Reading Borough Council

Edge of Care Strategy for Children & Young People 2012

'The case for preventative services is clear, both in the sense of offering help to children and families before any problems are apparent and in providing help when low level problems emerge.' Munro 2012

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Introduction and Purpose

This document has been commissioned by the Head of Service, Children's Social Care, Reading Borough Council to address the increasing costs associated with rising numbers of Looked After Children (LAC) in the Authority. The purpose of this document is to outline the need for an Edge of Care Service within Reading that will initially slow down the increase and ultimately reduce the numbers of LAC. This Edge of Care (EoC) strategy provides the framework for projects across DESSH to deliver a more coordinated and sustainable service model which meets the needs of Children and aims to deliver good value for money.

The EoC strategy has a specific focus on minimising the need for children to become looked after by supporting families to stay together where it is in the child's best interests and wherever it is safe to do so. The strategy document also sets out the need for an Edge of Care Service to ensure a more effective response to support families when they are in crisis. The intention is to bring together a range of services and activity across DESSH with a clear focus on supporting families to stay together and minimising the need for children to become looked after.

The EoC strategy attempts to take advantage of the recent Directorate changes and the 'Think Families' and 'Next Generation of Children's Services' programme by coordinating resources to provide a 'Team around the Family' (TAF) approach to service delivery. Throughout, the focus is on describing what will change in relation to our work with children at risk of coming into care. The document will, therefore, provide an initial action plan to ensure a SMART approach to the development of the service.

Principles

The strategy is set within the context of the Council's corporate priorities related to children and explicitly to *Enhance emotional wellbeing* and *Promote positive parenting* and it is underpinned by four of the core objectives;

- Support families to stay together
- Manage risk confidently and support at the edge of care
- Give children clear planned journeys through care planning
- Provide/commission a flexible mix of provision

The delivery of this strategy is predicated on effective working together and the understanding that individual teams and practitioners must work in cooperation with each other to provide a seamless service to the family. It is also important to ensure that care pathways are simplified and made clear and transparent to all.

The wider Council's 'Think Families' and 'Next Generation of Children's Services' strategies both include a wide range of work streams which are codependant. The Edge of Care strategy will form one of these work streams and should therefore be implemented in conjunction with other work such as the 'Trouble Families' strategy. Working with families in Reading are therefore underpinned by the following key principles;

- 1. The responsibility for meeting the needs of children looked after or at risk of coming into care, rests across the whole of DESSH and partners.
- 2. The vast majority of children are most likely to thrive and achieve good outcomes if they are cared for within their own families.
- 3. Preventative services and intensive intervention to support children in need and their families should be provided to give them every chance to stay together.
- 4. Services will work together across the Council and their partners to meet these corporate priorities and they will endeavour to minimise the need for bureaucratic process to deliver services.
- 5. A 'key worker' model will be adopted to co-ordinate service delivery and ensure that the child and family have a single point of contact for the TAF. The key worker will be the most appropriate person for the job and not necessarily a qualified social worker.

Corporate Priorities & Objectives

The Council is committed to making changes to service delivery in order to meet the changing demands for the most vulnerable in our community. This strategy is based upon Reading Borough Council's stated ambitions to:

- Reshape service delivery to better meet the needs of local families with multiple needs, including through support at an early stage.
- Work better together across partnerships to develop new ways of working and financial models to enable us to deliver effective service more efficiently
- Succeed in reducing the flow of high cost families in Reading including reducing the numbers of children coming into care

In response to the higher number of children in care and the need to establish a financially sustainable model, services need to be delivered as part of a 'whole-system' approach to reducing spend based on tackling the core objectives below;

- 1. To support families to stay together and reduce the need for children to be looked after by ensuring a focus on early intervention and intense preventative action across Children's Services
- 2. To manage risk confidently and provide support at the edge of care to make sure the right children come into care at the right time.
- 3. To give children clearly planned journeys through effective care planning which enable them to remain with family and friends wherever it is safe to do so or if in care have stable placements and exit the care system positively.
- 4. To provide and commission a flexible and affordable mix of high quality placements to support all children having positive experiences in care, whatever their needs.

Understanding increase in LAC demand in Reading

National Policy Context

There are a number of significant policies and legislative changes that are currently underway that directly effect the provision of Children's Social Care. Many of the changes are driven by the Professor Eileen Munro's report, 'A child centred system' which concluded that children's social work had become too focused on compliance with procedure and lost focus on the needs of children and their families. This has led to the recent consultation process to review and overhaul the national safeguarding statutory guidance, Working Together. At the heart of the new guidance is the requirement for each local authority to agree a single assessment framework and process with all partner agencies. In Reading this will mean the development of the Signs of Safety assessment model.

At the same time the Government is implementing the main recommendations of the Family Justice Review that will aim to significantly reduce the time it takes to complete care proceedings from the current 52 week to 26 weeks. This will present significant demands to all agencies including the Council, Cafcass, HMCTS and the Judiciary. It will require local authorities to improve their application and assessment processes in order to meet the new deadlines. Therefore any changes to children's social care services need to consider the impact on the Council's ability to meet these challenges.

Local context

Since 2010 the number of Looked After Children (LAC) in Reading has increased with numbers reaching 231 at the end of June 2012. This represents a 18% increase since March 2010 and is in line with national trends. This increase is a long standing trend in Reading (see figure 1 below). There has been a 41% increase of **new children** becoming looked after in Reading since 2005. This rise in the number of children in care is unsustainable and requires a review of the services we provide and how we access them in order to prevent children being accommodated.

