

# CORPORATE PARENTING SUB COMMITTEE

## Agenda Item 8

Brighton & Hove City Council

<b>Subject:</b>	<b>Corporate Parenting Sub Committee Workplan</b>		
<b>Date of Meeting:</b>	<b>4<sup>th</sup> July 2012</b>		
<b>Report of:</b>	<b>Strategic Director, People</b>		
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<b>Key Decision:</b>	<b>Yes</b>	<b>Forward Plan No:</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

## FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT

As corporate parents local authorities have a challenging role and acting like good corporate parents and being aware of the needs of the children and young people must be a key priority.

Looked after children are not a homogenous group, they are individual children with their own personalities, needs and experiences. However, they share one significant characteristic in that their outcomes are generally poorer than their peers within the general population.

The following report is aimed at providing some guidance to the committee for a future thematic work plan that will enable the members to discharge some of their corporate parenting responsibilities, giving a summary of national and local context.

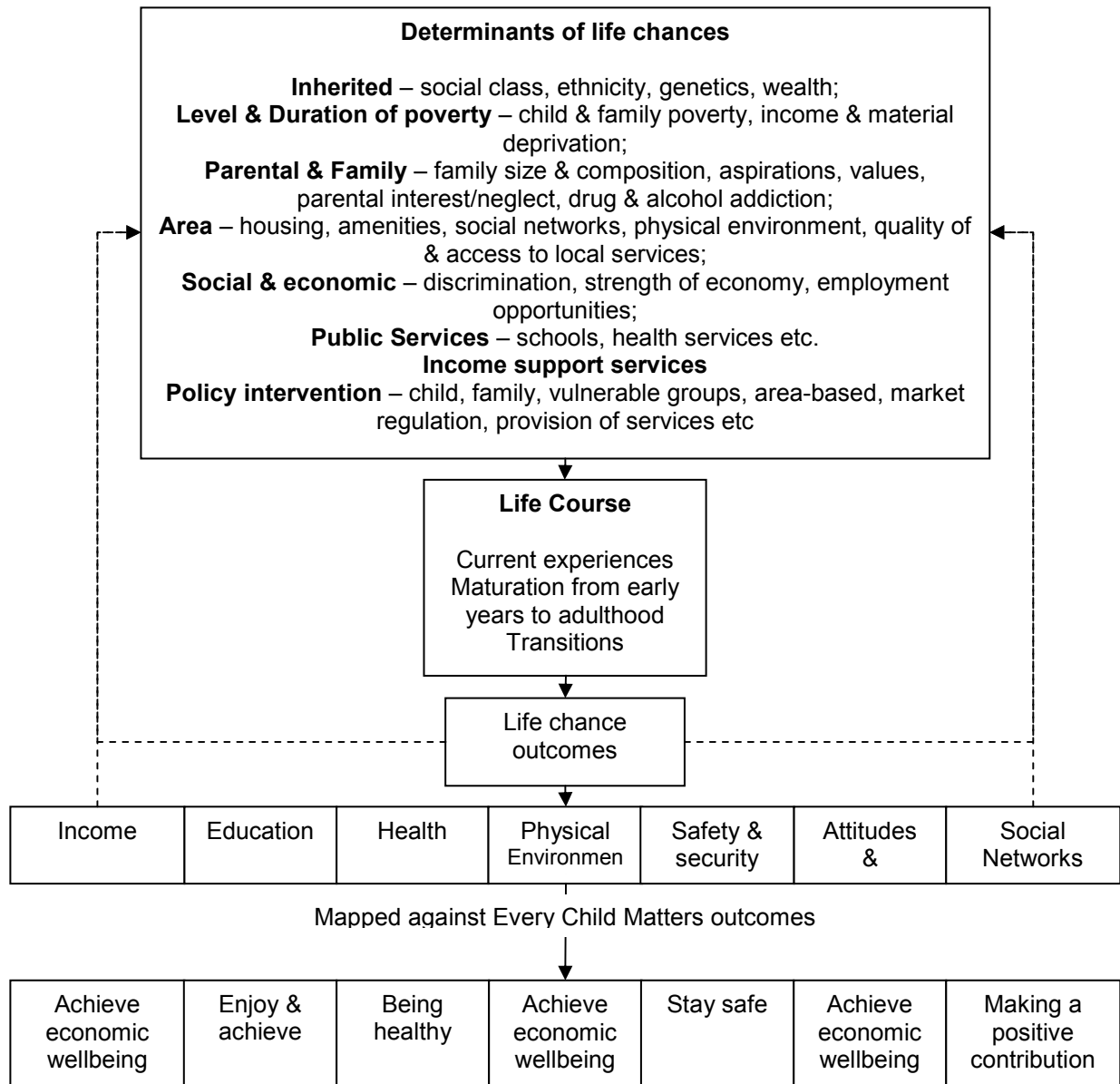
#### 1.1 Life chances

In England, childhood origins shape adult destinations, and the multiple disadvantages associated with poverty and inequalities of various kinds permeate different aspects of childhood. As a consequence, there are marked continuities in socio-economic circumstances both inter-generationally and across the life-course from parent to child, and from childhood to adulthood.

**Figure 1** Shows key variables that reinforce outcomes across generations and over the life course.

It follows that while intervention in the early years is crucial for reducing inequalities, people also require support at all stages of their lives to alleviate the inter-linked effects of poverty. Longitudinal research has demonstrated that the most pervasive childhood antecedents to disadvantage in young adulthood are educational outcomes, childhood poverty, frequent school absences, contact with the police and low parental interest. In addition, children who grow up in poverty are more likely to have lower self-esteem, believe that health is a matter of luck, play truant and expect to leave school at the age of 16.

