

# **Bath and North East Somerset Council**

## **Corporate Parenting Strategy 2012 - 2015**

### **1. Purpose**

This document sets out the Council's strategic plan for children and young people in and moving on from care.

The Children and Young Peoples Plan 2011-14 sets out the vision for all children and young people in Bath and North East Somerset – *we want all children and young people to enjoy childhood and be prepared for adult life.*

This strategy sets out how we will achieve this vision for our children and young people in and moving on from care.

### **2. Context**

2.1 Bath and North East Somerset has a long standing commitment to corporate parenting across the Council and its partners and at all levels. A Corporate Parenting Group was established in 1999 and has continued to meet quarterly to the present day to support elected members in fulfilling their corporate parenting role.

2.3 In May 2008 the Council adopted its Pledge to Children and Young People in and Moving on from Care. An In Care Council has been established and young people from the In Care Council regularly attend the Corporate Parenting Group to ensure young peoples' voices are heard and to hold us to account on our Pledge. An updated Pledge was adopted by Full Council following elections in May 2011.

2.4 This Corporate Parenting Strategy therefore sits in the context of our longstanding and strong commitment to corporate parenting and is underpinned by our Pledge to Children and Young People in and Moving on from care. The focus is on the child's journey into, through and moving on from care into adulthood and on outcomes for young people.

2.5 Nationally the Munro review of child protection and the Government's Action Plan for Adoption are setting the agenda for improvement of children's social care. This strategy is informed by these developments and linked to the local redesign of social care which is taking place in the context of the creation of a People and Communities Department and seeks to ensure children's social care is able to deliver effective services for all children in need in bath and North east Somerset including children in care.

2.6 This document has been informed by discussion with a range of stakeholders including young people at the In Care Council, elected Members, staff and representatives of other services. The strategy has been further informed by the

findings of the OFSTED inspection of safeguarding and looked after children in January 2012.

### **3. Edge of care**

#### **3.1 Current position**

3.1.1 We have had historically low numbers of children in care in the context of a strong commitment to support children to remain in their families in the community underpinned by effective preventive services. In common with most other authorities we have seen an increase in the number of children in care since 2009.

3.1.2 Our redesign work has identified that while we have effective preventive services employing a range of tools to help families, our locality teams had become too focused on assessment/gatekeeping and referring on. Our OFSTED inspection identified significant issues in respect of the quality of early assessment and planning and management oversight of this.

3.1.3 Our commitment to maintaining children in their families has sometimes meant that care planning when they first come into care is insufficiently clear or informed by an understanding of their need for permanence, whether this is achieved through a timely return home or robust long term care planning.

#### **3.2 Strategy**

3.2.1 We will ensure that all children and families who need our help receive timely interventions combining robust assessment in all cases and effective early help.

3.2.2 Informed by the Munro review of child protection, we will refocus children's social care services on effective help through empowering social workers and other social care staff, robust supervision and management oversight, reflective practice and support to develop a range of effective intervention methods across the service.

3.2.3 Continue to support children to remain in their families or to return home from care whenever this is achievable safely and consistent with the child's wellbeing and long term outcomes, always ensuring appropriate support to ensure security and stability.

3.2.4 Care planning to focus from the start on children's need for permanence – i.e. security and stability wherever possible in a secure legal context – whether achieved through return home or permanent substitute care.

3.2.5 For those children who do need to come into care equip social care assessment and intervention services to ensure good care and placement plans and that health and education needs are identified in a timely way.

## **4. Permanence**

### **4.1 Current position**

4.1.1 Our adoption service was found in 2010 to be good with outstanding features and we have a good track record for timeliness of adoption placements and low levels of placement disruptions. However the number of children leaving care through adoption or special guardianship is lower than some authorities and care proceedings cause significant delays for some children in achieving permanence.

4.1.2 Child Permanence Reports (when children require permanent substitute care) are regarded as of high quality and we achieve good adoption placement matches. Children and adopters receive high quality preparation and support to achieve robust adoptive placements including excellent life story books.

### **4.2 Strategy**

4.2.1 Implement the Government's Action Plan for Adoption – Tackling Delay. We aim to increase the number of children adopted from care from 8% in 2008-2011 to 16% of children leaving care each year by the three year period 2013-2016.

4.2.2 We will ensure clarity of planning and a focus on every child's need for permanence (long term security and stability) from the moment a child comes into care.

4.2.3 Ensure adoption and special guardianship are considered as options for permanence for all children from the early stages of care planning – we need positive reasons for ruling either of these options out for any child.

4.2.4 Continue to achieve good and timely matches to adoptive placements for those children who need them with good support including life story work

## **5. Day to day corporate parenting**

### **5.1 Current position**

5.1.1 Our services for children in care perform well on most measures including placement stability, the number placed in foster placements and achieving local placements when first in care.

