

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

**This meeting
may be filmed.***



**Central
Bedfordshire**

please ask for Leslie Manning
direct line 0300 300 5132
date 10 September 2015

NOTICE OF MEETING

CORPORATE PARENTING PANEL

Date & Time

Monday, 21 September 2015 at 10.00 a.m.

Venue at

Council Chamber, Priory House, Monks Walk, Shefford

Richard Carr
Chief Executive

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

Elected Members (voting)

Cllrs C Hegley (Chairman), Mrs A L Dodwell (Vice-Chairman), Mrs A Barker,
N B Costin, Mrs S A Goodchild, T Stock, M A G Versallion and B Wells

[Named Substitutes:

Cllrs D Bowater, I Dalgarno, Mrs J Freeman and K Janes]

Officers (voting)

Director of Children's Services

Director of Social Care, Health and Housing (or the Head of Housing Services
or their representative if the Director of Social Care, Health and Housing is
unable to attend)

Head of Leisure Services (or their representative if the Head of Leisure
Services is unable to attend)

Carers (non-voting)

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

***Please note that phones or other equipment may be used to film, audio record, tweet or blog from this meeting. No part of the meeting room is exempt from public filming.**

The use of arising images or recordings is not under the Council's control.

AGENDA

1. **Apologies for Absence**

To receive 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 6 July 2015 (copy attached).

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. | Children in Care Council - Presentation

To receive a presentation on various matters from the Children in Care Council representatives. | |
| 6. | Central Bedfordshire Council Looked After Children Annual Report - 1 April 2014 to 31 March 2015

To consider a report describing the achievements, progress and challenges of the Looked After Children health service in meeting the health needs of Central Bedfordshire's children and young people in care during the period 1 April 2014 to 31 March 2015. | * 13 - 34 |
| 7. | Quarter One Report on the Fostering Service

To consider a report outlining the activity in the Fostering Service during Quarter One. | * 35 - 42 |
| 8. | Work Programme

To consider the Panel's work programme. | * 43 - 46 |

This page is intentionally left blank

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **CORPORATE PARENTING PANEL** held at Room 14, Priory House, Monks Walk, Shefford on Monday, 6 July 2015

PRESENT

Elected Members (voting)

Cllrs C Hegley (Chairman)
Mrs A L Dodwell (Vice-Chairman)
Mrs A Barker
N B Costin
Mrs S A Goodchild
T Stock
M A G Versallion
B Wells

Officers (voting)

Mrs J Ogley - Director of Social Care, Health and Housing

Carers (non-voting)

Mrs H Phillips MBE

Officers in Attendance:	Ms A Craig	- Practice Manager, Fostering
	Mr M Gray	- Team Manager, Placement Resources
	Mr G Jones	- Assistant Director Children's Services Operations
	Mr L Manning	- Committee Services Officer
	Ms N Phillips	- Interim Practice Manager Adoption Team
	Ms M Short	- Participation Officer
	Ms I Wilks	- Practice Manager, Conference and Review
	Mr E Wong	- Head of Corporate Parenting

Others in Attendance: Children in Care Council Representatives

CPP/15/1. **Minutes**

The minutes of the meeting of the Corporate Parenting Panel held on 23 March 2015 were approved as a correct record and signed by the Chairman.

CPP/15/2. Members' Interests

Councillor Mrs A Barker declared an interest as a member of the Council's Adoption Panel.

Councillor A L Dodwell declared an interest as a member of the Council's Fostering Panel.

CPP/15/3. Chairman's Announcements and Communications

As this was the first Corporate Parenting Panel of the new Council, and there were several new Members present, the Chairman introduced herself. The other attendees then introduced themselves.

The Chairman stated that she was looking forward to learning about those areas of Children's Services for which she was now responsible. She, together with the former Chairman of the Panel, explained the recent reorganisation of Executive Member responsibilities which had been undertaken in order to enable a more effective focus on services.

CPP/15/4. Fees and Allowances for Foster Carers

The Panel considered a report of the Executive Member for Social Care and Housing which outlined a review of the new foster care allowance scheme for Members' consideration.

Following an introduction to the report by the Team Manager Placement Resources, the Assistant Director Children's Services Operations reminded the meeting why, in April 2014, the new scheme had been introduced and how it had successfully addressed many of the challenges that had existed. The meeting noted that the review aimed to continue these successes and also achieving greater fairness through the following actions:

- Being more competitive with neighbours and attracting more carers
- Preventing children going to independent fostering agency placements and bringing those in IFA's back to in-house placements in a planned way (each child placed with an in-house carer resulted in a cost reduction of £23,400 per year compared to an agency placement (figures calculated at current average rates))
- Incentivising foster carers to complete mandatory training and enabling them to feel that the Council was treating them as paid professional carers
- Preventing the loss of existing carers either to competitors or because they could no longer afford to foster

- Encouraging foster carers who would otherwise need to work to be more available for fostering at no financial detriment to their household
- Having carers more available to meet the needs of younger children, and potential savings on extra costs such as transport to school
- Encouraging foster carers to increase the number of children they wished to foster to take advantage of the increased fee income available
- Increasing the provision of in-house placements and reducing the use of IFA placements by 25 over the two years to 31 March 2016.

The Panel identified the importance of training to ensure that the quality of carers improved. However, the meeting also acknowledged that some carers failed to take up the training opportunities offered to them. Members discussed in full the possible reasons for this and the means by which this could be overcome, including the proposed incentive of linking fees with training. Following discussion the Assistant Director Children's Services Operations emphasised that every opportunity was already taken to encourage carers to attend training sessions.

RESOLVED

that the review of the new foster care allowance scheme, as set out within the report of the Executive Member for Social Care and Housing, be implemented.

CPP/15/5. **Independent Reviewing Officers' Annual Report 2014-15**

The Panel considered a report by the Director of Children's Services which introduced the Independent Reviewing Officers' Annual Report for the period April 2014 to March 2015. The meeting noted that, under the statutory guidance, the Independent Reviewing Officers' (IROs') Manager was responsible for the production of an Annual Report for consideration by members of the Corporate Parenting Panel. To this end a copy of the Annual Report was attached at Appendix A to the Director of Children's Services report.

The Practice Manager Conference and Review, as the author of the Annual Report, worked through it and highlighted matters for information. However, initial discussion centred on ensuring the content of future reports to the Panel was as accessible as possible for all readers by including a clear explanation of all acronyms and abbreviations used. The Directors of Social Care, Health and Housing and Children's Services undertook to ensure that future reports complied with this requirement.

Discussion covered the interactive event day organised by the IRO's with the assistance of the Participation Officer at which 12 young people and four IRO's had attended. The response by the young people to the questions raised by

the IRO's on what made a good IRO and what made a good Looked After Review was considered as was the feedback by the IRO's to their colleagues and the action which had subsequently been agreed. Following comments by a Member the Practice Manager Conference and Review explained that the IRO's were already challenged through both an internal auditing process and by Office for Standards in Education, Children's Services and Skills (OFSTED) reviews.

The Assistant Director Children's Services Operations informed the meeting of the important role played by the IRO's and their statutory right to directly approach the Chairman of the Panel and the Children and Family Court Advisory and Support Service (CAFCASS) if they believed the Council was not acting in a child's interest. He added that the work involved a huge administrative and professional task and he expressed his thanks to the Practice Manager Conference and Review for undertaking this role.