**Figure 1: The determinants of life chances across the life-course & inter-generationally.**



## **1.2 Every Child Matters Outcomes & Domains**

### Enjoy & achieve

- ready for school
- attend school
- enjoy school
- achieve @ primary school
- achieve personal and local development
- enjoy recreation
- achieve @ secondary
- Access to transport and material goods
- Live in households free from low income

### Making a positive contribution

- Engage in community
- Support environment
- Engage in decision making that affects your life
- Develop positive relationships
- Develop confidence
- Develop enterprising behaviour

### Being Healthy

- Physically
- Mentally
- Emotionally
- Sexually
- Healthy lifestyles
- Substance misuse and alcohol

### Stay Safe

- Safe from neglect
- Safe from accidental harm
- Safe from bullying
- Safe from crime
- Have security, stability and cared for

### Achieve economic well being

- Engage in further education or training
- Ready for employment
- Live in decent home

**1.3** There are 7 thematic areas which have a major part to play in achieving better outcomes and life chances for looked after children.

Thematic areas are:

- Fostering, placement stability and care planning
- Educational
- Health
- Crime and substance misuse
- Social Exclusion
- Resilience of looked after children
- Adoption

## **2. RECOMMENDATIONS:**

2.1 Members to agree the priority and sequence for the future workplan for the committee from the suggested 7 thematic areas in 1.3 .

It is suggested that members have no more than 1 or 2 thematic areas per committee. This will allow full exploration of each theme and time for any current issues to be addressed within the committee that affects looked after children.

2.2 The committee needs to be able to identify how the whole of the local authority will contribute to better outcomes for children who are looked after. Therefore each Strategic Director across the local authority will be asked to complete an audit of council wide contributions to corporate parenting within their service areas, to inform members of their contribution.

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

The suggested 7 thematic areas for exploration by the sub committee are:

### **3.1.1 Theme 1: Fostering, placement stability and care planning**

#### **a. Placement Stability**

Children and young people entering care are likely to have been abused or neglected. Their experiences are also likely to have included one or more of the following: domestic violence, substance misusing parent(s), poverty, homelessness, the loss of a parent, or inadequate parenting. Attachment experiences with carers may have been disturbed, and these experiences can underpin the subsequent limited or confliction pattern of connections that many children and young people make with care staff and substitute carers. Research in this area has identified that children and young people who go on to experience high levels of placement instability within the care system are likely to be those who already displayed multiple problem behaviours prior to becoming looked

after. Challenging and aggressive behaviour is a key reason for placement breakdown, but placements can also cease for other reasons unrelated to the child or young person, for example: rivalry difficulties between foster children and the family's own children; contact with the birth family, attempts at rehabilitation, and events within the foster family. Children who do not have significant behaviour problems on entering care are particularly vulnerable to 'internalising behaviour' if their placement breaks down, for example being withdrawn and isolated.

### **What a good outcome would look like for our children**

The factors associated with placement stability include good care planning, assessment of the child's needs, matching with the carer and placement choice, support to the child and carers including therapeutic and educational support. This would lead to reduced placement moves. Improved placement stability enables children to develop more secure attachments and develop greater resilience. This will result in improved outcomes across the board for children in care including health and education outcomes and able to develop more secure attachments and relationships in adult life.

### **Brighton & Hove Context**

Placement moves locally are associated with early stage care planning, when the long term plans have not yet been finalised. Children are placed for example in parent and baby placements and attempts are made at rehabilitation to parents; placements with family members which are unsuccessful; or placements made in an emergency which are not matched to the child's needs. There are a number of difficult to place teenagers who have had problems settling in placement. There are also a number of young people who abscond from their placements but return to the same placement. For children who have been in care for more than 2.5 years, the majority are in stable placements. The department is about to re-launch its Placement Stability procedures giving guidance to social workers and managers in avoiding placement breakdown.

The Intensive Placement Team located within the Fostering Service works directly with children in care aged 7-16 and their carers to help improve placement stability. They work with children and carers to help improve children's self esteem, to understand their behaviour and provide life story work which can help stabilise placements at risk of disruption. They also run holiday activity programmes for children in care to give carers respite which can help sustain placements. The Fostering Service also operates the Intensive Placement Scheme providing high levels of support to foster carers and children who are regarded as 'hard to place' or likely to have placement instability. Placement choice and matching of children with carers who have the skills and ability to look after them is of key importance. There has been a sustained increase in the number of children requiring placements which has not been matched by equivalent numbers of new foster carers. This is both a local and national concern. Brighton and Hove will match children with 'in-house' foster carers first. These carers live locally which is a factor associated with placement stability. However if this is not possible Brighton and Hove will commission placements from independent fostering agencies to ensure children are placed with carers who can meet their needs. Brighton and Hove continues to try and increase the numbers of foster carers to 'match' children with and has recently formed a new foster carer recruitment team to this end.

### **b. Placement choice**

It is widely accepted, both in research and statutory guidance, that placement choice maximises the potential to find the most suitable placement for a child and thus promote

stability. There is substantial evidence that placement stability builds resilience in children and maximises their potential to attain positive outcomes. Research illustrates that two of the most critical factors that influence placement stability is timely and robust care planning and choice. This choice will involve good matching between the individual child and any available placements which can meet the child's needs. Placement choice refers to different types of placements as well as the number of potential carers or placements available

A range of choice of placements is fundamental to safeguarding Looked After Children. Local placements are generally best when they can be recruited. It is normally much better to place children within or close to their local community. Better outcomes are achieved by children placed locally. This may be a result of a combination of factors, such as the proximity to family and friends, easier co-ordination by social workers at a local level, better contact between the social worker and child.