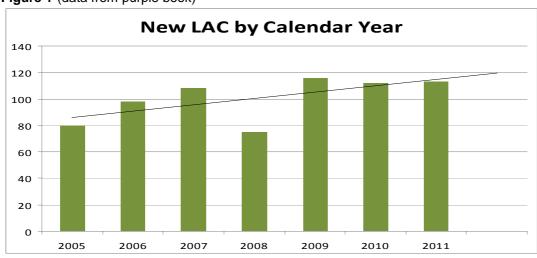


Figure 1 (data from purple book)

Analysis of New LAC in 2011/12

A quantitative and qualitative audit of new LAC cases (April 2011 - March 2012) was undertaken to identify reasons for the increase in children coming into care and identify an early intervention strategy to prevent the continued increase of LAC in Reading. The audit comprised of;

- a quantitative audit to identify core reasons for becoming LAC (12 month period April 2011 March 2012)
- a qualitative audit to identify key factors in practice that may have prevented child becoming LAC to test thresholds for accommodation
- an analysis of data for trends in the LAC population

A summary of the findings of the audit are outlined below.

The rate of LAC per 10,000 population (69) is very high in Reading compared with statistical neighbours (60). There were a total of 122 new LAC during 2011/12. Of these, 32 of the new LAC cases also stopped being accommodated during 2011/12. There were a total of 103 LAC cases in total that stopped being accommodated during this period. However due to the numbers coming into care there is a sustained increase in the numbers of children being accommodated and this is leading to a rise in the overall core numbers of children in care (see table 1 below).

Table 1

Quarter 2011/12	Numbers new LAC/Numbers stopped LAC	Total increase in LAC
Q1	there were 36 new LAC	
	a total of 23 stopped being LAC	increase of 13
Q2	there were 29 new LAC	
	a total of 20 stopped being LAC	increase of 9
Q3	there were 28 new LAC	
	a total of 26 stopped being LAC	increase of 2
Q4	there were 29 new LAC	
	a total of 34 stopped being LAC	decrease of 5

Total increase in the LAC core number of cases during 2011/12 = 19

Demographic Changes

National patterns (see figure 2) and our own modelling of demographic changes in Reading indicate that the recent increase in underlying demand for placements is set to continue in the coming years. Children Social Care will, in line with their *Sufficiency Statement* produce an updated Sufficiency/Placements Strategy for Looked After Children that will substantially address objectives 4 of this strategy.

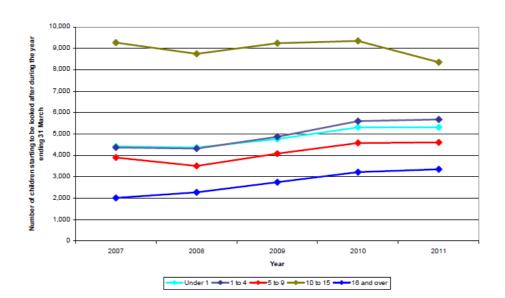


Figure 2: Age of children on first starting to be looked after, 2007 to 2011

Pressure on the care system in Reading comes predominantly from two age groups. The largest age group of those children looked after is the 10 to 15 year olds and young children (0 to under 2 years) form the second largest group.

The demography alone means that without a significant shift in the way in which services are aligned and delivered total spending on placements by Reading Borough Council will increase significantly. A joined up strategy is required to achieve the best possible value for money from placements and to work to keep families together and reduce the number of children and young people coming into care.

The audit also identified that of the 122 new LAC cases 53% were from multi-sibling groups. A total of 29 of the children came into care as members of sibling groups of 3 or more. This does put considerable pressure on the placement service to provide suitable in-house foster placements to meet this need. Most of these cases were of a long standing child neglect nature that could have been accommodated at various times over the last five years.

Thresholds for Care

A sample of cases was chosen that represented the two main pressures on recent admissions - unborn babies and large sibling group families. The audit was complied by reviewing a range of documentation regarding the case including;

- case notes and supervision records from RAISE
- Notes of Legal Planning Meetings
- Statements and care plans from PLO

- Multi-agency audit undertaken by DC (March 2012)
- email correspondence between managers dated between Jan 2010 and April 2011)

A number of practice and management issues were identified within the audits regarding Management oversight of cases, Monitoring and tracking arrangements for Legal Planning Meetings (LPM) and issues related to internal case transfer. Actions have already been implemented as a result of the outcomes of the audit activity in relation to case tracking and monitoring, tighter case transfer decision making, and management oversight. LPMs are held every fortnight and social workers have to present detailed assessments and chronologies to the Service Manager- Family Support. On a monthly basis all legal applications are reviewed to ensure decisions are being progressed in a timely way and all documentation meets with court deadlines. Strategic planning in relation to new born babies is also already in hand under the Think Families initiative and is detailed later in this document.

The audits did not find any evidence that local thresholds were either too low or inconsistently practiced as:

- cases that were being considered for legal proceedings all had core assessments that outlined significant harm or the threat of significant harm. This is confirmed by the rate of LAC subject to proceedings versus voluntary arrangements.
- o the percentage in Reading of S.20 voluntary care (26%) is not significantly different from statistical neighbour authorities (29%).
- The case audits also unidentified that more proceedings on cases are now being considered for children that have previously been worked in the community.
- the implementation of Child Action Teams (CATs) may well have contributed to the identification and assessment of greater levels of need and neglect than has previously been identified.
- Over the past two years these cases have also been subject to a more rigorous and consistent social work practice which enables the Council to make a more accurate risk assessment.
- the LPM system ensures that there is a consistent review of all cases being considered for legal proceedings and all cases were subject to management and Joint Legal Services scrutiny. All but 3 of the cases clearly met legal thresholds for the Public Law Outline and proceedings under the Children Act 1989. The LPM system is also underpinned by robust scrutiny of decision making by the Head of Service in relation to all complex or high cost placements.
- o performance in relation to LAC reviews that track care plans is also good with 100% being held on time.

Average Cost of Placements

Reading's average spend on Looked After Children per capita (0 -17) was £303 for year ending March 2012. This was higher than all but three of our comparable authorities and the national average for England (£240).

Financial cost of LAC in Reading

The total spend on LAC in Reading has risen by 34% over the last 4 years to over £9.1 million. This includes all placement costs for LAC; in-house fostering, IFA fostering, residential and LDD placements and illustrates why this is described as high cost service provision.