Discussion took place on the resilience of the IRO service and its ability to respond to challenges. In connection with this issue the Practice Manager Conference and Review referred to the substantial financial pressures arising from the increase in unaccompanied asylum seekers. The meeting noted the UK Border Agency's practices in relation to the assessment of illegal immigrants and the impact on the IRO service. Full discussion took place on the action Members should take should they become aware of the presence of illegal immigrants and/or unaccompanied asylum seekers. The Chairman felt that clarification and further information on this matter was required.

The Panel considered a CiCC representative's personal experiences with his IRO. The Participation Officer explained how young people wanted to spend more time with their IRO's. She emphasised the importance of the relationship given that this remained a constant whenever possible. The Participation Officer also acknowledged that Looked After Children were not seeing their IRO's to a degree which the former found acceptable.

Arising from a query by the Vice-Chairman discussion took place on the availability of suitable accommodation for young people. The Head of Corporate Parenting stated that this issue was being examined with the aim of examining the framework in the summer. The Panel felt that this presented an opportunity for an update to be presented on the progress made.

NOTED

the activity of the Conference and Review Service in relation to the reviews of Looked After Children during 2013-14 as set out within the Independent Reviewing Officers' Annual Report.

RESOLVED

- 1 that an update on accommodation provision for young persons be submitted to a future meeting of the Panel;**
- 2 that the Director of Social Care, Health and Housing and Assistant Director Children's Services Operations draw up a briefing note for**

circulation to Members setting out the impact of the growth in the numbers of illegal immigrants and unaccompanied asylum seekers and what action Members should take if they became aware of their presence.

CPP/15/6. **Fostering Agency 2014/2015 Quarter 4 Performance Report**

The Committee considered the report of the Executive Member for Social Care and Housing which introduced the Quarter 4 Performance Report for the Fostering Agency. In view of the overlap in content with the next agenda item, which dealt with the Fostering Agency Annual Report for 2014/15, it was agreed that both reports should be considered concurrently (Note: Minute CPP/15/7 below also refers).

Following an introduction by the Practice Manager, Fostering the meeting turned to consider various issues contained within the reports.

A Member referred to the Quarter 4 report and to the increase in Special Guardianship Orders (SGO's) from 81 at the end of March 2014 to 114 at the end of March 2015 and how the Orders helped to maintain links within families. The meeting noted that the majority of the SGO's granted were to family and friends and foster carers so the children they cared for were no longer classified as Looked After. However, the Assistant Director Children's Services Operations queried the role of the Council to fund long term family care arrangements through the use of SGO's in view of the budget implications. He indicated that consideration would need to be given to this issue in the near future and a report would be forthcoming which identified the options available. The Assistant Director Children's Services Operations referred to the changes in family court arrangements which placed an emphasis on placing children within their family of origin though the cost to local authorities of providing this service was high. In connection with this matter the Practice Manager, Fostering advised that the Government was also undertaking an examination of how SGO's were used.

The Children in Care Council representatives invited the members of the Panel to the Awards Evening scheduled for 25 September 2015.

(Note: The Children in Care Council representatives left the meeting at this point).

Further discussion followed relating to fostering and adoption activity being carried out concurrently by the same persons. In response the Practice Manager, Fostering explained that fostering and adoption rarely took place within the context of the same carers at the same time as these functions were undertaken by different types of people. However, some carers might first foster a child and then adopt him or her. Discussion also took place with regard to the extent that life story work was undertaken with Looked After Children and the role it played. The Member commented on the absence of any reference to this in the Annual Report.

(Note: Councillor M A G Versallion left the meeting at this point to attend another meeting).

In response to a query by a Member the Practice Manager, Fostering stated that whilst some foster carers might have vacancies this could be a short term position. She stressed that the Council never experienced a situation where there were no vacancies. The Practice Manager, Fostering added that the Council had a list of foster carers with vacancies and that the list was reviewed every day. In response to further queries from the Member the Practice Manager, Fostering acknowledged that some foster carers had been highly specific in the children whom they fostered however, moves were being made to expand the range of children that carers were willing to foster. She also referred to the peer mentoring scheme for all new and existing carers to offer encouragement, support and opportunities for collaborative working.

The Assistant Director Children's Services Operations referred the meeting to the report of the Fostering Panel Chair and the role undertaken by the Panel Advisor. The Assistant Director briefly set out the difficulties that had been experienced as a result of not being able to fill the post of Panel Advisor on a permanent basis.

NOTED

- 1 the Fostering Agency Quarter 4 Performance Report for 2014/15;**
- 2 the Annual Report of the Fostering Agency for 2014/15.**

CPP/15/7. Fostering Agency Annual Report for the Period 2014/2015

In view of the related content in agenda items 7 (Fostering Agency 2014/15 Quarter 4 Performance Report) and 8 (Fostering Agency Annual Report for the Period 2014/15) these items were considered in conjunction with each other (Note: Minute CPP/15/6 above also refers).

CPP/15/8. Adoption Agency Annual Report

The Panel received a report of the Executive Member for Social Care and Housing on the Adoption Agency Annual Report for 2014/15. A copy of the Annual Report was attached at Appendix A to the Executive Member's report together with a report by the Chairman of the Joint Adoption Panel at Appendix B. The meeting noted that the Annual Report described the activities of the Council's Adoption Agency during that period, including achievements and the remit and focus of the Agency's work. The report also identified recommendations for the development of the service.

Following an introduction to the Annual Report by the Senior Practitioner – Adoption the Assistant Director Children's Services Operations drew Members' attention to the disrupted adoptions which had occurred during 2014/15. He stated that, of the 29 children matched for adoption in this period, there had been five disrupted placements where the adoption process had ceased.

Detailed analysis of the circumstances had been undertaken with the aim of understanding the reasons for the disruptions and the measures that could be introduced to improve practices. He suggested that the Panel might also wish to consider this issue in greater depth. The Assistant Director Children's Services Operations also suggested that carers be invited to attend the Panel to provide Members with details of the challenges faced by adopters and the nature of the support provided to them during the introductory process.

The Assistant Director Children's Services Operations next referred to the role of the Adoption Fund and the level of resources provided by the Fund and undertook to report on this matter to the next Panel meeting.

Following further discussion the Assistant Director Children's Services Operations advised the meeting of the Government's intention to introduce legislation which would amend adoption arrangements, including the enforced merger of local authority adoption services, to ensure greater collaboration. He added that the Council was to examine possible options on the way forward with its neighbouring authorities at an autumn workshop.

A Member on the Joint Adoption Panel suggested that the membership of the Panel should be expanded to include a parent as a lay member to present the 'ordinary' viewpoint on issues. She also requested that a substitute elected Member from this Council should be appointed to attend in those circumstances when she could not. In response the Director of Social Care, Health and Housing acknowledged the value of appointing a lay member as a counterbalance to the professional viewpoint of other members on the Joint Adoption Panel.

NOTED

the Adoption Agency Annual Report for 2014/15.