Where possible, kinship care should be the first to be explored. These placements are undoubtedly popular both with the child, their parents and their families. Research would indicate that they are more stable and last longer but sometimes require as much support as stranger fostering.

Foster care is usually preferable to residential care. While a very small group of children may require residential care, most children in care, particularly younger children, should be looked after in foster care. There is always a role for good quality residential care for those exceptional young people who require it.

### **National context**

The requirement for local authorities to commission placements that meet the individual needs of children within a value for money context is outlined in the Every Child Matters suite of papers and subsequent statutory guidance. Research has indicated that:

- Where possible, kinship care should be explored first.
- Local placements are generally best.
- Although foster care is usually preferable to residential care there is a continuing role for good quality children's homes.
- Adoption affords the greatest placement stability and outcomes and is the placement of choice for our youngest children.

Local authorities have a statutory duty to secure, 'so far as reasonably practicable, sufficient accommodation within the authority's area which meets the needs of children that the local authority are looking after....'.

### **Brighton and Hove context**

Brighton & Hove covers a small geographical area where 81% of all LAC children are placed within 20 miles of the boundary of Brighton and Hove. A placement outside of the local area is considered appropriate for some children who may be placed further way (for example if it provides necessary safety or facilitates a placement with family and friends or prospective adopters).

The BHCC LAC Commissioning Strategy sets out the arrangements in place to ensure that a sufficient number of placements and services are provided within the local area for children and young people who are, or are at risk of being, in the care of the local authority. BHCC has a policy of placing Children in Care (CiC), who cannot be cared for by a kinship carer or live more independently, with in-house foster carers whenever possible. A dedicated in-house foster carer recruitment team has been created, funded by the VFM programme, to increase the number of in-house foster placements.

Although recruitment of new foster carers is key, the retention of foster carers is an important part of placement choice. Foster carers frequently need to care for damaged and traumatised children. It is important that foster carers are trained and supported to enable them to do the task assigned to them. The Brighton and Hove Fostering Service has developed a comprehensive foster carer support package and training programme for foster carers.

BHCC has a specialist Family and Friends team responsible for assessing kinship carers or 'connected persons' (people known but not necessarily related to the child) either as foster carers or Special Guardians for Children in Care. This team is managed within the Adoption and Permanence Service. Where the care plan for a child is long term fostering the Family and Friends team provides a supervising social worker for the Family and Friends Foster Carer to ensure carers are supported in their caring task and in meeting the minimum national standards for Fostering. Family and Friends carers can access the full range of foster carer training. The team also provides a range of support to carers holding a Residence Order, and Special Guardians including a monthly support group, individual support plans, Training Workshops and support with managing contact with birth parents and siblings.

If a child's needs cannot be met by in-house services a placement will be sought in the independent sector.

Brighton and Hove City Council has established, jointly with West Sussex County Council, a framework of approved and preferred independent providers of children's residential and foster care placements. This framework has been effective in ensuring that children in the care of BHCC receive the highest quality of care within a value for money context. Individual placement tendering is used to ensure that the child's needs remain at the centre of the placement procurement process. Individual placement tendering promotes individualised, creative and flexible packages of care for children with a wide range of often complex needs

In common with the national situation there continues to be limited choice of placements for sibling groups, children with complex (physical or learning) needs and those who present extremely challenging behaviour (e.g. arson, sexually abusive). There is also a need for more placements within the city boundaries. This is the subject of further market development.

The Adoption team is managed within the Adoption and Permanence Service and is responsible for finding adoptive families for children with an adoption care plan. Adoption provides the greatest possible placement stability and affords vulnerable children the best hope of recovery from early trauma or attachment deficits, thereby maximising their life chances. A Recruitment Strategy informs adoption family finding and recruitment activity to ensure sufficient numbers of adopters (BHCC, other Local

Authority, and Voluntary Adoption Agency adopters) are available to offer permanent, secure homes for our children.

Outcome: Children will be supported to remain in the care of their birth families or other kinship carers whenever this is possible. For those children where this is not possible, and who become looked after by the local authority, there will be a range of placement options available.

### **c. Care planning**

Good care planning is fundamental to improved outcomes for looked after children and young people. It facilitates an appropriate response of services and decision making processes to the individual needs of each child or young person, and avoids drift. This includes regular contact for the child or young person with a trusted key worker (usually a social worker) and effective co-working with other key professionals and carers. Care planning should be informed by a comprehensive, multi-agency assessment.

#### **National Context**

Recent research highlights the on-going need for better quality decision making by social workers, and champions a blurring of the lines between the care system and community-based care to ensure that young people in particular can return home after brief spells in care. Care plans should summarise the child's needs and how these needs will be met.

#### **Brighton and Hove Context**

The department has recently reorganised and created a dedicated Children in Care Team. The team works with children in care once a final order (care order or placement order) has been made. This enables robust and timely decision making to take place.

Outcome: Every child will have a care plan that details the support they will receive to maximise their life opportunities and be safe from harm.

At present a new care planning and permanency policy is under development to take into consideration the new Government agenda around Adoption.

### **3.1.2 Theme 2: Educational**

Many children in care have insecure attachment due to their experience of trauma and/or neglect; for some this will result in cognitive and developmental delay which may manifest itself as poor social skills, memory loss, withdrawal, fear, poor organisation skills, hyper vigilance, and difficulties in absorbing new information. Children who are in this 'state' cannot optimise the learning opportunities made available to them. For most, the optimum state for learning is one that is relaxed and alert.