Table 2 (data provided by Reading BC finance)

Year	08-09	09-10	10-11	11-12
6.2.11 RBC Total Children Looked After		7,416,618	7,617,763	9,137,397

However costs related to specific placement types vary considerably (see table 3 below). The unit costs in Reading do not differ dramatically from those paid by other authorities and the high overall spend on LAC can therefore largely be attributed to the number and mix of placements the Council buys and provides. Reading is more reliant on IFA foster placements than most authorities, a higher proportion of placements with external providers is used and a lower proportion looked after by in-house carers. The average cost of these placements is shown in the table below. In-house foster care provision has remained largely stable at 33% of all LAC. This represents a slight increase in the actual number of children placed with inhouse carers. However there has been a significant reduction in the percentage of Family & Friends placements (from 18% in 2010/11 to 9% in the current quarter) some of this reduction will be due to an increase in Family & Friends carers progressing to permanent arrangements through Special Guardianship Orders.

Of more concern to the service is the significant increase in IFA foster care placements which has risen from 31% to 43% of all LAC. Although the low unit cost represents good commissioning of these placements the overall number is of concern. The high number of IFA placements will have two distinct negative implications for the Council; Firstly it will fuel the overall increase in costs due to the differential (average £360 per child per week) and secondly it will significantly contribute to the increasing number of LAC placed further than 20 miles from their families address. Work to address these issues is already under way through the development of the Sufficiency/ Placement Strategy which includes ongoing and successful recruitment work to attract more local foster carers in Reading.

Table 3 (data provided by finance)

Type of Placement	Reading Unit Cost	England Average Unit Cost
In-house Foster Care	£ 422 per week	£432 per week
External Foster Care (IFA)	£ 780per week	£877 per week
External Residential Provision	£ 2770 per week	£2,774 per week

Other Children's Social Care Costs

Although LAC spend in Reading is high, comparative spend with other statistical neighbours and the national average demonstrate that Reading does not spend high on total amounts per capita (0-17) as demonstrated in table 4 below. This illustrates that although LAC spending is high, the overall spend on children's social care is nearer the average for statistical neighbours.

Table 4

Table 4		1	I	
Local Authority	Cost of LAC	LAC amount per capita (0-17)	Total population (0-17)	Total social care spend per capita (0-17)
Brighton & Hove	25,928,381	£531	46,220	£928
Milton Keynes	11,652,800	£200	58,264	£440
Sheffield	26,676,250	£250	106,704	£501
Slough	4,159,043	£133	31,271	£322
Bristol	25,928,381	£317	81,793	£616
West Berks	5,656,415	£155	36,493	£372
Bracknell	4,181,223	£159	26,297	£401
Reading	9,137,397	£303	30,127	£576

England average		
	£240	£489

Savings Targets

This combination of a higher number of Looked After Children and a high level of spend on placements occurs at a time when the Council has a target of over £12m of savings per annum between 2012 and 2014. It is therefore essential that the services within Children's Social Care demonstrate good gate keeping, timely case management and value for money in the provision of services. Work on all of these issues is underway and current data (see purple book data) demonstrates that gate keeping within A&A has significantly reduced the number of Initial Assessments by 42% in the last 12 months. This also correlates with initial data for the 1st quarter 2012/13

that demonstrate a reduction in the conversion of S.47 enquiries into Initial Child Protection Conferences. The lessons learnt from Devon County Council and the pilot project mean that the introduction of the MASH in August 2012 will ensure more consistent decision making and support a further reduction and Safeguarding Referrals.

However the overall reduction in LAC numbers will require a concerted and co-ordinated approach from across DESSH to ensure that the Council and key partners intervene effectively to prevent families going into crisis.

Objective 1: Support Families to Stay Together

Children's needs are best served in their own families if this can be safely supported. Helping families stay together must therefore be a key focus for the whole Council. There is already a great deal of work underway under the 'Think Families' and 'Next Generation' strategic banners and it is important to use this to focus services to meet the needs of families before they are in crisis. It is clear that intensive multi-agency services can reduce the number of children and young people from reaching the threshold for care. The recent report from Louise Casey, Director General Troubled Families underlines this;

'So this means that the traditional approach of services reaching individual family members, at crisis point or after, and trying to fix single issues such as 'drug use', 'non-attendance at school' or 'domestic violence' in these families is most often destined to fail. Their behaviours and problems can be properly understood only by looking at the full cycle - and the full family.' Listening to Troubled Families 2012

1. Support Parents and Parenting

It is important then to build the resilience of parents and families and give them the skills and confidence to provide a family environment in which children and young people can thrive. This includes direct support when families are struggling, as well as developing and building capacity in families to manage change and difficulty on their own once professionals withdraw.

There is already a wide range of services in Reading aimed at supporting parents and families in the community. However this strategy recommends realigning the current workforce to create an Edge of Care Service that is more able to respond more effectively to the particular needs of different families. Current provision will therefore have to be reviewed and reconfigured to provide a mix of evidence-based specialist and intensive interventions for families with particular and more complex needs.

There are a number of specialist services such as the Family Intervention Service (FIP), Multi-Systemic Therapy (MST) Family Group Conferencing (FGC) that are able to demonstrate some service effectiveness against a variety of performance outcomes. However, as demonstrated in the previous section they have not had any significant impact on high cost services provided to LAC. For example, the FIP is a good model of inter-disciplinary working and has demonstrated significant 'notional' cost savings when measured against the national formula set by the Department for Communities and Local Government. However, this success has not been translated into real prevention when measured against the increase of high cost service provision related to children subject to child protection plans or children looked after by the Council.

2. Share Resources, Create Efficiencies and Reconfigure Services

There is scope to reconfigure services, reduce referral pathways and minimise the number of steps to decision making/allocation of resources. For example, there is a wide range of parenting programmes to give parents the skills and confidence to help their children thrive. The choice and quality of the parenting programmes is good. However the care pathway to access these programmes is not always clear and this can lead to an inconsistent and ineffective delivery of service.

