

Central Bedfordshire
Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ



please ask for Leslie Manning

direct line 0300 300 5132

date 11 July 2013

NOTICE OF MEETING

CORPORATE PARENTING PANEL

Date & Time

Monday, 22 July 2013 at 11.00 a.m.

Venue at

Room 15, Priory House, Monks Walk, Shefford

Richard Carr
Chief Executive

To: The Chairman and Members of the CORPORATE PARENTING PANEL:

Elected Members (voting)

Cllrs M A G Versallion (Chairman), A L Dodwell (Vice-Chairman),
Mrs A Barker, D Bowater, N B Costin, Mrs S A Goodchild, N J Sheppard and
B Wells

[Named Substitutes:

Cllrs: P N Aldis, Mrs G Clarke, Mrs D B Gurney, K Janes, B J Spurr and
A M Turner]

Officers (voting)

Deputy Chief Executive/Director of Children's Services
Director of Social Care, Health and Housing

Carers (non-voting)

Only two of the four foster carers' co-opted representatives will be expected to attend at any one meeting.

AGENDA

1. **Apologies for Absence**

To receive any apologies for absence and notification of substitute Members.

2. **Minutes**

To approve as a correct record the minutes of the meeting of the Corporate Parenting Panel held on 3 June 2013 (copy to follow).

3. **Members' Interests**

To receive from Members any declarations of interest.

4. **Chairman's Announcements and Communications**

To receive any announcements from the Chairman and any matters of communication.

Reports

Item	Subject	Page Nos.
5	Annual Reports for the Adoption Service and Fostering Service To receive a report outlining the statutory framework for the submission of annual reports on the adoption and fostering services and summarising the key points contained in the attached Annual Reports for 2012/13.	* 3 - 48
6	Central Bedfordshire Council Looked After Children Annual Report To consider the Looked After Children Annual Report for the period April 2012 to March 2013.	* 49 - 80
7	Development of the Corporate Parenting Panel To consider the outcome of the review of the Corporate Parenting Panel and possible areas of change.	* 81 - 84

Meeting: Corporate Parenting Panel
Date: 22 July 2013
Subject: Annual Reports for the Adoption Service and Fostering Service
Report of: Gerard Jones, Assistant Director Children's Services Operations
Summary: The report outlines the Statutory framework regarding Annual Reports and summarises key points contained within the reports.

Contact Officer: Fiona Mackirdy, Head of Adoption and Fostering

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

Central Bedfordshire Council's Strategic Plan 2012-16 Priority 3 – Promote health and wellbeing and protecting the vulnerable

The Children and Young People's Plan 2011-2014 Priority 2 – Protecting children and keeping them safe.

Adoption and Fostering are key statutory services to Looked After Children.

Financial:

1. Adoption and Fostering within Children's Services has an annual budget of £6.602 million, including income from Bedford Borough Council under the Shared Service arrangement. There are no new financial considerations arising from the Annual Reports.

Legal:

2. Regulations, associated Statutory Guidance and National Minimum Standards outline the requirement to report to Members on the management and outcomes of the services, in order that they can satisfy themselves that the services are effective and achieving good outcomes for children.

Risk Management:

3. Regulatory Risks: Failure to report would be a breach of National Minimum Standard.

Child Protection Risks: Failure to assess risk may lead to unfavourable outcomes.

Staffing (including Trades Unions):

4. There are no staffing issues.

Equalities/Human Rights:

5. Adoption and Fostering affects all sectors of communities.

Community Safety:

6. There are no community safety issues.

Sustainability:

7. There are no sustainability issues.

RECOMMENDATION:

that the Corporate Parenting Panel comments on the statutory reports

Background

8. The Children Act 2004, Care Standards Act 2000 and associated Relevant Regulations and National Minimum Standards require Local Authority Adoption Services and Fostering Services to report regularly on the operation of the services. The service specific regulations outline the frequency of reporting and to whom the reports must be submitted.
9. The Adoption and Fostering service is a shared service hosted by Central Bedfordshire Council. Annual reports contain information activity in respect of both Councils. This report will be provided to Bedford Borough Council.

Adoption Services

10. The Adoption Service is required to report at six-monthly intervals. In Central Bedfordshire Council, this will be to the Scrutiny Committee. An Annual Report will be produced by the end of May each year covering the preceding April to March period. In addition a six-monthly briefing update will be produced by the end of October each year and presented to the Corporate Parenting Panel.
11. In 2012/13 there was an increase for the third year running in the number of children whose cases were presented to the Adoption Panel for a recommendation as to whether adoption should be the plan for the child. This was for 41 children, an increase from 31 in the previous 12 months. 22 households were approved as adopters, an increase from 14 in 2011/12 and matches of 21 children to adopters were made.

12. 6 Adoption Orders were granted in respect of looked after children in Central Bedfordshire Council, with a further 12 being granted Special Guardianship. The number of adoptions was an increase from 4 the previous year, and the overall number of children where a permanent legal option was secured via adoption or Special Guardianship increased from 15 in 2011/12 to 18 in 2012/13.
13. As of the 31 March 2013, 32 adopted children and their families were in receipt of support. In addition contact plans were being made on behalf of 190 children. Each child placed for adoption is required to have a contact plan in relation to their birth family, which usually involves supporting the periodic exchange of letters or information between adoptive and birth families.
14. There were 37 referrals from adult adoptees and their birth relatives, a 58% drop from the previous 12 month period. Post Adoption support in the form of tracing birth records, counselling and practical advice during tracing, an intermediary service and pre and post reunion support was provided.
15. As part of the continued Government reform of adoption services, a range of measures is planned for implementation 2012 to 2015 to increase the number and speed of adoptions. Measures include addressing delay in Court Proceedings, the publishing of an adoption 'scorecard' for each council, changes to adopter recruitment processes and the setting of challenging targets to reduce delay. The Adoption Services is in a strong position to meet the requirements of the action plan, having robust performance monitoring and good practices in place in regard to planning for adoption.

Fostering Services

16. A report to Members is required at three monthly intervals. This is achieved by production of an Annual Report to this Committee in September each year covering the April to March period. In addition, three-monthly updates will be presented at the end of July, October and January each year to the Corporate Parenting Panel.
17. 49 new fostering households were approved during 2012-13, an increase on 41 the previous year.
18. 173 children were placed in full-time foster placements at the end of March 2013, of whom 92 were looked after by Central Bedfordshire Council. This is an increase from the 162 who were in placement in April 2012. Across both Central Bedfordshire Council and Bedford Borough Council, there have been 476 referrals for new or a change of placement, a substantial increase from 376 in 2011/12. 127 children were placed with carers approved by Central Bedfordshire Council, 126 placed in Independent Fostering Agencies, 13 placed in residential units and the remainder did not become looked after by either Council.

19. The number of enquiries from members of the public interested in becoming foster carers remained at similar levels to 2011/12. All enquiries received prompt information and a visit from a social worker. 103 households made formal application to become a foster carers either from a follow up enquiry as a member of the public or because they wished to care for a looked after child known to them as a family member or friend. This was an increase from the 84 applications received in 2011/12.
20. Over the course of the year 70 training activities were provided for foster carers on 38 topics. 550 delegates attended. A range of support is provided to foster carers, including regular supervision from a social worker, support groups, peer mentoring and out-of-hours telephone support.

Shared Service Arrangement

21. In March 2012 following the annual review of the Shared Service Level Agreement it was decided to end the Shared Service Arrangement. This decision was subsequently reviewed in detail in Autumn 2012 with the decision being made for the disaggregation of the service to be effective from 1 January 2014. A project board comprising staff in both Councils has been established to plan the arrangements for January 2014 and beyond. This planning process will involve consultation with key stakeholders and staff to ensure that an effective fostering service that meets the needs of children can be maintained and developed.

Appendices:

Appendix A – Adoption Annual Report

Appendix B – Fostering Annual Report

Background Papers:

None

Location of papers: N/A



Central Bedfordshire Council
and Bedford Borough Council
working together

Adoption Agency

Annual Report

For the period
2012/2013

CONTENTS

	SECTION 1	3
1.0	Introduction	3
1.1	Staffing / Service Structure	3
1.2	The Adoption Panel	4
1.3	Adoption Panel Membership	4
1.4	Panel and Agency Decision Maker Activity	4
1.5	Panel Training And Development	5
1.6	Provision Of Information On Adoption	5
	SECTION 2 – CHILDREN AND ADOPTION	7
2.0	Children Referred For Adoption	7
2.1	Age, Gender And Ethnicity Of Children Referred For Adoption	7
2.2	Sibling Groups Of Children Referred For Adoption	9
2.3	Children With Disabilities Referred For Adoption	9
2.4	Outcomes For Children Referred For Adoption	9
2.5	Placements Of Children	9
2.6	Type of Adoption Placement	10
2.7	Ethnicity Of Children Placed For Adoption	10
2.8	Ages Of Children Placed For Adoption	10
2.9	Gender Of Children Placed For Adoption	11
2.10	Adoption Orders / Special Guardianship Orders	11
	SECTION 3 - ADOPTERS	12
3.0	The Work Of The Adoption And Permanence Support Team	12
3.1	Recruitment Of Adopters	12
3.2	The Assessment Process: Enquiries, Assessments And Approvals	12
3.3	Ethnicity Of Adopters	12
3.4	Post Approval Support	13
3.5	Training For Adopters	13
	SECTION 4 – ADOPTION SUPPORT SERVICES	14
4.0	Post Adoption Support To Families	14
4.1	Services To Adopted Adults / Birth Relatives	14
4.2	Disrupted Adoptions	16
	SECTION 5 – OTHER ACTIVITIES	16
5.0	Inter-Country Adoption	16
5.1	The Adoption Consortium	16
5.2	BAAF	17
5.3	Independent Birth Family Counselling	17
5.4	The Adoption Scorecard	17
	SECTION 6	18
6.0	Conclusion	18

SECTION 1 INTRODUCTION

- 1.0.1 This report describes the activity of Central Bedfordshire and Bedford Borough Councils' Adoption Agencies during the period 1st April 2012 to 31st March 2013, noting their achievements, clarifying the remit and focus of their work and identifying recommendations for the development of the service.
- 1.0.2 This report is provided as part of the monitoring of the adoption agency required under the Local Authority Adoption Service Regulations 2003 and National Minimum Standards 2011. This report will be presented to the Central Bedfordshire Council Children's Overview and Scrutiny Committee and a six-monthly update report will be presented to the Corporate Parenting Panel. A copy of this report is provided to Bedford Borough Council for presentation to Elected Members.

1.1 STAFFING / SERVICE STRUCTURE

- 1.1.1 The Adoption and Permanence Support Team is made up of the following staff as of 31st March 2013:
- 1 x full time Team Manager
 - 1 x full time Deputy Team Manager
 - 4 x Senior Practitioners (3 full time equivalent)
 - 8 x Social Workers (6.78 full time equivalent)
 - 4 x Social Work Assistants (2 full time equivalent)
 - 0.5 x Administrator for Letter-box contact
 - 1 x Lifestory Senior Practitioner
 - 2 x Administrators
- 1.1.2 The service has remained largely fully staffed this year, with staff seconded from within the service to cover a secondment and agency staff cover for maternity leave and one vacancy.
- 1.1.3 Most staff have a number of years post-qualifying experience, and a programme of additional support is in place for those newly-qualified or in the early years of their social work career.
- 1.1.4 The adoption agency is supported by specialist staff who work across the Adoption and Fostering service area. These staff include a Business Support Officer with responsibility for adoption and special guardianship allowance payments, a Recruitment and Marketing Officer, a Training Officer and Training Coordinator, and the Panel Advisor and Secretaries who support the adoption panel.

1.2 THE ADOPTION PANEL

- 1.2.1 The Adoption Panel usually meets every month of the year, with extraordinary panels as and when required. There were three extra panels during 2012/2013 and the panel therefore met on 15 occasions.
- 1.2.2 The Adoption Panel considers applications from prospective adopters and makes recommendations as to their approval. Prior to September 2012 the panel also considered whether adoption should be pursued as the plan for all children. Panel also considers the proposed match between all children with adopters, making recommendations on any matters brought before them. On 1st September 2012 amended Regulations determined that where a child's case was before the Court in respect of Court Proceedings, the adoption panel would no longer consider whether adoption should be the plan for the child, and this decision would instead be made by the Agency Decision Maker without a recommendation from the Adoption Panel.

1.3 ADOPTION PANEL MEMBERSHIP

- 1.3.1 As at 31st March 2013 the Adoption Panel central list was as follows:

Panel Chair	Independent
Independent	Adoptive Mother
Independent	Adoptive Father
Independent	Birth Parent of an Adopted Child
Social Work Member	Fostering Team Manager
Social Work Member	Team Manager, Children with Disabilities Team (BBC)
Educational Psychologist (Vice Chair)	Educational Psychologist (BBC)
Medical Adviser	Consultant Community Paediatrician
Elected Member	Central Bedfordshire Council
Independent (Vice Chair)	Adopted Person
Elected Member	Bedford Borough Council

- 1.3.2 In attendance but non voting members are:

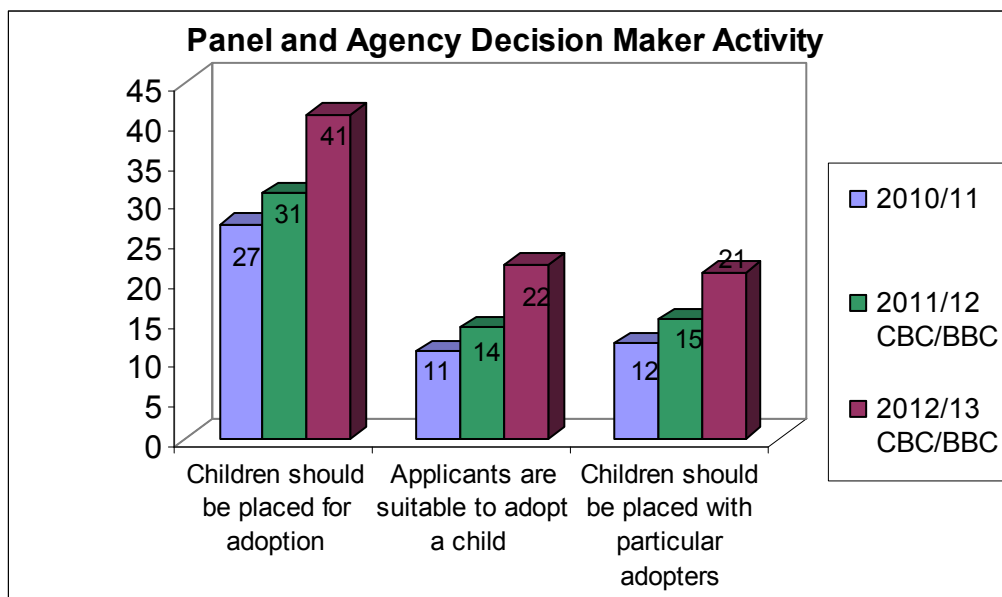
Professional Adviser	
Panel Secretary	

- 1.3.3 The Legal Adviser to the Panel gives advice in writing in advance of Panel meetings.

1.4 PANEL AND AGENCY DECISION MAKER ACTIVITY

- 1.4.1 In 2012/2013 the Adoption Panel met 15 times and recommended that 8 children should be placed for adoption in the six months when this was still the remit of panel. Of these, 5 were from Central Bedfordshire and 3 from Bedford Borough. The Panel also recommended that Placement Orders should be sought in relation to all 8 children.

- 1.4.2 Between 1st September 2012 and 31st March 2013 the Agency Decision Makers decided that adoption should be the plan for 33 children. Of these 17 were from Central Bedfordshire and 16 were from Bedford Borough. This takes the overall number of decisions about adoption for children to 41. This compares to 31 in 2011/2012 and is an increase for the third year in succession.
- 1.4.3 In relation to approvals, the Panel recommended that 22 households were suitable to adopt a child. This compares to 14 households in 2011/2012. All applicants attended the panel.
- 1.4.4 In terms of matching, the panel recommended that 21 children should be placed with particular adopters. Of these 13 were from Central Bedfordshire and 8 from Bedford Borough. This compares to 15 children in 2011/2012.



1.5 PANEL TRAINING AND DEVELOPMENT

- 1.5.1 The annual panel training day took place in July 2012 which considered the themes outlined in the Government's Action Plan for Adoption.
- 1.5.2 A full day's training is planned in September 2013 looking at the national reforms to adopter recruitment and planning for children.

1.6 PROVISION OF INFORMATION ON ADOPTION

- 1.6.1 Central Bedfordshire and Bedford Borough Councils have a single point of contact to the service through a local rate telephone line. A regularly updated information pack outlining the services available and procedures for prospective adopters is sent within 24 hours to those expressing an interest in adoption.
- 1.6.2 Information Evenings are held by the Adoption and Permanence Support Team where current information on the needs of children requiring adoption and the process of assessment is given to those people who are interested in becoming prospective adopters. It is a legal

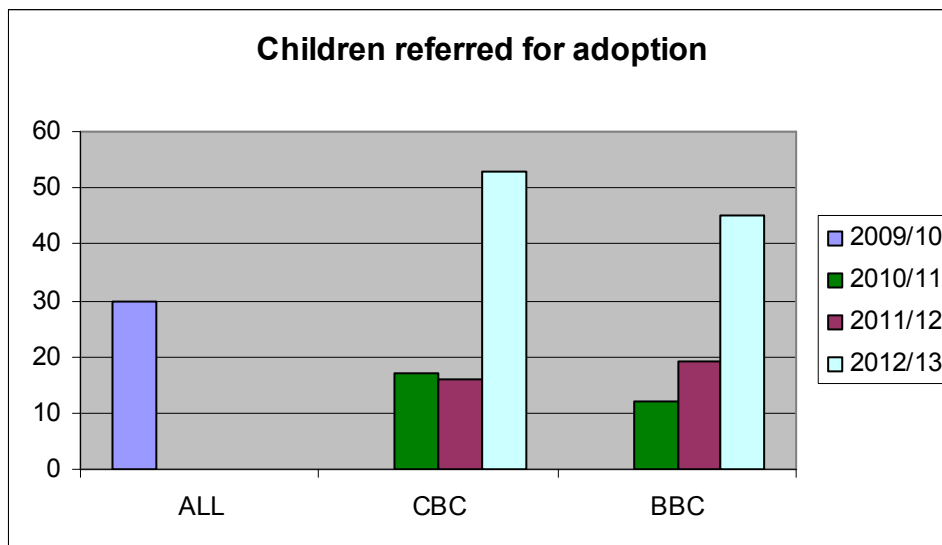
requirement for the agency to ensure that prospective adopters are offered the opportunity to attend an Information Evening within 8 weeks of their enquiry to the team. 7 such evenings were held in 2012/2013.

- 1.6.3 Preliminary counselling discussions in the form of an initial interview with prospective adopters are offered by Adoption Social Workers to enable enquirers to decide whether to pursue their enquiry. This counselling session also enables the Adoption Agency to decide whether to accept an application and whether this is an assessment which should be prioritised as a likely resource for children awaiting adoption.
- 1.6.4 Statistics in relation to enquiries received are included later in this report.

SECTION 2 – CHILDREN AND ADOPTION

2.0 – CHILDREN REFERRED FOR ADOPTION

2.0.1 In 2012/2013, there were 98 children referred to the service for adoption. Of these, 53 were from Central Bedfordshire and 45 from Bedford Borough. This compares to 35 children in 2011/2012 (16 of whom were from Central Bedfordshire and 19 from Bedford Borough) and is an increase of 280%, reflecting the significant changes in the number and age of children becoming looked after in both councils.