Difficulties in managing the demands of the school day and maintaining peer relationships result in many children in care moving through their school career with increasing difficulties that ultimately result in poor educational outcomes and isolation.



Schools who have a secure understanding of attachment, know how poor attachment can present and who work within an attachment framework are more likely to experience greater success in supporting Children in Care to achieve the best possible personal outcomes.

## **National Context**

It is well researched that achieving a secure education is a highly protected factor for all children as they move through to adulthood. Unfortunately many Children in Care have poor educational experiences and leave compulsory education with few qualifications.

- In 2010 over a third of Young People in Care (aged 19) were not in Education, Employment or Training.
- Nationally (2011) 60% of all children achieved 5 A\* - C GCSE's including English and Maths.
- For Children in Care this figure was just 13%.
- Nationally at Key Stage 2, 82% of children achieved Level 4 in English and 80% of children achieved Level 4 in Maths
- For Children in Care at Key Stage 2, 53% achieved Level 4 in English and 42% achieved Level 4 in Maths

For Children in Care leaving school with few or no qualifications, their transition to adulthood is marked by limited life opportunities and a greater dependence on health, social care and other community services.

Where Children in Care experience educational success, it is known that stability in the care placement and school provision have a strong influence. Other factors include:-

- Stability the child's allocated social worker
- The age at which the child is taken into care (and length of time in care)
- The value and support for education in the home environment (high aspirations)
- Key adults (especially school staff) having an understanding of how neglect and trauma affects children and how they can be supported
- Early identification and high quality intervention to address specific learning, social, behaviour and learning needs

The gap in attainment for Children in Care widens as they move through from Key Stage 1 to Key Stage 4. Many children find the transition from primary to secondary school a challenge, and for Children in Care this can be overwhelming. Secure transition and on-going support is vital to enable children to cope with such significant change.

Children in Care experience higher rates of fixed term exclusions than their peers. Boys are four times more likely to be permanently excluded and three time more likely to be fixed term excluded than girls. Children with special educational needs are eight times more likely to be excluded than those not identified as having special educational needs.

## **Brighton & Hove Context**

The role of the Virtual School in Brighton & Hove is to support Children in Care of statutory school age to achieve the best possible education outcomes. The Virtual School monitors individual targets and outcomes for all Children in Care, allocates additional resources to support children to close gaps in their learning and offers training, support and advice to professionals to support them in their work with Children in Care; The Virtual School advocates on behalf of Children in Care and will challenge poor practice.

Brighton has 300 school aged Children in Care of these approximately 35% are placed in out of authority care and school placements. There are a high numbers who have special education needs. 27% of children in the care of Brighton and Hove have a statement of special educational needs (SEN). This compares with about 3% of children nationally.

### Key Stage 2 outcomes

The Virtual School has to present data on achievement and outcomes at the end of Key Stage 2. This includes national curriculum levels in Literacy and Numeracy, children at the end of Key Stage 2 will be expected to achieve Level 4 in these subjects. Schools in Brighton & Hove have consistently performed above the national average for Children in Care achieving level 4 in Literacy and Numeracy at the end of Key Stage 2. However the gap between Children in Care and all children nationally remains significant

### Key Stage 4 outcomes

Outcomes at the end of KS4, for Children in Care achieving 5 GCSEs A\* - C, including English and Maths, improved significantly last year (from 3 to 19%) and we anticipate further improvement in the summer 2012. While there are similar issues presenting at KS4 and KS2 there are additional factors that impact attainment. These include disengagement, school and placement breakdown and greater incidence of risk taking behaviours by young people.

### Attendance

Attendance for Children in Care at primary is above average (96%) and at secondary is average (92%). The definition of persistent absence has recently been revised, now any child missing 15% of school, over any half term, would be considered as a persistent absentee. The profile of Children in Care who commonly fall into this category includes:-

- Children moving into KS4
- Children receiving fixed term exclusions
- Children with a history of school moves
- Children with a history of placement moves
- Children who arrive late to care
- Children identified as having special educational needs

While many schools in Brighton & Hove work extremely hard to support Children in Care to maintain their school place, we do have a high rate of fixed term exclusions when we compare our data to our statistical neighbours. (This reflects the data for exclusions for all children in B & H). Permanent exclusions for Children in Care have been avoided in the last couple of years; a conclusion may be that schools are using fixed term exclusions more frequently as a tool to avoid permanent exclusion. Secondary schools account for the vast majority of exclusions.

Co-location of the Virtual School Team with the Children in Care Team is a development that should enable professionals to work more collaboratively and secure improved outcomes for Children in Care. Some local authorities, with the best outcomes for Children in Care, have well established multi-disciplinary teams working together around the child in care. These teams include a range of professional with skills and expertise, working holistically with the child and their network to address educational, care, social, behaviour and mental health needs.

### **3.1.3 Theme 3 - Health needs of looked after children**

Children and young people who are looked after have the same core health needs as other young people, but their backgrounds and experiences are likely to make them particularly vulnerable to poorer health outcomes.

our key areas of focus for this year include:

- To promote better understanding of the importance of attachment and the development of strategies to support parents and carers to support children develop more secure attachment improving outcomes for children and young people.
- To build on existing specialist sexual health support for young people making it available to young people under 16 with identified sexual health needs.
- To improve the quality and timing of health reviews for LAC placed outside Brighton and Hove.
- To support LA colleagues to improve recording of health data required for reporting to DOE.