Investment in prevention does not necessarily require financial pump priming. By changing current referral processes and care pathways to reduce the need for form filling and repetition of effort, the Council can release efficiencies whist making the access to services more consistent and effective. Also some services can appear to be over or under resourced; for example inconsistencies in the deployment of business or performance support roles often demonstrate systems that are no longer required or appropriate to meet corporate priorities. There is scope within teams to share resources such as business support, office space and hot desking. More efficient use of estate to promote closer locality working may be possible within a range of services across DESSH (YOS, FIP Social care teams for example). The identity of 'Intensive Family Support' services requires review with an opportunity to rebrand services that can then provide the right input at the right times to complex families.

3. Keep Children in School: Exclusions and Attendance

Keeping children in school is a major determining factor in preventing them coming into care. Very often an exclusion from school can be the final trigger for a breakdown of home life and can quickly result in a request for accommodation. It is vital therefore that we work more effectively to share information with schools and support them to understand their role in prevention, help and challenge them to keep children in school and manage higher levels of need successfully.

Locality Teams and Specialist Teaching Teams have a critical part to play here. Where a child or young person identified as a Child In Need is at risk of exclusion we need to develop an integrated response from Access Services and Children's Social Care which looks at the potential implications of exclusion for that child or young person and works to find solutions.

Because absence from school is a major a contributory factor to the break down in families the role of Education workers in the CATs is vital. It is important to work more effectively with schools to analyse the impact of behaviour management models and to have effective communication processes in place to intervene before a crisis. There is a need to remain actively engaged with schools to ensure that the focus on driving up attendance is sustained. We must continue to analyse attendance and absence data to identify children at risk in order that support services can be involved before problems escalate.

4. Create a Single Pathway to Resources

There are already some examples of good practice in this area that are resulting in a cultural change in how the Council deliver services. The 'Think Families - Future Families initiative brings together children and adult practitioners and service pathways that ensure that mothers at risk of being unable to care for their children receive a range of service that, hitherto they were unable to access. Some existing referral pathways are over complex or require duplication of work that is not efficient. Reducing the referral and care pathway process would result in quicker access to service users and release resource in the form of time and availablitliy.

There exists a very real opportunity to reconfigure or re-align services both within and without Children's Social Care without too much disruption. By building on models like the *Risk Enablement Panel* in adult services, the care pathways for complex cases could be streamlined to ensure that a package of services can be deployed for maximum impact. The development of new ESCR in the autumn is also an opportunity to re-engineer and simplify the route to resources as well as build a more effective model to work together as a Team around the Child and Family.

5. Develop Market place of Interventions

Practitioners are often not clear how, when and if to refer to a wide range of 'family support' services. Services can work to similar core principles, but are often disparate, work in isolation, duplicate interventions or work at cross purposes.

Critical links have been made by FIP with other services such as Job Centre Plus, Housing and 3rd sector that could be expanded to support social work practice and interventions. Proposals for a referral surgery, market place events and Children's Panel could assist in this.

6. Common Systems for Assessment & Access to Services

There is currently a wide range of assessment tools being used in Reading. The early intervention of services is delivered through the Common Assessment Framework (CAF) which is used as the universal assessment and referral tool to the Children Action Teams (CATs). However this does not take into account assessments completed by tier 3 and 4 services that are de-escalating case work. With the exception of the social care teams the CATs require a new CAF on top of the completed assessments by teams such as the FIP - this requires repetition and extra resource in the form of practitioner time.

Adults Services are already using integrated planning processes to highlight gaps in services which in turn will inform commissioning at a local, area and borough level. This approach can be used to good effect in Children's Services and can include the implementation of agreed protocols between children and adult services as with the 'Turn Around' project.

In line with the new Working Together statutory guidance, Reading has already decided to use the Signs of Safety model to form the basis of the

assessment framework for all of Children's Services. By having one agreed assessment framework, information sharing between agencies will be supported by one integrated plan and one lead professional, reducing duplication and providing more seamless responses between agencies to the child and family. The assessment can and should be used as a single tool that also works as a referral to services.

The FIP/MST/YOS have developed systems and procedures for review, assessment and planning that could be replicated across Children's Social Care in Reading. The FIP/MST Referral Panel could be used as the foundation for a *Children's Enablement Panel* (CEP) similar to that in Adult Services. The CEP can be used by practitioners for a range of purposes and act as the main access to all care pathways. The CEP could; consider complex cases; make decisions about resources and specialist interventions; act as the gatekeeper to intensive intervention services and problem solve cases that appear stuck. The development of standardised tools for referral, assessment and planning would minimise silo working, while promoting a common language of assessment and inquiry across teams.

Objective 2: Manage Risk Confidently and Support Families at the Edge of Care

1. Effective Local Arrangements

The Safeguarding process has to be child centred but multi-agency and dependent on good partnership working arrangements. The new Working Together Guidance makes it clear that universal services have a key role in the early identification and are responsibility to take prompt action. The Council needs to ensure the only the right children come into care at the right times. To do this services need to be able to manage risk successfully with families that are approaching the threshold for care; providing effective interventions which support families to make changes whilst always ensuring that children and young people are kept safe.

When professionals refer to Children's Social Care they must include any information they have on the child's development and the parents capacity to meet the child's needs. Too many services perceive that social work input is the only solution for managing families with complex needs. Local agreements under the LSCB must commit services to the principle that referrals into Children's Social Care are a measure of last, not first resort.

Commitment to that agreement can only be realised if services have confidence in the responsiveness of interventions, but also have access to support that can assist their case management of risk, confidence and ability to make appropriate decisions both with and on behalf of families. The development of an 'advise and assist' culture within CSC Team Managers, that includes YOS/FIP/MST/Parenting could go someway to achieving this.

2. Effective Intervention at the Edge of Care

Children's Social Care must develop ways of working that gives Social Workers and other practitioners far more time to spend on direct intervention with children and families and has a strong emphasis on professional development to support confident risk management. The focus is on putting practice first, separating out administration and support tasks, to give social workers the time and space to be an active part of finding solutions which can help keep families together.

