





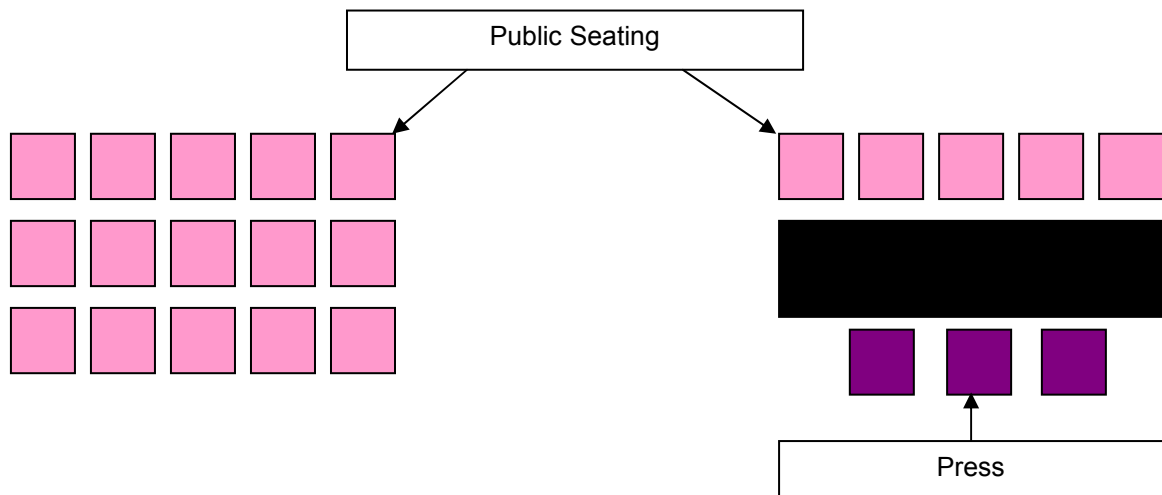
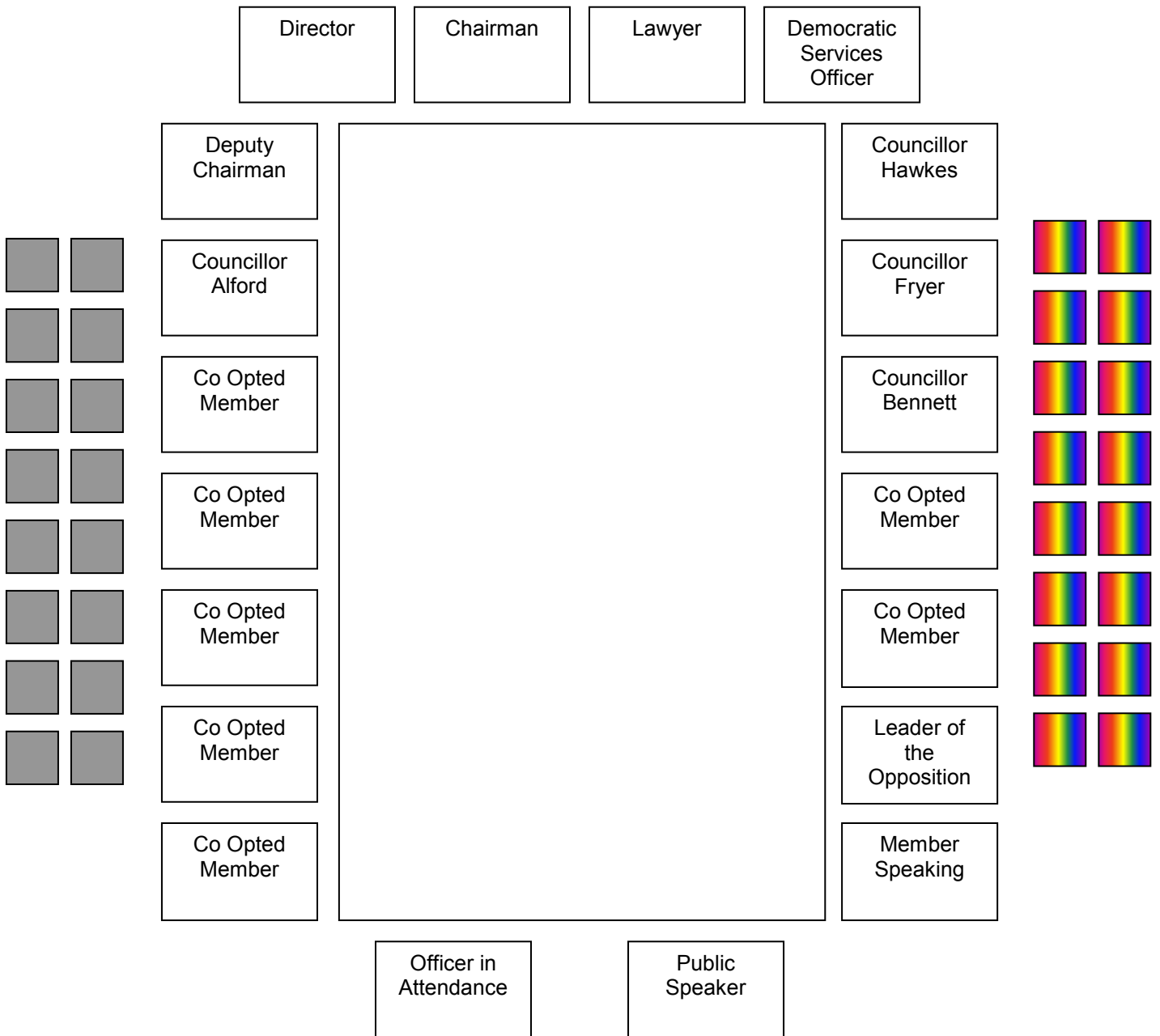
**Brighton & Hove  
City Council**

# Children & Young People's Trust Board

Title:	<b>Children &amp; Young People's Trust Board</b>
Date:	<b>2 November 2009</b>
Time:	<b>5.00pm</b>
Venue	<b>Council Chamber, Hove Town Hall</b>
Contact:	<b>Nara Miranda</b> Democratic Services Officer 01273 291004 (voicemail only) nara.miranda@brighton-hove.gov.uk

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# Democratic Services: Meeting Layout



## CHILDREN & YOUNG PEOPLE'S TRUST BOARD

The Following are requested to attend the meeting:

**Councillors:** Brown (Chairman), Alford, Bennett, Fryer and Hawkes (Opposition Spokesperson)

**Brighton & Hove Primary Care Trust:** Denise Stokoe (Deputy Chairman), Darren Grayson and Dr Louise Hulton

**South Downs Health:** Andy Painton, Mo Marsh and Simon Turpitt

**Non-Voting Co-optees:**

Lynette Gwyn Jones	Brighton & Sussex University Hospitals NHS Trust
David Standing	Community & Voluntary Sector Forum
Gail Gray	Community & Voluntary Sector Forum
Andrew Jeffrey	Parent Forum
Eleanor Davies (CYPT)	Parent Forum
Graham Bartlett	Sussex Police Authority
Professor Imogen Taylor	Universities of Brighton & Sussex
Priya Rogers	Youth Council
Rose Suman	Youth Council
Vacancy	Surrey & Sussex Strategic Health Authority

AGENDA

**26. PROCEDURAL BUSINESS**

- (a) Declaration of Substitutes - Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- (c) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

*NOTE: Any item appearing in Part 2 of the Agenda states in its heading either that it is confidential or the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

*A list and description of the categories of exempt information is available for public inspection at Brighton and Hove Town Halls.*

**27. MINUTES OF THE PREVIOUS MEETING**

**1 - 8**

Minutes of the meeting held on 7 September 2009 (copy attached).

**28. CHAIRMAN'S COMMUNICATIONS**

**29. ANNUAL ADOPTION AGENCY REPORT**

**9 - 56**

Report of the Director of Children's Services (copy attached).

Contact Officer: Sharon Donnelly                      Tel: 29-5549  
Ward Affected: All Wards;

**30. ANNUAL FOSTERING SERVICE REPORT**

**57 - 100**

Report of the Director of Children's Services (copy attached).

Contact Officer: Sharon Donnelly                      Tel: 29-5549  
Ward Affected: All Wards;

## CHILDREN & YOUNG PEOPLE'S TRUST BOARD

### 31. PERFORMANCE IMPROVEMENT REPORT 101 - 132

Report of the Director of Children's Services (Copy attached).

Contact Officer: Paul Brewer Tel: 29-1269

Ward Affected: All Wards;

### 32. BRIGHTON AND HOVE CHILDREN AND YOUNG PEOPLE'S PLAN 133 - 226

Report of the Director of Children's Services (copy attached).

Contact Officer: Steve Barton Tel: 29-6105

Ward Affected: All Wards;

### 33. SAFEGUARDING PRACTICE - UPDATE 227 - 232

Report of the Director of Children's Services (copy attached).

Contact Officer: Steve Barton Tel: 29-6105

Ward Affected: All Wards;

#### PART TWO

### 34. SAFEGUARDING PRACTICE - UPDATE [EXEMPT CATEGORY 1 AND 3] 233 - 298

Appendix 1 to the report of the Director of Children's Services, listed as Item 33 on the agenda – Exempt Category 1 and 3 (circulated to Members only).

Contact Officer: Steve Barton Tel: 29-6105

Ward Affected: All Wards;

### 35. PART TWO ITEMS

To consider whether or not the above item and the decisions thereon should remain exempt from disclosure to the press and public.

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next Cabinet Member Meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk). Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

## CHILDREN & YOUNG PEOPLE'S TRUST BOARD

For further details and general enquiries about this meeting contact Nara Miranda, (01273 291004 (voicemail only), email [nara.miranda@brighton-hove.gov.uk](mailto:nara.miranda@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

Date of Publication - Friday, 23 October 2009

**BRIGHTON & HOVE CITY COUNCIL**

**CHILDREN & YOUNG PEOPLE'S TRUST BOARD**

**5.00pm, 7 SEPTEMBER 2009**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:**

Councillors: Brown (Chairman), Bennett, Fryer, Hawkes (Opposition Spokesperson) and Alford

**Brighton & Hove Primary Care Trust:**

Denise Stokoe, Darren Grayson and Dr Louise Hulton

**South Downs Health:**

Andy Painton, Simon Turpitt and Mo Marsh

**Non-Voting Co-optees:**

David Standing, Community & Voluntary Sector Forum

Gail Gray, Community & Voluntary Sector Forum

Andrew Jeffrey, Parent Forum

Eleanor Davies, Parent Forum

Priya Rogers, Youth Council

Rose Suman, Youth Council

Graham Bartlett, Sussex Police Authority

**PART ONE**

**19. PROCEDURAL BUSINESS**

**19a Declarations of Substitutes**

19.1 There were none.

**19b Declarations of Interest**

19.2 Councillors Alford and Fryer declared a personal, but non-prejudicial interest in Item 23 in so far as they worked for FE Colleges locally and out of the area, respectively. Denise Stokoe, PCT, also declared a personal, non-prejudicial interest in the Item as she is a governor of a FE college.

**19c Exclusion of Press and Public**

- 19.3 In accordance with section 100A of the Local Government Act 1972 ('the Act'), the Children & Young People Trust Board considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press or public were present during that item, there would be disclosure to them of confidential information (as defined in section 100A(3) of the Act) or exempt information (as defined in section 100I(1) of the Act).
- 19.4 **RESOLVED** – That the Press and the Public be not excluded from the meeting.

**20. MINUTES OF THE PREVIOUS MEETING**

- 20.1 Councillor Alford noted that he was still waiting for some information in relation to paragraph 15.5, which he had not yet received. The Chairman indicated that she would see that a response was sent to him.
- 20.2 **RESOLVED** – That the minutes of the previous meeting held on 20 July 2009 be approved and signed by the Chairman as a correct record.

**21. CHAIRMAN'S COMMUNICATIONS**

- 21.1 The Chairman welcomed the following people to the Children & Young People Trust Board: Denise Stokoe, as the Interim Chair of the PCT and Deputy-Chairman of the Board; Graham Bartlett, as the new representative of the Sussex Police on this Board; and Councillor Alford, who would be replacing Councillor Kemble from now onwards.
- 21.2 On behalf of the Board, the Chairman recorded her thank you to Councillor Kemble, who had been a member of the Children & Young People's Trust Board since its founding. She thanked Councillor Kemble for his work, involvement, and contribution to this committee.

**22. BRIGHTON & HOVE YOUTH COUNCIL UPDATE AND PRESENTATION**

- 22.1 The Board considered a report of the Director of Children's Services concerning the Brighton & Hove Youth Council (BHYC). The report and presentation provided an overview of Brighton & Hove Youth Council 2008/09 (including the UK Youth Parliament) – why it existed, how it worked, its current campaigns, its achievements in the last 6 months, and the challenges for the future (for copy see minute book).
- 22.2 The Youth Council representatives noted the budget and finance constraints that the BHYC currently faced. In answer to questions, the representatives clarified that food and travel were compensative in the activities and events they organised and participated in. They note, however, that there seemed to be less and less money available to support their work. The representatives reported that the more successful the group became, the more challenging the budget also became. They noted that the number of people involved with the Youth Council project had doubled, but the budget had not followed that increase. They also advised that they would continue to apply for a variety of funds to be able to carry on with their work.



- 22.3 Members very much welcomed the report and the presentation. They congratulated the BHYC for the work they were doing and for the engagement and dedication the group demonstrated. Members also noted the importance of the work this group undertook, and hoped that the two representatives sitting on the Board were getting something out of this work for themselves as well.
- 22.4 The Youth Council representatives indicated they were pleased with the opportunity to, through their involvement with the Youth Council, have a say on what goes on in the city. They welcomed the education and the support available for young people.
- 22.5 Members noted the constraints in budget, which they recognised was a general concern to many and agreed to, collectively, look into ways of supporting the BHYC's financial needs.
- 22.6 The Chairman thanked the two representatives for their presentation and their participation as members of the Board.
- 22.7 **RESOLVED** - That the information in the report be noted.

### **23. REFORM OF EDUCATION FOR YOUNG PEOPLE AGED 14-19 YEARS**

- 23.1 The Board considered a report of the Director of Children's Services concerning the reform of education for young people aged 14-19 years. The report updated members of the Board on the work that was in progress in relation to the structure of education, training and qualifications for young people aged 14-19 years, and the plans for introducing the new curriculum (for copy see minute book).
- 23.2 The Senior Secondary and Special Schools Officer presented the item and highlighted the main points relating to the reform of education for this age group in terms of the aims and priorities from the DCSF (see appendix 1 to the minutes).
- 23.3 The Senior Officer also referred to a local event, which was being organised for November 2009, aimed for young people to show them the array of choices available to them. She indicated that the event was the first of its kind in the city and had been signed up by all schools and had taken different employers and other agencies on board. She stated that councillors and members of the Board were welcome to attend the event, and indicated that an invitation would be circulated to all in due course.
- 23.4 Councillor Alford noted the increased figure of pupils leaving education at the age of 17. He sought clarification about the exact number of 17 year olds who had become NEET. The Senior Officer agreed to look into this information and respond directly to Councillor Alford.
- 23.5 Members also sought clarification about the process of apprentices and how these were going to work in practice. They noted that, in the past, the system had not been very successful and enquired whether officers were looking into getting further commitment from employers, in particular the local authority and the NHS as the city's major employers.

23.6 The Senior Secondary and Special Schools Officer reported that work was currently under way to develop this area. She indicated that further update and development on this matter would be brought to a future meeting of the Board.

23.5 In answer to questions, the Senior Officer also explained that, in the process of transfer of responsibilities, FE colleges would not be integrated within the Local Authority (LA). She reported that only the funding and the commissioning system process would be done via the LA.

23.8 **RESOLVED** - That the contents of the report be noted.

**24. RESPONSE TO THE REPORT OF THE CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE REPORT: REDUCING ALCOHOL RELATED HARM TO CHILDREN AND YOUNG PEOPLE**

24.1 The Board considered a report of the Director of Children's Services, which provided a response to the report of the Children and Young People's overview and Scrutiny Committee Report relating to reducing alcohol related harm to children & young people. The report proposed further action in respect of the CYPT response to the issue of young people and alcohol (for copy see minute book).

24.2 The Assistant Director, Strategic Commissioning and Governance, noted that the one of the functions of this report was to acknowledge the work carried out by CYPOSC. The Assistant Director pointed out that this was the first time that a report from the CYPOSC had been received at the Children and Young People's Trust Board and noted the importance of cementing the relationship between the two bodies.

24.3 Councillor Marsh and her colleagues in the NHS and PCT noted the various implications completed in the 'Financial and Other Implications' section of the report. They drew attention to the relevance of including and referencing health implications alongside all the other information provided therein. It was felt that this information would contribute to a more integrated approach in relation to the Board's work and would recognise the contribution that the different partnerships brought to it. They sought clarification about how this information could be integrated in the future.

24.4 The legal adviser noted the comments. She advised that this matter needed to be resolved elsewhere, outside the Board's remit.

24.5 Darren Grayson, PCT, noted that this particular report had alluded to health considerations in the information contained in its appendix. He accepted, however, that because the Board was committed to the health and well being of young people, a clearer expedition of this issue should be a matter of course on all the reports that were considered at this Board. He volunteered to work with the Director of Children's Services to take this matter forward.

24.6 Graham Bartlett, Sussex Police, noted that the Operations Parks, which dealt with a combination of youth related disorders, had seen a decrease in the number of interventions among the youth by 5%. He noted that this had been a result of the engagement work carried out with all partners together with parents and other agencies.

- 24.7 Members drew attention to the possibility of children drinking either with their parents or with their parents' knowledge. They also sought clarification as to whether there were any statistics available about the damage caused to health as a result of drinking practices.
- 24.8 The Service Manager, RuOK, reported that officers were aware of the possibility raised above. She noted that one of indicators shown in the information collected from surveys her team conducted was that a youth was more likely to get alcohol through an adult than through off-license premises. She reported that work was being carried out around proxy-purchasing, which involved a joint work from the Police, the Licensing team and the Trading Standards team, to target adults purchasing alcohol for children and under age individuals.
- 24.9 In terms of the statistics about health damage caused by drinking, Darren Grayson stated that he was aware that the NHS collected information relating to alcohol misuse. He noted, however, that he did not have all the details about that practice.
- 24.10 Councillor Fryer noted the scope of Recommendation 10 and welcomed the practice of asking young people about their views about these matters. She also enquired whether there was any research available, which taught about responsible drinking and promoted its benefits.
- 24.11 The Service Manager, RuOK, indicated that she was aware of such reports in the USA; she was, however, unaware of such research nationally.
- 24.11 The Board welcomed the report.
- 24.12 **RESOLVED** - That, having considered the information and the reasons set out in the report, the Board accepted the following recommendations:
- (1) That the recommendations of the report from CYPOSC be noted.
  - (2) That the work of the CYPOSc Committee be acknowledged.
  - (3) That a further report be requested from the CYPT, setting out proposals for a Youth Alcohol Action Plan as part of the Brighton & Hove Alcohol Strategy.
  - (4) That it be agreed that further work, in respect of the recommendations from the CYPOSC which fall beyond the remit of the CYPT, be taken forward through the Local Area Agreement.

## **25. BRIGHTON AND HOVE CHILDREN AND YOUNG PEOPLE'S PLAN**

- 25.1 The Board considered a report of the Director of Children's Services, concerning the draft version of the Brighton & Hove's second Children & Young People's Plan (CYPP). The draft plan, which was based on extensive consultation with service users, partners and staff, brought together the city's shared vision and concerns, and set out the improvements in outcomes the city want to make and how these would be achieved (for copy see minute book).

- 25.2 The Assistant Director, Strategic Commissioning and Governance highlighted the main points about the draft CYPP (see appendix 2 to the minutes). He noted the particular emphasis given to safeguarding at national level, which also needed to be reflected locally and had primary focus in the current draft.
- 25.3 The Director of Children Services noted the statutory status under which this plan had to be constructed. She reported that the plan aimed to build on what had been achieved by the first and previous CYPP, whilst also incorporating new legislation. She referred to the sharper focus on the Children & Young People's Trust's objectives and noted that the plan also reflected and took account of the view of service users. The Director also recognised the importance of the plan being owned by all partners, and noted that the plan had been delayed in order to ensure that it contained everything required of it.
- 25.4 Discussion took place and members noted that budget constraints, alongside the increasing number of children in care, would be at the background of this plan and concerns were raised as to whether the plan could deliver within its budget. Members requested that closer consideration was given to the issue of child poverty and requested that focus was also not detracted from issues such as special needs and disabilities.
- 25.5 Members further noted the deprivation scales shown for the city, which seemed to indicate that there had been no improvement in tackling this issue. It was recognised, however, that even though the process seemed to be long and slow, the city had been much more focused than before and it needed to continue to improve its focus in order to turn around those statistics, continue to do well, and have better outcomes for young people.
- 25.6 Gail Gray, Women's Refuge, referred to the issue of domestic violence. She noted that this was a matter which had not yet been considered at the Board, and noted that the matter seemed to have been overlooked in the current report as well.
- 25.7 Members agreed that there was a need for the Board to consider the issue of domestic violence, which occurred not only at adult level but also among young people, and requested that a report be brought to the Board about this matter.
- 25.8 The Assistant Director, Strategic Commissioning and Governance, noted the issue raised about tackling child poverty and the issue of domestic violence, and accepted that a more targeted focus was required on those areas. The Chairman also noted the attention drawn to the issue of domestic violence and agreed to the request of bringing this matter to the Board at a later stage.
- 25.9 Members welcomed the report, noted the plan's focus and intentions, and welcomed the opportunity to have a conversation about the plan's aspirations and how all partners could commit to delivering it. They noted that the initial deadline of 18 September, given for the return of the responses to the questionnaire in appendix 2 of the report, might be too close for an adequate response and requested an expansion of the initial deadline.
- 25.10 The Chairman and the Director of Children's Services were agreeable to this extension. The deadline for the return of responses was extended to the end of September 2009.

The Director indicated that she would welcome considerations on how the plan could be introduced as the CYPT's and the Board's plan.

The Assistant Director, Strategic Commissioning and Governance, agreed to circulate an electronic copy of appendix 1 and 2 to all members.

25.11 **RESOLVED** – That, having considered the information and the reasons set out in the report, the Board accepted the following recommendations:

- (1) That written feedback be provided by all partners to the Draft CYPP (as set in Appendix 1 to the report) from their respective organisations.
- (2) That it be agreed that a final CYPP be received for approval at the next meeting of the Board on 2 November 2009.

The meeting concluded at 6.35pm

Signed

Chairman

Dated this

day of



**Subject:** Annual Adoption Agency Report  
**Date of Meeting:** 2 November 2009  
**Report of:** Director of Children's Services  
**Contact Officer:** Name: Sharon Donnelly Tel: 29-5549  
E-mail: sharon.donnelly@brighton-hove.gov.uk  
**Key Decision:** No Forward Plan No: N/A  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 Standard 17.3 of the National Minimum Standards for Local Adoption Services (England) 2003 requires the Adoption Agency to produce an Annual Report to be received by the Council Executive. The annual report for 2008/9 found in Appendix 1 provides full information about adoption activity and compliance with the national adoption standards within the Children & Young People's Trust and a profile of the work of the Adoption and Permanence teams with the Fostering & Adoption Service.
- 1.2 Standard 1.2 of the National Minimum Standards for Local Adoption Services (England) 2003 requires that the statement of purpose is endorsed by the Council's executive annually. The revised statement of purpose can be found in Appendix 2.

#### 2. RECOMMENDATIONS:

- 2.1 That the Annual Adoption Agency Report and the progress of the Agency in relation to adoption and permanence activity be noted.
- 2.2. That the revised Adoption Agency Statement of Purpose (Appendix 2) be endorsed.

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 See Annual Adoption Agency Report

#### 4. CONSULTATION

- 4.1 The Annual Adoption Agency report has been compiled in collaboration with managers from the Adoption and Fostering service and the report of the Independent Chair of Panel has been compiled in consultation with Panel members

## 5. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 5.1 The spending on Adoption Allowances in 2008-09 totalled £617812. This represented a reduction of 8.45% when compared to the 2007-08 outturn figure. In addition, expenditure in the sum of £26292 was incurred in respect of a number of 'one-off' costs such as Setting Up Allowances, Contact, Prospective Adopters and Therapy.

*Finance Officer Consulted: Brian McGonigle*

*Date: September 2009*

### Legal Implications:

- 5.2 The work of the Adoption Agency (Brighton & Hove City Council) is governed by the Adoption and Children Act 2002, and accompanying statutory regulations and guidance. The Adoption and Permanence Panel is required as a matter of law to make recommendations to the Adoption Agency regarding the approval or otherwise of prospective adopters and children for adoption, and also to approve matches with particular adopters. The membership of the Panel is governed by the Adoption Agencies Regulations 2005.

Children can only be adopted or made the subject of Special Guardianship orders with the approval of the Court, after rigorous analysis, which now includes consideration of whether or not there should be continuing contact facilitated with any member of the birth family post adoption.

The authority is required to plan and provide support services to children and families involved in adoption or Special Guardianship, and under the Children Act 2004, this should be with the active assistance of all the partners under the Trust.

The developments in legislation are all compatible with Article 8 of the European Convention on Human Rights, which upholds the right to respect for family and private life, except where an interference is in accordance with the law and is necessary for the protection of the rights and freedoms of others.

*Lawyer Consulted: Natasha Watson*

*Date: September 2009*

### Equalities Implications:

- 5.3 The Adoption and Children Act 2002 aligns adoption law with the relevant provisions of the Children Act 1989 to ensure that a child's welfare is the paramount consideration in decisions relating to adoption. The 'welfare' of the child includes having regard to a child's age, sex, religious persuasion, racial origin, and cultural and linguistic background

The adoption agency has an explicitly inclusive recruitment strategy and also employs a recruitment officer for BME carers and adopters. An Equalities impact assessment is due to be undertaken in 2009/10

### Sustainability Implications:

- 5.4 None have been identified.



Crime & Disorder Implications:  
5.5 None have been identified.

Risk and Opportunity Management Implications:  
5.6 None have been identified.

Corporate / Citywide Implications:  
5.7 The annual report focuses on the work of a city wide service within the CYPT.

## **6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

6.1 None

## **7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 It is a requirement of the National Adoption Minimum Standards

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Annual Adoption Agency Report
2. Adoption Agency Statement of Purpose

### **Documents In Members' Rooms**

1. Annual Adoption Agency Report
2. Adoption Agency Statement of Purpose

### **Background Documents**

1. Annual Fostering Service Report 2008/9





Brighton and Hove  
Children and Young People's  
**TRUST**



# **Annual Adoption and Permanence Report**

## **2008-2009**

**Fostering and Adoption Service  
253 Preston Road  
Brighton  
BN1 6SE**

**[www.adoptioninbrightonandhove.org.uk](http://www.adoptioninbrightonandhove.org.uk)**

## **1. Introduction**

The report will provide detail of the adoption and permanence work undertaken within the Children and Young People's Trust [CYPT] from April 2008-March 2009, including information on adoption activity and compliance with the national adoption standards.

A child's welfare is of paramount consideration and the adoption and permanence activity of the CYPT is part of the critical pathway of work with vulnerable families. A key priority of the CYPT is to ensure children can be brought up safely with their birth parents or within their wider family network if at all possible. If that is not possible then children are entitled to grow up within a family that can provide a legally secure and stable family placement ideally through adoption or if that is not appropriate via another legal order that secures permanence or through a permanent foster placement.

The Fostering and Adoption service is a city wide service within the CYPT and contributes to improving outcomes for the most vulnerable children and young people in the city in line with the priorities outlined in the Children and Young People's Plan.

The work of Brighton and Hove City Council as an adoption agency is governed by the Adoption and Children Act 2002 [ACA 2002] which was fully implemented in December 2005.

A report from the Independent chair of Brighton and Hove's Adoption and Permanence panel is appended to this report.

## **2. Adoption and Permanence Service**

The Adoption and Permanence Service Manager has continued to be Karen Devine for 2008/9. During this period the service continued to comprise the Adoption and Permanence team, the Family and Friends team, and the Concurrency team. There have subsequent developments to the Concurrency team which will be commented on later in this report.

The Practice Managers within the Adoption and Permanence service take lead responsibility for different aspects of the work, namely adoption support services, family finding, and the recruitment and preparation of prospective adopters, the work of the family and friends team and of the concurrency team. The team is made up of a number of experienced social work practitioners, social work resource officers and an adoption support teacher. The team provides a duty service for prospective adopters and team members take a lead role in providing other services such as birth records counselling, adoption support work and step-parent adoption. The Practice Manager who acts for the CYPT as the Adoption Support Services Advisor

manages staff that have a dedicated role in providing post adoption support including letterbox and support to direct contact arrangements.

The Adoption Agency Advisor plays a key role in ensuring the effective running of the Adoption and Permanence Panel, providing a quality assurance role in relation to reports being prepared for panel and for providing specialist advice to staff within the CYPT in relation to adoption and permanence work. The Fostering Agency Advisor has covered this role for much of 2008/9 whilst the post was recruited to. The new post holder is Michael Wilson who took up this post at the end of March 2009.

It is essential that there are close working links between the Fostering and Adoption service and the other area and city wide teams involved in working with children in care and their families. Quarterly meetings are held with the Fostering and Adoption and Area Team Managers, Children's Disability Team Manager and 16+ Support Team Manager, Agency Placement Manager, the Medical Advisor, and Consultant Nurse for Children in Care [CiC] to discuss practice issues in relation to fostering and adoption and services for children in care. The Head of Service is also involved in the CYPT Care Matters implementation group.

Staff within the Fostering and Adoption service as a specialist service are used widely by area teams for consultation on all aspects of practice relating to permanence planning or family and friends care. Training events are also provided for area staff with more responsibility falling on key managers within service to deliver this training within the new CYPT core skills training programme.

The Head of Service has also continued to chair a monthly pre-birth assessment panel which comprises key social work and health staff within the CYPT plus the midwifery manager and the family group conference co-ordinator. This panel maintains an over sight of all the pre-birth referrals of children at risk of care proceedings or a child protection plan at birth and endeavours to ensure that early pre-birth assessment takes place to minimise any delay in achieving permanence for vulnerable babies, and to reduce the numbers of children coming into care through the planning of appropriate multi professional support services. However the significant increase in numbers of children coming into care since December 2008 and the pressure on area social work teams in particular has led to a greatly reduced capacity for the social work teams to undertake timely pre birth assessments. It is hoped that this can be addressed through future strategic planning within the CYPT to develop an early permanence service to ensure that these very vulnerable babies receive a co-ordinated and priority service.

The Adoption Support Services Advisor, Consultant Nurse for Children in Care [CiC] and Head of Service also attended a monthly meeting of the specialist Tier 3 team within CAMHS that provided a service for fostered and adopted children and their families. The CAMHS service for fostered and adopted children was re-commissioned during 2008/9 and this team has been disbanded. Referrals for these children are now directed to the one central

referral point within CAMHS and are dealt with by the three area teams within CAMHS and can be dealt with by a range of different clinicians at CAMHS with an expectation that these referrals receive an assessment appointment within 4 weeks.

Brighton and Hove continues to be a member of the South East Adoption Consortium and the Service Manager attends the quarterly meetings of the Consortium Managers as well as representing Brighton and Hove at the British Agencies of Adoption and Fostering (BAAF) quarterly meetings of the South East adoption agencies.

### **3. Ofsted Inspection**

The Adoption service was inspected by Ofsted in January 2009. The service had been previously inspected by the Commission for Social Care Inspection in September 2004 and it is a requirement that adoption services are inspected on a 3 yearly cycle. The delay in the timing of this inspection reflected the fact that the responsibility for inspecting children's services moved to an expanded Ofsted from April 2007.

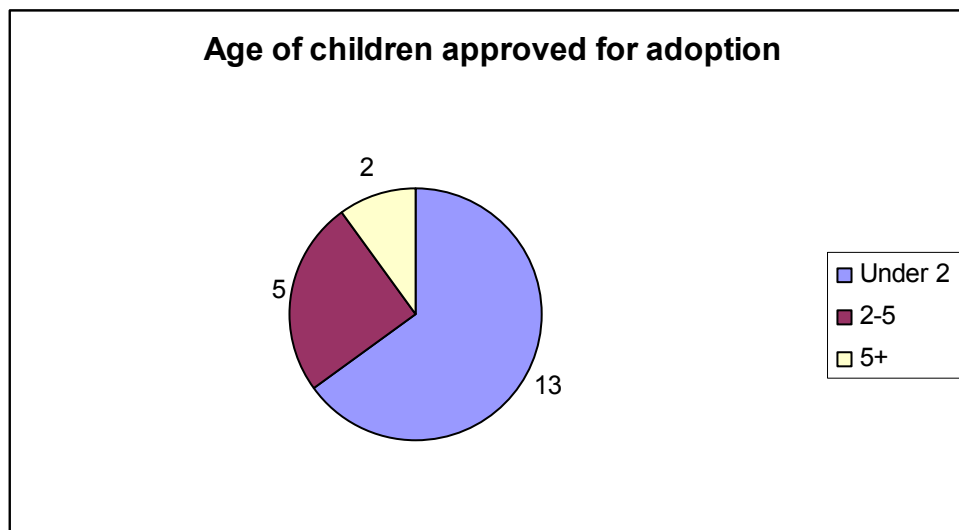
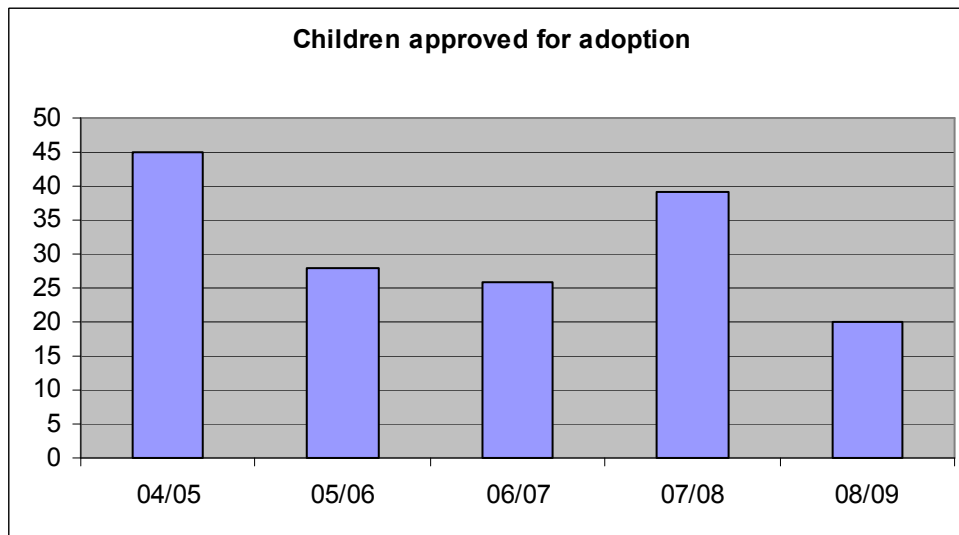
Considerable work was undertaken to prepare for the inspection in order to complete all the pre inspection documents and supply all the supporting evidence. Two inspectors were based in the service for one week alongside the Ofsted inspectors for the fostering service and had a very full programme of meeting managers and staff from the Adoption & Permanence service and managers from the area teams, the Medical Advisor, Agency Decision maker and lead elected member, adopters, birth parents and adopted adults. They attended support groups for adopters as well as visiting adoptive families in their own home and attending the Adoption & Permanence Panel. They also read a number of case files and policies and practice guidance.

The outcome of the inspection was very positive with the service being judged overall as 'good' with 'outstanding' for promotion of equality and diversity. The inspection report is very detailed and profiles the comprehensive range of work undertaken by the service making particular comment on a number of areas of excellent practice. The one statutory requirement and good practice recommendation from the inspection report related to the need for the social worker for the child to always prepare a later life letter and life story book for the child that explains the child's history and decision making about the plan for adoption. Further training and operational guidance is being provided for area social work staff on this issue. It is acknowledged that it is essential for adopted children and their new families to have life story books and later life letters with full information but this can be a time consuming and potentially complex piece of work if it is to be undertaken thoroughly. It is also a task that needs to be managed with sensitivity and some information about birth family can only be gathered after adoption has been agreed as the plan. It is clear that area Service Managers are very committed to ensuring this task is undertaken in a timely way but it can prove difficult for this task to be prioritised alongside the demands of child protection and other care proceedings work within very busy area teams.

## 4. Adoption Agency Activity 2008/9

### Children approved for adoption

Twenty children were identified as needing to be placed for adoption in 2008/9. In addition concurrent care plans were endorsed at panel in respect of five children. This is a decrease in numbers of children that were subject to a plan for adoption in 07/08 [39 children] although the figures for 07/08 included a particularly high number of sibling groups. There were 2 additional children that Panel considered adoption plans for in 2008/9 in both cases the plan was not able to go ahead at that stage because of the need to consider more fully the potential of wider family members. That work was undertaken in respect of those children and plans for adoption have been agreed at Panel since April 2009.

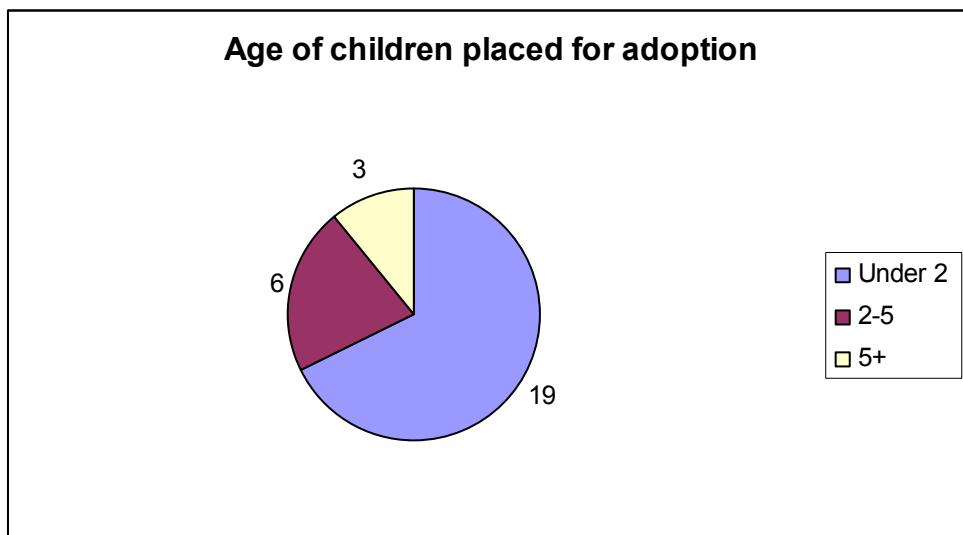
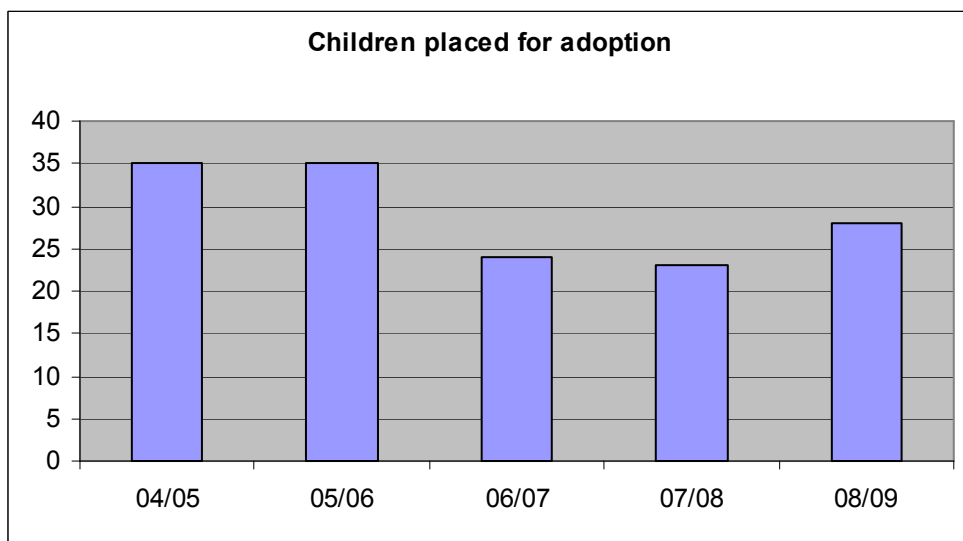


As of end March 2009 there were 14 children approved and waiting for an adoptive placement. Nine of these children have been waiting less than 6 months and are still on track to be placed within this target time. This reflects the fact that in 2007/8 there were a high proportion of children that came to

panel with a plan for adoption towards the end of the year. Of the 5 children that have been waiting longer than 6 months 4 are black or minority ethnic children and one is a child with a disability. This reflects the national shortage of appropriate adopters for black and minority ethnic children and the increased difficulty in finding adopters for children with a significant disability or for larger sibling groups.

### Profile of Children placed for adoption

There were 28 children placed within prospective adopters during the year, 16 boys and 12 girls. This represents 9.9% of the population of children who at 31<sup>st</sup> March 2008 had been looked after for 6 months or more. [Denominator 284]



Twenty two of the children placed with adopters were White English, of the remaining 1 was White English/Chinese, 1 White English/Black Jamaican, 1 Black Nigerian, 1 White English/Black African/American and 2 Black Jamaican.



Fifteen of the children placed were with in house adopters, eight with consortium adopters and five with adopters from another adoption agency.

Seventeen children were single placements; there were 4 sibling groups of 2 children and 1 sibling group of 3 children. There were no children placed apart from their siblings where the care plan had been for them to be placed together.

There were 13 children in care adopted during the year and 6 children in care that went on to be subject to a Special Guardianship Order. This represents 6.7% of the population of children in care for 6 months or more. The lower number of adoption orders in 2008/9 reflect the lower number of adoptive matches made the previous year plus delays in some legal applications with birth parents being given leave to oppose the adoption plan. It is anticipated that as the number of adoptive matches have increased again in 2008/9 the numbers of adoption orders will rise again next year.

### **Profile of adopters**

The number of prospective adopters approved during the year was 17 including 5 concurrent carers [carers approved as both foster carers and adopters]. This is a decrease from last year [20 new approvals] and represents a decision to continue to focus recruitment on adopters for older children, BME children, sibling groups and children with special needs as well as adopters living outside the city.

All the adopters approved in 2008/9 were White/British. The service has continued to profile the need for more BME adopters and it is encouraging that the recruitment events that have taken place over the last 2 years have included more BME prospective applicants. Assessments are currently underway in relation to 4 BME applicants.

At 31<sup>st</sup> March 2009 there were 12 approved adoptive families [including 5 concurrent carers] approved and still waiting to be matched with a suitable child or children.

It is of note that in 2008/9 there was an increase in the number of adoptive families approved that wished to be considered for a sibling group. A number of the approved adopters were in discussion about potential plans to consider a match either with a Brighton and Hove child or a child from another authority.

During 2008/9 there were 5 children from other local authorities were placed with Brighton and Hove adopters.

### **Step parent adoptions**

There have been 14 step parent adoptions completed in 2008/9 with a further 7 in the process of assessment as of 31<sup>st</sup> March 2009. This represents a slight increase from last years figures [12 step parent adoptions completed].

## **5. National Adoption Standards Timescales**

The adoption agency is required to monitor its performance against a range of timescales. The timescales relate to the decision to place a child for adoption, assessing and approving prospective adopters and the proposal to place a child with particular adopters.

Of the 28 children placed with prospective adopters 18 were placed within the required timescales of the decision being made that they should be placed for adoption. Of the 10 children that were not placed within 6 months from the approval of the plan for adoption 9 of these were children where it is difficult to identify a placement due to few available adopters [4 BME children, 2 sets of older siblings and 1 child with a disability]. The 10<sup>th</sup> child was placed within 7 months and the delay was due to having to place out of area and the additional time that can often be involved in making placements with adoption agencies at some distance from Brighton and Hove.

All agency decisions and notifications were made within the required timescale.

All of the 20 children identified as needing to be placed for adoption had a permanence plan agreed at the 4 month LAC review [some of which included adoption as part of a concurrent or twin track care plan] and 80% [16 children] were presented to panel within the 2 month timescale, 3 children were presented within 4 months and 1 children within 6 months. The delay in coming to panel often reflects the fact that adoption is part of parallel planning process and could not be presented to panel until the alternative care plan had been ruled out.

The agency met the timescales of all applicants in relation to the sending out of written information and inviting prospective adopters to an information session. Of the adopter assessments, 8 [47%] were completed within the required 8 month period. Of the remaining 4 took 9 months, 3 took 11 months 1 took 12 months and 1 took 13 months. The delay in progressing these assessments resulted either from specific life events within the prospective adopter household or decisions being made to halt the assessment for a period or the assessments taking longer to ensure that the applicants were fully prepared for the adoption task.

## **6. The Adoption Consortium**

The South East Adoption Consortium comprises Brighton & Hove, East Sussex, Kent, Bromley, Bexley and Medway. The consortium aims to maximise placement choice for children and to minimise delay in family finding across the consortium authorities by sharing prospective adopters.

The quarterly management meetings attended by the Service Manager are used to clarify and develop policy and practice issues across the consortium.

This year particular focus has been given to the introduction of the new format for prospective adopter assessment reports, preparation and feedback on inspection issues and recruitment policy and practice.

An Independent Review was undertaken of the Consortium during the year and various recommendations made, including the development of a consortium administrator post and consortium website to improve the sharing of details of approved prospective adopters and children waiting for adoption. These proposals have been considered for some time within the consortium but agreement to funding to date not been secured across all agencies so no progress has been made in either developing a consortium website or administrator.

There have been 3 Consortium Practitioners meetings during the year with a variety of topics being covered including Attachment in Adoption, Assessing Loss in Adoption, and Communication in Adoption. There have also been 2 Adoption Support Services Advisor (ASSA) meetings during the year. These meetings considered issues around therapy for children, respite care for adoptive families and financial support. There have been staff changes across the consortium ASSA posts, with new staff in place it is hoped that the meetings will revert to quarterly as they are a useful mechanism for addressing variation in adoption support provision across the consortium.

## **7. Recruitment & Preparation**

The Adoption and Permanence Service received 208 enquiries to the duty service throughout the year which is a slight increase from last year. Two information sessions attended by 115 people [53 households] were held throughout the year including another very successful information day that was held as part of National Adoption week in November 08. These events receive considerable support from Brighton & Hove's experienced adopters who attend to ensure that all prospective adopters have the opportunity for individual discussion not only with a member of staff but also with experienced adopters. Three preparation groups were held during the year attended by 22 households.

The recruitment strategy for the service is reviewed annually and is based on the profile of the children in care in Brighton & Hove that need to be placed for adoption and also takes account of the number of approved adopters waiting for a placement. Most enquiries are from adopters that are interested in adopting a child under 2 years. The recruitment strategy for 2008/9 details the fact that priority is given to BME applicants, prospective adopters from outside of the Brighton and Hove area, or applicants that are interested in sibling groups and children over 3 years. The decision to prioritise the need for adopters from outside of the city reflects the fact that there are already a number of locally based approved adopters and it sometimes a requirement as part of the child's matching needs to find a placement away from the local family network.

The service does endeavour to seize the opportunity to maintain a strong profile locally and nationally on adoption related issues. A social worker within the service contributed to a BAAF feature in their magazine Be My Parent which focused on gay and lesbian adopters. She profiled practice in Brighton & Hove in relation to recruitment, assessment and support of gay and lesbian adopters. This was followed up by a presentation by the Head of Service in May 09 at a BAAF conference on the same issue. Statistics on practice in Brighton and Hove indicated that the proportion of approved gay and lesbian adopters has been between 15-20% over the last 5 years which reflects the profile of the population locally.

