

APPENDIX A



Placement Stability

A Spotlight Session

9th May 2016

What will be covered in this Spotlight Session on Placement Stability?



1. How Placement Stability is measured?
2. Findings of the recent Evaluation Study.
3. Summary of Action Plan.
4. What makes placement stable -- children's and foster carers' stories
5. Questions?

How is Placement Stability Measured?



There are two national indicators:

- NI 62 assesses the number of Looked After Children who have had three or more placements during a financial year.
- NI 63 assesses the number of Looked After Children aged under 16 years old who have been continuously looked after for at least a period of two and a half years, but have not been in their current placement for at least two years.

How is Placement Stability Measured?



31st March 2016 Year End Performance:

INDICATOR	31 March 2016	(31 March 2015)
NI 62 3+Moves in 1 year (Lower = Better)	11.9%	(13.8%)
NI 62 LAC 2 ½ yrs, same pl last 2 (Higher = Better)	62.6%	(51.9%)

The Evaluation Study



- This study was completed in July 2015.
- In-depth of the cohort that made up NI 62 and NI 63 respectively in the financial year April 2014 – March 2015
- The purpose was to identify the root causes of placement breakdown and poor performance against national targets , and then recommend actions, which are based on good national or regional good practice examples, to improve the placement stability of looked after children and improve the Council's performance against National Indicators 62 and 63.

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Key Findings of the Evaluation Study



- 57% of the cohort were males and 43% were female. These figures mirror those of the general Looked After Children population, indicating that gender may not be a predictor of long term placement stability.
- Analysis of the length of time the children in this cohort had been looked after indicates that a majority of children had been looked after for between 2 and 3 years (63%). This indicates those children who had been looked after for more than 3 years are more likely to in a long term, stable placement. This highlights the length of time it takes to achieve placement stability for children, the importance of improving this and the need to find the right placement for children when they first become a Looked After Child.

Key Findings of the Evaluation Study



- Out of county placements were more likely to break down than those placements within Central Bedfordshire. Almost 50% more out of county placements broke down than those located in Central Bedfordshire
- A majority of children in this cohort had been in their current placement for between 6 and 8 months (34%). These figures once again highlighted the lack of long term placement stability of children despite having been in the care system for at least 2.5 years.

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Key Findings of the Evaluation Study

- An assessment of the causes of placement breakdowns identified the children's challenging behaviour as a key root cause (31%). Foster care placements were at greatest risk of placement breakdown due to challenging behaviour, which raised questions regarding the training and support made available to these carers in order to appropriately manage such behaviours, and thus promote placement stability.
- 47% of the cohort had an average SDQ score, 6% had a slightly raised score and 47% had a high score. Of the 22 children who had been in their current placement for less than 1 year, only 41% had an average SDQ score, in comparison to 58% of the 12 children who had been in their current placement for 1 year or more. This suggests that there may be an association between placement instability and a raised SDQ score.



Key Actions to Improve Placement Stability

- Establish an over arching Placement Stability Policy
- Preventative action for fragile placements is coordinated and put in place
- Multi-agency engagement in supporting placement stability
- Clinical Psychologist support to Looked After Children Teams
- Ensure views of looked after children inform on promotion of placement stability and reduction in placement moves.



What makes placement stable



The Story of N and C

Background of the girls' life prior to coming into care

N is 9 years old and C is 8 years old.

Both are girls.

They lived with parents and three older siblings until February 2009 when their mother moved to a Women's Refuge in Cornwall following sustained domestic violence by father.

Background of the girls' life prior to coming into care

- The whole family was living in one room of the home, entry to the other rooms was blocked by broken furniture, bedding and clothing.
- There were bags of general rubbish in the house and faeces smeared all over the walls. The children slept on the chairs and sofas in the same room as mother, whilst father slept in his own room.
- There were no routines or boundaries, eating when food was given or available. The children had no set bedtimes, just sleeping when they were tired. Their hygiene was neglected, with the older children being ridiculed by peers at school.

Background of the girls' life prior to coming into care

- All the children had witnessed domestic violence on a regular basis.
- Mother took the children to Leighton Buzzard because she felt the Refuge in Cornwall was too close to Wales.
- In May 2009 the children were accommodated due to ongoing concerns. It was clear mother was unable to keep her children safe and she acknowledged she could not cope.

After they had become looked after

Due to placements availability at the time

- N was placed with her younger sister C in Milton Keynes with Independent Foster Carers
- Their two older siblings were placed in Bedfordshire with Local Authority foster carers

When we first met N and C

The highs and the lows

What makes this foster placement work?

How would you describe N and C now?

How have N and C fitted into your family?



K's story

Background Information

An initial referral was received from a midwife in late 2013 expressing concerns about the fact that K's mother was pregnant. K is her fifth child.

K has 3 older maternal half siblings who are cared for by their father.

K has one full sibling who is two years older. At the time of the referral the older sibling was a subject of care proceedings.

Both of K's parents had enduring drug issues that significantly impacted on their capacity to parent their children. Their relationship also featured domestic abuse and there were concerns regarding criminal activity related to their substance misuse.

Background Information

A number of assessments had commenced given the care proceedings in respect of K's older full sibling. This included a parenting assessment and expert psychological assessment in respect of both parents. These assessments took account of K's impending birth. Sadly they concluded that neither parent had capacity to change and were unable to meet the needs of their children.

K was born four days after Care Proceedings were issued in relation to his older full sibling

A Final Care Order and Placement Order were granted in respect of K in mid 2014. This was in week 14 of care proceedings and well within the 26 week deadline. However, he remained a Looked After Child and has been in foster care waiting for adoption for 756 days.

K's journey to permanency

- K was born with drugs withdrawal symptoms. He was jittery immediately after birth and weighed 5lbs 8 ozs.
- K was given high energy SMA milk as the tremors and energy he was using to withdraw were causing him to lose weight, which had reduced to 5lbs 4ozs.
- Urine toxicology results taken from K at birth were obtained from the hospital and these were positive for morphine (heroin), methadone, methadone metabolite and benzoylecgonine (cocaine). K also had 46 mgs of alcohol in his urine.

K's journey to permanency

- Professionals were so concerned about his welfare that K was moved to intensive care due to the extreme symptoms of withdrawal.
- K recovered gradually and in May 2014 he became more alert and awake and was gaining some weight.
- After this date the dosage of Oramorphine was gradually decreased to wean him and from June 2014 he was no longer showing withdrawal symptoms.
- In July 2014 three months after his birth he was finally discharged from hospital to live with his foster care, Ellie, where he remains today.

K's journey to permanency

Following his birth the initial plan was to search for adoptive placements for K with his sister. Mindful of the possible difficulties the local authority had a parallel plan to search for separate adopters. This was because we identified the potential difficulties in securing an adopter for K given the uncertainty about his future.

At this time, there was significant uncertainty regarding the impact on K of his pre-birth exposure to drugs and alcohol. Concerns included possible developmental delay physical health issues and potential for Foetal Alcohol Syndrome.

Whilst there were a number of prospective adopters who expressed an interest in K, sadly none felt able to offer him a place in their family and all withdrew. To avoid delay for both children a decision was made that K and his sister should be placed separately for adoption.

The highs and the lows

What has made this foster placement work?

How would you describe K now?

How has K fitted into your family?

Questions?