This philosophy will be supported by a model developed initially in Hackney based around the idea of Social Work 'units' - small integrated multi-disciplinary teams which have the mixture of skills to support families to turn things around. This can be implemented in Reading by re-designing the current FIP service and build on this to provide an *Edge of Care Service*. The team will be comprised of family intervention workers, health visitor, social workers, parenting practitioners, housing support workers, and have direct access to other resources such as Family Group Conferencing.

3. Effective Engagement of the Extended Family and Kinship Networks Prior to Entry to Care

Where a family is struggling to cope or has reached the point of crisis we will explore whether there is capacity within the extended family or kinship network to provide support and care for the child or young person. Family Group Conferences (FGC) can facilitate an open and impartial discussion to achieve reconciliation between family members to support them to stay together or identify members of the extended family or kinship network who have capacity to provide care. The intention will be reverse the decline in Family and friends placements which will reduce the pressure on in-house foster care.

At present a referral process is required to access the FGC service which works with families with children identified as Children In Need or subject to a Child Protection Plan. By positioning this intervention within an Edge of Care Service it could be more flexibly and effectively used. This service could also be extended to engage in other situations including families struggling to cope with severe disability, young people below the age of 18 who present as homeless, families where children are already in care and also families where problems are just starting to emerge.

4. Robust Gate Keeping

It is important to providing strong challenge and wide input at the gateway to care and reduce the number of placements made in an emergency or at very short notice. Work is already underway to ensure that only the right children come into care at the right time and in the right placement. Significant reductions have already taken place in the numbers and rates of Initial Assessments through the A&A service. With the introduction of the MASH within the next few weeks further reduction can be made here whilst improving the overall effectiveness of safeguarding vulnerable children. The developments within the legal planning process has also led to improvement but further consideration is needed to decide if a single process/decision making forum is required for all LAC decisions and how will this be used to ensure better consistency.

Objective 3: Give children and young people clearly planned journeys through care

1. Clear Planning

For children and young people in care, having a clear plan is essential. A good plan ensures that children come into and exit care in a timely way and that throughout they have the security and confidence of knowing what the future holds. We need to ensure that children do not 'drift' in the care system, but have clearly-planned journeys which allow them to be reunited with family and friends where possible, have stable placements with alternative carers and exit the care system positively at whatever age this happens.

2. Find the Right Placements

The processes for referral for a placement need to be rigorously complied with and detailed information is provided to support placement finding. The Reading in-house provision will always be the preferred option. There also needs to be a wide range of high quality independent providers and placements to complement the in-house provision. All placement decisions should be supported by integrated assessment and planning.

3. Achieve Permanency as quickly as possible

The national debate regarding the provision of adoption placements has highlighted the need to ensure that achieving a permanent outcome for our LAC (where this is appropriate) is of the highest priority. Giving children and young people in care a sense of security, continuity and commitment is crucial to their experience of care. This sense of 'permanence' includes emotional, physical and legal stability and, as corporate parents, we must commit to providing a plan to achieve permanence for all Looked After Children. This can be achieved through:

- 1. Reunification with the birth family
- 2. Living with other family and friends
- 3. Placed with permanent foster care until adulthood
- 4. Special Guardianship Placements
- 5. Adoption

A Sufficiency Strategy has been developed and will form part of the LAC Strategy and will be embedded in practice to ensure we identify how we will achieve permanence in one of the ways described above for all Looked After Children in Reading by the time of their second care review.

4. Monitor drift

All children and young people in our care are subject to regular monitoring through the LAC processes and have regular independent scrutiny of their care plans. To prevent drift and ensure that permanency plans are also regularly updated the Adoption Liaison Meeting is held monthly to scrutinise both care planning and carer searches for those children seeking adoption or permanency. The work of the Independent Reviewing Officers will also need

to be further developed to provide earlier, effective challenge as soon as any delay is identified as a possibility.

Objective 4: Provide and Commission a Flexible and Affordable Range of High Quality Placements

(This part of the strategy is substantially met through the LAC & Placement strategies - the earlier sections of this report related to placement costs and stability lead to the following list that will need to be developed using the LAC and placement strategies)

Issues to be developed;

- 1. -Increase the number and capacity of In-house fostering placements and maintain good adoption outcomes
- 2. -Reduce our dependence on Independent Fostering Agencies and clearly specify their role as specialist providers
- 3. -Maintain the low number of residential placements for children and focus on making them closer to home
- 4. -Provide shared care and short breaks to give families a chance to get back on track
- 5. -Establish a community model which uses the voluntary sector to support struggling families
- 6. -Work closely with Housing to create short term accommodation for homeless 16 and 17 Year Olds

Edge of Care Service - Recommendations

1. Function

It is recommended that the Council develops the current FIP service into a dedicated team responsible for intervening when there is a specific risk of a child or young person coming into care. The service will also be developed to support children leaving care, returning home or to prevent the breakdown of a foster placement. The Edge of Care Service (ECS) will build on a family's strengths and coping strategies, and incorporate a strong degree of challenge for them to change. The service will be delivered to families for a time limited period (to meets the child's timescales) with a clear contract and set of agreed outcomes.

The service will defuse immediate and precipitating crisis within the home that leads to the service referral to deliver the agreed outcomes. The ECS will use a combination or assertive outreach, therapeutic, financial and practical support to engage families and change problematic behaviour. A Support Plan will be developed and agreed with the family and those services working with them, using a Team Around the Family approach to monitor and review outcomes for the family.

Research* suggests that crisis intervention models are most successful with families where problems are acute rather than chronic, and that their effectiveness depends to a significant degree on the extent to which they are linked into other local services, to provide children, young people and families with continuing support after the crisis is over.

The ECS will use the newly procured ESCS to ensure that all interventions, recording, assessments are available to all services within the council and those out side of the Council that have access to the system (Police/Health). This will also prevent the need for duplication of referrals and assessment procedures and the ESCR system will be able to auto populate all appropriate documents.

In line with the Family Justice Review, the completion of a clear written agreement with families will ensure that if the intervention is not successful in preventing LAC any future care application will be expedited more effectively.