The Recruitment and Publicity Officer for BME foster carers and adopters has continued to profile the work of the service. She has placed advertisements in a number of different publications and made contact with key local BME and faith groups and ensures the service has stalls at events like Black History Month and International Women's Day.

In March 2009 the Fostering & Adoption service launched their updated and refreshed website [[www.adoptioninbrightonandhove.org.uk](http://www.adoptioninbrightonandhove.org.uk)]. Priority will continue to be given to keeping the website up to date with comprehensive information for prospective and approved adopters reflecting the fact that most applicants now prefer to research information on line before making direct contact with an agency.

### **Inter country adoption**

Since 2005 Brighton & Hove has had a contract with Parents and Children Together [PACT], a voluntary adoption agency, to undertake the preparation, assessment and approval of inter country adopters. PACT has considerable specialist experience in this area of work and provides a dedicated service to people from Brighton & Hove that wish to adopt from abroad.

During 2008/9 PACT sent out 16 information packs to prospective adopters and carried out 4 initial interviews. They received 2 applications and 2 adopter households were approved as inter country adopters.

## **8. Concurrency**

The Concurrency team has been in place and part of the service since 1999 with the aim of promoting early permanence planning for young children who are either in or at risk of entry into the care system. The service has undertaken pioneering work in this field being the first local authority to establish such a dedicated team. The team recruits carers who are prepared to be foster carers and adopters. This enables a child, 0-2 years, to be placed with one set of carers throughout the assessment and court process. If the child cannot return to the birth family, the carers are then able to provide permanence to that child via adoption.

The team has worked proactively with birth parents during the pre-birth stage to undertake assessments to expedite planning for babies. During 2008/9 the

team undertook the lead role in 13 pre birth assessments and collaborated with area based staff on a number of other pre birth assessments which resulted in a concurrent care plan for 5 children being presented to and recommended by the Adoption & Permanence Panel. Only 2 of these 5 children were subsequently placed with concurrent carers as a result of the court agreeing the local authority care plan for concurrency. A further 2 of these 5 remained separated from their birth parents in foster care and rehabilitation work to birth family was not successful and a plan for adoption later agreed in court. A further child was placed concurrently during 2008/9 where the care plan for concurrency had been agreed in 2007/8. Only three concurrent placements were made during the year which is a significant drop in concurrency activity and has contributed to the review of the work of the team.

There has been careful consideration of the future of the concurrency team within Brighton and Hove. The team has traditionally worked very closely with area fieldwork colleagues particularly staff within the social work team at the Royal Alexander Children's Hospital that have lead responsibility for undertaking pre birth assessments in relation to vulnerable families where the unborn children are potentially at risk of a child protection plan or care proceedings at birth. The pre birth strategy group has been the forum for these referrals to be discussed and for decisions made about appropriate pre birth referrals for the concurrency team to take a lead on.

The reduction in the number of concurrent care plans being agreed at court and a decision made by a number of staff in the team to move on to other posts triggered the decision to review the way that the CYPT provides concurrent planning. There remains a commitment to ensuring that this placement option is still available for vulnerable babies as appropriate and this fits with DCSF support within Care Matters for concurrent planning as a key placement option for a small number of children in care. The Adoption and Permanence service will continue to recruit, assess and support concurrent carers. However the responsibility for the assessment work with the birth families for children placed concurrently will remain with the area teams. It is hoped that when the CYPT has had full opportunity to consider how to deliver an early permanence service concurrent planning will continue to be one of the care planning options available to ensure there is no drift in achieving permanence for the most vulnerable babies in the care system.

## **9. Adoption Support Services**

Since the implementation of the Adoption Support Services Regulations 2005 there has been a legal duty on the local authority to provide adoption support services to both adoptive families, adopted children and birth families. This remains an area of considerable growth and pressure within the Service.

All staff within the Adoption and Permanence team are involved in some way with adoption support work and this experience in turn informs their practice in terms of preparing and assessing prospective adopters for the challenges that

might lie ahead. Adopters are asked to assist with preparation groups and recruitment events and their perspective is particularly valued by those about to embark on the adoption journey. Whenever possible staff will also informally link adopters with one another if they have issues in common. Often these links lead to longstanding and supportive relationships between families.

The Adoption Support Services Advisor is often the first port of call for adopters who may have enquiries about services available to their family. This may lead to an adoption support assessment or could be a one off call for advice or 'signposting' to other services.

The service is currently working intensively with over 50 adoptive families and many of the children have complex needs necessitating a multi agency approach. The adoption support teacher works on average with 15 adopted children that have particular support needs in school related to their attachment difficulties and the impact this has on their capacity to learn and manage the demands of the school environment. She works with an identified key worker in school for each of these children and additionally offers training and support through groups and within schools.

### **Post Adoption Centre**

Brighton and Hove City Council continues to have a service level agreement with the Post Adoption Centre [PAC] to provide a helpline, monthly surgeries and time limited direct work with adopters, prospective adopters, adopted adults and birth families. The service was continued to be very well used during 2008/9.

### **Support groups**

The service runs three support groups for adopters and a parent and toddler group. The service also links in with 2 other support groups that are now self running, they are the lesbian and gay carers and adopters group and the concurrent adopters group.

A newsletter is produced for adopters, which provides advice on a range of topics as well as signposting other relevant training events. The service has also continued to run two very successful social events for adoptive families each year which provides an excellent opportunity for families to network and for the children to spend time together. A new development in the year has been a group for older adopted children. This group was proposed by young people that took part in the work last year to evaluate their views about direct contact with their birth parents and has been a successful extension of adoption support services to young people.

The service also pays for the first year's membership to Adoption UK for newly approved adopters.

## **Post Adoption Contact**

Almost all children now being placed for adoption retain some form of contact with their birth families and the Adoption & Children Act 2002 emphasises the importance of supporting such arrangements.

This area of work continues to be a significant pressure for the service and one which merits a high level of input as contact if managed well can be a key factor in the success of the placement and the emotional well being of the adopted child. It is also clear that arrangements for contact have to be kept under review and may need to change and adapt as the child gets older or if there are significant changes within the birth family network. Staff within the service are involved in providing a high level of consultation and support to area social work staff in considering the adoption support plans for children. This can frequently involve the preparation of statements and giving evidence at final hearings in relation to contact plans.

The Practice Managers in the service also provided a training event in the year for area practice and service managers and lawyers on research and experience of post adoption contact and staff within the service that had undertaken research with young people involved in direct contact arrangements gave a presentation to the local legal community and Guardians on their findings.

There are over 200 letterbox contact arrangements in place. The letter box coordinator provides counselling, advice and support to all those involved in this indirect contact between adopted children and their birth families. She also provides intensive support to a number of birth family members in order to maintain effective contact for the child. Providing this service enables birth parents to have some support with managing and adjusting to their lives without their birth children. The service works closely with colleagues in adults services including the learning disability and mental health services to raise the understanding of adoption issues in relation to parents of adopted children that may be accessing these services.

The service is also working with 40 plus adoptive families where direct contact arrangements with birth families are in place. Again if these arrangements are to work successfully for all the parties but particularly the child there needs to be good planning and preparation as well as support during and after the contact. Many of the children involved in direct contact may be having contact with a number of different birth family members including siblings and grandparents so the arrangements can be complex.

### **Work with birth families of adopted adults**

The ACA 2002 brought with it an opportunity for the birth relatives of adopted adults to request an intermediary service, which would trace the adoptee and seek their views on contact. Only agencies that are specifically registered to carry out this work may do so and the Adoption and Permanence team

continue not to have sufficient resources to offer this service. Any birth relative who requests an intermediary service is provided with support and advice and given the details of intermediary services.

Although Brighton and Hove do not provide an intermediary service there is a legal obligation on the agency to provide information to Intermediary Agencies if Brighton and Hove City Council hold the adoption records. The service pays an annual subscription to NORCAP, a voluntary organisation which helps adults affected by adoption, this enables Brighton and Hove residents to obtain a reduction in the membership fee and access NORCAP's professional advice line.

Birth family members have a legal right to receive counselling regarding the proposal to place their child for adoption and to receive this service from a social work practitioner who is not involved in their child's care or the adoption services. Leaflets are produced about this service, which are provided to birth parents when adoption is agreed as a potential plan at the Children in Care review and also again when it is agreed at Panel. The worker running this Birth Parent Support and Information service endeavours to be proactive in following up families that have been referred to the service.

The take up of this service remains low as this to a large extent reflects the fact that birth families are often still in dispute with the local authority about the plans for adoption at the time they are referred. Birth families are provided with details of agencies other than the local authority who can offer support but experience suggests that some birth family members only feel able to take up this type of support sometimes years after the adoption has concluded.

### **Birth Records Counselling**

The local authority has a legal responsibility to provide a birth records counselling service. There were 40 active birth records cases at end of March 2008 with a waiting time of between 3 – 6 months for this service. A senior social worker within the team also takes a lead role in providing a duty service in relation to enquiries from adopted adults. There has begun to be a change in the nature of this work as more young adults placed for adoption as a result of child protection concerns ask for access to their adoption and care records. This has significant implications for workloads as counselling these young people who have been abused or neglected and who may want some form of contact with their birth family is very skilled and sensitive work. As an adoption agency we are also required to provide information from adoption files for other local authorities offering birth records counselling or intermediary work with birth relatives.

### **Adoption Allowances**

Expenditure on Adoption Allowances during 2008/9 was £617,812 which includes regular adoption allowance payments in relation to 80 children. There are also a number of one off payments made for example towards the costs of introductions and settling in expenses. There are a number of very complex



adoptive placements which require considerable ongoing support including at times funding of therapeutic services. It is likely that there will continue to be pressures on this budget with the higher numbers of children coming through with a plan for adoption and the significant special needs of some of the children that the service is currently family finding for.

## **9. Family and Friends Team**

The work of the Family and Friends team has continued to expand in line with the priority within the CYPT to ensure services are directed at supporting children to remain out of the care system or to move from the care system to permanence within their wider family network if possible. The introduction of Special Guardianship at the end of 2005 to provide permanence for children where adoption was not appropriate, has also continued to be used in a number of family and friends foster placements where the carers are able to provide permanence to that child. Special Guardianship brings with it responsibilities to provide support services to the families in line with those provided to adoptive families.

During 2008/9 the team undertook 29 assessments for court and or for panel. The high increase in the numbers of children coming into the care system in the early part of 2009 has resulted in a significant increase in the numbers of referrals to the team. The area teams conduct viability assessments or interim assessments after an emergency placement with a kinship carer and make a referral through to the team either when a positive viability assessment has been completed or when the initial assessment of a family and friends carer has received approval on an interim basis at panel.

There has been a significant rise in the use of independent social workers to undertake family and friend's assessments in the last year with this trend continuing through 2009. This does reflect the high volume of work in the area teams and significant increase in the children in care population plus the limited size of the family and friends team. It had always been the case that independent social workers were used if the potential placement with a kinship carer was at some distance from Brighton and Hove however they are now being used to assess many carers locally. Some of these decisions are court driven with requests for assessments to be conducted within very short timescales. Whilst it is important that there is no drift in the planning for children it is also important that sufficient time is given to the assessment of potential family and friends' carers for children as they may be making a permanent commitment to a child that they have a limited previous relationship with. Within the CYPT it will be necessary to monitor the use of independent social workers in respect of these assessments to ensure value for money issues including quality assurance mechanisms are considered when these assessments are commissioned.

The Family and Friends team work actively with area colleagues and undertake the supervision of Family and Friends foster carers and contribute

to the permanence planning in relation to plans for Special Guardianship, Residence Order or even on some occasions Adoption. Support needs can be high as these carers do not have the opportunity for the in depth preparation training and assessment provided to stranger carers. Family and friends carers are also more likely to be older and on a lower income and may need considerable support with for example managing contact issues and divided loyalties within the family in order to provide a placement for a child. In a significant number of situations additional financial support has had to be provided to support accommodation or other needs.

Once approved as foster carers family and friends carers have access to the same range of support services and training programmes as other carers. In addition the team provides specific training workshops plus a regular support group, advice service and newsletter. Once carers have gone on to Special Guardianship or Residence Order the team can remain involved providing some specific support as required or responding to particular requests for advice relating to for example housing, finance or the emotional and behavioural issues of the child in placement.

There remains a wide age span of children and young people being placed with family and friends carers including babies as well as older teenagers in care that have found placements for themselves within the wider family or friendship network.

Family and Friends care remains a complex area and one which has involved a high level of practice development. The service has revised all the assessment tools used by the area teams and the family and friends teams. Most of the assessments required involve children that are subject to care proceedings but there are also increasing numbers of requests for assessments of carers that may have a child placed with them as part of a voluntary agreement with the parents and the child may be deemed as either a child in care or a child in need and provided with services accordingly.

## **10. Adoption & Permanence Panel**

It is the responsibility of the service to ensure the effective running of the Panels and the Agency Advisor manages the panel administration team and takes a lead in the recruitment of panel members. Panel contributes significantly to the positive work of the CYPT in planning for children and providing a key quality assurance role.

There has been a significant increase in the workload of panel over the last year. This in part reflects a change in practice for all adoption panels following a judicial review [re B] which determined that panel members should read all the expert reports in proceedings or a summary of such reports if available. This has increased significantly the workload of panel members. There has also been very high demand for panel time which relates to the high number of family and friends assessments which if a placement is made in an

emergency may need to return to panel on a number of occasions whilst the assessment is progressing.

There was a change in the independent chair of panel with Sarah Borthwick being appointed and taking up this role in January 2009. Gill Harris was the previous chair and had to leave Brighton and Hove in December 2008 as her tenure as chair came to an end. Gill Harris was an excellent chair of panel and contributed greatly to the very effective performance of panel which has been commented on very positively in both inspections of the service. The CYPT was very pleased to be able to appoint Sarah Borthwick as her replacement, she is not only a very experienced chair of panel but has national reputation within the adoption and fostering field as a trainer, consultant and author of a number of publications on aspects of family placement work. A report on the activity of the adoption and permanence panel is appended to this report.

## **11. Disruptions**

During 08-09 there was one disruption meeting held in respect of a placement of a child with prospective adopters that ended within a few weeks of placement. That child returned to the foster carers and has now been placed with a further set of adopters. There have been no other disruptions of adoptive placements pre adoption hearing.

Responsibility for chairing disruption meetings is with the Independent Reviewing Officer's team [IROs] and in the past they have also chaired disruption meetings in relation to children that had been placed in long term fostering placements. The IRO team has been under considerable pressure given the rise in children subject to a child protection plan as well as the significant rise of children in care. It has therefore been decided as an interim measure that the IRO team will no longer chair disruption meetings so it is not possible to give a full report on disruption activity and any practice issues stemming from such disruptions.

## **12. Complaints**

There has been one stage 1 complaint during the year made by an employer of an adoptive applicant who felt that his confidentiality had been potentially breached when contacted for a reference. There were no complaints received by the Adoption service in 2007/8. Complaints in relation to foster carers are reported on in the annual fostering report.

## **13. Strategic issues and forward plans**

The Adoption and Permanence service like all parts of the CYPT that provide services to children in care have been affected by the significant rise in the

children in care population since December 2008. In the six months prior to December the numbers of children in care [excluding short breaks] were on average 374. However from Jan 2009 – June 2009 the average rose to 409 but with a significant upturn in May and June rising to a high of 444 in July. The impact for the service to date has been an increase in the numbers of children being referred to the service for permanent plans and a significant rise in the numbers of referrals to the family and friends team. It is also the case that when the area teams are under such significant pressure the service has a greater role to play in supporting area colleagues with practice issues.

Staff within the adoption and permanence service will be providing training to the area teams on permanence planning, life story work and child's permanence reports and disseminating research and experience on the role of contact post adoption within the next year.

The area of family and friends care remains a complex area of practice and considerable work has been undertaken in the year to revise and develop the formats for the assessment reports. Work will continue in 09/10 on the revision of operational instructions and the development of more guidance in this area of practice for social workers and training for area Practice Managers. These placements can often be made in an emergency and it is essential that full consideration is given to the needs of the child and capacity of the carers to meet those needs and provide a permanent and stable placement if those placements progress beyond the very short term. It will also be necessary within the CYPT to review the cost of the use of Independent Social workers for these assessments to ensure value for money is being achieved.

A significant feature of the work of the service is the preparation of and the ongoing support to adopters to meet the needs of the children that need to be placed for adoption. Particularly during the last year there has been an increasing number of babies and children to be placed for adoption that have complex needs including a diagnosis of or concerns that they may be at risk of foetal alcohol spectrum disorder. This disorder is an umbrella term for conditions that relate to prenatal exposure to alcohol. There is increasing awareness about the very serious effects on the development of the baby through such exposure in the womb to alcohol and there are plans within the Trust to broaden awareness of this spectrum disorder.

The service will continue to review the recruitment strategy and ensure that it reflects the profile of children that need to be placed for adoption. With consortium colleagues the service will maintain a profile on the need to recruit more BME adopters and adopters for sibling groups and children with complex needs. There will continue to be a focus on the need to have sufficient numbers of adopters for children outside of Brighton & Hove. These priorities reflect the profile of children coming through for adoption and the current profile of approved adopters.

The service will work actively with colleagues from area teams and other professionals involved in pre birth work and early permanence planning to develop an early permanence strategy in relation to children in care for the CYPT. It is essential that work is focused on these most vulnerable babies to ensure that parents are given focused and timely support to enable them to care for their babies if at all possible but if that cannot be achieved within the appropriate timescales for babies then they need the opportunity for a stable and settled family life that can meet their needs into adulthood and beyond either within their wider family or with adoptive parents.

Sharon Donnelly  
Head of Service, Fostering & Adoption  
September 2009

## **Appendix 1**

### **BRIGHTON & HOVE ADOPTION & PERMANENCE PANEL ANNUAL REPORT 2008 – 2009 (1 January – 31 March 2009)**

#### **1. Introduction**

- 1.1 This report briefly summarises the new Independent Chair's experience of the panel's work and functioning over the last quarter of the year. It is the first report provided by the new Chair who took up the role in January 2009. This followed the departure of the previous Chair, Gill Harris in December 2008.
- 1.2 Gill Harris was an experienced and committed Chair of the panel and was held in high esteem by panel members and staff within the Trust.
- 1.3 The new Independent Chair is Sarah Borthwick who brings a range of experience and knowledge to her role on the Adoption and Permanence Panel. She is an experienced Chair of adoption and fostering panels for a number of Local Authorities. She worked for British Association for Adoption and Fostering (BAAF) in London for many years and was a County Adoption Manager for a Local Authority. Sarah has co-authored a number of publications for BAAF.

#### **2. Composition of the Panel**

- 2.1 There have been changes to the composition of the panel over the year and these are covered in the main report.
- 2.2 The panel membership as at 31.3.09 was:
  - Sarah Borthwick, Independent Chair
  - Dr. Sian Bennett, Medical Adviser and Vice Chair
  - Councillor Juliet McCaffery, Brighton & Hove elected member
  - Chris Thornton, independent member, foster carer
  - Denise Charlton, independent member, adopted person
  - Juni Parkhurst, independent member, adopted person, ex foster carer
  - Sharon Donnelly, Brighton & Hove council officer, fostering and adoption
  - Carl Campbell, Brighton & Hove council officer, childcare, fieldwork
  - Jacqueline Coe, Brighton & Hove council officer, education
  - Sophie Heiser, independent member, adopter
- 2.3 Brighton & Hove continues to pay a fee for independent members to attend. The amount paid may need to be reviewed over the next year.

2.4 The role of Legal Adviser to the panel has been provided during this period by Hilary Priestley, Sandra O'Brien and Natasha Watson.

2.5 The Agency Adviser to the panel has continued to be covered by Graham Whitaker, Fostering Agency Adviser. A permanent Agency Adviser has now been successfully appointed with the new postholder, Michael Wilson, starting in April 09.

2.6 Wendy Kenyon and Jess Freegard have shared the role of panel administrator over this last quarter.

### **3. Work of the Panel**

3.1 The panel continues to meet on a two weekly basis. From January to March 2009, it met on 6 occasions. 5 of these meetings involved the panel making recommendations regarding children and families and all were full days.

3.2 The meeting of 28/01/09 was used as a full day's training for panel and staff on the assessment of infertility and loss in adoption. The training was provided by Maggie Rogers through the Post Adoption Centre and it was an opportunity for panel members and staff within the Adoption and Permanence Team to explore relevant issues together.

3.3 Please see the main report for full details of panel activity throughout the year. During this last quarter, the panel made **29** recommendations on a wide range of matters and advised that **6** Placement Orders should be sought. It deferred items on two occasions for further information to be provided.

3.5 The Agency Decision Maker endorsed all of the panel's recommendations during this period.

3.6 The panel can also be used to offer consultation and guidance in respect of problematic cases before a formal presentation. It was not asked to do this during the last quarter.

3.7 It is too early to make much comment on the significance of the above figures as the reporting period is very brief. Initial impressions of the Chair and panel members though are that the workload of the panel has been very demanding and complex over this quarter. It is important to note that case law (re B) now requires panel members to read expert reports relating to children either in full or agreed summaries. These are in addition to the reports provided by children's social workers. The Trust has been implementing these requirements over the past few months and clearly this has added to the reading and preparation time undertaken by panel members. It has therefore been a very busy period for all members and workers alike.

## **4. Functioning of the Panel**

4.1 The format and process of the panel meetings remain largely as outlined in previous years' annual reports. The changes previously made in how the panel organizes the discussion of the paperwork and how it formally makes its recommendations have continued. Clearly, however, the appointment of a new Independent Chair has meant an adjustment for everyone including panel members, people attending the panel and the Chair. The previous Chair was in post for a number of years and inevitably a new Chair brings a different personal style.

4.2 It is an impressive and thoughtful panel to work with – the work is undertaken with rigour, seriousness and sensitivity. Panel business is conducted comprehensively and panel members are prepared to challenge and disagree if necessary. All panel members demonstrate a high level of commitment and they contribute to the process, giving very careful consideration to each matter and are respectful of everyone's views. It continues to be a competent and confident panel.

4.3 The attendance of applicants, prospective adopters and foster carers is well established. As stated in last year's report, panel remains very aware of how difficult it can be for them to walk into the panel meeting and therefore continues to make a considerable effort to ensure that they are welcomed and made to feel as relaxed as realistically possible in a formal meeting. Applicants, prospective adopters and foster carers also have information available to them in respect of panel members and the Agency Decision Maker in the waiting room. This is in the process of being updated. A booklet is sent to them about attending panel and discussions are held with their assessing social worker or supervising social worker to prepare them for attending panel. Since March 2009, they are also prepared in advance of coming into the meeting by the Chair who informs them of the areas that panel will be raising with them. The panel has also rearranged the seating within the room in an attempt to help people's participation.

4.4 When there has been information that the panel needed to discuss in confidence with the workers or where there were questions around the assessment or matching process itself rather than in relation to the applicants, prospective adopters or foster carers, then the panel has seen the workers alone.

4.5 All children and young people, where it is thought appropriate due to their age and the circumstances of the match, are able to attend panel if they wish. A booklet is available to them to explain the process as well as discussions with their social worker to prepare them for attending. The panel marks the occasion with a cake or chocolates for the child or young person to take home. This happened on one occasion during the last quarter and seemed to work well.

4.5 Feedback forms are given to all social workers, applicants, prospective adopters, foster carers and young people attending the panel to ensure that



the panel is aware of their experiences and views and any changes that need to be made to the way that panel operates. Panel looks at this feedback in general twice a year. However, specific feedback which requires action is presented to panel by the agency adviser when it is received.

4.6 The panel has continued to receive feedback forms from applicants, prospective adopters and foster carers.

4.7 The feedback has been positive over the last quarter about how the panel functions and panel process. As in last year's report, the main concerns expressed by applicants, prospective adopters and foster carers attending continues to be the number of people on panel and how overwhelming this can feel on walking into the room. However, they also indicate that they value being included as fully as possible in the panel process and many have commented that they felt welcomed, listened to and encouraged.

4.8 There were no written responses from social workers over the last quarter and this appears to have been the case over the year. From the previous year's report, informal feedback would suggest that this is as a result of social workers feeling satisfied with the panel process and the way they are treated when attending to present their cases.

4.9 The panel continues to have the opportunity to meet with the service manager and practice managers from the Adoption and Permanence team when appropriate to discuss issues in the service and to enable panel members to keep up to date with developments. Panel members were able to do this during the joint training event in January 2009. The panel also meets twice a year with the Agency Decision Maker. Panel members value this opportunity for discussion and consider it contributes to open and effective communication with the agency. The panel did not meet with the Agency Decision Maker in the last quarter.

4.10 The Chair continues to complete a feedback form for the Agency Decision Maker on every case presented to the panel. This arrangement continues to work well and be of value.

## **5. Panel Terms of Reference**

5.1 The constitution and terms of reference for the panel continues to meet the requirements of the Adoption Regulations and of the Fostering Regulations and Minimum Fostering Standards.

## **6. Practice**

6.1 In general the work presented to panel has been of a good standard over the last quarter of the year. However panel members have commented that, in their experience, the standard of reports provided about children can be variable on occasion. Now that a permanent Agency Adviser has been

appointed, the standard of reports can be better monitored but it will be important for the agency as a whole to ensure that high standards continue to be expected and staff appropriately supported in assessing and planning for permanence for children.

6.2 As in the previous year's report, the Family and Friends cases are challenging for panel both in respect of the nature of the cases and the paperwork. From experience in these three months, the information provided in these reports can be uneven but it has improved according to panel members. It is very difficult to achieve good information in 6 weeks and present it to panel as required by the Regulations. The Family Rights Group (FRG) report format which is used for the initial assessments has been amended by Brighton & Hove and the current format is clearer. Helpful guidelines are provided to workers.

6.3 Brighton and Hove have started using the new format for assessing prospective adopters published by BAAF. With BAAF's agreement, Brighton & Hove have customised the Prospective Adopter's Report (PAR) to ensure that rigorous assessments continue to be undertaken. It will be useful for panel members and the Permanence Team to look at how the new format is working over the next year. Panel members continue to be impressed by the quality and thoroughness of the reports provided.

6.4 As stated earlier in this report, panel members are now required to read all expert reports (either in full or agreed summaries) that relate to children and families. It has been rare that an agreed summary has been available and so panel members have tended to read full reports. This has added considerably to the workload for panel members.

6.5 In general, the quality of adoption and permanence work and care planning for children has remained good in the last quarter and there has been evidence of excellent practice in a number of cases.

## **7. Conclusion**

7.1 In general the organisation and functioning of the panel works well in Brighton & Hove. It will continue to develop its practice and work over the next year.

7.2 The panel continues to play a very significant role in ensuring the provision of a quality adoption and permanence service to children.

Sarah Borthwick  
Independent Chair, Brighton & Hove Adoption and Permanence Panel, June 2009

# ADOPTION SERVICE



## STATEMENT OF PURPOSE

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[www.fosteringinbrightonandhove.org.uk](http://www.fosteringinbrightonandhove.org.uk)

Fostering & Adoption Service  
253 Preston Road  
Brighton



## **1 Introduction**

- 1.1** Brighton and Hove City Council is committed to providing a high quality adoption service. The statement of purpose will detail the aims and objectives of the service, quality assurance mechanisms, and the range of services provided to children, prospective adopters, adoptive parents, adopted adults and birth families.
- 1.2** The Statement of Purpose includes details of the staffing and organisational structure of the service, management arrangements, complaint procedures and the details of the Office for Standards in Education, Children's Services and Skills (Ofsted). It should be read in conjunction with the Fostering Service Statement of Purpose.
- 1.3** The principles within the statement of purpose apply to placements made with other adoption agencies and also non agency placements such as step parent, kinship and inter-country adoptions. These placements will receive the same high quality professional and management attention.

## **2 Key aims and principles**

- 2.1** A child's welfare is the paramount consideration. Children are entitled to grow up as part of a loving and caring family, which can meet their needs during childhood and beyond. The needs and wishes, welfare and safety of the child or young person are at the centre of Brighton and Hove's Adoption Service. Children come from a wide range of cultural, racial, linguistic and religious backgrounds, therefore the Adoption Service will endeavour to recruit carers who reflect this.
- 2.2** Brighton and Hove Children and Young People's Trust (CYPT), with other agencies and community groups, will work to ensure that a comprehensive range of services are provided to support birth families to provide safe and appropriate care for their children.
- 2.3** Where children or young people are not able to live safely with their birth parents then active consideration will always be given to that child being cared for within the wider family or friendship network. Family Group Conferences will be held whenever possible to enable the family to consider the best placement plan for a child. The CYPT will continue to develop services for family and friends carers.
- 2.4** Where children or young people are not able to remain with their birth family or be placed within the wider family network a family placement with foster carers or adoptive parents will be sought. Good childcare planning is essential to prevent children drifting in the care system. Delays in progressing permanence plans can have a severe impact on the health and development of children.

- 2.5** Birth parents and birth families will be provided with a service that recognises the lifelong implications of adoption. They will be treated in an open, fair and respectful manner throughout the adoption process
- 2.6** The views and wishes of the child should be sought by a range of age appropriate means. The Children's Rights Service and Advocacy Service will continue to play a key role in promoting the wishes and views of children in care and enabling their voice to be heard. The Independent Reviewing Officers will also ensure that a child's wishes have been sought and are included in the care planning process as appropriate. If adoption is agreed as the plan children will have his or her wishes and feelings recorded and taken into account. A range of age appropriate children's guides to adoption with key local information are available to all children where adoption is the plan.
- 2.7** The Adoption Service will aim to provide a diverse and wide range of adoptive placements to meet the needs of children who are being placed for adoption. The service will maintain a clear, inclusive and pro-active recruitment strategy to encourage prospective adopters from all backgrounds and walks of life.
- 2.8** Prospective adoptive parents will be treated fairly, openly and with respect throughout the adoption process. Enquiries will be responded to promptly and prospective adopters given full information about the recruitment, assessment training and approval procedures.
- 2.9** Adoptive carers will be carefully recruited and trained and given access to a range of adoption support services. It is recognised that adoption has lifelong implications for all involved and requires lifelong commitment from a range of agencies and organisations that have to work together to meet the needs of those affected by adoption.
- 2.10** The preservation of adoptive families and the reduction of the risk of placements disrupting is a key aim of the service. The needs and background circumstances of children and their birth families will need to be fully assessed so that important matching considerations can be identified and children placed with adopters that are best able to meet their needs.
- 2.11** A range of adoption support services will be made available for children and adoptive families. If placements do disrupt in spite of intensive placement support, disruption meetings will be convened that are chaired by an Independent Reviewing Officer that has not been involved in the care planning process to date. All parties involved in the placement will be invited to attend and express their views and the views of the child will be sought. The disruption meeting will address the future needs of the child and the chair will ensure that a full record of the meeting takes place. Any lessons for future practice will be fully disseminated to all relevant parties.

- 2.12** Adoption support services are provided as required by the Adoption Support Services Regulations 2005 to all parties in the adoption process including adoptive adults, birth families as well as adoptive families.
- 2.13** The Adoption Service has a full information policy and will ensure that adoptive parents are given access to full information about the child prior to placement.
- 2.14** The Adoption Service values the role that experienced adopters, adopted adults and birth parents play in the training and preparation and support of new adoptive families and will continue to work to facilitate such contact.
- 2.15** Staff within the Adoption Service will receive supervision and access to a range of training opportunities to ensure they are well equipped to recruit, train, assess, and support adoptive families, family find and place children appropriately and provide support to adopted adults, birth families and others in the adoption process.

### **3 The Children**

- 3.1** Adoption will be considered as a positive option for children in care that are unable to return to live with their birth parents or be placed with family or friends carers.
- 3.2** Children with disabilities and special needs are entitled to the same opportunities to achieve a permanent family through adoption and careful consideration will be given to recruiting carers that can meet the range of needs of all our children in care needing adoptive families.
- 3.3** All decisions for children will be based on a rigorous assessment and care planning process. Achieving permanence for children within the child's timescales is a key objective. A careful balance has to be achieved between allowing the birth family sufficient time with access to all appropriate support services to make the changes necessary to resume the care of their children safely and the need for children to have the opportunity to live in a stable and permanent family.
- 3.4** All children in care will have a care plan. The wishes of the child will be taken into account as appropriate in drawing up the care plan. The birth family should be involved in the care planning process and their views represented.
- 3.5** The care plan will be reviewed at every child in care review and at the 4 month review the plan for permanence will be addressed. This plan will be based on the needs of the individual child and will include consideration of permanence being achieved ideally by return to birth

family or if that is not possible through permanent foster care or adoption. Clear timescales will be drawn up to expedite the permanence planning, which will be appropriately monitored and considered at every subsequent review.

- 3.6** Where adoption has been identified as the plan for the child at a LAC review, plans will be made to present the plan for adoption to the Adoption & Permanence Panel within 2 months.
- 3.7** Every child will have their wishes and feelings regarding the plans for their future listened to in an age appropriate manner, recorded and taken into account. Where they are not acted upon reasons for this will be explained to the child and recorded on the file. The Children's Guide to Adoption is available to children and their carers when adoption is being considered as the plan. Children of a sufficient age and understanding will also be given details of other appropriate adoption support services such as the national telephone helpline Talk Adoption.
- 3.8** The National Adoption Standards in respect of planning for child will be followed and any delay in achieving those timescales will be monitored by fieldwork managers, Adoption and Permanence Panel and the Agency Decision Maker and reported on in the Annual Adoption Agency Report.
- 3.9** All children will have a named social worker responsible for them throughout the adoption process. The social worker will be responsible for ensuring that the child is well prepared before joining a new family. Age appropriate information will be given and foster carers will be trained and supported to enable them to help children prepare to move to a new adoptive family.
- 3.10** All children moving on to adoptive or permanent families should have a life story book, later life letter and be supported to retain key items and mementos from their past. Children should have access to specialist skilled help as appropriate to enable them to express their feelings about their past and plans for the future and be better placed to develop new attachments to permanent/adoptive families.
- 3.11** Where adoption is identified as a potential plan a referral should be made by the child's social worker to the appropriate Practice Manager in the Adoption and Permanence Team. This Practice Manager will oversee the referral and family finding process.
- 3.12** The Practice Manager will offer consultation and organise a Permanence Planning meeting as appropriate with the child's social worker and foster carers to consider the plans for the child, look at the matching considerations and devise a family finding strategy.
- 3.13** A social worker from the Adoption and Permanence Team will take responsibility for family finding and will work closely with the social

worker for the child and other key parties to the process. Clear and detailed matching criteria will be drawn up and children will be placed with families that are best able to meet their needs.

- 3.14** Children will not be left waiting for a 'perfect family'. Children should be placed with adoptive parents of an appropriate ethnic, religious, cultural and linguistic background. However if no such match can be found within reasonable timescales, alternative adopters who can help a child understand and positively embrace their background and culture should be identified to avoid delay in the child moving to a permanent placement. These adopters should be provided with access to specific support services as necessary.
- 3.15** The family finding social worker will consider adoptive resources within the local pool of Brighton and Hove adopters, approved adopters within the South East Adoption Consortium, that Brighton and Hove belong to, as well as any resources identified by the National Adoption Register. If no local placements are available specific family finding activities will be undertaken by advertising for adopters within appropriate journals and contacting a wide range of adoption agencies.
- 3.16** The option of the child remaining on a permanent basis and achieving a permanent family ideally through adoption with their foster carers will always be considered and explored if appropriate. However other matching considerations such as the age and ethnicity of the child, the need to place siblings together if possible and the particular needs of the child and circumstances and family structure of the foster carers' family will also be taken into account.
- 3.17** The family finding social worker will take the lead in identifying appropriate families, liaising with the adopter's social worker and accompanying the child's social worker on meetings with the prospective adoptive family. The family finding social worker will remain involved until the match has been recommended at Panel and agreed by the Agency Decision Maker.
- 3.18** The Adoption Service will make it clear to potential adopters that it is a requirement that the child's name should be retained unless there is a very good reason not to. Any such reason needs to be discussed and agreed with the Adoption Service as it is a very clear expectation that the child retain and be known by the name given to him or her by their birth family.
- 3.19** Siblings should be placed together where at all possible and the needs of the different children taken into account. Taking decisions to separate siblings is a difficult task and training and guidance will be provided for staff on this issue. The impact of any decision on the ability to family find must also be taken into account. A decision to separate siblings should be fully recorded on the file and explained to the child as appropriate. A clear contact plan for maintaining the link



between siblings must be presented as part of the plan for adoption to the Adoption and Permanence Panel.

- 3.20** Appropriate contact for children with their birth family will always have to be considered in the final care plan and welfare checklist for the child within the court proceedings. These plans will also be considered by the Adoption and Permanence Panel when the plan for the child is presented to Panel. When direct contact arrangements are planned to continue post adoption the aim should be to promote a positive sense of identity for the child, not rehabilitation to the birth family.
- 3.21** Indirect contact arrangements for the child with his or her birth family will be arranged via the Adoption Service's 'letterbox scheme'. The expectation is that letterbox arrangements will be put in place for all children where direct contact is not being maintained. It is recognised that the child's needs for contact and information about their birth family develop and change throughout their childhood and the adoption support social worker will facilitate this or organise access to specialist services to review contact and promote the setting up of appropriate direct or indirect contact arrangements.
- 3.22** Children with attachment difficulties and histories of a traumatic and disrupted past may need continued access to multi-disciplinary services beyond placement and adoption. Adoption support needs for the child will be identified following an adoption support assessment and a plan will be drawn up in conjunction with the prospective adopters and key agencies. The Adoption Support Plan will be presented to Panel alongside the Adoption Placement Report. It is a requirement that the Adoption Placement Plan and the Adoption Support Plan are agreed with the prospective adopters before the commencement of introductions to the child. This adoption support plan will be kept under review.
- 3.23** Adoption files will be carefully stored and archived and information from the agency's records will be made available when they are of sufficient age and understanding. Adoption files will be retained for 100 years.

## **4 Birth Parents and Birth Families**

- 4.1** Birth parents will be provided with the opportunity to access support and information about the adoption process including the legal implications and their rights. A booklet for parents has been developed by the Adoption Service in consultation with legal services and with birth parents that have had a child placed for adoption. This booklet: 'A parent's guide to the various options for children who cannot live with their birth parents' will be given to all birth parents when a permanence plan is being considered for their child.

- 4.2** The views of birth families about the adoption and contact plans will be clearly recorded on the case file and within the Child's Permanence Report. Birth parents will be given sight of the relevant sections of this report to enable them to comment on its content prior to it being presented to the Adoption and Permanence Panel.
- 4.3** The wishes and views of the birth parents will be taken into account in the planning of placements particularly in regard to religion.
- 4.4** Social workers for the child will make efforts to obtain clear and appropriate information from the birth family about themselves and their history and encourage them to contribute to the child's life story material.
- 4.5** Staff within the Adoption Service will explain to adoptive parents the importance of keeping safe any information provided by birth families and to provide this to the adopted child as appropriate.
- 4.6** Birth parents and other relatives will be given access to a support worker independent from the child's social worker from the time adoption is identified as the plan for the child. Birth parents will be provided with written information about the Brighton & Hove 'Birth Family Support and Information Service'. They will also be given information on the services they could access from the Post Adoption Centre as well as other organisations such as the Natural Parents Network and the National Organisation for Counselling Adoptees and their Parents.
- 4.7** Birth parents and appropriate relatives will be given the opportunity to meet the adoptive parents, usually prior to placement, unless there are exceptional circumstances that would make such a plan unsafe and against the best interest of the child.
- 4.8** The importance of the child maintaining some form of contact with extended birth family members is recognised and will be supported as appropriate via letterbox or direct contact arrangements.
- 4.9** The Adoption Service will give information to birth families about the Adoption Contact Register and advice about agencies that can provide an intermediary service.
- 4.10** Birth parents and families will be advised of the complaints procedures and their right to make representation and complaints.

## **5 Prospective Adopters**

- 5.1** Applications from prospective adopters will be welcomed regardless of marital status, race, religion, gender or sexual orientation. It is recognised that a wide range of adopters are needed to meet the

needs of our looked after children and that these needs will determine the priority given to progressing applications from prospective adopters.

- 5.2** Prospective adoptive families will be given information about the type of children waiting for adoption and the specific need to recruit adopters offering placements for children from Black and Minority Ethnic groups, sibling groups, children over 2 years of age, and children with developmental uncertainty and special needs.
- 5.3** Prospective adopters will be given information about the fact that there are relatively few babies available for adoption and that in Brighton and Hove priority is given to placing babies with concurrent carers. These are foster carers, who are also approved as adoptive carers that are able to provide a permanent home to the child by adoption if rehabilitation work with the birth family is not successful. The duty social worker will be able to explain the particular challenges and expectations of both the concurrent and traditional route to adoption.
- 5.4** The Adoption and Permanence team will provide a duty service to respond to enquiries from prospective adopters. Initial details will be taken and information given about eligibility criteria. Full information packs will be sent out to potential adopters within 5 working days. These information packs will contain information about the assessment and training process, the types of children needing adoptive placements and adoption support services. All of this information for prospective adopters is also made available on the Fostering & Adoption website, [www.adoptioninbrightonandhove.org.uk](http://www.adoptioninbrightonandhove.org.uk)
- 5.5** Applicants must be over 21 years and legally domiciled in the UK and within a reasonable travelling distance of Brighton and Hove. Couples will normally have to have been in a stable and enduring relationship. Applicants that have infertility issues will normally be expected to have concluded any medical intervention and made a positive choice about adoption as a route to parenting.
- 5.6** The information material provided to prospective applicants gives details of issues relating to past criminal convictions, health and age considerations. The age of applicants is considered in relation to their energy and activity levels and the age of the child they wish to be considered for. Children under the age of 5 years and children with specific relevant health issues will not be placed in smoking household because of the well-recognised risks of passive smoking.
- 5.7** The Adoption Service has developed a conflict of interest policy that details the fact that certain staff groups in children services and certain elected members of the authority are not eligible for assessment by the authority because of the potential conflict of interest. They will be assisted to access services from neighbouring adoption agencies, or from member agencies of the Adoption South East Consortium.

- 5.8** Prospective adopters will be informed about the fact that Brighton and Hove is part of the Adoption South East Consortium with East Sussex, Kent, Medway and the London Boroughs of Bromley and Bexley. Once approved if they are not linked with a Brighton and Hove child within 3 weeks of approval their details will be circulated to Consortium members for consideration for their children. Information will also be given about the National Adoption Register.
- 5.9** If a prospective adoptive family is offering a particular resource that may result in them not being linked with a local child, e.g. because of their ethnic origin, they will be informed that their details will be circulated to other agencies with minimum delay to maximise the opportunity for them to be linked with an appropriate child.
- 5.10** Prospective adopters that decide to proceed following the provision of the information pack will be invited to an information session and then sent an adopter questionnaire. The Adoption and Permanence team provide a dedicated duty service for prospective adoptive applicants which is overseen by a Practice Manager with lead responsibility for recruitment. The team endeavours to respond speedily to all enquiries and offer a full opportunity for prospective applicants to discuss issues and ask questions about the adoption process at this early stage. If the applicants wish to proceed they will be offered an initial home assessment visit and then an invitation to a 'motivation and loss' group. Following this they will be invited to submit their formal application to be assessed as prospective adopters. If the Adoption Service feels it cannot prioritise or progress an application a full explanation will be given and recorded on the file. Applicants will be given details about the complaints procedures. Under certain circumstances it may be appropriate for the social worker to consult with the Agency Advisor (Adoption and Permanence) or the Adoption and Permanence Panel about an issue concerning an application.
- 5.11** The Adoption and Permanence Team have established a contract with Parents and Children Together (PACT), a voluntary adoption agency, to undertake the preparation, assessment and approval of inter-country adopters on behalf of BHCC. PACT has considerable experience in this specialist area of work and will provide a timely and dedicated response to enquiries from people wishing to adopt from abroad.
- 5.12** The Adoption and Permanence team will also provide a duty service to give information, respond to enquiries and undertake the work required to progress step parent adoptions.
- 5.13** In situations where foster carers are being assessed as prospective adopters for the children in their care they will be entitled to access the same training and support services. Assessments will be conducted within timescales compliant with the National Adoption Standards.

- 5.14** Regular preparation training groups will be run for prospective adopters. The training groups will always include input from experienced adopters and birth parents and adopted adults where possible. Details of the scope and focus of these groups will be provided to applicants in advance. The preparation groups provide an opportunity for prospective adopters to consider in detail issues relating to adoption and meet other prospective adopters.
- 5.15** Views of prospective adopters about the content and running of the preparation group are canvassed at the end of the group. Prospective adopter views regarding the assessment process as a whole are sought during the second opinion visit undertaken by a manager within the adoption and permanence service at the end of the assessment process.
- 5.16** The assessment and approval process is comprehensive, thorough, fair and fully explained to applicants. The Adoption service will endeavour to work in partnership with applicants, however it is necessary for both parties to be clear that a risk assessment is being carried out when a home study assessment is being completed. Assessment will distinguish clearly between self-reported and independently evidenced information with verification of key aspects of the applicant's accounts.
- 5.17** The manager of the supervising social worker will meet the prospective applicants with the social worker at the outset of the assessment and again during the assessment as required. The manager will meet the applicants again towards the end of the assessment and prepare a second opinion report which will be appended to the prospective adopters report and made available to the applicants.
- 5.18** Applicants will receive a copy of the Prospective Adopter Report and have the opportunity to comment on it. Applicants are given full information about the Adoption and Permanence Panel and provided with a booklet about the Panel process. Applicants are encouraged and supported to attend. Panel will comment on the strengths and areas of potential difficulty in relation to the application and applicants are informed of Panel's recommendation immediately whenever possible. The decision of the Agency Decision Maker will be passed on to the applicants verbally within 24 hours of when it is made and followed up in writing within five working days.
- 5.19** Prospective adopters will be fully advised about the adoption support services provided by the local authority, the Post Adoption Centre and Adoption UK and other appropriate services.

## **6 Adoptive Parents**

- 6.1** Approved adopters will be given full information about the matching, introduction and placement process including information on the

Consortium and National Adoption Register. Key documents are made available to all newly approved adopters in the Brighton & Hove Adopters Post Approval Pack issued immediately following approval.

- 6.2** BHCC has detailed procedures for staff about the matching, placement and introduction procedures. Guidance is also available for other authorities and agencies when a match is being considered for a child with inter agency adopters.
- 6.3** An identified match of an approved adopter with a specific child will be presented to the Adoption and Permanence Panel for consideration and then to the Agency Decision Maker for a decision. A full Adoption Placement Report will be completed which details the positive factors about the match, any potential areas of risk/difficulty, information on any other possible matches that have been considered and the adoption support services that will need to be made available to the family. The prospective adopters will have an adoption placement plan, which will include the adoption support plan, provided for them prior to the introduction process commencing.
- 6.4** As well as having full information about the child's history prior to the match the prospective adopters will also have the opportunity to meet the child's foster carers, seek information from the Medical Advisor and meet any other key professionals.
- 6.5** The Adoption Service will provide access to ongoing training and specialist services to adoptive families as part of the adoption support service and the role of the Adoption Support Service Advisor will be explained to all adoptive families.
- 6.6** The Adoption Service will work with other agencies and key stake holder groups, including Adoption UK, to continue to review and develop adoption support services.
- 6.7** The Adoption Service currently provides a range of adoption support groups, a newsletter and occasional social opportunities for adopters and their families to meet together.
- 6.8** There is a service level agreement with the Post Adoption Centre to provide local surgeries that can be used by adoptive families, adopted adults, birth families and adoption professionals. The PAC also provides a helpline and a range of training courses for professionals and all parties in the adoption circle. Newly approved adopters will be encouraged to become members of Adoption UK and benefit from the various support services it provides. The Adoption Service will pay their membership fee to this organisation for their first year post approval.
- 6.9** The Adoption Support Services Advisor will oversee the provision of adoption support services. The service will also be responsible for undertaking adoption support assessments, advising and supporting

adopters and their children, contributing to training and workshops for adoptive families and professionals, offering advice and consultation on adoption related matters, undertaking specialist pieces of work for court and managing direct and indirect post adoption contact.

