



Review Process for Looked After Children

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Report to the City Council

Review Process for Looked After Children

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Review Process for Looked After Children

Contents

1:	Summary	4
2:	Introduction	7
	2.1 Looked After Children	7
	2.2 Reason for the Review	9
	2.3 Terms of Reference	9
	2.4 Membership	11
	2.5 Methodology	11
3:	Findings	13
	3.1 Introduction	13
	3.2 Social Care Provision for Looked After Children in Birmingham	13
	3.3 Description of Social Care & Health Provision for Looked After Children	15
	3.4 The Review Process	15
	3.5 Judicial Protocols	19
	3.6 The Views of Looked After Children and Young People	19
	3.7 Children Placed Outside Birmingham	20
	3.8 Agency Collaboration	22
	3.9 Health	23
	3.10 Education	26
	3.11 Accommodation	27
	3.12 Kinship Care	28
4:	Conclusion and Recommendations	30
5:	Appendices	34
	Appendix 1: Terms of Reference	34
	Appendix 2: Corporate Parenting Strategy	35
	Appendix 3: National Minimum Standards for Fostering Services	37
	Appendix 4: Background Papers	41
	Appendix 5: Briefing note on Developing the Children's Residential Estate	42
	Appendix 6: A Care Pathway for the Health of Looked After Children	47
	Appendix 7: Progress Update	50



Review Process for Looked After Children

Preface

By Councillor Len Clark

Chairman, Social Care Overview and Scrutiny Committee



Looked After Children are children and young people who are in public care and for whom the Local Authority has responsibility. They enter the looked after system only when they are unable to be cared for by their parents or extended family. This can be for short, medium or long-term periods and prompted by a wide range of circumstances, e.g. abuse, neglect, parental illness or incapacity, family breakdown, offending behaviour, family support, etc.

The Social Care and Health Directorate has the prime responsibility for providing services for Looked After Children and Councillors have a role as "Corporate Parents". To successfully meet the needs of these children and young people agencies including Health, Education, Housing and the Voluntary Sector must have a positive and effective working relationship and aim to ensure Looked After Children achieve the best possible life chances.

The objective of the review was to further understand the review arrangements for Looked After Children and to consider whether there was scope to improve our processes and services. Our recommendations aim to address those areas requiring action.

It is important to point out that the review and completion of our final report took place over several months. Our deliberations are therefore based on the information made available to us some months ago.

I would like to thank my colleagues on the review panel for dedicating their time and enthusiasm to the review. Officers and other agencies also contributed to the success of this review and I would like to thank them for their valuable input.

I look forward to seeing the experiences of Looked After Children improving as a result of the recommendations of this review.



Review Process for Looked After Children

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
 - Education
 - Accommodation
 - Kinship carers
- 1.1.4 This report details the Committee's findings in each of these areas and the report is structured accordingly. It must be noted that by discussing issues outside the remit of the terms of reference, the Committee was unable to examine specific issues in any great depth. Some areas requiring additional examination are therefore detailed in the recommendations.
- 1.1.5 The broad conclusions of the Committee are that:
- There have been significant steps forward in the service provided to Looked After Children since the



Review Process for Looked After Children

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



Review Process for Looked After Children

Children influence Social Care and Health policies and practices.

- The need to make sure that the accommodation needs of Looked After Children are addressed.
- The need to receive a further report following the Kinship Taskforce intervention to ensure that Birmingham's processes and policies are in the best interests of Looked After Children.

1.1.7 This review and the completion of our final report took place over several months. Our deliberations are therefore based on information made available to us some months ago.

1.1.8 Additional information received after the Committee had drawn its conclusions is set out in Appendix 7.



Review Process for Looked After Children

2: Introduction

2.1 Looked After Children

- 2.1.1 Duties and responsibilities to Looked After Children (LAC), sometimes called children who are in public care, are statutory under the Children Act 1989. Children and young people enter the Looked After system only when they are unable to be cared for by their parents or extended family. This can be for short, medium or long-term periods and prompted by a wide range of circumstances, e.g. abuse, neglect, parental illness or incapacity, family breakdown, offending behaviour, family support, etc.
- 2.1.2 The Social Care and Health Directorate has the prime responsibility for providing services for Looked After Children. However the 1989 Act widened that responsibility to include the whole of the local authority and health services. Within Birmingham, the Corporate Parenting Strategy and Pledge (Appendix 2) aims to help the City Council to succeed in improving the life chances of Looked After Children.
- 2.1.3 Like young people everywhere, Looked After Children are individuals in their own right. They are not a homogenous group. They have distinct identities, aspirations and particular needs, which are influenced and shaped by their racial origins and religious beliefs, their gender and their sexuality and whether they are disabled. Their experiences of being “looked after” and of separation from their families and communities will in turn be affected by these important dimensions of their identity.
- 2.1.4 The following tables provide information about the Looked After Children population in Birmingham including their age, gender, ethnicity, legal status, type of placement and category of need. The tables are based on information submitted to the Department of Health and show the position in 2003 and 2004.