2. Edge of Care Service (ECS)

Building on the current Family Intervention Project, the Edge of Care Service (ECS) will be located within the Children's Social Care and work closely with Access & Assessment and Locality Social Work teams. Access to the ECS will be through a single assessment. The service will also coordinate the Children's Enablement Panel (CEP) to ensure that each case is given a full review and the most appropriate intervention is agreed.

* (Systemic review of models of analysing significant harm - DfE 2012)

Cases requiring an ECS will have been designated as Children in Need and as such will already have been assessed using the Signs of Safety framework. The completed assessment will be used as the main form of referral to the service and will be used to plan the intervention with the family.

The Edge of Care Service will comprise of:

- Team Manger
- Assistant team Manager
- 8 family workers (case holding)
- 2 parenting practitioners
- health practitioner & nursery nurse practitioner
- dedicated housing support worker
- Family Group Conferencing Service
- Enablement Fund

(see appendix 1)

The service will work in close harmony with the Multi-systemic Therapy Service and the Youth Offending Service. The service will develop & maintain strong collaboration and joint working protocols with colleagues in Housing Community & Neighbourhood Services (CATs; Youth Service, ASB team, Schools engagement, SEN/EWO's School Improvement Services & Family Centres etc..). The service will also have close working relationships with Adult Services, DAAT and Mental Health services. The key objectives of the ECS is to ensure that the whole range of services provided to the family are efficiently co-ordinated to produce promote good outcomes for children and families in receipt of them.

3. Financial Implications

The service will be funded from existing service budgets within Reading Borough Council and from partner agency contributions where appropriate.

Budget:

- Team Manger
- Assistant team Manager
- 6 family workers (case holding)
- Enablement Fund £415.9K (Current FIP funding)
- 2 family workers (case holding) (revenue A&A /Locality Teams) -
- Family Group Conferencing Service (revenue IRO service) (£25K reduced management efficiency) -
- health practitioner & nursery nurse practitioner funded by Health (£49.3K reduction due to partnership funding) -

The initial set-up costs of the service will realise £74.3K efficiency savings due to reduced management costs and extra health funding of dedicated posts. The service will lead to further financial savings as the number of Looked After Children reduces in line with the expected service intervention.

The service must provide value for money and a set of key performance data will be developed to monitor this. The performance management system created by the FIP (Target Families) is being reviewed be for this purpose and will demonstrate VFM by the monitoring of reduced numbers and costs within LAC. Performance management of the ECS will be reported into the Next Generation of Children's Social Services Programme Board.

4. Service implementation Plan

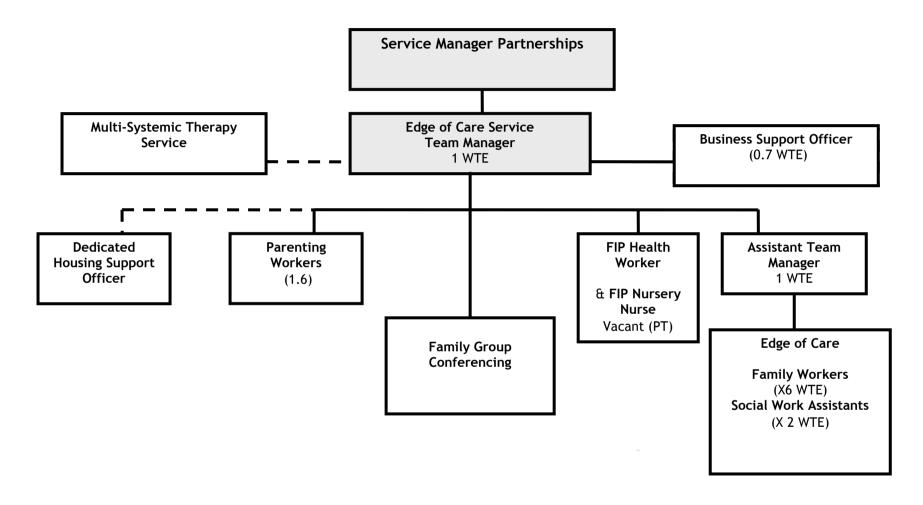
Following final sign off of the strategy the service will be operational from January 2013

- Sept/Oct 2012 Planning
- Nov 2012 Co-ordination of FGC
- Nov/Dec 2012 Consultation with staff
- Nov/Dec 2012 EoC/Turnaround Families manager/practitioner workshops
- Jan 2013 Implement EoC team

This strategy has been developed alongside the 'Turnaround Families' Strategy because there are significant overlaps in the service user groups that will be affected. By utilising training programmes for managers and practitioners all appropriate staff will have a clear understanding of the interventions that are most effective when working with these families and deliver a more effective intervention to children on the edge of care. Work on other projects within the *Next Generation* programme, including Working Together, Signs of Safety and the Family Justice Review through out the autumn will ensure staff are well equipped to meet the challenges of the new service.

Appendix 1

Draft Service Structure - Edge of Care



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Appendix 2

Action Plan - Edge of Care

Deliverables	Actions Required	Link Manager s	Time- scales	Outcome	Progress/ Comment
Implementation of Ed	dge of Care Service				
1. Function - Develop an Edge of Care Service using a combination of assertive outreach, therapeutic, financial and practical support to engage families and change problematic behaviour	Develop Service strategy Strategy to receive Political Sign-off	VC/KC	Nov 2012	 Reduced numbers of LAC per 10,00 population Reduced numbers of children subject to a CP Plan per 10,00 population Reduction in LAC spend 2012/13 	Preliminary scoping of the service underway Links with 'Turnaround Families' strategy in place Pilot study underway to identify High risk families Initial scoping of team
2. Develop dedicated Edge of Care service comprised of multi-disciplinary team able to offer a flexible and rapid service to vulnerable children and young people	1. Draft Edge of Care Service Structure 2. Transfer management of Family Group Conferencing to ECS 3. Consultation with staff & Stakeholders 4. EoC/Turnaround Families manager/practitioner workshops	VC	Nov 2012 Nov 2012 Dec2012 & Jan 2013	1. Edge of Care Service Implemented Jan 2012	Initial scoping of team structure underway Funding arrangements being reviewed Management briefing underway
3. Set up and implement Children's Enablement Panel to reduce care pathways & bureaucracy	Liaise with CAT managers and Turnaround Families	VC/KC	Nov/Dec 2012	 Reduced bureaucracy and simplified care pathways Deliver services in more timely way 	Workshops planned to scope referral processes and revise business process