### **National Context**

The NHS has a legal responsibility (Children Act 1989/ 2004/2008) to support the Local Authority to carry out its function to safeguard and promote the welfare of, looked after children (LAC) and their parents and carers. This includes cooperation at strategic and service levels, including statutory responsibility to carry out health assessment for Looked after children and young people and to review their progress at regular intervals (Promoting the Health of Looked after Children DOH/DFE2009, Nice Guidance 2010, and Children Act Care Planning Regulations 2010). LAC have the same core health needs as other young people but their backgrounds and experience make them more

vulnerable to poor health outcomes (Promoting the health of looked after children DOH/DFE 2009), along with these changes in placement and schools can result in health needs being overlooked. The needs of unaccompanied asylum seeking young people overlaps that of other young people but they also have specific physical and mental health issues; coupled with the effect of going through the asylum process, these issues put them at the risk of inequalities in accessing health services.

The UK has the highest teenage pregnancy conception rates in Western Europe (FPA 2011) teenagers who become pregnant have greater education, health, social and economic difficulties (Independent Teenage Pregnancy Advisory Group 2009). It is reported that 12.5 % of looked after young people under age 16 years old, become parents and 32% by the age of 18 years (Department of Health 2009). The rates of sexually transmitted infection are on the increase throughout the UK.

National Institute of Clinical Excellence (NICE) produced a summary of research into mental health of LAC in the UK, the available data on mental health and behavioural disorders consistently showed that LAC had poorer mental health than their peer group and where a comparison was made outcomes for those in residential care was poorer than those in foster care. There is an increasing recognition that children under 5 years can show signs of poor mental health, behavioural and emotional distress affecting about 25% of the UK's under 5 LAC population. Studies of Brain development and Attachment have looked at the structural and neuropsychological changes which follow abuse and neglect. It is recognised that the brain passes through critical stages and that lack of appropriate stimulation can result in poor or insecure attachment which can persist into later childhood. There is a growing understanding of the importance of early intervention to promote secure attachment (Mehta et al 2009). There are a significant number of babies who become looked after as a result of maternal drug and/or alcohol misuse. This group is very vulnerable, and at risk of early consequences such as withdrawal from drugs, and later learning and behavioural problems. Some of these babies may be diagnosed with fetal alcohol problems, which may have a life long impact, affecting learning and development.

## **Brighton & Hove Context**

In Brighton and Hove (B&H) Initial health assessment is carried out by the LAC health Team which is a skilled multidisciplinary team of experienced nurses and community paediatricians with dedicated administrative support. The team have provided a high quality service and joint CQC/Ofsted inspection graded the service outstanding in April 2011. There has been a sustained increase in the numbers of children coming into care and so requiring health assessment from an average of 8 per month in November 2009, to between 15 and 20 in December 2011. This has resulted in an increased pressure on the existing resource and has led to delay in timely completion of initial Health Assessment and a fall in the completion of review assessments to below the required performance level. For children placed outside of Brighton and Hove health assessments are completed by local LAC health team and paid for by Brighton and Hove PCT using the 2006 DOH guidance 'Establishing the Responsible Commissioner'. The introduction of the payment process combined with shortage of resources in other areas has resulted in delays for some children and poorly affected performance and outcomes on health reviews. In response Sussex Community Trust commissioned a service review leading to a restructuring of the nursing and administrative component of the team, which will now consist of nurse consultant, two specialist LAC nurse and 2

nurses for LAC, these latter 2 posts are secondments for a year funded by CQuin , plus an administrator full time. The team's targets are to raise the numbers of initial health assessments and health reviews being done in a timely way and to a continuing high standard and to take bring in house health review for children and young people in placements across borders in East and West Sussex and to develop best practice around information collected in relation to emotional health via Strength and difficulties questionnaires.

In 2009 Brighton and Hove were ranked the highest rate for sexually transmitted infection outside London. Health assessment and review for young people 16 plus and unaccompanied asylum seekers is provided by a specialist nurse who offers specialist support for sexual health. Her high quality affective intervention has significantly reduced the teenage pregnancy rate within the LAC population and improved links and services for sexual health screening and treatment have been developed and a fast track service has been developed within the Genito-Urinary Medicine service. Once in place one of the seconded nurses will support this specialist nurse's role, enabling this level of specialist intervention to be available to support vulnerable young people under 16 with identified sexual health needs.

The importance of promoting the development of secure attachment has been recognised both within in the LAC team, early years service, education and Child and Adolescent Mental Health (CAMH) services. There has been the development of multiagency forum which has enhanced joint working together with promoting quality and practice for early year's children in care. CAMHS have developed an attachment care pathway and a multiagency working group is looking at developing practice to support the mental health needs of LAC including those younger than 5 years. For children where there are developmental concerns fast tracking is available for paediatric assessment via Seaside View child Development Centre.

#### **3.1.4 Theme 4: Involvement in crime and substance misuse**

Looked after children are over represented in the youth justice system, commit more offences, are at risk of staying in the youth justice system longer and receiving higher level penalties

- To reduce the number of LAC young people offending and the number of offences they commit.

From April 2013 all young people who are remanded to custody will become LAC leading to increased demands and costs to the LA.

- To reduce the number of young people remanded to custody and thereby becoming LAC.

Studies indicated that LAC are more likely to drink, smoke and take illicit substances and are at higher risk of more frequent drug use

- To reduce substance misuse amongst LAC

## **National Context**

Whilst the majority of LAC do not offend, for those that do the outcomes can be poorer than those of offenders who are not looked after.

