



Review Process for Looked After Children

11 January 2005

Report to the City Council

Review Process for Looked After Children

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1: Summary

- 1.1.1 This review was initiated by the Social Care Overview and Scrutiny (O&S) Committee in order to ensure that the review process for 'Looked After Children' (LAC) was of the highest possible standard.
- 1.1.2 The purpose of our investigation was to obtain an understanding of the review arrangements for Looked After Children. Our objectives were to: -
- Achieve a more effective, timely and efficient service according to Department of Health (DOH) and Departmental for Education and Skills (DfES) guidelines;
 - Identify any gaps and shortfalls in the service and proposals to rectify them;
 - Ensure that the review process acts in the child's best interests and enables them to achieve the best possible "life chances".
- 1.1.3 Although we intended to focus on the review processes for Looked After Children, the following issues were also raised during the course of the investigation:
- Children placed outside of Birmingham
 - Agency collaboration
 - Health
 -



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Social Services Inspectorate (SSI) report of 2001. However, there is scope to improve social care practices and procedures.

- Partnership working with colleagues in the voluntary sector, Health services and other agencies has improved considerably over the last two years. However, further work is needed to strengthen arrangements with other agencies and departments within the City Council.
- The current status of overdue reviews has shown significant improvements over the last 12 months and has now stabilised. In September 2004 there were 1,949 Looked After Children; out of these 53 were children whose reviews were overdue. Of these 53 the majority were three months or less overdue, with the exception of one.
- It is essential that information held about Looked After Children is accurate and is used to improve their experiences and those of their carers. There is capacity to improve information management within the Directorate and also information sharing protocols between Social Care and other agencies.

1.1.6 The Committee's recommendations covered the following key areas: -

- The need to ensure that the individual Looked After Child's information is accurately recorded on the CareFirst system.
- The need to ensure that all relevant Social Care and Health staff receive a briefing and training on the Care Pathway for the health of Looked After Children.
- That information gathered about the health needs of Looked After Children should be used to improve services for them.
- To strengthen the involvement of key partners including the voluntary sector in the reviews of Looked After Children.
- To strengthen the working relationship with the Youth Offending Service so that Looked After Children receive the best service possible. In particular, to develop more effective information sharing mechanisms.
- The continued improvement in supervision, performance management and training of Social Care and Health staff which should lead to improved outcomes for Looked After Children.
- The need to ensure that the views of Looked After



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2: Introduction

2.1 Looked After Children

2.1.1



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| Type | 2003 | 2004 |
|--------------------------------|-------------|-------------|
| Abuse or neglect | 1328 | 1250 |
| Disability | 58 | 35 |
| Parental illness or disability | 82 | 79 |





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welfare, health and education outcomes for children and young people and reduce risks to their welfare and safety.

- Personal Education Plans (PEP): The Department of Health states that "every child and young person in public care needs a Personal Education Plan which ensures access to services and support; contributes to stability, minimises disruption and broken schooling; signals particular and special needs; establishes clear goals and acts as a record of progress and achievement."
- Performance Assessment Framework (PAF): This was introduced in 1998 to provide a statistical overview of Council's with Social Services responsibilities. PAF is made up of 50 performance indicators and is a core part of evidence used by SI to determine the Star ratings for Social Care.

2.4 Membership

2.4.1 The review was carried out by a working group of Councillors serving on the Social Care Overview and Scrutiny Committee. Members of the review group were:

- Councillor Sue Anderson*
- Councillor Len Clark
- Councillor Jerry Evans
- Councillor Margaret Byrne
- Councillor Margaret Sutton (nee Sparrey)

* Councillor Sue Anderson became Cabinet Member for Social Care and Health during the course of the review (July 2004) and withdrew her involvement from that time.

2.4.2 Officers from the Social Care and Health Directorate, the Scrutiny Office and Committee Services supported the Committee.

2.5 Methodology

2.5.1 In producing its findings, the Committee drew on information from the following sources:

- National policy documents (including the National Minimum Standards for Foster Services attached as



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3: Findings

3.1 Introduction

- 3.1.1 The Committee's findings fall within the following key areas:
- Social Care provision for Looked After Children in Birmingham.
 - The Review process.
 - The views of Looked After Children and young people.
 - Children placed outside Birmingham.
 - Agency collaboration.
 - Health.
 - Education.
 - Accommodation.
 - Kinship care.