- 6.10** The Adoption Support service will also provide a specific service to adoptive families to support and advise on schooling and education issues. An Adoption Support teacher will take the lead in developing this dedicated provision.
- 6.11** Adoptive parents will be supported to enable the child to maintain any appropriate contact arrangements, either direct or indirect, with birth family members or significant others such as previous foster carers. It is recognised that contact arrangements need to be carefully and sensitively managed and kept under review and will need to adapt over time to meet the child's needs.

## **7 Adopted Adults**

- 7.1** The Adoption service will provide a service to adopted adults that are seeking to find out information about their past history from case records held by Brighton and Hove City Council. The Service does not currently offer an intermediary service as defined within the Adoption & Children Act 2002 but will provide details of other agencies that are approved to provide such a service.
- 7.2** Adopted adults will also be given information about the services they can receive through the agreement Brighton and Hove has with the Post Adoption Centre. They will also be given information on the services available from key voluntary user groups such as NORCAP.
- 7.3** The Adoption Service will also continue to involve adopted adults in the preparation training groups run for prospective adopters, recognising the significance of adopters understanding the lifelong impact of adoption for any child that is adopted.
- 7.4** The Adoption Service will from time to time commission the Post Adoption Centre to run specific local workshops for adopted adults.

## **8 Adoption and Permanence Panel**

- 8.1** Brighton and Hove have key quality assurance mechanisms in place in relation to adoption work. A Development Manager is employed who does not have operational responsibility for the Adoption and Permanence Team to act as Agency Advisor to Panel and Agency.
- 8.2** The Agency Advisor will read all the paperwork for Panel and take up quality assurance issues with staff and managers and withdraw assessments from Panel if further work is needed. The Agency Advisor

oversees the timetabling of the Panel agenda to ensure that sufficient time is given to consider each item on the agenda.

- 8.3** The Agency Advisor will ensure policy and practice issues are picked up and disseminated to staff in fieldwork and family placement teams. The Agency Advisor will also act as a consultant to all staff and managers in the department on issues relating to adoption and permanence policy and practice.
- 8.4** The Agency Advisor will recruit members of the Panel in line with Adoption regulations and will provide training and induction as necessary and organise for all Panel members to have the opportunity for regular training input on key areas of adoption practice to ensure that they are kept updated on changes in legislation and regulations. One of the training sessions during the year for Panel members will be held jointly with the Adoption and Permanence team.
- 8.5** Brighton and Hove employs a suitably qualified and experienced person to act as independent chair of the Adoption and Permanence Panel. The chair also has a clear quality assurance role and will take up issues directly with the Agency Advisor or Agency Decision Maker as necessary. The chair will also provide a separate report on the activities of Panel as part of the Annual Adoption Agency report.
- 8.6** Brighton and Hove's Adoption and Permanence Panel meets on a fortnightly basis to ensure that there is no delay in considering children for adoption, approval of adopters and matching.
- 8.7** Brighton and Hove has clear written policies and procedures relating to the constitution of Panel and decision making. Staff and prospective or approved adopters attending Panel are asked to complete evaluation forms and their views are taken into account when reviewing the functioning of Panel and the role of the chair.
- 8.8** The Panel will receive progress reports on a six monthly basis on children who have been, or are to be, placed for adoption up until the adoption order is granted. Panel will also monitor compliance with the targets set for progressing permanence plans for looked after children. Individual issues will be addressed with appropriate staff and managers and the overall performance will be reported on in the Annual Adoption Agency report.
- 8.9** Panel will also monitor compliance with the standards in relation to the assessment of adopters. An annual review will be organised if adopters do not have a child placed within their first year of approval.
- 8.10** Panel members will receive all the documentation for Panel in good time to allow time to read and fully consider the issues.



- 8.11** Panel will make a recommendation and convey that to the staff member or adoptive applicant at Panel. They will be informed when the meeting will take place with the Agency Decision Maker which will be within 5 working days of the Panel. The decision will be reported back to applicants, where appropriate birth parents and staff verbally within 24 hours and followed up in writing within 5 days.
- 8.12** The Agency Advisor will meet with the Agency Decision Maker and ensure that the decision maker has the details of the Panel discussion and recommendation to inform the decision making. A copy of the panel minutes will be provided to the Agency Decision Maker.

## **9 Staff within the Adoption and Permanence Service**

- 9.1** Brighton and Hove employ sufficient staff to work within the Fostering and Adoption Service and the staffing structure is kept under review.
- 9.2** All staff undertaking assessments of adoptive applicants are social work qualified and General Social Care Council registered with access to appropriate training, supervision and support.
- 9.3** Staff within the team undertake recruitment, training and assessment of carers, supervision and support of placements (pre and post adoption and with permanent foster carers) supervision of Inter Country Adoption Placements pre adoption order, adoption support assessments and specific adoption support interventions, step parent adoption assessments, family finding and birth records counselling work.
- 9.4** Staff within the service work closely with colleagues within the Fostering Service and with fieldwork teams. Staff have access to training courses and are kept updated on developments in practice and legislative changes.
- 9.5** The Service Manager for the Adoption and Permanence Team has responsibility for the Adoption and Permanence Team and the Family and Friends Team.
- 9.6** Managers within the service are all qualified and experienced social work practitioners and have access to a range of managerial training courses. The Head of Service is an experienced manager with a management and social work qualification. There are clear job descriptions and person specifications for all posts within the service.
- 9.7** The Adoption Support Services Advisor within the service will meet with the Assistant Director for Children's Social Care within the Children and Young People's Trust on a quarterly basis to update on key practice and operational issues and to ensure that any issues of a strategic nature are taken forward.

- 9.8** The Head of Service is Sharon Donnelly and the Adoption & Permanence Service Manager is Karen Devine. They can be contacted at the Fostering and Adoption Service, Brighton and Hove City Council, 253 Preston Road, Brighton BN1 6SE. Telephone number 01273 295444, email [sharon.donnelly@brighton-hove.gov.uk](mailto:sharon.donnelly@brighton-hove.gov.uk) or [karen.devine@brighton-hove.gov.uk](mailto:karen.devine@brighton-hove.gov.uk)
- 9.9** A structure chart for the Fostering and Adoption service is appended to this statement of purpose.

## **10 Monitoring & Evaluation**

- 10.1** The Adoption Service produces an annual recruitment strategy and progress in relation to recruitment activity is reported on at the monthly Fostering & Adoption Management Team Meeting. The Service Manager meets fortnightly with the Practice Managers to discuss allocation issues and review workloads. There is a caseload weighting system in place within the Service.
- 10.2** The Agency Advisor has a key quality assurance role and reads all the reports that are going before Panel. The advisor also has a broader role in policy development and ensuring practice issues are disseminated within the Fostering & Adoption service and Area Teams. The Chair of Panel is an independent and experienced manager and therefore also plays a quality assurance role. Panel regularly raise issues with the Agency Decision Maker about aspects of practice and the Chair of Panel provides a report to accompany the Adoption Agency Report to the lead cabinet member.
- 10.3** The Fostering & Adoption Service Management team undertake a regular file audit programme and ensure that all files of carers and adopters are audited at least two yearly.
- 10.4** Regular meetings are held with lead elected members of the Children and Young People's Trust and senior managers within the Department to ensure that members are kept up to date on key service developments. Issues related to the work of the Fostering & Adoption service are reported on at these meetings as appropriate.
- 10.5** The management team, including Service Managers, Practice Managers and Agency Advisors meet regularly with the Head of Service to discuss operational and policy matters and ensure the continued integrated development of the service. All staff have access to regular supervision and there is a performance and development process in place across the authority.

- 10.6** The Service is required to produce annual service improvement objectives which form part of the business plan for the Children & Young People's Trust.

## **11 Complaints procedures**

- 11.1** Users of the Adoption Service, including children, birth families, prospective and approved adopters and adopted adults, are provided with copies of the complaints procedure, advised how to access the procedure and encouraged to invoke it if unhappy with services provided. Service users are advised that independent sources of support are available to help them make a complaint and advocate on their behalf if they feel unconfident making a complaint by themselves, including access to the Post Adoption Centre and the Children's Rights Service. Service users are advised that the Customer Services Manager who oversees the complaints procedure can be contacted at:

Brighton & Hove City Council  
Kings House  
Grand Ave  
Hove

Or by writing to Standards & Complaints, Freepost SEA2560, Brighton  
BN1 1ZW

The Freephone number is 0500 291229

Information about the complaints process can be found by going to the  
City Council website: [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk)

or the Fostering & Adoption Service website:

[www.adoptioninbrightonandhove.org.uk](http://www.adoptioninbrightonandhove.org.uk)

Complaints can also be emailed to [complaints@brighton-hove.gov.uk](mailto:complaints@brighton-hove.gov.uk)

- 11.2** Most complaints are resolved informally and speedily by the local manager and records are kept of all complaints, compliments and representations made to the Service. There are clear procedures in place for responding to complaints. Formal Stage 1 complaints are acknowledged within 2 working days and should be responded to within 10 working days. If someone is still unhappy after the complaint has been dealt with at Stage 1 they can ask for Stage 2 investigation. The Standards and Complaints team will aim to conclude all Stage 2 investigations within 20 working days. Members of the public can complain to the local Ombudsman at any time. However the Ombudsman will usually want the Council to have chance to investigate the complaint first.
- 11.3** The Complaints procedure for Children's Services is currently being revised nationally and the Department will produce new complaints leaflets as soon as these have been finalised. The Department produces separate complaints leaflets for children and young people

and information about how to complain is also included in the Children's Guides to adoption.

- 11.4 The Service reports annually on complaints within the Adoption Agency Report that goes to the lead cabinet member for the Children & Young People's Trust . Corporately records of complaints, compliments and representation are reported on regularly.
- 11.5 The Management team within the Fostering and Adoption Service regularly discuss any issues arising from complaints, standards of care, or allegations against carers to ensure any lessons learnt can be disseminated and changes in practice made.

## **12 Ofsted**

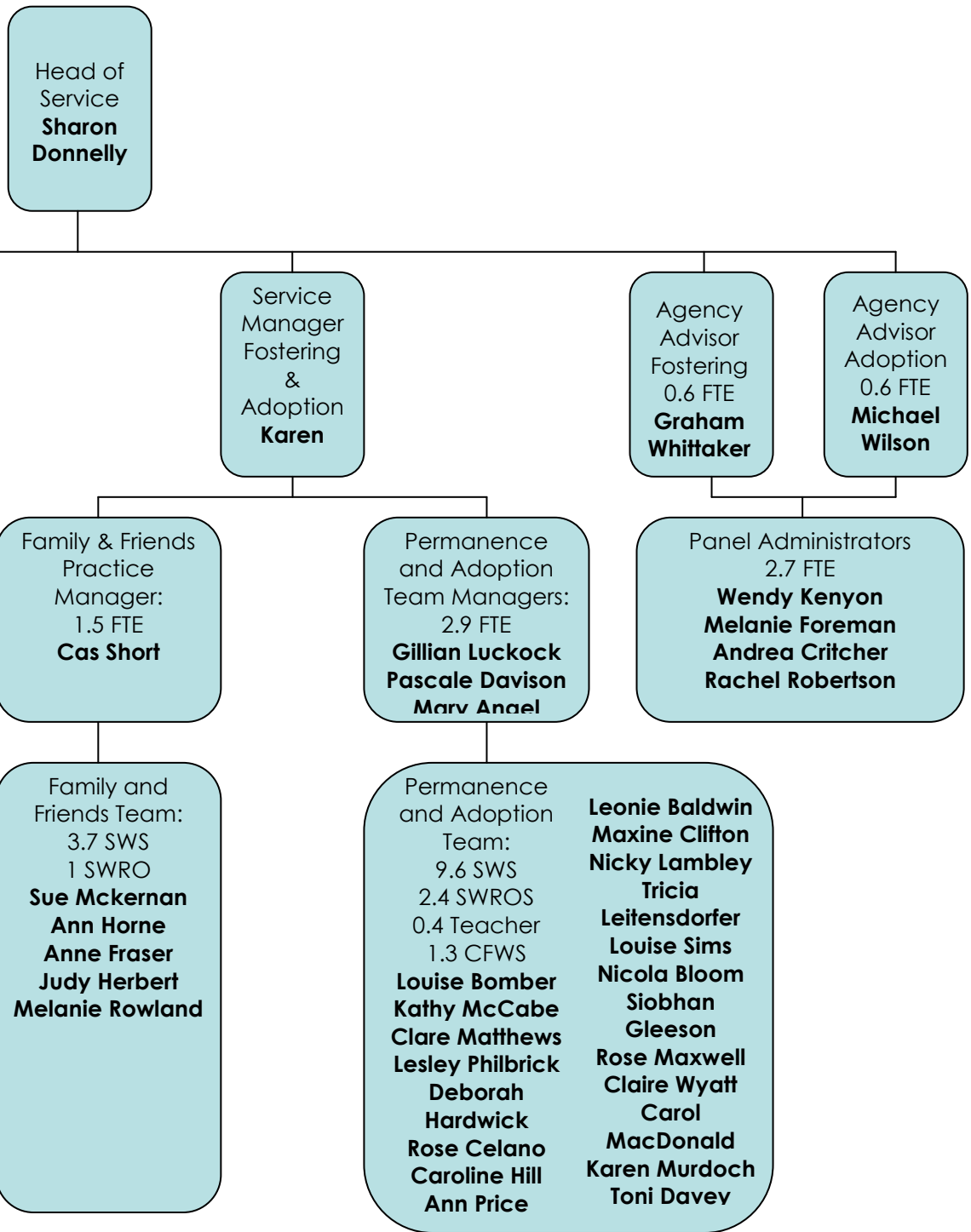
- 12.1 The Adoption Service will be inspected by Ofsted in accordance with the Regulations and the National Adoption Minimum Standards. These inspections will take place on a 3 yearly basis. Inspections reports are public documents.
- 12.2 Ofsted can be contacted at:

### **Ofsted South Region**

Freshford House  
Radcliffe Way  
Bristol  
BF1 6NL

Telephone – 08456 404040  
Email – [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)

Fostering and Adoption Service  
Structure Chart Sept





**Subject:** Annual Fostering Service Report  
**Date of Meeting:** 2 November 2009  
**Report of:** Director of Children's Services  
**Contact Officer:** Name: Sharon Donnelly Tel: 29-5449  
E-mail: sharon.donnelly@brighton-hove.gov.uk  
**Key Decision:** No Forward Plan No: N/A  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 Fostering regulations require that an annual fostering report be provided to be received by the Council Executive. The annual report for 2007/8 found in Appendix 1 provides full information about fostering activity within the Children & Young People's Trust and a profile of the work of the Fostering teams with the Fostering & Adoption Service.
- 1.2 Standard 1 of the National Minimum Standards for Fostering Services requires that the statement of purpose is endorsed by the Council's executive annually. The revised statement of purpose can be found in Appendix 2.

#### 2. RECOMMENDATIONS:

- 2.1 That the Annual Fostering Service Report and the progress of the Fostering & Adoption Service in relation to fostering activity be noted.
- 2.2 That the revised Fostering Statement of Purpose be endorsed.

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 See Annual Fostering Service Report

#### 4. CONSULTATION

- 4.1 The Annual Fostering Service report has been compiled in collaboration with managers from the Adoption and Fostering service and the report of the Independent Chair of Panel has been compiled in consultation with Fostering Panel members

## 5. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 5.1 The spending on in-house fostering allowances and other expenses during 2008/2009 totalled £3.635m. this was an increase of 4% on the spend in 2007/08. Spending on Residence Orders Allowances continued to increase, growing by 12% in 2008/09 to £1.323m. The numbers of Residence Orders being obtained has risen considerably over the past few years from 133.21 in 2005/2006 to 149.19 in the last financial year. In addition, spending on Special Guardianship amounted to £0.171m in 2008/09.

Spend on agency fostering rose by just 2% in 2008/2009 to £4.167m. There has been a large effort to control the costs of IFAs and this was reflected in the average direct cost of a standard IFA falling in 2008/09 by 2% to £864.21 per week.

The average direct unit cost for agency foster care of £864 per week compares to £418 per week for children placed with in-house carers

*Finance Officer Consulted: David Ellis*

*Date: September 2009*

### Legal Implications:

- 5.2 The legal and regulatory context of fostering services are referred to in the body of the report. These services are essential to fulfilling the statutory obligations of the Trust to otherwise vulnerable children under both the Children Act 1989 & 2004. Children can only be placed into care with the express agreement of their parents or the approval of the Court. Fostering services should reflect the right of children to a family life, which is defined in law so as to include foster carers with whom they have formed a family like attachment , as well as to their birth family.

*Lawyer Consulted: Natasha Watson*

*Date: September 2009*

### Equalities Implications:

- 5.3 There is a legal requirement for the local authority to provide foster carers who can reflect a child's religious persuasion, racial origin and cultural and linguistic background. BHCC actively encourages foster carer applications from citizens from a wide range of backgrounds and has an explicitly inclusive recruitment strategy. An Equalities impact assessment is due to be undertaken in 2009/10.

### Sustainability Implications:

- 5.4 None have been identified.

### Crime & Disorder Implications:

- 5.5 None have been identified.

### Risk and Opportunity Management Implications:

- 5.6 None have been identified.

### Corporate / Citywide Implications:

- 5.7 The annual report focuses on the work of the Fostering service which is a citywide service within the CYPT.



**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

6.1 None

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 It is a requirement of Fostering Regulations and the National Fostering Minimum standards.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. Annual Fostering Service Report
2. Fostering Service Statement of Purpose

**Documents In Members' Rooms**

1. Annual Fostering Service Report
2. Fostering Service Statement of Purpose

**Background Documents**

1. Annual Adoption Agency Report 2008/9





Brighton and Hove  
Children and Young People's  
**TRUST**



# **Annual Fostering Service report**

## **2008-2009**

**Fostering and Adoption Service  
253 Preston Road  
Brighton  
BN1 6SE**

**[www.fosteringinbrightonandhove.org.uk](http://www.fosteringinbrightonandhove.org.uk)**

## 1. Introduction

The report will detail the work undertaken by the Fostering Service within the Children & Young People's Trust [CYPT] from April 2008 – March 2009, including information on fostering recruitment activity, the work of the Fostering Panel and developments within the Service.

A key priority of the CYPT is to ensure children can be brought up safely with their birth parents or within their wider family network if at all possible. When a child does come into care foster carers play a pivotal role in the multi agency team around the child. Foster carers take children and young people into their homes often at very short notice and work to ensure the best possible outcomes for the child in care. Ideally that child will be able to return to their birth family but if that is not possible achieve permanence either through adoption or another legal order or through long term foster care.

The Fostering and Adoption service is a city wide service within the CYPT and a key strand of the CYPT's services for children in care with a need for close working relationship with area social work teams, agency placement team and other specialist health and education teams working with children in care. The work of the Fostering and Adoption service contributes to improving outcomes for the most vulnerable children and young people in the city and is in line with the priorities outlined in the Children and Young People's Plan and the Every Child Matters agenda.

Fostering is a highly regulated area of social work practice and is governed by the Fostering Services National Minimum Standards and the Fostering Service Regulations 2002 under the Care Standards Act 2000. The Department for Children, Family & Schools [DCFS] is undertaking a review of the minimum fostering standards and it is anticipated that there will be a plan to implement the new standards in 2010.

The national profile of fostering remains very high. On 31<sup>st</sup> March 2008 there were 59,500 children looked after in England and two thirds of these children were living with foster families. Fostering Network, the national charity, estimates that there are 37,000 foster families in England with a shortfall of around 8,000 foster families to fully meet the needs of the children and young people in the care system.

Within Brighton and Hove the numbers of children in care fluctuated during 2008/9 with a significant rise in the numbers of children coming into care from December 2008 in line with the national picture. The average number of children in full time care in the six months prior to December 2008 was 375. However the numbers of children in care rose rapidly in 2009 with 444 children in full time care by the end of July 2009. This very rapid rise of children coming into the care system has put significant pressure on all aspects of the CYPT's services for children in care and has resulted in larger numbers of children needing to be placed with agency providers.

The Children & Young Person's Act received royal assent in November 2008 and it contains measures intended to strengthen the legislative framework underpinning the care system and to improve the life chances for young

people in care. Key elements of the Act are the focus on the need to improve placement stability and the opportunity for young people to stay in their foster placements post 18 rather than move out into independent living before they are ready. Within the CYPT the Care Matters implementation group has been meeting throughout the year to oversee the work to ensure compliance with this new legislation and promote the significant messages that underpin the legislation in relation to improving the quality of life for children in care in Brighton & Hove.

## **2. The Fostering Service**

The Fostering Service Manager has continued to be Clare Smith for 2008/9. The Service comprises the Fostering Team and the Intensive Placement Team and the Service Manager also has responsibility for the administrative team. The Fostering service has 3.8 Practice Manager posts and there is very close liaison between the Fostering & Adoption & Permanence teams given the overlap in the work with some children moving through from fostering to adoption. Foster carers are also supervised and supported within the Family and Friends team and Adoption & Permanence team and the work of those teams is reported within the annual adoption agency report.

The Practice Managers within the Fostering Team take lead responsibility for different aspects of the service, namely: recruitment and assessment, duty service, training for carers and parent and baby placements. The Intensive Fostering Team is managed by 1.2 Practice Managers. The Intensive Placement Team was formed in 2006 in a merger between what was formerly the Placement Support Team and the Special Placement Scheme and works to enhance placement stability and provide an increased level of support to intensive fostering placements.

The teams are made up of a number of experienced social work practitioners, social work resource officers and intensive placement team support workers. The team provides a family finding duty service for the social work teams which is staffed primarily by dedicated duty staff managed by a Practice Manager. Staff also take a lead role in providing a recruitment duty service to prospective foster carers with a worker in post particularly dedicated to the recruitment of Black and Minority Ethnic foster carers. Other staff within the team take a lead role in relation to the provision of a range of support groups and oversight of emergency duty carers.

The Agency Advisor plays a key role in ensuring the effective running of the Fostering Panel, providing a quality assurance role in relation to reports being prepared for panel and for providing specialist advice to staff within the Children and Young People's Trust in relation to fostering work. A separate report on the work of the Panel written by the Independent chair of Panel is appended to this report.

It is essential that there are close working links between the Fostering and Adoption service and the other area and city wide teams involved in working with children in care and their families. Quarterly meetings are held with the Fostering and Adoption and Area Team Managers, Children's Disability Team Manager and 16+ Support Team Manager, Agency Placement Manager, the

Medical Advisor, and Consultant Nurse for Children in Care to discuss practice issues in relation to fostering and adoption and services for children in care. The Head of Service is also involved in the CYPT Care Matters implementation group.

The Head of Service has also continued to chair a monthly pre-birth assessment panel which comprises key social work and health staff within the CYPT plus the midwifery manager and the family group conference co-ordinator. This panel maintains an over sight of all the pre-birth referrals of children at risk of care proceedings or a child protection plan at birth and endeavours to ensure that early pre-birth assessment takes place to minimise any delay in achieving permanence for vulnerable babies, and to reduce the numbers of children coming into care through the planning of appropriate multi professional support services. However the significant increase in numbers of children coming into care since December 2008 and the pressure on area social work teams in particular has led to a greatly reduced capacity for the social work teams to undertake timely pre birth assessments. It is hoped that this can be addressed through future strategic planning within the CYPT to develop an early permanence service to ensure that these very vulnerable babies receive a co-ordinated and priority service.

The Fostering Service Manager attends the quarterly meetings of the South East Local Authority Regional Foster Carer group which meets to share practice and policy issues.

### **3. Ofsted Inspection**

The Fostering service was inspected by Ofsted in January 2009. The service had been previously inspected by Commission for Social Care Inspection in November 2006 and it had been a requirement that fostering services are inspected on a yearly cycle. The delay in the timing of this inspection reflected the fact that the responsibility for inspecting children's services moved to an expanded Ofsted from April 2007. It is the intention that inspections of fostering services will move to a 3 yearly cycle in line with that of adoption services.

Considerable work was undertaken to prepare for the inspection in order to complete all the pre inspection documents and supply all the supporting evidence. Two inspectors were based in the service for one week along with two inspectors for the adoption service and had a very full programme of meeting managers and staff from the Fostering service, the Consultant Nurse for Children in Care [CiC] and manager of CiC education team, lead elected member and representatives of the foster carer association. They attended support and training groups for foster carers as well as visiting foster carers and children in their own home and attending the Fostering Panel. They also read a number of case files and policies and practice guidance.

The outcome of the inspection was extremely positive with the service being rated as 'outstanding'. This result was not only a significant achievement for our foster carers and staff within the service it has also helped raise the profile of the service to assist the ongoing recruitment drive for more foster carers.

The Mayor of Brighton kindly hosted a reception for 40 foster carers in March 2009 in order to thank carers particularly for their considerable work to improve the lives of children in care. This was a very welcome acknowledgement of the work of our foster carers.

#### **4. Fostering Recruitment Activity 2008/9**

The recruitment strategy for the service is updated annually and is developed in response to the profile of children in care and the trends in the demand for placements considered alongside the profile of Brighton & Hove's foster carers. At the end of March 2008 there were 159 fostering households including family and friends foster carers and concurrency carers. Of these 148 were White/ British and 11 from Black and Minority Ethnic backgrounds.

The Fostering Service during the year has continued to prioritise the recruitment of carers for older children (10 years+), Black and Minority Ethnic [BME] carers and parent and baby carers but has now decided to broaden the recruitment activity in acknowledgement of the very high numbers of children coming into care since December 2008 and the fact that it has not always been possible to place younger children under 10 years with in-house foster carers.

During 2008/9 there were 244 enquiries received by the Fostering team from prospective carers. There were 6 information sessions held during the year that were attended by 65 prospective carer households. These enabled applicants to have the chance to find out more about fostering and meet carers before making the decision with workers from the service about whether to proceed on to the preparation group. There were 20 applicants attending preparation groups over the year and 14 of those progressed to the assessment stage.

Six new sets of foster (excluding family and friends foster carers and concurrency carers) were approved in 2008/9 which is a drop from the previous year when 11 new carers were approved. This in part reflects the decision by the service at the start of the year to continue with a focused recruitment campaign and not to prioritise applications from carers offering placements for children under 10 years [apart from BME applicants]. There was also a much higher drop out rate from prospective carers this year during the assessment stage with 10 assessments being discontinued for a range of reasons including unexpected changes in the applicants' circumstances. There has been an analysis of the reasons for such a high drop out rate to try and understand whether any lessons can be learnt from this as clearly this represents a significant investment of staff time. It does appear that there were a number of unpredictable personal events such as health or relationship or employment issues and it is hoped that for some of these prospective carers they may come back to fostering once their lives are more settled. It was also noted that there were a small number of carers from independent agencies that wished to transfer to Brighton and Hove and further assessment work indicated that there had been some difficulties in their previous fostering career which led to decisions not to take forward these assessments.

The service has continued to grow the total number of fostering resources year on year over the last 5 years although this year the number of new carers approved was balanced with the number of carers who left the service through resignation or termination of approval. Managers within the service continually work to review the recruitment strategy and the way the service is configured to ensure recruitment and assessment activity is given a high priority alongside the other areas of work. However without an increase in staffing into that part of the service there is limited capacity to expand further as it is essential that all foster carers and particularly those newly recruited receive a high level of support from the service with the fostering task. The service does use 2 regular independent social workers to assist with undertaking assessment work. These social workers have worked with the service for a number of years and produce high quality assessments however once carers are approved they have then to develop a new relationship with their supervising social worker so use of independent social workers to assist with recruitment and assessment work can only have a limited role.

There is a turnover of carers every year as fostering can be a very challenging and demanding task and some carers decide that it no longer fits with their family life or retire due to health issues. In 2008/9 there were 6 resignations or terminations of approval and sadly one set of carers that died during the year.

Of the new foster carers approved one couple was White/British/Asian and the remainder were White/British. There are 2 BME couples currently being assessed.

The approval range of the new carers also reflected the priority need for the CYPT. One carer was approved for 3 children 10 years+, one for 2 children 12 years+ and the other new carers were all approved for children over the age of 5 years.

### **Recruitment strategy**

The Service has run 2 high profile recruitment events in 2008/9 including a range of activities for National Foster Care Fortnight which is in May each year. These events include advertisements in the local press plus 'good news' stories which profile the work of our carers. This included a profile on Brighton and Hove's longest serving carers and the recognition that was given to them for over 30 years of fostering by an invitation to the Queen's Garden Party.

The Service also organised a comprehensive update and refresh of the dedicated website for the service and this was completed in time for Foster Care Fortnight in 2009. An increasing number of enquiries from prospective carers are now received via the website.

The Recruitment and Publicity Officer for BME foster carers and adopters has continued to profile the work of the service. She has placed advertisements in a number of different publications and made contact with key local BME and faith groups and ensures the service has stalls at events like Black History Month and International Women's Day.



Foster carers and young people continue to play a very important role in recruitment events by attending information sessions and talking to prospective carers about their experience of fostering and the fostering task. The lead Practice Manager maintains an oversight of the recruitment activity and provides regular reports to the whole management team.

## **5. Placement Activity**

The Fostering Service runs a duty service for social workers needing to find a foster placement for a child. This service is overseen by a Practice Manager and has two dedicated workers supported by other staff within the team.

The duty service has had a sustained high demand for placements with significantly increased pressure on resources since December 2008. The increased number of referrals has been across the board with very high requests for placements for parent and baby foster placements and placements for teenagers and sibling groups. There were for example 25 referrals for parent and baby foster placements during the year.

This very high demand for placements has had an impact on the capacity of the service to consider the detail of the matching requirements of the child and to find placements that fit with the matching needs. The increase in numbers of children in care is a national issue and hence neighbouring authorities have also experienced rising numbers of children coming into care and there is therefore pressure on available fostering or residential resources across the south east. There have at times been very limited availability of placement across the south east region and although both the fostering duty team and agency placement team have worked very hard to find appropriate matches for children there has sometimes been a need to place children or young people at some distance from Brighton and Hove or to place more challenging children with carers that were newly approved.

### **Agency placements**

The Fostering Duty service works to place children with in-house foster carers that meet their needs where ever possible and agency placements are only used when this proves impossible. There is a close working relationship between the duty service and the agency placement team who oversee the contracts with the independent providers.

As of 31<sup>st</sup> March 2009 there were 109 placements being purchased from independent fostering agencies and this included 7 parent and baby foster placements. At the end of the year there were 62% of children in in-house placements and 38% with agency foster placements. With the current high demand for placements this level of purchase of placements from the independent sector is unlikely to reduce.

Over the past year the agency placement team within the CYPT and West Sussex County Council undertook a tendering process for agency fostering and residential providers. A framework contract was agreed and commenced on 1<sup>st</sup> November 2008 and there is now a joint list of 39 accredited

independent providers [16 residential and 23 foster care]. This has improved the process for commissioning of placements and fits very much with the need for the CYPT to achieve high quality placements and value for money for such placements. There is now an advisory group established jointly with West Sussex to oversee the running of this new process for commissioning these placements for children in care. Young people have also been involved in a programme of monitoring and review of service providers.

During 2008/9 the Fostering service received all the referrals for children needing foster placements and sought placements with independent fostering agencies if there was not an available in house placement. The agency placement team undertook placement finding for residential providers as well as assisting where necessary in negotiation with independent fostering providers. From September 2009 the plan is for the process to be streamlined further with the Fostering team receiving all referrals for children needing placements. The agency placement team will take over all the placement finding for children that cannot be placed in house although it is recognised that the 2 teams need to work closely together as in many cases placement finding needs to be twin tracked to ensure there is minimal delay in finding an appropriate placement.

### **Parent and baby placements**

During the year there has been a sustained high demand for parent and baby foster placements. Most of these placements are made at birth and as part of a care plan within proceedings. Most of the referrals for these placements come from the social work team at the Royal Alexander Children's Hospital [RACH] that has had lead responsibility to undertake pre birth assessments. The RACH team has been the referral point for the midwifery team in relation to referrals for babies that are potentially vulnerable and at risk of being subject to a child protection plan or care proceedings at birth. Given the high bombardment rate and staffing shortages within the RACH team the capacity for the team to undertake timely pre birth assessments has reduced significantly during the year. The lack of opportunity to undertake full and timely pre birth assessments has inevitably contributed to the increased number of referrals for parent and baby placements.

It is been recognised by the CYPT that the area of pre birth work and early permanence planning is one that needs to be reviewed to ensure that the pre birth period is used to full advantage to ensure that multi agency assessments can be undertaken to fully inform care planning at birth. There have also plans to change the organisation of social work team at the RACH with responsibility for assessment of new pre birth referrals moving to the area teams in September 2009.

There are now 11 approved in-house parent and baby carers which is a further increase on last year. There is a turnover of parent and baby carers as this can be a very demanding task with the carer needing to provide an intensive level of supervision and support to the parent. Most new parent and baby carers are existing foster carers who decide that they would like to extend or change their fostering role. Many of the placements go on for quite a long period with some placements lasting over 12 months so there can often

be limited turnover of new placements becoming available. Sometimes these placements have to be used for other children that are coming into care and need an emergency placement, for example a sibling group. At any one time there can be on average 20 parent and baby foster placements with roughly an equal number of in-house and agency placements being made.

During 2008/9 the Head of Service and the Consultant Nurse for CiC completed a piece of evaluation work to consider the outcomes of these placements over a 4 year period from April 2004 – March 2008. The evaluation work involved an analysis of the data relating to these placements plus interviews with foster carers, birth parents and key professional groups. A number of practice recommendations flowed from this piece of evaluation work which relate to pre birth work and the management of parent and baby placements to ensure there is no delay in achieving permanence for these vulnerable babies. Presentations on this evaluation work have now been given to appropriate managers and staff groups within the CYPT as well as the foster carer group. There has also been a presentation at Brighton University Making Research Count seminar. It is hoped that progress can be made in taking forward some of the good practice recommendations over the forthcoming year as part of the review of early permanence work.

## **6. Fostering support services**

The provision of a range of support services from the individual work provided by the supervising social worker to training and support groups, an out of hours service, support with respite arrangements and an extensive school holiday activity programme for children in placement all play a key role in ensuring carers are enabled and supported to meet the needs of the children in their care. It is also a significant factor in the retention of foster carers.

The Fostering service has continued to work hard over the year to enhance the support package provided to carers, the central component of which is the supervisory relationship. The service has a stable staff group of experienced social workers and all carers have an allocated social worker.

### **Support groups**

There is a general monthly support group open to all carers which is long standing and well attended. There is also a new carers group which runs annually over a number of sessions. New carers are provided with an induction pack as well as their foster carer's handbook and the new carers group provides the opportunity for carers to meet each other as well as providing training input to consolidate their learning from the preparation groups and assessment process.

A specific group for parent and baby foster carers is now well established which has a clear training element with a programme of different speakers. There is also a group for the intensive placement foster carers and it is an expectation of being part of the scheme that they meet together regularly with the two dedicated workers who supervise the placements.

## **Support for carers of BME children**

The recruitment and publicity officer for BME carers also provides a specialist support role to carers of BME children. This is in recognition of the fact that a number of our BME children in care are placed trans-racially and their foster carers may need additional input in order to ensure they are supporting the child's identity needs.

The service has updated and re-issued the handbook for foster carers on the care of BME children and the dedicated worker visits carers to offer advice on specific issues like dietary needs as well as providing information on toys and activities as well as community and other support groups to join.

## **7. Foster carer training**

The service continues to offer a comprehensive training programme to foster carers that builds on the basic training they receive during the preparation group and assessment process. A working group is held with staff and foster carer representatives to review and develop the training programme.

There are 9 mandatory courses that carers are expected to take up over the course of their first two years post approval. Carers also have the opportunity to take up additional training provided within the training programme for foster carers or the wider training programme offered within the CYPT.

The service also supports foster carers that are interested in developing their skills through the NVQ Level 3 award for carers and there continues to be sustained interest amongst foster carers in completing this professional qualification.

## **CWDC learning and development standards**

Following the introduction of the Children's Workforce Development Council [CWDC] Learning and Development standards for foster carers the service piloted a support group for carers undertaking the workbook. Feedback from carers was very positive and further support/training groups for the second cohort of carers completing the workbook have now been established. There are 45 sets of carers involved in this second phase of the work to complete this CWDC workbook which started in April 2009 and these carers will have 12 months to complete this task. There are very high turn out of carers for these groups and it has to be acknowledged that compliance with this new requirement for carers to demonstrate their core knowledge and skills for the fostering task has been a significant undertaking for the carers themselves and for staff within the service that have taken a lead in running the support and training programme.

The Department for Children, Family and Schools expects that all new foster carers will be supported to complete the work to evidence knowledge of the standards from April 2008, with all existing carers expected to achieve this by April 2011.

## 8. Independent Fostering Support

The Fostering Service continues to have a contract with an independent company to provide support to foster carers subject to a serious complaint or allegation. This service also offers a 24 hour helpline to carers which has been used by a number of carers. During 08/09 Fostering Support Ltd provided individual support to 2 foster carer households. This involved providing telephone support, meeting with the foster carers, assisting in the preparation of reports and on occasion attending Foster Panel with the foster carers.

Evaluations received from foster carers using the service are extremely positive and the service plays an important part in the retention of foster carers whose experience of being subject to a complaint or allegation can cause considerable distress in some cases leading them to end their fostering career. Good practice guidance from Fostering Network, the leading national charity for fostering issues, strongly recommends the provision of an independent support service for foster carers.

## 9. Sons and Daughters of Foster Carers

The sons and daughters of foster carers play a vital role in the fostering task and the Service has continued to provide them with dedicated support services. Fostering is very much a family activity and research has shown that placements are more successful and less likely to break down when there is a positive framework of support in place that includes the sons and daughters of carers.

The Intensive Placement team provide specific activity days within the school holidays for these children which are well attended [see table below] There is also a session co-facilitated by the children of experienced foster carers for the sons and daughters of newly approved carers or carers that are undertaking the assessment process.

Holiday Period	Places offered	Places filled	No of different young people	Gender
Easter 08	15	14	14	4M & 10F
June ht 08	15	15	15	7M & 8F
Summer 08	10	8	8	2M & 6F
Oct ht 08	14	12	12	2M & 10F
Feb ht 09	17	17	17	8M & 9F
Total	71	66		

## 10. Foster Care Association

Brighton and Hove Foster Care Association has been in existence for 5 years. It provides a number of resources for foster carers and their families including

a buddy scheme for new foster carers and a quarterly newsletter for all foster carers keeping them up to date with news and events. It has also organised a number of social events for foster carers and their families. In the last year these have included an Easter egg hunt and a barn dance, Christmas pantomime excursion and summer picnics. The association also runs regular drop in coffee mornings in different locations for foster carers.

Members of the association are also involved in various working parties and are consulted with in relation to new developments within the Service. Sadly the Chair of the Association, died suddenly in June 08 and a new chairperson has now been elected to this post. The Foster Carer association has now set up their own website for foster carers as part of their role to ensure carers, that can become quite isolated in their own homes, have the opportunity to keep in touch with each other and keep updated on the work of the association.

## **11. Children in Care Health and Education teams**

The Consultant Nurse for children in care and her colleagues work very closely with the service. They provide training input to foster carers as part of their mandatory training but also run additional workshops for staff and carers as needed.

The Nurses for children in care also provide additional support and advice to foster carers as required about any health issues related to their children in placement. From April 2008 as part of the Care Matters agenda there is a new national requirement to report on the emotional well being of children in care and the Strengths and Difficulties Questionnaire are sent to carers to complete on an annual basis with input from the young person as appropriate. The results of these are analysed by the health team for children in care. Foster carers have responded well to this and there has been very high numbers of the questionnaires returned. For children that are shown to have scored highly follow up support and advice is provided to carers and social workers by the health team.

The Education team for children in care also work closely with the service and provide input to the training programme. A new Education Psychologist for CiC was appointed in November 2008 and has already developed good links with the service.

## **12 CAMHS service**

The Consultant Nurse for CiC and Head of Service throughout the year have attended a monthly meeting of the specialist Tier 3 team within CAMHS that provided a fast track service for fostered and adopted children and their families. The CAMHS service for fostered and adopted children was re-commissioned during 2008/9 and the dedicated team has been now been disbanded. Referrals for these children are now directed to the one central referral point within CAMHS and are passed on to the three area teams within CAMHS and can be dealt with by a range of different clinicians at CAMHS

with an expectation that these referrals receive an assessment appointment within 4 weeks.

An art therapy group has continued to run during the year which is co-led by a worker from the Intensive Placement team and therapists from CAMHS with significant experience of working with children in care. In addition to this these workers also ran a successful intensive art therapy group during summer 2008 for three weeks with 7 young people between the ages of 9 and 12 attending each day.

### **13. Intensive Placement Team**

The Intensive Placement Team (IPT) works to support the general development and placement stability of children and young people aged between 7 and 16 years living in Brighton and Hove foster placements including Family and Friends placements. The work is subject to regular review in order that it is purposeful and professionally accountable.

IPT's remit includes the supervision of a limited number of Intensive Foster Placements where enhanced levels of placement support are required to sustain ongoing placement stability. IPT Support Workers are allocated to provide direct work to children and young people individually and in groups. Among its services, IPT offers a Morning Unit to support young people return to school where there is a break in education and to help support placement stability. An integral part of the team's work is to provide activity programmes for children and young people during each school holiday.

IPT's steady-state work provides a valuable resource in the fostering service's efforts to offer and maintain placement stability. New projects have been developed by the team to supplement this objective while aiming to provide further opportunities for growth and enjoyment to our children and young people in care. The department's recent Ofsted report acknowledged IPT's very positive contribution to the delivery of the Every Child Matters agenda.

There have been a number of significant team developments over the year alongside consolidation of earlier initiatives. These include: consolidation and expansion of the Creative Sounds Music Project which has provided workshops and individual music tuition to children and young people in care; a successful bid to deliver the Creativity4health agenda through various and far-reaching activities including a new peer-relations group; the diversification of its holiday activity programmes and one-off projects such as the production of a fostering guide for children and young people in care in Brighton and Hove.

#### **Morning Unit**

The Morning Unit remains an integral part of IPT's services to support placement stability. The unit operates four mornings per week between 9am and 1pm during school term times. It provides up to three spaces per morning for children and young people placed in Brighton and Hove foster placements.

Reasons for referral are various but the most common factor is the absence of educational provision. Research shows that this factor alone plays a critical factor in placement disruption. One of the main aims of the unit is to provide much needed respite for foster carers. Feedback from carers suggests that they consider it a highly supportive resource. IPT endeavours to work directly with the young people on the unit to help them understand and to modify where possible the kind of behaviours that often led to school exclusion in the first place. Furthermore, IPT staff members play an active role with social work and educational colleagues, to secure young people's readmission into suitable educational provision as soon as possible and minimise the risk of further exclusion.

It is evident that there are cyclical peaks and troughs in referrals to the Morning Unit. Though figures for 2007-8 showed a 34% increase, figures for 2008-9 show a decrease of 40%. Current policy guidance to schools may be resulting in the fact that young people are excluded less often.

The experience of the team suggests that the incidence and degree of challenging behaviours presented by young people, such as verbal and physical threats or aggressive outbursts towards staff and material objects, has increased. This has a number of consequences. It sometimes means that staff ratios have had to be increased in order to manage the situations safely in line with the risk assessments. IPT have also had to decline additional referrals if there is concern that combinations of certain young people were likely to produce behaviours that could not be safely contained, placing young people and staff at unacceptable risk.

It is of note that fixed-term exclusions have increased substantially as a proportion of the reason for referrals to the morning unit. Once on the morning unit children and young people are tending to stay for shorter periods as both IPT and Education staff work together to return them to a formal education programme.

### Morning Unit referrals

Type	April 2006/7	April 2007/8	April 2008/9
Referrals	41	55	33
Young People	-	25 (15 Male, 10 Female)	19 (12 Male, 7 Female)
Sessions offered	-	190	156



## Reasons for Referral to Morning Unit

Reason	April 2007/8	April 2008/9
Fixed-term exclusion	35	18
Permanent exclusion	1	1
Informal exclusion	1	2
Reduced timetable	2	2
No school place	3	2
Not attending	5	3

## Activity programme

IPT provides a range of holiday activities for children and young people in care during school holidays. Activities provide respite for carers and opportunities for children in care to share and enjoy different experiences together. In response to feedback from foster carers and young people in a previous questionnaire, IPT have sought to offer new and more diverse activities. The overall take-up rate has increased from 75% to 89%.

One of the most popular events that the team manages is the IPT Christmas Party for children, young people and their carers. Approximately 150 people were able to come although demand for places exceeded this number.

### 253 Activities - Children in Care

Holiday Period	Places offered	Places filled	No. of different young people	Gender
Easter 08	90	73	52	28M & 24F
June ht 08	49	45	39	18M & 21F
Summer 08	211	198	63	33M & 30F
Oct ht 08	60	51	42	32M & 19F
Feb ht 09	60	51	38	24M & 14F
Total	470	418		

## Group work

*Music workshops:* IPT staff members were partners with Rythmix and Brighton and Hove Music and Performing Arts in their successful bid for a substantial grant from the DCSF to promote and deliver access to music for children and young people in care in the South East region. Under the Cre8tive Sounds Project, IPT staff worked with 2 specialist external music

tutors to provide a closed group offering young people the opportunity to learn and play music together. The group involved 6 young people attending weekly sessions for 10 weeks.

No less important than the individual interest and skills developed was the fact that the participants learned and worked together in a group, being helped to manage their anxieties and tensions and to reach compromise where possible. Participation was and remains enthusiastic. This is borne out by the fact that 4 members of the initial group are now involved in individual lessons in their selected area of interest. None had previously received this opportunity within their birth family or care history. Music Taster Days continue to be offered under the 253 Activity Programme. A total of 56 sessions have been attended so far. As a consequence, a further five young people have asked for 1:1 music tuition. A sixth young person has had the resource redirected to be included in her school timetable (singing lessons).

*253 Club:* This closed group is provided for six young people referred by their social workers. The purpose of the group is to work with young people who struggle forming relationships with peers and who are low in confidence when forming friendships. It aims to build confidence and self esteem, to support young people to create friendships and to have fun whilst doing so.

### **Creativity4Health**

Two members of the team identified and successfully applied for a grant from the Lottery and Arts Council funded Creativity4Health project. The aim of the project is to promote the participation of looked after children and young people, care leavers and foster carers in creative and physical activities to improve emotional health and wellbeing.

IPT staff members have designed a programme of activities and events over one year to meet team and project objectives. They will work with 25 young people in care or care leavers over the year with the support of 4 different artists.

Activities include:

*Arts Award:* The arts award is a national qualification offered under the National Qualifications Framework to support young people (11-25) to develop as artists and arts leaders. Completion of the award will demonstrate a young person's skills and ability to communicate well and lead projects and is useful for gaining further education opportunities and jobs. A number of young people in care will be supported by IPT staff to help them achieve this award.

*Youth Arts Fringe Festival:* children and young people in care have been working on their own artwork and exhibited it as part of the Brighton Fringe Festival. A further exhibition is planned in November 2009

*Lewes Festival:* Young people were supported to exhibit photography and other work in the festival in June 2009. The theme was young people's use of words.

*The Graffiti Project:* During what proved to be a highly successful IPT activity day, 15 young people and two foster carers worked with a graffiti artist in the garden at 253 Preston Road to produce graffiti art on installation boards. The artist was on hand to teach professional techniques and safe ways to paint.

*Garden Project:* Further work has taken place on the garden to extend the vegetable patch and to build a creative aspect to the garden with totem poles and a wishing tree, and to create a workshop outside for young people to use. 'Gardening with IPT' has proved a popular and successful addition to the range of holiday activities offered.

### **IPT Sessional Workers**

IPT has set up a small pool of sessional workers to compliment the staff group. Sessional workers have been allocated to provide direct work with children and young people at weekends in order to support placements and to engage with young people on a range of issues such as independence skills, social skills and community integration by accessing local resources.