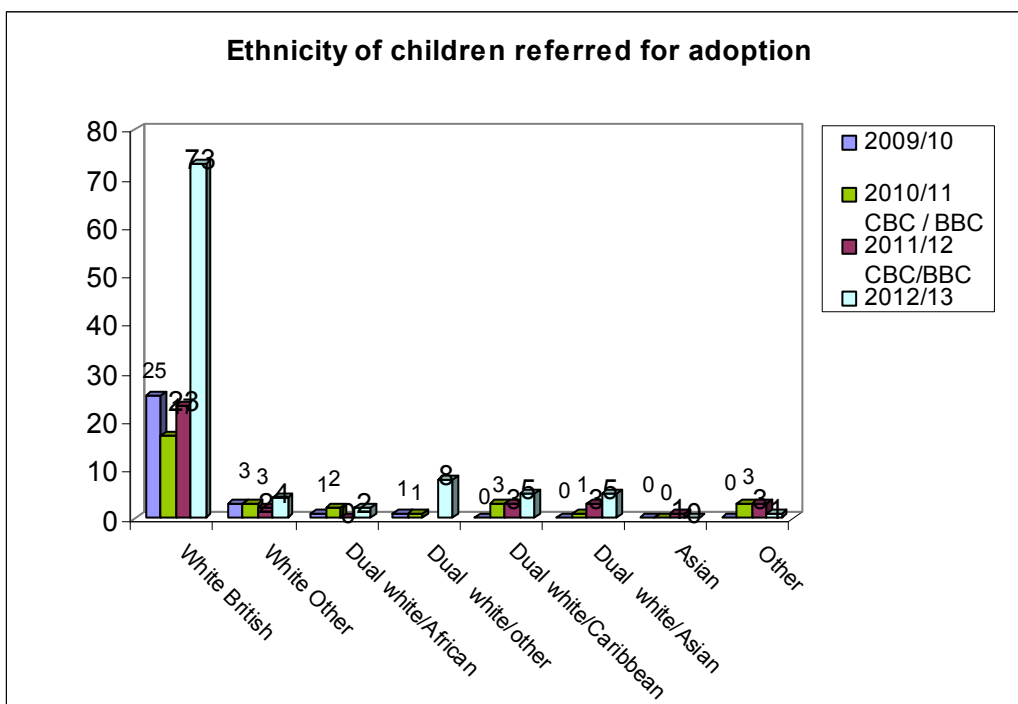
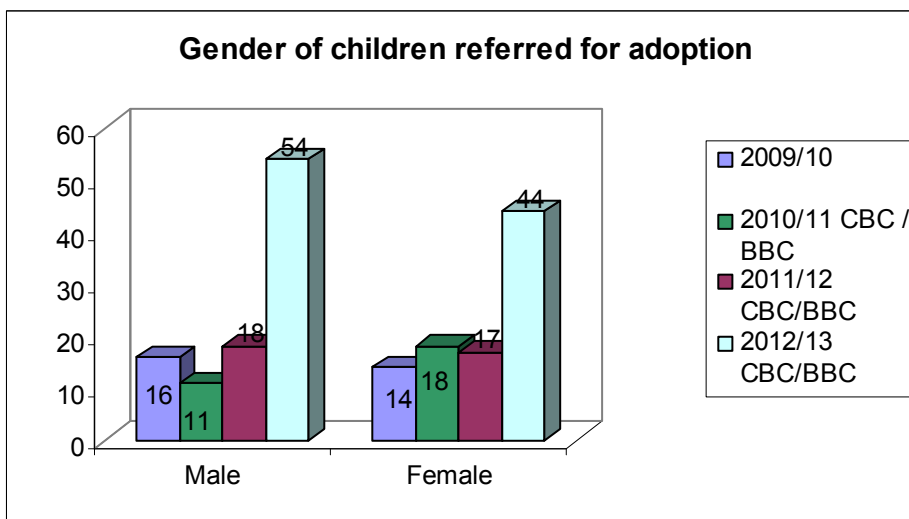
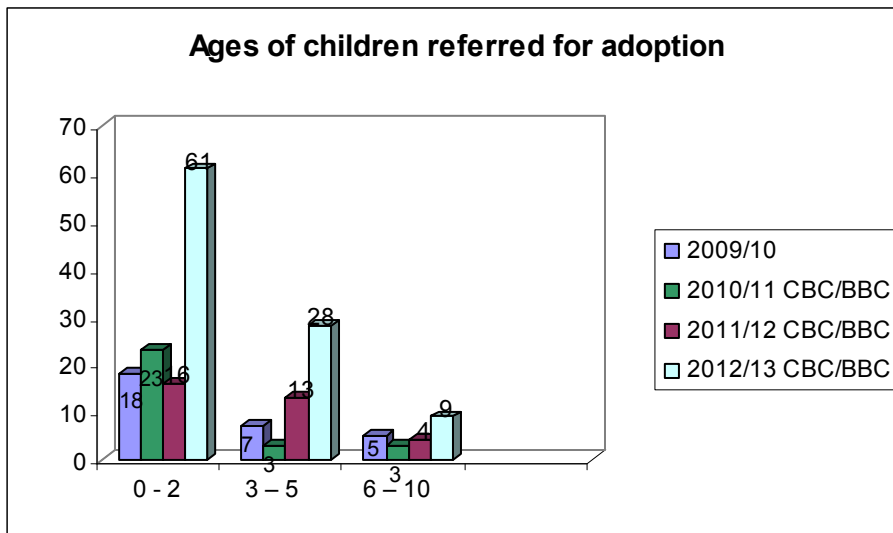


2.0.2 During 2012/2013 a further 56 looked after children were referred for permanence planning, where the primary plan was long-term fostering or permanency by way of a Special Guardianship Order or Residence Order. 30 children were from Central Bedfordshire and 26 children were from Bedford Borough. This is a reduction from the 75 referrals in 2011/2012.

2.1 – AGE, GENDER AND ETHNICITY OF CHILDREN REFERRED FOR ADOPTION

2.1.1 As can be seen from the figures below, the majority of children referred for adoption were under the age of 5 years. This has also been the case in previous years. More boys than girls were referred.

2.1.2 Of the 98 children referred for adoption 73 were from White British ethnicity, 4 were White other backgrounds, 5 were dual heritage White / Caribbean, 2 were dual heritage White/African, 8 were dual heritage White/Other, 5 were dual heritage White / Asian and 1 was African.



2.2 SIBLING GROUPS OF CHILDREN REFERRED FOR ADOPTION

- 2.2.1 The service received referrals for 25 sibling groups during the year 2012/2013. This compares to 8 sibling groups in 2011/2012. This included 4 sibling groups of three children.

2.3 – CHILDREN WITH DISABILITIES REFERRED FOR ADOPTION

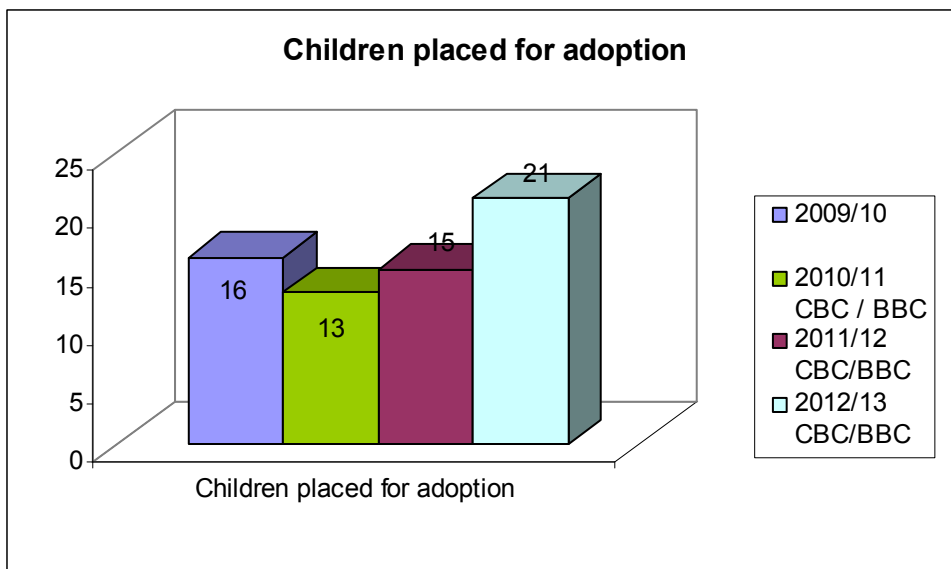
- 2.3.1 The service received 2 referrals for children with a disability during 2012/2013. It is of note that a number of children, although not having a diagnosed disability, will face uncertain futures due to substance misuse by parents in the ante-natal period.

2.4 OUTCOMES FOR CHILDREN REFERRED FOR ADOPTION

- 2.4.1 Of the 98 children referred for possible adoption in 2012/2013, 2 had been matched with adopters by March 2013. In the case of 15 children the Adoption Agency Decision Maker had considered their case and a decision made that adoption should be the plan. For 16 children planning had enabled them to remain with relatives either under fostering arrangements or as a result of granting of a Special Guardianship Order. The remaining children were still subject to care proceedings as at 31st March 2013. Permanence planning was in place with potential adopters beginning to be identified in order to expedite placements once Placement Orders were granted.
- 2.4.2 In order to avoid case drift for children, social workers are asked to refer children for family finding when adoption is a possible outcome for that child. This does not mean that all children referred will subsequently be adopted, but ensures that robust planning is considered as part of a child's care plan. In many cases, children safely return to their families or are placed with extended family members under other Orders, such as Special Guardianship.
- 2.4.3 In the year 2012/2013 we have continued to see some cases where Care Proceedings have taken much longer than expected, often due to viability assessments of family members taking place consecutively. However, reforms to the Family Justice system are beginning to take effect with the average timescale for care proceedings to conclude showing a reduction in the last quarter of 2012/2013.

2.5 – PLACEMENTS OF CHILDREN

- 2.5.1 Members of the Adoption Team were active in facilitating the placements of the 21 children placed for adoption in 2012/2013. This compares to the placement of 15 children in the previous year.
- 2.5.2 There were 5 sibling groups placed for adoption during 2012/2013.



2.6 – TYPE OF ADOPTION PLACEMENT

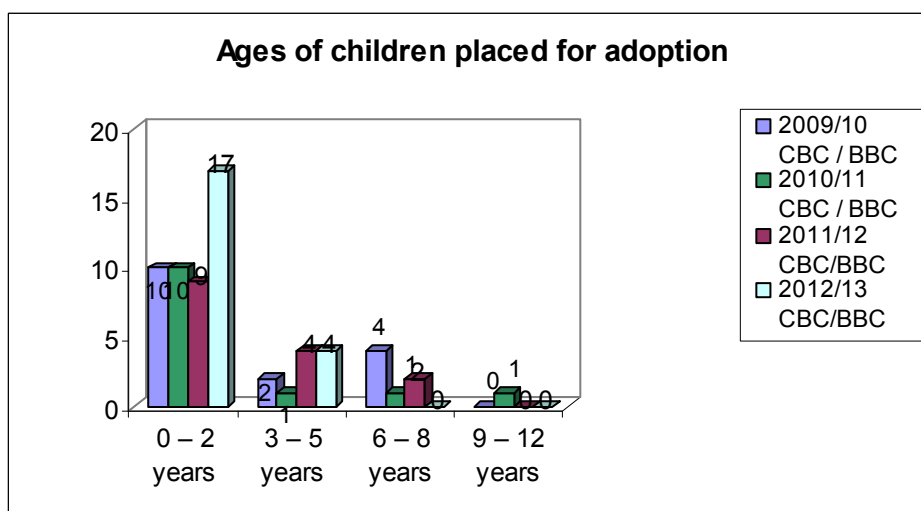
2.6.1 Of the 21 children placed for adoption in 2012/2013, 17 were placed with adopters assessed and approved by Bedfordshire. 1 sibling group was placed with adopters recruited by another local authority, and a second sibling group was placed with inter-country adopters assessed in their country of origin.

2.7 – ETHNICITY OF CHILDREN PLACED FOR ADOPTION

2.7.1 Of the 21 children placed for adoption in the year 2012/2013, 15 were White British, 3 were of White Other heritage, 2 children were of dual White/Black Caribbean heritage and one child's ethnicity was unknown.

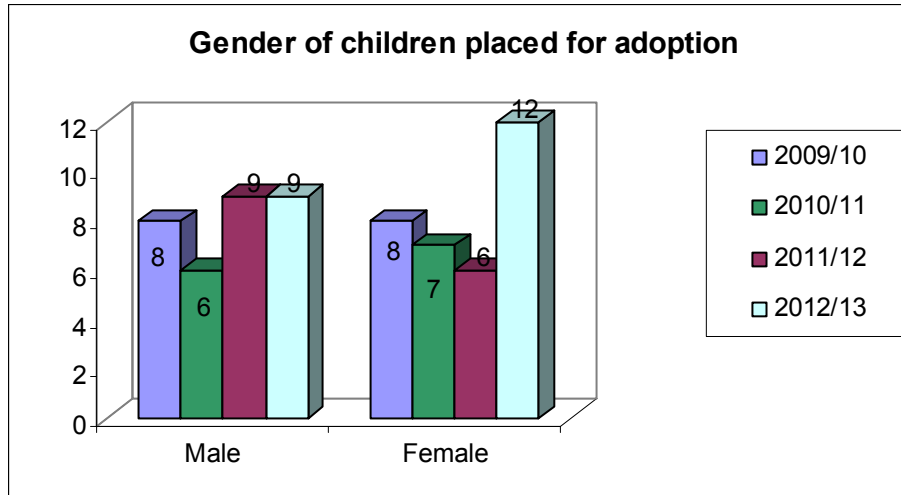
2.8 – AGES OF CHILDREN PLACED FOR ADOPTION

1.4.2 Of the 21 children placed for adoption in 2012/2013, 4 were aged three and above and 17 of were aged 2 years or under.



2.9 – GENDER OF CHILDREN PLACED FOR ADOPTION

2.9.1 Of the 21 children placed for adoption, 12 were female and 9 were male. Of these, in Central Bedfordshire there were 9 females and 4 males placed for adoption, and in Bedford Borough, there were 3 females and 5 males.



2.10 – ADOPTION ORDERS / SPECIAL GUARDIANSHIP ORDERS

2.10.1 Adoption Orders were made in respect of 12 children during the period 1st April 2012 to 31st March 2013. Of these 6 were for children from Central Bedfordshire and 6 from Bedford Borough. This is the same number of orders as made in 2011/2012.

2.10.2 Special Guardianship Orders were made in respect of 22 children. Of these 12 were from Central Bedfordshire and 10 were from Bedford Borough. This is an increase in the total number from 12 Special Guardianship Orders last year.

SECTION 3 - ADOPTERS

3.0 – THE WORK OF THE ADOPTION AND PERMANENCE SUPPORT TEAM

- 3.0.1 Every child looked after who may need a new permanent family has a social worker from the Adoption and Permanence Support Team allocated to take lead responsibility for finding a suitable family. Family Finding Social Workers attend regular permanence planning meetings with other professionals involved with the child. For those children for whom a return to the care of his / her parents or a member of the extended family is not possible, adoption or long term fostering will be the plan. Family Finding Social Workers are active in identifying not just adoptive families, but also foster families, as appropriate to the needs of the child. This helps ensure that permanence is achieved for all children in a timely manner.

3.1 – RECRUITMENT OF ADOPTERS

- 3.1.1 In order to ensure a range of adopters are recruited for both Bedfordshire children and to meet the needs of children nationally requiring adoptive families a range of recruitment activity has taken place this year. Drop-in sessions were held in July 2012 and February 2013, as well as specific drop-in events during National Adoption Week in November 2012. A social media campaign using twitter and email alerts was tried for the first time this year. In addition the Adoption and Fostering service had stalls at Bedford Market, Picnic in the Park and Linslade Canal Festival and Bedfordshire Young Farmers Event during 2011. Advertising in local newspapers and magazines was used to publicise events, and a national advert recruiting for specific children was placed in March 2013.

3.2 – THE ASSESSMENT PROCESS: ENQUIRIES, ASSESSMENTS AND APPROVALS

- 3.2.1 All assessments are carried out in accordance with the 2011 National Minimum Standards for Adoption and the Adoption Agencies Regulations 2005 and their Statutory and Practice Guidance. All prospective adopters are required to undertake a training programme as part of the preparation and assessment process and have a review of their assessment conducted by a Manager or Senior Practitioner of the Adoption and Permanence Support Team.
- 3.2.2 89 enquiries from prospective adopters were received in 2012/2013 which was slightly fewer than the 104 enquiries in 2011/2012. All enquirers were invited to attend information evenings and sent information packs. 80 households attended. Applications were accepted from 25 households following an in-depth interview. 22 adoptive households were approved in 2012/2013, an increase from 14 in 2011/2012

3.3 – ETHNICITY OF ADOPTERS

- 3.3.1 Of those attending an information evening, 50 households described themselves as White British. 12 households described themselves as of a White British and other heritage. 3 households described themselves as of Asian heritage. 15 households did not state their background.

- 3.3.2 Of the adopters approved 17 households were White / British. In other cases the household was of White European heritage, or were of dual heritage where one partner was of White heritage and the other or either white non-British heritage, or Black African heritage.

3.4 – POST APPROVAL SUPPORT

- 3.4.1 All approved adopters are supported by a Social Worker from the Adoption and Permanence Support Team from approval, through the process of placement of children, to the making of an Adoption Order.
- 3.4.2 Once an Adoption Order has been made, adopters can continue to access support or request an assessment of their additional support needs through the Adoption and Permanence Support Team.

3.5 – TRAINING FOR ADOPTERS

- 3.5.1 Social Workers from the Adoption and Fostering Service provide the preparation training for adopters. Adopters also have access to the full training programme offered to the Agency's foster carers and adopters. This ongoing training is available to both approved adopters as well as to adoptive parents at any point after an Adoption Order has been granted.
- 3.5.2 During the year April 2012 to March 2013 a four day preparation training programme was held on three occasions and was attended by 22 households, compared to 19 households during 2011/2012.
- 3.5.3 The training covered a variety of topics and experiential exercises including:
- The Adoption Process
 - Agency Policy / Legislation
 - Valuing Diversity
 - Disability Awareness
 - Child Development
 - Attachment and Resilience
 - Health and Education
 - Abuse
 - Memories, Loss and Separation
 - Lifestory work
 - Adoption Support including contact
 - Matching
- 3.5.4 Training is evaluated at the end of each programme, and again when prospective adopters attend Adoption Panel. The feedback to Panel during the past 12 months has been universally positive.