The report is structured accordingly

3.2 Social Care Provision for Looked After Children in Birmingham

- 3.2.1 The Social Care and Health Directorate has seven access points for Looked After Children across the City, including five in area offices, the Children's Hospital and the Emergency Duty Team. The Emergency Duty Team provides access outside normal office hours. There is at least one access point in each of the Social Care quadrant areas. These access points are staffed by duty and assessment staff.
- 3.2.2 Enquiries, screening, initial assessments, care assessments and Section 47 (child protection) enquiries are handled through these teams and appropriate management decisions are taken to safeguard and promote the welfare of Birmingham's children. There is a transfer protocol in operation by duty and assessment managers in respect of the transfer of cases between duty and assessment and care management.
- 3.2.3 The ongoing longer term work with children on the Child



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Protection Register and Looked After Children is undertaken by Care Management Teams, which are managed within the area structures. They manage the Child Protection Plan for



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plans to build new residential establishments. A briefing note outlining the Social Care Directorate's commitment to increasing the capacity of the local children's residential estate is attached as Appendix 5.

- 3.2.7 The Committee found that the recording of details on children and young people's care plans and Looked After Children's paperwork was not of a consistently good standard. There is further quality assurance work taking place to ensure improvement.

3.3 Description of Social Care & Health Provision for Looked After Children

- 3.3.1 Birmingham's Social Care and Health Directorate provides an Independent Children's Rights and Engagement Service to support Looked After Children and young people. The service operates using the United Nation's Conventions on the Rights of the Child. The support available includes: -

- Independent advocates;
- Support for children and young people in meetings;
- Advice to children and young people about their rights.

- 3.3.2 The organisation undertakes consultation exercises with Looked After Children and young people and produces reports outlining their findings (See section 3.6)

3.4 The Review Process

- 3.4.1 It is good practice for a placement meeting to be held within 72 hours of the child or young person coming into care, with the purpose of establishing an initial care plan.



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Table 6: Looked After Children numbers of Reviews 2004





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achieve the best for the looked after young person.

- Advocates have noticed that issues raised in reviews



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| LAC Placements | Birmingham | Leeds | Manchester | Walsall | Newcastle |
|--|-------------------|--------------|-------------------|----------------|------------------|
| Internal Foster Care | 950 | 904 | 715 | 229 | 163 |
| External Foster Care | 340 | 6 | 157 | 85 | 142 |
| Internal Children's Homes & Hostels | 145 | 98 | 62 | 16 | 22 |
| External Children's Homes & Hostels | 91 | 36 | 155 | 34 | 16 |
| Other placements * | 419 | 321 | 190 | 119 | 76 |
| Total Looked After Children Population | 1945 | 1365 | 1279 | 483 | 419 |
| External foster care placements as a % of all CLA in each city | 17.5% | 0.4% | 12.3% | 13.5% | 33.9% |



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- 3.7.5 Section 23.6 of the Children Act 1989 stresses that family and friends ought to be considered as first choice when a child or young person needs a placement. The Directorate recognises the benefit to the child or young person of placing them with someone already known to them (See section 3.12 of this report). The effective use of kinship (family and friends) foster care placements will reduce the Council's need to fund placements outside of the City. The Directorate is being assisted by the Kinship Taskforce to improve its policies and procedures.
- 3.7.6 The report contains a recommendation regarding kinship care to ensure that robust processes are in place for Looked After Children placed outside Birmingham. Particular emphasis will