IPT currently employs and supervises five sessional workers. Three provide direct work to children and young people in placement; two supplement staffing on 253 activity programmes. One of the latter has been specifically employed to provide one to one support for a young person with a significant disability.

### **Intensive Fostering Placements**

There are currently 8 carers offering intensive foster placements with 11 children in placement as of 31<sup>st</sup> March 2009. An additional 5 placements for children were provided during the year and placement stability remains high with the average duration of an intensive fostering placement standing at 4 years.

A comprehensive enhanced support package is provided for these carers with a key feature of these placements being the very regular network meetings for the carers and key workers with the child to ensure there is effective communication to support the young person in placement.

## **13. Fostering Panel**

It is the responsibility of the service to ensure the effective running of the Panels and the Agency Advisors manage the panel administration team and take a lead in the recruitment of panel members. Panel contributes significantly to the positive work of the CYPT in planning for children and providing a key quality assurance role.

Panel has been particularly busy during the year and this in part reflects the significant number of family and friends foster placements.

There was a change in the independent chair of panel with Sarah Borthwick being appointed and taking up this role in January 2009. Gill Harris was the previous chair and had to leave Brighton and Hove in December 2008 as her tenure as chair came to an end. Gill Harris was an excellent chair of panel and contributed greatly to the very effective performance of panel which has been commented on very positively in all inspections of the service. The CYPT was very pleased to be able to appoint Sarah Borthwick as her replacement, she is not only a very experienced chair of panel but has national reputation within the adoption and fostering field as a trainer, consultant and author of a number of books on aspects of family placement work. A report on the activity of the fostering panel is appended to this report.

## **14. Complaints and allegations**

During 2008/9 there were 7 standards of care investigations following complaints and allegations made against foster carers. One of the foster carers involved resigned due to changes in her circumstances that made it impossible for her to continue to foster and another set of foster carers had their approval terminated. Three of the standards of care investigations concluded with no further action being recommended. One complaint was received from a young person about the conduct of the foster carer and this was dealt with under 'carer supervision' and did not result in a standards of care investigation.

## **15. Service Planning 2008/9**

The service will keep the recruitment strategy under review in line with the profile of children coming into care. The service will continue to specifically highlight the need to recruit carers for parent and baby placements, more BME carers and carers for older children and sibling groups. However given the significant increase in the number of children coming into care prospective carers that are interested in providing placements for children under 10 years would also now be considered. The service will continue to work closely with the press office and ensure that the profile of fostering remains high locally. Currently the service is undertaking an 'empty nester' campaign in an attempt to attract older experienced parents that may have space in their lives and their home for a foster child. It has been very helpful that current foster carers have been prepared to assist with this campaign by having their stories profiled in the local media.

The Children and Young People's Act focuses on the need for young people in care to have access to foster placements that can continue beyond 18 years. The service will continue to work collaboratively with the 16+ support team to focus on improving placement stability and the placement options for older teenagers in care. The Care matters implementation group will also continue to profile within the CYPT and the wider council the corporate responsibility towards children in care and the need to work to ensure services meet the areas detailed within the pledge to children in care in Brighton and Hove.

The plan for the CYPT to develop an early permanence strategy for children in care will involve further consideration of practice in relation to parent and baby placements. Parent and baby foster carers can play a significant role in enabling a parent to retain the care of their child however there are a number of practice issues that stem from the evaluation work undertaken in relation to these placements that will need to be considered as part of the work to develop this strategy. The role that children's centres can play in undertaking parenting skills assessment work and linking these vulnerable parents into a range of support services will need to be part of future development work in this area.

The new process for the management of referrals into fostering duty and the close working relationship with the agency placement team will need to be kept under review. The aim remains to work to ensure that children can be placed with in-house carers if at all possible but if an appropriate placement cannot be found or there is a need for a residential placement the agency placement team will take on the placement finding role. Placement finding can be fluid process with the situation of the child and potential carers changing. Many placements are needed in an emergency but it is hoped that for those placements that can take place in a planned way there will be more opportunity for care planning meetings to consider matching needs and for planned introductions to placements thus enhancing placement stability.

Sharon Donnelly  
Head of Service, Fostering & Adoption September 2009

## **Appendix 1**

### **BRIGHTON & HOVE FOSTERING PANEL ANNUAL REPORT 2007 – 2008 (1 January – 31 March 2009)**

#### **1. Introduction**

1.1 This report briefly summarises the new Independent Chair's experience of the work of the panel and its functioning over the last quarter of the year. The panel operates as a joint Brighton & Hove and Barnardo's panel. It is the first report provided by the new Chair who took up role in January 2009. This followed the departure of the previous Chair, Gill Harris in December 2008.

1.2 Gill Harris was an experienced and committed Chair of the panel and was held in high esteem by panel members and staff within the Trust.

1.3 The new Independent Chair is Sarah Borthwick who brings a range of experience and knowledge to her role on the Fostering panel. She is an experienced Chair of both Fostering and Adoption and Permanence panels for a number of Local Authorities. She worked for British Association for Adoption and Fostering (BAAF) for many years and was County Adoption Manager for a Local Authority. Sarah has co-authored a number of publications for BAAF including Effective Fostering Panels in 2007.

#### **2. Composition of the Panel**

2.1 A number of members have left the panel during the year and there have been several new members appointed in recent months. Please see the full report for details.

2.2 The panel membership as at 31.3.09 is:

- Sarah Borthwick, Independent Chair
- Coun Jayne Bennett, Brighton & Hove elected member
- Miriam Patrick, independent member, ex foster carer
- Jacqueline Stillwell, Barnardo's officer, vice chair
- Kay Woodley, independent member, ex service user
- Amanda Freeman, Brighton & Hove CYPT officer, fostering
- Gerry Brandon, Brighton & Hove CYPT officer, childcare
- Yvette Queffurus, Brighton & Hove CYPT officer, health
- David Noble, Brighton & Hove CYPT officer, education
- Andy Hill, independent member, foster carer

2.3 The panel has one vacancy: for a Barnardo's member. It is planned that this vacancy will be filled in April 2009.

2.4 The panel meets the requirements of the Fostering Regulations, 2002. The panel continues however, to remain imbalanced in respect of gender and particularly race and ethnicity. This area is always a priority in the recruitment

of new panel members; however unfortunately it was not possible to successfully address this.

2.5 Brighton & Hove continues to pay an expenses fee for independent members to attend. The amount may be reviewed over the next year.

2.6 Graham Whitaker has continued as the Fostering Agency Adviser since taking up post in September 2007.

2.7 Sharon Cottington has been the panel administrator over this last quarter.

### **3. Work of the Panel**

3.1 The panel continues to meet on a monthly basis. It has met on three occasions during January to March 2009. This frequency appears to meet the Trust's needs and allows adequate time for panel business. Panel members are flexible in respect of attending additional panels when the need arises. This has not been necessary in the last three months of the year.

3.2 During this last quarter, the panel dealt with and made recommendations on **15** case presentations. 13 cases were presented by Brighton & Hove and 2 by Barnardo's Link Plus.

3.3 The panel recommended the approval of **2** new carers:  
1 were short term foster carers  
1 were Link Plus carers

3.4 The panel dealt with annual reviews for **7** carers:  
6 were short term foster carers  
1 were Link Plus carers

3.5 There was **1 termination** of approval of foster carers:  
These were short term foster carers

3.6 There were no resignations of carers during this period

3.7 The panel dealt with **5** cases in relation to Family and Friends care:  
Initial (interim) approvals 2  
Continued initial (further interim) approvals 1  
Full assessments 2

3.8 The Agency Decision Makers endorsed all of the panel's recommendations.

3.9 The panel can also be used to offer consultation and guidance in respect of cases. It was not used in this way over the last quarter.

## **4. Functioning of the Panel**

4.1 The format and process of the panel meetings, including the agreed structure for the discussion of the paperwork, remain largely as outlined in last year's annual report. There has been no reason to change it significantly as it appears to work well.

4.2 Clearly, however, there have been a number of changes to membership of the panel over the last quarter. There has been the introduction of the new Chair and three new panel members in the space of three months. In addition to this, a well established and experienced panel member left in March 2009. All of these changes have meant adjustments for everyone and a learning curve for new members. The panel is adapting very well. It will be helpful to have an opportunity to reflect on the panel's role and functioning together in the next few months.

4.3 The panel is a friendly and welcoming panel. It is professional, sensitive and thorough. Panel business is conducted comprehensively and panel members are prepared to participate, ask questions and challenge if necessary. All panel members demonstrate a high level of commitment and they contribute well to the process.

4.4 The attendance of applicants and foster carers for their approval and reviews is well established and panel members consider that this aspect of panel works well generally. Informal and formal feedback from applicants and foster carers indicates that they too value being included as fully as possible in the panel process. This has continued in the last quarter.

4.5 When there has been information that the panel needed to discuss in confidence with the workers or where there were questions around the assessment or reviewing process itself rather than in relation to the applicants or foster carers, then panel has seen the workers alone.

4.6 Feedback forms continue to be given to all social workers, applicants, and foster carers attending the panel to ensure that the panel is aware of their experiences and views. The panel has received only 1 feedback form for this period. Given the low response rate, it will be important to re-emphasise the value of receiving written feedback from participants so that more forms are returned.

4.7 The informal and formal feedback has been positive during this period. However, the main concern expressed by applicants and foster carers attending is still the number of people on panel and how over-whelming this can feel on walking into the room. Panel continues to make a considerable effort to ensure that applicants and foster carers are welcomed and made to feel as relaxed as realistically possible in a formal meeting. Applicants and foster carers also continue to have information available to them in respect of panel members and the Agency Decision Makers in the waiting room. These do however, need updating. A booklet is sent to them about attending panel and discussions are held with their assessing social worker or supervising social worker to prepare them for attending panel. They are also now given additional preparation by the Chair who informs them prior to coming into the



panel meeting of the areas that panel will be raising with them. The panel has also rearranged the seating within the room in an attempt to facilitate people's participation.

4.8 The panel meets on a regular basis with the team manager and practice managers for the fostering service in Brighton & Hove to discuss issues and developments and this has been valued by the panel. Panel also meets twice a year with the Head of Service and once a year with the Agency Decision Makers for Brighton & Hove and Barnardo's Link Plus. Panel members value this opportunity for discussion and consider it contributes to open and effective communication with both agencies. No meetings have occurred over the last quarter but they will be planned over the next few months.

4.9 Feedback forms for the Brighton & Hove Agency Decision Maker on every case presented to the panel continue to be completed by the Chair of the panel. This arrangement continues to work well and be of value.

4.10 Panel members have been getting to know each other and developing their roles and responsibilities over the last three months. It is a competent panel which will continue to consolidate over the next year.

## **5. Panel Terms of Reference**

5.1 The constitution and terms of reference for the panel continues to meet the requirements of the Fostering Regulations and Minimum Fostering Standards.

## **6. Practice**

6.1 In general the work presented to the panel has been of a high standard over the last quarter of the year. Panel members have commented that the work from the fostering service in relation to assessments and reviews has remained of high quality during this period. Panel has fed this back directly to workers and managers presenting to panel.

6.2 There was one termination of approval in this quarter and panel members were impressed at the work undertaken and support provided.

6.3 As in the previous year's report, Family and Friends cases remain challenging for panel both in respect of the nature of the cases and the paperwork. There is improvement in respect of initial reports but it is difficult to achieve good information in 6 weeks and present it to panel as required by the Regulations. The Family Rights Group (FRG) report format which is used for the initial assessments has been amended by Brighton & Hove and the current format is clearer. Helpful guidelines are provided to workers.

6.4 Again as in last year's report, panel has not seen any significant impact in the work presented to it in relation to the recruitment of Black and minority ethnic foster carers. Panel is aware of the work undertaken by Brighton & Hove in respect of this in relation to specific targeted recruitment and fully

supports it. Panel is also aware of the training for workers and existing carers regarding the placement needs of Black and minority ethnic children who are placed trans-rationally and trans-culturally. The panel continues to be mindful of its role in the approval and review of carers who will offer such placements.

6.5 Panel continues to be impressed by the high standard and quality of the Link Plus assessments and annual reviews presented to it.

## **7. Conclusion**

7.1 In general the organisation and functioning of the panel works well in Brighton & Hove. It will continue to develop and consolidate over the next year.

7.2 The panel continues to play an important role in ensuring the provision of a quality fostering service to children.

Sarah Borthwick  
Independent Chair, Brighton & Hove Fostering Panel (June 2009)

# FOSTERING SERVICE



## STATEMENT OF PURPOSE

01273 295444

[www.fosteringinbrightonandhove.org.uk](http://www.fosteringinbrightonandhove.org.uk)

Fostering & Adoption Service  
253 Preston Road  
Brighton



Brighton and Hove  
Children and Young People's  
**TRUST**



## **1 Introduction**

- 1.1 Brighton and Hove City Council is committed to providing a high quality fostering service. The statement of purpose will detail the aims and objectives of the service, quality assurance mechanisms, and the range of services provided to children, prospective carers and foster carers including family and friends carers.
- 1.2 The Statement of Purpose includes details of the staffing and organisational structure of the service, management arrangements, complaint procedures and the details of the Office for Standards in Education, Children's Services and Skills (Ofsted). It should be read in conjunction with the Adoption Service Statement of Purpose.
- 1.3 The Fostering Service is an integral part of the Fostering & Adoption service and staff within the service have as their primary role the recruitment, assessment, training, support and supervision of carers. They also provide a placement and family finding service for social work staff on behalf of children in care or children needing to come into the care system

## **2 Key aims and principles**

- 2.1 A child's welfare is the paramount consideration. Children are entitled to grow up as part of a loving and caring family, which can meet their needs during childhood and beyond. The needs and wishes, welfare and safety of the child or young person are at the centre of Brighton and Hove's Fostering Service. Children come from a wide range of cultural, racial, linguistic and religious backgrounds, therefore the Fostering Service will endeavour to recruit carers who reflect this.
- 2.2 The Children and Young People's Trust with other agencies and community groups, will work to ensure that a comprehensive range of services are provided to support birth families to provide safe and appropriate care for their children.
- 2.3 Where children or young people are not able to live safely with their birth parents then active consideration will be given to that child being cared for within the wider family or friendship network. The Children and Young People's Trust will continue to develop services provided to family and friends carers.
- 2.4 Where children or young people are not able to remain with their birth family or be placed within the wider family network a family placement with foster carers will be sought. Good childcare planning is essential to prevent children drifting in the care system.

- 2.5 All children in care will have a care plan that will be reviewed regularly. The wishes of the child will be taken into account as appropriate in drawing up the care plan. The birth family should be fully involved in the care planning process and their views represented. Consideration should always be given to holding a Family Group Conference to enable the wider birth family to participate in planning for the child.
- 2.6 The care plan will be reviewed at every child in care review and at the 4 month review the plan for permanence will be addressed. This plan will be based on the needs of the individual child in care and will include consideration of permanence being achieved by return to birth parents, placement within the wider family and friends network or through permanent foster care or adoption if that is not possible. Clear timescales will be drawn up to expedite the permanence planning.
- 2.7 Consideration will be given in the care planning and reviewing process of the need to access appropriate specialist services for children in care and their carers. These services should be provided in a non-stigmatising and enabling manner.
- 2.8 The views and wishes of the child should be sought by a range of age appropriate means. The youth participation service and advocacy service will continue to play a key role in promoting the wishes and views of children in care and enabling their voice to be heard. The Independent Reviewing Officers will also ensure that a child's wishes have been sought and are included in the care planning process as appropriate. All children that placed in foster care will be given a children's guide to fostering.
- 2.9 The Fostering Service will aim to provide a diverse and wide range of safe, caring, stable and nurturing family placements to meet the needs of Brighton and Hove's children in care. This will include respite carers, short term and task focused carers and permanent carers. The Fostering and Adoption & Permanence team will work in collaboration with colleagues in the 16+support team, youth offending team and the Barnardos Link plus team to ensure that an appropriate range of carers are recruited to meet the range of different placements needed.
- 2.10 Foster carers will be carefully recruited and trained and given access to a range of support services to enable them to provide high quality care to the children placed with them. In line with the national agenda for work with children the Fostering Service will endeavour to work to ensure children and young people in foster care have the support they need to achieve the key aims of being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well being.

- 2.11 Foster carers will be trained and supported to enable them to work sensitively with the child to accept the child for who they are and promote their cultural, racial and religious identity.
- 2.12 Foster carers will be supported to enable them to focus on the individual child's needs and work within the child's care plan to develop the child's full potential. Children in foster care should have access to a wide range of educational resources and facilities to provide the maximum opportunity for them to achieve and develop their skills and fulfil their aspirations.
- 2.13 Foster carers will be trained and supported to enable the child to make full use of educational, health, leisure, creative and sporting activities to develop their skills and self-esteem and work towards overcoming the possible traumas of past experiences. Foster carers will be expected to work closely with teaching and other staff to ensure close collaboration and communication between the foster home and school.
- 2.14 The care plan for children in care will always address the plans for contact with family, friends or important individuals from the child's past. Good care planning to promote and sustain appropriate contact arrangements is clearly associated with stability for the child and good outcomes. Foster carers will be trained and supported to enable them to work with the child's birth family as appropriate and deal with this issue sensitively with the child or young person.
- 2.15 Foster carers will work to provide safe, caring and appropriate boundaries for the child. This will help to promote their child's physical and emotional health and educational achievement and to encourage the child or young person to develop independence skills.
- 2.16 The Fostering Service will work with others to minimise disruption for children in care and maximise their opportunity to achieve a permanent and stable family life style. Factors that are significant in achieving this will be the need for good assessment of the child's needs and careful matching with foster carers. Enhanced, specialist and multi-agency services will be provided for carers and children in care as appropriate in line with the care planning process.
- 2.17 The Fostering service will aim to ensure that full information is provided for the foster carer by the child's social worker about the child's background and family and placement needs, including previous and current health history, to inform the matching process

and enable the carers to work to meet the individual needs of the child in placement.

- 2.18 The Fostering Service will aim to work in partnership with foster carers in an open and reliable manner. Foster carers will be involved in planning and developing the service and kept informed about practice and policy developments. They will also be kept informed about the wider departmental developments and encouraged to feel an integral part of the Children and Young People's Trust.

### **3 Recruitment**

- 3.1 The Fostering Service will co-ordinate an active and inclusive recruitment campaign to meet the diverse needs of Brighton and Hove's children in care. Enquiries from prospective carers will be welcomed from a wide range of the population including couples with or without children, single parents, single men or women, lesbians and gay men, unemployed people, people from all ethnic backgrounds, people with disabilities, older people including those with grown up children.
- 3.2 The Fostering Service will provide a range of multi-media recruitment information for prospective carers. This includes the website that provides comprehensive information for prospective carers, [www.fosteringinbrightonandhove.org.uk](http://www.fosteringinbrightonandhove.org.uk). The recruitment information describes the whole range of fostering and adoptive placements that are needed. Staff within the service will respond to enquiries promptly and hold regular information sessions for prospective carers. These information and recruitment events will always include input from experienced carers and young people in care or care leavers as appropriate.
- 3.3 The Fostering Service will continue to place a high priority on the recruitment of carers and will regularly review the recruitment strategy and initiatives. A wider pool of carers enables the service to provide locally based family placements for children which take a greater account of their specific matching needs. A dedicated Practice Manager oversees the recruitment and assessment work.
- 3.4 The Fostering Service also employs a dedicated Recruitment and Publicity Officer for Black and Minority Ethnic carers. This worker along with other members of the service will develop links with key Black and Minority Ethnic groups locally and work to raise the profile of the needs of Black and Minority Ethnic children within the care system. This worker will also offer specialist support to carers with children trans-racially placed.

## **4 Assessment and preparation of carers**

- 4.1 All potential prospective carers will have an initial home assessment visit to discuss their interest in fostering in more detail. The service will run regular preparation training groups for prospective carers which will include input from a range of professionals involved in providing a service to children in care. These training groups will always include input from a range of experienced carers and the prospective carers will also be given the opportunity to link up with individual experienced carers as appropriate. The service will also include input into the training from older young people in the care system and provide some preparation for the task of fostering for children within the prospective carers family. Decisions are made following the preparation groups both by the potential applicants and the Fostering Service as to whether they are to proceed to the next stage which is undertaking a full assessment.
- 4.2 The Fostering Service has comprehensive procedures in place for the assessment of prospective carers and all staff receive training and regular supervision on this aspect of the work. The assessment procedures are evidence and competency based and includes specific verification checks that comply with the requirements of Schedule 3 of the Fostering Services Regulations 2002. A detailed assessment report is presented to either the Fostering or Adoption & Permanence Panel.
- 4.3 The Fostering and Adoption & Permanence Panels are constituted to comply with the Fostering Services Regulations 2002 and are both chaired by a suitably qualified and experienced independent chairperson. Both Panels have the services of agency advisors that do not have operational management responsibility within the service and play a vital quality assurance role.
- 4.4 The Fostering Panel is a jointly constituted Panel with Barnardos Link Plus and meets at least monthly and the Adoption & Permanence Panel fortnightly. The Adoption & Permanence Panel considers the approval of concurrency carers and the matches of children under the age of 9 with permanent carers. Both Panels consider the assessment of prospective family and friends foster carers.
- 4.5 Both the Fostering and Adoption & Permanence Panels have written Constitutions and Terms of Reference and information booklets for prospective applicants. Both Panels encourage the prospective carers to attend and ensure recommendations and decisions are communicated to the prospective carers both verbally and in writing in line with the legal requirements. The information booklets about Panel also contain information on the Independent Review Mechanism.



- 4.6 Both the Fostering and Adoption Service prepare annual reports to present to elected members. These reports incorporate reports on the activities of both Panels prepared by the Independent Chair of Panel.

## **5 Matching and Placement of Children**

- 5.1 The Fostering Service provides a daily duty service to social work staff needing an emergency or task focused placement for a child. This service is overseen by a dedicated Practice Manager. Full information is taken about the placement needs of the child and consideration is given to all appropriate in-house placements. As far as possible children will be placed locally (within 20 miles of the Brighton and Hove) to enable them to sustain appropriate contact with family and friends and minimise any disruption to their school and leisure pursuits. The policy in relation to the needs of BME children in care highlights the need to find a placement that reflects the child's ethnic, cultural and religious background if at all possible.
- 5.2 When an appropriate in-house provision is not available the Fostering service will seek a placement with a local independent fostering provider. The Children & Young People's Trust has undertaken a tendering process to establish framework agreements with preferred and accredited providers. This process helps to ensure quality standards in foster care provided by Independent Fostering Agencies [IFAs] for children in care with Brighton and Hove. It also serves to streamline and improve partnership working with other agencies and more cost-effective use of IFAs when in-house placements are unavailable. The contractual arrangements with the independent fostering and residential sector are overseen by an Agency Placements Manager.
- 5.3 The department has a contract with Barnardos to provide a short break link scheme and some long term fostering provision for children with disabilities. The teams collaborate as appropriate to ensure foster carers providing placements for children with disabilities are well supported and have access to appropriate specialist services.
- 5.4 The Fostering team runs a weekly Children Awaiting Placement meeting to consider all the children that are waiting for foster placements. The Adoption & Permanence team take referrals on children under the age of 9 needing a permanent foster or adoptive placement. Permanency Planning meetings are convened to consider the detailed matching needs and the family finding strategy. Staff in the Adoption & Permanence team take the lead role in family finding for children on referral to the team.

- 5.5 Fostering and Adoption & Permanence team staff will work collaboratively to ensure that fostering resources are fully used to best meet the needs of looked after children. Foster carers that are caring for children that require a permanent placement will always be considered as potential permanent carers for that child if that is their wish and it meets the needs of the child. Specific procedures for the re-assessment of short term carers offering permanency have been drawn up and agreed with Adoption & Permanence Panel.

## **6 Training for carers**

- 6.1 It is essential that all carers are given the opportunity to take up a range of training courses and access training materials to enhance their skills and abilities as carers and give them the opportunity for further development. All foster carers will be supported to undertake the work to complete the Children's Workforce Development Council's (CWDC) Learning and Development Standards for foster carers.
- 6.2 Key training courses will be mandatory following approval and foster carers will have access to a range of other core courses provided to Children & Young People's Trust staff plus specialist courses and events provided by the Fostering Service. A dedicated member of the training section will work with a Practice Manager within the service to take lead responsibility for foster care training and ensure full information is sent to carers about forthcoming training events. Training will need to be delivered in a variety of ways and formats to allow for maximum participation. Carers can also access training information via the new website. A Foster carer training working party provides feedback and seeks views from carers that contributes into the planning for foster carer training.
- 6.3 There is a very clear expectation that foster carers take up post approval training and work has been undertaken to support and encourage carers to access the appropriate NVQ award.
- 6.4 Supervising social workers will regularly discuss carers' training needs on their visits to carers and this will be addressed specifically post approval and at the annual review.
- 6.6 Foster carers will also be trained and supported to deliver training themselves to other carers and appropriate professionals.

## **7 Support services to carers**

- 7.1 Foster care allowances will be reviewed annually and full guidance on foster care payments and allowances will be provided to all carers in the handbook and on the website.

- 7.2 All foster carers are provided with a comprehensive handbook. This handbook is updated and added to on a regular basis to ensure it remains a key resource and guidance manual for carers.
- 7.3 All foster carers will have an allocated supervising social worker who will visit or make contact with the carer at monthly intervals or more frequently as required. They will ensure that they are accessible and available to carers and that carers have the name of their supervisor to contact if they are unavailable for any reason. The supervising social worker will liaise closely with the social worker or workers for the children in placement.
- 7.4 The supervising social worker will have responsibility for the organisation of the foster carers' annual review and ensure that all the components of the review are completed as appropriate including the reports from the carers, the carers own children and children in placement and ensuring the mandatory checks are kept updated. The foster care reviews will be taken back to the Fostering Panel as necessary. The first review after approval will always go back to Panel, in addition, Panel will also consider the reviews of foster carers where there have been specific and significant complaints, allegations or standards of care issues or other major changes in circumstances or for a significant variation in the terms of their approval.
- 7.5 The Intensive Placement Team (IPT) has a key role in providing a range of enhanced support services to children in care, carers and their own children. They will work with individual children and groups of children and young people to support them in their placement, undertake life story work and provide them with an opportunity to access a range of sporting, creative and leisure activities to promote their physical and emotional well being. They will work closely with carers to ensure that children in placement are given the maximum opportunity to reach their potential and build sustainable stable relationships with their carers.
- 7.6 The Intensive Placement team will take on responsibility for the distribution of 'listen up' cards to children which are aimed at enabling children in care to take up use of local leisure facilities.
- 7.7 Services provided by the Intensive Placement team and the Fostering service will be kept under review to ensure that the views of children, carers and social workers and other key professionals are taken into account. The Intensive Placement team will aim to work with carers and children to enable children in care to be supported to access local community mainstream provision where at all possible.

- 7.8 The Intensive Placement team will continue to provide a comprehensive holiday activities programme for children in care and will continue to develop the service provided to carers own children
- 7.9 Staff in the fostering service will work with carers, parents and the social worker for the child to ensure that the child or young person is fully supported within the school and pre-school environment. The Fostering Service will continue to work closely with other colleagues from within the CYPT to promote the needs of children in care within the educational service.
- 7.10 The Fostering Service will also work closely with the Nurse Consultant for children in care and her team to ensure carers are kept informed about health issues and are working actively to promote the health of the child or children in placement.
- 7.11 The Fostering Service will also sustain close collaboration with CAMHS to enable foster carers and children in care with particular emotional and mental health difficulties to access a specialist CAMHS service.
- 7.12 The Fostering Service will continue to provide an out of hours 'on call' service for carers. This supplements the service provided by the Emergency Duty Service which provides out of hours social services cover across East Sussex and Brighton and Hove. The Fostering Service's out of hours service would be the first port of call for carers needing advice or support.
- 7.13 The Fostering Service will provide and facilitate a range of support groups for carers. These services will be reviewed regularly with carers and will include the development of specific support groups as appropriate such as groups for new carers or family and friends foster carers.
- 7.14 The Fostering Service will provide dedicated training and support services to parent and baby foster carers recognising the specific and demanding task these carers perform. A Practice Manager within the Fostering Service will take a lead role in the support and development of services for these carers.
- 7.15 The Fostering Service will continue to meet the annual cost of subscribing to the foster carers' organisation, Fostering Network, for all Brighton and Hove approved carers. This enables carers to use the advice and support services provided by Fostering Network and receive their literature.
- 7.16 The Fostering Service will support and work in collaboration with the Brighton & Hove Foster Care Association (BHFCFA) All new foster carers automatically become members of this association

once they are approved. The Fostering Service will ensure local carers are fully consulted on developments in the service. The BHFCA will continue to aim to supplement the support provided by the Fostering Service for carers.

- 7.17 The Fostering Service will work with the Youth Advocacy & Participation services and continue to develop further ways to ensure that young people's views on the service are taken into account and inform future developments within the service.
- 7.18 The Fostering Service will work to ensure that carers are kept fully informed about developments in the service. A regular newsletter will continue to be produced for carers and carers will also receive the Children and Young People's Trust magazine.
- 7.19 The service will continue to look at ways of improving communication. The website has a secure password accessed side which provides detailed information on a range of support services.
- 7.20 The Fostering Service also employs a part time fostering consultant and child psychotherapist on a freelance basis to provide specialist and speedy support and consultation for carers as part of the service to enhance placement stability for children.
- 7.21 The Fostering Service recognises the significant role played by the carers' own children in the fostering task and the pressures this can bring to the family. The team will endeavour to take account of the needs of carers' own children when planning services and will continue to provide specific services for 'children who foster'.

## **8 Other services within Fostering & Adoption**

- 8.1 The service will also provide specialist services to meet the needs of particular groups of children in care.
- 8.2 The Intensive Fostering Placement Scheme provides for an enhanced package of support to some carers offering long term placements to harder to place children. This package includes an intensive support service provided by social workers based within the Intensive Placement team, regular respite care and sessional work support as appropriate.
- 8.3 The Adoption and Permanence team recruits, assesses, supervises and supports foster-adopters for children 0 – 2 years. Concurrency carers are approved as both foster carers and adopters and care for children on a fostering basis where concurrency has been agreed as the care plan in court. They are prepared and able to adopt the child if the rehabilitation with birth family is not possible.

- 8.4 The Family and Friends team undertakes assessments of prospective carers and supervises and supports these foster carers plus provides a range of support services to those carers that then go on to offer permanence to a child through Residence Order or Special Guardianship. Family and friends carers receive access to mainstream foster care support services as well as additional services that reflect the specific tasks that they are undertaking. Support provided includes a new information pack, support groups, training, access to therapeutic consultants and assistance with contact arrangements with birth parents.

## **9 Fostering & Adoption service staff**

- 9.1 The teams within the service will work collaboratively to provide an integrated and co-ordinated service to carers, looked after children and fieldwork staff.
- 9.2 Staff from the various teams will be involved in the review, planning and development of the service. A range of training courses will be provided across the teams to facilitate staff development and aid the ability of staff to keep updated on the changing legal framework, practice guidance and the increasing body of relevant research. Staff are appropriately qualified and supervised to enable them to carry out their tasks within the service. All social work qualified staff are registered with the General Social Care Council. A structure chart is appended to this statement of purpose which details the staff employed within the service.
- 9.3 The management team, including Service Managers, Practice Managers and Fostering & Adoption Advisors within the service meet regularly with the Head of Service to discuss operational and policy matters and ensure the continued integrated development of the service.
- 9.4 Managers within the service are sufficiently experienced social worker practitioners and have access to a range of managerial training courses. The Head of Service is an experienced manager and social work practitioner with appropriate management and social work qualifications. There are clear job descriptions and person specifications for all posts within the service and the person specification details the professional qualifications needed for the post holder.
- 9.5 The Head of Service is Sharon Donnelly, the Service Manager Fostering is Clare Smith and the Fostering Agency Advisor is Graham Whitaker and they can be contacted at the Fostering and Adoption Service, Brighton and Hove City Council, 253 Preston Road, Brighton BN1 6SE. Telephone number 01273 295444, email [sharon.donnelly@brighton-hove.gov.uk](mailto:sharon.donnelly@brighton-hove.gov.uk) or [clare.smith@brighton-hove.gov.uk](mailto:clare.smith@brighton-hove.gov.uk) or [graham.whitaker@brighton-hove.gov.uk](mailto:graham.whitaker@brighton-hove.gov.uk)

## **10 Monitoring & Evaluation**

- 10.1 The Fostering Service produces an annual recruitment strategy and progress in relation to recruitment activity is reported on a monthly basis to Fostering & Adoption Management Team. The Service Manager meets regularly with the Practice Managers to discuss allocation issues and review workloads. There is a caseload weighting system in place within the Service.
- 10.2 The Agency Advisor has a key quality assurance role and reads all the reports that are going before Panel. The Advisor has a broader role in policy development and ensuring practice issues are disseminated within the Fostering & Adoption service and fieldwork teams. The Chair of Panel is an independent and experienced manager and therefore also plays a quality assurance role. Panel regularly raise issues with the Agency Decision Maker about aspects of practice and the Chair of Panel provides a report to accompany the Fostering Agency Report to elected members.
- 10.3 The Fostering & Adoption Service Management team undertake a regular file audit programme and ensure that all files of carers and adopters are audited regularly.
- 10.4 Regular meetings are held with lead elected members of the Children and Young People's Trust and senior managers within the Department to ensure that members are kept up to date on key service developments. Issues related to the work of the Fostering & Adoption service are reported on at these meetings.
- 10.5 The Fostering & Adoption Service Management team meet monthly and part of the remit of this meeting is to ensure services are effective, responsive and of a high quality. All staff have access to regular supervision and there is a performance and development process in place across the authority. A Service Day for all the teams within the service is held annually to review and discuss practice developments.
- 10.6 The Service is required to produce an annual service plan which links to the Children and Young People's Pan which is the business plan for the Children & Young People's Trust.
- 10.7 The Annual Fostering Service report provides detailed statistics relating to the number of foster carers and recruitment activity within the year. As of 31<sup>st</sup> march 2009 there were 159 approved fostering households with 196 children and young people in placement.

## 11 Complaints procedure

- 11.1 Users of the Fostering Services, including children, birth families, prospective and approved carers, are provided with copies of the complaints procedure, advised how to access the procedure and encouraged to invoke it if unhappy with services provided. Service users are advised that independent sources of support are available to help them make a complaint and advocate on their behalf if they feel unconfident making a complaint by themselves. Service users are advised that the Customer Services Manager who oversees the complaints procedure can be contacted at:

Brighton & Hove City Council  
Kings House, Grand Ave, Hove  
Or by writing to Standards & Complaints, Freepost SEA2560,  
Brighton BN1 1ZW

The Freephone number is 0500 291229

Information about the complaints process can be found by going to the City Council website: [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk) or the Fostering & Adoption Service website: [www.fosteringinbrightonandhove.org.uk](http://www.fosteringinbrightonandhove.org.uk)

Complaints can also be emailed to [complaints@brighton-hove.gov.uk](mailto:complaints@brighton-hove.gov.uk)

- 11.2 Most complaints are resolved informally and speedily by the local manager and records are kept of all complaints, compliments and representations made to the Service. There are clear procedures in place for responding to complaints. Formal Stage 1 complaints are acknowledged within 2 working days and should be responded to within 10 working days. If someone is still unhappy after the complaint has been dealt with at Stage 1 they can ask for Stage 2 investigation. The Standards and Complaints team will aim to conclude all Stage 2 investigations within 20 working days. Members of the public can complain to the local Ombudsman at any time. However the Ombudsman will usually want the Council to have chance to investigate the complaint first.
- 11.3 The Complaints procedure for Children's Services is currently being revised nationally and the Department will produce new complaints leaflets as soon as these have been finalised. The Department produces separate complaints leaflets for children and young people and information about how to complain is also included in the Children's Guides to Fostering.
- 11.4 The Service reports annually on complaints within the Fostering Agency Report that goes to Children & Young People's Trust Board. In 2008/9 there were 7 standards of care issues and 1



complaint in relation to foster carers. Corporately records of complaints, compliments and representation are reported on regularly.

- 11.5 The Management team within the Fostering and Adoption Service regularly discuss any issues arising from complaints, standards of care, or allegations against carers to ensure any lessons learnt can be disseminated and changes in practice made.

## **12 Ofsted**

- 12.1 The Fostering Service will be inspected by Ofsted in accordance with the Fostering Service Regulations and the National Minimum Standards. These inspections will take place on a yearly basis. Inspection reports are public documents and a copy of the current report will be available via the website, [www.fosteringinbrighton-hove.gov.uk](http://www.fosteringinbrighton-hove.gov.uk).
- 12.2 The local Ofsted office responsible for inspecting fostering services provided by Brighton and Hove City Council can be contacted at:

### **Ofsted South Region**

Freshford House  
Radcliffe Way  
Briston  
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# Fostering and Adoption Service Structure Chart Sept

Head of Service  
**Sharon Donnelly**

Service Manager Fostering  
**Clare Smith**

Service Manager Fostering & Adoption  
**Karen**

Agency Advisor Fostering  
0.6 FTE  
**Graham Whittaker**

Agency Advisor Adoption  
0.6 FTE  
**Michael Wilson**

Fostering Team Practice Managers:  
2.35 FTE  
**John Donnelly**  
**Lesley Burgess**

Intensive Placement Team Practice Managers:  
1.3 FTE  
**Amanda Freeman**  
**Roger Lippin**

Admin Team Manager:  
0.8 FTE  
**Karen Potter**

Family & Friends Practice Manager:  
1.5 FTE  
**Cas Short**

Permanence and Adoption Team Managers:  
2.9 FTE  
**Gillian Luckock**  
**Pascale Davison**  
**Marv Anael**

Panel Administrators  
2.7 FTE  
**Wendy Kenyon**  
**Melanie Foreman**  
**Andrea Critcher**  
**Rachel Robertson**

Fostering Team:  
7.45 SWS  
2.5 SWROS  
0.5 RO  
**Virginia Collison**  
**Jacquie Douglas**  
**Margaret Kelly**  
**Petra Sumner**  
**Mary Weir**  
**Gill Chambers**  
**Lucy Mayhew**  
**Jo Soulsby**  
**Clare Edwards**  
**Sarah Flagg**  
**Kim Shuttleworth**  
**Anna Shaw**  
**Sally Pulham**

IPT Team:  
2 SWS  
5.24 IPT Support Worker  
0.65 Admin  
**Joe Buss**  
**Sally O'Brien**  
**Patricia David**  
**Alan Grinyer**  
**Nick Martin**  
**Kim Shuttleworth**  
**Colin Currie**  
**Dave Sutherland**  
**Debbie Pannell**

Admin Team:  
5.5 FTE  
**Stacey Burt**  
**Katie Dearn**  
**Merise Virgo**  
**Denise Melia**  
**Trish Hollands**  
**Caroline Mullins**

Family and Friends Team:  
3.7 SWS  
1 SWRO  
**Sue Mckernan**  
**Ann Horne**  
**Anne Fraser**  
**Judy Herbert**  
**Melanie Rowland**

Permanence and Adoption Team:  
9.6 SWS  
2.4 SWROS  
0.4 Teacher  
1.3 CFWS  
**Louise Bomber**  
**Kathy McCabe**  
**Clare Matthews**  
**Lesley Philbrick**  
**Deborah Hardwick**  
**Rose Celano**  
**Caroline Hill**  
**Ann Price**  
**Leonie Baldwin**  
**Maxine Clifton**  
**Nicky Lambley**  
**Tricia Leitensdorfer**  
**Louise Sims**  
**Nicola Bloom**  
**Siobhan Gleeson**  
**Rose Maxwell**  
**Claire Wyatt**  
**Carol MacDonald**  
**Karen Murdoch**  
**Toni Davey**

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**Subject:** Performance Improvement Report  
**Date of Meeting:** 2 November 2009  
**Report of:** Director of Children's Services  
**Contact Officer:** Name: Paul Brewer Tel: 29-4223  
E-mail: Paul.brewer@brighton-hove.gov.uk  
**Key Decision:** No Forward Plan No: N/A  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report presents Performance Improvement Report (PIR) covering the period April 2009 – September 2009.

#### 2. RECOMMENDATIONS:

- 2.1 To note the data and analysis in the PIR be noted and to agree to the action being taken to improve performance.
- 2.2 To agree to consider new proposals to be outlined in the next Performance Improvement Report which will address/reconcile the requirements to monitor CYPP priority indicators, the CYPP delivery plan, other key strategic plans, the National Indicator Set and the Ofsted Performance Profile.

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The purpose of the Performance Improvement Report is to provide the CYPT Board with information relating to agreed priority outcomes for children and young people and the strategic actions that aim to improve performance
- 3.2 The information in the PIR flows from, and/or informs a range of other documents including the Local Area Agreement, the council's Corporate Plan, the Strategic Commissioning Plan for NHS Brighton and Hove and the Children and Young People's Plan.

#### 4. CONSULTATION

- 4.1 The PIR has been produced in consultation with the lead officers responsible for those areas of service.

## 5. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 5.1 There are no direct financial implications arising from the Performance improvement Report at this stage. Any proposals put forward as a result of the next report (recommendation 2.2) will need to be properly costed and met from within the existing CYPT budgets.

*Finance Officer Consulted: Jeff Coates*

*Date: 16/10/2009*

### Legal Implications:

- 5.2 The report summarises performance improvement activity over the last financial year and asks the Board to note areas of concern. The proposed actions will enable the Trust to more effectively meet its statutory duties to children and young people.

*Lawyer Consulted: Natasha Watson*

*Date: 16/10/2009*

### Equalities Implications:

- 5.3 This report addresses equalities issues reflecting the principles set out in the Children and Young People's Plan (CYPP) that determine the delivery and commissioning of services to improve outcomes for children and young people from diverse communities and groups, and for those who live in deprived geographical communities.

### Sustainability Implications:

- 5.4 This report does not directly address sustainability issues but it underpins the CYPP which supports the council's sustainability strategy including, concern for quality of life and well being, health improvement and healthy schools, enjoyment and participation in cultural & leisure activities, achievement of economic well being and effective clinical governance and health.

### Crime & Disorder Implications:

- 5.5 This Report includes the monitoring of persistent absence in secondary school which supports the youth crime prevention agenda. First time entrants tracking has been removed from the report as flagged in the previous PIR as good performance was sustained.

### Risk and Opportunity Management Implications:

- 5.6 This report directly addresses issues of risk management.

### Corporate / Citywide Implications:

- 5.7 Performance Improvement Reports are the basis for performance reporting to the council's TMT, to the PCT and for monitoring the Local Area Agreement and Sustainable Community Strategy. This report also informs performance report to the Local Safeguarding Children.

## **6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

- 6.1 The alternative option would be not to review the performance of the CYPT Partnership at a strategic level. This is not recommended, as it would undermine the effectiveness of the CYPT's governance and partnership arrangements.
- 6.2 The content and presentation of the PIR is kept under constant review. Performance reports are presented by exception only. An alternative option would be to reduce the length of the PIR.

## **7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 The Children's Trust and the CYPTB have a responsibility to continuously look at ways to improve well being for children, young people and their families and rigorous, flexible performance review is part of that process.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Performance Improvement Report. 2 November 2009

### **Documents In Members' Rooms**

1. None

### **Background Documents**

1. None



# CYPT

## Performance Improvement Report

CYPT Board  
2<sup>nd</sup> November 2009



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# Introduction

## Summary of Performance

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Indicator/Theme	Comments
Referrals of children per 10,000 population aged under 18	High numbers, above statistical neighbours and England average
Common Assessment Framework	Some signs of improvement
Parenting Programme	Good performance, although % parents showing improvement slightly off target at present
Number of children with a child protection plan	Signs of levelling off after increasing for the last two years (no visible Baby P effect)
Number of Looked After children	Continuing to increase, up 24% on last year to 460 in Sept 09 (visible Baby P effect)
Breastfeeding	Temporary issues with data coverage have been resolved and now back up to 95%
Obesity	Met targets in both reception and Year 6 in 2009
Persistent Absence in secondary school	Target met and taken off “intensive” support by the DCSF. 3 schools still above the 6.1% threshold
Young People not in education, training or employment (NEET)	Rising numbers of NEET – 25% increase in numbers since this time last year
Teenage conceptions	Under 16 conception rates continuing to rise. Improvement in the under 18 rate but remains high compared to south east average
Risk Management	The Senior Management Team maintains an overview of high level risks via the CYPT assurance map and risk register
Value for Money	Action Plan developed
Workforce	Core skills and knowledge programme well received. Issues around recruitment and retention of social work staff
Equalities	Monitored by CYPT Equalities Group
Health and Safety	Fewer working days lost and fewer RIDDOR incidents for most recent data

## **Outline review of performance management and reporting**

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It is essential that the CYPT Board are able to monitor the implementation and effectiveness of the Children and Young People's Plan (CYPP). The Board also needs oversight of the CYPT contribution to the Local Area Agreement delivery plan, the delivery of key strategic plans, performance against all National Indicators and to be updated on the content of the new Ofsted quarterly performance profile.

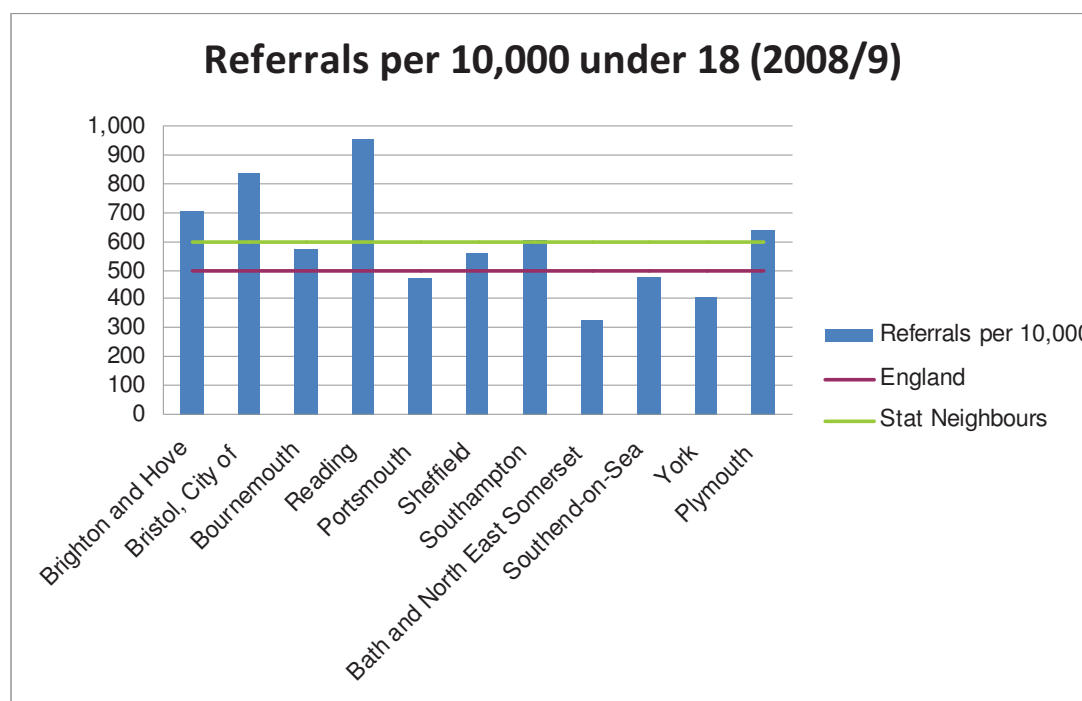
To enable this, and to further strengthen our performance management arrangements we are undertaking a review, engaging key stakeholders and looking at best practice locally and nationally to develop an effective model. In this process we want to preserve the analytical detail achievable in the PIR format and ensure the document is readable and succinct.

We aim to develop a proposal which will be presented to the CYPT Board on February 1st and look forward to consulting with members in the development phase.

Where possible, we have included updates on the relevant actions from plans and strategies. This will be more thoroughly addressed in the review.

# Early Intervention and Prevention

## Referrals per 10,000 population aged under 18



Data source: DCSF Summary Tables CPR3 2008/9

### Summary:

National data was released in October 2009 and shows that Brighton and Hove has a comparatively high rate of referrals (706 per 10,000) when compared with statistical neighbours (596) and England (497). The chart above shows each statistical neighbour authority and illustrates that Brighton has the third highest rate of referrals after Reading and Bristol.

Referrals rose 7% from 2007/8 when the rate was 660 per 10,000. In 2006/7 the rate was 813 per 10,000 and further away from the statistical neighbour average at the time of 588.

**Issues:**

This benchmarking data is particularly significant because the CYPT anticipated a reduction in the local referral rate as a result of the delivery of integrated front line services. After a steady reduction from November 2006, following the formation of the CYPT, we have seen a substantial increase in the past 9 months linked to the increase in child protection activity.

**Performance improvement activity:**

The Performance team are investigating the source of referrals and any changes in the make-up of referees. The team is also analysing the relationship between referee and whether the case goes on to initial assessment, to establish if inappropriate referrals are being made.

## Assessments completed using the Common Assessment Framework

### Summary:

For Reporting Period 01/07/2009 to 30/09/2009	Number/Total	%
CAF's initiated that were completed on time	124/170	73%
CAFs initiated that were completed late	7/170	4%
CAFs initiated and not yet completed	39/170	23%
<b>Up to Reporting Date (21/09/2009)</b>		
Completed Assessments with an Action Plan	233/381	61%
Of those with an Action Plan, % with a review date	177/233	76%
Reviews outstanding	81/177	46%

The data shows that CAF activity has increased, particularly in the period Jul-Sept when 170 CAFs were initiated, which is 57 per month compared with the 10 per month reported in the previous performance improvement report. Completion on time has improved from 53% in April-June to 73% in Jul-Sept.

There is still much work to do to increase the use of CAF and also to improve the percentage of CAFs that have an action plan and are reviewed. Work to improve performance management information to teams is progressing well and it is expected that reports will be being sent out to managers by end October 2009.

### Performance Improvement Activity:

Family Pathfinder developing initiatives across the CYPT. Housing and other local authority services as well as voluntary and community sector in developing CAF/TAC/TAF

New integrated processes being implemented as part of the area restructuring Support is being given to schools to develop the use of CAF

The use of CAF is being further promoted as a tool to aid the assessment of a child's needs at the early intervention end of the spectrum to achieve better assessments of children

CAF numbers and activity monitored monthly, integrated with other performance data, and also reported through safeguarding manager and LSCB to ensure link with Laming/early intervention and children protection.

## Parenting

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Performance targets 2009/10	Apr-Jun 09	Status
20 practitioners trained	6	Above target
40 groups delivered	27	Above target
400 parents receive an intervention	160	Above target
83% of parents make an improvement in parenting following the intervention	76.5%	Below target

### Summary:

Progress continues to be made in relation to the implementation of the Parent Support Strategy. As can be seen by the outputs above, the rolling programme of Triple P groups and interventions continues to work well.

The 'Men Behaving Dadly' event that was held jointly with the Parents Forum on the 20<sup>th</sup> June to coincide with Fathers Day was a great success. Over 220 parents and 215 children attended the event. A further event is being planned for parents of teenagers in the forthcoming year.

In relation to the Respect agenda, the Parenting Order Panel continues to meet monthly to consider requests for parenting orders for those parents where voluntary engagement and use of parenting contracts has failed to bring about a change in parenting or outcomes for the child or young person. This applies to a very small number of parents in the city.

At the beginning of July the Families at Risk Division visited the city and heard about the range of work taking place in the city with families at risk. This included visits to two groups of parents who had received parenting interventions, one at a mainstream secondary school and one attached to ACE. Parents spoke very eloquently about the positive impact of Triple P and how both their lives and their children's lives had improved as a result. Feedback from the DCSF following this visit was very positive.

### Issues:

Although improvement levels remain high, there has been a decrease in percentage improvement since the last PIR. This change may be due to a more challenging group of families accessing the service, in which case there would be an increase in the % of parents in the clinical range, therefore this will be investigated. There may however be other explanations and the data will be examined to see if there are any patterns or if there are specific issues in service delivery

Because of the scope of previous grant funding, there has been a gap in the city in relation to trained staff able to deliver Triple P to parents of under 5's.

Considerable work has taken place with the Under 5 teams and there is now a plan in place to address this in the next quarter.

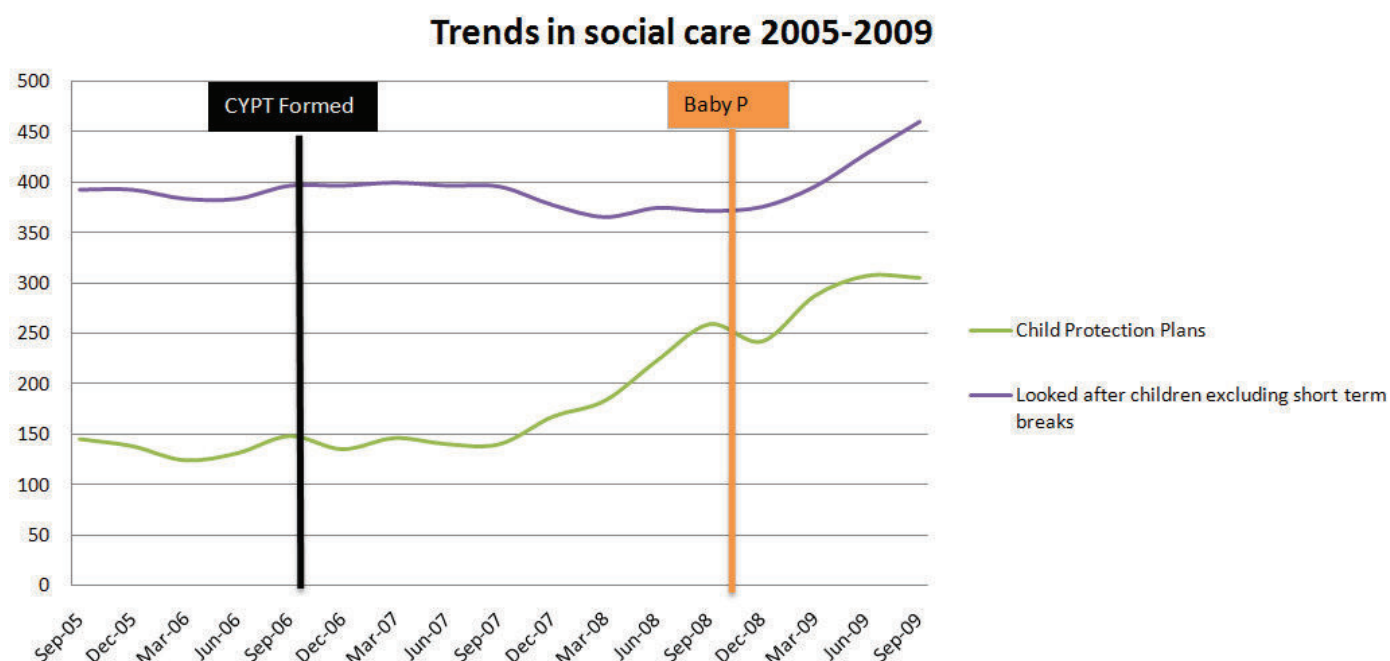
Building on the success of the ACE group, there is work in progress to incorporate Level 5 Pathways Triple P strategies to use in a group work format. This is because group interventions are more cost effective and do bring added benefits to parents through peer support. This will be a new intervention and will be focussed on parents where there are complex issues including risk to children. It is proposed that this service will be piloted in January.

***Performance improvement activity:***

- Action will be taken to determine what has caused the decrease in % improvement following intervention by further investigation
- Planned evaluation of outcomes from parents who have received a parenting intervention as part of an order. Further training on Parenting Orders is also planned
- Delivery of Triple P for parents of Under 5's will be reported on next quarter
- Specialist parenting interventions to address gaps in provision have been commissioned. These include groups for LGBT parents, Traveller families and Parents of young people at risk of being made homeless
- Development of new Level 5 pathways group by March 2010

# Performance Exceptions

## Number of children with a child protection plan



### Summary:

The chart above illustrates the change over a four year period in child protection and looked after children numbers. As was reported in the last performance improvement report, child protection numbers have been climbing quite sharply over a two year period and there is no discernible “Baby P effect” as the case hits the headlines in November 2008. The graph shows that there are signs of a levelling off of numbers, although it is too early to be sure.

The number of children with a child protection plan was 306 in Sept 09, down from a peak of 328 in August (not illustrated in the quarterly data above) but representing an increase of 17% on Sept 08 when the number was 260. The most significant rise came in the previous year period when numbers went up from 141 (Sept 07), an 84% increase (almost doubling). Comparative data will be presented in the next PIR following the release of further national data.

### Performance Improvement Activity:

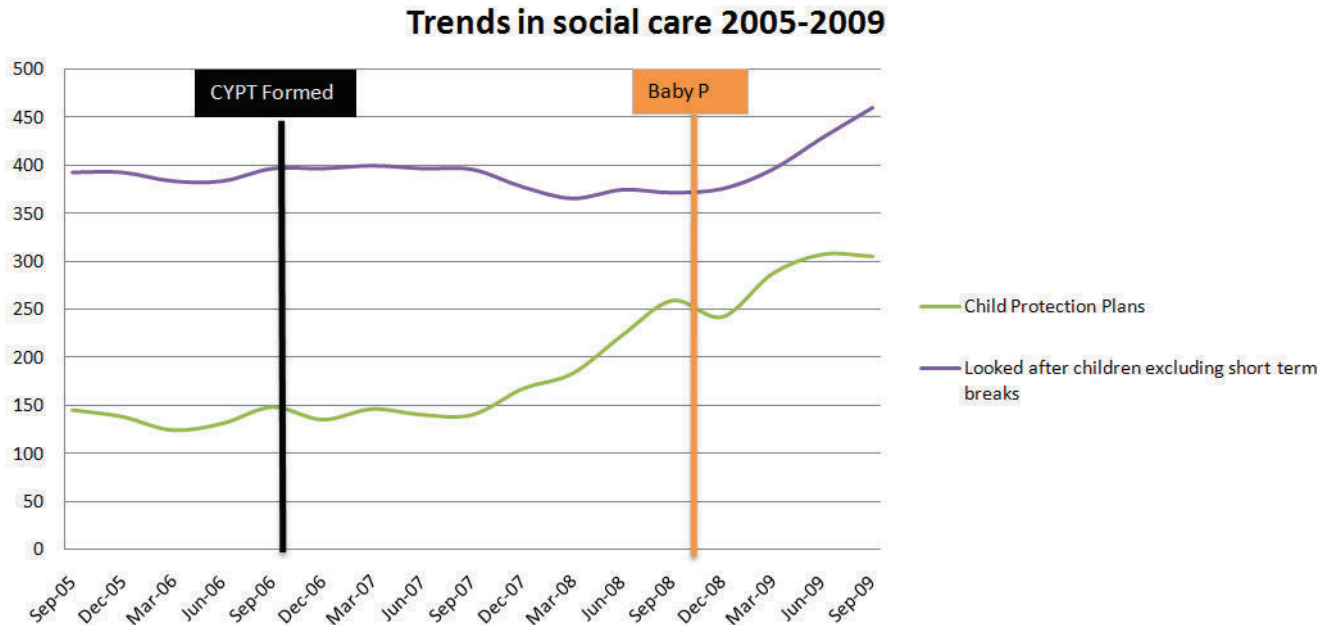
As well as the actions detailed in Safeguarding Update reports to the Board, operational managers and quality assurance and performance staff undertake:

- An ongoing peer audit programme
- Examination of Child Protection plans for emerging themes
- Monitoring of children of over 2 years old on Child Protection plans
- Scrutiny of Child Protection case conference minutes



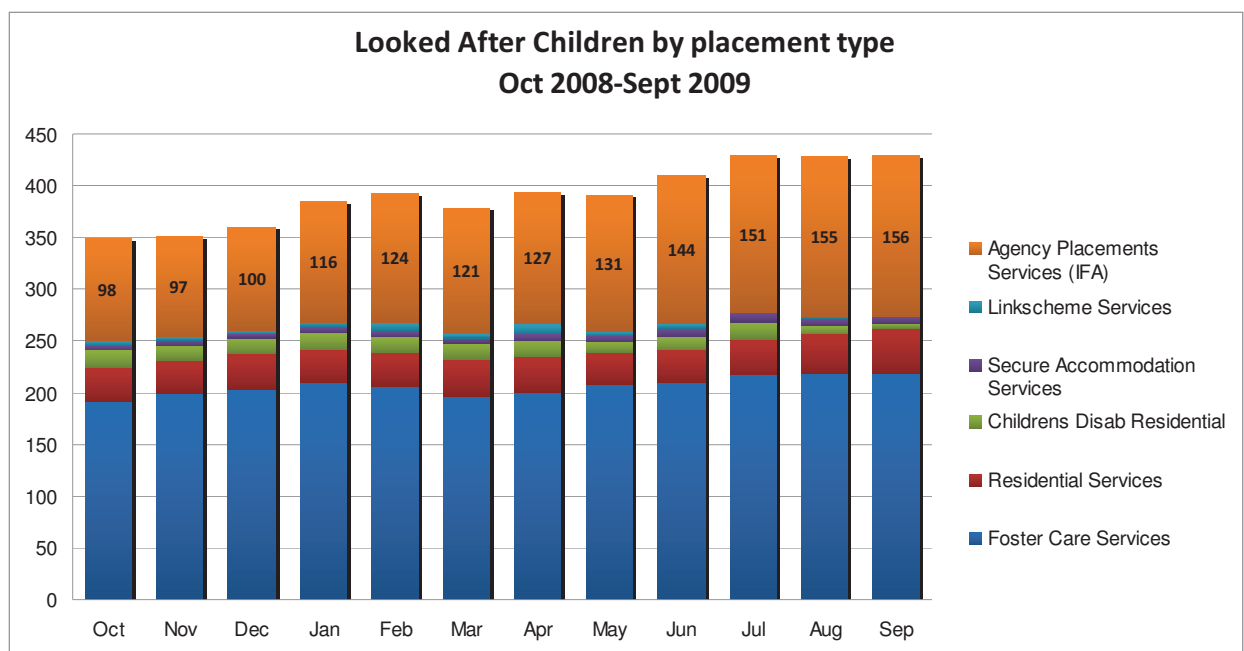
# Performance Exceptions

## Number of Looked After Children



### Summary:

The numbers of looked after children (excluding those accommodated under a series of short term breaks) reached a new high of 460 in Sept 09, an increase of 24% on Sept 08 when the number was 372. In the period 2007/8 there was targeted effort to reduce LAC numbers which had some success. However when we look at the point where the Baby P case hit the headlines (Nov 08), we can see the beginning of a marked increase in numbers.



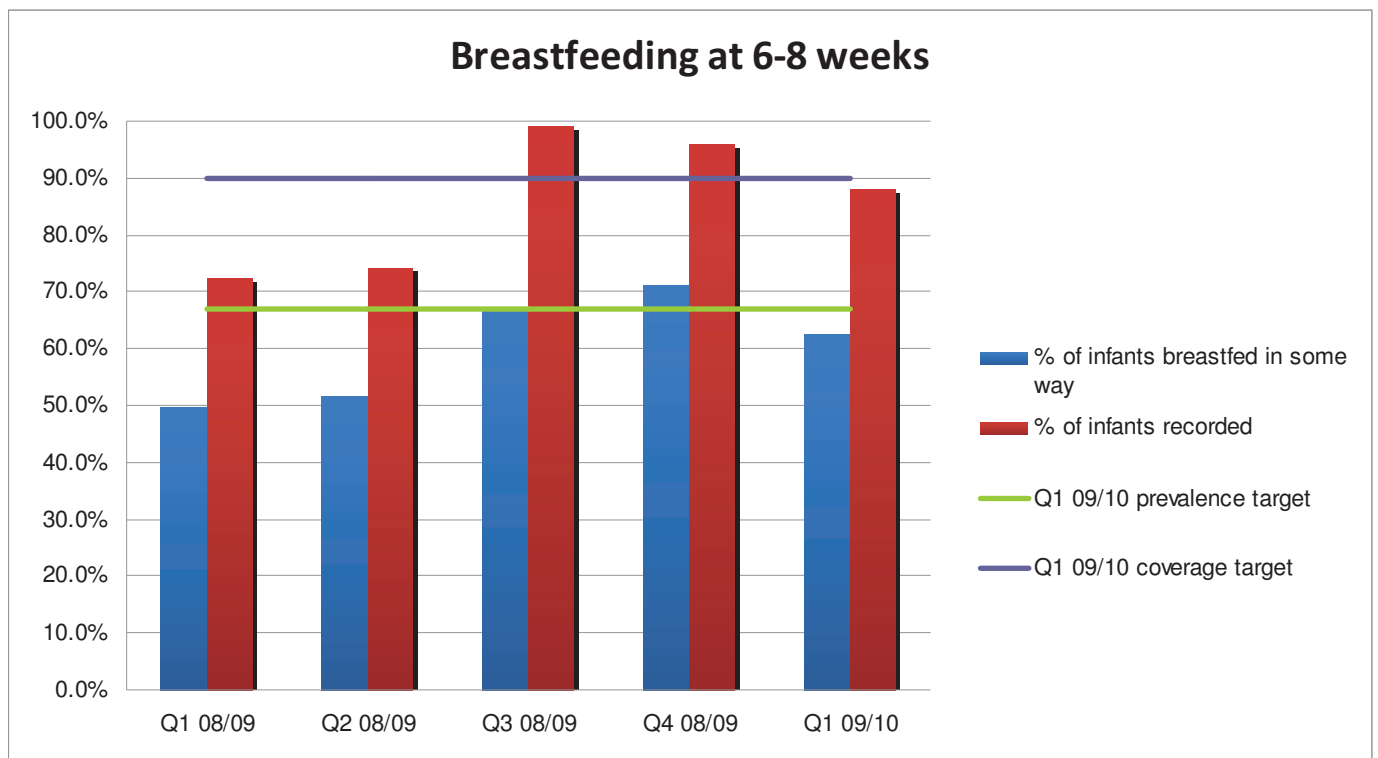
The graph above illustrates that most of the increased demand has been met through the use of agency placements with less significant rises in residential and in-house foster care.

### Performance Improvement Activity

A range of activities linked to the CYPT’s looked after children population are detailed in the service management report on value for money.

### Breastfeeding at 6 weeks

**NI 53 The percentage of infants who are recorded as being breastfed at their 6-8 week health check**



### Summary:

Breastfeeding is a key indicator in the new Children and Young People’s Plan, the PCT’s Vital Signs performance framework and within the Child health and well-being Public Service Agreement.

At present the national target is solely around coverage – the percentage of infants who have a feeding status recorded at the 6-8 week check. This target is 90% for 2009/10 and will increase to 95% in 2010/11. The current

prevalence target is locally set to 68.4% breastfed in some way by Q4 2009/10.

In the last PIR we reported excellent coverage (99%) and prevalence rates (67%) compared to other PCT areas, based on Q3 2008/9. Subsequent performance has been less good, with coverage falling but prevalence still in the top 10% in the country. Recent unpublished data, received when going to print, confirms that coverage is now up at 95% again.

This indicator is calculated in such a way that the prevalence rate is linked to coverage – coverage must be high to get the most accurate picture of prevalence.

**Issues:**

Future funding needs to be secured in relation to the retention of three 0.5 WTE peer support co-ordinators and the planned recruitment of two specialist Early Years Visitors to work in the more deprived areas.

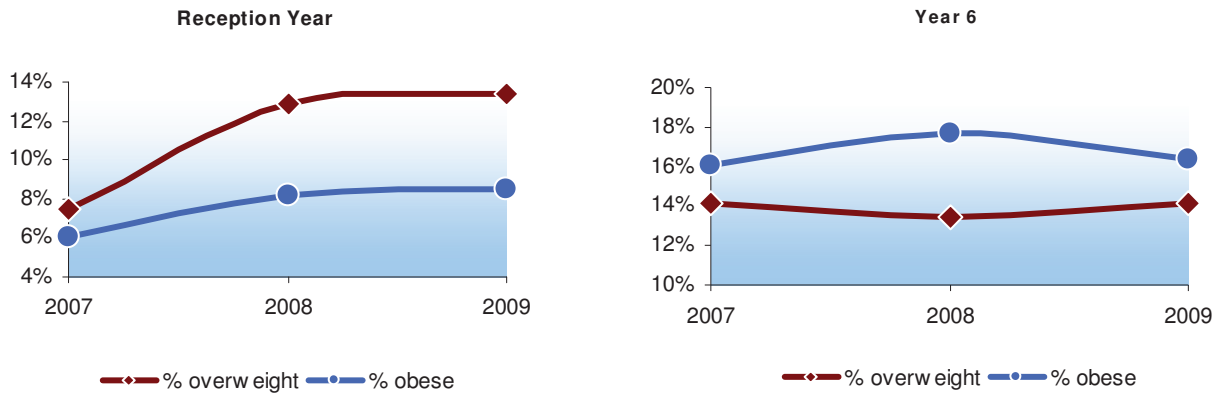
**Performance improvement activity:**

There have been a number of achievements in the last quarter

- A Community Team Service Manager Lead for breastfeeding has been appointed
- A job share partner for the existing breastfeeding co-ordinator has been recruited
- Additional training on breastfeeding for Children Centre staff across the city has commenced
- Several health visitor staff working in areas of highest need have commenced specialist 'Lactation Consultant' training
- Brighton and Hove breastfeeding strategy group have been working with the National Social Marketing Centre to explore how social marketing can improve breastfeeding rates
- A breastfeeding strategy for the city has recently been developed to ensure work is co-ordinated across the city. The PIR will report against the actions in the plan in future.

## Childhood Obesity

### NI 55 Obesity in Reception Year NI 56 Obesity in Year 6 (LAA indicator)



#### Summary:

Established in 2005, the National Child Measurement Programme (NCMP) weighs and measures children in Reception (4 -5 years) and Year 6 (aged 10 – 11 years) to assess overweight and obese levels. Provisional data shows that the participation rate in 2009 in the reception year was fractionally below the target of 93% (12 children too few were measured). In Year 6 the rate was 89.5% which was above the target of 88%

Results for reception year show that 8.5% measured as obese, below the 8.6% target but slightly higher than in 2008 (8.2%). In 2007 the percentage overweight was 7.5%, increasing to 12.9% in 2008 (statistically significant) and increasing again to 13.4% in 2009 (not statistically significant). In Year 6 the rate was 16.4%, well below the 17.6% target and less than the 17.7% in 2008. The rate of overweight children increased to 14.1% in 2009 from 13.4% in 2008 and 14.1% in 2007. It is important to note that when confidence intervals are applied, the improvement in year 6 is not statistically significant – a rate below 14.8% would be required.

## Performance Improvement Activity:

Update from the 'Promoting the Healthy Weight and Healthy Lives' action plan

Action	Progress
Produce management guidelines for health visitors to identify and provide targeted support to families with children who are or at risk of becoming overweight.	Guidelines have been developed, to be ratified by the Under 5s Quality and Standards group.
Improve access to food growing, dietary advice, cookery training, play and physical activity opportunities to all children aged 2-11 targeting areas of health inequalities.	Initiative being implemented in 7 primary schools and 1 children centre in East Brighton. It is intended to extend the scheme to 3 more schools and another children centre.
Free swimming for all children 16 years and under in all Brighton & Hove swimming pools.	The initiative was launched in April 2009. The initiative is led and part funded locally by a partnership of NHS Brighton and Hove, Brighton and Hove City Council and DC Leisure. To date 9928 children and young people under 16 years old have registered and the pools were used 2768 times by those who registered.
Weight management for 5-7 and 13-18 year olds targeting areas of inequalities (for children not in Mini-Mend or Mend age range) delivered by the Food Partnership in partnership with Active4 Life.	Scheme underway and sessions are being delivered in schools by a Sports teacher and dietician over 6/8 weeks, including special need schools.
Weight management clinics, multi-disciplinary teams assessments and one-to-one weight management in community settings for children with a BMI > 98 <sup>th</sup> C with co-morbidity.	The development of the clinics is underway, protocol agreed, recruitment of Consultant completed, recruitment of nurse and dietician being finalised. It is expected that the clinics will be operational in January 2010.
Healthy Choice Award: Develop standards and activities to encourage food outlets and youth settings, parks, sports and leisure facilities to offer healthy food choices.	Scheme underway, to date 20 food outlets, nurseries and after school clubs have been given the award. The work is being supported by a part-time dietician. It is intended to extend the scheme to a further 20 outlets by the end of December 2009.
School food Audit.	Audit conducted, a report will be available at the end of October 2009.
Develop a single point of access for lifestyle and weigh management: Weight referral one-Stop-Shop.	Scheme started January 2009. The scheme is for both adults and children. The scheme has increased awareness of the range of community nutrition services available among GPs and other health professionals. From January to June 2009 76 children were referred through the scheme.

Action	Progress
Develop Breast-feeding strategy and action plan to promote the initiation and continuation of breast-feeding with an emphasis on areas of health inequalities.	Strategy and action plan developed. Peer support delivered by support co-ordinators for each CYPT locality.
Weight management training for health visitors, school nurses, youth workers and other community staff.	The content and format of the training programme is being finalised. The programme will be start in early Spring 2009 and will be rolled out to about 200 staff.
National Child Measurement Programme: provide timely feedback to parents. Analysis of data with Index of Multiple Deprivation.	Process and funding for reporting back to parents in the term following the measurement of children agreed and in place for academic year 2009/2010. Measurement data will be routinely analysed by Public Health.
Establish a physical activity strategic alliance to plan and co-ordinate all sports and physical activity work across the city.	A Brighton and Hove Sports and Physical Strategic Steering Group in place since January 2009.
Promoting physical activity and sports for post 16 education settings.	3 Further education sports educators employed by the School Sports Partnership are working with young people 16-19 years old in Varndean, BHASVIC and City College.
Increase uptake of both free and paid school meals.	<p>Work is underway and led by the CYPT School Meals Manager working in partnership with schools to improve children's dining experience.</p> <p>Cashless system of payment on-line will be piloted in a small number of school from November 2009 before it is rolled out. A cashless system would also ensure that free meals pupils are not identifiable to others through payment systems.</p>

## Persistent Absence in Secondary School

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### NI 87 Secondary school persistent absence rate (LAA target)

	Overall absence 2005/06	Overall absence 2006/07	Persistent Absence 2006/07	Overall absence 2007/08	Persistent absence 2007/08	Overall absence 2008/09 (autumn and spring terms) provisional	Persistent absence 2008/09 (autumn and spring terms) provisional
Primary	5.93	5.37	1.6	5.27	1.0	5.43	1.7
Secondary	9.01	8.72	8.3	7.63	6.0	7.54	5.7
Combined Primary and Secondary	7.31	6.87	4.6	6.32	3.2	6.37	3.5

### Summary:

Three of the five schools who were identified as PA schools in 2007/08, have recently been removed from that category. They are Portslade CC, Longhill and Falmer High School. Patcham High School and Hove Park School remain targeted PA schools and they have been joined by Varndean School.

Brighton & Hove were previously identified as a local authority requiring intensive support from National Strategies. In 2008/09 we achieved an overall secondary PA was 5.7%, well below the target of 6.7%. Due to the impressive reduction in PAs across the City, we have been removed from this category. The data shows that we are on track to meet the Government's target of 5% or below by 2011.

Brighton & Hove have been recognised by the National Strategies for the excellent work that has been undertaken in reducing persistent absence and the strategies we have used have been passed to other local authorities as examples of good practice.

### Issues:

Three secondary schools remain above this year's 6.1% threshold, which are the key focus for this year, along with maintaining good progress in overall attendance levels.

School	2005/06 persistent absence	2006/07 persistent absence	2007/08 persistent absence	2008/09 persistent absence (autumn and spring terms) provisional
Varndean School	7.0	8.6	6.2	6.5
Hove Park School and Sixth Form Centre	13.6	12.2	10.2	8.6
Patcham High School	7.4	8.5	6.3	8.2

Schools have been provided with a number of good practice tools for addressing all matters relating to school attendance and will need to use this consistently and robustly to meet this challenging target.

### **Performance Improvement Activity:**

A new Attendance Strategy has been circulated to schools and other CYPT staff and sets out five priorities. An Action Plan to support the Strategy has been drafted and will be circulated to schools and CYPT staff later this term. This action plan will be monitored through the PIR in the future.

A data workshop was recently held to explore how detailed analysis of data can support targeted work. New analytical reports will be made available to staff, looking closely at reasons for absence and absences patterns.

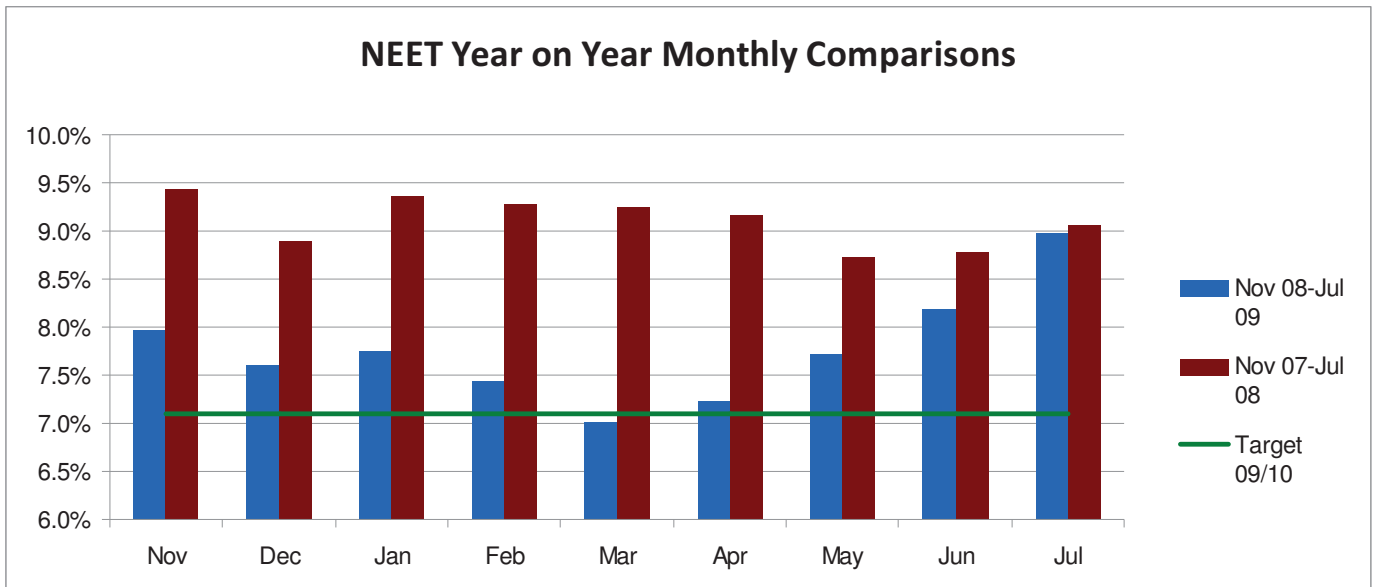
School staff who have responsibility for attendance have been provided with training sessions to help them in all matters relating to attendance. These training sessions continue to be available for new staff.

We continue to work with Sussex Police arranging truancy sweeps under the Crime and Disorder Act and plan to meet with them this term to review previous operations and agree how best to use our joint resources.

The Education Welfare Service undertook a project called "Just 54" for all our secondary aged children. This project focussed on the 54 days during the second half of the spring term and the first half of the summer term. Any pupil that achieved 100% during that time received a certificate from the EWS and had their name placed in a prize draw. The event culminated in an awards ceremony at Hove Town Hall in June when the lucky prize winners were invited along with their parents to receive their prize. The evening also provided schools with the opportunity to showcase some of their pupil's performances which were outstanding. The event was a huge success and has not doubt helped our reduction in persistent absence.



## Young people not in education, employment or training (NEET)



Data Source: Aspire database

### Summary:

NEET numbers have been rising in recent months. In Aug 2009, there were 500 NEETs compared to 398 in August 2008, a rise of 25%.

The above graph shows the most recent 9 months in blue compared with the same months the previous year in red. This shows an increase in the NEET rate from a low in March 2009. The rates are still below those of a year ago however. The latest official return remains that from the beginning of the year (reported last time) which was 7.8% against a target of 7.6% and comparing well with nearest statistical neighbour results of 7.9% (Bristol) and 8.2% (Bournemouth).

Department of Work and Pensions data shows that the jobseekers allowance claimant count for 18-24 year olds continues to rise and now stands at 2,070 which is a 57% rise on August 2008 when the number was 1,315

### Issues:

Within the NEET cohort, there are certain targeted groups which continue to present significant challenges. 42% of all NEET are recorded as having learning difficulty or disability (LDD) and around 13% are teenage parents or are pregnant.

**Performance Improvement Activity:**

<b>Action</b>	<b>Progress</b>
Implement the September Guarantee (SG) initiative to ensure all young people have opportunities to engage in learning for at least two further years when they leave compulsory education	The target for SG status not recorded for both years is less than 2%. As of 5 <sup>th</sup> Oct, for Year 11 cohort, the figure was 0.95% and for the Year 12 cohort, 1.41%. Both these figures represent significant improvement since last year. The 'No offer made – no appropriate provision' figures are Year 11, 0.95% and Year 12, 0.65%
Learning & Skills Council (LSC) are informed of reasons if no suitable offer was available for any young people so that they can commission appropriate courses.	All year 11 pupils have recorded their intended destinations and this information has been passed to the LSC and 14-19 Partnership Board to inform commissioning of appropriate provision for 09/10 and beyond.
Ensure information on progression routes through the 14-19 and beyond into employment and Higher Education is fully accessible to young people and is regularly updated in an accessible format via the Area Prospectus and Sussex Learning Network (SLN) website.	Oct 08 progression routes have been updated on the Sussex Area-wide Prospectus (AWP). The three Sussex local authorities have now jointly employed a manager for the AWP who is tasked to update and refresh the prospectus and the data required. This is ongoing in 09-10. The Area Wide Prospectus will go live across Sussex in October 2009. All local schools and colleges, as well as work-base learning providers, are contributing to this and updating their offer on-line.
Diploma courses available and publicised on Area Prospectus	1 Diploma began in 2008/9 with a further 5 currently being advertised for Sept 10 start. The 10/11 Diploma offer is in the process of being uploaded to the Area prospectus.
The number of young people accessing the new centres to increase over time from the current Connexions Plus footfall of approximately 500 per month	The footfall number has been increasing steadily since setting up Connexions Plus Centres across the city. Our target is to have 500 as an average number for 2009/10 to take account of seasonal variations. The current month footfall is 590

## Teenage Conception Rate



Quarterly under-18 conception rates, 1998-Q2 2008

Note: Rate per 1000 females aged 15-17

### Summary:

The target for Brighton & Hove's under 18 conceptions is to achieve a 45% reduction from the 1998 baseline rate by 2010 (this equates to a target of 26.4 per 1000 women aged 15-17).

The graph shows the quarterly under-18 conception rates from 1998 up to the second quarter of 2008. Data for the last quarter is provisional and indicates a rolling average rate of 40.9 per 1000. The rate has fallen by 2.4% compared to the same quarter in 2007 (41.9 per 1000) as well as over the last two quarters, reversing the previous upward trend.

Although the latest quarterly rate is 1% lower than for England (41.4 per 1000), it is still 24% above the South East rate (33.1 per 1000). Overall, the figures show a 15% rate reduction from the baseline. This is an indication that there is still work to be done to reach the target, especially around risk taking behaviour and unwanted pregnancies. Around 63% of conceptions lead to a termination.

### Issues:

Implementation of the 2009/2010 Teenage Pregnancy Action plan involved recruitment. The process has been long and some posts have been hard-to-fill, delaying start dates for new projects in school nursing and posts for targeted prevention, termination support and training. To-date, two posts remain vacant.

The under 16 conception rates are continuing to rise and there is strong evidence to suggest that this is due to unwanted pregnancies since 63% of

conceptions lead to a termination. This supports the need to improve early identification of vulnerability and risky behaviour and early intervention.

There is a lack of information about repeat terminations, repeat births and the level of risk to younger female siblings of teenage parents.

**Performance improvement activity:**

This section will present an update on all actions within the teenage pregnancy action plan in the next report.

Data sharing agreements are currently being developed with: The Health Visitor service so that the take-up of contraception assessments, vulnerability of repeat conception, and assessments of whether younger female siblings are at risk can be monitored.

Additional information about the termination support post has been distributed to internal staff, to candidates who reached a positive threshold and to those who have applied for other teenage pregnancy posts.

The Teenage Pregnancy and Substance Misuse Partnership Board has endorsed the expectation of CAFs being completed against all targeted work.

The social marketing project has provided some initial insights into the motivations of local young people to have unprotected sex. Although the final outcomes are not expected until Christmas, this knowledge has been used to inform the summer campaigns.

The targeted prevention posts in the West and Central are trialling the “You and Sex” sexual health screen resource on young women to assess their vulnerability to early conception. The resource will go live across the IYSS from November 2009.

A training schedule has been implemented within the Core Skills and Knowledge program to target social care teams up to December 2009.

A local Contraception and Sexual Health (CASH) service review has been completed and a project plan to improve the service has been finalised. A business case will be submitted to the Primary Care Trust by October 09.

In development of the partnership with schools, 8 additional sexual health drop-ins will be rolled-out by the end of 2009.

## Risk Management:

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### Summary:

Risk assessment arrangements are embedded in governance and operational management systems so that high level risks are brought to the attention of the Senior Management Team. The management team maintains an overview of those risks through the CYPT Assurance Map and the Risk and Opportunity Register.

The most recent Senior Management Team review (21.10.09) agreed that the following risks should remain on the register and that all effectiveness controls are adequate:

- **Sussex TPP One System Project:** to replace the PIMS system within the South Downs Health Trust IT network. CYPT Project Plan and dedicated staff in place. Final decision yet to be made.
- **Impact of Lord Laming Report: The protection of Children in England:** see separate report to the CYPT Board 2.11.09
- **Restructure of CYPT leadership and management Arrangements:** Phase 2 completed. Staff consultation paper for Phase 3 to be issued by end of October 2009
- **Emergency Planning and Business Continuity planning:** CYPT compliant with local arrangements for second wave of the flu pandemic

## Value for Money:

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### Summary:

The CYPT Senior Management Team has developed the Value for Money (VFM) action plan reported in the last Performance Improvement Report. There are three sections:

1. The CYPT is part of the city council's VFM Programme Phase II where it is focussing on one of the programme's 4 work streams - accommodation, ICT and flexible working. This work stream dovetails with the CYPT's strategic aim to deliver integrated front line services wherever possible delivered in locality settings.
2. In response to the impact of the significant increase in child protection activity in the city the Senior Management Team has put in place a set of VFM related reviews to examine safeguarding decision making, commissioning and procurement arrangements i.e.
  - **Review use of secure accommodation:** to establish new, better value, service provision for vulnerable young people exhibiting behaviour presenting a serious risk to themselves/others
  - **Improve performance monitoring and management:** to increase DMT focus and rigour in relation to performance monitoring of key indicators and management of key budgets
  - **Review of permanency planning process:** to establish a working group to review current arrangement and develop proposals
  - **Review of current placements and identification of better value alternatives:** to review all placements, particularly independent fostering and residential placements, and explore better value alternatives through joint commissioning with neighbouring authorities.
  - **Review decision making, commissioning and procurement of internal and external expert assessments:** within the Public Law Outline and in light of the Laming Report to consider: the status of social work evidence in court; the Clermont business model for in-house provision of assessments and therapeutic interventions; and consideration of the corporate value for money review of legal services support to the CYPT
  - **Develop in-house fostering capacity:** Establish an in-house fostering recruitment campaign

- **Review of Contracted Services:** to identify and conduct value for money reviews for large contracts
3. The Senior Management Team is also working with the external consultancy brought in by the city council to develop a High Level VFM Business Case for the authority. As a result additional external resources have been identified to examine the CYPT's internal decision making processes following the decision that a child requires a Child Protection Plan, through care planning to the issuing of care proceedings and procurement of placements.

## **Workforce development**

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### **Summary:**

Core skills and knowledge programme is now in place – early evaluations indicate very positive impact.

Newly qualified social worker pilot programme is progressing well – with development opportunities increasingly being a coherent part of the CYPT learning & development programme.

The CYPT Leadership and management programme is being added to, following a needs analysis of skills and behaviours needed by our managers in the future across the CYPT

School leadership succession planning strategy has been well received by schools, with good early take up of opportunities.

All schools have received an update of all the safeguarding and child protection training their staff has attended over the last 3 years to inform their safeguarding audits.

Strategic workforce group has been set up with health partners; this is an opportunity to look at cross sector workforce development against the joint commissioning plan.

### **Issues:**

Recruitment and retention of social workers

Effective integrated working across children's services in the city –bringing schools to the centre of the CYPT

## **Performance improvement activity:**

### 1. Social workers

All activities to support recruitment and retention of social workers have been brought together into one action plan. Activity is prioritised and tracked. This plan has DMT sponsorship and co-ordination. Each of the three related strands of work (social work qualifying routes; induction and CPD of social workers; recruitment, retention and rewards for social workers) has an appropriate assistant director directing necessary decision making.

### 2. Bringing schools to the centre of the CYPT

This is the focus of our next head-teachers' business conference in October (21st century schools).

## **Equalities**

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### **Summary:**

The CYPT Equalities Group continues to monitor the CYPT's compliance with council and local health economy equalities policies, including the completion of the Trust's schedule of Equality Impact Assessments.

The Equalities Group has completed an Equalities Impact Assessment in respect of the draft Children and Young People's Plan. This assessment is attached as an Appendix to a separate report to the November 2<sup>nd</sup> CYPT Board.

Through the Equalities Group the CYPT is represented on the City Inclusion Partnership (CIP) and is involved in the partnership's work programme which includes working towards the development of a partnership Equalities Charter for the city.

In addition the CYPT Equalities group is undertaking a gap analysis as part of developing an Equalities Action Plan as part of support the work of the CIP and the city council's Equalities Steering group.



## Health and Safety

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### Summary:

There were **99** incidents reported during this quarter (1<sup>st</sup> April to 30<sup>th</sup> June 2009) compared with 125 in the previous quarter. There is a repeating pattern in incident reporting in the previous three years where there is an initial decrease in the first to second quarter, followed by a steady increase. The drop in incidents in the first quarter of the financial year 2009-10 reflects this trend.

The three highest 'causes of incidents' reported for the quarter were:

- 'Slip, trips and falls' with **26** incidents representing **26%** of all incidents
- 'Challenging Behaviour' with **18** representing **18%** of all incidents
- 'Recreation/sport' with **16** incidents representing **16%** of all incidents

The number of days lost due to employee absence following a work-related incident was **11** days (compared to 16 during the previous quarter).

There were **19** incidents reported to the Health and Safety Executive under RIDDOR for this quarter which was a reduction from 23 in the previous quarter.

### Issues

Slip, trips and Falls is the highest cause of incidents in the Directorate. Property management issues such as maintenance of walkways and cleaning of surfaces may be a factor especially in schools where spillages in breaks need to be dealt with effectively.

### Performance Improvement Activity

An audit programme for CYPT (including schools under the SLA) is being established and each audit will include a targeted element based on risk specific to the team / school being audited. Where appropriate, management of slip, trip and fall hazards will be assessed within this audit.

CYPT Health and Safety Business Partner has undertaken Suzy Lamplugh Train the Trainer Personal Safety training and is able to provide personal safety training to teams within the CYPT. This bespoke training can assist teams in dealing with some of the issues relating to challenging behaviour.



<b>Subject:</b>	<b>Brighton &amp; Hove's Children &amp; Young People's Plan</b>		
<b>Date of Meeting:</b>	<b>2 November 2009</b>		
<b>Report of:</b>	<b>Director of Children's Services</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Steve Barton</b>	<b>Tel:</b> <b>29-6105</b>
	<b>E-mail:</b>	<b>steve.barton@brighton-hove.gov.uk</b>	
<b>Key Decision</b>	<b>Yes</b>	<b>Forward Plan No: CTB12858</b>	
<b>Wards Affected:</b>	<b>All</b>		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The purpose of this report is to present a final version of Brighton and Hove's second Children and Young People's Plan (CYPP – see Appendix 1) for approval.
- 1.2. This is a plan for the whole Children and Young People's Trust partnership. It is compliant with current guidance and anticipates proposed legislation to extend the ownership of the CYPP to all statutory partners by placing the duty to produce the CYPP on the Children and Young People's Trust Board.
- 1.3. The CYPP is based on extensive consultation with service users, partners and staff and it supports key priorities in the council's Corporate Plan, NHS Brighton and Hove's Strategic Commissioning Plan and the city's Local Area Agreement.

#### 2. RECOMMENDATIONS:

- 2.1 That the Children and Young People's Plan 2009-12 be approved.
- 2.2 That it be agreed that all partners will take the Children and Young People's Plan 2009-12 through their respective governance arrangements once the CYPT Partnership has approved the plan.
- 2.3 That the arrangements for publication and distribution set out in paragraph 3.6 be agreed.

#### 3. RELEVANT BACKGROUND INFORMATION

- 3.1 The draft CYPP pays close attention to the Children's Plan Guidance 2009 and in particular that:

'A fundamental aim of the CYPP is to demonstrate how local services will help to reduce inequality in outcomes between children and young people and their peers and how priorities, identified through the needs assessment and reflected

in the Local Area Agreement process will be taken forward through strong partnership working (4.13).

- 3.2 The plan addresses the requirement in the guidance to demonstrate how improvements in outcomes will be achieved through the integration of services, arrangements to safeguard and promote the welfare of children and arrangements for early intervention and preventative action.
- 3.3 The Plan has 3 sections: an overview, a delivery plan and a statement of resources and performance management arrangements. A summary needs analysis is attached as an appendix to the plan. The delivery plan proposes four Strategic Improvement Priorities for the next 3 years. To:
- Strengthen safeguarding and child protection, early intervention and prevention
  - Reduce child poverty and health inequality
  - Promote health and well-being, inclusion and achievement
  - Develop the CYPT partnership and drive integration and value for money
- 3.4 The plan is the strategic framework for the next stage in the development of the partnership and seeks to anticipate proposed legislative changes which include:
- i. Extending the Children's Trust duty to cooperate in making the arrangements under s10 of the Children Act 2004 to maintained schools (and Academies), Sixth Form and Further Education Colleges and Jobcentre Plus;
  - ii. Requiring all areas to have a Children's Trust Board;
  - iii. Extending the ownership of the CYPP to all statutory partners by placing the duty to produce the CYPP on the Children's Trust Board
- 3.5 The Government is also considering how best to use the CYPPs to support local action to tackle child poverty and that is addressed in this plan.
- 3.6 CYPP regulations require the local authority to place the plan on their website, send a copy to all of the Children and Young People's Trust Partnership and put sufficient copies in public libraries and other local outlets. A communications strategy will be developed to include requesting publication on partner websites including organisations involved in the consultation, providing 'a child and young person-friendly' version for each child in care and a 'parent-friendly' version.
- 3.7 An 'interactive-PDF' version of the CYPP will be made available allowing on-line readers to access all of the documents referenced in the plan.