Research by NACRO has found that LAC are significantly over represented throughout the youth justice system. Department of Health (DoH) figures for 2001 show that looked after children have treble the offending rate of other children. Home Office figures record that 50% of children in young offender institutions have been, or still are, in local authority care. Further, they suffer worse outcomes across most indicators (e.g. in health, and education achievement) when compared with children in the general population.

### *NACRO Youth Crime Briefing June 2003*

From April 2013, under the Legal Aid, Sentencing and Punishment of Offenders Act young people remanded into custody will automatically become classed as LAC and the costs will fall to the LA (currently the Youth Justice Board pays two thirds). With this change to legislation there will be additional monies coming to LAs, however it is not yet clear how much and whether it will cover the full costs. It is also likely that payment by results to LAs will be linked to the reduction in remands and custody. All of this is likely to increase the numbers of adolescents in the care of local authorities.

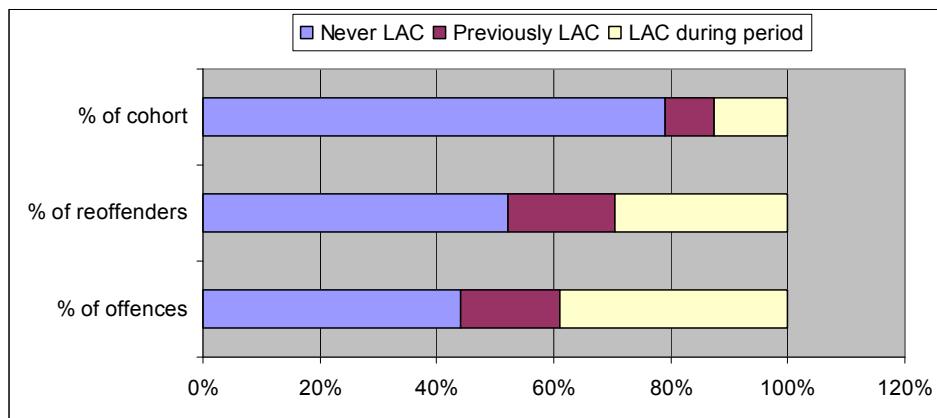
The Home Office has identified 5 vulnerable groups of young people who are likely to have a higher proportion than other young people to use and or misuse drugs, Looked after children are one of these vulnerable groups. Of young people in the 17-24 age groups who have in the past or are at present within one of the vulnerable groups 49% will go on to use any drug use, 30% will develop frequent drug use while 25% will have Class A use. While among the general population of 17-24 year olds 27% will use any drug use, 8% will have frequent drug use and 7% will have Class A use.

Some studies illustrate that looked after young people are four times more likely than those living in private households to smoke, drink and take drugs (Meltzer and others 2003, Williams and others 2001). Looked after children and young people tend to start using drugs at an earlier age, at higher levels and more regularly than their peers who are not in care, leading to concerns that their drug use may become more established and dangerous (Big Step Partnership 2002, Newburn and Pearson 2002, Ward 1998, Save the Children 1995).

## **Brighton & Hove Context**

Re-offending data for 2010/11 found that 13% of the cohort were LAC, 30% of these re-offended and were responsible for 39% of re-offences (shown in the graph over the page in yellow). Locally therefore it was found that LAC are more likely to re-offend and offend at a higher rate. It was also found that LAC were more likely to receive a high tariff sentence such as custody.

At the current date (March 2012) there were 18 LAC open to the YOT, 15 of these were Brighton & Hove and 3 the responsibility of another LA. This is 24% of the YOT cohort and the number of LAC offenders has increased over the last year.



Remand data from 2011/12 found that 14 young people were remanded in the period. The estimated additional future cost to the LA is around £65,000 per annum in relation to placements at a secure establishment (372 bed nights).

5 of these young people were LAC at the time of being remanded, meaning nine were not but would become so under the new legislation. One of these young people was remanded for over 13 weeks making them eligible to receive a longer term service.

There are currently low numbers of LAC accessing the ru-ok? service.

**Current activity**

A joint protocol has been developed and agreed by Sussex Criminal Justice Board aimed at reducing the prosecution of looked after children, this is being adopted by Sussex police and Brighton and Hove YOT.

LAC re-offending data will be added to the relevant performance indicator report cards for next quarter to ensure improved monitoring. Data will be provided to the YOT Management Board and the Brighton & Hove Corporate Parenting Board.

Family Functional Therapy is in use to prevent young people from becoming LAC and to work with 10 YOT families over the next two years.

Change in remand funding and LAC status on risk register and escalated to the Value for Money Board.

An ru-ok? worker is regularly liaising with the 16 plus team to ensure that LAC young people are being referred

### **3.1.5 Theme 5: Social exclusion**

The Cabinet Office, Social Exclusion Task Force focuses on four client groups who are particularly vulnerable to multiple forms of disadvantage and who may be negotiating difficult transitions to social inclusion. These groups are identified as young people leaving local authority care, offenders under probation supervision, adults in contact with secondary mental health services and adults with moderate to severe learning disabilities. Care leavers are disproportionately represented in these three categories and well as being a clearly identified group.