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- 3.9.7 It was reported that there have been significant improvements with regard to health assessments. A joint protocol has been developed in accordance with Government guidance. Doctor's appointments and non-attendance at medicals are monitored by social workers, as the elimination of non-attendance at medical reviews is a key issue within the joint protocol. Further improvements in joint working have been achieved through monthly meetings with the Head of Children's Services (Heart of Birmingham). There have been some difficulties around information sharing which has been partly addressed through the provision of quarterly statistics to the Operational Managers meeting.
- 3.9.8 The need for additional resources for the service was discussed. The Committee questioned whether disabled children and young adults who are Looked After receive an appropriate level of support. The group queried whether an additional Looked After Children's nurse is required to address the needs of disabled children and young people. Also the need to employ a peripatetic counsellor to support children accommodated in residential homes was raised as a possible service improvement.
- 3.9.9 The Committee was informed that a Care Pathway was launched in November 2003, which aimed to improve the delivery of health services to Looked After Children. The Care Pathway is the product of an intensive and collaborative initiative co-ordinated by South Birmingham Primary Care Trust and the Social Care and Health Directorate. The pathway is aimed at ensuring that all Looked After Children can access appropriate health services to identify and meet their health needs. Its effective use will ensure that key minimum standards are met. The pathway helps the Directorate to ensure that regular health and dental checks are in place, enabling Looked After Children to have the same positive health outcomes as their peers. A copy of the Care Pathway for the health of Looked After Children is attached as Appendix 4.
- 3.9.10 A previous scrutiny review into the health and education of Looked After Children was concluded in July 2003. The recommendations flowing from that review covered many of the concerns identified during this current review, for example looking more closely at CAMHS and strengthening tripartite funding arrangements to ensure there are transparent and systematic routes to deliver prompt services to children with complex needs. Reports on the progress of these recommendations will be presented to the Social Care Overview and Scrutiny until all of the recommendations have been achieved.





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education for those young people excluded and to facilitate their transition back into mainstream education. There was a delay in opening the LACES establishment, which Cb73-me



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local authority until they are adequately prepared and ready to live in independent accommodation.

3.11.3 Once young people are thoroughly prepared and ready to leave care they should have a choice from a range of accommodation options that best suit their individual requirements. The Children (Leaving Care) Act guidance recognises the diverse needs of care leavers and the need for a range of accommodation options including: -

- Enabling young people to remain in the accommodation in which they lived whilst being looked after e.g. foster placement conversion to supported lodgings accommodation;
- Supported lodgings schemes;
- Other transitional accommodation with varying degrees of support such as trainer flats, hostels;
- Self-contained flats with floating support;
- Independent tenancies.

3.11.4 In Birmingham, there is a draft protocol regarding accommodation for Looked After Children. The parties to the protocol are the Youth Offending Service, 16 plus Care Leavers Service and the Housing Department. The protocol





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| Recommendation | Responsibility | Completion Date |
|--|--|-----------------|
| INFORMATION SYSTEMS | | |
| <p>R1 Further work is undertaken to ensure that the CareFirst Information System accurately records Looked After Children's individual needs, including reviews, medical and dental information and Personal Education Plans.</p> <p>A progress report is to be submitted to the Social Care Overview and Scrutiny Committee outlining improvements.</p> | Cabinet Member, Social Care and Health | June 2005 |
| HEALTH | | |
| <p>R2 That training in respect of the Health Care Pathway for Looked After Children is provided for Social Care and Health and Health staff. Monitoring information will be gathered to ensure training is being undertaken.</p> | Cabinet Member, Social Care and Health | June 2005 |
| <p>R3 That an annual report about the specialist health team for Looked After Children is produced and includes an action plan for service improvement.</p> | Cabinet Member, Social Care and Health Specialist Health Team for Looked After Children | June 2005 |
| PARTNERSHIP WORKING | | |
| <p>R4 Forums including that with Birmingham Foster Care Association are used to improve partnership arrangements and to improve services to Looked After Children. This includes the provision of an annual report about how the forums have improved working arrangements between partner organisations i.e. BFCA and Social Care.</p> | Cabinet Member, Social Care and Health | June 2005 |
| <p>R5 Implement the tripartite working protocol between Social Care and Health, Education and Lifelong Learning, and Health for funding appropriate placements for Looked After Children with specific needs.</p> | | |
| <p>R6 To further develop the working relationship between Social Care and</p> | | |



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SOCIAL CARE PRACTICES

R7

To ensure robust processes are in place for Looked After Children placed outside Birmingham, including the views of these children, notifications to other local authorities and undertaking regular

By (a)-1 ReviCabinet Member, Sociuth/TT6.9624 TD0.00-02 Tc0.0013 T2(ReviCa7.5)7.5Healt



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R13

PROGRESS OF THE REVIEW

Progress towards achievement of these recommendations should be reported to the Social Care Overview and Scrutiny Committee on a six monthly basis until completed.

Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.

Cabinet Member, Social Care and Health

First report to be presented in July 2005



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5: Appendices

Appendix 1: Terms of Reference

| | | |
|-----------|---------------------------|---|
| A: | Subject of review: | The Reviewing Process for Children Looked After |
| B: | Reason for review: | <ul style="list-style-type: none">• SSI performance criticisms of |

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access to leisure facilities.

- ‰ Provide you with a choice of good food.
- ‰ Provide sporting and /or learning activities through summer school holidays.
- ‰ Provide transport to enable you to continue at your current school if your placement changes.
- ‰ Guarantee support and resource s to ensure that you meet your high educational expectations.
- ‰ Provide you with aftercare service to prepare you and support you when you leave care.
- ‰ Give you a named housing officer and priority access to housing when you leave care.
- ‰ Provide opportunities for work experience training with the council.
- ‰ Support you when you are able to return to your family.
- ‰ Fully involve you in all decision s about your care plan, which you will be entitled to see.
 - ‰ Provide an independent advisor for you to talk to confidentially about any issue.
- ‰ Ensure you have an allocated social worker who will visit you at least once every 8 weeks.
 - ‰ We will ensure that at least one special event will be available for every looked after child each year.
 - ‰ We will pledge to listen to you and take your views and opinions seriously. We will talk with you about how we can achieve this on a regular basis so that we are fully aware of the issues that you are happy about and those that concern you.

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providing foster carers to local authorities, those agencies ensure that they offer carers only if they represent appropriate matches for a child for whom a local authority is seeking a carer.

National Minimum Standard - Standard 9

The fostering service protects each child or young person from all forms of abuse, neglect, exploitation and deprivation.

National Minimum Standard - Standard 10

The fostering service makes sure that each child or young person in foster care is encouraged to maintain and develop family contacts and friendships as set out in her/his care plan and/or foster placement agreement.

National Minimum Standard - Standard 11

The fostering service ensures that children's opinions, and those of their families and others significant to the child, are sought over all issues which are likely to affect their daily life and their future.

National Minimum Standard - Standard 12

The fostering service ensures that it provides foster care services which help each child or young person in foster care to receive health care which meets her/his needs for physical, emotional and social development, together with information and training appropriate to her/his age and understanding to enable informed participation in decisions about her/his health needs.

National Minimum Standard - Standard 13

The fostering service gives a high priority to meeting the educational needs of each child or young person in foster care and ensures that she/he is encouraged to attain her/his full potential.

National Minimum Standard - Standard 14

The fostering service ensures that their foster care services help to develop skills, competence and knowledge necessary for adult living.

National Minimum Standard - Standard 15

Any people working in or for the fostering service are suitable people to work with children and young people and to safeguard and promote their welfare.

National Minimum Standard - Standard 16

Staff are organised and managed in a way which delivers an efficient and effective foster care service.



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National Minimum Standard - Standard 17

The fostering service has an adequate number of sufficiently experienced and qualified staff and recruits a range of carers to meet the needs of children and young people for whom it aims to provide a service.

National Minimum Standard - Standard 18

The fostering service is a fair and competent employer, with sound employment practices and good support for its staff and carers.

National Minimum Standard - Standard 19

There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.

National Minimum Standard - Standard 20

All staff are properly accountable and supported.

National Minimum Standard - Standard 21

The fostering service has a clear strategy for working with and supporting carers.

National Minimum Standard - Standard 22

The fostering service is a managed one which provides supervision for foster carers and helps them to develop their skills.

National Minimum Standard - Standard 23

The fostering service ensures that foster carers are trained in the skills required to provide high quality care and meet the needs of each child/young person placed in their care.