RESOLVED

- 1 that the Assistant Director Children's Services Operations invite carers to a future meeting of the Corporate Parenting Panel to discuss the challenges they experience with the adoption process;**
- 2 that the Assistant Director Children's Services Operations report to the next meeting of the Corporate Parenting Panel on the role, level and availability of the Adoption Fund;**
- 3 that further consideration be given to the appointment of a lay member/parent and to the appointment of a substitute elected Member for the Joint Adoption Panel.**

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.25 p.m.)

This page is intentionally left blank



Central Bedfordshire Council Looked After Children Annual Report

1st April 2014 to 31st March 2015

Director: Anne Murray, Director of Nursing and Quality
Author: Teresa McDonald, Designated Nurse for Looked After Children
For: Central Bedfordshire Council Corporate Parenting Panel
Date: July 2015



Contents

<i>Executive Summary</i>	4
<i>Introduction</i>	5
<i>National Policy and Legislation</i>	5
<i>Local Context</i>	7
• <i>Central Bedfordshire Health and Wellbeing Board JSNA 2015</i>	7
<i>Profile of Bedford LAC Population</i>	7
○ <i>Table 1</i>	8
<i>Partnership working</i>	9
• <i>LAC Health Service</i>	9
• <i>BCCG LAC Health Group</i>	
• <i>The Central Bedfordshire Health Improvement Group</i>	10
• <i>LAC Clinicians Group</i>	10
• <i>Future Developments</i>	10
<i>Health Service Structure for LAC and Care Leavers</i>	11
• <i>The Lac Health Team</i>	11
• <i>Leaving and After Care Health Service</i>	12
• <i>Health Passports</i>	12
• <i>Strength and Difficulties Questionnaire</i>	12
• <i>0-19 Team</i>	12
• <i>Children with Disability</i>	13
• <i>Health Assessment service</i>	13
• <i>Future Developments</i>	13
<i>Child and Adolescent Mental Health Services</i>	14
• <i>Future Developments</i>	14
<i>Public Health / Teenage Pregnancy</i>	14
• <i>LAC Key Ring</i>	14

• <i>Future Developments</i>	15
• <i>LAC Health Data</i>	15
<i>Central Bedfordshire Council Joint Strategic Needs Assessment Teenage Pregnancy Report 2015</i>	15
• <i>Improving the Health and Well Being of Vulnerable Groups</i>	15
• <i>Targeted Intervention to Vulnerable Young People</i>	16
• <i>Future Developments</i>	
• <i>Child Sexual Exploitation</i>	16
<i>Performance</i>	
• <i>Immunisation</i>	
○ <i>Table 2</i>	17
• <i>Dental</i>	
○ <i>Table 3</i>	17
• <i>Initial Health Assessments</i>	
○ <i>Table 4</i>	17
• <i>Review Health Assessments</i>	
○ <i>Table 5</i>	18
• <i>Strength and Difficulties Questionnaire</i>	
○ <i>Table 6</i>	18
• <i>Future Developments</i>	19
<i>Quality and Audits</i>	19
• <i>Aspects of Statutory Health Assessments for Looked After Children for Central Bedfordshire Council</i>	19
• <i>LAC Assessment Questionnaire for GP's</i>	
• <i>Voice of the Child-Health Assessment Service Questionnaire</i>	20
• <i>Future Developments</i>	20
<i>Bedfordshire Clinical Commissioning Group</i>	21
<i>Conclusion</i>	21

Executive Summary

This report describes the achievements, progress and challenges of the Looked After Children (LAC) health service in meeting the health needs of Central Bedfordshire Council's (CBC) children and young people in care, during the period from 1st April 2014 – 31st March 2015.

Definition of Looked after Children and Care Leavers; the term "Looked after" refers to any child or young person for whom the local authority has, or shares, parental responsibility, or for whom the local authority provides care and accommodation to the child or young person on behalf of their parent. The majority of children and young people need alternative care and accommodation because they are not able to live at home with their parents. The term "child" can refer to any child or young person between 0 - 18 years.

The local authority has a duty and responsibility to those young people who leave their long term care after the age of 16 years until they reach the age of 21, or up to the age of 25 if they are in higher education.

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 LAC Health Assessments. The focus for 2014/15 has been to deliver improved access to services and improved timeliness of health assessments.

Key developments for 2014/15 are detailed in this annual report and include improved partnership working between Central Bedfordshire Council (CBC) and the LAC Health Team, with CBC developing robust systems for ensuring that Review Health Assessment referrals and consent are forwarded to the LAC Health Team in a timely manner. Equally, the quality of the referrals is of a good standard, thus speeding up the process. 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 turn allows their health needs to be assessed and managed much more efficiently and effectively without delays.

An area of development in 2014/2015 is the leaving and After Care Service which has now been in place for 18 months. It continues to be an evolving process supporting young people for a short term periods with complex health needs. The service introduced health passports to assist young people to take ownership of their health needs into adulthood. Bedfordshire young people placed out of area are also provided with a written summary of their immunisations status included are the contact details for the LAC health team whom the young person can contact if they require any further support.

A challenge for 2014/2015 has been the provision of health assessments for those children / young people placed out of area. The Bedford Clinical Commissioning Group (BCCG) supported additional resources for the South Essex Partnership Trust (SEPT) LAC health team to undertake RHA's for children placed up to an hour's travel from the county borders.

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 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.

Introduction

This annual health report informs on the health aspects for Central Bedfordshire Council's Looked After Children (LAC). The Department of Health Statutory Guidance '*Promoting the Health of Looked After Children (2015)*' requires a report on the delivery of service and the progress achieved for the health and wellbeing of children in care.

This report will cover the period of 1st April 2014 to 31st March 2015, but will also outline the current work being undertaken and the strategic aims set out for 2015/16. 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.

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.

National Policy and Legislation

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

- The Children's Act 1989 and 2004
- Care Matters: Transforming the Lives of Children and Young People in Care (DfE 2006)
- Care Matters: Time for Change (DCSF 2007)
- The Child Health Strategy (DH 2009)
- Health Lives, Brighter Futures: the strategy for children and young people's health (2009)
- Statutory Guidance on Promoting the Health and Well-being of looked-after children (DCSF and DH 2015)
- Child Health Programme (DH 2009)

- The Children Act 1989 Guidance and Regulations. Volume 2: Care Planning, Placement and Case Review (2010)
- You're Welcome – Quality criteria for young people friendly health services (DH April 2011)
- Looked after children and young people (NICE public health guidance, Issued 2010, Modified 2013)
- Looked After Children: Knowledge, skills and competencies of health care staff. Intercollegiate Role Framework (May 2012)
- NHS Operating Framework for the NHS in England 2012-13
- Working Together to Safeguard Children (DCSF 2015)
- 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)
- Safeguarding Vulnerable People in the Reformed NHS. Accountability and Assurance Framework. NHS Commissioning Board (March 2013)
- Compassion in Practice. Nursing, Midwifery and Care Staff, Our Vision and Strategy. NHS Commissioning Board (December 2012)
- Central Bedfordshire Council Health and Wellbeing Strategy 2012-16
- Central Bedfordshire Council, Joint Strategic Needs Assessment. March 2015
- Bedfordshire Clinical Commissioning Group Strategic Commissioning Plan 2012-15
- The Care Standards Act (2000)
- The Mental Health Act (2007)
- The Children and Young Persons Act (2008)
- Health and Social Care Act 2012
- Child Sexual Exploitation Panel (2014) Bedford Borough, Central Bedfordshire and Luton Safeguarding Children Boards

Local Context

Bedfordshire Clinical Commissioning Group (BCCG) is the lead commissioner for health provider services in Central Bedfordshire. Executive ownership of Looked After Children for BCCG sits with the Director of Nursing and Quality.