Review Process for Looked After Children

Data on Looked After Children – To year's ending 03 and 04*

Table 1: Age and sex				
	Boys		Girls	
Age	2003	2004	2003	2004
Under 1	40	56	57	38
1 – 4	198	171	174	150
5 – 9	236	213	222	193
10 – 15	477	421	382	398
16 – 17	135	132	132	128
18 & over and placed in a community home	1	0	0	0
Total	1087	993	967	907

Table 2: Legal Status		
Status	2003	2004
Care orders: interim	457	372
Full	832	881
Voluntary agreements under S.20	646	542
Freed for adoption	109	98
On remand, committed for trial, or detained	6	4
Emergency orders or police protection	4	3

Table 3: Placement		
Type	2003	2004
Foster placement: inside local authority	1002	901
outside local authority	325	361
Children's home: inside local authority	186	144
outside local authority	56	72
Secure unit	18	20
Hostels and other supportive placements	0	0
Residential schools	9	15
Other residential settings	25	26
Placed for adoption	98	91
Placed with own parents	271	229
In lodgings, residential employment or living independently	30	25
Absent from agreed placement	4	1
Other placement	30	15



Review Process for Looked After Children

Table 4: Category of Need for Looked After Children		
Type	2003	2004
Abuse or neglect	1328	1250
Disability	58	35
Parental illness or disability	82	79
Family in acute stress	153	140
Family dysfunction	266	249
Socially unacceptable behaviour	50	47
Low income	2	1
Absent parenting	115	99

Table 5: Ethnic Origin of Looked After Children		
Ethnicity	2003	2004
White	1232	1124
Mixed	349	331
Asian or British Asian	153	123
Black or Black British	259	274
Other Ethnic Groups	61	48

*Source: Social Care Department SS DA 903 return

2.2 Reason for the Review

- 2.2.1 Birmingham City Council's Children's Services were inspected by the Social Services Inspectorate (SSI) in 2001. The inspection served as a test of progress in improving services for children and families. The inspection found weaknesses in front-line services and an unacceptably large gap between strategic aspirations and operational reality.
- 2.2.2 Areas where there were particular concerns included failure to allocate priority cases in relation to Looked After Children and the timeliness of reviews. A further inspection in July 2003 identified similar concerns in relation to Looked After Children including statutory reviews not being completed according to required timescales and the lack of a system for monitoring and managing unallocated cases of Looked After Children.

2.3 Terms of Reference

- 2.3.1 The terms of reference for the review were agreed by the Social Care Overview and Scrutiny Committee in July 2003 and are attached as Appendix 1.
- 2.3.2 In considering this review, it is helpful to have an



Review Process for Looked After Children

understanding of the following definitions: -

- **CAFCASS:** This stands for Children and Family Court Advisory and Support Service. CAFCASS is a non-departmental public body set up in April 2001, providing services that support children involved in family proceedings.
- **Corporate Parenting:** This emphasises the collective responsibility of local authorities to achieve good parenting. In the autumn of 2003 the Department for Education and Skills (DfES) published a councillor's guide to being a good corporate parent titled; *'If this were my child.'* The introduction states:
 "Once a child is in care, all Members and officers of the council, as their corporate parents, need to be concerned about that child as if they were their own. This concern should encompass their education, their health and welfare, what they do in their leisure time and holidays, how they celebrate their culture and how they receive praise and encouragement for their achievements."
- **Kinship Foster Care** - This relates to children fostered by relatives or persons with whom the child has a significant relationship. This is also known as a Friends and Family Fostering Placement.
- **LACES:** This stands for Looked After Children Education Service. The Service aims to ensure that young people looked after by Birmingham receive the best possible educational provision. It aims to minimise the disruption to children's learning by providing high quality teaching and support. The service also provides training for social workers, foster carers and other professionals about all issues relating to the education of Looked After Children.
- **Looked After Children:** This refers to a child or children who live away from home and for whom the Social Care and Health Directorate has responsibility. The child may live with relatives, foster carers, in a children's home or in a residential school.
- **National Care Standards Commission (NSCS):** The Care Standards Act 2000 created the National Care Standards Commission. In April 2004, the Commission for Social Care Inspection (CSCI) incorporated the work formerly undertaken by bodies including the NCSC. The Commission is responsible for the regulation of children's homes and residential family centres. In line with the regulations and national minimum standards, the Commission assesses the extent to which services secure positive



Review Process for Looked After Children

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



Review Process for Looked After Children

Appendix 3) and local strategies. A list of background papers is attached as Appendix 4.

- Data and statistical information.
- Presentations and evidence from expert witnesses.
- Consultation and contributions from key partners.



Review Process for Looked After Children

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



Review Process for Looked After Children

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 children who are living at home on the Child Protection Register and also manage the care plan for children who are accommodated by the local authority. A significant number of cases will involve court proceedings. Children either return home, are cared for by another family member under a Residence Order, or have a permanency plan via adoption or long term fostering, either with family or friends foster carers or long term foster carers.

- 3.2.4 The Committee learnt that a lot of work is being undertaken with Looked After Children and the number of children moved into adoptive placements and Adoption Orders granted is in the top band of the Performance Assessment Framework (PAF) indicators. However, there are a significant number of children between the ages of 8 and 13 waiting for permanent placements to be identified for them in long term foster homes, and there is a serious shortage of suitable internal placements for these young people. This is causing an increasing number of children being placed within the external sector, where the placements often meet the children's needs but the cost to the authority is high. Efforts to recruit more long term foster carers in Birmingham have not been very successful.
- 3.2.5 In August 2004, there were 132 internal residential placements across 26 mainstream units and six disabled children's units. The Committee was concerned about the reduction in the number of local authority children's placements during 2003/04 (See table 3 at paragraph 2.1.4). We were told that the reason for this reduction is largely due to the actions of the Commission for Social Care Inspection (CSCI). All children's residential care units are required to have a clear statement of purpose and to comply with national minimum standards. The standards are grouped under a series of key topics: planning for care, quality of care, complaints and protection, care and control, environment, staffing, management and administration and specialist provision. Each standard is preceded by a statement of the outcome for children and young people to be achieved by the children's home.
- 3.2.6 Following recent inspections of its children's residential units, the City Council had to decommission a number of beds in order to comply with the national minimum care standards. For example, in complying with the requirement that a unit is able to meet the needs of its residents, some of whom have very complex needs, it became necessary to reduce some units from 6 to 4 beds. There are also concerns about the fabric of some of the residential units which has resulted in



Review Process for Looked After Children

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.

- 3.4.2 There is a statutory requirement to hold planning and review meetings for all Looked After Children and young people as follows: -

- First Review Meeting – to be held within 28 days of the child or young person becoming looked after.
- Second Review meeting – to be held at 3 monthly intervals after the first review.
- Subsequent reviews – to be held at 6 monthly intervals thereafter.



Review Process for Looked After Children

- 3.4.3 The statutory Looked After Children reviews are chaired by Independent Reviewing Officers who are located in the 4 Social Care areas. To ensure their independence they are line-managed within the central Child Protection and Review Unit, which concurs with the requirement of the Adoption and Children's Act 2002.
- 3.4.4 In total there are currently 22 Reviewing Officers who undertake Looked After Children reviews (first, second and subsequent), adoption reviews, secure reviews and all the child protection initial and review conferences. Unless the looked after statutory review is very complex the vast majority of the Looked After Children reviews do not have minutes taken, but it is the responsibility of the chair person to complete a record of the review. There are very few exceptions, such as very complex cases which have only just moved into the court arena. Following the implementation of the Looked After Children Performance Action Team (PAT) process it is anticipated that the recommendations from the meeting are disseminated in five working days.
- 3.4.5 The support staff in the Child Protection and Review Units arrange the first review and disseminate the necessary documentation. Additionally they update the 'meeting screen' to ensure that the statutory reviews are recorded accurately on the CareFirst system. The Looked After Children processes are monitored through the collection of management information on CareFirst, which includes overdue reviews and exception reporting if key information is not available such as legal status, and details the monthly activity. For example, for the month of August, 481 reviews took place, 454 within timescales and 27 out of timescale, with only 70 reviews overdue. This is a marked improvement from January 2004, when 376 reviews took place, 357 within timescale and 19 out of timescale and 185 overdue reviews (tables 6 and 7 refer). The Committee considered that the overall reviewing process has improved with greater emphasis on timely, child-focused reviews that minimise drift. The benefit of this is evident in both mainstream reviews and respite reviews for disabled children.
- 3.4.6 The Committee identified many issues about the review process that need to be addressed, they can be sub-divided into 4 key areas:-
- Information systems
 - Delays in undertaking reviews
 - Social Care Practices
 - Partnership working



Review Process for Looked After Children

Information Systems

- 3.4.7 The Committee identified the need for accurate management information to assist with the review process for Looked After Children. This was also mentioned in the Audit Commission report into Looked After Children following the 2002 Ofsted Inspection. Members were advised that the CareFirst Management Information System was to be updated with CareFirst 21. There have been issues with the use of the system, including the system retaining inputted data. These have now been largely addressed. The Committee agreed that it was essential that the Management Information System was accurate and provided accurate information for performance indicators.
- 3.4.8 The CareFirst system will in future prompt social care staff to complete details about Looked After Children. The information provided for the performance meetings enables managers to identify and remedy gaps in information. This should ensure that the data on the information system is more accurate and should assist with returns to the Department of Health and with service planning.
- 3.4.9 A scrutiny review of Information for Social Care was completed in July 2004. The report includes references to Looked After Children:-
- “There was some discussion about recording of Looked After Children information and how this can contribute to the management of risk situations. The review also raised issues regarding the Council's corporate parenting responsibilities and proposed that consideration should be given to recording more relevant information around the education of children in care”. The Social Care Overview and Scrutiny Committee will be tracking the recommendations from this review.
- 3.4.10 During the course of this review, the Assistant Director of Organisational Development and Performance Management instructed staff involved with the specification for CareFirst to ensure that the system allows for the recording of personal education plans. This was a welcome move.

Delays in undertaking reviews

- 3.4.11 Failure to meet timescales for statutory reviews was identified as an area of concern by the SSI in their two most recent reviews of Children's Services in Birmingham.
- 3.4.12 The Committee received statistics about the number of overdue statutory reviews. However, there is some concern about the accuracy of the statistics provided.



Review Process for Looked After Children

Table 6: Looked After Children numbers of Reviews 2004

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Reviews taken place	376	398	312	527	410	461	502	481	312	491	395
Within timescale	357	360	285	499	393	425	449	454	302	454	369
Out of timescale	19	38	27	28	17	36	53	27	10	37	26

Table 7: Overdue Looked After Children Reviews 2004

Overdue Reviews	185	153	102	88	89	93	31	70	53	78	66
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Social Care Practices

3.4.13 Birmingham Foster Care Association (BFCA) contributed to the review and a number of issues were raised by the Chair of the Association:

- Some social workers fail to familiarise themselves with the child or young person who they are working with.
- On occasions some social workers are not responsive i.e. they do not return telephone calls. This is a particular difficulty when carers are in contact with area offices.
- Some social workers fail to make statutory visits to Looked After Children.
- Some social workers do not offer ongoing support to carers or Looked After Children.
- The role of the reviewing officers needs to be strengthened to enable them to take appropriate action to meet children's needs.

3.4.14 The Birmingham Foster Care Development Forum has been reinvigorated and meets monthly. This Forum includes representatives from BFCA and senior children's managers, team managers and an Assistant Head of Child Protection from Birmingham Directorate of Social Care and Health. A representative from the LACES team is invited to meetings when education issues are raised by foster carers. The Forum considers individual issues such as the above, as well as more general policy and practice issues. It has been successful in resolving issues and in improving communication.



Review Process for Looked After Children

Partnership Working

- 3.4.15 The Birmingham Foster Care Association commented that carers were not always notified of the date of review meetings. Clearly this is unacceptable as it means that a key contributor does not have an input into the review process.
- 3.4.16 Concerns were expressed to the Committee about the relationship between social workers and the courts. Members were assured that discussions were underway with the University of Central England to develop training to prepare social workers to work more effectively with Looked After Children and the courts. This would involve social work trainees having the opportunity to work with a Child Looked After from initial contact through the whole process.

3.5 Judicial Protocols

- 3.5.1 During the review, a representative from Legal Services provided evidence about the new national judicial case management protocol. The protocol has been devised to control the way children's cases are planned, managed and processed through the Courts and to speed up the process. It was recognised that Legal Services and the Social Care and Health Directorate were not adequately prepared to respond to the new protocols.

3.6 The Views of Looked After Children and Young People

- 3.6.1 The views of Looked After Children about their experience of being looked after and in particular the review process are essential to this review. Looked after Children were not interviewed as part of the review. However, their views are captured through the work of the Birmingham Children's Rights and Engagement Service. They produced a report called "Listen to the voices of the Looked After Children in Birmingham". The report highlights the main concerns raised by young people during consultation activities that took place during 2003/04. The report included these comments about reviews:-
- Children and Young People felt that communication was poor and that they didn't always know what was going to happen to them.
 - Some advocates attending reviews had witnessed some confusion in roles and responsibilities between educational and social care professionals in "working together" to



Review Process for Looked After Children

achieve the best for the looked after young person.