## 4. CONSULTATION

- 4.1 Appendix 1 of the draft CYPP summarises the extensive consultation that has taken place with:
- Children and Young People
  - Parents and Carers
  - Schools
  - The Community and Voluntary Sector
  - CYPT staff
- 4.2. The Children's Overview and Scrutiny Committee established a sub-group to consider and comment on an early draft of the plan and received a copy of the version presented to the CYPT Board on the 7<sup>th</sup> of September 2009. The Local Safeguarding Children Board (LSCB) also contributed to the plan at an early stage through its Spring Conference and discussion at the LSCB Executive Group.
- 4.3. The CYPT Board Meeting on September 7<sup>th</sup> 2009 agreed to a final period of consultation by partners and responses were received from: NHS Brighton and Hove; Sussex Police; a Councillor; the Hove; the Head Teacher's Steering Group; the 14-19 Partnership, including 6<sup>th</sup> form colleges; the Parents Forum; and officers from the council and the CYPT. Further feedback from the 14-19 Partnership may be presented to the Board at the meeting.

## 5. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 5.1 For 2009/10 the pooled budget is £103.234m and a breakdown of this is shown in Section 4 of the proposed plan. The Partnership Plan costs of the CYPP will need to be contained within this and future years' budgets as they are amended through the normal budget setting process

*Finance Officer Consulted: Jeff Coates*

*Date: 06/10/2009*

### Legal Implications:

- 5.2 Non statutory guidance was published in Jan 2009 setting out the Government's vision and aim to improve the lives of children and young people in the area. The CYPP is the single, statutory, strategic overarching plan for all services which directly affect children and young people in the area. It is central to the work of the Children's Trust which needs to deliver measurable improvements for all children and young people across all 5 of the Every Child Matters Outcomes.

It sets out a checklist of the necessary steps a Local Authority must take in preparing, consulting, reviewing and publishing their CYPP.

In addition to bringing together previous guidance published in 2005 and 2007 it sets out the proposed legislative changes for 2011.

Following extensive consultation, compliance with the current guidance should ensure that statutory duties are complied with.

*Lawyer Consulted: Farida Amin*

*Date: 01/09/2009*

Equalities Implications:

- 5.3 The CYPP is compliant with the policies of the city council and its partners. An Equality Impact Assessment (EIA) is attached as Appendix 2. The EIA recommends (paragraph 9.1) an annual impact assessment and this will be built into the performance management arrangements for the plan.

Sustainability Implications:

- 5.4 There are no immediate sustainability implications.

Crime & Disorder Implications:

- 5.5 The plan addresses issues to do with youth crime and related risky behaviours and the impact of adult behaviour that can undermine effective parenting.

Risk and Opportunity Management Implications:

- 5.6 The CYPP is underpinned by the CYPT Risk Register which is reported to the Board in the quarterly Performance Improvement Report.

Corporate / Citywide Implications:

- 5.7 Each section of the CYPP addresses corporate and city wide implications.

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

- 6.1 Publication of a CYPP is a Statutory Requirement.

**7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 Publication of the CYPP is a statutory duty of the Local Authority. The local authority CYPT Board is the senior forum for the discussion of policy and strategy across the partnership as a whole and is responsible for setting the strategic direction for children's services and should therefore formally approve the CYPP.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. Final version Children and Young People's Plan (see separate document)
2. Equalities Impact Assessment (CYPP)

**Documents In Members' Rooms**

1. None.

**Background Documents**

1. None.





## **Equalities Impact Assessment – Children & Young People Plan (CYP Plan)**

### **1. Aim and Scope of the EIA of CYP Plan**

- 1.1 The purpose of the CYP Plan is to provide clear vision and to direct children and young people service improvements in the city, whilst at the same time ensuring improved access, quality of care and value for money.
- 1.2 The draft CYP Plan (2009-2012) has been developed after consultation with service users, CYPT partners and staff. It will supercede the previous (first) CYP Plan (2006-2009).
- 1.3 The purpose of this EIA is to identify any discriminatory aspects of the CYP Plan and to ensure service developments are inclusive. Workforce development has also been held in mind and taken into account. Barriers to inclusion are reviewed in service Equality Impact Assessments (EIA) to ensure clear rationale for actions are provided or actions to address identified issues are raised to be included in the CYP Plan.

### **2. Different Strands of C&YP Scope:**

- 2.1 Making every C&YP matter
- 2.2 Needs analysis
- 2.3 Delivery plan
- 2.4 Resources and performance management

### **3. Different Groups included in the consultation:**

- 3.1 Young people (via Youth Council)
- 3.2 Parents and carers (via Parents Forum)
- 3.3 CYPT staff and managers
- 3.4 CYPT partners
- 3.5 Consultations for Service EIAs will be used to inform annual equalities review of the CYP Plan

### **4. Potential impact on these groups**

- 4.1 Families excluded from C&YP service transformation or developments through absence of information in an accessible format. This could be due to a different first language, cultural differences, the absence of support for those with limited literacy or learning skills, or sensory disability.

- 4.2 Families access to services might be inhibited by personal circumstances such as asylum seekers, those experiencing domestic abuse or with mental health needs, those with housing needs.
- 4.3 Children or young people denied access to services due to disability, medical or health issues, or as a result of special educational needs, or young carer responsibilities, or through personal issues such as LGBT.
- 4.4 Young people denied access to services through lack of information or understanding about service transformation or developments.
- 4.5 Parents and carers access to services might be impaired by the absence of interpreters (language or impairment) by limited explanation of the CYP Plan in the right format or an absence of advice and support.
- 4.6 Those families with religious preferences might not be included in some developments.
- 4.7 Staff and managers should be included in consultation to fully understand the implications for service change and workforce development and to enable involvement of service users in new service developments.
- 4.8 CYPT also needs to include partner organisations and community, voluntary sector in transformation or developments to ensure full engagement and support.
- 4.9 Certain CYPT services may be skewed by higher representation of groups of service users. This is an important aspect of the data analysis process.
- 4.10 The city faces a challenge in narrowing the gap in outcomes between vulnerable and excluded C&YP whilst at the same time improving outcomes for all.

## **5. Existing data, information and relevant legislation**

- 5.1 Children Act 2004 informed by DCSF Children Plan Guidance. There is emphasis on integration of services, robust safeguarding, promoting the welfare of C&YP, early intervention and prevention. Further legislative change and/or guidance is likely.
- 5.2 The CYPT partnership is established via a Section 75 agreement. This legal document places a duty upon the CYPT to develop, produce, review and update the CYP Plan for the city.
- 5.3 The CYPT is hosted by BHCC. The city council is subject to Equalities Law. The EIA focuses on grounds protected in law to find out whether or not people are benefiting from the CYP Plan. The Plan is shaped by

BHCC Equality Inclusion Strategy and policy. It is also shaped by CYPT partners' policies.

- 5.4 Data from CYPT service EIAs should be used to inform the CYP Plan as an ongoing process.

## **6. Consultation**

- 6.1 The CYP Plan has a built-in consultation process based on DCSF guidance. Children's Trusts are required to consult on proposed C&YP service developments.
- 6.2 The CYPT Board is the top decision making body for the partnership. A draft CYP Plan was shared for consultation. It was also shared with the Chief Officers Group, the Local Safeguarding Children Board and BHCC Children & Young People's Overview Scrutiny Committee.
- 6.3 The CYPT Board includes representation from young people and parents groups, statutory organisations and the community and voluntary sector.
- 6.4 The development of the city's children's workforce strategy is led by the CYPT and informed by the CYP Plan.

## **7. The CYP Plan**

- 7.1 The CYP Plan key messages include:
- Preventative youth work for more marginalised and vulnerable young people.
  - Intensive and specialist support for disabled C&YP and therapeutic services for C&YP with mental health issues.
  - More play provision in disadvantaged areas of the city ensuring access for disabled C&YP.
  - More services for LGBT young people.
  - More clarity around the role of the CYPT and the partnership and the place of voluntary and community sector.
  - Establish an agreed framework for communication, consultation and engagement with the voluntary and community sector to eliminate poor consultation and minimise disengagement.
  - Develop existing good practice in strengthening relationships between schools and voluntary and community sector projects, particularly in identifying and supporting vulnerable children and young people.
  - Improve voluntary and community sector access to CYPT information and communication.
  - The CYPT to facilitate more effective joined up working and a proactive approach to building CYPT and understanding between statutory and third sector.

- The CYPT to work with the voluntary sector to develop clear systems, protocols and processes to facilitate joint working and robust involvement.
- The CYPT to develop sustainable commissioning framework.

7.2 The CYP Plan strategic improvements include:

- Strengthen safeguarding and child protection, early intervention and prevention.
- Reducing child poverty and health inequality.
- Promote health and wellbeing, inclusion and achievement.
- Develop CYPT partnership, drive integration and value for money.

7.3 These key messages and strategic priorities are built into the CYP Plan to address EIA requirements. They form the EIA action plan as an integral aspect of the CYP Plan. Regular equalities review of the plan will address the actions required or identify gaps.

7.4 The CYP Plan will be made available to the city's population via websites and libraries. The plan can be made available in a number of languages, large print, Braille or on audio tape.

## **8. Conclusion:**

8.1 The CYP Plan is compliant with Equalities requirements and has key messages and actions to address equalities gaps.

8.2 CYPT service EIAs will be used to inform the CYP plan during its strategic life.

## **9. Recommendation:**

9.1 Annual EIA review of the CYP Plan to ensure equalities requirements are captured and embedded as an ongoing process

**Pauline Lambert (Chair) CYPT Head of Nursing & Governance**  
**On behalf of the CYPT Equalities group**  
**15.10.09**



Brighton & Hove  
Children and  
Young People's Plan

2009

2010

2011

2012

**NHS**

Brighton & Hove  
Children and Young People's  
**TRUST**

  
Brighton & Hove  
City Council

DRAFT

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BRAFET



## Introduction

We are delighted to introduce Brighton & Hove's second Children and Young People's Plan. This plan has been developed and agreed by a range of organisations working together to improve outcomes for children, young people and families.

In 2006, when the Children and Young People's Trust (CYPT) was established, we began the journey to make Brighton & Hove the best place for children and young people to grow up. Since then, we have seen improvements in breastfeeding, a reduction in bullying at school, better educational standards and more 16-year-olds engaged in education, employment and training. Our partnership working has grown from strength to strength. This plan identifies our priorities for the next three years and the actions we intend to take.

Keeping children safe has never been a higher priority locally or nationally and we are committed to strengthening safeguarding and child protection and to promoting early intervention and prevention. The plan also outlines our commitment to tackling inequality, maximising life chances and supporting all young people on the pathway to successful futures.

Our CYPT partnership is vital to the delivery of our integrated front line services. During the life of this plan we will focus on providing services that improve children's lives, are accessible, high quality and value for money.

Together we will make Brighton & Hove the best place for children and young people to grow up.

*Signatures*

**Person One**

Job title of them

*Signatures*

**Person One**

Job title of them

*Signatures*

**Person Two**

Job title of them

*Signatures*

**Person Two**

Job title of them

*Signatures*

**Person Three**

Job title of them

*Signatures*

**Person Three**

Job title of them

*Signatures*

**Person Four**

Job title of them

*Signatures*

**Person Four**

Job title of them

### How to use the Plan:

This document does not describe all of the services for children and young people and their families in Brighton & Hove – that would make it far too long. You can find out about those services by going to:

**[www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk)**

(you can use the site's search engine to find the particular service you want to know about)

**[www.familyinfobrighton.org.uk](http://www.familyinfobrighton.org.uk)**

**[www.cvsectorforum.org.uk](http://www.cvsectorforum.org.uk)**

**[www.southdowns.nhs.uk](http://www.southdowns.nhs.uk)**

**[www.brightonandhovepct.nhs.uk](http://www.brightonandhovepct.nhs.uk)**

**[www.bsuh.nhs.uk](http://www.bsuh.nhs.uk)**

The final version of the CYPP will be an “on screen” document with live links to all of the policies, plans and documents mentioned in the text.

## Section 1: Overview - Making every child and young person in Brighton & Hove matter

### Our Vision for Children, Young People and Families

In 2006 we set out on a journey together to improve the outcomes for children, young people and families in Brighton & Hove. Our vision was simple but clear:

Brighton & Hove should be the best place in the country for children and young people to grow up. We want to ensure all our children and young people have the best possible start in life, so that everyone has the opportunity to fulfill their potential, whatever that might be.

In preparing our second Children and Young People's Plan (CYPP), we consulted children, young people and their families, our staff and our partners and were pleased to hear that the vision statement is well liked and recognised by all stakeholders. It remains a strong, ambitious and bold statement of our intentions as a partnership.

The principles that underpinned our vision in the previous plan also remain the same. In this plan we will emphasise:

- our concern for every child and determination to work to improve outcomes for all children and young people; and
- our particular responsibility for vulnerable children and young people

Our needs analysis, including the views of our stakeholders, and the strategic improvement priorities that drive this plan focus on children and young people who are:

- affected by child poverty and inequality
- at risk of harm or neglect or the impact of teenage pregnancy, offending and substance misuse
- disabled, have special educational needs or emotional or mental health difficulties
- from black and minority ethnic communities
- lesbian, gay, bi-sexual or transgender
- young carers; or are
- looked after by the local authority

This plan is based on the principle set out in the National Children's Plan that "government does not bring up children – parents do", and the plan is shaped by the partnership's equality and inclusion policies including:

- The City Council's Working Towards an Equal City: <http://wave.brighton-hove.gov.uk/peoplefirst/EqualitiesInclusion/Pages/default.aspx>

- NHS Brighton & Hove – Equality and diversity documents:  
[www.brightonandhovepct.nhs.uk/about/community/equalityanddiversity/index.asp](http://www.brightonandhovepct.nhs.uk/about/community/equalityanddiversity/index.asp)
- The City Inclusion Partnership:  
<http://wave.brighton-hove.gov.uk/peoplefirst/EqualitiesInclusion/Pages/CityInclusionPartnership.aspx>

We have addressed the requirements of the non-statutory Children Plan Guidance, including the likelihood of legislative changes, and particularly the emphasis it gives to the integration of services, safeguarding and promoting the welfare of children and young people and early intervention and preventive action.

### The Children and Young People's Trust Partnership:

The purpose of our partnership is: 'to improve the well-being of all children: improving their prospects for the future and redressing inequalities between the most disadvantaged children and their peers.'  
(Children's CYPTs: Statutory Guidance on inter-agency cooperation.)

In this section we summarise our local arrangements and the journey we are on to deliver the 5 essential features of a Children's Trust set out in the Statutory Guidance:

A child and family centred outcome led vision:  
the best place in the country for children and young people to grow up

Robust inter-agency Governance

Integrated Strategy

Integrated Process

Front-line delivery organised around the child, young person and family rather than professional or institutional boundaries

### Interagency Governance:

In 2006 we launched the Children and Young People's Trust (CYPT) - building on our experience as a National Pathfinder and the integration of the council's children's social care and education departments in 2002.

Brighton & Hove's innovative arrangements to enable effective joint working under section 10 of the Children Act 2004 and section 75 of the NHS Act 2006 were reinforced in 2008 when the city council adopted a new constitution in which the Lead Member for Children's Services is a member of the city council Cabinet and, with the Chair of NHS Brighton & Hove, co-chairs the CYPT Partnership Board.

The CYPT Board is the top decision making body for the partnership, with powers to make decisions concerning the commissioning and provision of services on behalf of the three parties to the Section 75 Agreement (the city council, NHS Brighton & Hove and South Downs Health NHS Trust). It is also the senior forum for the discussion of policy and strategy across the partnership as a whole and is responsible for setting the strategic direction for these services.

The Board is supported, and where necessary challenged, by the Chief Officers Group, the Local Safeguarding Children Board, and the Children and Young People's Overview and Scrutiny Committee. The Director of Children's Services is its Chief Officer and is accountable for the commissioning, provider and governance arrangements that underpin the partnership.

The partnership aims to provide high quality education, health and social care. Through our Integrated Care Governance Committee we are connected to wider governance arrangements for the city council and the local health economy, so that we can assure the public, ourselves and external inspectors that the care we provide is safe, effective and evidenced based.

During the life time of this plan we will bring Schools and Jobcentre Plus onto the CYPT Board and we will continue to strengthen and develop our integrated approach to care governance especially the inter-face with the local health economy.

## Inter-Agency Governance Arrangements

### Chief Officers Group:

- Children & Young People's Trust
- Brighton & Sussex University Hospitals NHS Trust
- NHS Brighton & Hove
- South Downs Health NHS Trust
- Sussex Police

### Children and Young People's Trust Partnership Board:

- Brighton & Hove City Council
- NHS Brighton & Hove
- South Downs Health NHS Trust
- Brighton & Sussex University Hospitals NHS Trust
- Sussex Police
- Youth Council
- Parents Forum
- Community & Voluntary Sector Forum
- Universities of Brighton and Sussex

### Children & Young People's Overview and Scrutiny Committee:

- Brighton & Hove City Council Elected Members
- Youth Council
- Community & Voluntary Sector Forum
- Diocese of Chichester
- Diocese of Arundel and Brighton
- Co-Optees for Children's Health
- Co-Optees for Youth Services

### Local Safeguarding Children Board:

- Independent Chair
- Children & Young People's Trust
- Brighton & Hove City Council
- Brighton & Sussex University Hospitals NHS Trust
- NHS Brighton & Hove
- South Downs Health NHS Trust
- Sussex Police
- Sussex Probation
- Sussex Partnership Foundation Trust
- CAF/CASS
- South East Coast Ambulance
- CVSF
- NSPCC
- RISE
- Safety Net

### Integrated Care Governance Committee:

- Children & Young People's Trust
- South Downs Health NHS Trust
- Brighton & Sussex University Hospitals NHS Trust
- Sussex Partnership NHS Foundation Trust
- NHS Brighton & Hove

### Children and Young People's Trust Senior Management Team:

- Director of Children's Services
- Assistant Director Learning, Schools and Skills
- Assistant Director Citywide Services
- Assistant Director Area / Locality Working
- Assistant Director Strategic Commissioning and Governance
- Clinical Director

## Integrated Strategy

In Section 3 we describe how the CYPP is part of the wider planning framework for public services in Brighton & Hove, and in Section 4 we summarise arrangements to pool and align budgets.

The partnership has established a genuinely integrated approach to improving outcomes for children and young people and their families. For example reducing teenage pregnancy and childhood obesity are key priorities for the Local Area Agreement, NHS Brighton & Hove's Strategic Commissioning Plan and this CYPP. Reducing child poverty is a top priority in the Local Area Agreement and one of our 12 delivery initiatives.

As part of a phased restructuring of leadership and management arrangements, and working closely with NHS Brighton & Hove, the Director of Children's Services strengthened the CYPT's commissioning arrangements during 2009 by creating a more defined commissioner/provider split. A new Strategic Commissioning Unit will develop a joint commissioning model that encompasses:

- *Strategic commissioning*: whole service commissioning across the CYPT
- *Operational or local commissioning*: for services affecting specific groups or communities
- *Individual commissioning*: for individual children, young people or families

During the life time of this plan we will develop our commissioning model, by working with the national Commissioning Support Programme, reviewing the 2006 Section 75 Agreement, and by taking forward our cluster commissioning arrangements with schools and the CYPT's new responsibilities for 14-19 education and learning.

## Integrated Processes

During the life time of the first CYPP we improved the processes which support effective joint working and the delivery of integrated services. We have published a local Information Sharing Protocol and policies and procedures are in place so that Lead Professionals are able to complete a Common Assessment Framework (CAF) to support children with additional needs.

We are developing our Team around the Child or Family arrangements to co-ordinate the case work that flows from the CAF and to ensure a "one door, one response and one team" approach to delivering targeted and specialist services in the locality teams. Through our Family Pathfinder Project we aim to transform how we work with families who have complex or multiple needs.

Although we still have some way to go we are confident that by 2010 we will have "consistent, high quality arrangements to provide early identification and early intervention for all children and young people who need additional help" required by the national Children Plan and Statutory Guidance.

A CYPT Information Strategy describes how we will continue to develop systems to collect and share data and support front line business processes across the partnership including the roll out of the Integrated Children's System (ICS) and Contact Point.

The partnership's multi-professional Workforce Development Strategy is summarised in section 3, and is one of the key initiatives driving forward organisational development across the partnership.

### Integrated Front Line Delivery of Services

In November 2006 an innovative Section 75 Agreement enabled Brighton & Hove to launch a new model for the integrated front line delivery of services. By the end of 2009 the Director of Children's Services will have progressed a phased re-structuring process to take forward the CYPT's approach to integrated working in local areas and clusters.



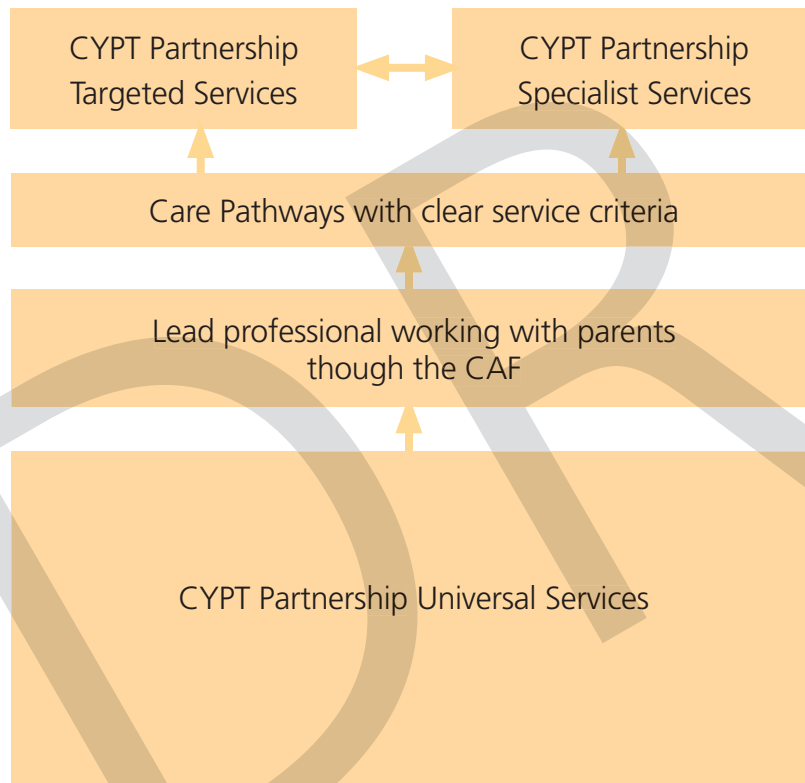
The partnership commissions and provides services through a simple tiered model:

- Universal Services: all children and young people and their families able to access early years and child care services, education and learning, and primary health services, and receive information, advice and guidance.
- Targeted Services: all children and young people or families identified as having additional needs will be offered an assessment using the Common Assessment Framework (CAF) to determine how the partnership can work with them. This could include support from Health Visitors, the integrated child development and disability service, special educational need provision, child and adolescent mental health services (CAMHS), parenting support or early interventions for young people struggling with education, training or employment or who are at risk of becoming pregnant, or being involved in criminal activity or substance misuse
- Specialist Services: some children and young people or families will need specialist provision for example from the integrated child development and disability service, the Royal Alexandra Children's Hospital or Community Nursing, the Youth Offending Team or child protection or looked after children services.



### An Integrated Care Pathway:

We know from the feedback we received during the consultation on this plan that this is a complex system to understand and to access. During the life time of this plan we will publish a series of 'care-pathways' or maps to explain as simply as possible how the partnership works. In this way we hope to make the system more understandable for children and young people, our partners and staff.



### Opportunities and challenges:

We have used the needs analysis summarised in Section 2 to identify the key factors which define the opportunities and challenges the partnership faces as we continue our journey to improve the outcomes for all children and young people:

- Most of the parents and young people we've spoken to in writing this plan consider Brighton & Hove to be a good place to live, to bring up their children and enjoy their childhood and teenage years. The city's Place Survey (2009) found 86% of residents are satisfied with their local area as a place to live, compared to a national average of 80%.
- Information from the 2008 TellUs3 survey, which children and young people in primary and secondary schools took part in, shows that their satisfaction with local parks and play areas is above the national average, and more felt safe in their local areas, on public transport and going to school, and more enjoyed school most of the time.
- A large proportion of the student population stays on in the city, attracted by the sea and country-side, the urban environment, the cultural offer and leisure opportunities
- The city has excellent early years education and child care provision, good and often outstanding schools and colleges and well regarded health services

- There is a range of specialist social care, education and health provision for children, young people and their families who are vulnerable and likely to need additional services and support

A number of themes in the needs analysis also combine to create a unique and challenging environment for the CYPT:

- There has been a marked increase in the amount and complexity of child protection activity in the city which has had, and will continue to have, a significant impact on resources and financial planning across the CYPT partnership. This increase is consistent with national trends following events in the London Borough of Haringey in November 2008, but also reflects the distinctive patterns of need in the city.
- Brighton & Hove has a large population of young adults with a significant cohort affected by a combination of factors that have a negative impact on their parenting capacity including alcohol and drug misuse, mental health issues and domestic abuse
- These factors are often related to the social, educational and health inequalities that characterise parts of the city and which are the focus of the council's corporate plan, NHS Brighton & Hove's Strategic Commissioning Plan and the city's Local Area Agreement and Sustainable Community Strategy

- Child poverty has a direct impact on the opportunities, aspirations and outcomes for significant numbers of children and young people, especially those who live in our most disadvantaged neighbourhoods or belong to particularly vulnerable groups
- As a result the city faces a real challenge in narrowing the gap in outcomes between vulnerable and excluded children and the rest in the city - while improving outcomes for all.
- There is a significant cohort of young people for whom the road to success is impeded by the consequences of risky behaviour associated with low attainment and personal aspiration, including criminal activity, teenage pregnancy and parenthood, alcohol and substance misuse and difficulty engaging with further education, employment and training opportunities.

We also know from feedback during the consultation about this plan that there are aspects of the CYPT's governance, structure and processes that require clarification and development.

### **Delivering the Vision: Priority outcomes and strategic improvement priorities:**

The CYPT will deliver every aspect of our vision and principles through our partnership arrangements and the operational strategies and plans set out in Section 3. The core purpose of this plan is to set out the improvements we want to make to the well being of children and young people in relation to the 5 *Every Child Matters* Outcomes and to describe how we will achieve them.

We have used the analysis of our opportunities and challenges to identify 4 Strategic Improvement Priorities which will require and reinforce the partnership's approach to inter-agency governance, integrated strategy and processes and the integrated delivery of front line services.

#### **Strategic Improvement Priority 1: Strengthen safeguarding and child protection, early intervention and prevention:**

The CYPT and the Local Safeguarding Children Board (LSCB) will rigorously monitor and improve safeguarding strategies, policies and procedures to protect children and young people from harm, neglect or abuse. We will ensure that the whole children's workforce, including schools and colleges, the local health economy and all partner agencies, understand and use local arrangements to work with parents to identify children who need additional help or who cannot live safely in their families and to intervene early to support and protect them.

#### **Strategic Improvement Priority 2: Reduce child poverty and health inequality:**

We will work with our partners across the city, through the Local Area Agreement and the joint Public Health Action Plan, to reduce inequality in outcomes between children and young people and their peers and to support vulnerable adults who are parents. We will address the impact of child poverty, and ensure the services we commission or provide are inclusive and nurture the potential of every child.

#### **Strategic Improvement Priority 3: Promote health and well-being, inclusion and achievement:**

The CYPT will support parents to bring up their children, commissioning services that improve the health, well-being and achievement of all children and young people, wherever possible ensuring mainstream services include those who are vulnerable or have additional needs. We will support young people on the pathway to success, targeting and challenging those at risk of making negative choices about their lifestyles.

#### **Strategic Improvement Priority 4: Develop the CYPT partnership and drive integration and value for money:**

The CYPT will strengthen inter-agency governance arrangements; take forward our integrated strategy for the planning, commissioning and provision of services; improve professional understanding between services; and deliver integrated front line services organised around users not professional or institutional boundaries. During the life of this plan there will be a sharp focus on providing services based on evidence of improving outcomes which are accessible, streamlined and value for money.



In Section 3 we describe the initiatives we have put together to deliver the strategic priorities and in Section 4 we describe the performance framework which underpins both this plan and the work of the partnership. This section lists a sub set of priority indicators and targets which will enable us to track the high level impact and progress of the CYPP:

### Priority outcomes:

In Section 4 we describe in more detail the comprehensive performance framework the partnership has in place to monitor information about the outcomes we want for children and young people in Brighton & Hove. We have selected a set of priority outcomes, or indicators, which will enable the CYPT Board to track the progress and impact of the CYPP.

Selection took account of the following factors:

- Connection between the needs analysis and strategic improvement priorities and initiatives
- Extent to which the CYPT Partnership can make a realistic impact as a commissioner or provider of services
- A Statutory or NHS Vital Signs indicator or included in the Local Area Agreement or other city wide strategies
- Relevant to partnership working and/or delivery of integrated services

National Indicator	
NI 056	Obesity in primary school age children in Year 6 (%)
NI 059	Percentage of initial assessments for children's social care carried out within 7 working days of referral (%)
NI 065	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time (%)
NI 070	Reduce emergency hospital admissions caused by unintentional and deliberate injuries to children and young people (Number)
NI 069	Children who have experienced bullying (%)
NI 075	Achievement of 5 or more A*- C grades at GCSE or equivalent including English and Maths (%)
NI 079	Achievement of a Level 2 qualification by the age of 19 (%)
NI 102b	Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 2 and 4 (%)
NI 105	The Special Educational Needs (SEN)/non-SEN gap - achieving 5 A*- C GCSE including English and Maths (%)
NI 043	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody (%)
Related to NI 110	Youth service contacts with 13-19 population
NI 112	Under 18 conception rate (%)
Related to NI 115	Reduction of alcohol and drug use in year 10 young people
NI 148	Care leavers in education employment or training (%)
NI 116	Proportion of children in poverty
NI 117	16 to 18 year olds who are not in education training or employment (NEET) (%)

## Our ambitions:

In Section 2 we summarise the consultation feedback about this plan from service users, partners and staff. We have collated those views into a series of high level ambitions, or population level outcomes, that we want to achieve through this plan and the overall work of the CYPT Partnership.

Every Child Matters Outcome:	Our aims and ambitions:
<b>Education, training and recreation</b>	<p>Children and young people to enjoy a transformed, rich and diverse curriculum that offers personalised learning and meets the interests of all young people, while focusing on closing the gap in achievement across the city.</p>
	<p>Children and young people including those who are vulnerable and those with special educational needs, to have access to the highest quality educational and social opportunities within the mainstream system, alongside the most appropriate specialist provision.</p>
	<p>Children and young people to learn and develop skills in high quality buildings with exciting and stimulating learning environments that support learning, are fit for the 21st century and are at the heart of the community they serve.</p>
	<p>Develop the highest quality teaching and learning in our schools and colleges with an exceptional workforce committed to excellence in leadership, management and teaching and supporting children's learning.</p>
	<p>Facilitate robust transformational partnerships across the city that support formal and informal learning and offer all our children and young people opportunities to enjoy their childhood and achieve their full potential.</p>

Every Child Matters Outcome:	Our aims and ambitions:
<b>Physical and mental health and emotional well being</b>	<p>All children to have the best start in life and to have access to high quality healthcare from the womb, through their early years and into adulthood.</p> <p>Promote healthy weight and healthy lives for all children in Brighton &amp; Hove.</p> <p>Young people to be equipped to make positive choices about their sexual health, their lives and to minimise risk-taking behaviours especially alcohol use and substance misuse</p> <p>Children and young people who suffer from poor mental, physical or emotional health to have access to high quality healthcare that is local and responsive to their needs</p> <p>Promote the health and well-being of the most vulnerable children and young people through timely, appropriate and specialist services including for children in care, children with disability, special educational needs and/or complex health needs</p>
<b>Protection from harm and neglect</b>	<p>Build community resilience and professional capacity to work together to protect and safeguard vulnerable children and young people so that all of our children are kept safe from maltreatment, neglect, violence and sexual exploitation</p> <p>Children and young people who are at risk of maltreatment, harm, neglect and/or sexual exploitation to be protected through early identification, intervention and prevention.</p> <p>Vulnerable children and young people particularly those looked after by the local authority to have stability, security and be well cared for.</p> <p>Work in partnership with parents and carers so they are supported to raise their children positively, confidently and safely</p> <p>Children and young people to achieve their full potential by experiencing a wide range of high quality learning and leisure opportunities in their schools, families and communities, where they are safe and free from discrimination and harm.</p>

Every Child Matters  
Outcome:

Our aims and ambitions:

Social and economic  
well being

Increase the overall number of young people entering into sustainable employment, education and training at 16, 17 and 18, and in particular those who are vulnerable or from marginalised groups.

Reduce the numbers of children living in poverty and mitigate the impact of poverty on their life chances.

Engage hard-to-reach parents in developing services and overcoming barriers to engagement.

Young people to have access to a wide range of high quality vocational, applied and academic opportunities that help them to achieve their full potential and increase their life chances

Ensure children and young people leave full-time education with the skills, qualifications and knowledge to secure suitable employment, apprenticeship or to progress in their education

Contribution made  
by children and  
young people to  
society

Ensure that children and young people feel they have a real influence and say in their communities, the CYPT and how services are developed, designed and delivered to meet their needs

Encourage active citizenship among all our young people enabling and enhancing their ability to play positive roles in their communities

Develop positive relationships and choose not to bully or discriminate

Parents, carers and foster carers to be actively engaged with the CYPT in increasing the numbers of young people on the paths to success

Children and young people from 0-19, from all cultural backgrounds, to be able to engage with, to enjoy, and to be inspired by the highest quality sports, arts and cultural activity that the city can offer.



## Section 2: Delivering our vision for children and young people:



In section 1 we set out our vision, our strategic improvement priorities and the changes and outcomes we want to achieve for children and young people. In Appendix 1 we summarised the needs analysis that drives those priorities and presented a set of report cards describing our progress and ongoing challenges.

In this section we describe how we are delivering that vision and set out the initiatives we have developed to achieve our four strategic improvement priorities for this CYPP.

The CYPT commissions or provides a comprehensive range of universal, targeted and specialist services for children and young people and their families. We manage those services through an integrated set of operational strategies and delivery plans which form part of the planning framework for public services in Brighton & Hove.

The high level chart on the next page shows how the different parts of the framework fit together and provides links to the detailed plans and strategies that make it up:

## Sustainable Community Strategy and Local Area Agreement

### City Council Corporate Plan NHS Brighton & Hove Strategic Commissioning Plan

#### Children and Young People's Plan Priorities:

Strengthen safeguarding and child protection, early intervention and prevention  
 To reduce child poverty and health inequality  
 To promote health and well-being, inclusion and achievement  
 To develop partnership and drive integration and value for money

#### Key City Wide Plans

Community Safety Crime Reduction & Drugs Strategy 2008-11  
 City Employment and Skills Plan  
 Housing Strategy 2008-13  
 Brighton & Hove Local Development Framework  
 Economic Strategy  
 LSCB Business Plan

### Children and Young People's Trust: commissioning and service improvement strategies and plans

Parenting Strategy; CAMHS Strategy; Healthy schools Strategy/Action Plan; Teenage Pregnancy Action Plan; Think Family; Sure Start Children's Centre SEF and Action Plans 2009/10; Early Years Action Plan; School Improvement Strategy 2008 -13; SEN Strategy Action Plan; Behavior and Attendance Strategies and Action Plan; Reading Strategy; Building Schools for the Future; Extended Schools Strategy; EXPRESS; 14-19 Strategy; Adult Learning Strategy; Integrated Youth Support Service Strategy; Corporate Parenting Plan; Youth Justice Plan; Alcohol and Drugs misuse Strategy; Workforce Development Strategy; Admissions Policy; JISP

#### Children and Young People's Trust: Service Business Plans

Area and integrated services  
 Learning, Schools and Skills  
 City wide specialist services  
 Strategic Commissioning and Governance

#### NHS Brighton and Hove: Annual Operating Plan and Public Health Action Plan

Headlines from AOP for children's services; and/or  
 Public health action plan for children and young people

## Delivering the Children and Young People's Plan 2009-12

Interagency cooperation underpins the CYPT and makes possible our integrated governance, joint planning and commissioning arrangements and the delivery of integrated front line services. As a result each of our strategic priorities takes a joined up approach to improving outcomes for children and young people and their families.

In order to achieve the improvements we want to make we have developed a range of initiatives linked to our operational strategies and plans. A summary of each of the initiatives is described in the following table.

<p><b>Strategic Improvement Priority 1:</b> Strengthen safeguarding and child protection, early intervention and prevention</p>	<p><b>Initiatives:</b> 1a. Child Protection Pathway 1b. Targeted Support &amp; Preventive Services 1c. A Safe City</p>
<p><b>Strategic Improvement Priority 2:</b> Reduce child poverty and health inequality</p>	<p><b>Initiatives:</b> 2a. Joint strategic action 2b. Narrow the gap for communities and families 2c. Narrow the gap for vulnerable groups</p>
<p><b>Strategic Improvement Priority 3:</b> Promote health &amp; well being, inclusion and achievement</p>	<p><b>Initiatives:</b> 3a. Maximize life chances 3b. Access to education 3c. Pathways to success</p>
<p><b>Strategic Improvement Priority 4:</b> Develop the CYPT partnership and drive integration and value for money</p>	<p><b>Initiatives:</b> 4a. maximise life chances 4b. Organisational Development 4c. Workforce Development</p>

## Strategic Improvement Priority 1:

### Strengthen safeguarding and child protection, early intervention and prevention:

The CYPT and the Local Safeguarding Children Board will rigorously monitor and improve safeguarding strategies, policies and procedures to protect children and young people from harm, neglect or abuse. We will ensure that the whole children's workforce, including schools and colleges, the local health economy and all partner agencies understand and use local arrangements to work with parents to identify children who need additional help or who cannot live safely in their families and to intervene early to support and protect them



### Initiative 1a:

#### Maintain a robust and confident child protection pathway:

We will:

- Implement the CYPT Workforce Development Strategy to sustain and develop the specialist skills we need to protect children
- Deliver with the LSCB a tiered training programme to ensure effective and confident communication, good understanding and strong relationships across the child protection pathway
- Establish the CYPT Safeguarding Unit to support and challenge child protection professionals and audit the child protection pathway
- Publish early identification, referral and assessment pathways, to include domestic violence routine enquiries, building on the CYPT's 2009 Safeguarding Stock Take
- Continuously review and update with the LSCB and our partners in East and West Sussex the Pan Sussex Child Protection and Safeguarding Procedures and related policies and operational procedures in light of changes to statutory guidance
- Review annually with the LSCB and the Safe in the City Partnership child protection and safeguarding activity including response to domestic violence, across the city and maintain an open dialogue with the Government Office, Ofsted and the Care Quality Commission

### Initiative 1b:

#### Increase targeted support and preventive services:

Learning from transformation activities, such as the Family Pathfinder Project, and the Multi-Agency Risk Assessment Conference (MARAC) and other specialist domestic violence services, we will commission targeted services to protect the most vulnerable groups of children and young people at risk of harm, abuse or neglect including:

- Babies at Risk – to sustain early permanence planning, assessment, support and intervention
- Vulnerable Families – to improve services for families where the quality of parenting is affected by adult substance or alcohol misuse, domestic violence or mental health or learning disability issues
- Children and young people who are vulnerable or at risk– to improve services for vulnerable groups and/ or those involved in or at risk of substance or alcohol misuse, self-harm, sexual exploitation or teenage pregnancy

### Initiative 1c:

#### A safe and supportive city:

The CYPT and the LSCB will:

- Raise the profile and public understanding of the LSCB and promote the role of local communities in the city's safeguarding arrangements
- Provide information, advice and guidance to support parents to bring up their children so that they are safe and thrive
- Mainstream the Common Assessment Framework and Team Around The Child arrangements to enable the whole workforce to become confident lead professionals working with parents to ensure early identification, intervention and preventative support
- Review child protection training and supervision arrangements to ensure that all staff receive the guidance and support they need including the opportunity regularly to reflect on their work, role and responsibilities.
- Actively promote the development of healthy relationships and anti-bullying activity across all services commissioned or provided by the CYPT including educating young people so that they are able to choose not to engage in abusive, discriminatory behaviour or bullying
- Provide play and leisure facilities that enable all children to have new experiences and enjoy their childhood and teenage years

## Strategic Improvement Priority 2:

### Reduce child poverty and health inequality:

We will work with our partners across the city, through the Local Area Agreement and the joint Public Health and CYPT Action Plan to reduce inequality in outcomes between children and young people and their peers and to support vulnerable adults who are parents. We will address the impact of child poverty, and ensure the services we commission or provide are inclusive and nurture the potential of every child.



### Initiative 2a.

#### Joint Strategic Action:

We will:

- Work with the Public Service Board and, as part of the city's Joint Strategic Needs Analysis programme, complete a Child Poverty Needs Assessment and Action Plan to inform the Local Area Agreement and comply with anticipated statutory guidance
- Work with NHS Brighton & Hove to tackle barriers which prevent the choice of a healthier lifestyle by families implementing the joint Public Health & CYPT Action Plan and maintaining an up to date Joint Strategic Needs Assessment for children and young people

### Initiative 2b: Narrow the gap for families and communities:

The CYPT will commission services which target the neediest communities and support their most vulnerable families to improve outcomes for their children and young people. We will:

- Continue to develop our local clusters to promote partnership, the integration of front-line services and a joint responsibility with local communities for improving outcomes
- Provide children's centre services according to need, including more targeted home visiting and access to universal programmes for children with lower levels of need
- To ensure parents on low incomes have access to good quality childcare to allow them to work or train
- Provide support to families of children with disabilities or complex health needs, through universal and specialist services and by delivering on the commitments made by the city council and NHS Brighton and Hove by signing the Every Disabled Child Matters Charter
- Take forward the learning from transformation projects, such as our Parenting Strategy and Family Pathfinder to improve targeted support to the most vulnerable parents and families
- Support all schools to deliver the core Extended Schools offer, deliver the Disadvantage Subsidy and implement the new Healthy Schools model

### Initiative 2c: Narrow the gap for vulnerable groups:

The CYPT will commission or provide services which narrow the gap in outcomes between the most vulnerable children and their peers. We will:

- Narrow the gap in achievement for all stages from Foundation to key stage 4 including the attainment for children who have social educational needs or who are looked after
- Ensure that children with disabilities and complex health needs receive high quality health care, which is delivered in community settings wherever possible
- Deliver on the Pledge for children and young people in care
- Deliver the Healthy Child Programme
- Work with community and voluntary sector organisations to ensure the CYPT's commissioning strategies address the needs of the vulnerable groups described in Section 2 of this plan

## Strategic Improvement Priority 3:

### Promote health and well-being, inclusion and achievement

The CYPT will support parents to bring up their children, commissioning services that improve the health, well-being and achievement of all children and young people, wherever possible ensuring mainstream services include those who are vulnerable or have additional needs. We will support young people on the pathway to success, targeting and challenging those at risk of making negative choices about their lifestyles.



### Initiative 3a. Maximizing life chances:

We will work with NHS Brighton and Hove to maximize life chances for children and families by commissioning and providing high quality children's health care and delivering the joint CYPT and Public Health action plan to:

- Implement the Healthy Child Programme and increase the uptake of immunizations
- Develop effective health education in schools
- Implement the Teenage Pregnancy Plan to reduce teenage conceptions and the number of teenage parents
- Implement the joint strategy adoption plan 'Promoting the Healthy Weight and Healthy Lives of Children and Young People in Brighton and Hove'
- Implement the Aiming Higher agenda for children and young people with a disability, special education needs or complex health needs
- Sustain the transformation Child and Adolescent Mental Health Services (CAMHS) through improved access to Tiers 2 & 3 and a new integrated care pathway
- Review and commission services to reduce levels of smoking and alcohol and drug abuse among children and young people



### Initiative 3b. Access to Education:

We will work with our schools and colleges so that every child and young person has the opportunity to access excellent and inclusive education so that they are ready for work, further education and adult life. We will:

- Develop our governance arrangements so that schools operate at the centre of the CYPT as well as the centre of the communities they serve
- Implement our School Improvement Plan, and maximize funding opportunities such as Building Schools for the Future and the Primary Capital Fund to transform the curriculum and learning environments across the city
- Work with schools, families and communities to implement our Behaviour and Attendance Strategies to create positive and inclusive learning in every school
- Develop co-located integrated services on school sites as the next step in developing our cluster model for commissioning and providing extended services
- Implement the Special Educational Needs Strategy to ensure all children and young people have access to educational and social opportunities within the mainstream system alongside high quality appropriate specialist provision

### Initiative 3c. Pathways to Success:

We will work with the 14-19 Partnership, NHS Brighton & Hove, the Integrated Youth Support Service and Sussex Police to deliver quality information, advice and guidance to all young people and additional support for those at risk. We will:

- Deliver a broad 14-19 curriculum and develop our partnership with local employers so that our young people are given the opportunity to achieve in ways suited to them and secure sustainable employment.
- Commission and provide integrated youth support services that are accessible and relevant to all young people and which are also designed to deliver targeted and specialist interventions to young people at risk because of low attainment, family, relationship or emotional difficulties, alcohol or substance misuse, criminal behaviour or teenage pregnancy and parenthood.
- Work with our partners to ensure local youth provision, including opportunities to volunteer and participate in community activities, sport and leisure activities are accessible to all children and young people.
- Implement the Youth Justice Plan as part of Brighton & Hove's Safe in the City Strategy, developing successful joint initiatives to tackle anti-social behaviour and prevent and deter young people from criminal activity.
- Work towards achieving the "You're Welcome" quality mark for all services by 2020.

## Strategic Improvement Priority 4:

### Develop the CYPT partnership and drive integration and value for money

The CYPT will strengthen inter-agency governance arrangements; take forward our integrated strategy for the planning, commissioning and provision of services; improve professional understanding between services; and deliver integrated front line services organised around users not professional or institutional boundaries. During the life of this plan there will be a sharp focus on providing services based on evidence of improving outcomes which are accessible, streamlined, high quality and value for money.

#### Initiative 4a. Governance:

The arrangements set out in Section 1 put the CYPT in a strong position to respond to anticipated legislative changes including the expectation to produce a new CYPP in 2011. We will:

- make arrangements to bring our schools, including 6th form and Further Education colleges and Falmer Academy, and Job Centre Plus onto the CYPT Board in advance of any legislative changes.

- conclude the formal review of the Section 75 Agreement that underpins the CYPT and take forward changes agreed by the partners.
- develop our internal governance arrangements, continuing to consolidate the interface between local authority and NHS systems, and, through the CYPT's Integrated Care Governance Committee and the structures and policies that support it, provide professional leadership, clinical and practice assurance.
- ensure the CYPT complies with Brighton & Hove's Community Engagement Framework and consolidates the role of the Youth Council and Looked After Children Council, the Parents' Forum and the Community and Voluntary Sector Forum in order to capture and amplify the voice of service users.

#### Initiative 4b. Organisational Development:

The Director of Children's Services and the Senior Management Team will ensure the CYPT's planning, commissioning and provider arrangements are understood by service users, partners and staff and are fit for purpose in a challenging financial environment. We will:

- continue the phased re-structuring of the CYPT's leadership and management arrangements.
- develop and publish an integrated care pathway for all children's services with clear service criteria which allow children to move through services according to needs and with realistic expectations.

- develop and publish a children and young people's commissioning framework and put in place clear governance arrangements aligned with World Class Commissioning competencies and strategic commissioning across the city.
- ensure the CYPT is fully engaged in the city council's Value for Money programme and NHS Brighton and Hove's review of its Strategic Commissioning Plan to drive innovation and productivity.
- improve the efficiency and effectiveness of the CYPT's business planning and operational systems ensuring they are consistent with local authority and NHS requirements.
- strengthen our performance management arrangements, implement the CYPT's Information Strategy and participate in the city's programme of integrated Joint Strategic Needs Analyses.

#### **Initiative 4c. Workforce Development:**

We have developed a nationally recognised workforce development programme, including conferences and forums for our staff and partners, to support integrated working and learning between all those who work and volunteer with children and young people. The Workforce Development Partnership Group will lead the CYPT's Workforce Development Strategy so that:

- Everyone who works or volunteers with children and young people in Brighton & Hove has a shared vision, understands our local priorities and is able to work

together with common purpose and values to achieve better outcomes for children and young people.

- Everyone who works or volunteers with children and young people will share a set of core knowledge, skills and behaviours that informs their specialist role and skills.
- Everyone who works or volunteers with children and young people will have the knowledge, skills and working practices that ensure all children and young people are protected from harm and neglect.
- Everyone who works or volunteers with children and young people will know about and use effective integrated working practices (including Information Sharing, the Common Assessment Framework and the Lead Professional role), which will result in a 'team around the child/young person' working together to provide targeted or specialist services.
- The CYPT as an employing/commissioning organisation will ensure all those in specific professions and roles have the specialist training, development and qualifications they require in their role.
- The CYPT as an employing/commissioning organisation will ensure it has the right people with the right skills and practices to deliver an excellent service. This will include ensuring appropriate recruitment, retention and workforce planning arrangements are in place alongside developing the culture and systems which support and develops people in their roles.

## Section 3: Resources and Performance Management

In this final section we will set out the level of resources the city council and NHS Brighton & Hove will contribute in order to commission and provide services and achieve the improvements set out in this plan and we will describe the performance management arrangements to report progress on the 4 strategic improvement priorities.

### Resources

The city council and NHS Brighton & Hove are accountable for the resources with which the CYPT commissions or provides services and will which will be used to implement the initiatives to achieve the 4 Strategic Improvement Priorities.

In October 2006 the City Council, the Primary Care Trust (now NHS Brighton and Hove) and South Downs Health NHS Trust signed an agreement under Section 75 of the NHS Act 2006 to create a Pooled Budget for the new CYPT. The contributions of the partners are shown in the table below. The figures in the table are gross of Government Grant income which for 2009/10 amounts to £38.940M.

	2006/7 £M	2009/10 £M
Brighton & Hove City Council	73.306	94.984
Community Health	6.859	7.422
Primary Care Trust	818	828
Total	80.983	103.234

This Pooled Budget excludes the following budgets which also support the work of the CYPT:

	2006/7 £M	2009/10 £M
Dedicated Schools Grant	108.502	129.202
Support Service Charges	7.426	6.836
Total	115.928	136.038

### CYPP Strategic Improvement Priorities:

The following table apportions CYPT budgets against the 4 priorities to show the resources available to support delivery of this plan.

Strategic Priority	Gross £	Grant Income £	Net
Strengthen safeguarding early intervention and prevention	33,250,120	-419,020	32,831,100 0
Reduce child poverty and health inequality	19,983,766	-8,159,876	11,823,890 0
Promote Health and well-being, inclusion and achievement	43,909,294	-27,523,802	16,385,492
Develop the CYPT partnership and drive integration and value for money	6,091,310	-2,837,100	3,254,210
<b>Total Pooled Budget</b>	<b>103,234,490</b>	<b>-38,939,798</b>	<b>64,294,692</b>

### Financial Planning:

During the life-time of this plan all public sector services will face a challenging financial environment. There is likely to be a difficult financial settlement for the years 2011/12 to 2013/14 due to the recession and this will have a significant impact on the local authority and on the local health economy. All parts of the CYPT Partnership are also likely to face continuing resource and financial pressures resulting from the significant increase in child protection activity following the Baby P. case and the subsequent shift in national policy, public perception and local practice.

In this context the City Council and NHS Brighton & Hove expect to face significant financial pressure during the lifetime of the plan. Such pressures make it imperative that we work effectively in partnership to ensure that the ambitions of the CYPP can be delivered in constrained financial circumstances.

## Performance Management:

### Leadership:

Our four Strategic Improvement Priorities require and reinforce the partnership's integrated approach to planning, commissioning and providing services. Effective delivery of the CYPP will require leadership at a senior level and, to achieve this, the Director of Children's Services will mandate each of the CYPT Assistant Directors to coordinate a multi-agency group to project plan and monitor progress on each of the priorities and initiatives.

**Strategic Priority 1:** Strengthen safeguarding and child protection, early intervention and prevention – Assistant Director – Integrated Area Working

**Strategic Priority 2:** Reduce child poverty and health inequality – Assistant Director – Learning, Schools and Skills

**Strategic Priority 3:** Promote health & well being, inclusion and achievement – Assistant Director – City-wide Services

**Strategic Priority 4:** Develop the CYPT partnership and drive integration and value for money – Assistant Director – Strategic Commissioning and Governance

## Performance Management:

In Section 1 we set out the priority indicators we will use to monitor the progress and impact of the CYPP. To do this we will employ the InterPlan data base and reporting system which the local authority uses to manage the Local Area Agreement.

InterPlan will enable us to collate and report on the following data in respect of the priority indicators:



ECM Outcome	Indicator Number	Indicator Name	Baseline Time Period	Baseline Value	Latest Time Period	Latest Actual Value	Target Time Period	Target figure
01) Be Healthy	NI 056	Obesity in primary school age children in Year 6 (%)	-	17.7% (07/08)	Academic Year (08/09) Provisional	16.4%	Academic Year (08/09)	16.10%
02) Stay Safe	NI 059	Percentage of initial assessments for children's social care carried out within 7 working days of referral (%)	Target-setting will be completed with reference to national comparator data released in September 2009.	TBC	TBC	TBC	TBC	TBC
02) Stay Safe	NI 065	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time (%)	Target-setting will be completed with reference to national comparator data released in September 2009.	TBC	TBC	TBC	TBC	TBC
02) Stay Safe	NI 070	Reduce emergency hospital admissions caused by unintentional and deliberate injuries to children and young people (Number)	TBC	TBC	TBC	TBC	TBC	TBC
02) Stay Safe	NI 069	Children who have experienced bullying (%)	Academic Year (06-07)	26.00%	Academic Year (08-09)	22%	Academic Year (09/10)	21%
03) Enjoy & Achieve	NI 075	Achievement of 5 or more A*- C grades at GCSE or equivalent including English and Maths (%)	Academic Year (07/08)	44.50	Academic Year (07/08)	44.50	Academic Year (09/10)	51.00

ECM Outcome	Indicator Number	Indicator Name	Baseline Time Period	Baseline Value	Latest Time Period	Latest Actual Value	Target Time Period	Target figure
03) Enjoy & Achieve	NI 092	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	Academic Year (07/08)	36.2%	Academic Year (08-09)	32.5%	Academic Year (08-09)	28.3%
03) Enjoy & Achieve	NI 079	Achievement of a Level 2 qualification by the age of 19 (%)	Academic Year (06-07)	69%	Academic Year (06-07)	69%	Academic Year (10/11)	82%
03) Enjoy & Achieve	NI 102b	Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 2 and 4 (%)	Academic Year (07/08)	Key stage 2 gap (23.60%) Key stage 4 gap (30.40%)	Academic Year (07/08)	Key stage 2 gap (23.60%) Key stage 4 gap (30.40%)	Academic Year (09/10)	Key stage 2 gap (22%) Key stage 4 gap (26%)
03) Enjoy & Achieve	NI 105	The Special Educational Needs (SEN)/non-SEN gap - achieving 5 A*- C GCSE including English and Maths (%)	Academic Year (07/08)	Key stage 2 gap (48.3%) Key stage 4 gap (46.7%)	Academic Year (07/08)	Key stage 2 gap (48.3%) Key stage 4 gap (46.7%)	Academic Year (09/10)	Key stage 2 gap (46%) Key stage 4 gap (43%)
04) Make a Positive Contribution	NI 043	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody (%)	Financial Year (06-07)	3%	Financial Year (08-09)	7.60%	Financial Year (09/10)	6%



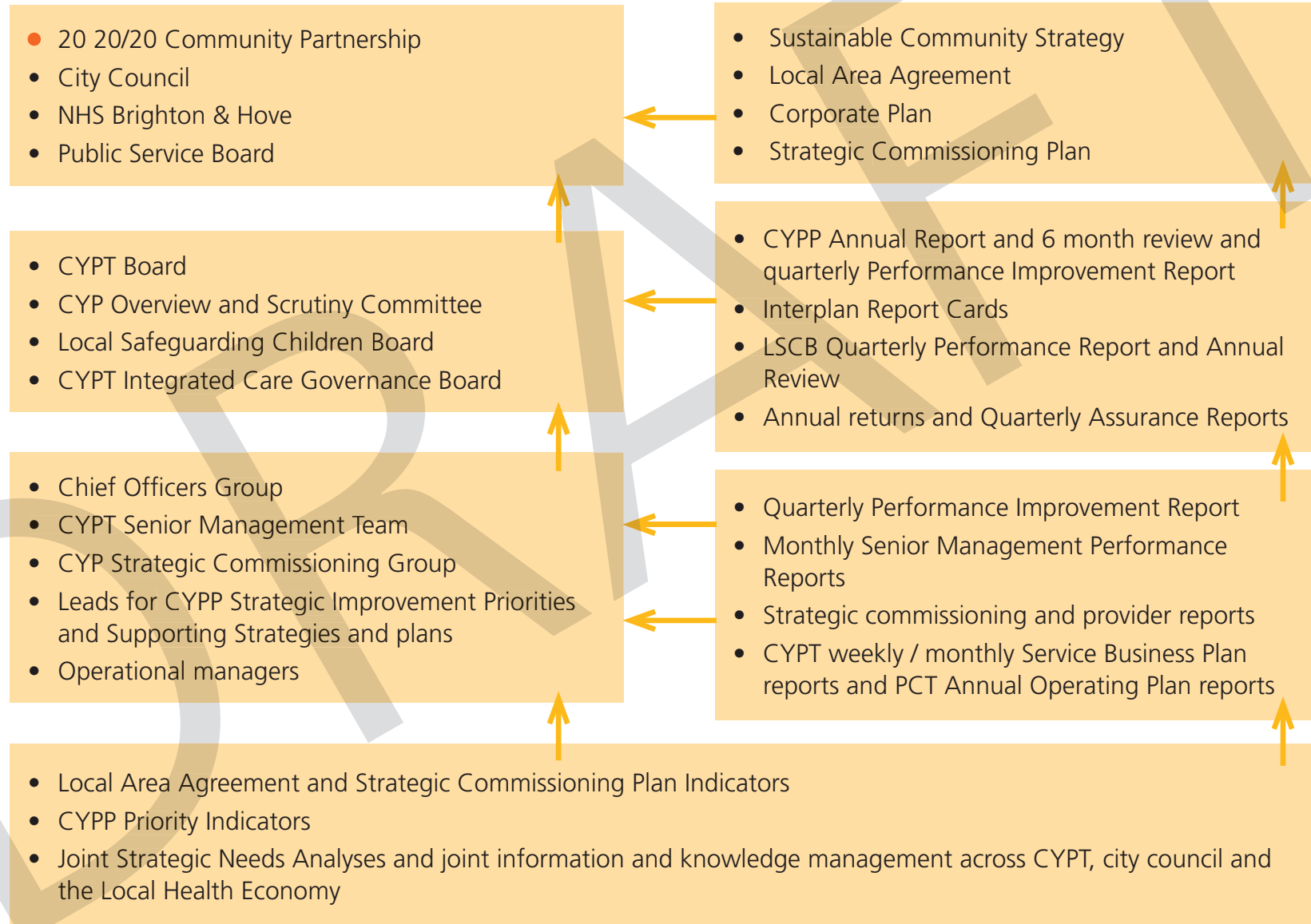
ECM Outcome	Indicator Number	Indicator Name	Baseline Time Period	Baseline Value	Latest Time Period	Latest Actual Value	Target Time Period	Target figure
04) Make a Positive Contribution	NI 110 (related)	Youth service contacts with 13-19 population	Financial Year (08/09)	11.93%	Financial Year (08/09)	11.93%	Financial Year (10/11)	25%
04) Make a Positive Contribution	NI 112	Under 18 conception rate (%)	Calendar Year (1998)	48.1 (0%)	Calendar Year (2007)	43.2 (-10.11%)	Calendar Year (2010)	26.4 (-45%)
04) Make a Positive Contribution	NI 115 (related)	Reduction of alcohol and drug use in year 10 young people	2007	52% (alcohol) 34% (drugs)	2007	52% (alcohol) 34% (drugs)	2010	48% (alcohol) 30% (drugs)
04) Make a Positive Contribution	NI 148	Care leavers in education employment or training (%)	2006/07	63%	2008/09	64.9%	2009/10	66%
05) Achieve Economic Well-Being	NI 116	Proportion of children in poverty	TBC	TBC	TBC	TBC	TBC	TBC
05) Achieve Economic Well-Being	NI 117	16 to 18 year olds who are not in education training or employment (NEET) (%)	Nov04/Dec04/Jan05 average	8.86%	Nov08/Dec08/Jan09 average	7.78%	Nov10/Dec10/Jan11 average	6.70%

### Performance reporting:

Section 1 described the interagency governance arrangements for the CYPT and Section 3 set out how this plan, and its under-pinning operational strategies and delivery plans connect to the city's wider planning framework. Those arrangements also determine how the CYPP priority indicators will be monitored so that the CYPT ensures collective accountability for the priorities and initiatives set out in this plan.

CYPP progress reports will be incorporated into the quarterly Performance Improvement Reports to the CYPT Board. Subject to legislative changes the partnership will also publish an Annual Report of the CYPP, and a 6 monthly review using the Report Card format in Appendix 1 to report on progress against the 5 Every Child Matters outcomes and the 4 strategic improvement priorities.

The following diagram shows the pattern and frequency of performance reporting to the CYPT's governance, commissioning and operational management structure:



## Appendix 1: Needs Analysis: How we got to the priorities

This section provides an overall summary of the information we used to identify our strategic priorities. The summary is in three parts, each of which is based on more detailed information which can be accessed using these links and further links in the text.

### What we know about the city:

Reducing Inequality Review<sup>1</sup>

Joint Strategic Needs Assessment -  
Children and Young People

Brighton & Hove Health Profile<sup>3</sup>

Compass<sup>4</sup>

Childcare Sufficiency Assessment 2008

### What our service users and stakeholders told us:

- Children and Young People: [www.bhyap.org.uk](http://www.bhyap.org.uk). TellUs 3; Safe at School Survey; Summary of CYPP consultation
- Parents: [www.bhparentsforum.org](http://www.bhparentsforum.org). Summary of CYPP consultation
- Community and Voluntary Sector: [www.cvsectorforum.org.uk](http://www.cvsectorforum.org.uk)
- Schools - Summary of CYPP consultation
- CYPT Staff - Summary of staff conferences

### CYPT Report Cards:

- See links in the text.

In Section 3 we set out how the children and young people's plan is aligned to and shaped by the city's other key strategic plans and priorities.

<sup>1</sup> [www.brighton-hove.gov.uk/index.cfm?request=c1186912](http://www.brighton-hove.gov.uk/index.cfm?request=c1186912)

<sup>2</sup> [www.brightonandhovepct.nhs.uk/about/commissioning/documents/JSNASummaryOct2008.pdf](http://www.brightonandhovepct.nhs.uk/about/commissioning/documents/JSNASummaryOct2008.pdf)

<sup>3</sup> [www.apho.org.uk/resource/view.aspx?QN=HP\\_RESULTS&GEOGRAPHY=ML](http://www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=ML)

<sup>4</sup> [www.amazebrighton.org.uk/editorial.asp?page\\_id=101](http://www.amazebrighton.org.uk/editorial.asp?page_id=101)

## What we know about the city

### Population

Brighton & Hove has an unusual population distribution. There are relatively large numbers of people aged 20 to 44, with relatively fewer children and older people. The Office of National Statistics (ONS) 2007 mid-year estimate put the population of Brighton & Hove at 253,500 residents of whom 53,700 were aged 0-19. Over the next ten years the population is predicted to increase to 264,600. The predicted greatest increase will be seen in the 45 to 54 year age group. The child population will continue to increase but the 15-19-year-old age group is projected to decrease over the next ten years. There will be increased pressure on school places, particularly in the primary phase where the number of places required will exceed 2,800 a year.

The ethnic composition of the city is changing. The biggest increases have been seen in Black ethnicities (from 0.8% of the population in 2001 to 1.5% in 2005), Asian (1.8% to 2.8%) and Chinese (0.5% to 0.9%). The Black and Minority Ethnic (BME) community is estimated to have increased in size by 35% between 2001 and 2004 compared to growth of 13% nationally. We know that 15% of the city's residents were born outside England, well above national and regional levels and that 20% of all births in 2005 were to mothers born outside the UK (JSNA, 2008). Annual school census data (2009) indicates that there are 1,916 pupils whose first language is known or believed to be other than English up from 1,786 in 2008, a rise of 7.3%.

### A highly skilled workforce putting pressure on low skilled groups

Brighton & Hove has a highly educated workforce. Recent estimates show that nearly two in five residents have degree-level qualifications, well above other small cities, and national and regional averages. High numbers of students (32,000) tend to stay all year round. Research has found that personal and customer service occupations have a high proportion of employees with degree-level qualifications, increasing the pressure on low skilled groups including many of our young people (RIR<sup>5</sup>, 2007). There are an estimated 590 (7.8%) of young people aged 16-18 who are currently not engaged in education, training or employment (NEET). The participation rate of 17-year-olds in education or training is 85%, higher than the national average (77%). However as economic conditions have worsened, we have seen the Jobseekers Allowance claimant count for 18-24-year-olds rise from 1,230 in July 2008 to 1,880 in July 2009, a rise of 52% showing the difficulties young people aged 18+ are facing.

### Disadvantage in parts of the city

The Reducing Inequalities Review (2007) found that the city contains some of the most significantly deprived areas in England, particularly in East Brighton, Queens Park and Moulsecoomb and Bevendean wards. The review also modelled deprivation down to smaller areas called output areas (approx 125 households) and illustrated pockets of deprivation in parts of Portslade and Preston Drove/ London Road.

In the 20% most deprived areas, 28% of the working age population claim out of work benefits compared to 15% for the city as a whole. Nearly one-quarter of the city's children (11,000) live in 'out of work' households and in Moulsecoomb, Bevendean, Coldean and Whitehawk the rate is much higher at 45%. Lone parent households account for nearly 70% of all out of work households in the city and 20% of lone parents live in the 10% most deprived areas.

Children with multiple issues are heavily concentrated in the most deprived areas – nearly one half of all children across the city experiencing *both* low income and Special Educational Needs live in the most deprived 20% of areas. The same is true of Bangladeshi and Black African populations, though not minority ethnic groups overall (RIR, 2007). The local disability charity, Amaze, reports that a quarter of the 1,500 disabled children on their Compass database live in East Brighton and Moulsecoomb and Bevendean wards. Similar patterns arise for children and young people with a child protection plan, 16-18-year-olds not engaged in education, employment or training and a range of other groups.

Our map shows Income Deprivation Affecting Children (2007)<sup>6</sup> from the 1% most deprived areas (dark red) through to the least deprived areas (dark green).

<sup>5</sup> Reducing Inequalities Review (2007) available at: [www.brighton-hove.gov.uk/downloads/bhcc/equalities/OCSI\\_ReducingInequalityReview\\_phase\\_1\\_full\\_report.pdf](http://www.brighton-hove.gov.uk/downloads/bhcc/equalities/OCSI_ReducingInequalityReview_phase_1_full_report.pdf)

<sup>6</sup> [www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/](http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/)

There is one lower super output area<sup>7</sup> (in North Whitehawk) in the 1% most deprived areas in England and a further three (one in Moulsecoomb and two in South Whitehawk) in the 3% most deprived areas in England.

Further analysis using the Income Deprivation Affecting Children Index reveals that the city has marked geographical variation in deprivation scores affecting children. When compared to national data, Brighton & Hove has a relatively low proportion of “least deprived” areas and a relatively high proportion of more deprived areas. 61 out of 164 lower super output areas in Brighton & Hove (37%) are in the 30% most deprived areas nationally.

Outcomes across a range of indicators are worse in the most deprived areas. For example, although city breastfeeding rates are the third highest in the country (at 67%), rates in Moulsecoomb, North Portslade and Hangleton are below 45%. Teenage conception rates are 50% higher in East Brighton ward than the city average. In 2008, the obesity rate in reception year was 8.3%, with higher rates in Hangleton (15.2%), and Whitehawk (12.5%). Year 6 obesity rates were also higher in deprived areas with 29% obesity in Whitehawk and 24% in Moulsecoomb, Bevendean & Coldean

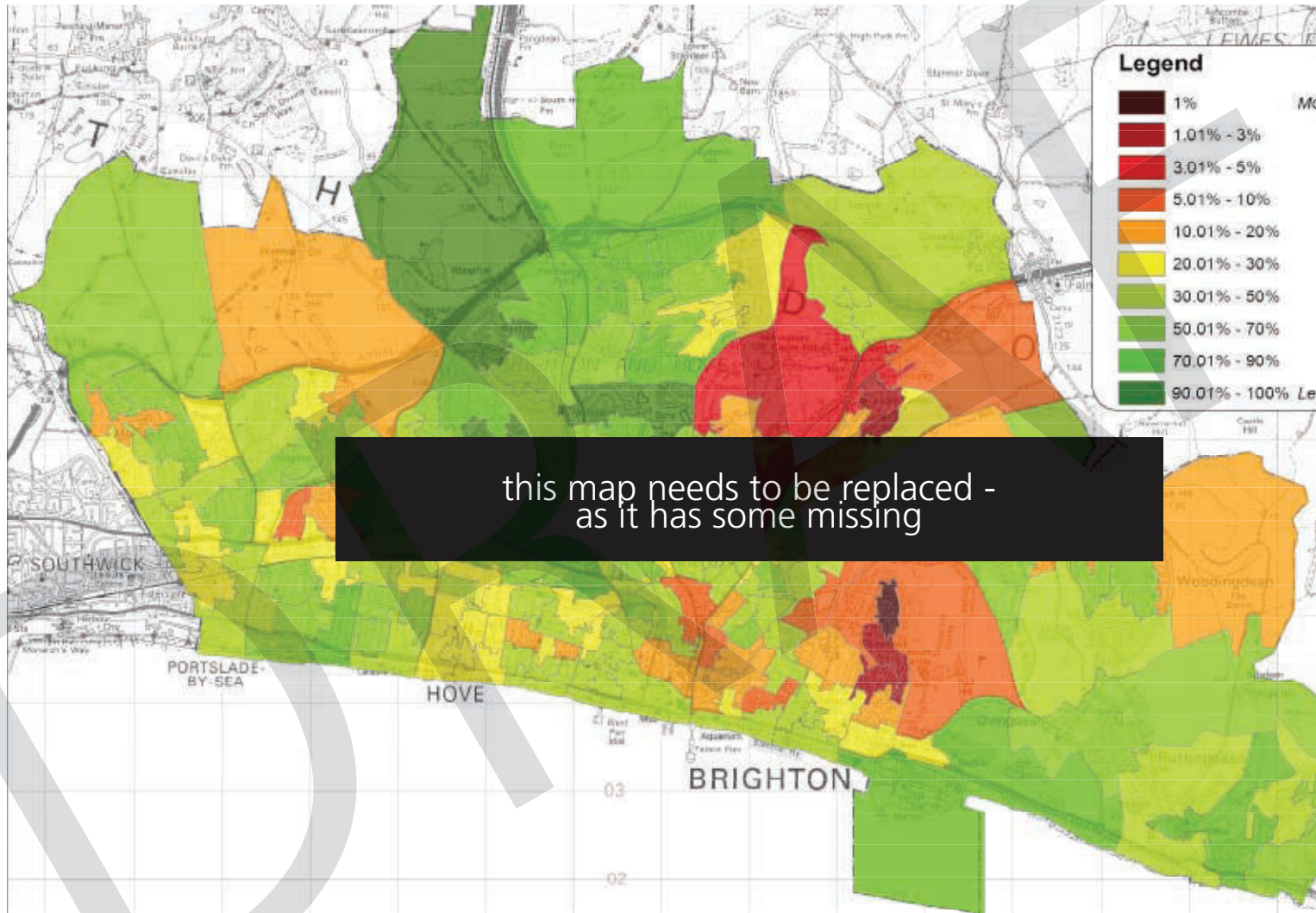
The gap in education outcomes is often marked. At the Foundation Stage, 55% of young children in the city achieved a good score<sup>8</sup> in 2009. In the 5% most deprived wards this was 34%. At Key Stage 2 in 2008, the percentage gap in level 4+ attainment between those eligible for free school meals (FSM) and the rest was 23.6%. At Key Stage 4 (5 A\*-C including English and Maths) the gap had widened to 30.4%. At Key Stage 4, both boys and girls eligible for FSM performed less well than their counterparts.

<sup>7</sup> Super Output Areas (SOAs) are a geography type used for collecting, aggregating and reporting statistics. Lower Level SOAs are made up from groups of Census Output Areas, have an average of 1,500 residents and nest within wards.

<sup>8</sup> A good score is defined as ‘Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy



# Income Deprivation Affecting Children in Brighton and Hove (2007)



## Issues across the city

### Income deprivation

Nearly one-quarter of the city's children live in 'out of work' households. 2,763 nursery and primary school pupils are eligible for free school meals (15.9%), compared to 10.1% in the south east and 16.0% in England. 1,866 secondary pupils are eligible for free school meals (15.3%), compared to 8.1% in the south east and 13.4% in England.

Very large numbers of people experiencing inequality do not live in the most deprived areas. 49,000 (19%) live in the most deprived 20% of areas, while 203,000 (81%) do not live in the most deprived 20% of areas<sup>9</sup>. Of the 25,000 people of working-age receiving Department for Work and Pensions (DWP) benefits across the city, 16,000 (64%) do not live in the most deprived 20% of areas. Of the more than 4,000 children living in low income or out-of-work families across the city, nearly 60% do not live in the most deprived 20% of areas.

### Households with multiple needs

Census data (2001) identifies nearly 1,500 households in the city experiencing multiple disadvantage, i.e. as having all of the following four characteristics:

- **Employment Inequality:** every member of the household aged 16-74 who is not a full-time student is either unemployed or permanently sick

- **Education inequality:** No member of the household aged 16 to pensionable age has at least 5 GCSEs (grade A-C) or equivalent, and no member of the household aged 16-18 is in full time education
- **Health and disability inequality:** Any member of the household has general health 'not good' in the year before Census, or has a limiting long term illness
- **Housing:** The household's accommodation is either overcrowded; or is in a shared dwelling; or does not have sole use of a bath/shower and toilet; or has no central heating

This group of 1,500 households represents 1.3% of all households in the city – more than double the proportion across the region (0.6%) but similar to levels in other small cities (1.2%) and England as a whole (1.1%). Unsurprisingly, these households are concentrated in the most deprived areas of the city – however, nearly 1,000 multiply disadvantaged households are located outside the 20% most deprived areas of the city.

### Housing issues

Since 1998 the city has seen property prices triple, with smaller properties traditionally associated with first time buyers seeing the greatest increases. One-bed flats now cost almost 6 times average income and 3-bed houses now cost 10 times average household incomes. There are 8,000 homes in the private sector considered 'unfit' and more than half of the council's stock of social housing does not meet the Decent Homes Standard (Housing Strategy Consultation Draft 2008-2013)<sup>10</sup>

<sup>9</sup> Population data from 2006 mid year estimates

<sup>10</sup> [www.brighton-hove.gov.uk/index.cfm?request=c1188834](http://www.brighton-hove.gov.uk/index.cfm?request=c1188834)



A local census taken in March 2008 revealed that there were eleven 16-17-years-olds in temporary accommodation and six in bed and breakfast accommodation (B&B). The Housing Options Team were in contact with 272 young people aged 16-17 years during 2007-2008 who had a housing need or were homeless. In 2005/6 there were 72 homeless young people and in 2008/9 the figure was down to 18 (DAAT<sup>11</sup>, 2009).

### **Vulnerable children and young people**

#### **Children who are vulnerable in the family setting**

There are 2,551 children 'in need' in the city and 290 who have a child protection plan. This number has risen dramatically, up from 136 in 2005. June 2009 data indicates that domestic abuse is the primary underlying cause for children entering child protection, accounting for 35% of cases. Other causes are neglect (22%), parental mental health problems (11%), parental alcohol misuse (6%), parental drug misuse (5%), adult convicted / cautioned / alleged of sexual abuse (6%) and adult convicted/cautioned/alleged of physical abuse (5%).

The city has a high level of domestic abuse: in 2006/07, 3,591 incidents and crimes of domestic abuse were recorded by the police, of which 1,472 were recorded as crimes. Domestic abuse impacts not just on direct victims, but can also have a long-term negative impact on families, children and young people. Around half of domestic abuse victims recorded in Brighton & Hove's supporting people framework were parents<sup>13</sup>. Exposure to violence in the home is also linked to juvenile crime and aggression<sup>14</sup>.

In May 2009 there were 418 looked after children - the city has a higher proportion of children in care than the national average (79 per 10,000 compared with 54 per 10,000 in England and 64 per 10,000 amongst benchmark authorities). Children in care do not achieve well at school. In 2008 just 7% achieved 5 A\*-C grades at GCSE compared to 57% in the general population. However, with the CYPT's support, two thirds of care leavers are in education, employment or training by age 19 and almost all have suitable accommodation. We know that looked after young people are four times more likely than those living in private households to smoke, drink and take drugs. Research shows that children who are in care are at increased risk of alcohol abuse due to having fewer protective factors that promote self-esteem. (DAAT<sup>15</sup>, 2009).

<sup>11</sup> Young People's Specialist Substance Misuse Treatment Needs Assessment (2009)

<sup>12</sup> Brighton and Hove Crime and Disorder Strategic Assessment 2007

<sup>13</sup> Brighton and Hove Community Safety Crime and Drugs Audit 2004

<sup>14</sup> Brighton and Hove Socio-Economic Baseline Report (2003) Poverty and Economic Activity (chapter nine), Brighton & Hove and Adur Area Investment Framework, p.33. Available at: [www.brighton-hove.gov.uk/downloads/bhcc/regeneration/Ch\\_9\\_Poverty\\_and\\_Economc\\_Inactivity.pdf](http://www.brighton-hove.gov.uk/downloads/bhcc/regeneration/Ch_9_Poverty_and_Economc_Inactivity.pdf)

<sup>15</sup> Young People's Specialist Substance Misuse Treatment Needs Assessment (2009)

### Disability and special needs

There is a higher proportion of children in the city receiving Disability Living Allowance (3.1% of 0-15-year-olds) than across the South East and England as a whole (both 2.4%). Amaze, a local disability charity, estimate that there are 3,400 disabled children or children with special needs in the city. Of the 1,500 disabled children registered with the charity, many have a variety of complex needs and may appear in more than one cohort on the compass database i.e. 51% have a moderate, severe or profound learning difficulty, 54% have moderate or severe challenging behaviour, 29% have moderate or severe mobility problems, 10% have a hearing problem and 10% have a visual problem. A high proportion of children on the Amaze Compass register have been bullied and analysis of the data shows a strong link between disability and school exclusion.

In January 2009, there were 7,665 pupils (25%) with special educational needs (SEN) compared to 5,827 (19.8%) in 2006. Pupils with SEN are less than one-quarter as likely to attain good GCSEs compared with those pupils without SEN. Almost half of 16-18 year olds who are not engaged in education, training or employment have a learning difficulty or disability.

### Black and ethnic minorities

Of the 26,130 pupils recorded in the 2009 school census, 6.3% were of mixed ethnicity, 2.7% Asian (largest group being Bangladeshi), 2.1% Black (mainly African) and 0.3% Chinese. There were 9 Irish Travellers and 5 Roma Gypsy pupils recorded. In 2008, 40 out of 80 (50%) Black pupils achieved level 4+ at key stage 2 compared to 72% in the general population. Performance in other BME groups was good. GCSE results for BME pupils were generally good in 2008, although only 6 out of 12 Chinese pupils achieved 5 A\*-C including English and Maths. 60% of pupils with English as their second language, supported by the Ethnic Minority Achievement Support (EMAS) Service, achieved level 4 English at Key Stage 2. 12 out of 33 pupils with English as their second language (36%) achieved 5 A\*-C grades and all pupils got at least one GCSE A\*-C, an increase on the previous year.

### Lesbian, gay, bisexual and transgendered young people (LGBT)

The Reducing Inequalities Review (RIR, 2007) reports a growing Lesbian, Gay, Bisexual and Transgender (LGBT) population (latest estimate: 35,000). Nationally it is estimated that 10% of the adult population are from LGBT groups. If that is applied to the 2006 mid-year estimate of young people in the city it suggests just under 3,200 16-24-year-olds are from LGBT groups.

### Young Carers

The city's Carers Strategy defines young as children and young people aged 8-17 years who provide, or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. This definition does not include under 8s because they are considered to be children in need and the Strategy does not recommend that they should be recognised or worked with as young carers as this would be condoning their caring role.

The PCT Joint Strategic Needs Assessment 2008 noted that it is difficult to estimate levels or make comparisons because estimates are based on national statistics or local service activity data which does not represent the total need – with many young carers hidden from services, especially those caring for someone with mental health or substance misuse issues

The 2001 census suggests there are almost 500 young carers aged 8-17 years in the city, with 13% providing care for more than 20 hours per week and 5% for more than 50 hours. In 2008/09 the Young Carers Project at the Carers Centre worked with a total of 134 young carers and during the first six months of 2009/10 has received a total of 52 new referrals.

Research shows that for 27% of young carers their education is affected due to caring role and that with targeted intervention this can be reduced by 11%.

### Substance misuse issues

Brighton & Hove has the highest rate of problem drug users (opiates and/or crack cocaine) in the South East<sup>16</sup> Of particular concern is the high number of heroin users in the city. Prevalence of substance misuse among young people is difficult to estimate. The TellUs survey of school children in 2008 found the percentage of young people reporting either frequent misuse of drugs/ volatile substances or alcohol was 13.7%, significantly higher than regional and national figures (10.1% and 10.9% respectively). A methodology<sup>17</sup> for estimating drug use among vulnerable young people has been employed which suggests that 16% of vulnerable young people aged 10-16 years and 30% aged 17-19 years will present with a substance misuse problem. These groups of young people include: excluded and truanting (persistently absent from school), those arrested by the police, young offenders, the homeless, looked after young people / children in care, those whose family members misuse substances, those with mental health issues, behavioural or social problems and those involved in commercial sex work. (DAAT<sup>18</sup>, 2009).

<sup>16</sup> Public Health Annual Report (2007)

<sup>17</sup> Offending and Criminal Justice Survey (OCJS): Home Office

<sup>18</sup> Young People's Specialist Substance Misuse Treatment Needs Assessment (2009)

Hospital admission data suggests that on average 5 children from Brighton & Hove are admitted each week into hospital with alcohol or alcohol related problems. Accident & Emergency attendance data suggests that between 17 and 41 people attend weekly with alcohol or alcohol related issues. On average, this represents 30 children and young people per month aged between 13 and 18 years of age. Analysis reveals a correlation between attendances and deprived parts of the city, although findings are not consistent, illustrating that the causes of substance misuse are complex.

#### Mental health issues:

National research has found that one in ten children and young people have a mental health problem. They are at greater risk if they live in poverty, have a history of abuse or adverse experience (BMA, 2006). The following national findings indicate the probable issues facing some children and young people in the city (Mental Health and Well-being in the South East 2006).

Conduct Disorders: 6% of 5–16 year olds have a conduct disorder, they are more common in boys and includes challenging behaviour for more than 6 months or challenging behaviour that is extreme or at an inappropriate age.

Emotional Disorders: 4% of 5–16 year olds have an emotional disorder. They are more common in girls and include anxieties, depression and phobias.

Hyperkinetic Disorders: 2% of 5–16 year olds have a hyperkinetic disorder. They are more common in boys, and include Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD).

Less Common Disorders: 1% of 5–16 year olds have a less common disorder, including:

- autistic spectrum disorders, which are more common in boys, and
- eating disorders, which are more common in young women

An Office of National Statistics (ONS) survey of the mental health of 5 to 17-year-olds in 2001 found very high levels of mental health need faced by children and adolescents in the care system. Using national research we estimate between 120-136 children or young people need targeted or specialist support.

#### Teenage pregnancy:

National research finds that the majority of teenage conceptions are unplanned and about half lead to abortion. The link to deprivation is strong with half of all under-18 conceptions occurring in the 20% most deprived wards. National data suggests 20% of teenage births to under-18s are second pregnancies and over a third of teenage mothers have no qualifications. Babies of teenage mothers have a 60% higher risk of dying in the first year of life and have an increased risk of living in poverty and achieving less at school (DfES, 2006)<sup>19</sup>. Those most at risk of becoming a teenage parent are young people in or

leaving care, daughters of teenage mothers, young people excluded or truanting from school, young people involved in crime and members of some ethnic minority groups.

In Brighton & Hove the conception rate has fallen by 10.1% since 1998 compared to 13.3% nationally and 10.7% in the South East. The latest official data shows that there were 180 conceptions in the city in 2007 (43.2 per 1,000), leading to 113 terminations and 67 births. In 2005 there were 194 conceptions (45.7 per 1,000), leading to 109 terminations and 85 births. Over the period 1998 to 2007, birth rates have reduced by 29.2% whilst termination rates have increased by 6.7%.

Trends in repeat terminations in the under 19s show that rates in Brighton & Hove are higher than the national average but do not show a clear pattern: in 2006, 2007 and 2008 repeat termination rates were 19.1%, 13.7% and 15.2% respectively compared to rates of 10.7%, 10.4% and 11.0% for the whole of England. Local data shows that just 25% (35 out of 135) of teenage mothers were in education, training or employment at the end of 2008.

Our local analysis shows that teenage conception rates are 50% higher in East Brighton ward than the city average. Findings from the Drugs, Alcohol and Sexual Health (DASH) survey completed in 2007 indicated that of the 270 respondents who reported, nearly half (47%) had drunk alcohol and nearly a fifth (19%) had taken drugs when they first had sex.

### Young people who offend

National research suggests rates of youth offending are likely to be higher among populations of children in need, and for those from families where the parents are very young or where the family is very large, where there is curtailment of education, high rates of poverty, dependency on social security, lack of social support, repeated separation or high levels of family discord.<sup>20</sup>

Estimates using the Offending and Criminal Justice Survey (OCJS) methodology indicate that 5% of 10 -16 year olds and 17% of 17-18 year olds are arrested at some stage (DAAT<sup>21</sup>, 2009). In 2008/9 543 young people were convicted of an offence in Brighton & Hove, 305 of whom went to court and 25 received custodial sentences. Only 51% of young offenders had secured suitable education, training or employment at the end of their order in 2008/9 but 94% were in suitable accommodation. 27% of young offenders re-offended within 12 months in 2008, a decrease from 2005 when the rate was 38%. The police initiative, Operation Park showed that between August and December 2008, 156 young people were stopped for anti-social behaviour and 140 of these had alcohol seized or were under the influence of alcohol (DAAT, 2009).

<sup>19</sup> Teenage Pregnancy: Accelerating the Strategy to 2010, DfES, 2006

<sup>20</sup> Understanding and Challenging Practice (2003) at rip.org.uk

<sup>21</sup> Young People's Specialist Substance Misuse Treatment Needs Assessment (2009)

## Developing the Plan – views of stakeholders and partners:

The views of service users, stakeholders and partners are fundamental to this document. By the end of 2008 the CYPT had held a series of participative events to look at what had been achieved through the first CYPP and to identify the challenges and priorities for the next three years. In this section we summarise the feedback from those events.

### Children and Young People:

Following our commitment in the CYPP 2006 to increase opportunities for children and young people to develop positive relationships, play an active part in decisions that affect their lives and participate in their communities, we have supported young people to play an active role in reviewing services, developing pledges and identifying the issues that are important to them. There are four key groups that provide a route for young people to engage with the CYPT.

The Brighton & Hove Youth Council – a broadly based group of young people, representing schools, including special schools and community groups, including those representing minority interests. Over 6000 young people

across all schools in the city are involved in nominating representatives to the Youth Council. Young people from vulnerable groups have special nomination rights and the Council has become increasingly active in highlighting issues important to young people.

**Listen Up Care Council Steering Group** consisting of young people in care (mainly under the age of 16)

**The 16+ Advisory Board** – a Group of young people who have left care, or who are soon to leave care (aged 16-21)

**The Aiming High Advisory Group** – a recently formed group of young people with disabilities who will be advising the Children's Disability Partnership Board.

Although the Youth Council was in the middle of its own elections at the time, views were collected at a Hear by Rights Day, a Question Time event with local politicians and civic leaders, and an event when young people in care met the Director of Children's Services. Children under the age of 13 were also given the opportunity to express their views as part of the Parent's Forum FunPlex Day.

### What Young People liked:

- Leisure facilities
- Sexual health clinics
- Travel links
- Parents
- The Youth Offending Team
- Graffiti Arts Activities and Festivals
- School Councils and Youth Service
- City's shopping and nightlife
- Jubilee Library
- Colleges
- Arts and culture – museum and art galleries

### What young people want to see change over the next three years

We want:

- To live in safer places and want better housing for young people especially those looked after
- Services to listen to us more and to respond when we make suggestions or raise concerns
- Better support when we have mental health issues and access to services that are focused on young people.
- More work done around homophobic bullying in schools and in communities.
- Schools to provide spaces for us to have honest conversations about relationships and sexual health.
- More activities in schools, a wider range that are open to all young people not just the 'smart' ones.
- To be able to do more vocational jobs and have access to work placements and opportunities to learn about the world of work during the summer.
- The CYPT to work with young people to promote more positive images of young people.
- More information and publicity about services and events
- More work to divert young people from crime.

In addition to the consultation events this plan has also been shaped by the views of children and young people collected through the national Tellus 3 Survey and the CYPT's local Safe at School Survey:

Following on from consultation on the CYPP the newly elected Youth Council, as part of the broader UK Youth Parliament campaign, identified their local campaign issues for the next two years:

- To lobby for a 3-in-1 discount card for local shops, leisure/entertainment and to use on public transport and in public libraries
- To hold a careers information fair for young people to meet local employers and training specialists
- To provide safer and cleaner public spaces or areas that young people use
- To create more places for young people to go
- To raise awareness on homelessness or housing services
- To spread awareness of different disabilities and illnesses
- To raise awareness of issues facing young carers
- To highlight diversity among young people especially in the area of culture and religion

For more information on the Youth Council campaign please visit [www.bhyap.org.uk](http://www.bhyap.org.uk).

### Parents and Carers:

The Brighton & Hove Parents Forum was set up in 2005 and describes itself as a pro-active, independent body that is recognised and valued by the parents in the city for representing their views, at the highest level, and ensuring that they receive support in their role as parents.

The Forum organised a free family fun day during the 2008 autumn half term at a popular local indoor playground, the Funplex in Bevendean, to enable parents and carers, and younger children, to express their views and opinions as part of developing this plan.

355 parents and 658 children attended the event. Over 58 parents took part in the consultation on the day (nearly 20% of entrants). The majority of parents in the consultation were mothers, although about 10% were fathers. Nearly half of the parents that took part were single parents and over 10% of the parents came from ethnic backgrounds that were not white/British.

The top five issues identified by parents were:

- Childcare - parents found information on where to find care for their children "good overall". Some parents were concerned that there were not enough affordable, flexible childcare options in the city and that the price was often too high (This should be compared to the Childcare Sufficiency Assessment which included a questionnaire, returned by 1154 parents about childcare in the city. 75% of parents using childcare stated it was either very or fairly easy to find but childcare for



children under 5 is expensive compared to regional and national average figures).

- Activities for children - parents welcomed the range of activities available in the city but raised concerns about the absence of affordable activities in some local areas. Bus fares were considered too expensive for some families and this limited the access poorer families had to the range of activities on offer. There was a call for a wider range of sports and hobbies to be made available for children and young people across the city.
- The parks, seafront and various open spaces in the city - most people consider themselves lucky to be in Brighton & Hove because of the number of parks, the seafront and the countryside practically right outside their front doors. Some parents raised issues about the state of some of the parks and concerns about safety.
- Front line help and advice (for example health visitors, midwives and school nurses) - some areas were considered to have better provision than others and a lack of consistency was mentioned. Some parents still felt information about activities and health advice could be improved.
- People and diversity - parents viewed Brighton & Hove as a tolerant and friendly place to raise their families.

For more information on how parents are engaging with the CYPT please see [www.bhparentsforum.org](http://www.bhparentsforum.org).

### Schools:

Brighton & Hove's schools are at the heart of the CYPT Partnership. Our schools are central to the delivery of the Every Child Matters agenda. Head teachers and senior leaders from our schools work in partnership with a range of multi-agency staff from the partnership to deliver children's services in school, beyond the school day and across the community. Schools work successfully in cluster partnerships providing support for children and families using delegated resources based on need. There are well established arrangements in place to ensure effective communication and joint planning with individual and groups of schools and between schools and the CYPT including:

- Schools Forum
- Extended Schools Partnership
- Head Teachers phase groups
- Head Teachers steering group
- Cluster steering groups
- Regular Head Teachers business meetings and conferences

During the Autumn Term 2008 one of the regular Head Teachers' Conferences focused on the CYPP and identified the contribution schools can make:

- promoting healthy life-styles – diet, exercise and support to families (especially where child poverty is an issue)

- improving the integrated support that vulnerable children receive so that they can remain in mainstream education for as long as possible including young people who are vulnerable or at risk of marginalization
- supporting the development of safer communities, including anti-bullying initiatives, safeguarding children and protecting those at risk of harm so that the right balance is achieved between keeping children and young people safe and allowing them the freedom they need
- to be at the heart of a child-care system that responds early to a child or young person's additional needs, where necessary working with parents to complete a common assessment by acting as the lead professional
- working with other professionals in the CYPT so that pupils and families can access enhanced or specialist services in a timely way and supporting extended families caring for children who are unable to live with their birth families
- provide strong leadership for education at the centre of the CYPT's governance arrangements – ensuring the right balance between achievement and enjoyment and demonstrating success with the right balance of quantitative and qualitative data
- improve outcomes, tackling under achievement and 'narrowing the gap', by strengthening successful partnerships between schools and the joint working between education, health and social care professionals

- promote inclusion by leading the CYPT's behaviour and attendance strategies and through mainstream provision for pupils with additional needs
- amplify the student/pupil voice – involving everyone from KSI onwards in their school and in the decisions that affect their lives
- listen to, and advocate on the behalf of parents and carers
- promote equalities and challenge expectations of pupils, parents and staff
- develop awareness of citizenship and employment throughout all schools
- promote Young Enterprise Schemes and improve links to local businesses

Overall Head Teachers were keen to see schools play a full role in the CYPT partnership including:

- meaningful participation in the governance of the CYPT
- establishing a joined up approach to commissioning – so that schools, like the CYPT, successfully manage a dual provider and commissioner role
- consolidating pathways from universal services via the Common Assessment Framework (CAF) to (and from) targeted and specialist services
- streamlining the complex network of meetings and communication systems across the CYPT, the council and local health economy



### The Community and Voluntary Sector:

Local, regional and national third sector organisations play a key part in the development and delivery of services to children, young people and their families in Brighton & Hove. The Brighton & Hove Community and Voluntary Sector Forum hosts the Children and Young People's Network which gives member organisations an opportunity to share information and good practice. The network is also a key point of contact for partnership working with the CYPT including regular meetings with the Director of Children's Services and other senior managers.

In November 2008 the Forum was commissioned by the CYPT to provide an independent report highlighting the sector's priorities for the CYPP. The report reflects the collective viewpoint of over 30 staff/volunteers from 5 organisations/projects. Information was drawn from completed questionnaires, telephone interviews and 2 network meetings held in September and November 2008. The full position statement is available at [www.cvsectorforum.org.uk](http://www.cvsectorforum.org.uk).

## Key messages include

**Services for children, young people and families.**

Prevention and early intervention

Parent/carer and family support

Preventative youth work for more marginalized and vulnerable young people

Intensive and specialist support for disabled children and young people and therapeutic services for children and young people with mental health issues

The Compass database

More play provision in disadvantaged areas of the city ensuring access for disabled children and young people.