SECTION 4 – ADOPTION SUPPORT SERVICES

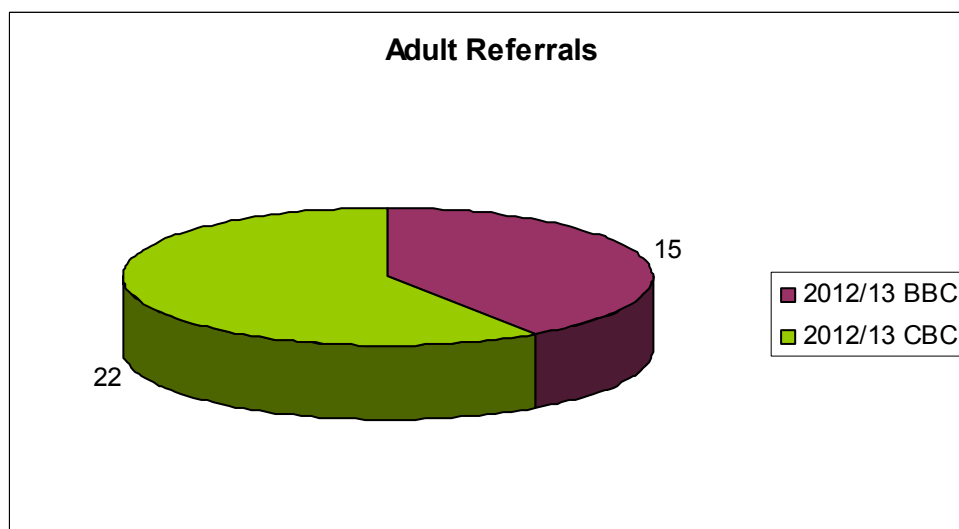
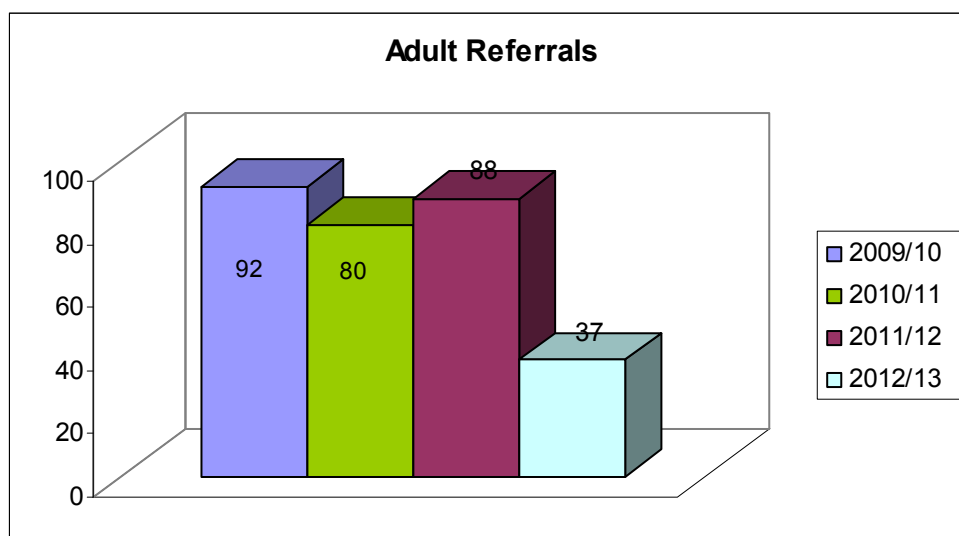
4.0 – POST ADOPTION SUPPORT TO FAMILIES

- 4.0.1 The Adoption and Children Act 2002 established the right of adopted families to request an assessment of their adoption support needs. These families either self-refer or come to the attention of the department via another agency. In such instances the team either provides direct social work support or where a specific need is identified, a specialist service may be commissioned.
- 4.0.2 As of the 31st March 2013, the team were working directly with 32 adopted children and their families who were in need of support. Of these 19 were from Central Bedfordshire and 13 from Bedford Borough. This compares to 25 children and their families in March 2012. Between 1st April 2012 and 31st March 2013 the team received a total of 13 new referrals for adoption support, 6 from Central Bedfordshire and 7 from Bedford Borough. As of 31st March 2013 the team was also supporting 26 children and families subject to a special guardianship order (14 from Central Bedfordshire and 12 from Bedford Borough.)
- 4.0.3 A number of adopted children and their families were assessed as being in need of therapeutic support. It is expected that this is provided by community Child and Adolescent Mental Health Services (CAMHS). In a small number of cases this year CAMHS did not have the resources to meet the identified needs of children or deemed that children did not meet their referral criteria.
- 4.0.4 The team have a mailing list of adoptive families from Central Bedfordshire and Bedford Borough who are sent newsletters, invitations to support groups for adoptive parents and family days, some of which are provided by the service and some by Adoption UK. They are also sent information about training events provided by the Adoption and Fostering Service.
- 4.0.5 All new adoption support referrals are offered an Adoption UK Buddy and access to the above services. The Adoption & Permanence team also provide groups for adopted children and their families, including Talking About Adoption workshops. All adoption support referrals have an assessment of need and adoption support plan upon request.
- 4.0.6 Each child placed for adoption is required to have a contact plan in relation to their birth family. The service currently manages contact plans on behalf of 190 children (an identical number to 2011/2012), many of which have required direct intervention to support all the parties involved in the contact arrangements, i.e. adopted children and young people, their adoptive parents and their birth families. In addition the service currently manages contact plans in Special Guardianship cases on behalf of 21 children. In total the service supports letterbox contact in 116 Bedford Borough cases, and 95 Central Bedfordshire cases.

4.1 – SERVICES TO ADOPTED ADULTS AND BIRTH RELATIVES

- 4.1.1 Social Workers in the Adoption Support Team provide an advice and counselling service to adopted people seeking information and access to their birth records. For all residents of Bedfordshire, a counselling service is offered and information is provided to other councils who are supporting people in their areas who were adopted through Bedfordshire. Specific leaflets outlining this service are available to enquirers through the Adoption Duty Desk.

- 4.1.2 Not only is an initial counselling interview offered to those seeking birth records, but work is undertaken to locate records held by other Adoption Agencies. Counselling and practical advice during tracing, an intermediary service and pre and post reunion support are also available to adopted adults and their birth relatives.
- 4.1.3 Birth relatives seeking to make contact with adopted adults are offered information and advice and an intermediary service. In the case of birth relatives, they are not given any identifying information about the adopted person.
- 4.1.4 In the period 2012/2013 there were 37 referrals from adult adoptees and their birth relatives who were seeking Post Adoption counselling support. This was a significant decrease on the 88 referrals received in 2011/12 and may be indicative of the increase in use of the internet by individuals wishing to trace their heritage and find birth relatives
- 4.1.5 Of the adult referrals received during 2012/2013, 22 came from Central Bedfordshire and 15 were from Bedford Borough. .



4.2 – DISRUPTED ADOPTIONS

- 4.2.1 Nationally the disruption rate pre Adoption Order is considered to be in the region of 20%. There was one disruption in 2012/13 of children placed by the two councils, meaning that there had only been two disruptions in the last 4 years. This low figure reflects the care given to the matching process between children and adoptive families, the resilience and commitment of adoptive parents and the support given to them and the children in the critical early months of placements.

SECTION 5 – OTHER ACTIVITIES

5.0 – INTER-COUNTRY ADOPTION

- 5.0.1 Inter-Country adoption has become increasingly more complex in terms of the legal requirements of those countries that permit children to be placed for adoption outside of their country of origin. In recognition of this and given the specialist knowledge and expertise which this work demands, the Adoption Agency has a Service Level Agreement with a voluntary adoption agency based in Reading, Parents and Children Together (PACT), which is recognised as being a leading agency in this area of work, to provide this service on its behalf.
- 5.0.2 Families who are normally resident in Bedfordshire wishing to adopt children from overseas are referred to PACT who will provide information and preparation training and will assess and approve families wishing to adopt children from overseas.
- 5.0.3 Families are required to pay for their assessment in accordance with Regulations but Bedfordshire funds all of the initial counselling interviews.
- 5.0.4 During 2012/2013 PACT received 8 enquiries concerning inter-country adoption from residents of Central Bedfordshire or Bedford Borough. No enquirers followed up their enquiry with a request for an initial interview. For the second year running this is a decrease in activity in respect of inter-country adoption.

5.1 – THE ADOPTION CONSORTIUM

- 5.1.1 Central Bedfordshire Council and Bedford Borough Council Adoption Agency is a member of the local adoption consortium whose aim is to work in partnership to share information about children and approved adopters to make local matches and to share good practice. The other full members are:
- Buckinghamshire County Council
 - Hertfordshire County Council
 - Luton Borough Council
 - Milton Keynes Council
- Associate member: St Francis Children's Society
- 5.1.2 We are pleased to be able to assist other consortium members and in the year 2012/2013 3 children from within the consortium were placed with adopters trained, assessed and approved by Bedfordshire.

5.2 – BRITISH ASSOCIATION FOR ADOPTION AND FOSTERING (BAAF)

- 5.2.1 Central Bedfordshire Council and Bedford Borough Council Adoption Agencies are full members of BAAF which is a leading national voluntary organisation working to promote best practice for children separated from their birth families. It is the leading organisation representing local authority and voluntary adoption agencies and provides training courses, practice guidance, research material, and a consultation and advice service to all its members.
- 5.2.2 Central Bedfordshire Council and Bedford Borough Council Adoption Agency is also a member of the BAAF Eastern Region, a group which meets quarterly to discuss and exchange best practice in the East Anglia region. Central Bedfordshire and Bedford Borough are represented by the Agency Adviser, Adoption and Fostering.
- 5.2.3 During the last 12 months the agency has continued its membership of New Family Social, a national charity supporting adopters and foster carers from the Lesbian, Gay, Bisexual and Trans-gender community. The organisation provides social events, a website and membership events for carers, and support and advice to adoption agencies.

5.3 – INDEPENDENT BIRTH FAMILY COUNSELLING

- 5.3.1 The agency provides an Independent Birth Family Counselling and support service. This service is provided by Adoption Plus Limited on behalf of Central Bedfordshire Council and Bedford Borough Council Adoption Agency. Adoption Plus is an independent adoption support agency.
- 5.3.2 The aim of the service is to provide birth relatives of children who might be adopted an opportunity to talk about their feelings. Although the agency are involved in commissioning this service, Adoption Plus will undertake all counselling work with the birth family members and the counselling will be confidential unless concerns arise about the safety or welfare of a child.
- 5.3.3 The contract with Adoption Plus was renewed in 2012/2013 with ongoing contract reviews to ensure there is maximum support for those accessing the service and to ensure optimum take up by birth parents.

5.4 – THE ADOPTION SCORECARD

- 5.4.1 In 2012 the Department for Education published 'An Action Plan For Adoption: Tackling Delay' in which they outlined the intention to publish Adoption Scorecards for each council outlining performance in relation to numbers and timeliness of adoptions.
- 5.4.2 The scorecard details the average length of time between a child becoming looked after and moving in with their adoptive family and the length of time between the council having court authority to place a child and them moving in with their adoptive family.
- 5.4.3 The scorecards published in November 2012 for both councils showed that performance in relation to timeliness of placements was in the upper quartile of all councils and better than the targets set by government.

SECTION 6 CONCLUSION

- 6.0.1 2012/13 has been the fourth year of the shared service for Central Bedfordshire and Bedford Borough Councils. This has again been a successful year for the service and one in which we have continued to develop our practice and meet the challenges of increased demand, a national spotlight on adoption challenges of offering creative and quality services that are cost effective.
- 6.0.2 There has been a continued increase in activity across all aspects of the service. The increase in looked after children in both councils during 2011/2012 and 2012/2013 has resulted in a hugely increased number of referrals for permanence planning, both for adoption and for long-term fostering or for other legal alternative permanent options, such as Special Guardianship or Residence Orders.
- 6.0.3 In response, the service has increased the number of assessments of prospective adopters, resulting in increased numbers of approvals and adoption orders granted. In order to meet continued demand a recruitment target for adopters has been set again for 2013/2014, based on known and likely numbers and needs of children requiring adoption. The target has been set at 40 new approvals in 2013/2014.
- 6.0.4 The Government's national reform of adoption has continued during 2012/2013. In March 2012 the Department for Education published 'An Action Plan for Adoption: Tackling Delay' which outlines measures planned to monitor and improve performance. This was followed up by 'Further action on Adoption: Finding More Loving Homes' which was published in January 2013. This document outlined major changes to the adopter recruitment process, including a national recruitment gateway and improvements to adoption support. It also set out government plans to give the Minister reserve powers to take adopter recruitment away from local authorities if they were not able to rise to the challenge to recruit more adopters. The Adoption Service remains in a strong position to rise to the challenges outlined, having robust performance monitoring and good practices in place in regard to planning for adoption and adopter recruitment.
- 6.0.5 In March 2012 following the annual review of the Shared Service Level Agreement it was decided to end the Shared Service Arrangement. This decision was subsequently reviewed in detail in Autumn 2012 with the decision being made for the disaggregation of the service to be effective from 1 January 2014. A project board comprising staff in both councils has been established to plan the arrangements for January 2014 and beyond. This planning process will involve consultation with key stakeholders and staff to ensure that an effective adoption service that meets the needs of children can be maintained and developed

Report written by:

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Joint Service for Central and Bedford Borough Councils

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This information can be made available in
Large print and in other languages if required

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Central Bedfordshire Council
and Bedford Borough Council
working together

Fostering Agency

Annual Report

For the period
2012/2013

CONTENTS

	SECTION 1 - INTRODUCTION	3
1.0	Introduction	3
1.1	Staffing/Service Structure	3
	SECTION 2 – THE PANELS	4
2.1	Panel Membership	4
2.2	The Fostering Panel	4
2.3	The Fostering and Joint Permanence Panel	4
2.4	Panel Activity	4
2.5	Panel Training and Development	7
2.6	Panel Diversity	7
2.7	Agency Decisions and Independent Review Mechanism	7
	SECTION 3 – SPECIALISED FOSTERING	8
3.1	The Family Link Scheme	8
3.2	The Youth Care Scheme	8
	SECTION 4 – CHILDREN AND FOSTERING	9
4.1	Children Referred for Fostering	9
4.2	Age, Gender and Ethnicity of Children Referred for Fostering 2010/2011	10
4.3	Sibling Groups of Children Referred for Fostering	12
4.4	Type of Fostering Placement Provided	12
4.5	Children in Placements at 31/3/12	12
	SECTION 5 – FOSTER CARERS	14
5.1	Fostering Enquiries	14
5.2	The Assessment Process of Foster Carers Enquiries, Assessments and Approvals	15
5.3	Ethnicity of Carers	15
	SECTION 6 – TRAINING AND DEVELOPMENT FOR FOSTER CARERS	16
6.0	Training and Development for Foster Carers	16
6.1	Skills to Foster	16
6.2	Child Care Emergency First Aid	16
6.3	Sons and Daughters	16
6.4	Induction	17
6.5	The Fostering Training and Development Programme	17
	SECTION 7 – SUPPORT FOR CARERS	18
7.0	Support for Carers	18
7.1	Foster Carers Support Groups	18
7.2	The Mentoring Scheme	18
7.3	The Out of Hours Service	19
7.4	The Foster Carers Association	19
7.5	B.A.A.F.	19
7.6	Ofsted	19
	SECTION 8 – CONCLUSION	20
8.0	Conclusion	20

SECTION 1 INTRODUCTION

- 1.0.1 Since Local Government reorganisation in April 2009 Central Bedfordshire has hosted the Fostering Service as a shared service on behalf of both new unitary councils. This report describes the activity of Central Bedfordshire Council and Bedford Borough Council's Fostering Agency during the period 1st April 2012 to 31st March 2013, noting its achievements, clarifying the remit and focus of its work and identifying recommendations for the development of the service.
- 1.0.2 This report is provided as part of the monitoring of the Fostering Agency required under the Fostering Regulations 2011 and National Minimum Standards 2011. This report will be presented to the Central Bedfordshire Council Children's Overview and Scrutiny Committee and three monthly update reports will be presented to the Corporate Parenting Panel. A copy of this report is provided to Bedford Borough Council for presentation to Elected Members.

1.1 STAFFING/SERVICE STRUCTURE

- 1.1.1 The Fostering Service is made up of the following staff as of 31st March 2013:
- 1 x full time Team Manager
 - 1 x full time Deputy Team Manager
 - 8 x Senior Practitioners
 - 10 x Social Workers
 - 2 x Social Work Assistants
 - 1 x Duty Worker
- 1.1.2 The service is supported by 2 full time and 1 part time administrators.
- 1.1.3 The workforce is diverse and includes staff of both genders, and from other European and black and minority ethnic groups. This level of diversity is valued when considering case allocation.
- 1.1.4 All staff have access to the Council's extensive learning and development programme, and can apply to attend external courses and conferences where appropriate. The service also provides diversity training for staff in order to improve its understanding of the needs of children from black and minority ethnic communities and enable them to meet their needs more appropriately.
- 1.1.5 Most staff have a number of years post-qualifying experience, and a programme of additional support is in place for those newly-qualified or in the early years of their social work career.
- 1.1.6 The fostering agency is supported by specialist staff who work across the Fostering and Adoption service area. These staff include a Business Support Officer with responsibility for foster care payments, a Recruitment and Marketing Officer, a Training Officer and Training coordinator, and the Panel Advisor and Secretaries who support the fostering and permanence panels.

SECTION 2 – THE PANELS

2.1 PANEL MEMBERSHIP

2.1.1 From 1 April 2011 the new Fostering Regulations 2011 introduced greater flexibility in relation to the membership of fostering panels, allowing for the use of a 'central list' of panel members from which attendees for any particular panel could be chosen in accordance with quoracy requirements. The fostering panel shares a Central List with the Joint Fostering and Permanence Panel.

2.1.2 As at 31st March, 2013 the Central List was as follows:

Panel Chair	Independent
Educational Psychologist	Educational Psychologist, Central Bedfordshire Council
Social Worker (Vice Chair)	Senior Practitioner, Adoption Team, Central Bedfordshire Council
Social Worker (Vice Chair)	Deputy Manager, Adoption Team, Central Bedfordshire Council
Social Worker	Deputy Team Manager, Looked After Children, Central Bedfordshire Council
Social Worker	Family Group Meeting Team Manager
Elected Member	Bedford Borough Council
Elected Member	Central Bedfordshire Council
Independent	Foster Carer – IFA
Independent	Health Visitor
Independent	Independent Social Worker
Independent	Adoptive Parent
Independent	Foster Carer – IFA
Independent	Gypsy and Traveller Education Consultant
Independent	Independent Family Group Meeting Coordinator
Independent	Independent Social Worker

2.1.3 In attendance but non voting members were:

Professional Adviser	Central Bedfordshire Council
Panel Secretary	Central Bedfordshire Council

2.4.3 A Medical Adviser to the Panel gives advice in writing in advance of Panel meetings, but may attend in person if requested.

2.1.5 A Legal Adviser to the Panel gives advice in writing in advance of Panel meetings and attends in person as requested.

2.2 THE FOSTERING PANEL

- 2.2.1 The Fostering Panel meets every month of the year, with extraordinary panels as and when required.
- 2.2.2 The Fostering Panel considers applications from prospective foster carers and makes recommendations as to their approval. The panel also considers the first annual review of foster carers, as well as any change or termination of approval. The Panel is advised of any exemptions or variations to a carer's existing terms of approval. Reviews following complaints or allegations are also presented to the Panel.

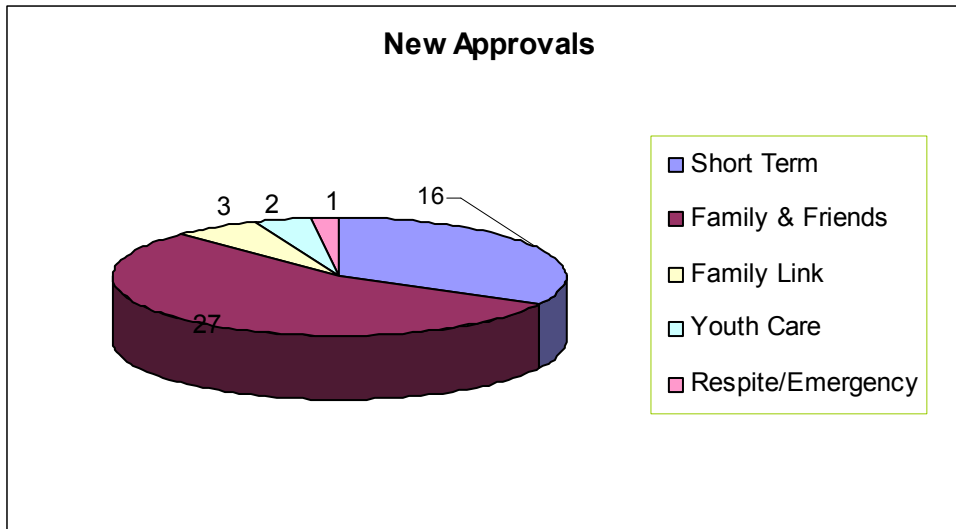
2.3 FOSTERING AND JOINT PERMANENCE PANEL

- 2.3.1 The Fostering and Joint Permanence Panel's primary activity is to deal with permanent fostering work and family and friends placements.
- 2.3.2 Up until 1 September 2013 the panel considered the plan for any child under the age of 13 for whom permanent or long-term fostering was proposed. The panel's remit changed from this date to bring practice in line with the changes in regulation in respect of Agency Decisions for adoption. Such plans are therefore now considered by the Agency Decision Maker without reference to the panel.
- 2.3.3 The panel considers matches with specific carers for children for whom permanent or long-term fostering is the plan.
- 2.3.3 This panel also considers applications by foster carers to be long-term carers for a particular child and applications by those who are family and friends foster carers. The panel also considers the first annual review of permanent foster carers and family and friends foster carers, as well as any changes to their approval. The Panel is advised of any exemptions or variations to a carer's existing range of approval.
- 2.3.4 Due to the volume of cases concerning short term fostering, the Fostering and Joint Permanence Panel also considers the approval and reviews of short term foster carers from time to time.

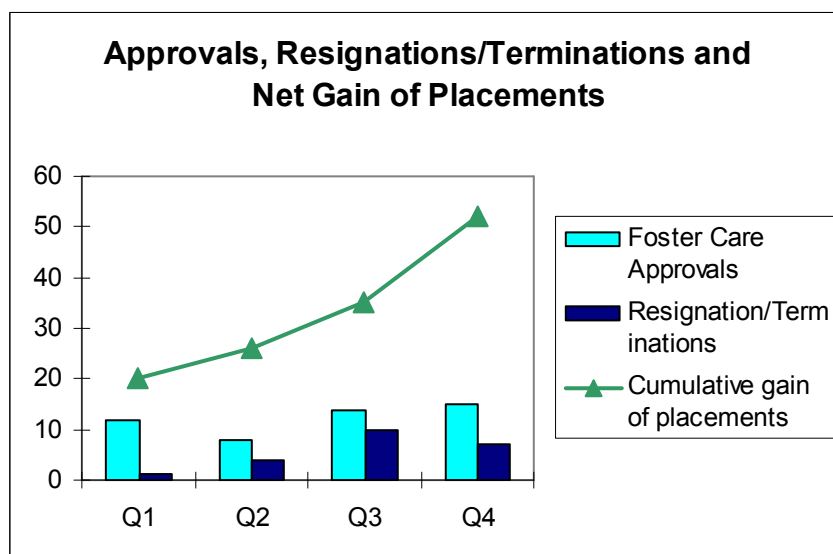
2.4 PANEL ACTIVITY

- 2.4.1 In 2012/2013 the Fostering Panel met 12 times and recommended that 20 households should be approved as foster carers. This is the same number of approvals as 2011/12.
- 2.4.2 Of the 20 carers newly approved by the Fostering Panel, 3 were approved for the Family Link Scheme, 12 as short-term carers, 1 for the Youth Care Scheme and 4 as family and friends carers.
- 2.4.3 The Fostering and Joint Permanence Panel met 15 times during the year 2012/2013. During this time, 29 households were approved as foster carers (which compares with 21 the previous year). Plans for 8 children for permanent or long-term fostering were recommended in the six months when this was the remit of the panel. 5 children were recommended for a match with foster carers. 4 households were approved as short term foster carers, 23 as family and friends carers and 1 as youth care respite foster carers.

The numbers of approvals of family and friends carers significantly increased in 2012/2013 with a total of 27 households approved, compared to 9 in 2011/12.



- 2.4.4 The Panels considered first annual reviews for 21 households, 3 reviews following concerns or allegations, 24 requests for change of approval and 1 termination of approval following allegations.
- 2.4.5 In total 97 fostering households attended one or other of the panels, a similar number to 2011/12.
- 2.4.6 22 fostering households resigned at their request in 2012/13 and 1 household had their approval withdrawn by the Fostering Agency. This total was similar to the 21 in 2011/12. The reasons for deregistration varied, but included personal circumstances, ill health, retirement, relocation, moving to another local authority and children in placement becoming permanent family members. Balancing new approvals against resignations there was a net gain of fostering placements of 52 during the year, a significant increase on the 30 net gain of placements in 2011/12.



2.5 PANEL TRAINING AND DEVELOPMENT

- 2.5.1 The Fostering Agency strives to ensure that there is a good level of training, appraisal and induction offered to Panel Members. This year, due to the number of cases and business on the agendas it has been a challenge to find time for the 'bite-size' training on panel days. All Panel Members had an annual appraisal where their personal training needs are discussed and considered.
- 2.5.2 A full day's training on fostering with Family and Friends was held in June 2012 for Panel Members and staff of the Fostering Agency.

2.6 PANEL DIVERSITY

- 2.6.1 The agency has ensured that both panels are diverse and includes members with different cultural backgrounds and lifestyle including professional and personal experience of disability. Panel members also bring particular expertise or experience, including a member experienced in working with gypsy and traveller communities, a member with personal experience of being looked after and of disruption. Both Panels have male and female panel members. There is also a diversity of age on both panels.

2.7 AGENCY DECISIONS AND INDEPENDENT REVIEW MECHANISM

- 2.7.1 If a foster carer is not satisfied with the Fostering Agency's decision about their approval or the terms of their approval, they have a right to make a request within 28 days for a review by the Independent Review Mechanism. The Independent Review Mechanism is a review process conducted by a review panel independent of the fostering service provider who hears the evidence presented to the Agency's own panel and then makes a recommendation to the Agency in respect of their decision. Whilst the Agency Decision Maker must take into account the recommendations of the IRM, the final decision remains with the Agency.
- 2.7.2 In two cases this year foster carers applied for a review by the Independent Review Mechanism (IRM) for an independent panel view about their approval.
- 2.7.3 In one case the IRM recommended that the carers' approval should continue. In the other case, the IRM agreed with the agency decision to terminate approval.

SECTION 3 – SPECIALISED FOSTERING

3.1 THE FAMILY LINK SCHEME

- 3.1.1 The Family Link Scheme offers short breaks to children of all ages who have a physical or functional disability. Family Link carers are foster carers who are recruited, approved and trained in the same way as other foster carers. They receive regular support and guidance from a supervising social worker.
- 3.1.2 Family Link Workers can care for a child in their own home, the child's home or by taking the child to an activity. Periods of short breaks will be carefully planned and could be for a few hours occasionally or whole weekends on a regular basis.
- 3.1.3 Once agreement has been given for the care package from the resource panel, a careful process of matching takes place, taking into account the individual needs of the child and their family and the carer's abilities
- 3.1.4 On the 31st March 2013, there were 12 Family Link carers approved with a further 3 Family Link carers being assessed. Carers were supporting 19 children by providing regular short breaks.

3.2 THE YOUTH CARE SCHEME

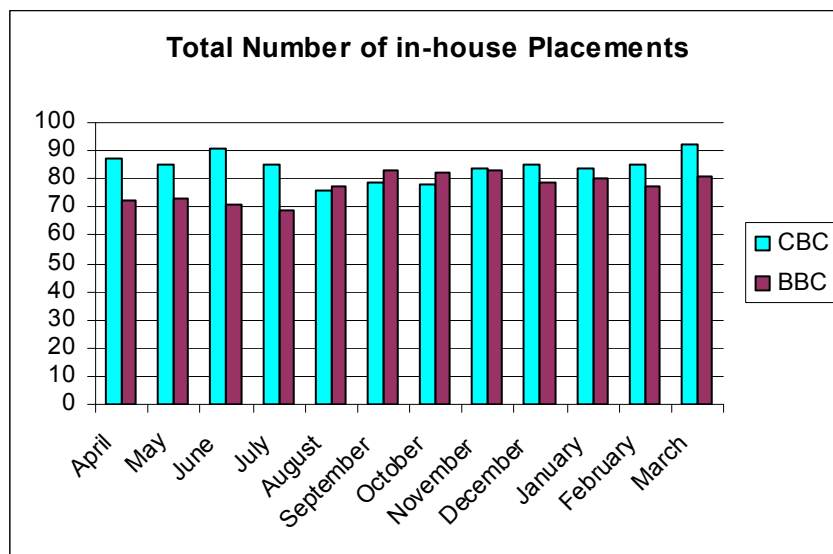
- 3.2.1 The Youth Care Scheme is a comprehensive, fee paid fostering scheme which provides specialist care to young people over the age of 10 years who have needs which are particularly challenging or complex.
- 3.2.2 As at the 31st March 2013, there were 13 approved Youth Care households with two households being assessed for the Youth Care Scheme.

SECTION 4 – CHILDREN AND FOSTERING

4.1 CHILDREN REFERRED FOR FOSTERING

- 4.1.1 During 2012/2013, the Fostering Service received a total of 476 referrals for foster placements of which 232 were for children becoming newly looked after. The remainder of referrals were for a change of placement. This is a significant increase on the total number of 375 referrals received in 2011/12 and 159 in 2010/11. This reflects the increase in both councils of social care activity and numbers of looked after children.
- 4.1.2 Of the referrals received 245 were Central Bedfordshire children and 231 were Bedford Borough children. 127 of the referrals for newly looked after children or for a change of placements resulted in placements with in-house carers. 13 young people were placed in residential units. 126 children (57 Central Bedfordshire and 69 Bedford Borough children) were placed in an Independent Fostering Agency placement as a result of becoming looked after or due to a change of placement. Some children did not ultimately enter foster care, but remained at home.
- 4.1.3 The referral for the child includes the matching criteria that are essential and preferable when looking for a placement for a child, and a risk assessment is also considered. This is crucial to identifying which carers may be able to support a child. Where a placement does not meet the essential criteria or where any identified risks cannot be managed an alternative placement is sought.
- 4.1.4 Respite placements were provided on 201 occasions, with 24 children having regular respite as part of their care plan.
- 4.1.5 Of the new referrals for foster placements, 11 came through the Emergency Duty Service, a reduction from 19 in 2011/12.

4.1.6 As at 31st March 2013 a total of 173 children were placed with in house foster carers, with 92 children coming from Central Bedfordshire and 81 children from Bedford Borough. This is an increase from the total number of 162 at 31st March 2012.



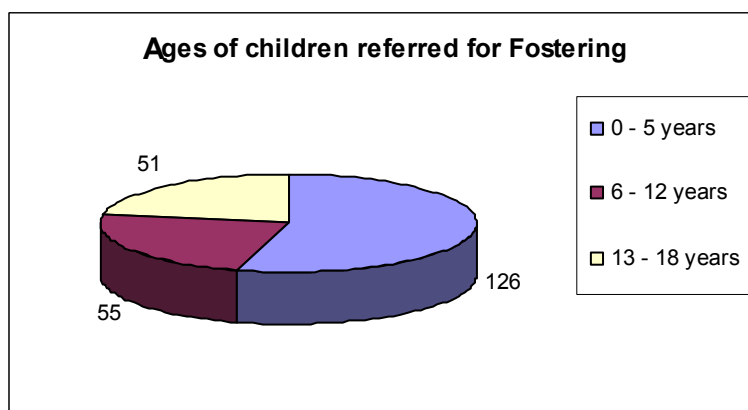
4.2 AGE, GENDER AND ETHNICITY OF CHILDREN REFERRED FOR FOSTERING

4.2.1 Nearly half the children referred because they were newly looked after were aged 0-5 years. From Central Bedfordshire the age distribution was as follows:

- 0-5 years 63 children
- 6-12 years 23 children
- 13-18 years 15 young people

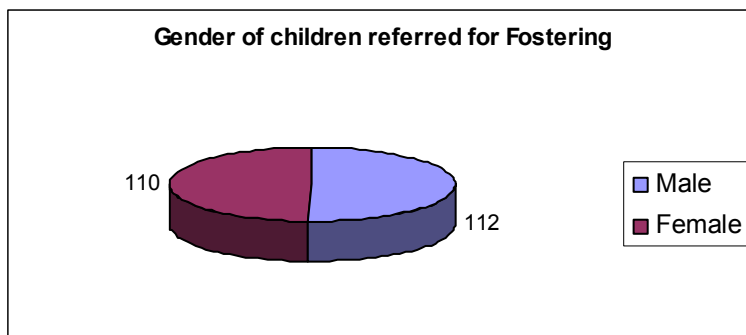
From Bedford Borough the age distribution was:

- 0-5 years 63 children
- 6-12 years 32 children
- 13-18 years 36 young people

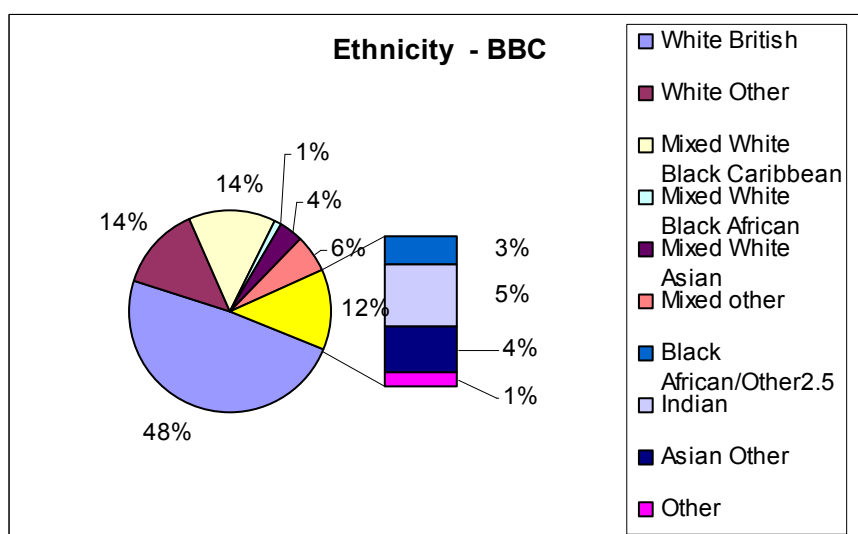
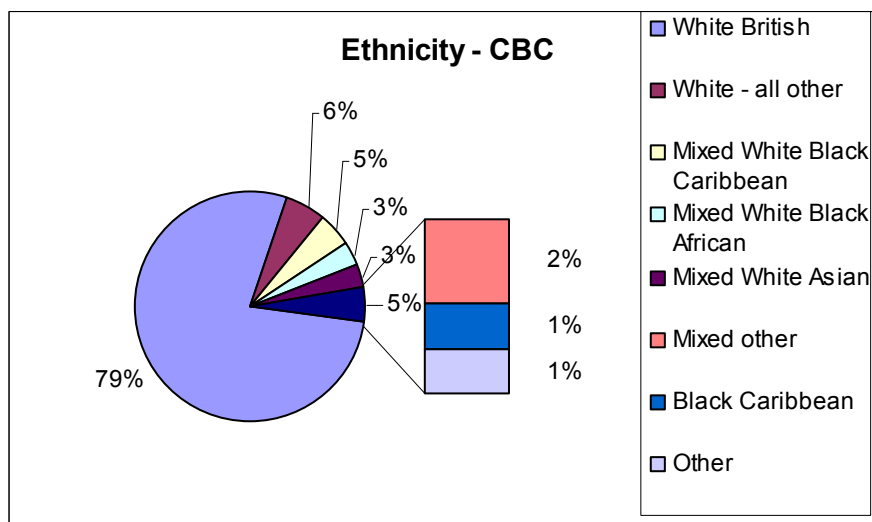


The age profile of referrals has changed significantly with 54% of children referred now in the 0-5 age group. In 2011/12 this proportion was 47%.

4.2.2 Of the 101 children referred from Central Bedfordshire, 47 were female and 54 male. Of the 102 children referred from Bedford Borough 73 were female and 58 were male.



4.2.4 The charts below show the ethnicity of children fostered by in-house carers at 31st March 2013.



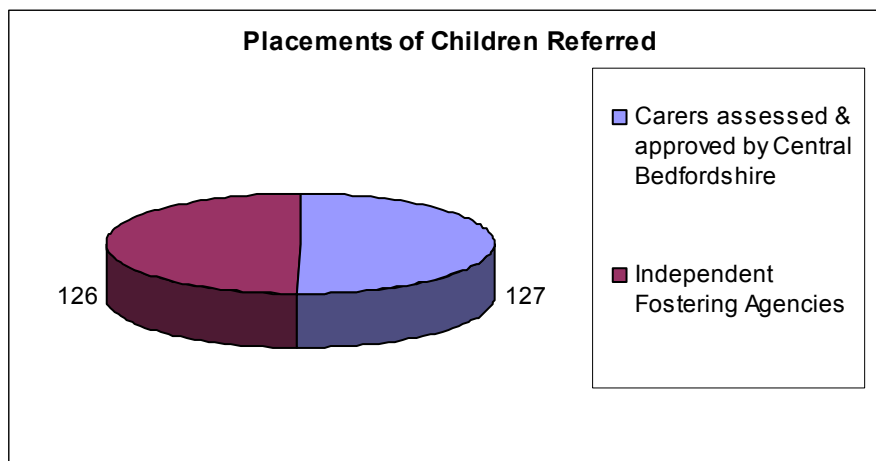
4.3 SIBLING GROUPS OF CHILDREN REFERRED FOR FOSTERING

4.3.1 There were 44 sibling groups within the children referred for fostering during the year. This comprised 19 sibling groups from Central Bedfordshire and 25 from Bedford Borough. One of the significant criteria for matching children with carers is enabling them to be placed with siblings wherever possible. 15 of the sibling groups comprised 3 or more children. Large sibling groups are more difficult to match with suitable foster placements, particularly when seeking to place them together, which is the aim wherever possible.

4.4 TYPE OF FOSTER PLACEMENT PROVIDED

4.4.1 Of the 253 children placed in foster placements this year, 127 were placed with carers assessed and approved by Central Bedfordshire Council on behalf of both Councils. The advantages of this are that the staff of the service have prior knowledge of the children and positive working relationships with the carers, thus enhancing fostering support for these placements.

4.4.2 126 of the children referred were placed externally with Independent Fostering Agencies (57 from Central Bedfordshire and 69 from Bedford Borough).



4.5 CHILDREN IN PLACEMENT AT 31ST MARCH 2013

4.5.1 As at 31st March 2012, there were 155 fostering households with full fostering approval, and a further 13 with temporary approval pending full assessment.

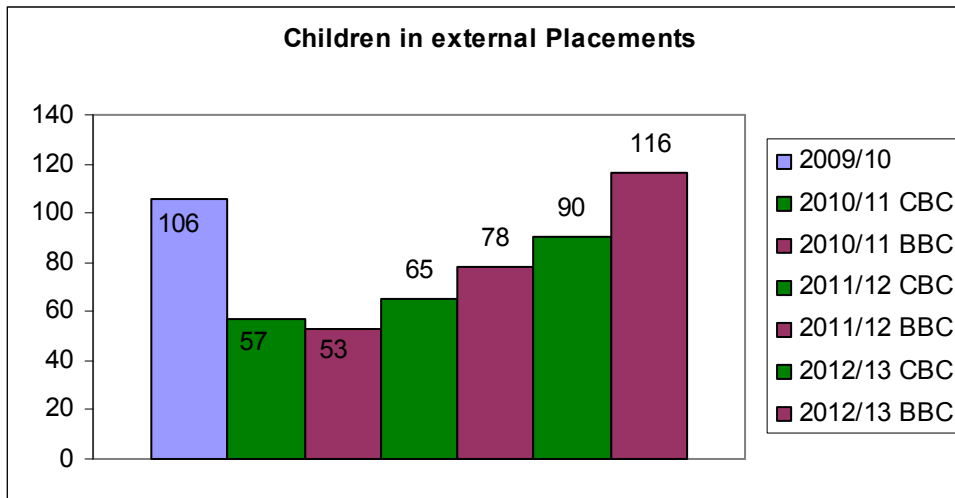
4.5.2 A total of 173 children were in these placements. Of these 92 were looked after by Central Bedfordshire Council and 81 by Bedford Borough Council

4.5.3 A total of 206 children were living in external foster placements provided by independent fostering agencies, as compared to 143 the previous year. Of these 90 children were from Central Bedfordshire Council and 116 from Bedford Borough Council.

4.5.4 In November 2011 both Councils entered into a regional Framework Agreement for the commissioning of placements in Independent Fostering Agencies. This agreement sets out quality and cost standards for placements with 18 preferred providers. After the first year of

this arrangement there was evidence that the average costs of placements had reduced and there were clearer expectations in respect of quality and outcome for children.

4.5.5

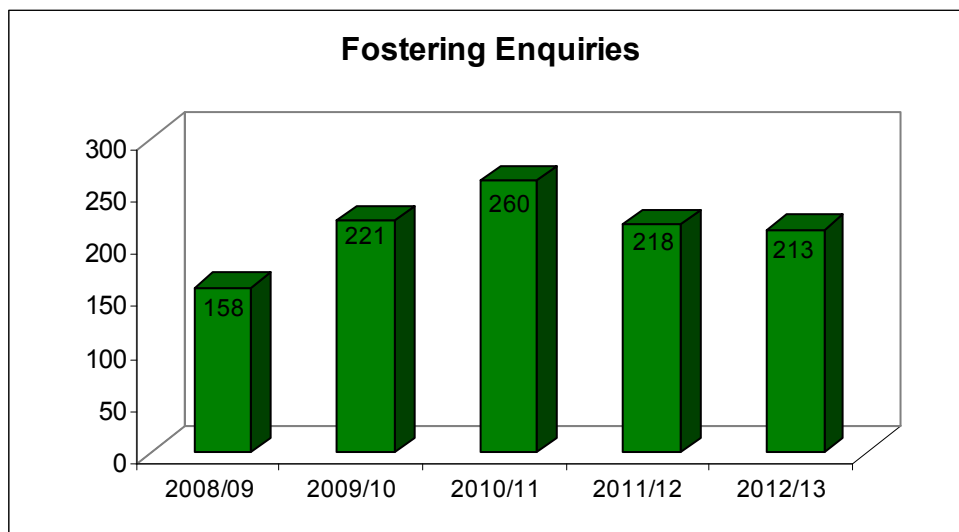


4.5.5 There has been a significant increase in the number of children in external placements as at 31st March 2013, which reflects the overall increase in numbers of looked after children.

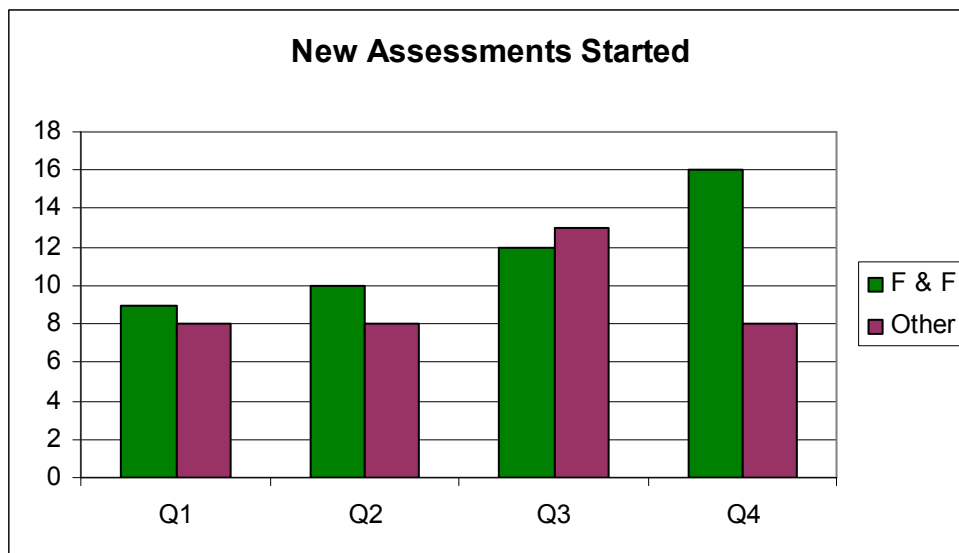
SECTION 5 – FOSTER CARERS

5.1 FOSTERING ENQUIRIES

- 5.1.1 All enquirers are sent an Information Pack within 24 hours of their enquiry. A social worker from the Fostering Service will then make a follow-up telephone call to the enquirer within 2 working days and carry out an initial visit within 7 working days if requested.
- 5.1.2 After the initial visit, and a formal application from the enquirer the decision will be made whether or not to complete the assessment or to defer the assessment process until the enquirer is in a better position to proceed.
- 5.1.3 There were 213 initial fostering enquiries from members of the public during 2012/13 compared with 218 the previous year.



- 5.1.4 Application forms were received from 37 households and in addition application was made by 66 households wishing to care for a child known to them as a family member or friend. This is an increase in the number of applications and in assessments of family and friends. There were 49 new fostering households approved, up from 41 in 2011/12.



5.2 THE ASSESSMENT PROCESS FOR FOSTER CARERS: ENQUIRIES, ASSESSMENTS AND APPROVALS

- 5.2.1 All assessments are carried out in accordance with the National Minimum Standards and their Statutory and Practice Guidance. All prospective foster carers are required to undertake a training programme as part of the preparation and assessment process.
- 5.2.2 Implementation of new Regulations on 1st April 2011 changed the way in which family members or friends of looked after are assessed if the child needed to be placed with them prior to a full fostering assessment being completed. In this situation temporary approval may be granted under Regulation 24 of the Care Planning Regulations pending a full fostering assessment being carried out and presented to the Fostering Panel. This temporary approval lasts for 16 weeks in the first instance and can be extended for one period of 8 weeks. 23 such temporary approvals were granted in 2011-12.

5.3 ETHNICITY OF CARERS

- 5.3.1 At 31st March 2013, 21 out of 168 fostering households included carers from black or ethnic minority groups. At 12.5% this ratio broadly reflects the population in Bedfordshire.
- 5.3.2 Since 1st April 2012, the agency has given full approval to 4 fostering households from black and ethnic minority backgrounds. One households from a black and minority ethnic background had temporary approval enabling them to care for a child connected to them.

SECTION 6 – TRAINING AND DEVELOPMENT FOR FOSTER CARERS

- 6.0 All foster carers are expected to attend relevant training recommended by their supervising social worker. The service has a full and comprehensive training programme for carers, from preparation training, through induction and core training through to more complex post-approval training.

6.1 SKILLS TO FOSTER

- 6.1.1 New fostering applicants have many questions prior to and during the assessment process. As an essential part of the fostering assessment, the 'Skills to Foster' course examines issues that are relevant, such as what it will be like to have children placed with them, or working in tandem with the local authority in order to reach positive outcomes for children.
- 6.1.2 Spread over several dates, this course provides an opportunity for prospective carers to reflect on their values and attitudes to caring and learn more about the skills and attributes needed to become a foster carer.
- 6.1.3 During 2012/2013, the Fostering Service ran 4 of these courses and they were attended by 24 delegates in total. In addition, bespoke preparation training was offered to friends and family foster carers. 5 such courses were run attended by 36 delegates in total.

6.2 CHILD CARE EMERGENCY FIRST AID

- 6.2.1 As part of the application and assessment process, all applicants must complete an Emergency First Aid course. 7 courses were held during 2012/2013 and these were attended by a total of 80 delegates.

6.3 SONS AND DAUGHTERS

- 6.3.1 During 2012/13, the Fostering Service ran holiday activities for sons and daughters of foster carers which were activity based and aimed to support them with the impact of fostering in their family. Activities included drama workshops, first aid and activities alongside looked after children. The feedback from these activities was very positive.

6.4 INDUCTION

- 6.4.1 Following approval, foster carers enter their 12 month induction phase into the service and are required to complete the Children's Workforce Development Council (CWDC) Training, Support and Development Standards for Foster Care. The implementation of the new standards has been supported by ongoing workshops for carers alongside group supervision for supporting social workers. Aside from having the opportunity to meet members of the service who work with looked after children, there are also opportunities to ask questions and receive essential information about the agency's policies and procedures. In addition, carers are made familiar with the comprehensive training opportunities available throughout their fostering career.

6.5 THE FOSTERING TRAINING AND DEVELOPMENT PROGRAMME

- 6.5.1 Each year, the service devises a comprehensive programme covering a wide variety of the skills and knowledge needed in order for carers to develop their careers in fostering. There were a total of 70 different courses on 38 subjects held over the year.
- 6.5.2 Each carer is required to have a record of their training and development needs, although other alternatives to formal training courses are encouraged in order to meet the minimum standards. This can include home study, training, reading and also on-line training. This can be especially helpful for carers who find it hard to attend training dates. There is also the opportunity for carers to complete an NVQ level 3 in Caring for Children and Young People or BTEC in Advanced Foster Care Skills.
- 6.5.3 In total, 550 delegates attended training courses held over the year, a similar number to the previous year. This demonstrates the commitment that the agency has towards training foster carers and illustrates the willingness of carers to develop their own knowledge and skill base.
- 6.5.4 75 households completed their CWDC workbooks in 2012/13.

SECTION 7 – SUPPORT FOR CARERS

- 7.0.1 Every foster carer from the agency receives regular supervision and support from a Fostering Social Worker. In addition, the agency provides foster carers with an Independent Advisor from the Fostering Network, a national organisation for foster carers. There are also local support groups of foster carers that meet regularly to discuss fostering issues and to enjoy occasional social events such as the annual awards presentation or a cheese and wine evening. Foster carers also have access to telephone support out of hours, and can access the Bedfordshire Foster Care Association, which is run by foster carers, for foster carers.
- 7.0.2 All new carers are also matched to a foster carer mentor who provides formal and practical guidance and support through the carer's first placement and beyond.

7.1 FOSTER CARERS' SUPPORT GROUPS

- 7.1.1 Foster Carers' Support Groups meet regularly in the north and south of the county. During the year, the Support Group North met 10 times and was attended by 122 delegates. During the same period, the Support Group South met 9 times and was attended by 62 delegates.
- 7.1.2 Some of the topics discussed included:- The Advice and Mediation Service, Mentoring, Payments and Allowances, The role of the Designated allegations Officer, and Internet Safety. There were also fun activities such as craft and opportunities to socialise informally.
- 7.1.3 A men's support group meets approximately every 4 months and was attended by 22 delegates throughout the year. The group enjoys an opportunity to socialise, with activities such as quizzes and one meeting this year covered the topic of Internet Safety.
- 7.1.4 The Family Link Support Group met twice during 2012/13 in the evenings attended by a total of 15 delegates. Some Family Link carers also attend the other support groups.
- 7.1.5 The support group specifically for family and friends carers has continued in 2012/2013. The group meeting quarterly and is open to foster carers, and those looking after related children subject to residence orders and Special Guardianship.
- 7.1.6 The support group for single carers has also continued, meeting 5 times and attended by 16 carers.
- 7.1.7 The annual Foster Carers Awards Ceremony and Social Event was held in May 2012 which was attended by 112 carers and 40 children over 2 years. Staff and elected members also attended, including the Directors of Children's Services from Bedford Borough and the Acting Director from Central Bedfordshire. 8 long service awards were given out on the evening for those achieving 5, 10, 15 and 20 years of service

7.2 THE MENTORING SCHEME

- 7.2.1 The Fostering Service offers peer mentoring to all new and existing carers. This service for carers, staffed by carers, offers encouragement, support, and opportunities for collaborative working. It also allows experienced foster carers the chance to develop professionally.
- 7.2.2 Carers who join the scheme are linked with a mentor who is an experienced foster carer themselves. Mentors are trained to support foster carers in their role. As well as offering

support to new carers, sometimes mentoring can be offered to experienced carers when they are undergoing a particularly challenging time. The service currently employs 6 mentors – who have varying experiences of fostering, including age ranges and types of approval. This year 3 new mentors have been recruited to the scheme, including a mentor for friends and family foster carers.

7.3 THE OUT OF HOURS SERVICE

- 7.3.1 Fostering Social Workers offer an 'out of hours' service for carers. A mobile telephone number has been dedicated to this service and all carers have access to the number. The service is available from 5.20pm – 11pm weekdays and from 9am-11pm during weekends and bank holidays. This service ensures that foster carers can readily access telephone support from an experienced fostering worker. Feedback from foster carers indicates that this service is highly valued.

7.4 THE FOSTER CARERS ASSOCIATION

- 7.4.1 The Bedfordshire Foster Carers Association is run by foster carers and provides local support and social activities for foster carers. Both Councils actively encourage and support the Association and provide financial support and services in kind to assist with producing and circulating a quality newsletter.

7.5 BAAF AND THE FOSTERING NETWORK

- 7.5.1 Both local authorities are full members of the British Association of Adoption and Fostering (BAAF) which is a leading national voluntary organisation working to promote best practice for children separated from their birth families. It is the leading organisation representing local authority and independent fostering agencies and provides training courses, practice guidance, research material, and a consultation and advice service to all its members.
- 7.5.2 The Fostering Service is a member of the BAAF Eastern Region, a group which meets quarterly to discuss and exchange best practice in the East Anglia region.
- 7.5.3 The Fostering Service is a member of The Fostering Network that works to promote fostering in the UK. All approved foster carers are also able to have individual membership funded by the service, as well as access to The Fostering Network Advice and Mediation Service.

7.6 OFSTED

- 7.6.1 Ofsted inspected the Fostering Service from 14 to 18 December 2012. The service was judged to be good overall.
- 7.6.2 Ofsted made 8 recommendations and an action plan to address the recommendations was drawn up. Action had been taken in respect of all recommendations by the 31st March 2013.

SECTION 8 - CONCLUSION

- 8.0.1 We have had another successful year, continuing to deliver a high quality service within a shared arrangement. The 4th year of this shared service has been positive and we continue to work in close partnership with both Bedford Borough and Central Bedfordshire to respond to the individual needs of each local council.
- 8.0.2 This year the service has continued to face the challenge from the significant increase in the referrals of children requiring a foster placement, due to the increase of looked after children in both councils. Whilst the overall number of children accommodated in in-house fostering placements has increased, the service has not been able to accommodate all children and the number of new placements made in Independent Fostering Agencies has significantly increased. In particular, both authorities have accommodated a number of sibling groups of three, four, five and six children, where we have struggled to find placements.
- 8.0.3 Our recruitment strategy continues to have a positive effect on our enquiry rate. The number of enquiries has been maintained and the number of applications from prospective carers has increased once again. The increase in the number of foster care approvals and a reduction in resignations of carers demonstrates the success of our recruitment and retention programme. We met our recruitment target of 50 new fostering households during 2012-13.
- 8.0.4 The increase in numbers of looked after children, and the change in regulations in 2011 concerning family and friends foster carers has continued to mean significantly more placements with relatives are subject to fostering regulations. The number of friends and family assessments has increased by 40%, and coupled with changes to the Family Justice system, the fostering service has had to increase the staffing resources to meet these requirements.
- 8.0.5 We again reviewed our advertising and marketing campaign to ensure maximum value for money and effectiveness. We have continued to develop our presence on social media as well as using local press advertising and some fixed venue adverts.
- 8.0.6 The service has to be able to respond to the identified need for more children from Central Bedfordshire and Bedford Borough to be appropriately placed with in house carers. Furthermore we need to ensure we replenish the number of approved carers who will resign or retire from fostering. . We therefore aim to recruit 70 new fostering households in 2013-14 including assessment of friends and family carers for children who otherwise would be placed outside their family network.
- 8.0.7 National reforms in Adoption and the Family Justice System will have an impact on the fostering service during 2013/14. Courts will require that fostering assessments of family and friends be completed in a much shorter timescale in order that care proceedings can be concluded within the 26 week statutory timescale. Developments in respect of 'Fostering for Adoption' will also require fostering services to assess and support carers who may go on to adopt children in their care. Plans are in place to respond to these developments in partnership with colleagues in the Looked after Children Teams and the Adoption Team.
- 8.0.8 In March 2012 following the annual review of the Shared Service Level Agreement it was decided to end the Shared Service Arrangement. This decision was subsequently reviewed in detail in Autumn 2012 with the decision being made for the disaggregation of the service to be effective from 1 January 2014. A project board comprising staff in both councils has been established to plan the arrangements for January 2014 and beyond. This planning process will involve consultation with key stakeholders and staff to ensure that an effective fostering service that meets the needs of children can be maintained and developed.

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Central Bedfordshire Council Looked After Children Annual Report

April 2012 to March 2013

Director: Anne Murray (Director of Nursing and Quality)
Author: Catherine York
For: Central Bedfordshire Council Corporate Parenting Board
Date: June 2013



Contents

EXECUTIVE SUMMARY	3
1 Introduction	5
2. National Policy and Legislation	6
3 Profile of the Central Bedfordshire LAC Population	8
<i>Table 1: Central Bedfordshire Council Looked After Children</i>	<i>8</i>
4 Local Context	8
5 Current Work 2012-13	9
6 Future Work 2013/14	16
7 Performance	19
<i>7.1 Immunisations</i>	<i>19</i>
Table 2: Immunisations/Vaccinations of Children Who Have Been Looked After continuously for at Least 12 Months:	20
<i>7.2 Dental</i>	<i>20</i>
Table 3: Dental Checks of Children Who Have Been Looked After Continuously for at Least 12 Months:	20
<i>7.3 Health Assessments</i>	<i>20</i>
Table 4: Health Assessments for Looked After Children Who Had Their Annual Health Assessment during the Year (each six months for under-fives)	20
<i>7.4 Strengths and Difficulties Questionnaire (SDQ)</i>	<i>20</i>
8 Health Service Structure for LAC in Bedfordshire	21
<i>8.1 The LAC Health Team (Health Provider)</i>	<i>21</i>
<i>8.2 Child and Adolescent Mental Health Services (CAMHS) (Health Provider)</i>	<i>23</i>
9 Partnership	25
<i>9.1 The LAC Health Group</i>	<i>25</i>
<i>9.2 The Health Improvement Group</i>	<i>26</i>
10. Training and Health Improvement Actions: (Public Health and SEPT Community Services)	27
<i>10.1 Health & Wellbeing Information Packs</i>	<i>27</i>
<i>10.2 Sexual Health and Teenage Pregnancy</i>	<i>27</i>
<i>10.3 Reducing the risk of teenage pregnancy for LAC</i>	<i>29</i>
11 The Future 2013-14	31

EXECUTIVE SUMMARY

This report describes the achievements, progress and challenges of the Looked After Children (LAC) health service in meeting the health needs of children in care registered with Central Bedfordshire Council during the period from 1st April 2012 – 31st March 2013.

The LAC Health Team co-ordinates all the statutory LAC health assessments for in county and out of county placements for Central Bedfordshire Council children and young people; this includes responsibility for quality assuring all the statutory LAC Health Assessments. The focus for 2012/13 has been to deliver improved access to service and improved timeliness of health assessments.

Key developments for the period 1st April 2012-31st March 2013 are detailed in this annual report and include:

- In February 2012 Ofsted and CQC undertook a joint inspection of Safeguarding and Looked After Children Services with Central Bedfordshire Council (CBC). The findings for Being Healthy for Looked After Children were reported as 'inadequate'. In response to this, NHS Bedfordshire and Luton Cluster, the Local Authority and health provider compiled an in depth action plan addressing all the CQC and Ofsted recommendations and timelines, and identified how in partnership, the issues would be addressed and service improvements developed to improve the health care provision for Looked After Children in Central Bedfordshire. There has been a significant amount of work since then, with required actions from the inspection addressed and revisited to ensure robust systems are being put in place with on-going monitoring.
- Improved partnership working, and robust systems put in place by the LAC Health Team have seen a vast improvement on the number of health assessments completed within the timescales. CBC have experienced delays in addressing their system failings, but continue to work at developing robust systems to ensure that they can identify when health assessments are due and make timely referrals to the LAC Health Team. The outcome for looked after children and young people is that a greater percentage are now receiving their health assessments in a timely manner, which in turns allows their health needs to be assessed and managed much more efficiently and effectively without delays; further improvement is required. As CBC have new systems in place, on-going review and monitoring of effectiveness and outcomes will continue through the LAC Health Group.
- A Business Case was developed to address the need for increased resources within the LAC Health Team; this looked at the life chances of LAC in Bedford and Bedfordshire and proposed a service pathway to increase accessibility to health services and reduce the inequalities that

LAC experience in relation to health and well-being. The LAC Health Team is now fully resourced and includes a Leaving and After Care Nurse.

- Appointment of both the Designated Doctor and Nurse ensuring that the Bedfordshire Clinical Commissioning Group (BCCG) meet the requirements set out in the Statutory Guidance for Promoting the Health and Wellbeing of Looked After Children DCSF (2009) which defines the roles of designated professionals to be strategic and separate from any responsibilities for individual children or young people who are looked after. These roles are to assist Clinical Commissioning Groups to fulfil their responsibilities as commissioners of services to improve the health of looked after children.
- The introduction of a Personal Health Information Pack ensures that all care leavers are now given a record of their health histories and relevant information to promote health and wellbeing. The pack includes contact details for future use.
- All Looked After Children and Young People are now receiving age appropriate health education and promotion information to support the verbal information given within the health assessment, and is recorded in their health assessments and also in the IT record.
- Partnership working included a workshop undertaking Process Mapping, an exercise that gave all an understanding of the delays in the process, complications and transfer of care between partners. This work led to the development of a formal Looked After Children Pathway across two Local Authorities and Health, through partnership working. The pathway is now fully operational and is an integral part of the Service Specification.
- BCCG commissioned an External Review of health pathways to meet the needs of Looked After Children in Bedfordshire. The review, which took place in April 2013, had a remit to provide an overview of the current multi-agency processes in place to meet the health needs of Looked After Children, assess and review these against national standards and good practice guidance and highlight issues related to quality and outcomes and make recommendations for improvement. We are awaiting the final report at the time of writing this report; once finalised, the report will be shared with partners so that in-depth exploration and analysis of the findings can be undertaken, and a robust action plan developed to address the issues and recommendations.

The importance of the health of children and young people in care cannot be overstated, with many children in care likely to have had their health needs neglected. The LAC Health Team is taking every opportunity to reverse this situation, by providing and signposting children and young people in care to appropriate health care. The health of

looked after children is every one's responsibility, so partnership working is essential to ensure optimum health for each individual child and young person.

1 Introduction

This is the third annual report by Bedford Clinical Commissioning Group (NHS Bedfordshire and Luton Cluster until 31st March 2013) which informs on Central Bedfordshire Council Looked After Children (LAC) health aspects. The Department of Health Statutory Guidance '*Promoting the Health of Looked After Children (2009)*' requires a report on the delivery of service and the progress achieved for the health and wellbeing of children in care. For ease of reading, the lead commissioner will now be referred to as Bedfordshire Clinical Commissioning Group (BCCG).

This report will cover the period of 1st April 2012 to 31st March 2013, but will also outline the current work being undertaken. It will inform partners of the work to improve health outcomes for Looked After Children in Central Bedfordshire, as well as identifying some of the challenges facing the service.

The health and wellbeing of Looked After Children and Young People – that is, their physical health, and social, educational and emotional wellbeing – is influenced by nearly all aspects of their lives and the care they receive. Experiences early in life may have long-term consequences for health and social development. Some looked-after children and young people have positive experiences in the care system and achieve good emotional and physical health, do well in their education and go on to have good jobs and careers. However, looked-after children are more likely to have experienced deprivation and poverty as a result of low family income or parental unemployment. About 60% of children and young people who are looked after in England are reported to have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care. The main reason for children and young people entering care in the year up to April 2012 was abuse or neglect (reported in 62% of cases).

Looked After Children and Young People should expect to have the same opportunities as other children and young people, including being healthy and safe. They should be provided with the opportunities needed to help them move successfully to adulthood.

The needs of looked-after children and young people vary, but are often complex, and can be met only by a range of services operating collaboratively across different settings.

2. National Policy and Legislation

Meeting the health needs of Looked After Children in Central Bedfordshire is directed by key policy frameworks that inform Local Authorities (LAs), Strategic Health Authorities (SHAs) and Clinical Commissioning Groups (CCGs) to ensure shared responsibility for good outcomes:

- § Every Child Matters (DCFS 2003)
- § A Guide to the Development of Children's Palliative Care Services (DH 2005)
- § Common Assessment Framework (2006)
- § Every Child Matters – Transforming the Lives of Children and Young People in Care (DfES 2006)
- § Our Health, Our Care, Our Say (DH 2006)
- § Children's National Indicator set (2007 Every Child Matters)
- § Every Parent Matters (DCFS 2007)
- § Care Matters: Time for Change (DCFS 2007)
- § The NHS Operating Framework – Vital Signs (NHS 2008)
- § Better Care, Better Lives (DH 2008)
- § The Child Health Strategy (DH 2009)
- § Promoting the Health Looked After Children (DH 2009)
- § Statutory Guidance on promoting the Health and Wellbeing of Looked After Children (DCFS 2009)
- § Child Health Programme (DH 2009)
- § Working Together to Safeguard Children (DCSF 2013)
- § Looked-after children and young people (NICE public health guidance, Issued 2010, Modified 2013)
- § NHS Operating Framework for the NHS in England 2012-13
- § Looked After Children: Knowledge, skills and competences of health care staff : Intercollegiate Role Framework May 2012
- § You're Welcome – Quality criteria for young people friendly health services (DH April 2011)

- § Quality standard for the health and wellbeing of looked-after children and young people (NICE April 2013)
- § Delivering the health reforms for looked after children: How the new NHS will work from April 2013 (NCB 2013)

The legislative and regulatory framework includes:

- § The Care Standards Act (2000)
- § The Children Act (1989, 2004)
- § The Mental Health Act (2007)
- § The Children and Young Persons Act (2008)

3 Profile of the Central Bedfordshire LAC Population

Looked After Children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They may enter care with a poorer level of health than their peers in part due to the impact of poverty, abuse and neglect. Monitoring of the health outcomes enables identification of where improvements need to be made and informs on in-year targeted work. Immunisation, Vaccination and Dental data will be detailed in the 'Performance' section of this report.

The profile of Looked After Children is used to ensure that services are best placed to meet demand.

Table 1: Central Bedfordshire Council Looked After Children

	As at 31 March 2012	As at 31 March 2013
Central Bedfordshire Council LAC	208	246 (provisional figure)
CBC LAC placed in county	Not available	96 (provisional figure)
CBC LAC placed out of county	Not available	142 (provisional figure)
Foster Placements	151	183 (provisional figure)
Secure Units, Children's homes and hostels and other residential	31	36 (provisional figure)
Living independently	20	13 (provisional figure)
Placed for Adoption, Placed with Parents and Other	6	14 (provisional figure)

4 Local Context

Bedfordshire Clinical Commissioning Group (BCCG) is a new organisation which in April 2013 received authorisation (without conditions) to formally take on responsibility for commissioning local health services. BCCG is firmly built on the foundations of its five localities – Chiltern Vale, Bedford, Ivel Valley, Leighton Buzzard and West Mid Bedfordshire. All 55 GP practices in Bedfordshire are members of BCCG. The Corporate Plan (2013/3014) provides national and local context and outlines the organisational priorities and shows how these link to the commissioning plans, projects and programmes.

BCCG is the lead commissioner for provider services in Central Bedfordshire and has responsibility to ensure the timely and effective delivery of health services to Looked After Children and Young People. Executive ownership of Looked After Children for BCCG sits with the Director of Nursing and Quality.

The Designated Doctor was appointed to the team in March 2012 and the Designated Nurse was appointed in December 2012 ensuring that the BCCG meet the requirements set out in the Statutory Guidance for Promoting the Health and Wellbeing of Looked After Children DCSF (2009) which defines the roles of designated professionals to be strategic separate from any responsibilities for individual children or young people who are looked after. These roles are to assist CCGs to fulfil their responsibilities as commissioners of services to improve the health of looked after children.

The Designated Nurse works in partnership with the Child and Maternity Commissioning Managers within the redesign directorate.

This report focuses on the health aspects of Looked After Children in Central Bedfordshire Council who produced their Children and Young People's Plan (CYPP) in 2011. The Health and Wellbeing Strategy highlights the need to focus on vulnerable children, including LAC, meeting their health needs, their care planning, placement choice and stability, and educational outcomes.

Strategic planning for LAC is directed through the Children's Trust for Central Bedfordshire Council and accountability for the services provided to LAC from the local authority and Bedfordshire Clinical Commissioning Group (BCCG) is directed through the Corporate Parenting Panel. Multi-agency strategic planning and operational oversight is directed through the Multi-agency LAC Health Group, which contributes to strategic planning via the Children and Young People's Plans and the Children and Adolescent Mental Health Services (CAMHS) partnership, and reports up through the BCCG's governance structure.

In February 2012 Ofsted and the Care Quality Commission did an integrated inspection of Safeguarding and Looked After Children's services in Central Bedfordshire Council and published their report in April 2012. That inspection found services for the health of Looked After Children to be 'inadequate'. There has been a significant amount of work since then, with required actions from the inspection addressed and revisited to ensure robust systems are being put in place with on-going monitoring.

5Current Work 2012-13

Ofsted and the Care Quality Commission undertook an integrated inspection of Safeguarding and Looked After Children's Services in Central Bedfordshire Council and published reports in April 2012. These provided detailed feedback on the inspection findings and stipulated gaps in service and required outcomes to meet the Essential Standards for Quality and Safety.

The findings for Being Healthy for Looked After Children were found to be 'inadequate'. In response to this NHS Bedfordshire and Luton Cluster, Local Authority and providers compiled an in depth action plan addressing all the CQC and Ofsted recommendations and timelines, and identifying how the NHS Bedfordshire and Luton Cluster in partnership with providers and local authorities would address the issues and improve health care provision for Looked After Children services in Bedfordshire.

NHS Bedfordshire and Luton Cluster monitored the delivery of the health aspects of the Action Plan and provided reports to the local authorities as required, and internally to the NHS Bedfordshire and Luton Cluster Board.

There have been a number of significant developments within the service during 2012/13:

Multi-agency Workshops

These workshops were held to review the LAC service as a whole, and develop a service which meets the CQC and Ofsted standard of Good as well as ensuring that we provide a service that supports and empowers young people to live and manage a healthy lifestyle throughout their lives. The workshops included:

Process Mapping, an exercise that gave all an understanding of the delays in the process, complications and transfer of care. This work led to the development of a formal Looked After Children Pathway across two Local Authorities and Health, through partnership working. Those involved in the workshops included, NHS commissioners and providers, voluntary sector.

The pathway is now fully operational and is an integral part of the Service Specification. Having a clear pathway, enables optimum partnership working which in turn improves the standard of service provided to Looked After Children and Young People. Use of this pathway is currently in its infancy, so will be reviewed six monthly at the LAC Health Group Meeting; this will enable us to ensure that it is a robust pathway, and will allow further development as identified.

Development of a Business Case

Development of a business case was undertaken as an outcome of the second workshop; this involved input from all stakeholders outlining the reviewed care pathway. Service principles and responsibilities for stakeholders were discussed with the details being set out within the business case. This business case looked at the life chances of LAC in Bedford and Bedfordshire and proposed a service pathway to increase accessibility to health services and reduce the inequalities that LAC experience in relation to health and well-being. The Business Case was approved in February 2013 and resulted in significant additional resources being invested into the LAC Health service and implemented in May 2013 (an initial business case was developed and agreed in May 2012 for a 12 month period); the Business Plan ensures that the service for delivering LAC healthcare will be responsive to the needs of LAC and care leavers and ensure partnership working is strengthened and inclusive.

Role of the Designated Professionals

The Designated Doctor for Looked After Children is in post and works 4 hours per week in this role, he is also the Designated Doctor for LCCG, working 4 hours per week. The Designate Nurse for Looked After Children commenced post in December 2012 and works full time across Bedfordshire and Luton. Their role is to operate at a strategic level, with accountability for assisting BCCG in fulfilling its commissioning responsibility to improve the health of Looked After Children and Young People.

Leaving and After Care Health Service

A Leaving and After Care Nurse joined the LAC Health Team in December 2012. This role will include the development of a good knowledge and skills base re the health and needs of this group, provide an overview of the health service, knowledge of service provision by other agencies, and a link nurse for other professionals and services involved. This person will act as a resource to support LAC Health Team members. There will be early transfer of care to this nurse at age (16-18) dependant on wishes of LAC; transfer could be earlier if appropriate, and agreed with young person. Each young person will be given the opportunity to negotiate their named nurse at this period of change, and may remain with the nurse that they have had to date if they choose. Care leavers who have consented to contact, given at least one telephone call to offer support within the first year of leaving care. Provision of informal support will be offered to care leavers until their 21st birthday if requested by a young person or Social Worker. Health 'Drop In' sessions, which run alongside Social Care provision and drop in services, will be provided to ensure readily available health care and support around health issues for this group of vulnerable young people.

Health Assessments

Throughout the year, due to increased partnership working and the development of a Single Point of Contact role within both the LA and SEPT, there has been increased efficiency in the administrative processes, this in turn, has had a positive effect on the timeliness of referrals and completion of the health assessments. However, there have been difficulties with some processes, lack of refreshed consent and delayed referrals from CBC to health, and it is due to the hard work and organisational abilities within the LAC Health Team that the percentage of children and young people receiving their health assessment on time is as high as it is.

There continues to be risks within the current system, but CBC is ensuring that robust systems are in place for identifying when health assessments are due and obtaining the appropriate consent. The effectiveness of these systems and the completion of health assessments within timescales will continue to be monitored within the LAC Health Group; failings and operational issues will be identified within the risk register and escalated through the appropriate structure as required.

The quality of health assessments has been improved by the implementation of a referral form for LAC health assessments which was developed by the LAC Health Team. This more detailed and specific form provides the health practitioner with more information about the child/young person's health and family health history (if available); this additional information improves the overall quality and thoroughness of the health assessment.

Personal Health Information Pack

Young people in care are now being provided with their personal health information pack at their final health assessment. The LAC health team provide as much individual health information as is available to them, in writing within the pack; health contact details for future use are provided within this process. Use of the Personal Health Information Pack commenced in January 2013 so progress and informal verbal feedback from the young people at the time of receiving the pack, will be reviewed after 6 and 12 months (July 2013 and January 2014); a formal audit will also be undertaken during the year.

Looked After Children Risk Register

A LAC Risk Register was commenced in March 2013 and is owned by the Director of Quality and Safeguarding, BCCG; it is reviewed and updated by the LAC Health Group at their 6 weekly meeting. The register allows clear identification of the areas of service provision that pose a risk or are inadequate to ensure optimum health for LAC such as delays or poor quality of health assessments, data flow and managing performance data. As the LAC Health Group is a strategic multi-agency forum, this enables clear identification of issues, responsibilities and required actions; time scales and partnership working can be readily negotiated within this forum. Issues will be escalated as necessary.

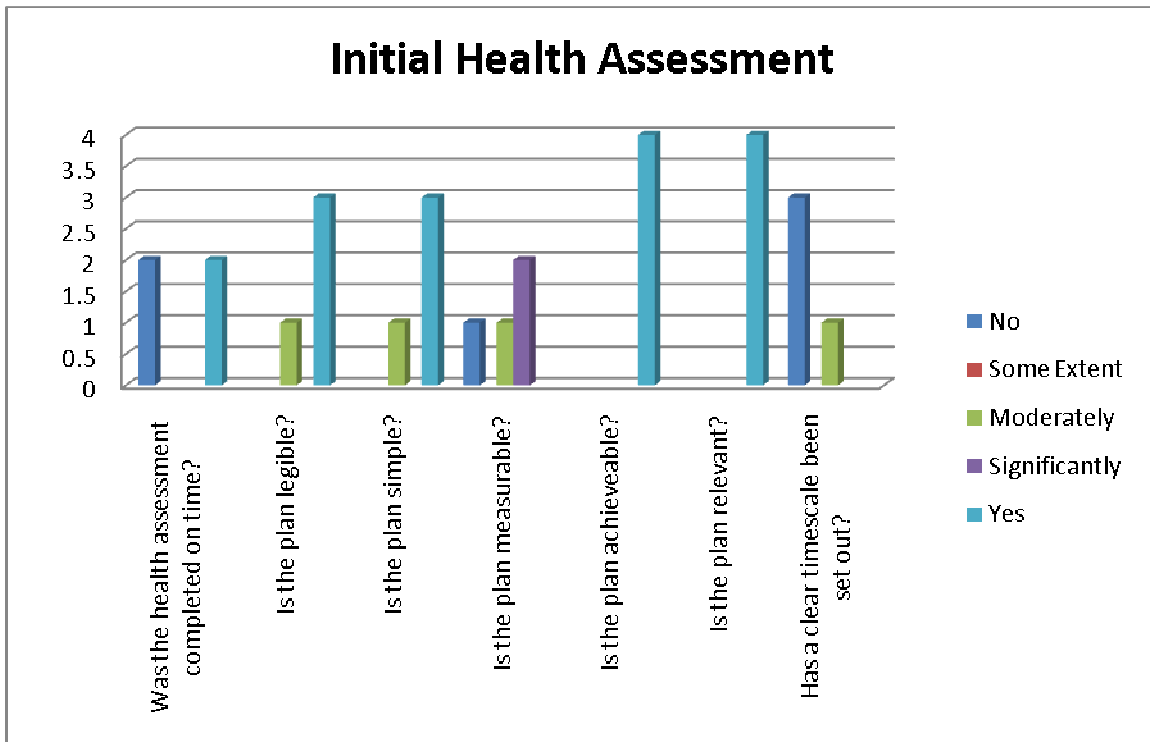
Audits undertaken in 2012/2013

In February 2012 an audit of Health Assessment Information held by Central Bedfordshire Council (CBC) was undertaken. The purpose of the audit was to establish that the relevant health information was available within the child's records and to review the quality of this information. The review included audit of the subsequent Statutory LAC Review minutes to establish if health and outcomes from the Health Assessments were discussed by the Independent Reviewing Officer (IRO).

This audit was undertaken by the Designated Nurse and a Senior Social Worker, Looked After Children, Central Bedfordshire Council (CBC).

5 children were picked at random by a Personal Assistant who also acts as the Single Point of Contact for Looked After Children, CBC. The criteria for selection were that the child would need to have had both an Initial and Review Health Assessment in the last 12-18 months. The results are shown under the headings of Initial and Review Health Assessments.

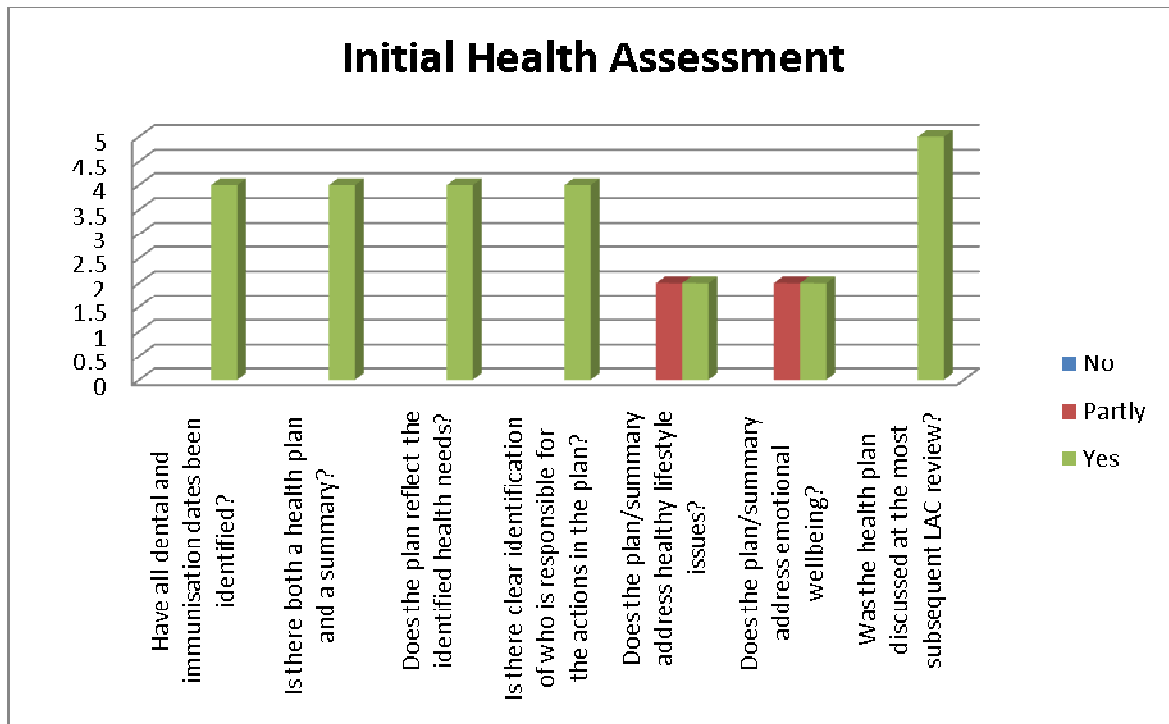
4 of the sample were children placed in county and 1 child placed out of county.

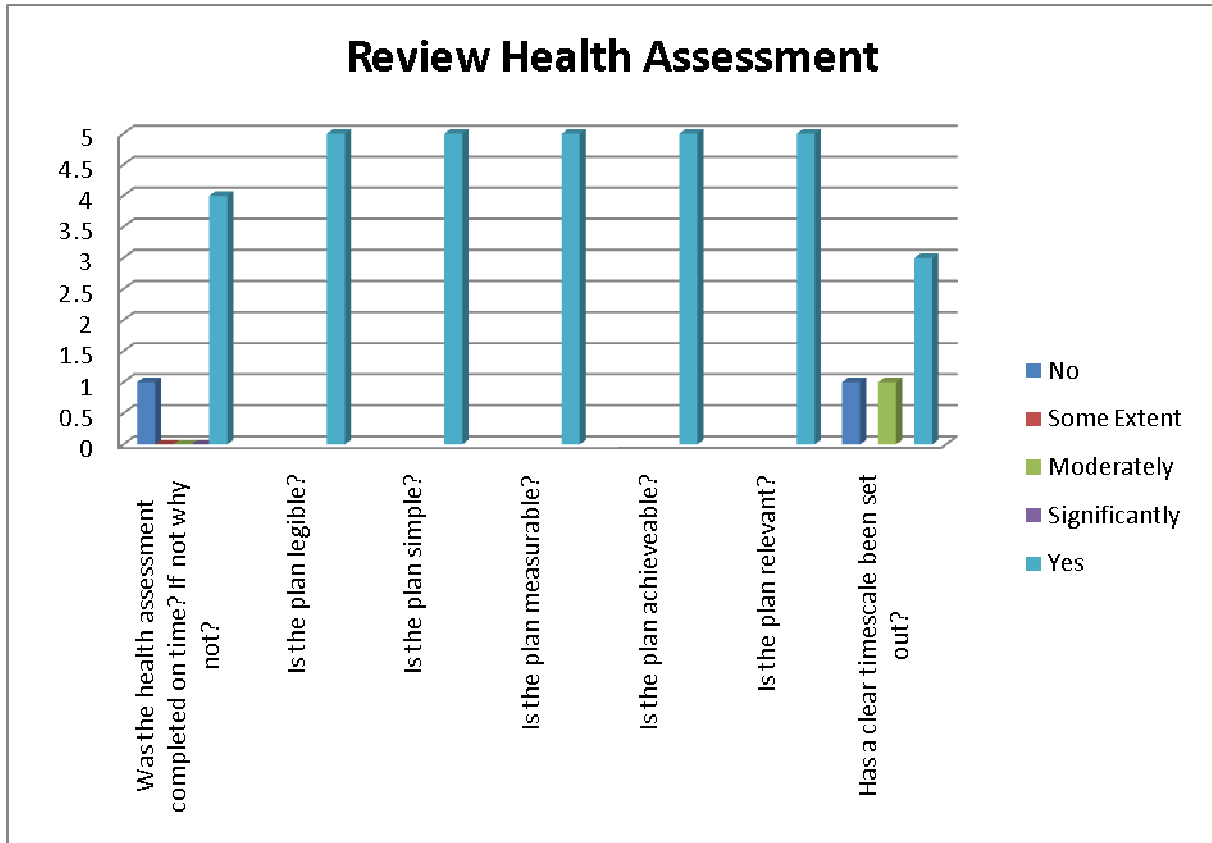


Although 5 cases were selected, the data for the Initial Health Assessments represents only 4 of these, as the documentation for 1 case could not be located. However, this case is included in the data for “Was the health plan discussed at the most subsequent LAC Review?”, as this was evidenced in the records.

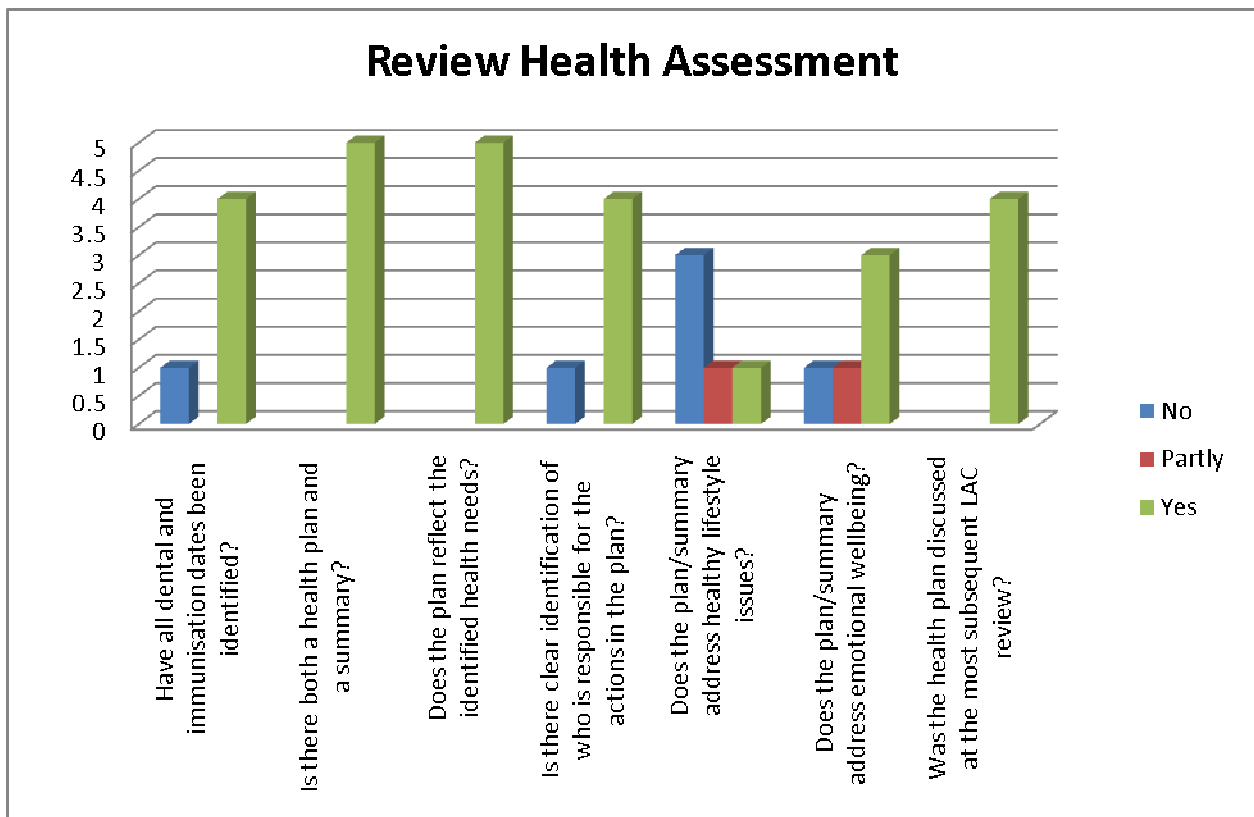
Reason 2 health assessments not being completed on:

- Delay in health undertaking both





The health assessment not completed on time was due to a late request to Health.



4 of the health plans were discussed at the subsequent LAC review, for 1 case, the audit was undertaken prior to the Statutory Review so not applicable.

Findings and Actions

Initial Health Assessments (IHAs)

1. Although 5 cases were selected, the data for one IHA could not be found.
2. Of the 4 IHAs, 2 were not completed on time which was due to delay within Health.
3. In one case, the plan was not legible, and none of them were fully measurable.
4. In all cases, health plans were discussed at the CBC Statutory Review.

Review Health Assessments (RHAs)

1. All RHAs were legible and measurable, but only 3 had clear timescales.

Actions

1. Share this audit with CBC and SEPT to enable review of processes and systems, enabling improvement of outcomes.
2. Repeat the audit process across health and CBC quarterly (to commence May 2013).

Feedback from Children and Young People on experience of their Health Assessment

The Designated Nurse and Participation Officer, CBC have been working together to establish a process of obtaining feedback from LAC about their experience of their health assessment. A simple questionnaire was devised and the Participation officer shared this information with the Children in Care Council (CICC) and obtained some feedback. Explorations of several different options for obtaining feedback, including online survey, social media and a written questionnaire have taken place. In order for the feedback to be as meaningful as possible, we are hoping to establish a way of LAC undertaking an anonymous survey, and for returns to be of a reasonable level. Feedback from the CICC can be obtained on a regular basis, but we are aiming to extend the participants to those who do not attend this forum, thus providing information from a wider group. Further work will be undertaken with the aim of obtaining LAC feedback on a regular basis commencing August 2013.

External Review of Health Pathways

BCCG commissioned an External Review of health pathways to meet the needs of Looked After Children in Bedfordshire. The review, which took place in April 2013, had a remit to:

- Provide an overview of the current multi-agency processes in place to meet the health needs of Looked After Children.
- Assess and review these against national standards and good practice guidance.
- Highlight issues related to quality and outcomes and make recommendations for improvement

The review consisted of one to one interviews with key individuals from partner organisations; meetings with two groups of looked after children and young people, and a case note audit reviewing 10 cases across health and social care (5 cases Central Bedfordshire Council and 5 cases Bedford Borough Council).

Key Issues and Recommendations are summarised under the following headings:

- Strategic partnership working
- Quality
- Operational
- Roles and responsibilities
- Emotional health and wellbeing
- Involvement of young people

The report provides an overview of achievements since the joint Ofsted and CQC inspection in February 2012, operational processes, strategic overview, partnership working, areas requiring further work as well as current and future challenges for the service.

Once finalised, this report will be shared with partners so that in-depth exploration and analysis of the findings can be undertaken, and a robust action plan developed to address the issues and recommendations. This process will be monitored and reviewed by the LAC Health Group.

Raising GPs Awareness of LAC

2012/13 saw the provision of safeguarding training to GPs across Bedfordshire. The training consisted of a full day of multi-agency presentations and group work, and included a session on Looked After Children. The purpose of this session was to raise GPs awareness of LAC and to provide information on their roles and responsibilities as per Statutory Guidance (2009). The three training days were attended by 52.5% of the Bedfordshire GP workforce. Two further training dates are arranged for autumn 2013.

In June 2013 a briefing paper about LAC and the roles and responsibilities of GPs was mailed to each GP, this was followed up with a duplicate emailed copy in December 2013; this ensured that each GP has a raised level of awareness and understanding.

6Future Work 2013/14

Leaving Care Pathway

The Leaving and After Care Nurse commenced in post in December 2012 and works closely with the 16 year + Teams in both Central Bedfordshire Council and Bedford Borough Council. To enhance overall service provision, and to ensure clear understanding of roles, remit and processes a Leaving Care Pathway is in the process of being developed. Once completed and agreed by all partners, this pathway will be incorporated into the LAC Health

Pathway (described previously), so that practitioners across all services have access to a clearly defined pathway, thus ensuring provision of a high level of service to all young people leaving care and provision of a service that supports and empowers young people to live and manage a healthy lifestyle throughout their lives. Use of the pathway will be reviewed within the LAC Health Group, 6 months after its introduction.

Strength and Difficulties (SDQ) Pathway

Currently, the completion of the SDQ is strongly linked to the end of year data returns that the local authority are required to submit, with a large number of questionnaires being completed en masse to provide this data. This system ensures a good completion rate and provides CBC with an average score for data submission, however this does not inform the overall assessment of the child/young person's mental health and emotion well-being. Very few SDQs are received by the LAC Health Team at present; this is a missed opportunity that needs addressing.

During July and August, partnership working will review the SDQ process and introduce a robust pathway which will ensure timely and appropriate completion of the SDQ which is used to inform the Social Worker and Health Professional's assessment of the child/young person's emotional health and well-being. In turn, this will ensure appropriate referrals to CAMHS and support services.

Out of Area Health Assessments

Managing the timeliness and quality of the health assessments of children placed out of area and undertaken by the local health provider can be extremely difficult and time consuming despite the use of a Service Level Agreement and the Responsible Commissioner Tariff. The LAC Health Team co-ordinate the health assessment process and the Specialist Nurse for LAC is responsible for quality assuring all the statutory LAC Health Assessments. This ensures that all assessments meet the required standard. Any issues identified through the quality assurance process are followed up with the health provider and resolved when possible. There are occasions when resolution is not achieved despite many attempts by the LAC Health Team; in order to escalate this appropriately a policy is in the process of being developed.

Quality and audit

During 2012-13 the development of a local tool to audit to review the quality of the health assessments, was undertaken by the Designated Doctor and a Paediatric colleague. This audit tool enables review of the information held in the health records against the delivery of services outlined in the Statutory Guidance for the Health and Wellbeing of Looked After Children (2009). This audit tool will be used 6 monthly to monitor 10 case files; as a case file audit was undertaken as part of the External Review in April 2013, further audit will take place in

September 2013 and March 2014. Performance monitoring will be reported to the LAC Health Group.

Performance Data

Performance data collection has historically been poor; this situation was exacerbated by the limitations of CBC's IT system. During the last quarter, CBC have worked hard to address these limitations and have now adapted their system to enable the uploading of health data provided to them as part of the health summary. The Single Points of Contact are pivotal to ensuring accurate and timely data flow.

Use of this data collection process commenced for any health assessment undertaken from April 2013. Until it is clear that the systems in place are robust, this continues to be a risk, so will require close monitoring and review within the LAC Health Group.

NICE Guidance

The **Looked-after children and young people NICE guidance was issued in October 2010 and modified in April 2013**, it was produced by the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) at the request of The Department of Health (DH).

The guidance is for all those who have a direct or indirect role in, and responsibility for, promoting the quality of life of looked-after children and young people. Although, not statutory, the guidance can help children's services in social care and health meet their obligations to improve the health and wellbeing of looked after children and young people.

Quality standard for the health and wellbeing of looked –after children and young people, April 2013 covers the health and wellbeing of looked after children and young people from birth to 18 years and care leavers (including young people planning to leave care or under leaving care provisions). It describes high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. The standards draw on existing guidance, which provide an underpinning, comprehensive set of recommendations to support the measurement of improvement.

It is recommended that the quality standard if used in conjunction with the NICE Guidance 2013 (as above) on which it is based, should contribute to the improvements outlined in The NHS Outcomes Framework 2013/14 and the Public Health Outcomes Framework for England 2014-16. This guidance will be utilised to ensure that redesign of the Service Level Agreement meets these criteria and includes systems to monitor within it.

Sexual Exploitation

The sexual exploitation of children and young people is a form of child sexual abuse. All children and young people could be subjected to sexual exploitation, but Looked After Children and Young People are particularly vulnerable. Raising awareness and knowledge of all professionals through training and information sharing, and having robust systems and processes in place to enable concerned professionals to act accordingly are essential. The LSCB (Bedford, Central Bedfordshire and Luton) are leading on this and have a detailed section on their website that all professionals can refer to. Children and Young People in care are a particularly vulnerable group, so increased awareness and action is essential.

In November 2011 the Government published the Tackling Child Sexual Exploitation action plan which was developed in the context of the Munro review of child protection. Like Professor Eileen Munro's final report, and the Government's response to her review, the action plan emphasises the important role of LSCB's at the centre of local multi-agency arrangements to help and protect children and young people. Bedford, Central Bedfordshire and Luton are undertaking a pilot of the Sexual Exploitation Risk Assessment Conference (SERAC) process locally with a view to establishing the level of demand for this approach and to assess the benefits to victims of sexual abuse through exploitation. The pilot is effective from March 2013 to February 2014.

A SERAC is a meeting where agencies share information about potential or recognised risk to a child (under 18 years) who has been or could become subject to sexual exploitation. This meeting is intended to share intelligence, provide early intervention, reduce the risk to the child or young person and consider how the activities of the identified perpetrator can be disrupted.

LAC Clinician's Group

The **LAC Clinician's Group** is to commence in June 2013. This is a cross county group (Bedfordshire and Luton) with membership being Paediatricians including the Designated Doctor, CAMHS clinicians, LAC Health Team Nurses and the Designated Nurse. This is a forum for clinicians to share and examine practice experiences (positives and challenges), review of literature and guidance for LAC, feedback about conferences and training, identify training needs and improve links and liaison across the county and within the LAC arena. The group will have the remit to make recommendations on health and medical matters to other groups, and will report to the LAC Health Groups; the LAC Health Groups will refer clinical issues to this group for consideration.

7 Performance

7.1 Immunisations

In 2012/13 Central Bedfordshire Council's uptake of immunisations by LAC who have been looked after continuously for at least 12 months was 80.3%, which is an improvement on 2011/12. Immunisation uptake needs to be addressed further to ensure higher rates for 2013/14.

Table 2: Immunisations/Vaccinations of Children Who Have Been Looked After continuously for at Least 12 Months:

	Immunisation and Vaccination 2011/2012	Immunisation and Vaccination 2012/13	National Average 2011/12
Central Bedfordshire Council LAC	68.0 %	80.3 %	83.1%

7.2 Dental

In 2011-12 dental checks for LAC in Central Bedfordshire Council were 82.9%, which is a small improvement on 2010/11 and in keeping with the national average.

Table 3: Dental Checks of Children Who Have Been Looked After Continuously for at Least 12 Months:

	Dental Checks 2011/12	Dental Checks 2012/13	National Average 11/12
Central Bedfordshire Council LAC	81.0 %	82.9 %	82.4%

7.3 Health Assessments

In 2011-12 Looked After Children who had their annual health assessment during the year (each six months for under-fives) was 80.3% which was up from 70.5% last year.

Table 4: Health Assessments for Looked After Children Who Had Their Annual Health Assessment during the Year (each six months for under-fives)

	Health Assessments 2011/12	Health Assessments 2012/13	National Average 11/12
Central Bedfordshire Council LAC	70.5 %	80.3 %	86.3%

Difficulties continue in achieving target timescales for completion of both initial and review health assessments. Key issues remain the timely referral, with core information and consent by Social Care professionals, attendance of key social worker at IHA and out of county placements.

7.4 Strengths and Difficulties Questionnaire (SDQ)

Completion of the SDQ for 2012/13 has been undertaken, in the main, as an end of year task. There was 100% completion of questionnaires. The average reported score is 13.9, which is in line with the previous year. This indicates that the scores remain fairly static and that the score remains within the ‘borderline’ range (discussed below).

Table 5: Average SDQ scores

SDQ Average Score	SDQ Average Score
2011/12	2012/13
13.7	13.9

The scoring range for the SDQ is between 0-40. On an individual basis a score of 13 or below is normal and 17 and above is a cause of concern (14-16 is borderline). For local authorities, their overall average score will give an indication of the level of “concern” there is across the service. From a strategic point of view a high score will mean that more looked after children are displaying such problems.

This is useful management information as it will give an indication of where resources may need to be allocated. Over time it will also give an indication of how effective services put in place are addressing these issues.

8 Health Service Structure for LAC in Bedfordshire

8.1 The LAC Health Team (Health Provider)

South Essex Partnership University Foundation Trust (SEPT) is commissioned to provide a service for statutory health assessments for Looked After Children from Central Bedfordshire and Bedford Borough. The purpose of the health assessments are to:

- Ensure that holistic and specific health needs are identified and plans in place to support/manage needs, including opportunities for routine health checks and screening, preventative measures and health education/promotion.
- Facilitate optimum health during childhood and into adult life.

This service co-ordinates all the statutory LAC health assessments for in county and out of county placements for Central Bedfordshire and Bedford Borough children and young people. The process of coordination is labour intensive and has greatly been enhanced by the increased provision in both local authorities having a single administrative point of

contact in place. This has served to improve efficiency by streamlining the administrative processes in both health and the local authorities.

The Specialist Nurse for LAC is responsible for quality assuring all the statutory LAC Health Assessments for Children Looked After by Bedford Borough and Central Bedfordshire Councils, for children placed in and out of county. This ensures that all assessments meet the required standard. Any issues identified through the quality assurance process are followed up, as specific to the child/young person or as development of the professional undertaking the assessment. Following on from last years Ofsted/CQC inspections where concerns were raised with respect to the quality of the assessment, training as been provided to SEPT staff. The focus of the training has been the process of assessment, including emotional well-being, health promotion recording and development of measurable health action plans. Recent external audits have identified an improvement in the quality of assessments for in county placements.

Community Paediatricians undertakes the Initial Health Assessments for Bedfordshire Children placed in Central Bedfordshire and Bedford Borough. Access to Community Paediatricians is via clinics in Bedford and Flitwick. Bedfordshire children/young people placed out of county access Initial Health Assessments in the main from out of county GP's.

Health Visitors and School Nurses from the SEPT 0-19 Team undertake the majority of Review Health Assessments and support the child/young person via the universal and progressive Healthy Child Programme. Attending LAC Reviews as appropriate.

The initial and review health assessment is informed by a number of resources, information provided by social care, information already know to SEPT health professional's via child health department and requests for information from child's GP.