The BCCG have in post a full time Designated Nurse for LAC there is also a Designated Doctor who has allocated time to undertake this role. The role of Designated Professionals is to work in partnership with the provider, South Essex Partnership Trust (SEPT), to ensure that the health needs identified for looked after children are met.

The Corporate Plan 2014-2015 provides national and local context and outlines the organisational priorities and shows how these link to the commissioning plans and projects.

Central Bedfordshire Health and Wellbeing Strategy JSNA

- Improving the achievement of vulnerable and disadvantaged children
- Responding to the placement needs of current and future care and care leavers- in line with Central Bedfordshire Council Sufficiency Strategy
- Ensuring children are supported to make healthy lifestyles
- Increase identification of children who are at risk of poor mental health

Strategic planning for LAC is directed through the Children's Trust for Central Bedfordshire Council and accountability for the services provided to Looked After Children 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.

Profile of the Central Bedfordshire Looked After Children 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 this in part could be due to the impact of the level of poverty, abuse and neglect that they may have experienced. Monitoring of the health outcomes enables identification of where improvements need to be made and informs on in-year targeted work. Immunisation, dental health and Strength and Difficulties Questionnaire 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: Profile of Central Bedfordshire Council's Looked After Children

	As at 31 st March 2013		As at 31 st March 2014		As at 31 st March 2015	
	Number	%	Number	%	Number	%
Total number of LAC	246	100	268	100	274	100%
LAC placed in county	96	39.0	113	42.2	110	40.1%
LAC placed out of county	142	57.7	155	57.8	164	59.8%
LAC Placed in Foster Placement (total)	183	74.4	206	76.9	197	71.8%
LAC placed with Independent Fostering Agency	95	38.6	108	40.3	91	33.2%
LAC placed in Children's homes, hostels and other residential settings including Secure Units	36	14.6	32	11.9	25	9.1%
LAC living independently	13	5.3	15	5.6	26	9.4%
LAC placed for adoption, placed with parents or others	14	5.7	15	5.6	26	9.4%

Partnership Working

There is some evidence of good partnership working between the LA and Health services.

LAC Health Service

The LAC Health Service, SEPT and CBC have established good communication processes which includes a monthly meeting to facilitate on-going review, monitoring and discussion of the service and good practices, as well as issues requiring action.

BCCG'S LAC Health Strategic Group

BCCG's LAC Health Group is pivotal to building good partnership working. The LAC Health group meets six weekly to address a range of issues, and to consider and plan developments.

It is accountable to the BCCG Executive and reports to Patient Safety and Quality Committee presenting the following:

- Activity and performance of health aspects for Looked After Children
- Compliance to and actions that support Ofsted and CQC compliance in respect of LAC
- Quality issues by exception
- A work-plan outlining areas for development over the coming year
- A risk register

In 2014/15 the LAC Health Group has focussed on numerous issues including:

- progress and continued issues around the health assessment process
- data collection and reporting
- plan health promotion
- health data collection
- has provided a forum for debate and exploration of local and national issues around the health assessment experience for those children and young people placed out of county

Additionally, the group reports into the CBC's Corporate Parenting Panel via the LAC Annual Health Report, and into the Child Health and Wellbeing Groups via the Joint Commissioning Officers Group. The Designated Nurse attends the Corporate Parenting Panel meetings which ensures appropriate strategic health representation in this forum.

The Bedford Borough and Central Bedfordshire Health Improvement Group for Children and Young People who are Looked After (LAC HIMP Group)

The purpose of the group is:

- To provide an opportunity for multi-agency networking to contribute to, inform and evaluate a coherent programme of training and workforce development.
- To support resources to meet the health and wellbeing needs of children who are looked after and of care leavers;
- To ensure that all opportunities are maximised to ensure that all care leavers and children and young people who are looked after access appropriate and effective health promotion and services.

The Group meets quarterly reporting directly to the LAC Health Strategic Group as outlined above, and is accountable to the multi-agency Child Health Groups within each Local Authority.

Looked After Children Clinician's Group

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 has the remit to make recommendations on health and medical matters to other groups, and reports to the LAC Health Groups for Bedfordshire and Luton; the LAC Health Groups will also refer clinical issues to this group for consideration.

Future Developments

- The LAC health group will establish greater links with the LAC HIMP Group. The focus of the HIMP group will remain operational reporting to the strategic LAC health group. The LAC health group will now meet quarterly following the LAC HIMP meetings.
- To establish a closer working relationship with Designated Teachers by working in partnership with the Head teacher of The Virtual School for Central Bedfordshire.
- To continue to raise awareness within primary care, for GPs' of Looked After Children through training programmes and providing updates in issues relating to LAC
- To work closely with Children in Care Council (CiCC) to hear the voice of the child so as to ensure we are delivering services to meet the needs of LAC.
- The Designated Nurse is part of the LSCB sub group for the voice of the child which is in the process of planning a voice of the child conference in November 2015.

Health Service Structure for Looked After Children and Care Leavers in Bedfordshire

The LAC Health Team

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-ordinate the statutory LAC Health Assessments for in county and out of county placements for Central Bedfordshire and Bedford Borough children and young people. This

process is supported by an administrative single point of contact within each Local Authority which improves the efficiency and streamlining of this service.

The Service Specification requires that the Specialist Nurses for LAC quality assures all health assessments completed by external health providers, and quality assuring a 10 % dip sample of all those completed by SEPT health professionals. 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.

Community Paediatricians undertake 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 and within one hour of the Bedfordshire borders will be invited to attend a Bedfordshire Paediatrician clinic for their Initial Health Assessment. Those placed outside this area will be completed by an out of area provision under a service level agreement.

Additionally, the Specialist Nurse for LAC is responsible for undertaking the Review Health Assessments for Looked After Children in residential care settings, and for those children/young people with more complex needs.

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; equally providing dialogue with local authority LAC team managers to discuss performance indicators and specific process issues.

The LAC Health team comprises of Named LAC Nurse 1.92WTE (Band 7), LAC Nurse 1WTE (Band 6) LAC Co-ordinator 2 WTE (Band 4) LAC Nurse 1WTE (current vacancy but under recruitment).

Leaving and After Care Health Service

The Leaving Care Looked After Young People's Nurse is an integral role within the LAC health team since September 2014; this provides care leavers with support and is offered until their 21st birthday. A Leaving Care Health Pathway has been in place since September 2013. The pathway has two components, one for the Looked After Young People's Nurse Drop-In service, and one for the Referral Process to the service for professionals. The Drop-In was reinstated in January 2015 but due to poor engagement from young people the services is to be reviewed and a view to providing an alternative provision is to be explored.

All Care Leavers, whether placed in or out of county, are provided with contact numbers and details of the LAC Health Team at the time of their final Health Assessment, in order to facilitate easy access and support as required.