Effective inter-agency partnerships and corporate parenting responsibilities are therefore crucial in ensuring a coherent and personalised response to their wider needs. In order to tackle disadvantage and minimise the risk of falling into persistent exclusion we must as corporate parents:

- Narrow the gap in educational attainment between children and young people in care and care leavers and their peers
- Ensure they are prepared for independent living and adulthood
- Improve their health and well being
- Promote greater independence and wellbeing in later life
- Reduce the harm caused by illegal drugs, smoking and alcohol and encourage healthy lifestyles
- Reduce crime and anti-social behaviour
- Maximise employment opportunity”

#### **National Context**

(summary of research by Mike Stein etc, York University; Sonia Jackson etc, Thomas Coram Research Unit, University of London; Centre for Child & Family Research, Loughborough University; Roger Morgan, Children’s Rights Director, Ofsted)

For most young people today, moving in to their own safe, secure and affordable accommodation, entering further or higher education, finding satisfying employment and achieving good health and a positive sense of wellbeing represent important landmarks during their journey to adulthood. They are also the significant factors in avoiding social exclusion.

As a group, care leavers are more disadvantaged than other young people in achieving these landmarks and more at risk of social exclusion. While many successfully move on from care, others just get by or struggle. It is the responsibility of corporate parents to ensure that all their young people fulfil their potential. This requires comprehensive responses across their care pathway, including their time whilst in care, the time of leaving care and on their journey to adulthood.

Many care leavers have to cope with major changes in their lives, in leaving foster care or residential care and setting-up home, in leaving school and entering the world of work, or post-16 education or training at a younger age than other young people.



Studies show that those young people who have more gradual, extended and supported transitions from care have better outcomes than those who leave care early.

Most young people today receive practical and emotional support well into adulthood. This highlights the importance of the corporate parenting role from care into adulthood, not just at the time of 'leaving care'. Research studies show that young people's pathways to adulthood, those of accommodation, education and employment, health and wellbeing, are closely connected and reinforcing and that they can be assisted by different forms of support, inter and joint agency working and partnerships with carers and positive family and kinship networks.

Since the introduction of the Children (Leaving Care) Act 2000, reinforced by the Transitions Guidance introduced in 2011, the present organisation of leaving care service has resulted in more clearly defined structures, roles and responsibilities and more formalised multi-agency partnerships. However, Government information and research findings, including those based on young people's views, show variations in the range and quality of services.

A major challenge for corporate parenting is how to 'level up' services, especially in the context of 'localism'. There need to be agreed processes to make this happen, for example ensuring formal links between 'good' and 'poor services' with similar levels of need and developing and reviewing 'action plans' to bring about improvements. This process should also include benchmarking best practice in relation to groups of care leavers, including those with additional needs such as black and minority ethnic young people, disabled young people and care leavers in the youth justice system, where there is evidence of service variation.

### **Brighton & Hove Context**

Preparation for adulthood and leaving care must not be a one off event, but a process that supports care leavers to make a successful transition to independent living. Good support and care planning for the future while in care is the basis for good support, positive outcomes and social inclusion when they leave care.

Brighton & Hove City Council's 16 Plus Support Team takes the lead in ensuring that the local authority and its partners as corporate parents exercise the statutory duty to assist young people achieve to their ability, hopes and aspirations whilst in care and to continue to support the care leavers it looked after as children.

The decisions a young person makes between the ages of 16 and 21 during the first few years after leaving compulsory education have a huge impact on their future prospects in particular on their ability to fulfil their potential and is a key area if we are to improve social mobility and social inclusion. As one of the most important interventions to provide, we are committed to improving the opportunities, guidance, support and incentives to enable 16+ young people achieve greater educational outcomes to enable a successful transition from education into work.

#### **3.1.6 Theme 6: Resilience in looked after children**

Resilience has been defined as 'normal development under difficult conditions' or 'the quality that enables some young people to find fulfilment in their lives despite their

disadvantaged backgrounds, the problems or adversity they may have undergone, or the pressures they may experience'. Research shows that shifting attention away from a focus purely on problems, towards a focus on developmental strengths of looked after children and young people enables them to better cope with adversity. Professionals can play an important role by supporting caring relationships, ensuring that school is a positive experience, and promoting the self-esteem of these children and young people.

Robbie Gilligan Professor of Social Work and Social Policy at Trinity College Dublin has identified that children in the care system are likely to be more resilient to adverse circumstances if they have the following

- Supportive relationships with at least one adult.
- Supportive relationships with siblings and grandparents
- A committed adult other than a parent who takes a strong interest in the young person and serves as a long-term mentor and role model.
- A capacity to develop and reflect on a coherent story about what has happened and is happening to them.
- Talents and interests.
- Positive experiences in school.
- Positive friendships.
- A capacity to think ahead and plan in their lives.

Gilligan's research clearly identifies the importance of relationships. Local authorities, Social Workers and the Bureaucracy around children looked after do not, on their own, provide relationships. This is where the importance of good foster parenting and permanency in a child's life are crucial. Our practice and our challenge is to ensure that children and young people can build good relationships with significant adults and peers that are comforting, enduring, responsive and empowering. Secondary attachments with people outside the immediate caring environment are also important; teachers, neighbours etc. Gilligan's seminal research also emphasises the importance of having valued social roles; being in work, being a member of a club, participating in sport, community and leisure activities.

The Gilligan research has gone on to suggest ways in which key workers, such as social Workers, carers, or teachers can promote resilience in looked-after children and young People, including

- Ensuring that these key individuals have an understanding of the impact of attachment and resilience factors on children's development, and thus commit themselves to being the child's champion, acting as good parents would, ensuring the child feels cherished and secure, and making a point of celebrating the child's achievements.

- Good quality direct work and case coordination, to enable looked after children and young people to manage loss and change.
- Attention to strengthening the role of and tasks associated with corporate parenting.

### **Brighton & Hove Context**

In Brighton and Hove the Children in Care Team is leading on the development of a new Children in Care Practice policy which will contribute to the embedding of the lessons above. This will sit alongside the professional capabilities framework for social work, but it is not just children's services that need to play a significant part in the above. It is the whole range of services across the council and across our city partners if we are to deliver on the above.

Resilience is a factor which is taken into account in terms of care planning for Children in Care and should be addressed in all aspects of care planning.

As part of the health assessment a Strength/Difficulties Questionnaire is completed, and if particular emotional difficulties are identified and then an action plan is completed which is kept under constant review. A specific agreement is in place with CAMHS to ensure that Children in Care receive a timely response.

A crucial question is what services/experiences are necessary to support this child/young person's experience? This needs to be addressed by all aspects of the young person's Care Plan and we know the three biggest factors affecting resilience for Children in Care are education, placement stability and identity.

The Fostering Service is piloting a support group (time limited for foster carers) on the model of resilience therapy for looked after children to enhance their care of looked after children and young people as a means to increasing the resilience of the children they are caring for. Financed by VFM

### **3.1.7 Theme 7: Adoption**

The early years of a child's life provide experiences that are critical for the child's later development and ability to make relationships. Early attachment relationships influence how the child relates to other people and how they feel about themselves. These first relationships provide the foundation for the child's subsequent development. When children experience warm, sensitive and responsive parenting they will develop a secure attachment and develop positive expectations about future relationships, trust in others and will approach the world with confidence. Where children experience insensitive, neglecting or rejecting parenting an insecure attachment develops where the child can't rely on adults to feel safe and secure. Where the state has removed children from situations of abuse and neglect it has a responsibility to secure the best possible care that maximises a secure attachment relationship affording the child stability, security and love throughout childhood and beyond. Whilst there is a range of

permanent care options for children - family and friends care either via fostering or special guardianship/ residence order, long term foster care, and adoption; adoption provides the greatest possible legal and placement stability and affords vulnerable children the best hope of recovery from early trauma or attachment deficits, thereby maximising their life chances.

## **National Context**

The Government commissioned a review of the operation of adoption in England following a well publicised public debate about the effectiveness of adoption services. Its concerns being that too few children are available for adoption and for those who are the process takes too long; the application and assessment process for prospective adopters is considered too long, overly intrusive and bureaucratic and there are inconsistencies between the performance of adoption agencies, and inadequate post adoption support to adopters. Whilst the review acknowledged excellence in some areas it noted poor performance in others so developed an Action Plan to address concerns. The Action Plan seeks to introduce a National Adoption Gateway for prospective adopters to access information about adoption and adoption agencies in their area. It seeks to redesign the adoption application process into 2 stages: Initial training and self assessment, with basic checks to be completed in 2 months, then a more detailed adopter assessment to be completed in 4 months. Referral of all children with an adoption plan and approved adopters to the National Adoption Register 3 months after approval and a substantial improvement to post adoption support including an 'Adoption Passport' to access Camhs and therapeutic services. It also established an Adoption Score Card detailing the performance of every Local Authority Adoption Agency across a range of adoption performance measures including the time taken from a child becoming looked after to placement with their adoptive family.

## **Brighton & Hove Context**

BHCC Adoption Service is currently performing well across all performance measures despite a substantial and sustained increase in children with an adoption plan. The Adoption Scorecard placed the service in the Top 10 Local Authorities for time taken from children becoming looked after to placement with their adoptive families. BHCC takes a robust approach to adoption family finding as it recognises that a child's age is one of the strongest predictors of whether or not they will be adopted. For every year of delay a child's chance of adoption reduces by almost 20%. BHCC Adoption Service's recent Ofsted inspection judged the service to be good overall with outstanding areas of practice in helping children to enjoy their lives and achieve, helping them to make a positive contribution, and promotion of equality and diversity.

#### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

4.1

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 5.1 There are no financial implications as a direct result of the recommendations of this report. However, the services highlighted within the report represent a significant level of expenditure within children's services and all new initiatives need to be fully costed and evaluated within the value for money context.

*Finance Officer Consulted: Name David Ellis Date: 22.06.12*

##### Legal Implications:

- 5.2 The term "corporate parent" is not one which has a formal legal definition. However, the term recognises that the local authority must have the same interest in the progress and attainments of looked after children as a reasonable parent would have for their own children. The responsibilities of being a corporate parent are relevant to all local authority staff. The Council has a legal duty to act as a 'corporate parent' for each and every child and young person that is looked after, whether this is as a result of a voluntary agreement with their parents, or under a care order agreed by the court. In this respect the council is subject to statutory guidance, the requirements of the Leaving Care Act, and the duties to promote the well being of children under the Children Act 2004. Promoting the wellbeing, achievement and happiness of looked-after children and care leavers is a responsibility that must be shared and understood by all local services. Ultimately if a child receives a harmful experience in care they have the right to sue the authority for negligence. Under statutory guidance the Director of Children's Services and their senior staff, with the lead member for children's services, who are accountable for ensuring that looked after children are adequately safeguarded and that they are able to access effective services.

*Lawyer Consulted: Name Natasha Watson Date: 22.06.12*

##### Equalities Implications:

5.3

Sustainability Implications:

5.4

Crime & Disorder Implications:

5.5

Risk and Opportunity Management Implications:

5.6

Public Health Implications:

5.7

Corporate / Citywide Implications:

5.8

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

6.1

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1

**SUPPORTING DOCUMENTATION**

**Appendices:**

1.

**Documents in Members' Rooms**

1.

**Background Documents**

1.