Concerns have been raised as to the lack of information provided via these sources. This has been mitigated by the implementation of a referral form for LAC health assessments and implementation of new templates for assessments and supporting guidance on SEPT's electronic record system. Community paediatricians have commented on the benefits of the quality of information now provided by Social Workers following the implementation of the referral forms.

The Specialist Nurse for LAC is responsible for undertaking the health assessments for Looked After Children in residential care settings, those children not in education and out of county placements within one hour travel distance. The Specialist Nurse for LAC also undertakes review assessments in more complex cases. Attending LAC health reviews as appropriate.

A Specialist LAC Nurse is aligned to each of the local authorities to provide direct access for supporting frontline social workers to support the health needs of LAC. At the same time as providing dialogue with local authority LAC team managers to discuss performance indicators and specific process issues.

Specialist LAC Nurses also input to health professional, social worker and foster carer education via input to existing training and development programmes. Recent input has included; the importance of statutory LAC health assessments, role of Specialist LAC Nurse, information re immunisation programmes and dental checks and the importance of informed consent.

A partnership review of LAC health provision was undertaken during Summer/Autumn 2012, to build on learning from last years Ofsted/CQC inspection improvement plans, for both Central Bedfordshire and Bedford Borough. The review was in part undertaken by workshops lead by an external facilitator and included young people from both local authorities LAC councils. The outcome of these has resulted in a service redesign influenced by key stakeholders, which is currently being implemented.

The service redesign has resulted in a number of changes to the above provision and extended the provision to include support for young people leaving care. Supporting and facilitating young people to take responsibility for their health into adulthood. A main influencing factor of the service design was a request from young people for consistency with respect to the health professional undertaking their annual statutory health review. The service allows for continuity provided by the Specialist LAC Nurses and School Nurse if already known to the young person. The out of county provision of the Specialist LAC Nurse travelling out of area has been considered to be inefficient and decision made to cease. The impact of these changes will be monitored and reviewed six months into the implementation of the redesigned service (November 2013).

8.2 Child and Adolescent Mental Health Services (CAMHS) (Health Provider)

CAMHS services relevant to Early Intervention LAC are commissioned by Central Bedfordshire Council and Bedford Borough Council from South Essex Partnership University Foundation Trust for Children and Young People who are:

- Looked after - accommodated (Children Act 1989 Section 20) or subject to Care Order, Interim Care Order (Children Act 1989 Section 31 & 38).
- Adopted – during the first 3 years post adoption.

Bedfordshire has a dedicated Tier 2 CAMH Looked After Children Team (LAC) which provide assessment and short to medium term therapeutic interventions; and subsequent referral to appropriate services whatever these may be; for Looked After Children with mild to moderate mental health issues. Short to medium term in the context of provision of CAMHS services is defined as up to 6 months.

The key functions of the Early Intervention CAMHS LAC Team will be:

- Providing an early intervention service for Looked After Children. This will include joint health and social care assessments and consultation for the Team Around the Child.
- Provision of training to enable skills development for foster carers and Looked After Children to help enable self-management of emotional and challenging issues.
- Provision of training and skills development for the Team Around The Child to enable them to be able to assess emotional issues and to intervene to support and maintain placements.
- Provide easy and quick access to interventions to prevent placement breakdowns for Looked After Children where there are emotional / behavioural issues threatening the placement stability.
- Providing short to medium term therapeutic interventions to Looked After Children to address more deep rooted emotional and attachment issues. Evidence based interventions are used such as:
 - i. Systemic interventions.
 - ii. Solution focused interventions, including CBT interventions.
 - iii. Access to individual therapies.
- Provision of the following group interventions:
 - i. Foster carer support groups.
 - ii. Groups for transition into new placements, including into leaving care services.
 - iii. Other group interventions as gleaned from best practice elsewhere
- Offer a reflective forum to the Team Around The Child. This will help raise awareness of 'blind spots' and how these may impact on practice, particularly in relation to safeguarding concerns.
- Offer interventions outside clinics and out of hours where they it would be more clinically effective to do so (usually the older age group). This would include working at home with carers to develop their intervention skills.
- The team will be a up to 18 year old service, with some flexibility to support young people through transition into adult services.

9 Partnership

9.1 The LAC Health Group

The LAC Health group meets every six weeks to address a range of issues. The membership of the LAC Health Group comprises the following:

- Director of Nursing and Quality
- Deputy Director of Quality and Children
- Child and Maternity Commissioning Manager, BCCG
- Heads of Service for LAC, Bedford Borough and Central Bedfordshire
- Team Leads LAC, Bedford Borough and Central Bedfordshire
- Designated Nurse Looked After Children
- Designated Doctor Looked After Children
- Designated Nurse for Safeguarding Children
- Public Health, Central Bedfordshire
- Public Health, Bedford
- Head of Service Safeguarding Children & Vulnerable Adults, SEPT
- Manager of Services, CAMHS, SEPT
- Public Health Co-ordinator for Immunisations and Vaccinations

In 2012-13 the LAC Health Group has focussed on the health assessment and review process, and worked to ensure that statutory guidance is met in relation to health and wellbeing of Looked After Children.

Key areas addressed were:-

- addressing delays in completion of initial and review health assessments
- developing secure communication processes between NHS and local Authority
- addressing issues around data collection in respect of immunisations and dental checks
- audit of health plans
- review of training programme for foster carers
- maximising health improvement opportunities
- review of development and implementation of action plans in response to the Ofsted/CQC inspection.
- redesign of the LAC Health Service business case.

The LAC Health Group is accountable to the Patient Safety and Quality Committee and reports the Ofsted Preparation Board, CBC.

9.2 The Health Improvement Group

The Bedfordshire LAC Health Improvement Group

The purpose of the Bedfordshire LAC Health Improvement group is to plan, implement and evaluate a coherent programme of training and workforce development, support and resources to maximise opportunities to ensure appropriate, effective and accessible health promotion and health improvement for LAC and those leaving care.

The group is chaired by Public Health with further representatives from Public Health, Bedford Borough and Central Bedfordshire Local Authorities, SEPT provider services and a wide range of agencies and voluntary organisations who have a vested interest in improving the Health and Wellbeing of Looked After Children across Bedford.

The Bedfordshire LAC Health Improvement Group meets every 4-6 weeks.

The Bedfordshire LAC Health Improvement Group reports directly to the LAC Health Group (led by Bedfordshire Clinical Commissioning Group), and is accountable to the Acting Early Child Health Group within Central Bedfordshire Council, and the Child Health and Wellbeing Board in Bedford Borough Council.

This group ensures that:

- there is a co-ordinated, multi-agency approach to planning to meet the health promotion and improvement needs of Looked After Children, and those leaving care, and that the voices of children and young people are at the heart of service design and delivery, regardless of race, age, disability, gender or sexual orientation.
- gaps identified locally through the Joint Strategic Needs Assessments (JSNA) are addressed, focusing on key priority areas.
- there is an agreement to key actions to support the LAC Health Team within Provider Services, in ensuring that:

young people's Health Plans are defined by Statutory Guidance (10.1);

actions arising from young people's Health Plans are implemented by scrutinising audits;

information from Health Plans (including those LAC and young people who are placed out of area) informs training, support and development and provision of resources;

all looked after children and young people have access to age appropriate health promotion information and services, which are informed by the views of looked after children and care leavers;

- there is a co-ordinated Health Improvement Training & Support Programme to support all staff working with LAC & LAAC, (including Social Care Teams and Foster Carers), to address the key priorities.

10. Training and Health Improvement Actions: (Public Health and SEPT Community Services)

10.1 Health & Wellbeing Information Packs

Age-specific Health & Wellbeing Information Packs - which include a wide range of relevant and age appropriate information – have been distributed to all young people in care/leaving care via either their designated social worker for those young people currently in the care system, or via the LAC Health Service’s Paediatrician at their Initial Health Assessment if entering care. The packs have been evaluated through the work of the LAC Participation & Engagement Officers, the Children in Care Councils and the LAC Health Team, but a relatively limited numbers of responses have been obtained thus far. More systematic auditing and evaluation of provision will be a priority in 2013/14.

Health & Wellbeing Information Packs which include a wide variety of physical and emotional health information have also been distributed to all Foster Carers via their Supervising Social Workers. The evaluation and feedback from Foster Carers will inform the future development of these packs and associated training.

Part of the health promotion/health improvement work is also underpinned by the Foster Carer training programme that was set up in 2012/13 and was delivered by Public Health in partnership with the shared Adoption & Fostering Service and SEPT provider services. The training programme included: - *'Helping to maintain and promote good health for children and young people in care'*, *"Helping to meet the specific health needs of young people leaving care"* and *"How to talk to young people about sex and relationships"*.

These training sessions supplemented the information in the Health & Wellbeing Information packs for Foster Carers. Feedback and evaluations from the training have been monitored through the LAC Health Improvement Group, and are informing training plans for 2013/14.

10.2 Sexual Health and Teenage Pregnancy

Teenage Pregnancy is a complex issue affected by personal, social, economic and environmental factors. If a young woman experiences multiple risk factors, evidence has shown that she has a 56% chance of becoming a teenage mother compared with a 3% chance for young women experiencing none of these risk factors. Teenage pregnancy disproportionately affects those who are already disadvantaged and this further increases the likelihood of a future of social exclusion.

Therefore, efforts to reduce teenage pregnancy are included in both Local Authorities' Child Poverty needs assessments and the subsequent strategies, as the links between poverty and the causes of teenage pregnancy are inextricable.

The following lists highlights the risk factors associated with teenage pregnancy (Department of Children Families and Schools 2006):

- § living in a deprived area
- § limited knowledge of where to access contraception and sexual health advice
- § living in care
- § alcohol and substance misuse
- § early onset of sexual activity
- § low educational attainment
- § disengagement from school
- § leaving school at 16 with no qualifications.

International evidence, as well as lessons from areas where teenage pregnancy rates have fallen fastest, shows that there are four main elements that need to be addressed to affect change in teenage conception rates.

No one of these can be expected to deliver change alone:

- § Work to tackle low aspirations and lack of self-esteem - sustained reductions in teenage pregnancy rates will only be possible if action is taken to address the underlying factors that increase the risk of teenage pregnancy and young people are given other choices in life.
- § Effective sex and relationships education (SRE) – which helps young people to deal with pressure to have sex, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and Sexually Transmitted Infections.
- § Easy access to young people-centred contraceptive and sexual health (CASH) services, where they need them, when they need them.
- § Addressing educational underachievement and lack of engagement in learning post-16 – there is high correlation between poor educational attainment and teenage conception rates.

10.3 Reducing the risk of teenage pregnancy for LAC

Community based Sexual Health and contraceptive services are provided by Terrence Higgins Trust (THT) and Brook which are commissioned by Bedford Borough Council, on behalf of both Bedford Borough Council and Central Bedfordshire Council. Brook delivers the young people's sexual health services and currently provides school based clinics in 8 Upper Schools across Central Bedfordshire and 4 Upper Schools in Bedford Borough.

Clinic locations were informed by local under 18 conception data to ensure that schools with pupils who were more likely to be vulnerable to the risk factors for teenage pregnancy, were targeted.

THT and Brook form part of a network of sexual health provision which includes the GUM department at the local acute trusts, local enhanced GP services called 'Sphere clinics' and provision of emergency contraception, Chlamydia screening and condom distribution through community pharmacies signed up to provide enhanced sexual health services.

How are LAC supported locally?

Access to the Brook Sexual Health Outreach Nurse

All LAC have access to the Brook Sexual Health Outreach Nurse who can be contacted directly by the young person or referred by a professional such as a social worker or teacher, to provide emergency contraception, pregnancy testing, sexual health advice and contraception.

One to one and group work

The Brook Outreach team delivers targeted work to build self-esteem and support the development of positive and safe relationships. The key target groups include young people who are;

- § looked after
- § attending Upper Schools in high rate ward areas
- § partaking in harmful risk taking behavior (such as alcohol and drug use)
- § displaying early onset of sexual activity

Work with vulnerable groups such as LAC is monitored on a quarterly basis by the Sexual Health Commissioner.

Supporting LAC as teenage parents

LAC mothers-to-be are supported through the teenage parent support pathways in each Local Authority area from when they book in with a midwife.

The aim is to support them with accessing local services such as housing, children centres, parenting programmes, education, employment and training, and addressing any other needs they may have.

Early intervention to support children and young people to reach their potential

The Aspire programme is delivered to children in years 8 and 9 who may be disengaging with education, have low educational attainment and have low self-esteem. The evidence based programme aims to build the resilience of children who may be disengaging from education by working on raising their self-esteem and aspirations.

This approach helps the more vulnerable children realise and increase their potential. Each young person participates in 8 group based workshops and receiving 6 individual telephone coaching sessions and then tracking at 3, 6, 9 and 12 months post intervention. Recorded outcomes of previous programmes are; improved attendance, improved aspirations, improved engagement in positive activities, improved self-esteem, improved confidence and no pregnancies or fatherhood.

Participating schools are selected for the programme through analyzing the following; under 18 conception ward level data, local maternity booking data, attendance data, exclusion data and key stage 2 attainment data.

Consultation with LAC

Public health have led focus groups with Looked After Children (LAC) and young people leaving care to find out how they would like to hear about local sexual health services and who they would want to talk to about sex and relationships. As a result of these consultations, an information pack was developed by Brook is now given to all LAC at an appropriate age.

Terrence Higgins Trust and Brook undertake an annual survey and continually encourage feedback on service provision by all service users. The feedback is used to develop the service and ensure that the needs of young people are being met.

Training for Professionals and foster carers

Sexual Health training for social workers and foster carers has been delivered by public health throughout 2012/13. The training is designed to support social workers; LAC team staff and foster carers to develop skills and knowledge to support young people develop positive relationships and provide high quality information in regards to sex and relationships

Teen violence multi agency training is delivered by the LSCB and public health and has been well attended by social workers and those working with LAC.

The content covers sexual exploitation, why LAC are more vulnerable to this and what we can do locally to reduce their risk. The training highlights the local Sexual Exploitation Risk Assessment Conference (SERAC) and referral and operating protocols. This training has been delivered thought out 2012/13 and will continue to be delivered in 2013/14.

11 The Future 2013-14

In 2013-14 we have the following actions/developments to achieve:

- § continuously monitor the performance within LAC health provision
- § review the redesigned LAC service to ensure it is high quality and efficient
- § improve the levels of performance on immunisation and vaccination, dental and health assessments
- § improve on timeliness of both IHA & RHA
- § influence the improvement of the quality of assessments undertaken by GPs in & out of county
- § ensure SDQ supports the holistic assessment of the child/young person's emotional well-being
- § improved outcomes related to LAC mental health and health promotion (sexual health and risk taking behavior)
- § ensure we capture experiences of young people and those leaving care in relation to their health care needs and use this essential information for further planning
- § ensure that foster carers and residential workers are equipped to look after LAC health
- § ensure we have robust places for out of area placements in relation to health needs
- § ensure strategic approach to commissioning closely working with the Corporate Parenting group
- § influence the need to include birth families in statutory health assessments to support children in care manage health choices now and in the future
- § raise awareness of LAC amongst dentists and pharmacists
- § reduce the number of young people who refuse their health assessment

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Meeting: Corporate Parenting Panel
Date: 22 July 2013
Subject: Development of the Corporate Parenting Panel
Report of: Edwina Grant, Deputy Chief Executive / Director of Children's Services
Summary: This report sets out the outcome of the work undertaken to review the work of the Corporate Parenting Panel.

Contact Officer: Gerard Jones, Assistant Director Children's Services Operations
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

Central Bedfordshire Council's Strategic Plan 2012-16 Priority 3 – Promote health and wellbeing and protecting the vulnerable

The Children and Young People's Plan 2011-2014 Priority 2 – Protecting children and keeping them safe.

Financial:

1. There are no financial implications

Legal:

2. There are no legal implications.

Risk Management:

3. There are no risk implications.

Staffing (including Trades Unions):

4. There are no staffing issues.

Equalities/Human Rights:

5. Children in care often experience discrimination. These measures will improve the support provided to them through a more effective Corporate Parenting Panel.

Community Safety:

6. There are no community safety issues.

Sustainability:

7. There are no sustainability issues.

RECOMMENDATIONS

- The frequency and timing of the Corporate Parenting Panel be varied throughout the year to enable the participation of school age children in care.
- The membership of the Corporate Parenting Panel should be extended to include key Officers who could make an important contribution to the work of the Panel. These Officers should include the Head of Housing or a representative, the Head of Leisure or a representative and a Health representative for the children in care health services. In addition, the Head of Looked After children and the Looked After children Participation Officer will make regular presentations to the Panel. Also, more foster carers should be recruited.
- Young people from the Children in Care Council should be represented and/or participate in each Corporate Parenting Panel.
- The format of the Panel should be varied to include presentations and discussions led by carers and children in care as well as formal written reports.
- Themed Corporate Parenting Panels should be held during each annual cycle of the Corporate Parenting Panel to address key issues such as health, housing and education and training.
- A programme of events and activities should be developed in conjunction with the Children in Care Council and Foster Care Association to raise the profile of the issues facing children in care and the work undertaken by the Corporate Parenting Panel.

Background

8. The current format for the Corporate Parenting Panel was established over 2 years ago. It is serviced by Committee Member Services and meets approximately 6 times a year. There is a well populated Forward Plan in place with a regular reporting schedule. The Children in Care Council attend 3 times a year, including an annual presentation.
9. The Corporate Parenting Panel includes 8 Central Bedfordshire Councillors, 4 lay members, the Director of Children's Services and the Director of Adult Social Care, Health and Housing and is Chaired by the Executive Member for Children's Services. The Lead Officer is the Director of Children's Services. However, as she is a full member of the Panel, the officer for the Panel meeting is delegated to the Assistant Director Operations, Children's Services.
10. The OFSTED Inspection of Safeguarding and Looked After Children undertaken in 2012 identified the need for improvements to services to children in care and an Improvement Plan was developed in response to this. Although there were no specific issues arising from this, the Corporate Parenting Panel decided to undertake a review of its role to ensure that local arrangements met best practice standards.

11. The review was undertaken through two main activities; desktop reviews of Lambeth, Gloucester and Milton Keynes Corporate Parenting Panels and Member and Officer visits to Hertfordshire and Norfolk Corporate Parenting Panels. Latterly, the Lead Member has also undertaken a visit to Milton Keynes Corporate Parenting Panel.

Outcomes

12. The review found that practice in Central Bedfordshire was very similar to the comparator Councils. There was mixed representation of Members and Officers. Panels met at a similar frequency of 4-6 times per year and the format of the meetings varied in style from less formal and structured to the Committee style approach in Central Bedfordshire.
13. The key difference identified was the activity undertaken to deliver the Corporate Parenting Plan. Lambeth Council was found to be the most impressive with bi-monthly meetings with both formal, good engagement from members of the Panel and strong consultation arrangements in place. Representation was balanced between Members and Officers including Housing, Cultural Services and Children's Services officers, Foster Carers, and Children in Care including Care Leavers. The Corporate Parenting Strategy was delivered through 19 cross cutting Officer led projects/activities.

14. The key issues identified for development from the review work are as follows;

- **Frequency and Timings of Meetings.**

The current timing of the meeting precludes the attendance of school age children in care.

- **Corporate Parenting Panel Representation**

The Panel has strong Member support and leadership, which is a key strength. Officers attend to present reports to the Panel. However, Officers who represent key services affecting the lives of children in care do not participate in the overall work of the Panel. The attendance of some additional Officers in key roles, as suggested in the recommendations, would strengthen the influence of the Panel as Corporate Parents on the work of the whole Council.

- **Report Arrangements**

Currently, reports are mainly formal written documents which are addressed by the Panel in the style of an Overview and Scrutiny Committee. The Panel has found the engagement of young people and others in less formal discussion informative and challenging and this aspect of the work of the Panel could be developed further. Themed Panels could be developed to engage Officers and Members in focused discussions and action in key areas of Corporate Parenting activity such as Health, Youth Services, Education and Post 16 Training.

- **Key Deliverables**

The highly successful 'Children in Care Awards' evening approach could be extended to further events and activities to give the Corporate Parenting Panel the opportunity to extend awareness of its work.

GOVERNANCE AND CONSULTATION

15. This report is for the consideration and decision of the Corporate Parenting Panel.

Appendices:

None

Background Papers:

None

Location of papers: N/A