**Engagement and Communication**

More clarity around the role of the CYPT and the partnership and the place of the Voluntary and Community Sector in relation to it.

Establish an agreed framework for communication, consultation and engagement with the Voluntary and Community Sector to eliminate poor consultation and minimise disengagement.

Develop existing good practice in strengthening relationships between schools and Voluntary and Community Sector projects, particularly in identifying and supporting vulnerable children and young people.

Improve Voluntary and Community Sector access to CYPT information and communication.

<b>Partnership Working</b>	The CYPT to facilitate more effective joined up working and a proactive approach to building CYPT and understanding between the statutory and third sector.
	The CYPT to work with the voluntary sector to develop clear systems and protocols and processes to facilitate joint working and robust involvement.
<b>Commissioning</b>	The CYPT to develop a sustainable commissioning framework, defining the sector's role in service design and delivery.
	THE CYPT to support the council's discretionary grants and the small grants programs to smaller community-based organisations .
	The CYPT to introduce 3 year Service Level Agreements with full cost recovery
<b>Monitoring and Evaluation</b>	The CYPT to develop a monitoring and evaluation system which acknowledges 'soft outcomes' to evaluate preventative work.
	The CYPT to develop integrated monitoring and evaluation systems which incorporate multiple impacts and move away from a "tick box" approach with a focus on short-term targets.

### CYPT Staff

In November 2008 the Director of Children's Services initiated what will become an annual conference for staff employed in children's services. Four half-day workshops gave all staff employed by the CYPT an opportunity to hear the Director describe her vision for the future and to participate directly in evaluating progress since November 2006 and identifying key priorities for this CYPP. A full report is available. In summary the messages were:

<b>Being Healthy</b>	Schools seen as critical to healthy lifestyles, combating obesity and improving the choices young people were making about sexual health, drugs and alcohol
	Teenage pregnancy seen as a real issue for all. Major emphasis on the need to take a holistic view in tackling issues leading to early pregnancy including family, community, culture; advice on sex/ relationships/contraception; alongside work on aspiration and self-esteem. Our approach must link to community issues, building social capital and addressing cultural issues such as inter-generational cycles of low aspiration.
<b>Be Safe</b>	Safeguarding and child protection recognised as everybody's business including the community. Important that everyone is also engaged in early intervention/prevention, targeted support
	Importance of increased focus on families facing deprivation, poverty, depression and isolation
	Triple P parenting programmes seen as a real tool for supporting parents
	Importance of supervision and support, especially for those taking the role of lead professional
<b>Enjoy and Achieve</b>	Schools are at the heart of CYPT and community engagement;

In addition the Children and Young People's Overview and Scrutiny Committee formed a sub group to discuss an early draft of the CYPP and their feedback helped to shape the final plan.

## Report Cards: Making Brighton & Hove the best place for children to grow up – How are we doing so far?

In this section we adapted the outcomes based accountability methodology, which the CYPT has been using successfully for the past two years to review and improve services, to create a series of separate 'report cards' for each of the 5 Every Child Matters Outcomes:

### Be Healthy

#### In April 2006 we said we would

- Improve the physical health and mental health and emotional well-being of children and young people
- Promote healthy lifestyles, providing information and support about sexual health and alcohol and substance misuse

#### What did we do?

We created a network of children's centres<sup>22</sup> for under 5s and their families, including purpose built centres, services through GPs and community halls and outreach to the home. All under 5s in the city received their developmental assessments at the recommended key milestones. Our health-led integrated model involving health visitors and midwives at children's centres was recently rated outstanding

We provided targeted support to around 3,750 under 5s per year through our Child Health Promotion Programme<sup>23</sup>, including speech and language therapy, breastfeeding support, advice on immunisation, diet and exercise, smoking cessation and health and safety

All of our maintained schools achieved Healthy Schools<sup>24</sup> status by 2008, ensuring that all our schools are successfully promoting the link between good health, behaviour and achievement

<sup>22</sup> [www.brighton-hove.gov.uk/index.cfm?request=c1138503](http://www.brighton-hove.gov.uk/index.cfm?request=c1138503)

<sup>23</sup> [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_083538.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_083538.pdf)

<sup>24</sup> [www.healthyschools.gov.uk](http://www.healthyschools.gov.uk)

The delivery of the National Child Measurement Programme<sup>25</sup> (to track obesity rates in children at ages 4-5 and 10-11) Validated figures for the National Child Measurement Programme (NCMP) for 2008/09 academic year will be published in December 2009, however provisional local figures show that 89.5% of year 6 pupils were measured as part of the programme with 16.4% (95% confidence interval 14.8%-18.0%) of year 6 pupils at risk of obesity. The figure is lower than in the 2007/08 academic year (17.7%), but there is has been no significant change in prevalence because of the wide confidence intervals.

Through the implementation of the Healthy Weight Action Plan for children and young people we are delivering a combination of diet, nutrition and physical activity initiatives in a range of settings. These include community dieticians delivering food growing, cooking, dietary advice, play and physical activity opportunities for children aged 2-11 in areas of health inequalities, free swimming for under 16s, 20 food outlets including nurseries and schools' breakfast clubs gaining the Healthy Choice Award.

Services for children with disabilities are now delivered jointly through the new integrated children's disability service located at Seaside View<sup>26</sup>, again considered a major strength in a recent assessment by Ofsted inspectors.

During 2009 in particular there has been increased attention on services for children and young people with disabilities and complex health needs both nationally and locally. Both the city council and NHS Brighton and Hove have shown their commitment and support for disabled children and their families by signing up to the Every Disabled Child Matters Charter.

In 2007/08 the National Chlamydia Screening Programme<sup>27</sup> introduced a target of 15% of 15 - 24 year olds to accept screening for Chlamydia infection. In Brighton & Hove 10% of these young people were screened, 7% of whom tested positive. In 2008/09 the target increased to 17%. Brighton & Hove exceeded the target with 19% of young people accepting screening, although the positivity rate decreased slightly to 5%, suggesting that our targeting of those most at risk needs to be improved. Brighton & Hove ranked 37th nationally in terms of percentage of 15 - 24 year olds screened and was the only PCT in the South East Coast Strategic Health Authority Area (NHS South East Coast) to achieve the screening target



Our comprehensive Child and Adolescent Mental Health Service<sup>28</sup> was recently assessed as a major strength, ensuring prompt response times, targeted support in schools, and support for looked after children and children with learning difficulties or disabilities.

We have produce a Joint Public Health and CYPT Action Plan to address recommendations in the Joint Strategic Needs Analysis of children's health set out in the Annual Report of the Director of Public Health 'Brighten Up: Growing Up in Brighton and Hove'. The plan is one of several initiatives demonstrating our commitment to providing High Quality Care for All<sup>29</sup>.

In September 2008, also in response to the Annual Report of the Director of Public Health the Children and Young People's Overview and Scrutiny Committee (CYPOSC) established an ad-hoc panel to determine what steps the council could take to reduce levels of alcohol-related harm to children in the city. The Committee's report, Reducing Alcohol Related Harm to Children and Young People was presented to the CYPT Board and to the Brighton and Hove Alcohol Strategy Group led by NHS Brighton and Hove.

<sup>25</sup> [www.dh.gov.uk/en/Publichealth/Healthimprovement/Healthyliving/DH\\_100123](http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Healthyliving/DH_100123)

<sup>26</sup> [www.brighton-hove.gov.uk/index.cfm?request=c1164450](http://www.brighton-hove.gov.uk/index.cfm?request=c1164450)

<sup>27</sup> [www.chlamydia-screening.nhs.uk/ps/index.html](http://www.chlamydia-screening.nhs.uk/ps/index.html)

<sup>28</sup> [www.sussexpartnership.nhs.uk/services-and-information/our-services/east-sussex/child--adolescent-mental-health/east-sussex-camhs/](http://www.sussexpartnership.nhs.uk/services-and-information/our-services/east-sussex/child--adolescent-mental-health/east-sussex-camhs/)

<sup>29</sup> [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085825](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825)

## What about the outcomes?

### Outcomes that have improved

In 2008/09 the city's data coverage for breastfeeding at 6-8 weeks was 96.1% exceeding the national target of 85%. And breastfeeding prevalence at 6-8 weeks, although not an indicator for performance in 08/09, was 66.9% making Brighton and Hove's breastfeeding rates in the top ten percent of those PCTs who achieved the coverage target (8th out of 95).

In our Health Related Behaviour Survey (2007) school pupils reported eating a much healthier diet than they had in 2004

The percentage of 5-16 year olds who spent at least 2 hours per week on high quality PE and school sport increased from 52% in 2005/6 to 74% in 2008/9

A nationally organised survey of 300 parents of disabled children in Brighton & Hove found a satisfaction rating of 60 out of 100 compared to an average of 59 across the 30 authorities surveyed. The full report is available here<sup>30</sup>

The effectiveness of our child and adolescent mental health (CAMHS) services has been self-assessed at the highest rating, and this is supported by Ofsted findings. This includes comprehensive services to children with learning disabilities, 16 and 17 year olds, 24 hour cover for urgent needs and a full range of early intervention services, delivered in both universal settings and through targeted services

<sup>30</sup> [www.dcsf.gov.uk/everychildmatters/\\_download/?id=6451](http://www.dcsf.gov.uk/everychildmatters/_download/?id=6451)

### Outcomes that remain a challenge

This rate is also below the national average, which is 18.3% (2008 data). The provisional local figures show that 89.5% of year 6 pupils were measured as part of the programme with 16.4% (95% confidence interval 14.8%-18.0%) of year 6 pupils at risk of obesity. The figure is lower than in the 2007/08 academic year (17.7%), but there is has been no significant change in prevalence because of the wide confidence intervals.

Uptake of school lunches in primary schools is in line with benchmark authorities at 34% but below the national average of 43%. At secondary school we are doing less well, with 20% take up compared to 28% amongst benchmark authorities and 36% nationally

In a recent pupil survey, 61% reported having good relationships and said they were able to talk to their friends, parents or other adults about their worries. This was slightly lower than regional and national results

The same survey found the percentage of young people reporting either frequent misuse of drugs/ volatile substances or alcohol was 13.7%, significantly higher than regional and national figures (10.1% and 10.9% respectively)

The rate of 15-24 year olds testing positive for Chlamydia fell from 7% in 2007/8 to 5% in 2008/9. Expected rates are 9-10% and our results indicate that better targeting of those most at risk is needed

## Stay Safe

### In April 2006 we said we would

- Provide an effective child protection service and improve safety in the home and the wider community
- Protect children and young people from bullying, harassment and anti-social behaviour
- Support parents to look after their children, especially the most vulnerable children and families

### What did we do?

We have continued to ensure that 100% of child protection cases were reviewed on time in 2008/9. 92% of looked after children reviews were completed on time against a benchmark of 84% in similar authorities and all of our looked after children adopted during 2008/9 were placed for adoption within 12 months of the agency decision. However we have seen other indicators deteriorating, such as the percentage of initial assessments and the percentage of core assessments completed on time.

We have put in place policies and procedures, and a multi-agency training programme to introduce the Common Assessment Framework<sup>31</sup>, which aims to identify, at the earliest opportunity, a child or young person's additional needs which are not being met by the universal services they are receiving. We have implemented new performance management arrangements to assist with tracking implementation across our services.

The CYPT launched a major new Parenting Support Strategy<sup>32</sup> in 2008 and more than 200 people, including 35 parents, attended training courses to deliver Triple P, a system to help parents solve current parenting problems and prevent future ones. A total of 544 parents received a Triple P parenting intervention in 2008-9, double the number targeted

The domestic abuse Strategy 2008-11<sup>32</sup> (available on this web page<sup>33</sup>) identifies a series of outcomes which continue to be developed. With increased funding from the City Council, Rise (formerly Women's Refuge Project) has extended their preventative work to children's centres, primary and secondary schools and are piloting work with youth centres. The ground breaking Break4Change programme for young people who are being abusive or violent to their parents or family in initial evaluation shows significant changes in young people's behaviour and improved outcomes for parents and carers. The Multi-Agency Risk Assessment Conference (MARAC) has also contributed to reduce the risk of serious harm or homicide for victims of domestic abuse and has enabled a more co-ordinated response across all agencies to increase the safety, health and well-being of all victims – adults and children.

Our Safe at School Survey of around 10,000 pupils in the city shows that schools are helping children stay safe with two thirds of secondary pupils agreeing that “my school is good at dealing with bullying” in 2008 compared to 55% in 2006 and 86% of primary pupils in 2008 saying the same. Our Healthy Schools Team have worked effectively with schools to address bullying which has improved.

The Child Pedestrian Training Scheme<sup>35</sup> from the Road Safety Team at the city council has been hugely popular with schools, improving children’s observation and awareness skills and providing them with road safety skills in preparation for independent travel. Child pedestrian casualties are the most significant cause of death and injury on the roads according to national research.

### What about the outcomes?

#### Outcomes that have improved

Long term stability of placements for looked after children have improved. 65% of those who have been looked after for 2 ½ years or more have lived in the same placement for at least two years or have been adopted

88% of our looked after children were in foster placements or placed for adoption in 2007/8, an improvement from 80% in 2004/5 and higher than benchmark authorities (84%) and the England average (82%)

452 parents (83%) made improvements as a result of completing a Triple P parenting intervention, meeting the challenging target of 82% for the year. Parental satisfaction with the service is high

Rates of bullying have decreased in schools with 22% of primary pupils reporting they were bullied in 2008 compared to 33% in 2005 and 22% of secondary pupils reporting they were bullied in 2008 compared to 26% in 2005

There has been a steady decline in the number of crimes against under-18s since 2005/06. This decrease has largely been seen in violence against the person offences. There has been a larger decline in crimes committed against males aged 10-13, than in those males aged 14+

The number of children killed or seriously injured in road traffic accidents reduced from 22 in 1998 to 12 in 2007

<sup>32</sup> [www.brighton-hove.gov.uk/index.cfm?request=c1197274](http://www.brighton-hove.gov.uk/index.cfm?request=c1197274)

<sup>33</sup> Within the Community Safety, Crime Reduction and Drugs Strategy 2008-11 here [www.safeinthecity.info/files/Community%20Safety%20Strategy%202008-11.pdf](http://www.safeinthecity.info/files/Community%20Safety%20Strategy%202008-11.pdf)

<sup>34</sup> [www.safeinthecity.info/?q=priorities/domestic\\_](http://www.safeinthecity.info/?q=priorities/domestic_)

<sup>35</sup> [www.brighton-hove.gov.uk/index.cfm?request=c1112044](http://www.brighton-hove.gov.uk/index.cfm?request=c1112044)

### Outcomes that remain a challenge

The percentage of referrals to children's social care going on to initial assessment is lower at 43% (2008/9) than national and benchmark data, both at 63% (2007/8 data)

Although Ofsted ratings indicate we are doing well in child protection with fewer children on a child protection plan for more than two years (3.8% compared to 5.3% nationally) we are also seeing a rise in re-registrations and are currently analysing the relationship between the two indicators

The percentage of children becoming the subject of child protection plans for a second or subsequent time is 17.9% (2008/9), rising from 9% in 2005/6 and significantly higher than national (13.3%) and benchmark authorities (13.1%), although it should be noted that the comparator data is from 2007/8

There has been a year-on-year increase in police recorded domestic violence incidents where children were seen at the visit. In 2007/8 there were 801 incidents recorded compared to 603 in 2005/6. The increase is thought possibly due to improvements in reporting and recording these events, but this remains concerning

Hospital admissions caused by unintentional and deliberate injuries to children and young people rose from 78 per 10,000 in 2005/6 to 147 per 10,000 in 2008/9 which is in line with the most recent national data available, also 147 per 10,000 (2006/7). National data analysis indicates that 17% of these cases are 'deliberate' (self-harm plus assault) and more analysis will be undertaken locally to understand the specific issues for Brighton & Hove.

## Enjoy and Achieve

### In April 2006 we said we would

- Raise the quality of early years provision and improve standards and achievement across all key stages
- Support children and young people to attend school and enjoy an education that is appropriate to their needs and aspirations
- Provide extended school support including out of hours learning and recreational activity

### What did we do?

We created a network of children's centres<sup>36</sup> for under 5s and their families, including purpose built centres, services through GPs and community halls and outreach to the home.

We ensured that our early years childcare<sup>37</sup> settings are of a high standard. 84% have good or outstanding nursery education compared to 67% for England as a whole. Ofsted inspection reports for individual settings can be accessed at [ofsted.gov.uk/oxcare\\_providers/list](http://ofsted.gov.uk/oxcare_providers/list)<sup>38</sup>. A rigorous quality improvement scheme is in place with targeted support for settings that need extra help to improve. We place an emphasis on high quality, professional staff and have a comprehensive training programme.

In line with the CYPT's statutory duties a Childcare Sufficiency Assessment (CSA) was completed in 2008 and updated in 2009. The purpose of the CSA is to ensure that there is sufficient childcare – as far as is reasonably practicable – in Brighton & Hove for parents to work or train, including sufficient childcare for disabled children. The CSA has been used to inform the childcare strategy for the city including both early years and childcare as part of the extended services offered by schools.

<sup>36</sup> [www.brighton-hove.gov.uk/index.cfm?request=c1138503](http://www.brighton-hove.gov.uk/index.cfm?request=c1138503)

<sup>37</sup> [www.brighton-hove.gov.uk/index.cfm?request=c1157445](http://www.brighton-hove.gov.uk/index.cfm?request=c1157445)

<sup>38</sup> [www.ofsted.gov.uk/oxcare\\_providers/list](http://www.ofsted.gov.uk/oxcare_providers/list)

Of the 54 primary schools inspected since 2005, 74% are rated 'outstanding' or 'good', well above the average for both benchmark authorities and nationally.

The picture is mixed across our 9 secondary schools with 1 rated outstanding, 3 good, 4 satisfactory and 1 inadequate. 4 out of 9 secondary schools are judged as having good or outstanding standards of behaviour, below comparator and national averages. Two of our three National Challenge<sup>39</sup> schools are making good progress, with one about to become an academy, and the other two with clear and deliverable improvement plans.

4 out of our 6 special schools have been rated outstanding or good. The Ethnic Minority Achievement Service<sup>40</sup> (EMAS) ranked highly among both primary and secondary schools in an Audit Commission survey (2008) and our Music Service<sup>41</sup> is rated 'outstanding'.

As part of our School Improvement Strategy (2008-13) we have introduced School Improvement Partners (SIP) who provide support and challenge to school leaders in evaluating school performance, identifying priorities for improvement and planning effective change. The SIP programme has been externally judged as good with an outstanding target-setting process in primary schools

We supported the development of specialist schools across the city so that seven out of nine mainstream secondary schools have one or more specialisms. The Falmer Academy will open in 2010 with the specialisms of entrepreneurship and sport.

We successfully delivered a range of projects and programmes including well regarded and innovative curriculum programmes, a Reading Strategy, the Social and Emotional Aspects of Learning (SEAL) programme and one-to-one tuition. We have also conducted research on gifted and talented pupils, 'girls and mathematics' and 'boys and writing'. We have supported the development of the Key Stage 4 Engagement Programme, Level 1 programmes at City College and continue to support the diploma programme for 2013

We were successful in tackling attendance through improved monitoring and the development of effective early intervention programmes. The "Just 54" project set all secondary school pupils the challenge of attending school every day for the 54 days covering the second half of the spring term and the first half of the summer term. The project follows on from the success of the "Just 24" project in 2007/08. We have raised the profile of the importance of regular school attendance within the community by issuing press releases, undertaking regular truancy patrols around the city and by putting information about school attendance on the council website



Exclusions have also improved markedly and we continue to work on developing earlier intervention through Vulnerable Students Registers which help identify those most at risk. There are now 90 Learning Mentors in schools across the city who work to ensure individual pupils engage with school and develop skills for lifelong learning. The National Programme for Specialist Leaders in Behaviour and Attendance is now established in Brighton & Hove with the first cohort having completed the course successfully and two further courses having started.

60 of the total 71 Brighton & Hove schools will have achieved the Extended Services Core Offer by September 2009. We are confident that the remaining 11 schools will achieve the Core Offer before the deadline of September 2010. This year we are working closely with those schools as well as continuing to support the 60 in maintaining and improving Core Offer Services.

All schools are engaged in active cluster partnerships, working collaboratively to support children and parents in their local community. 85% of the city's schools now provide access to extended services, such as study support, childcare, parenting and family support and community use of facilities. All schools in the city are delivering the parent support aspect of the core offer, providing information and advice and access to a rolling programme of Triple P groups and seminars delivered through the clusters. In addition, schools are working together to promote inclusion and reduce exclusions through cluster based projects, contributing to the considerable reduction in school exclusions detailed overleaf.

<sup>39</sup> Where fewer than 30 per cent of pupils gain five or more GCSEs at A\* to C, including both English and Mathematics for more info see [www.dcsf.gov.uk/nationalchallenge/](http://www.dcsf.gov.uk/nationalchallenge/)

<sup>40</sup> [www.brighton-hove.gov.uk/index.cfm?request=c1000630](http://www.brighton-hove.gov.uk/index.cfm?request=c1000630)

<sup>41</sup> [www.brighton-hove.gov.uk/index.cfm?request=c279](http://www.brighton-hove.gov.uk/index.cfm?request=c279)

## What about the outcomes?

### Outcomes that have improved

We have seen year on year improvement in pupils achieving a good<sup>42</sup> score at the **Foundation Stage** at age 5. Results improved from 45% to 55% between 2005 and 2009 (provisional data) and we have also seen the lowest achievers improve, with the **gap** between their results and the rest narrowing to 32.5%, down from 34.4% in 2005.

At **Key Stage 1**, pupil attainment at level 2+ in reading has increased from 83.2% in 2004/5 to 83.8% in 2008/9, where national results have remained static

Achievement at level 4 or above in both English and Maths at **Key Stage 2** is good, rising from 67% in 2005 to 74% in 2008, above the national average (72%) and well above benchmark authorities (69%). In 2007 there were 10 schools where fewer than 55% of pupils achieved level 4 in both English and Maths and this reduced to 3 schools in 2008

The gap in achievement at **Key Stage 2** between pupils with **special educational needs** and the rest is 48% which is better than national and benchmark averages

The gap in achievement at **Key Stage 2** between those receiving free school meals and the rest has narrowed from 30.2% in 2004/5 to 23.6% in 2007/8 and is now below national and benchmark averages

56% of **looked after children** achieved level 4 at **Key Stage 2** in English in 2008 compared to 33% in 2005. 44% achieved the required level in Maths in 2008, up from 29%

60% of pupils with **English as their second language** supported by the EMAS service achieved level 4 English at **Key Stage 2** in 2007/8

12 out of 33 pupils with **English as their second language** (36%) achieved 5 A\*-C grades and all pupils got at least one **GCSE A\*-C** in 2007/8<sup>48</sup>, an increase on the previous year.

<sup>42</sup> Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy) at the Foundation Stage at age 5

<sup>43</sup> This is data from 2007/8 academic year as reported in the EMAS annual report  
[www.brighton-hove.gov.uk/downloads/bhcc/final\\_SEAL\\_Annual\\_Report07-08.doc](http://www.brighton-hove.gov.uk/downloads/bhcc/final_SEAL_Annual_Report07-08.doc)

In **primary schools**, overall absence dropped from 6.1% in 2005/6 to 5.3% in 2007/8 which compares well with most benchmark authorities

In **secondary schools**, overall **absence** has dropped year on year from 9% of half days missed in 2005/6 to 7.6% in 2007/8, just below the England average. There has been a very significant drop in persistent absentee rates (missing more than a fifth of the school year) from 8.3% of the pupil population in 2006/7 to 6% in 2007/8. This reduction of 2.3% is higher than the national average reduction of 1.1% and in the south east 0.8%

**Fixed period exclusions** fell from 2,419 in 2006/07 to 2,068 in 2008/09. Analysis of national comparator data will be undertaken when available to look at any variations in performance across the school phases

**Permanent exclusions** across the system are lower, dropping from 42 in 2005/6 to just 9 in the 2007/8 school year, a rate of 0.03%, putting Brighton & Hove in the top ten authorities in the country and second in the south east region. There has been a further significant reduction in 2008/09 to just 3

**Persistent absence** rates at secondary school have fallen from 8.3% in 2006-7 to 5.7% in 2008-9.

### Outcomes that remain a challenge

At **Key Stage 1**, pupil attainment at level 2+ in writing has been level with 81.1% in 2004/5 and 80.8% in 2008/9, and level 2+ in maths decreased from 92.1% in 2004/5 to 90.6% in 2008/9, although both of these are in line with the national trend and above 2008 national data

Although achievement in the core subjects at **Key Stage 3** has improved over the last three years outcomes are still below the national average. There has been a substantial rise in the percentage achieving level 5+ in English (73%, in line with the national average). 65% achieved level 5+ in both English and Maths in 2007/8, a strong improvement on the previous year (59%)

59.5% of pupils achieved 5 or more A\*-C grades at **GCSE**, up from 54.7% in 2005/6 but well below the national average (64.8%)

44.5% of pupils achieved 5 or more A\*-C grades at **GCSE** or equivalent including English and in Maths in 2007/8, up from 41.8% in 2005/6 but below the national average (47.6%). 40.6% achieved 2 or more science GCSEs A\*-C, up from 35.9% in 2005/6

The gap in achievement of 5 A\*-C at **GCSE** including English and Maths between pupils with special educational needs and the rest widened to 46.7% in 2007/8 (from 43.4% the previous year) which is above the national average but in line with benchmark authorities

The gap in achievement of 5 A\*-C at **GCSE** including English and Maths between those receiving free school meals and the rest increased from 26.7% in 2006/7 to 30.4% in 2007/8 and is now above the national average but in line with benchmark authorities

Very **few looked after children** achieve 5 good **GCSEs** and this is the case across the country. The number of pupils taking GCSEs each year is too small to determine trends over time, but in 2008 29 out of 44 (68%) got at least one GCSE.



## Make a Positive Contribution

### In April 2006 we said we would

- Increase opportunities for children and young people to develop positive relationships, play an active part in decisions that affect their lives and participate in their communities
- Provide the information parents need to make positive choices for their children and families
- Promote positive behaviour and reduce anti-social behaviour and reduce youth offending

### What did we do?

In March 09 we supported a group of children in care to launch the 'Listen Up Care Council' (LUCC). LUCC enables children and young people in the care of Brighton & Hove City Council to put their experiences of the care system directly to those responsible for corporate parenting. One of its first achievements was to help with the development of a Pledge that the city council is making to its children in care.

We launched the 16 + Advisory Group so that young people in care and leaving care can work with staff to develop service standards and give feedback on their experiences. Young people from this group helped to train staff as Care Matters was launched. They have also provided advice to council staff on a range of issues, including the wording and design of leaflets for young people.

We supported 87 % of children in care, including those with disabilities and communication difficulties to play an active part in their review.

We supported young people from the Youth Council to take an active part in the CYPT Board and in the Children and Young People's Overview and Scrutiny Committee, and to provide their views to at least 15 internal and public consultations in the past year.

In partnership with West Sussex County Council, we have trained a group of young people with care experience to visit residential establishments and consult young residents about their views of the homes they live in.

Through the AHA! (Aiming High Advisory) Group, we have supported young people with disabilities to formulate and convey their views about both universal and specialist services to the Brighton & Hove Children's Disability Partnership Board.

We supported 75 young people to express their views and to make complaints and representations via the Advocacy Service, of whom 24 were young people with disabilities.

We have supported young people to give their views to senior officers and elected members of the council through one-off events such as the Hear By Right Consultation Day held in July 2008, and through annual events such as 'Question Time', held in the autumn of each year.

We have supported young people to give their views to national decision-makers through participation in UK Youth Parliament activities, and other opportunities. This has enabled Brighton & Hove young people to speak both in the House of Commons and in the House of Lords, and directly to the Prime Minister.

We were successful in a bid to develop a V Talent project for young people from disadvantaged backgrounds aged 16 and over and to date have provided 7 young people with volunteering opportunities within the CYPT, providing placements in Under 5's services, schools, youth centres and the Youth Advocacy and Participation team. V-Talent, managed by Creating Futures, provides over 2000 volunteering opportunities for young people in the city aged 16-25 each year.

The Duke of Edinburgh Awards Scheme engages with over 700 young people aged 14-25 per year and all have to provide volunteering or community service.

The Youth Council now has approximately 40 active members who are aged 11-19 and elected for one year to give young people more influence with local politicians and councilors. Other Youth Advocacy & Participation projects that may be of interest can be found at [www.bhyap.org.uk/ypgroups.htm](http://www.bhyap.org.uk/ypgroups.htm)

The Children's Information Service has expanded into the Family Information Service to provide a wider range of information for families including childcare and promoting the Working Tax Credit. The service was awarded the Charter Mark for good customer service in 2007 and has had this renewed each year. Their online directory is available at [www.familyinfobrighton.org.uk/](http://www.familyinfobrighton.org.uk/)

Amaze (a local charity) is commissioned by the CYPT to manage the city's register of disabled children (a requirement of the Children's Act 1989) and to run an advice helpline for parents of disabled children and those with special needs. The register is called the Compass, and it has detailed records of about 1,500 disabled children and children with special needs. Of these, 1,266 records have been updated in the last 2 years. Amaze produces a number of excellent publications and runs training and support sessions for local families.

The CYPT supports a Parent Carer Council for parents of disabled children and those with special needs and significant health problems. This group provides support and information to parents and also provides consultation and feedback to the CYPT on service delivery.

The CYPT supports the Brighton & Hove Parents' Forum's [www.bhparentsforum.org](http://www.bhparentsforum.org) to ensure that parents' voices are represented when issues that matter to them are being raised at the decision making level of the Children & Young People's CYPT. It has two places for nominated parents to sit on the Children and Young People's CYPT Board. The Parents' Forum has a core strategic group of volunteer parents that run the organisation and they have used various methods to communicate with families in the city. The Parents' Forum has also worked with the Parenting Team on ensuring effective involvement of families in the creation and implementation of the Parenting Strategy and on the city's first 'fathers and their families' event.

## What about the outcomes?

### Outcomes that have improved

The number of first time entrants into the youth justice system increased through to 2007/8 but 2008/9 data showed a 17% reduction, down to 2430

There were 4938 police recorded incidents of 'youth disorder' in 2006/7 and 3815 in 2008/9. This downward trend appears to be reflected in youth crime data generally although there are many factors affecting this data and the indicative trend is not sufficiently secure

Re-offending rates have improved since 2005. The latest data shows that the percentage re-offending within 12 months was 38% in 2005, dropping to 27% in 2008

In the year to April 2009, we offered 56 young people who had offended the chance to undertake a paid work placement with a local employer and to experience the world of work and improve their job readiness, via the Young Offenders' Employment Project.

### Outcomes that remain a challenge

63% of pupils surveyed in 2008 reported that they had recently participated in a group led activity outside of school (e.g. sports, arts or youth group). This was below the national and benchmark authority rates, both 69%

In 2008/09, youth service contacted 11.93% of 13-19 year olds (target = 25%). 9.32% young people participated (target = 15%). Out of those participated, 16.6% achieved recorded outcomes (target = 60%) and 10.51% achieved accredited outcomes (target = 30%)

The proportion of young offenders in suitable education, employment or training has declined to 52% from 72% in 2005/6 against a national rate of 69% and a benchmark authority rate of 63%

90% of young offenders completed their intervention with the youth offending team in suitable accommodation. This is marginally lower than previous years and comparator results



# Achieve Economic Well-being

## In April 2006 we said we would

- Enable more young people to engage in further education, training or employment
- Provide a wider range of housing options for young people and improve the transport for those travelling to educational establishments
- Support sustainable communities to prevent children and young people living in poverty

## What did we do?

We provided an additional 200 learning opportunities per year, under the Key Stage 4 Engagement Programme<sup>44</sup> which provides level one accredited provision for those at risk of disengagement. City College Brighton & Hove increased the availability of vocational provision for 14-16 year olds from 250 to 500 places each year. Additional in-year starts for young people aged 16 and over, including additional Entry to Employment (e2e) provision is now offered by the mainstream colleges, which has helped reduce the numbers of young people not engaged in education, employment or training. Ofsted inspectors have judged our collaborative working with partners, including employers as a major strength.

We developed Family Learning provision for young parents aged 16-19 started in 2007/8 with a focus upon numeracy, literacy and parenting, and has resulted in 45 young parents gaining nationally recognised qualifications.

A revised Teenage Pregnancy Action Plan (2009-11) focuses on giving young people alternative messages about their behaviour regarding sex and relationships and strengthening leadership across partner organisations. The plan builds on the targeted approach taken in the last few years which saw a reduction in teenage conception rates although below that seen regionally and nationally and well below that needed to meet the 2010 target.

<sup>44</sup> [www.bhlp.org.uk/projects/key-stage-4-engagement-programme](http://www.bhlp.org.uk/projects/key-stage-4-engagement-programme)

Homelessness<sup>45</sup> amongst 16 & 17-year-olds has been significantly reduced as a result of new services targeting young people in crisis, providing support and crash pads. The Council and Hove YMCA have been working together to provide a new Young Persons Respite Scheme that was launched in October 2008. The Respite Scheme allows young people to stay temporarily in a hostel for 3 weeks. During this time, a 'whole families' approach is taken to provide support and mediation to help repair the relationships between young people and their families.

The Supported Housing for Teenage Parents project is being developed in partnership between Housing Strategy, the CYPT and a voluntary sector provider. One of seven pilot projects in the country, the project will provide self contained flats and an enhanced package of support for teenage parents. There will be key work support around parenting, engagement with specialist health visitors, entering into education, training or employment and moving on from the project into independent private rented accommodation

The stock of childcare places has increased from 9523 in 2006 to 9613. Business support and funding has been given to sustain good quality childcare providers and provide new out of school places, child minders and the Jump Start Nursery which is part of Moulsecomb Children's Centre. All Children's Centres provide Jobcentre Plus information.

A range of worklessness activities have provided residents with support to access sustainable employment. These include Breakthrough, funded by Working Neighbourhood Funding that provides one-to-one support to gain confidence and find work. Community Development commissioning has been focused upon areas of deprivation, alongside Neighbourhood Learning in Deprived Communities (NLDC) funding that provides a range of non-accredited learning in the city's most deprived wards

The Family Pathfinder project aims to change processes and ways of working across adult and children's services by working with families facing multiple disadvantage and risk, which could include a combination of a parent having mental health and/or substance misuse problems, parents without qualifications, a parent having a longstanding illness or disability, families in poverty, and poor housing all of which have a negative impact on the children. The project has begun by working with families under the age of 25 in the east area of the city and will encourage professionals to 'Think Family' by creating a new care pathway, holistic family assessment, bringing together a team around the family (TAF) from all relevant staff disciplines and agencies.

<sup>45</sup> [www.brighton-hove.gov.uk/index.cfm?request=c1157503](http://www.brighton-hove.gov.uk/index.cfm?request=c1157503)

## What about the outcomes?

### Outcomes that have improved

10.7% of 16 to 18-year-olds were not in education, training or employment (NEET) in 2005 and by 2008 this figure had reduced to 7.8%.

The participation rate of 17-year-olds in education or training has increased year on year since 2006 and at 85% (2008) is much higher than benchmark authorities (78%) and the national average (77%)

76% achieved a level 2 qualification by the age of 19 in 2008, up from 68% in 2006 and significantly higher than the latest national and benchmark data

52% of the city's 19-year-olds now achieve a level 3 qualification compared to 46% in 2006, much better than the national rate of 45% and benchmark authorities, also 45%

25 out of 37 (67%) care leavers were in education, employment or training (2008/9) and 36 out of 37 were in suitable accommodation in April 2009, both improved since 2006

Since the introduction of the Youth Homelessness Strategy in 2007 there has been a very significant reduction in homelessness amongst 16 & 17-year-olds as a result of new services targeting young people in crisis, providing support and crash pads. In 2005/6 there were 72 homeless young people and in 2008/9 the figure was down to 18

Take-up of the childcare element of working tax credit (working families on a low income) increased significantly, from 17% in 2004/5 to 22.4% in April 2008/9

### Outcomes that remain a challenge

The gap in outcomes at age 19 for those claiming free school meals at age 15 and the rest has widened since 2005. In 2008, 55% of children claiming free school meals achieved a Level 2 qualification at 19, compared to the city rate of 76%.

28% children claiming free school meals achieved Level 3 at 19 compared to 52% in the general population.

The under 18 conception rate fell by 10.1% between 1998 and 2007 in Brighton & Hove compared to 10.7% nationally and 13.3% in the region. The number of births to teenage women in the city was 85 in 2005 and 67 in 2007 (latest data), a 21% reduction

Around 25% of teenage mothers are now engaged in education, employment or training. In March 2007 the figure was 15%, but the figure is still much too low. In May 2009, 35 out of 135 teenage mothers known to the Connexions service were in education, employment or training

The proportion of children living in households dependent on workless benefits is 21%. The rate is double that in our most deprived wards

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**Subject:** Safeguarding Practice - Update  
**Date of Meeting:** 2 November 2009  
**Report of:** Director of Children's Services  
**Contact Officer:** Name: Steve Barton Tel: 29- 6105  
E-mail: [Steve.barton@brighton-hove.gov.uk](mailto:Steve.barton@brighton-hove.gov.uk)  
**Key Decision:** No Forward Plan No: N/A  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This is the sixth report or presentation to the Children and Young People's Trust Board (CYPT) following events in the London Borough of Haringey (the Baby Peter case) and the resulting review of national safeguarding policy designed to achieve a 'step change in the arrangements to protect children from harm'.
- 1.2 The purpose of this report is to summarise the actions taken following the previous safeguarding report to the Board on 8 June 2009 and to provide the context for discussion with the Independent Chair of the Local Children's Safeguarding Board (LSCB) as agreed in recommendation 3 of that report.
- 1.3 This report is complemented by a separate report and Appendix in Part 2 of the Agenda.

#### 2. RECOMMENDATIONS:

- 2.1 That the actions taken to continue to monitor and strengthen safeguarding and child protection arrangements across the CYPT partnership and the LSCB be noted.
- 2.2 That, with the Chair of the LSCB, the Board considers what further actions should be taken, including development of a formal protocol between the CYPT Board and the LSCB, to clarify governance arrangements for safeguarding and child protection in the city including the relationship between the two boards.

#### 3. RELEVANT BACKGROUND INFORMATION:

##### National Context

- 3.1 The National Safeguarding Unit and the revised Ofsted Inspection Framework are both now in place. The revision of Statutory Guidance is proceeding, including early consultation on Chapter 8 which deals with Serious Case Reviews. Implementation of the new Independent Safeguarding Authority (ISA) has been delayed following the announcement by the Secretary of State of a final review.

- 3.2 The Care Quality Commission (CQC) published the findings of the national audit of NHS safeguarding arrangements in July. David Nicholson, the NHS Chief Executive, has written to all NHS organisations setting out his expectations regarding the actions required in response to the CQC report.
- 3.3 The Apprenticeships, Skills, Children and Learning Bill is expected to receive Royal Assent in November 2009 followed by consultation on new Children's Trust Statutory Guidance and requirements for Children and Young People's Plans (CYPP) and scheduled to be published in March 2010.
- 3.4 The Government Office of the South East (GOSE) has established networks for LSCB Chairs and for LSCB Business Managers and has published proposals to support improvement in the quality of Serious Case Reviews.

### **Local Children's Safeguarding Board**

- 3.5 The Director of Children's Services and the Chair of the LSCB have consolidated arrangements to manage the Board's business. A new Executive Committee is in place and a Business Plan is being drafted to include a review of membership and the terms of reference for each of the current sub groups.
- 3.6 A successful Spring Conference on June 9<sup>th</sup> 2009 focused on local referral, assessment and intervention processes and thresholds. As a result the Executive Committee recommended 4 themes for inclusion in the draft CYPP:
- Strengthening child protection systems and pathways linked to professional confidence, communication and leadership.
  - Focusing on vulnerable groups especially early permanence and adolescents at risk (including self-harm, sexual exploitation & substance misuse).
  - Raising the profile the broader safeguarding agenda, including the role of the LSCB
  - Developing organisational culture across services for children and young people to promote supervision and professional development including provision of reflective space for managers and practitioners
- 3.7 Following the conference, the Executive Committee also requested each member agency to provide a report for the September LSCB meeting summarising the action taken by their organisation following events in the London Borough of Haringey. The LSCB identified a number of issues from these reports which will be addressed at the December meeting.
- 3.8 Alan Bedford, the Chair of the LSCB, will attend the CYPT Board on November 2<sup>nd</sup> to discuss his assessment of the safeguarding and child protection issues facing the city and to agree a way forward for the LSCB and the CYPT Partnership.

## **Children and Young People's Trust:**

- 3.9 The CYPT's Senior Management Team continues to monitor closely the actions reported to the Board on the 8<sup>th</sup> June in respect of the 5 areas of practice identified in January 2009 as requiring review and development i.e.
- compliance with the recommendations of the 2005 Climbie Inquiry
  - Monthly Monitoring Reports of CYPT social care data
  - Operation of the 3 Area Panels for complex and high risk cases
  - Compliance with and development of the CYPT Supervision Policy
  - Standards of record keeping on case files
- 3.10 The management team has also addressed the resource implications of the Government's Action Plan in response to Lord Laming's report as required by recommendation 2 of the June 8<sup>th</sup> report i.e.
- 3.10.1 The implications for local authorities and Children's Trusts remain unclear. Future reports by the Social Work Task Force, revision of the Statutory Guidance, the outcomes of the ISA review and publication of the work programme for the National Safeguarding Unit are expected to clarify what will be required.
- 3.10.2 The increase in child protection activity in the city, as set out in the Quarter 2 Performance Improvement Report, continues to have significant resource implications for all agencies across the CYPT Partnership. The management team has put in place a comprehensive action plan to review and manage the high level of child protection activity for the CYPT including:
- Initiatives as part of the city council's Value for Money Programme (2) including: Child Care Decision Making processes and outcomes; a review of legal services support to the CYPT; staff accommodation and flexible working arrangements
  - Initiatives led by senior managers in the CYPT including: review of Secure Accommodation and Independent Agency Placements; performance monitoring, management and risk assessment; permanence planning for very young children; procurement of expert assessments within Care Proceedings; development of CYPT fostering capacity; review of major external contracts.
- 3.11 The Director of Children's Services has completed the second phase of the restructuring of management and leadership arrangements and, as a result, the new Head of Safeguarding and LSCB Business Manager posts described in the last report will be recruited to as soon as possible. A further consultation paper outlining proposals for Phase 3 in relation to integrated and area working, including social work duty and long term teams, will be issued to staff by the end of October 2009.

- 3.12 As an integral part of the developments outlined above, and in preparation for inspection by Ofsted of local safeguarding and looked after children services, an external consultancy, Outcomes UK, was commissioned by the Senior Management Team to undertake a 'mock inspection of contact, referral and assessment services. The draft report makes a significant contribution to the ongoing assessment and improvement of front line child protection services provided by the CYPT. This report is complemented by a separate report and Appendix in Part 2 of the Agenda, in order to be in line with the recommendations of Lord Laming's Report - The Protection of Children in England: A Progress Report (2009) i.e. Directors of Children's Services, Chief Executives of Primary Care Trusts, Police Area Commanders and other senior service managers must regularly review all points of referral where concerns about a child's safety are received to ensure they are sound in terms of the quality of risk assessments, decision making, onward referrals and multi-agency working. (Recommendation 6)
- 3.13 The final draft CYPP (see separate Board report) also addresses safeguarding and child protection issues under Strategic Improvement 1 'Strengthen safeguarding and child protection, early intervention and prevention'.

#### **NHS Provision:**

- 3.14 NHS Brighton and Hove, Brighton and Sussex University Hospitals NHS Trust and the Sussex Partnership NHS Foundation Trust each submitted an update report to the LSCB on September 22nd (paragraph 3.7). Separate reports have also been taken to the Board of NHS Brighton and Hove by the Acting Designated Nurse and the Deputy Director for Quality & Engagement NHS Brighton and Hove.
- 3.15 A permanent appointment has now been made to the Nurse Consultant/Designated Nurse post for the Local Health Economy following a period of temporary acting up arrangements.
- 3.16 The CYPT Chief Officers Group has initiated a review of the Section 75 Agreement between the city council, NHS Brighton and Hove and Southdowns NHS Trust which includes consideration of current governance arrangements for safeguarding and child protection across the local health economy.

#### **4. CONSULTATION**

- 4.1 This report has been written in consultation with senior managers in the Child and Young People's Trust and includes relevant multi-agency discussion at the LSCB on September 22<sup>nd</sup> (paragraph 3.7.)

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 5.1 The various reviews referred to in paragraph 3.10.1 could have significant financial implications for the CYPT. Until the reviews have been completed it is not possible to quantify these in detail. Once the recommendations arising from these reviews are known, they will need to be properly costed and reported to the board.

Following the baby Peter case there has been a significant increase in child protection activity in the city, which has had a major impact on the CYPT budgets. For example the looked after children placement budgets are projected to be overspent in 2009/10 by £991k, largely as a result of this increased activity. In addition the budget for legal fees relating to care proceedings is forecast to overspend by £700k, primarily due to the substantial increase in activity in this area in line with national trends.

The CYPT management team are currently reviewing the Directorate budget in order to identify savings to offset this additional cost.

*Finance Officer Consulted: David Ellis*

*Date: 21/10/2009*

Legal Implications:

- 5.2 The report sets out how the partners to the CYPT have taken steps to meet the national safeguarding agenda so as to ensure the partners to the Trust are meeting their statutory and regulatory obligations for the protection of vulnerable children across the agencies. The Children Act 2004 placed a duty upon all of the agencies within the CYPT to cooperate and prioritise the safeguarding of children. Post the death of Baby Peter the Laming report, sanctioned by central government, made it plain that Directors of Children's Services, Chief Executives of Primary Care Trusts, Police Area Commanders and other senior service managers must regularly review risk assessments, decision making, onward referrals and multi-agency working in the safeguarding context.

The Children's Trust is responsible for improving the well-being of children in the area across all five *Every Child Matters* outcomes, including keeping children safe. The CYPT reports to and is governed by the Children's Board. Alongside the CYPT the partners to the trust together with other agencies such as the police are also obliged to report to the Local Safeguarding Board (LSCB). The Laming report makes clear there must be a clear distinction between the roles and responsibilities between LSCBs and Children's Trusts to ensure appropriate challenge, scrutiny and impartiality. As described in the Laming report it is the responsibility of the LSCB to ensure that the multi-agency partners in each local area are co-operating to safeguard and promote the welfare of children effectively. The LSCB is expected to report to the Children's Trust on the effectiveness of safeguarding and promoting the welfare of children.

*Lawyer Consulted: Natasha Watson*

*Date: 28/09/2009*

Equalities Implications:

- 5.3 Statutory Guidance (Working Together 2006) and local procedures (Pan Sussex Child Protection Procedures) take full account of the equalities issues in ensuring the safeguarding of all children, especially those from vulnerable or marginalized groups.

Sustainability Implications:

- 5.4 There are no immediate sustainability implications.

Crime & Disorder Implications:

- 5.5 There are no immediate Crime & Disorder implications.

Risk & Opportunity Management Implications:

- 5.6 Effective management of risk is a central feature of safeguarding children and is at the heart of this report.

Corporate / Citywide Implications:

- 5.7 Events in the London Borough of Haringey following the Joint Area Review of children's services demonstrate that the effectiveness of safeguarding children arrangements have very significant implications for the city council and all of its partners.

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

- 6.1 Not applicable.

**7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 This is one of a series of reports to the CYPT Board in response to the requirement by the Secretary of State that all local areas review safeguarding and child protection services for children and young people following events in the London Borough of Haringey. The recommendations in this report enable the Board to discharge that responsibility and to develop its relationship with the Local Children's Safeguarding Board.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. None

**Documents In Members' Rooms**

1. None

**Background Documents**

1. None

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