Deliverables	Actions Required	Link Manager s	Time- scales	Outcome	Progress/ Comment
Supporting Families	to Stay Together				
4. Support Parents and Parenting	1. Link to Parenting Review outcomes.	СН	Jan 2013	 4. Increase numbers attending Parenting provision 5. Reduced numbers of LAC per 10,00 population 6. Reduced numbers of children subject to a CP Plan per 10,00 population 	Review and scoping underway for Parenting Strategy
5.Keep Children in School	To be confirmed	ТВА	Apr 2013	7. Reduction in Exclusions8. Increase in attendance performance	Work underway under Troubled Families strategy
Managing Risk Confid	lently & Providing Support a	t the Edg	ge of Ca	re	
6. Effective local arrangements to safeguard children through the implementation of new systems in accordance with the revised Working Together government guidance	 Complete consultation with managers and practitioners on draft WtG guidelines. Await detailed national Guidance from DfE. 	VC	Completed Sept 2012 Jan 2013	 Single assessment process implemented Revision of safeguarding procedures Implementation of new safeguarding arrangements 	Working Together consultation process completed and return made to DfE
7. Effective intervention at the edge of care by separating out administration	To be confirmed	To be confirme d	Apr 2013	Maximise social work resource for direct work with	

Deliverables	Actions Required	Link Manager s	Time- scales	Outcome	Progress/ Comment
and support tasks, to give social workers the time and space to be an active part of finding solutions which can help keep families together				children and families • Reduced staffing costs	
8. Effective Engagement of the Extended Family and Kinship Networks Prior to Entry to Care	1. link to outcomes from Family placement Priorities 2012/13	JA	Jan 2013	 Extended family networks considered at earliest point in case Reduction in number of new LAC 	Planning for change in service delivery underway
9. Robust Gate Keeping providing a strong challenge and wide input at the gateway that will reduce the number of placements	 Scope multi-agency work plan with Berks Designated Family Judge Link to local Family Justice Review implementation Implement training programme for Managers and practitioners on improved PLO practice. Implement Legal Tracking System 	AK/VC	Nov 2012 Completed Sept 2012	 Meet requirements of Family Justice Review (FJR) Improved quality of social work practice Reduced timescales for care proceedings Reduction in number of new LAC 	Initial proposals for collaborative working with Courts and Cafcass have been submitted to the Designated Family Judge - Agreed Detailed workplan being developed with partner agencies
Giving Children Clearly Planned Journeys Through Care					
10. Clear Planning that ensures children come into and exit care in a timely way	1.Implement training programme for Managers and practitioners on improved PLO practice.	VC/AK	Nov 2012	As above (9)	Practice workshop planned for social care Team Managers and Assistant Team Managers.

Deliverables	Actions Required	Link Manager s	Time- scales	Outcome	Progress/ Comment
	2. Implement Adoption improvements.				
11. Rigorous compliance with placement finding to provide the best placement	1. link to outcomes from Family placement Priorities 2012/13	AK/KJ	Nov 2012	 Increase in children and young people placed within 10 miles of home address Reduced Placement costs 	As above (14)
12.Achieving Permanency as quickly as possible	 link to outcomes from Family placement Priorities 2012/13 Review and improve placement finding protocols between locality and family placement teams. 	AK/JA	Apr 2013	 Reduction in LAC per 10,00 population Improved Adoption Score cared performance Increase number of Special Guardianship Orders Reduced costs of LAC 	Planning for practice training underway for all social care staff and managers.
13. Effective monitoring of drift	Implement Legal Tracking System Monitor progress of permanency planning through performance reports to CSMT.	AK CSMT	Completed Sept 2012 Ongoing	 All legal proceedings to meet 26 week deadline Reduction in LAC per 10,00 population Increase in Adoption Score card performance 	Implemented Legal Tracking process with JLT Planning underway for FJR work plan
Flexible and Affordable Mix of High Quality Placements					
14. Increase the number and capacity of In-house	1. link to outcomes from Family placement Priorities 2012/13	JA	ТВА	See Sufficiency Statement and LAC Strategy	To be linked to action plan from LAC strategy

Deliverables	Actions Required	Link Manager s	Time- scales	Outcome	Progress/ Comment
fostering placements and maintain good adoption outcomes					
15. Reduce dependence on Independent Fostering Agencies and clearly specify their role as specialist providers	As above	JA	ТВА	As above	As above
16. Maintain the low number of residential placements for children and focus on making them closer to home	As above	JA	ТВА	As above	As above
17. Provide shared care and short breaks to give families a chance to get back on track	As above	JA	ТВА	As above	As above
18.Established community model which uses the voluntary sector to support struggling families	As above	JA	ТВА	As above	As above

Deliverables	Actions Required	Link Manager s	Time- scales	Outcome	Progress/ Comment
19. Effective practice protocols between HNCS and Social Care to create short term accommodation for homeless 16 and 17 Year olds and vulnerable families	Set up two Task and Finish groups; Housing & Accommodation for 16 & 17 year olds Families Intentionally Homeless Key actions: 1. Each group will develop a short work plan to track the progress of the work undertaken. 2. Review of current and new legislation and consider the impact on the service user group. The group will summarise the main impact of current legislation on practice for Reading BC. 3. Identify the key processes and decisions that need to be made when assessing and providing services to the user group. 4. Identify any current joint working protocols that exist between services in DESSH for the user group. Review these to ensure they are fit for purpose and/or develop new protocols as appropriate 5. Consider the most effective way of commissioning and procuring services with a view to demonstrating good value for money and to make efficiency savings.	VC/AK/ KJ	Nov 2012	More effective delivery of Council services to vulnerable user groups Reduced costs of housing and accommodating vulnerable groups	18. Steering group held 19. Both Groups set up 20. Draft Terms of Reference agreed

Deliverables	Actions Required	Link Manager s	Time- scales	Outcome	Progress/ Comment
	 6. Identify resource implications of draft practice protocols and any changes to practice. 7. Consider the most effective way of communicating the work of the group to appropriate staff and external stakeholders to improve practice. This will include arranging joint workshops/training and information for the different staff groups. 				