Health Passport

Health passports (personal health information pack) are issued to 18 year old Care Leavers placed in area 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. The success of this process is heavily reliant on the Local Authority informing the LAC health team of these young people which has not always happened. The LAC health team have now developed a referral process which also provides the LAC team with up to date contact details of the young person.

Strength and Difficulty Questionnaire (SDQ)

A SDQ pathway has been in place since September 2013. The Pathway is based on good practice and guidance regarding the completion and use of SDQs with Looked After Children, and provides practitioners and managers with clarity around the processes, referrals and partnership responsibilities.

0-19 Team

Health Visitors from the SEPT 0-19 Team undertake the majority of Review Health Assessments for those aged 0-4 years, and support the child and foster carer via the universal and progressive Healthy Child Programme. Attending Statutory LAC Reviews as appropriate is integral to this.

School nurse support LAC through Universal Services. They also complete an RHA if they have a relationship with the young person or at the young person's request.

Children with Disability

Children with disability have many complex issues. To reduce the need for several appointments by providing an integrated service by combining RHA with their annual health review with the Paediatrician. The designated Doctor for LAC is in the process of discussing this the Paediatricians to try and address this issue and identifying barriers to achieving a seamless integrated service.

Health Assessments for young people placed in Secure Units

2014/2015 Young people placed in secure units from CBC are very low , the LAC Health Team have experienced problems in managing their Initial and Review Health Assessments of some young people.

June 2013 saw the introduction of the Comprehensive Health Assessment Tool (CHAT) which was developed by the DH and Youth Justice Service to ensure a comprehensive assessment of health for all young people entering the secure unit system, and if undertaken well, should meet most of the requirements of an IHA. However, local experience has demonstrated that this is not the case, and despite further liaison with the secure unit health team, all the

relevant health information could not be gathered to ensure that a robust IHA with resultant health plan was achieved. The CHAT assessment require request from LA's there have been some quality issues via Q&A process and variable quality.

Future Developments

- To involve young people to review the Health Passport and its usefulness to them. To continue to build a working relationship with the Designated Teachers and promote the role of the school nurse in regards to LAC and Universal services.
- Improve the quality and timeliness of Health Assessments for children and young people placed out of area, in order to improve the child/young person's experience of their Health Assessments, including Young People placed in secure units.
- To explore strategies to engage young care leavers to access advice in regards to health. An option is to develop a text messaging service.
- To review the CHAT process in regards to young people placed in secure units and how this document can influence and identifying the health needs of young person by linking it in with the RHA.

Child and Adolescent Mental Health Services (CAMHS)

Bedfordshire has a dedicated Tier 2 CAMH Looked After Children Team (LAC). This provides assessment and short to medium term therapeutic interventions; with subsequent referral to appropriate services where needed 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.

Future Developments

From April 2015 East London Foundation Trust (ELFT) is now the provider of Mental Health Services in Bedfordshire. Pending the CAMHS Service review, Early Intervention Children Looked After Service is still providing a dedicated service to looked after children in Bedford but this is subject to change. The service is now providing Tier2/3, providing assessment – short – medium and some longer term interventions.

Public Health

LAC Key rings

An objective for the LAC Health Improvement (LAC HIMP) Group for 2014 was to ensure that there was a co-ordinated, multi-agency approach to meet the health promotion and improvement needs of children and young people who are looked after, and those leaving care.

Following a period of consultation with looked after children and young people, it was decided that health promotion messages would be delivered via individual fobs attached to a key ring.

The keys rings fobs were designed and provided by Central Bedfordshire and Bedford Borough Public Health and include health messages around the following:

- Drugs and alcohol
- Emotional and mental health and wellbeing
- Sexual health
- Nutrition and healthy weight
- Physical exercise

The fobs deliver a health message and include details of web based resources and help lines offering further information and support.

The key rings are divided into 3 age ranges, providing different messages and images relevant to each age group. These are:

- 5-10 year olds
- 11-15 year olds
- 16 plus

Every looked after child who is over 5 years old living in Central Bedfordshire or Bedford Borough is entitled to a key ring. The Looked After Children Health team, Social Workers, Health Visitors and School Nurses have been provided with the key rings which have been distributed one per child, at the earliest opportunity (for example at the next health check, a school nurse drop in or a social work visit). Every looked after child who is new to the area and any child entering the next age band (for example a child who turns 11 or 16 years) is also being given an age appropriate key ring at the earliest opportunity. Over 1500 sets of key rings have been provided to professionals to date and early feedback suggests that the messages and the design of the resource have been well received by children and professionals. Formal evaluation forms have been distributed to all staff to seek feedback from children, young people and professionals. These forms, which will be collated later in 2015, will inform the design of future resource provision.

Further developments

- The resource for 2015 include the addition of a dental health fob.

LAC Health Data

In 2014 the LAC HIMP Group worked to devise a system to collect local data on the health and wellbeing needs, issues and emerging trends of children and young people who are looked after or who are leaving care. The data collection protocol, was agreed with the LAC Health team and was introduced in October 2014.

Information concerning the health and wellbeing needs of children and young people is recorded at the initial health check or health review. Completed forms are collated by the team on a monthly basis and are sent to the Public Health Project Support Officer for analysis. Since October 2014, completion of the forms has been sporadic and work needs to be done to improve the completion and return of the data forms.

Central Bedfordshire Joint Strategic Needs Assessment Teenage Pregnancy Report 2015

Improving the Health and Wellbeing of Identified Vulnerable Groups

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.

There is evidence to suggest that young people who are in or are leaving the care of a local authority as being particularly at risk of becoming teenage parents (Department of Children and Family Services, 2006). The Health Improvement Group for children who are looked after is in place in Central Bedfordshire to support this vulnerable group on a range of issues which include, general health, sexual health, mental health and drugs and alcohol issues. The group also aims to support staff that provides services to LAC, through resources and information. The group feeds into both the LAC Health Group and the Central Bedfordshire Children's Health and Well Being Group, and are both accountable to the Health and Wellbeing Board.

Targeted Support for Vulnerable Young People

Brook also deliver targeted one to one and small group work with young people who are in particularly vulnerable groups to help them build resilience and achieve positive relationships whilst avoiding risk taking behaviours. This includes Looked after Children (LAC). This programme has been planned locally based upon real time data and aims to improve the aspirations of young girls who have been evaluated as at risk.

Early intervention programmes with children and young people to tackle the underlying causes of teenage pregnancy- The Aspire programme

Aspire is an evidence-based, early intervention programme that offers young people at risk of poor outcomes, including teenage pregnancy, small group support and individual coaching, with an emphasis on raising future aspirations. In the academic year 2012/13, the programme will be delivered across 13 schools (both middle and upper) in high teenage pregnancy areas

in Central Bedfordshire. All those who join the programme will be closely monitored over the next year to measure the impact and outcomes of the intervention.

Child Sexual Exploitation

Bedford Borough, Central Bedfordshire and Luton Safeguarding Children Boards have decided to implement the Child Sexually Exploitation Policy (CSEP) process locally, with a trial indicating the need for this approach to continue. The CSEP will follow the process and principles of the SARAC (Sexual Assault Risk Assessment Conference) model which recognises the differences in the needs and concerns of victims of rape and sexual assault.

The CSEP enables the available information to be shared across relevant partner agencies, resulting in a clearer picture of the risk level. This also supports a more comprehensive action plan to be developed to reduce the risk of harm and the level of support offered to children and young people.

Future Developments

- The Family Nurse Partnership (FNP) programme is a home visiting programme which supports vulnerable, first time mothers, such as teenage mothers, with home visits and support and intervention if required until the child is 2 years. It is an intensive programme which aims to improve the pregnancy outcomes, improve the health and development of the child and improve parenting skills, which will lead to a positive relationship between the parents and the child. This programme is a government initiative and is due to commence in Bedfordshire in April 2015.

Performance

Performance against health outcomes is monitored and scrutinised by the LAC Health Group as identified in the Performance Data section. Below is a summary of the key health indicators for LAC and provides data for those who have been looked after continuously for at least 12 months:

Immunisations

Table 2: Immunisation and vaccination performance:

The percentage of looked after children who's immunisations are up to date has improved overall by 6.6%

	2012/2013	2013/14	2014/15	National Average 2014/15
Immunisation completion rate by percentage	90.2%	87.6%	94%	88.4%

Dental

Table 3: Dental check performance.

	2012/13	2013/14	2014/15	National Average
Dental check rate by percentage	93.7%	95.3%	97.7%	84.3%

The percentage of looked after children who had their teeth checked by a dentist during the previous 12 months. 97.7% which is 173 out of cohort of 177

Health Assessments

Table 4: Initial Health Assessments (This is the first time this data has been recorded)

			2014/15	Statistical Neighbour
IHA Completed by percentage	No Data Available	No Data Available	100%	No Data Available

IHA completed within Statutory timeframes by percentage	No Data Available	No Data Available	57.5%	No Data Available
---------------------------------------------------------	-------------------	-------------------	-------	-------------------

This is the first time this data has been reported on within the Annual Report. 113 IHA were requested by the Local Authority, all of which were completed with 65 completed within statutory timeframes, 48 were completed outside the statutory guidelines of 20 days.

The cause is under investigation by the Designated Professionals. An area identified has been the issue of commissioning initial health assessments on the day that children come into care hence the delay in IHA not being completed within statutory guidance.

An area identified by the LAC health service in regards to IHA is the difficulties that have arisen from large groups of referrals at one time (batch referral or large sibling groups) which impact on Paediatric capacity. Declines are included in this data, however declines are always

followed up by LAC Nurses to offer 1:1 health advice. Children with specialist medical needs (small number) require additional specialist information to ensure comprehensive health assessment which may result in delay. Delays also occur for OOA placements in regards to identifying and then commissioning local services to complete the IHA in the host area.

Table 5: Review Health Assessment performance:

	2012/13	2013/14	2014/2015	National Average
RHA completion rate by percentage	74.8 %	94.7%	97.7%	84.3%

The percentage of looked after children who had their annual health during the year has improved to 98.9% which is 175 completed out of a cohort of 177

Strengths and Difficulties Questionnaire (SDQ)

Table 6: SDQ scores and completion rates

	2012/13	2013/14	2014/15	Statistical Neighbour Average
Completion rate	100%	100%	100%	65%
Average score	14.8	14.1	14.2	13.8

The SDQ score is 0.1 above last year's figures and remains above the national average.

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.

Future Developments

- To improve overall performance data to meet targets. To ensure Initial Health Assessments are completed within the statutory guidance, this and all data will be monitored within the LAC health group.
- Health Practitioners to utilise the SDQ and associated information to support Health Assessments thus ensuring a comprehensive holistic assessment.

Quality and Audits 2014-2015

Aspects of Statutory Health Assessments for Looked After Children for Central Bedfordshire Council.

This audit was undertaken in November 2014 and was completed by the Designated Nurse, the audit reviewed 20 Initial Health Assessments and 20 Review Health Assessments undertaken since 1st April 2014; these were divided equally between CBC and BBC. The audit reviewed the Health Assessments within the SEPT electronic records. Cases were selected randomly by a number system, and subsequently randomly from the remaining cases when we were unable to access the records of any of the chosen initial sample. The sample included four 0-4 year olds and six 5-17 year olds within each sample of 10 cases.

The result showed overall that the standard of the areas reviewed reflected improvement from the initial audit. The audit will be reviewed and repeated in 2015-2016.

Looked After Children Assessment Questionnaire for GP's

The Designated Professionals for BCCG wanted to establish a clear understanding regarding the health of Looked After Children from external authorities that are placed/living in Bedfordshire. Part of this process is to understand the role of Bedfordshire GPs within the Initial and Review Health Assessment Process for looked after children and young people.

The questionnaire consisted of seven questions. The audit was sent to all 55 GP surgeries there were 34 respondents. The results of the audit showed that a number GP's would be happy to complete IHA. A training need was identified in how complete the assessment tool to a good standard.

Future Developments

- The designated professionals plan to build on this interest expressed by GP's and to develop a training programmes in completing the assessment tool 2015-2016.

Voice of the child- Health Assessment Service Questionnaire

The purpose of this Health Assessment Service User Questionnaire is to provide health and social care teams, and CICC (Children in Care Council) with feedback from children and young people who are in care and receiving regular health assessments.

The questionnaire is given to the children and young people during a home visit by their Social Worker, shortly after their health assessment; the questionnaire is completed during the visit. For children that are too young or unable, for any reason, to complete the questionnaire their foster carer is asked to complete it on their behalf. The questionnaires are anonymous but do ask for age, date questionnaire completed and who completed the questionnaire. If a child/young person does not wish to complete a questionnaire there is no pressure for them to do so and this decision is respected. Once completed the questionnaires were returned to the Designated Nurse for Looked After Children for processing, report writing and development of an action plan from any learning outcomes.

The data was collected over a period of three months from October 2015- December 2015. Overall, the majority of respondents 26 in total reported “strongly agree” or “agree” against most statements. 100 % of respondents stated that the nurse or doctor listened to them. However, having a choice of venue for their Health Assessment has been identified as an area that shows dissatisfaction, with 61% of respondents reporting that they did not have a choice. Although the majority of respondents reported that they would know what to do if they were not happy with the service, 22 % said they would not.

The questionnaire is to be reviewed for 2015 as the respondent rate is poor and is reliant on the social worker to complete. The process is to include the voice of the child by working in partnership with the Participation Officer and the LSCB sub group within CBC to review the LAC health service.

Future Developments

- The Voice of the Child LSCB Sub group are planning a voice of the child conference in the autumn. They also plan to do some targeted work with vulnerable groups which will include LAC
- BCCG is working with The Care Leavers Association a three year project commissioned by the Department of Health to improve the health of adults and young people who were in the state as children by utilising the user voice to develop guides and resources to better inform commissioning and delivery of services.

Bedfordshire Clinical Commissioning Group Looked After Children Health Strategy

BCCG have developed a LAC Health Strategy for 2015/16 which outlines their vision, principles and values, achievements to date and their strategic aims for the coming year. This strategy will provide the platform for future work plans and developments to improve the health of Bedfordshire’s Looked After Children and Young People, and will be driven, reviewed and

monitored through the LAC Health Group. This report includes actions for moving the service forward so as to improve health outcomes for Looked after Children.

The CCG continues to play an active role on the Local Safeguarding Children's Boards for Central Bedfordshire by ensuring active engagement in the Safeguarding partnerships.

Conclusion

This report has shown the services that are available to Looked After Children for 2014-2015 in Central Bedfordshire. Throughout the report it has identified areas that require future development these will be reported on in the annual report for 2015-2016. The Bedfordshire Clinical Commissioning group by working in partnership with Central Bedfordshire Council and South East Partnership Trust we will ensure that Looked After Children and Young People will receive an appropriate and cost effective service in order for them to achieve their full potential.

This page is intentionally left blank

Central Bedfordshire Council

CORPORATE PARENTING PANEL

21 September 2015

QUARTER ONE REPORT ON THE FOSTERING SERVICE

Report of Gerard Jones, Assistant Director Children's Services Operations
(gerard.jones@centralbedfordshire.gov.uk)

Advising Officer: Annie Craig, Practice Manager Fostering
(annie.craig@centralbedfordshire.gov.uk)

Purpose of this report

1. Fostering Services Regulations 2000 require the Fostering Agency to monitor and control the activities of the Fostering Service and ensure quality performance. Quarter reports are presented to elected members in order to outline the activities in the Fostering Service so that members can monitor and feedback on the quality and performance of the service.

RECOMMENDATION

The Corporate Parenting Panel is asked to:

- Comment on the contents of this report.

Issues

1. The Children Act 2004, Care Standards Act 2000 and associated relevant Regulations and National Minimum Standards require the Local Authority Fostering Service to report to Members at three monthly intervals. This will be achieved by presentation of quarterly reports.
2. This is the first quarter report for the financial year 2015/2016.

Recruitment of Foster Carers

3. During April, May and June, a variety of revised recruitment activities/events took place in line with the Fostering Services recruitment strategy.
4. As a result of reviewing the Fostering Recruitment Strategy there has been a reduction in the level of outreach work undertaken as these activities are resource intensive and although they are good at promoting fostering in general they have not generated the level of referrals expected. Outreach undertaken has included attendance at Flitwick

recruitment fayre, Flitwick leisure centre, Leighton Buzzard library and a 'Get qualified' jobs fair. Two fostering information events were also held where members of the public could attend to find out more about fostering.

5. In relation to advertising, family and friends leaflets and a fostering poster aimed at black and minority ethnic groups were redesigned. The posters and leaflets were delivered to various mosques/centres/churches. A series of posters spelling 'FOSTERING' were designed, printed and installed in the poster site outside Watling House in Dunstable overlooking the main road through Dunstable. The School Crossing sponsorship went live. School crossing patrol officers in various schools around Central Bedfordshire now have the fostering logo and contact details on their jackets.
6. Online posts on Facebook have been promoted throughout this quarter either advertising forthcoming Information Evenings/Events or promoting the need to recruit foster care from the general public.
7. During this period we received a total of 29 enquiries, 7 in April, 10 in May and 12 in June. There were 14 Initial Visits; 4 in April, 6 in May and 4 in June. 11 Application forms were received; 4 in April, 4 in May and 3 in June. In comparison to the same period last year there were a total of 86 enquiries, 20 in April, 45 in May and 21 in June. There were 35 initial visits for the same period last year, 14 in April, 16 in May and 5 in June. There were 5 application forms received, 2 in April and 3 in May.

Assessments

8. As of the 30 June 2015 there were 19 assessments in progress, 11 for career carers, 2 Regulation 24 (emergency family and friends), 3 full family and friends/connected persons and 3 SGO (Special Guardianship Order) assessments.
9. During this quarter 4 families were approved to foster, all of whom were family and friends carers who between them were approved to care for a total of 4 children.
10. As of the 30 of June 2015 the Fostering Service had a total of 103 fostering households (compared to 105 at the end of March 2015). 77 of these carers were career carers (which is the same as the end of March 2015) and 26 Family and Friends/Regulation 24 (compared to 28 at the end of March 2015). This was due to 2 Regulation 24 ending and becoming SGO's (Special Guardianship Orders). As of the 30 June 2014 the Fostering Service had a total of 92 fostering households of which 67 were career carers. S.G.O.'s are continuing to rise as there arrangements are in place until the child reaches 18 and many S.G.O.'s are being made for very young children. Each year there is on average an additional 30 S.G.O.'s made so the number of SGO Carers is growing and will continue to do so.

11. As at 30 June 2015 there were 124 Special Guardianship Orders in place (compared to 114 at the end of March 2015). The majority of the SGO's granted were to Family and Friends/foster carers so the children they cared for were no longer classed as looked after. S.G.O.'s are continuing to rise as there arrangements are in place until the child reaches 18 and many S.G.O.'s are being made for very young children. Each year there is on average an additional 30 S.G.O.'s made so the number of SGO Carers is growing and will continue to do so.

Referrals/Placement

12. During April, May and June 31 new fostering placements were made; 7 in April, 9 were in May and 15 were in June. This is a decrease of 4 new placements compared to the last quarter. Out of the 31 new placements, 14 were placed in house. 9 out of the 17 young people placed in IFA placements were asylum seekers who needed carers who could better meet their cultural/language needs, this breakdown included: 1 Kurdish; 1 Syrian; 1 Asian; 1 Ethiopian; 2 Vietnamese; 3 Eritrean. 1 child was placed with their mother in a parent and baby unit, 2 young people had challenging behaviour and there were no in house carers available to meet their needs, 1 was placed at St. Christopher's and 1 with a Youth Offending Institution. The remaining 3 young people placed externally went into semi independent living arrangements.

Training

13. In April the range of training the Fostering Service could access was extended with LSCB, Social Care and the Early Years team in order to enable foster carers to be able to access a wider selection of training and avoid duplication of courses. There is an on line booking system to access so training was limited in this quarter in order to support foster carers in learning how to use the system. During this quarter the Fostering Service therefore facilitated 3 training courses, 2 in first aid and 1 about children going missing; the risk of sexual exploitation. By June carers were beginning to get used to the on-line booking system and were accessing various courses provided by the LSCB and Early Years providers as well as accessing more choice in on line training.
14. As of the 30 June there were 73 fostering households that had completed their mandatory Training, Support and Development Standards (TSD's); 22 households were yet to complete their portfolios but still had time to address within the required timescales. 2 households were overdue in completing the TSD Standards and were outside the required timescale. Social workers and the Recruitment and Training Officer were providing additional support to help these carers achieve these standards.

Ofsted Notifications

15. Whenever a significant event happens, i.e. a child goes missing from placement or a serious incident/accident occurs the agency have to report these to Ofsted. During this period there were no notifications.

Allegations

16. During this period there were 3 allegations made (1 in April and 2 in May). All 3 referrals were referred to the Local Authority Designated Officer (LADO) but none reached the threshold to be investigated. The first allegation was from a child who stated that their prospective Regulation 24 placement foster carer pushed them. The assessing social worker dealt with this issue with the foster carer. The second allegation was in relation to behaviour management strategies used by the foster carer and was dealt with by the Fostering Service as a practice issue. The third allegation was from a neighbour of a foster carer who stated that the child in placement was refused food and was spoken to inappropriately. This was dealt with as a concern and the fostering social worker addressed the concerns with the foster carer.