5.1.2 We have good partnership with health services although the initial health assessment has not often been achieved within 28 days, usually because of late requests. Strengths and Difficulties Questionnaires (SDQ – an assessment of children's emotional well-being) are not always completed at the time of health assessments for a variety of reasons although the average SDQ scores are in line with national averages for children in care and local CAMHS services provide generally good support for children both at the edge of care and longer term (when placed in B&NES). The OFSTED and CQC inspections found significant issues in respect of health services for children in care including governance. Since March 2012 we have implemented a more effective administration system for requesting

appointments and document storage of Health assessments and this has greatly improved the communication and timeliness of actions.

5.1.3 Timeliness of reviews has been impacted by long term sickness in the Independent Reviewing Service as well as late notifications when children are first in care. Children benefit from consistency of Independent Reviewing Officer (IRO) once allocated and reviews are generally of a high standard. The IRO service is now fully staffed and is embracing the best practice guidelines. The past 6 months (April – September 2012) achieved a 98% timeliness of reviews.

5.1.4 Personal Education Plans (PEPs) are usually in place, up-to-date, of a good standard and well supported by our Virtual School for Children in Care. Educational attainment for our children in care is usually higher than for children in care nationally, although still lower than for other B&NES children. Progress achieved by children in care is improving and approaching the levels achieved by other children.

5.1.5 Our fostering service has been judged outstanding by OFSTED in 2010 however does not yet provide the choice of local placements needed particularly for older young people, which means too many young people are placed with Independent Fostering Providers, some of whom are out of area. We currently have 55 children and young people with IFPs, although some are placed deliberately to access specialist services.

5.1.6 Offending levels for children in care are low and there is good joint working with the Youth Offending Team (YOT) both to prevent offending and work with young people who do offend.

## **5.2 Strategy**

5.2.1 We will ensure robust placement planning for all children in care to promote placement stability and maximise and clarify delegation to foster carers.

5.2.2 Work closely with Sirona Health and Care through an improved service specification to ensure timely health assessments and SDQs for all children from when they first come into care and work with Child and Adolescent Mental Health Service (CAMHS) to ensure good support for all children who need it including those placed out of area.

5.2.3 Continue to ensure all children have timely and good quality PEPs supported by the Virtual School focused on achieving progress at the rate of their peers. Ensure that all children in care achieve at least the same rate of progress between key stages as their peers across B&NES.

5.2.4 Ensure all children have timely reviews from when they first come into care.

5.2.5 Continue to work closely with the Youth Offending Team (YOT) to prevent offending by children in care

5.2.6 Increase local placement choice through our in-house fostering service particularly for older young people in the context of a new service agreement and commissioning arrangements.

5.2.7 Work with the In Care Council and staff within the service to improve our performance against the standards in the Pledge and ensure children's voice is at the centre of our day to day practice.

## **6. Moving on from care**

### **6.1 Current position**

6.1.1 Most young people have 16+ PEPs and go on to further education, however this drops off and overall our care leavers aged 19 around a 55% participation rate in education, employment and training (EET). This figure is from a relatively small group (thirty 19 year old care leavers). Nationally, the figure is around 67%, although this varies considerably between Local Authorities. We recognise that over 95% of young people generally in B&NES are in EET and it should be possible to improve the proportion of our care leavers in EET closer to this level. However a higher proportion of our care leavers go into Higher Education than care leavers nationally and many of our care leavers are in stable EET or eventually achieve this over time, so the picture overall is mixed. The OFSTED inspection noted the need to improve participation of care leavers in education, employment and training.

6.1.2 Most young people are in suitable accommodation at 19 and increasing numbers are staying put with former foster carers. We believe that premature independence is one reason for poor participation in EET so 'staying put' and increased use of supported lodgings are both likely to improve the EET rate. Foster carers will need to be increasingly capable of promoting skills for life and supporting young people into adulthood. We have also identified a need for more targeted support for participation, as this is a feature in other authorities who have achieved improvement in this area.

6.1.3 Preparation for life needs to focus on all aspects of life not just accommodation and employment – most care leavers will become parents one day and too high a proportion of children coming into care have parents who were themselves in care. We have run a group successfully with input from the In Care Council for adolescents in care and are planning another one which has a more holistic approach, and provide pre-birth assessments for care leavers who are becoming parents to ensure good support is provided as well as identifying any risks.

### **6.2 Strategy**

6.2.1 Ensure services for young people moving on from care are focused on continuity of corporate parenting, 'staying put'/supported living and persistent support to achieve participation in EET.

6.2.2 Through the Virtual School working closely with the Skills and Employment Service provide targeted support into EET for those who most need it. Significantly increase the proportion of our care leavers sustaining further education, employment and training to the age of 19 and beyond from the 50% achieved in 2011-2012.

6.2.3 Further increase the proportion of care leavers supported in higher education. Ensure needs assessments, pathway plans and support based on assessed need for those care leavers returning to request help with education between 21 and 24 under statutory guidance issued in 2010.

6.2.4 Ensure all foster carers are supported to play a full role in developing skills for life and supporting successful transitions.

6.2.5 Support young people to achieve skills for life for a successful transition to adulthood including ability to become good parents when this is their aspiration.