National Minimum Standard - Standard 24

The fostering service ensures that an up-to-date, comprehensive case record is maintained for each child or young person in foster care which details the nature and quality of care provided and contributes to an understanding of her/his life events. Relevant information from the case records is made available to the child and to anyone involved in her/his care.

National Minimum Standard - Standard 25

The fostering service's administrative records contain all significant information relevant to the running of the foster care service and as required by regulations.

National Minimum Standard - Standard 26

Premises used as offices by the fostering service are appropriate for the purpose.





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Appendix 5: Briefing note on Developing the Children's Residential Estate

BRIEFING.29TH OCTOBER 2004

1. Introduction.

- 1.1 The National Minimum Care Standards and the regulatory framework place a pressure on the Directorate to reduce the size of its own homes – the standards assume a capacity of six (the provider has to give good reason if exceeding this figure and make arrangements to ameliorate the impact on young people). As most of the Directorates homes accommodate more than six children more Children's homes are required in order to maintain current capacity.
- 1.2 Following national trends there was a steady decline in the looked after children population between 1991 and 1996 to a low of 1430. Then followed a steady increase in the population to 2500 in the early part of 2000, declining to the current level of 1900. During that period the strategy of the Department was to reduce the number of places within the children's homes and invest in foster care, the reduction in the number of places was achieved through the closure of homes. Research undertaken by the UEA showed an increase of 21% in the rate of children looked after in Birmingham – in the middle of group of West midland Authorities included in the research- in the five years up to 2000.
- 1.3 The Directorate is committed to increasing the capacity of the local children's residential estate – expanding the range of residential services available for the children 'looked after' by Birmingham City Council. This estate will include both Council run and independently provided services, in proportions that represents 'Best Value'.
- 1.4 A report to DTM, 'Progress Report Project Residential' 5th January 2004, identified the outline of a residential estate of 191 places that would meet the needs as described by the most recent needs analyses and comply with the standards. This report did not include the Disabled Children's Homes. However the report was clear that this is a dynamic system, the numbers of children accommodated in Children's Homes is dependant on a number of variables – the numbers of available foster care placements (especially special schemes such as 'treatment' foster care), the impact of the Targeted Family Support Teams (established by the Directorate in March 2004) and the thresholds applied by Children's and Families Teams (these in turn relate to the availability of support to families in the community).
- 1.5 The development and specialisation of foster care has resulted with more children – with greater needs – being accommodated in family placements. Research shows that a family placement is better for a child's development



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will require access to the case files of children currently and recently accommodated in Children's Homes.

- New models of smaller homes have been formulated using reference groups of that included Registered Managers and the cost of these models is being worked out.
- Mapping the system – No work has been done in relation to the likely impact of foster care recruitment or the position of the Children's Homes in the system.





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The contracts will be confirmed by April 2005, although this may slip if the negotiation period is extended. The provider will need to secure and refurbish a building and the experience of other local authorities is that this can prove difficult.

3. Potential Threats

3.1 Profile of the Estate- The nature of need may have changed or was misunderstood in the past if the result is a requirement for many more smaller homes then there will be an increase in the review process.



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What is an Integrated Care Pathway?

“An Integrated Care Pathway determines locally agreed, multidisciplinary practice based on guidelines and evidence where available, for a specific patient/user group. It forms all or part of the clinical record, documents the care given and facilitates the evaluation of outcomes for continuous quality improvement”.

(Kathryn de Luc (2001) “Developing Care Pathways: the handbook”, National Pathways Association: Radcliffe Medical Press)

There are a number of key outcomes that this care pathway aims to achieve which have been incorporated as minimum standards in the delivery of services. It is the attainment of these standards against which the success of this care pathway will be measured.

Key Minimum standards:

- Children under 5 years of age will have a health assessment every 6 months
- Children and young people over 5 years of age will have a health assessment every 12 months
- The initial health assessment will be completed before the first four week statutory review after placement
- Immunisations will be up to date
- Visual checks will be up to date
- Dental checks will be up to date
- Young people will be offered information relating to their ongoing health assessments
- A summary of their health information will be provided to young people as they leave care
- Guidance relating to the health service they can expect will be offered to young people who are looked after



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