Complaints

17. There were no complaints made against the Fostering Service during this period.

Compliments

18. During this period 7 compliments were received about the fostering service (2 in April, 3 in May and 2 in June).
19. The first compliment in April was from a birth mother thanking the fostering social work assistant for her support in court during the final hearing. The second was from the fostering panel adviser who stated that an assessment one of the assessing social workers had completed was a very good, thorough and in depth report. The first compliment in May was from the fostering panel that provided positive feedback to a fostering social worker for their collaborative work and for their good report writing. The other two were from prospective foster carers who gave positive feedback on the skills to fostering preparation training in relation to the facilitators of the course who were fostering social workers. The first compliment in June was from a foster carer regarding the marketing, recruitment and training officer who was instrumental in setting up the training website. The second compliment was from a senior social worker in the court and permanency team regarding the assessing social worker. She felt they had worked collaboratively which helped to ensure a positive outcome.

Annual Budget

20. For the financial year 2015/2016 Adoption and Fostering Service within Children's Services has a combined annual budget of £3,670,855 excluding placement costs.

Reporting to Members - Legal Requirements

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

Risk Management

22. Regulatory Risks: Failure to report to Members would be a breach of National Minimum Standards.

Staffing

23. The Fostering Service comes under the umbrella of the Corporate Parenting Service and the Head of Service has overall management responsibility for Fostering. Under the Head of Service is the Practice Manager who is also the registered manager for Fostering. This person monitors and manages the activities of the fostering agency. She supervises 2 team managers who have day to day responsibility for management of the 2 fostering teams. Currently there are 14.3 full time equivalent Social Workers, 1.5 full time equivalent Social Work Assistants, 1 full time Marketing Recruitment Officer, 1 full time Training Co-ordinator, a part time panel adviser and 2 panel secretaries supporting the Service in relation to recruitment, training, panel and placements, 2 full time Administrators also support the two Fostering Teams.

Equality/Human Rights

24. Fostering Services provided to Looked After Children affects all sectors of communities.

Council Priorities

25. Central Bedfordshire Council's medium term plan priority Promote Health and Wellbeing.
Children and Young People's Plan June 2013 – March 2015.
Fostering is a key statutory service to Looked After Children.

Corporate Implications

26. Legal, Financial, and Equalities implications were requested and are included in the report. Financial was not completed prior to the report being sent for consultation.

Legal Implications

27. This is quarterly report to provide numerical information, as a result there are no legal implications arising out of this report.

Financial Implications

28. This is a quarterly report to provide numerical information, as a result there are no financial implications arising out of this report.

Equalities Implications

29. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Conclusion and next Steps

30. Whilst the Fostering Service met the recruitment target set of 10 new career foster families last year a more challenging one has been set for this financial year. The Service's main focus in this quarter, therefore, has been to continue to build on the number of fostering households and placements we have. We have made a promising start as there are currently 11 career carer assessments in progress and our recruitment target for the year is to recruit 15.
31. This quarter has seen a significant increase in the number of unaccompanied asylum seekers needing to be accommodated. Many of these young people are being placed in semi-independent living but there are still a number in need of foster placements. As this number rises the service will be reviewing its recruitment strategy to try to identify creative ways of recruiting carers who can specifically meet the differing needs these young people have.
32. During this quarter there have been no notifications or complaints and although 3 allegations were made against the service none met the threshold to be investigated but were appropriately dealt with. This low level of activity gives an indication that foster carers have been provided with the relevant supervision, support and training to help ensure that children's needs are appropriately met. This is also supported by the

high number of compliments the service has received in this quarter which have come from a wide range of sources.

33. In conclusion this has been a promising start for the Fostering Service and we will continue to build on what has already been achieved in order to meet our recruitment targets and provide a quality service.

Appendices

None

Background Papers

None

This page is intentionally left blank

Central Bedfordshire Council

CORPORATE PARENTING PANEL

21 September 2015

WORK PROGRAMME

Advising Officers:

Mel Peaston, Committee Services Manager
(mel.peaston@centralbedfordshire.gov.uk)

Leslie Manning, Committee Services Officer
(leslie.manning@centralbedfordshire.gov.uk)

Purpose of this report

The purpose of this report is to assist the Corporate Parenting Panel in discharging its responsibilities by providing a proposed work programme for consideration.

RECOMMENDATION

That the Panel considers the proposed work programme attached at Appendix A.

Background

1. To assist the Corporate Parenting Panel a work programme is attached at Appendix A to this report. The work programme contains the known agenda items that the Panel will need to consider.
2. Additional items will be identified as the municipal year progresses. The work programme is therefore subject to change.

Council Priorities

3. The activities of the Corporate Parenting Panel are crucial to ensuring that the Council effectively discharges its role as Corporate Parent of Looked After Children.

Corporate Implications

Legal Implications

4. There are no legal implications.

Financial Implications

5. There are no financial implications.

Equalities Implications

6. There are no equalities implications.

Conclusion and next Steps

7. This report will assist the Corporate Parenting Panel in discharging its responsibilities. Any amendments approved by the Panel will be incorporated in the work programme.

Appendices

Appendix A – Corporate Parenting Panel Work Programme

Background Papers

None

Appendix A

Corporate Parenting Panel Work Programme

2015/16 Municipal Year	
6 July 2015	<ul style="list-style-type: none"> • Fees and Allowances for Foster Carers (MG) • Independent Reviewing Officers Annual Report 2014/15 (IW) • Fostering Agency Q4 Performance Report (AC) • Fostering Agency Annual Report 2014/15 (AC) • Adoption Agency Annual Report 2014/15 (NP) • Work Programme (LM)
21 September 2015	<ul style="list-style-type: none"> • CiCC Presentation (MS) • LAC Annual (Health) Report (NHS – Bedfordshire Clinical Commissioning Group) • Fostering Service Q1 Report (AC) • Work Programme (LM)
9 November 2015	<ul style="list-style-type: none"> • Fostering Service Q2 Report (AC) • Adoption Agency Interim Report (AC) • Virtual School for LAC Interim Report (JE) • Corporate Apprenticeship Scheme and LAC (CJ) • Corporate Parenting Operations Group - Improvement Plan Update (TK) • Adoption Fund (GJ) • Work Programme (LM)
18 January 2016	<ul style="list-style-type: none"> • Fostering Service Q3 Report (AC) • Adoption Agency Statement of Purpose, Fostering Agency Statement of Purpose and Adoption Reform Grant 2015/16 (EW) • Annual Education Report (HR) • Work Programme (LM)
14 March 2016	<ul style="list-style-type: none"> • CiCC Annual Report 2015/16/Presentation (MS) • Virtual School for LAC Annual Report (JE) • Corporate Parenting Action Plan – Annual Review (GJ) • LAC Health Report – Six Monthly Update (NHS – Bedfordshire Clinical Commissioning Group) • Work Programme (LM)
9 May 2016	<ul style="list-style-type: none"> • Work Programme (LM)

Unscheduled reports:

- Update on accommodation provision for young persons (TK)
- Options for the funding of long term family care (GJ)
- Challenges experienced with the adoption process – discussion with carers (GJ)
- The appointment of a lay member/parent and the appointment of a substitute elected Member to the Joint Adoption Panel (author to be determined)

This page is intentionally left blank