Appendix 3 - Legal Framework - Children's Social Care

Children's Social Care - Principal Legislation

- Children Act 1989 (CA 89)
- NHS and Community Care Act 1990
- Crime and Disorder Act 1998
- Protection of Children Act 1999
- Local Government Act 2000
- The Care Standards Act 2000
- Children (Leaving Care) Act 2000
- Adoption and Children Act 2002
- Health and Social Care (Community Health and Standards) Act 2003
- Children Act 2004
- Children and Adoption Act 2006
- Children & Young Persons Act 2008

General/overarching legislation related to the Council's functions

Local Authority Social Services Act 1970 - general functions related to LA duties to provide social services

Children Act 204 (CA 2004)

The Director of Children's Services: under CA 2004 S.18 has the responsibility for ensuring that a local authority meets their specific duties to organise and plan services and to safeguard and promote the welfare of children.

CA 2004 Each local authority is responsible for establishing a Local Safeguarding Children Board (LSCB) in their area and ensuring it is run effectively. An LSCB can cover more than one local authority area.

Safeguarding - interagency statutory guidance

Working Together statutory guidance - outlines the requirements of LA to have an LSCB, interagency child protection procedures, how to undertake safeguarding investigations.

The guidance confirms the lead role for LA social workers in:

- responding to children and families in need of support and help
- undertaking enquiries following allegations or suspicion of abuse
- undertaking initial assessments and core assessments as part of the Assessment Framework
- convening strategy meetings and initial and subsequent childprotection conferences
- court action to safeguard and protect children

- coordinating the implementation of the child protection plan for children on the child protection register
- looking after and planning for children in the care of the council
- ensuring that looked-after children are safeguarded in a foster family, children's home or other placement. -

Children's Social Work (Access & Assessment, Locality Teams, Fostering, Adoption)

- CA 89 S.17 Definition of Child in Need and duty of LA towards assessment and provision of services -
- CA 89 S.47 Duty to investigate where a child is suffering or likely to suffer significant harm
- Working Together Statutory Guidance
- Looked After Children CA 89 S.20/S.31

LAC statutory guidance - Volume 2: Care Planning, Placement and Case Review (England) Regulations 2010 and statutory guidance
Statutory guidance on securing sufficient accommodation for looked after children

Promoting the health and well being of looked after children Improving the educational attainment of children in care (looked after children)

The role and responsibilities of the designated teacher for looked after children: Statutory guidance for school governing bodies.

Placements Statutory Regulations:

[Care Standards Act 2000]

Volume 4: Fostering Services 2011 - Statutory Guidance on the Fostering Services (England) Regulations 2011

Volume 5: Children's Homes 2011 - Statutory Guidance on the Children's Homes Regulations 2001 (amended)

- The Children's Homes Regulations 2001 (amended)
- Notification, registration
- National Minimum Standards for Fostering Services
- National Minimum Standards For Children's Homes
- Related duties for vulnerable children
- Short Breaks: Statutory Guidance on How to Safeguard and Promote the Welfare of Disabled Children Using Short Breaks
- Local authority responsibilities towards former looked after children in custody - Statutory guidance on the Visits to Former Looked After Children in Detention (England) Regulations 2010

- Provision of accommodation for 16- and 17-year-old young people who may be homeless and/or require accommodation
- Children in long term residential care
- Family and Friends Guidance: Statutory guidance for local authorities
- The Arrangements for Placement of Children by Voluntary Organisations (England) Regulations 2011

Related duties for vulnerable children

- Short Breaks: Statutory Guidance on How to Safeguard and Promote the Welfare of Disabled Children Using Short Breaks
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- Family and Friends Guidance: Statutory guidance for local authorities
- The Arrangements for Placement of Children by Voluntary Organisations (England) Regulations 2011

Voice of the child in Care: - Children Act 2004

Independent Reviewing Officer (IRO) handbook

Statutory guidance on the roles and responsibilities of the Director of Children's Services and the lead member for children's services

Providing Effective Advocacy Services for Children and Young People Making a Complaint under the Children Act 1989

Leaving Care - Volume 3: Planning Transitions To Adulthood for Care Leavers: Statutory Guidance on the Care Leavers (England) Regulations 2010

Adoption - The Adoption and Children Act 2002 - Adoption Statutory Guidance This statutory guidance explains the content of the different sets of regulations made under the Adoption and Children Act 2002, and the duties and responsibilities that they place on adoption agencies. It applies to domestic adoption in England only.

Youth Offending Service - Crime and Disorder Act 1998

1998 Crime and Disorder Act S.39(1) states that it is the duty of every local authority, acting in co-operation with partner agencies (who are under a duty to co-operate with the local authority), to establish for their area one or more youth offending teams (YOT).

S.37 of the Crime and Disorder Act 1998, the principal aim of the youth justice system is to prevent offending by children and young people.

YOTs have a duty to co-operate with a number of other agencies and bodies - for example:

• Under section 325 of the Criminal Justice Act 2003: YOTs are one of the named 'duty to co-operate' bodies within MAPPA arrangements.

- Under section 10(4) of the Children Act 2004, the YOT is under a duty to co-operate with childrens services in making arrangements to improve the well-being of children in the authority.
- Local Safeguarding Children Boards Regulations 2006 (SI 2006/90) state that the YOT is under

Inspection of Children's Services - Children Act 2004

Ofsted inspections of Local Authority Children's Services are carried out under the Children Act 2004. The purpose of the inspections is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers.