.

#### What will be different

- A greater focus on children being placed, wherever possible, with their own families or with kinship carers wherever this is safe. All children coming into care who will not return home and who could be adopted are adopted.
- We will secure sufficient foster care placements in Cambridgeshire to meet the needs of all.
- We will review our high cost out of authority placements on a regular basis and look to return children to in-house provision wherever possible. We will aim to deliver placements within 20 miles of home and community (unless deliberately at a distance for safety reasons) and in Cambridgeshire.
- Care placements and arrangements will include education provision which helps children in care access their educational entitlement.
- A dedicated pathway will be made available for unaccompanied asylum seeking young people – to develop an alternative to the use of in house fostering.

## **We will commission:**

### **4.1 Family-based care by designing creative care plans to reduce the need for costly placements**

Children do best when living in families and so our strategy centres on supporting children to live at home, with kinship carers or, where this is not possible, with foster carers. Although some placements in residential settings will be required we will commission significantly fewer in future so that the vast majority of care arrangements are family-based.

To support this aspiration we will use our care budget for looked after children more flexibly to fund different types of support. This will help us to keep more children at home and help us design care creative plans which avoid the need for the highest cost residential placements. This might include daily support for a family to ensure good routines around meals and bedtime for example. Additional therapy for the child and family or respite care could also be made available.

Where family based care is not possible and the child is not expected to return home or to friends or extended family, we will explore adoption as soon as possible to limit the length of time that the child remains in care.

### **4.2 Increased numbers of In House Fostering Placements**

We will increase the number of available care placements with the In-House Fostering Service. Previously the majority of fostering placements have been with independent providers which are far more costly and so by increasing capacity in our in-house provision we can make care arrangements at a much reduced cost. The service will increase capacity by 86 placements to 216 on average by 2020/21.

This step-change in the capacity will be achieved through a new recruitment and retention strategy, much enhanced marketing and communication, reviewed assessment processes, and continuing to review our pay, reward and support offers to foster carers. The service will work to specifically address identified gaps in in-house provision for harder to place children such as sibling groups and those with more significant behaviour difficulties.

### **4.3-4.4 Placements at the lowest cost possible**

We will continue to drive down the cost of the most expensive care arrangements for children with the most complex needs. The Access to Resources Team (ART) will weekly review the top 50 high cost placements to ensure the placement is still appropriate for the young person and attaining best value for money. We will investigate what it is that could have been done to prevent the young person from entering the high cost placement and what we would need to do differently to enable the young person to enter in to an in-house or in-county placement. This regular analysis will continue to drive an overall reduction in the weekly cost for the highest cost placements.

We will challenge providers where they request high levels of staffing to reduce risk. Reducing staffing levels through confident and shared risk management

with providers and with support to implement effective behaviour management strategies, will improve the experience for the child/young person - and staff. It will also help young people with their preparation for greater independence and is likely to result in lower placement costs.

The average cost of an independent fostering agency placement continues to decrease and compares well with national averages. We will continue to be part of the Eastern Region Fostering Contract. This has improved price, capacity and the availability of IFA placements in county. We will continue to work with independent providers to develop innovative and cost effective provision to meet identified needs within our budgetary constraints and will commission a Behaviour Specialist to work across all settings and providers.

We will commission to reduce very high cost, out of county placements. We will develop a business case for co-located school/residential facilities within the new communities or aligned to an existing special school. We will further develop the supported living opportunities available to young people in county.

#### **4.5 Care placements with educational arrangements**

We will ensure that children in care have access to their educational entitlement. Services will coordinate the planning for children coming in to care so that a suitable educational placement forms part of that plan.

We will commission placements where appropriate with private and state boarding schools to provide educational placements to children and young people in care. A placement at a boarding school can offer some children an opportunity to remain with the family but is a long term commitment, although one which is usually lower cost than any other type of placement.

#### **4.6 A dedicated emergency pathway for unaccompanied asylum seeking young people**

We will develop a dedicated emergency pathway to ensure these young people are assessed quickly and that we can make suitable care arrangements which are appropriate, cost effective and available at short notice. We will ensure that placements do not prevent access to our most cost-effective, long term fostering placements by using short term IFAs. Where long term provision is required by these children, in-house provision will continue to be offered as the preferred option.

### **Outcome 5: Children are moved through the care system quickly**

For children and young people in care, having a clear plan is essential. A good plan ensures that children come into and exit care at the right times and that throughout they have the security and confidence of knowing what the future holds. We need to ensure that children do not 'drift' through care, but have clearly-planned journeys which allow them to be reunited with family and friends where possible, have stable placements with alternative carers and exit the care system positively at whatever age this happens.

## **What will be different**

- We will ensure that children can return home to their families as quickly as possible supported by effective support services.
- Where reunification is not possible, children will move through to adoption quickly, where appropriate.
- We will review our policy and practice for the allocation of allowances to adopters and guardians taking on responsibility for children who have been in care.
- Services to ensure young people can participate in the 'Staying Put' scheme so that they can gain the necessary skills to live independently and transition into adulthood.

## **We will commission:**

### **5.1 Improved reunification pathways**

We are commissioning coherent reunification services that will lead to better and speedier permanence outcomes through a stable return home to parents.

The key is having the right professionals involved at the right time for however long is required to safely maintain the child with their parents. For some families this could be for a long time and does not necessarily require the specialist social work intervention but those from both targeted and universal services. This work will ensure that reunification is considered as soon as the child becomes Looked After.

### **5.2 Services which ensure adoption is quick where appropriate**

The structural changes that were made in Cambridgeshire in early 2014 with the advent of Coram Cambridgeshire Adoption (CCA) are supporting the systems in place for early and quick permanence planning. Within CCA the mechanisms for the early identification of adopters support in house matches for children with complex needs. This is evidenced in the reduction since CCA establishment of our use of other LA or other VAA placements.

The concurrency protocol and processes went live in Cambridgeshire in September 2013 and will continue to be promoted where suitable as a means of moving children through the system more swiftly.

We will track cases where an original adoption plan resulted in an alternative care order being made. This analysis will help us to understand why adoption orders are not being granted and support discussions with the court.

There are plans to design a new adoption agency for children in the Central Eastern Region of England. The children's charity Coram, together with six local authorities including Cambridgeshire, and two voluntary adoption agencies, have been successful in their bid to the Government to explore the

creation of a regional adoption agency to serve over 230 children requiring adoption.

The intention behind a regional adoption agency is to bring together adoption services in local authorities to offer more efficient, combined services. This in turn will enable resources and skills to be shared amongst the local authority and voluntary adoption agency partners on a larger scale than before, give children and their social workers immediate access to an increased pool of adopters and the ability to develop wider support services including specialist therapies.

### **5.3 Cost-effective adoption and special guardianship order arrangements**

Adoption and special guardianship order (SGO) allowances are paid to adopters and guardians under certain circumstances, in particular where an adoption of SGO might not otherwise proceed, or for managing the higher than normal costs of caring for a sibling group or child with special needs. We will ensure we are only making financial allocations of the amount and duration to ensure the sustainability of the care, rather than a standard and permanent entitlement for all such carers.

### **5.4 Participate in Adoption Cost Calculator study supported by DfE**

We will participate in the adoption cost calculator study being undertaken by the Centre for Child and Family Research at Loughborough University and funded by the DfE. The purpose of the study is to enable us to calculate short, medium and long term care costs for each child, for groups of children, or for the population of Looked After Children. The calculator uses the unit costs of social work activities as the basis of building up costs over time for placements and part placements. It is hoped that this work will make it possible for us to explore the costs of the adoption process in Cambridgeshire.

### **5.5 Improved transitions to adulthood**

We have successfully established the staying put scheme and will continue to promote this provision for young people who are 16+ and require this support into adulthood.

Through the preparing for adulthood work we will continue to improve the transition of young people with disabilities moving in to adulthood. The Education, Health, Care Plan will support the coordination of services in identifying young peoples and their families wishes for the future, and help them shape these in to realistic plans.

We will ensure that effective pathway plans are in place before the age of 16 years for those young people who will be leaving the care system. We will monitor that this takes place in a timely way for each young person through the statutory review process.

## **Sufficiency Statement**

The Looked After Children Sufficiency Statement forms a key strand of work under our Commissioning Strategy, which describes the placements we want to provide and commission for our Looked After Children and focuses on how we will develop our current arrangements to improve the lives of the children in our care. Its scope is not restricted to just making good quality placements, the intention is to bring together the range of activity across Children's Services at all stages of the care journey, including a clear focus on supporting families to stay together, wherever it is safe to do so, and minimising the need for children to become looked after.

The statement provides further detail regarding the Looked After Child population, the views of children and information regarding current placement provision and mix. The statement is updated annually and is available to the public via the council's website.

## **Ensuring the Strategy is implemented**

The LAC Commissioning Board acts as a strategic board for the LAC Commissioning Strategy. This group will have overall responsibility for the oversight of the Strategy and associated action plan and specifically will:

- Act to ensure quality care and the best possible life outcomes for looked after children.
- Ensure consistency and shared accountability for the delivery of the Strategy's objectives
- Commission and have oversight of workstreams – reviewing briefs and business cases and agreeing work required
- Monitor progress – through reviewing the action plan and exception reports, providing appropriate challenge to ensure actions are delivered in a timely way and the outcomes for LAC improved
- Monitor the financial model and budget picture to ensure the workstreams within the strategy are on track to deliver the required savings
- Consider and address exceptions, risks and issues as they are reported upward by the Project Manager, escalating when required
- Share information between different strategy workstreams and ensure that all dependencies are identified and managed
- Share information across the directorate's as appropriate and board members will take responsibility for bringing issues within their relevant area to the Board's attention and cascade information appropriately through their directorates.



## **APPENDIX 1**

### **Achievements since the 2011 Strategy**

#### **Families are supported to stay together and build resilience**

- ◆ Established a new Family Worker
- ◆ Developed the Family Intervention Partnership (FIP) with additional expansion in light of the launch of Together for Families (TFF)
- ◆ Increased evidence based practice through commissioning a range of new parenting courses
- ◆ Successfully piloted E-CAF as part of the Team Around the Family (TAF) work. Profile of initiators of CAF is changing as hoped- greater numbers initiated by early years, primary schools and health staff.
- ◆ The work around the Lead Professional role and the Budget Holding Lead Professional (BHLP) project have provided a strong foundation for the TFF work to build upon
- ◆ Agreed a single, evidence-based approach to behaviour management for all. Phase I of the TFF programme has been completed with 805 families successfully turned around. A cost benefit analysis of 25% of the cohort was undertaken and it was found that for every £1 spent there was £3 costs avoided to the public purse

#### **Risk is managed confidently and support provided at the edge of care**

- ◆ Social Work- Working for Families Unit Model: 46 units rolled out across the County.
- ◆ Established a MST Problematic Sexualised Behaviour Programme (MST-PSB)
- ◆ Confirmed our policy and practice to support young people aged 16+ presenting as homeless
- ◆ Family Group Meeting (FGM) service established: engaging the wider family at an earlier stage
- ◆ Introduction of the Specialist Family Support Service (SFSS) to work with those families considered to be on the “edge of care” and help them to stay together wherever possible and safe to do so.
- ◆ Alternatives to Care (AtC) Team established comprising 3 teams working across the County to prevent 11-18 year olds entering care.

#### **Children remain in education**

- ◆ Piloted a more active management of the transitions process between primary and secondary school to support vulnerable children
- ◆ Risk of Non Participation Indicator (RONI) in use in locality teams and schools to help us target our support to young people at risk of becoming NEET
- ◆ Training opportunities for schools and other key stakeholders have been delivered.
- ◆ Development of improved communication including a website for advice and guidance for all stakeholders.
- ◆ Developed a new PEP to provide better focus on learning and progress and so improve links for transition and further education. All PEPs now include information of the spending of the PP+ money and the impact this has had.
- ◆ Auditing of the PEPs, meetings and information sharing of the ESLAC team means that all pupils are able to receive a good quality assured service.
- ◆ Employed an Early Years teacher to support the earliest stages of education, linking to the EYPP+ and the Early Years team. This will support improved transition into school and may result in a narrowing of gaps in early learning such as phonics.



- ◆ The ESLAC team have developed a protocol for SEND pupils both within the disability team and START teams to provide a more consistent and clearer strategy for the education and continuing education of pupils in this sphere.
- ◆ Clearer mapping of progress data to monitor needs of pupils and provide intervention strategies asap to retain engagement in education.
- ◆ Developed close links with the inclusion manager, attendance manager and alternative provision manager to monitor and support individual pupils and identify emerging themes.

### **Quality care is provided for all Looked After Children, at the right place, right time, right cost**

- ◆ Improved the way that we contract and procure high quality placements
- ◆ Range of measures introduced with the aim of increasing our in house foster carer numbers: examples include the recruitment of a Fostering & Adoption Marketing Manager, development of a recruitment and retention strategy for foster carers and becoming a Foster Friendly Authority
- ◆ Re-launched the LAC Psychology Service within the new Social Care Unit Model structure
- ◆ Established an Education Disruption Fund for children coming into care or moving placement
- ◆ Developed the 16+ Supported Accommodation Strategy to provide an increased portfolio of options for independent or semi-independent living.
- ◆ Developed a LAC Sufficiency Statement which sets out how we provide sufficient and suitable accommodation for all Looked After Children.
- ◆ Completed Children's Residential Care Review – This consisted of three strands of work including re-tendering of the London Road/ Short breaks provision, new specification for in-house residential homes (emergency & short break placements) and increase of in county residential and specialist residential placements.
- ◆ Fostering Review undertaken in 2014 resulted in the development of a specification for delivery of in-house fostering services setting targets for an increase in the number of foster carers.

### **Children are moved through the care system in a timely way**

- ◆ Focused our care and permanency planning processes: e.g. our updated Permanency policy, Permanency Monitoring Group established, our Permanence Unit (Unit 32)
- ◆ Achieved safe exits from care where appropriate among the cohort of 16+ Looked After Children going through "Going Home" Audits: three young people rehabilitated home
- ◆ Introduced concurrent planning into fostering and adoption. Four sets of carers approved and waiting for a placement.
- ◆ Ran three successful "learning from CAM" meetings which took an in-depth look at the history of a case in a multi-agency setting
- ◆ Updated our out of county and emergency placement procedures.
- ◆ Implemented new S.20 and S.31 panels to replace CAM Panel (the weekly meeting that manages thresholds of accommodation, PLO and Proceedings and the allocation of additional resources for placements).

## **APPENDIX 2**

### **Placements Strategy Action Plan**

Appended to this strategy is a high-level action plan for delivery of the strategy, covering ongoing workstreams and priorities looking forward. Many of the workstreams have additional detailed project plans behind them and further information about progress can be sought from the CFA Business Improvement & Development Team.

DRAFT