- Advocates have noticed that issues raised in reviews highlight failings over care plans. Unfortunately matters do not necessarily get resolved at reviews and are merely 'postponed' until the next review in 6 month's time.
- There was however some positive experiences of reviews e.g. "My last review was the best I ever had. The Chair (Independent Reviewing Officer) met me on my own just before the review was about to start and asked me about how I felt about things. After that she allowed the others to come in and start my review. That was good."

- 3.6.2 There are significant messages from Looked After Children and young people that need to be heard and acted upon. One of the recommendations from this review is to receive further information from the Birmingham Children's Rights and Engagement Service.

3.7 Children placed outside Birmingham

- 3.7.1 The issue of Looked After Children who are placed outside Birmingham has been acknowledged for some time. This issue of external placements is a challenge both for Birmingham and at a national level. Children placed in external placements create additional pressures on Councils who are struggling to meet performance indicators that measure the number of children placed outside of their area and to keep within budget. The table below provides comparative data that shows that other Social Care Directorates are also relying on external support for their Looked After Children. The data shows the position at June 2004.



Review Process for Looked After Children

Table 8: External placements – Comparative data

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%
External home and hostel placements as a % of all CLA in each City	4.7%	2.6%	12.1%	7%	3.8%

* Other placements i.e. Kinship Placements; Children Placed with Parents Regulations; Secure Orders

- 3.7.2 The Social Care and Health Directorate in Birmingham has both acknowledged and responded to the challenge around Looked After Children placed externally. Since this review began, it has reviewed all externally placed children to ensure that the placement meets their needs. The Directorate has introduced a new system to ensure that notification is sent to the other local authorities in respect of children who are placed in their area.
- 3.7.3 The Audit Commission report into Looked After Children following the 2002 Ofsted Inspection recognised the need for Social Care, Health and Education to prioritise the services to Looked After Children placed outside of the authority. The LACES team is addressing this issue by increasing capacity in the LACES team.
- 3.7.4 To address the use of external placements, the Directorate has strived to recruit additional internal foster carers through its marketing strategies. Birmingham continues to experience difficulty recruiting foster carers, as indeed do other Local Authorities. To try and improve the current position, the Directorate is planning to commission block placements from the Foster Care Association. This should reduce the need to purchase external placements.



Review Process for Looked After Children

- 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 be placed on obtaining the views of these children, contact with other local authorities and undertaking regular reviews in a timely manner.

3.8 Agency collaboration

- 3.8.1 The needs of Looked After Children cannot entirely be met by the Social Care and Health Directorate. There needs to be co-operative inter-agency working between a range of agencies including Social Care, Health, Education, Voluntary organisations and Youth Offending Services. Effective partnership working is essential when trying to meet the needs of Looked After Children and young people.
- 3.8.2 During the course of the review, the Committee held meetings to discuss the effectiveness of agency collaboration. Representatives from agencies were asked to comment on existing partnerships or joint protocols, whether they were working effectively, to identify gaps and weaknesses and to suggest how collaborative working could be improved. Comments regarding health and education are detailed later in the report. The agencies raised issues that fall outside of the topic of this review that need to be addressed; these are included in the recommendations.
- 3.8.3 The representative from the Youth Offending Service highlighted the need for more effective communication between the Youth Offending Service staff and Social Care and Health staff, particularly those working with young people in residential care. There was a general concern about the limited communication between Social Care and the Youth Offending Services, which was further hindered by the Youth Offending Services being unable to access the CareFirst Information System.
- 3.8.4 Also raised was the need for earlier intervention in identifying



Review Process for Looked After Children

young offenders' problems so that difficulties such as bereavement could be addressed. Rehabilitation for more serious offenders was particularly difficult, as they tended to move around. It was suggested that each young person should be allocated an advocate to remain with them throughout their time in a residential unit.

- 3.8.5 The Youth Offending Service suggested that the planning of reviews for Looked After Children needed to be improved so that all relevant agencies were invited to contribute to them.
- 3.8.6 The Committee heard from the Birmingham Foster Care Association which offers a range of services including peer support, advice and support to carers and adopters, the provision of reports to panel. It also advocates, negotiates and attends meetings with Social Care. BFCA raised a number of issues, many of which are detailed in section 3.4.13 of this report.
- 3.8.7 The Chair of BFCA stated that the support provided by the Social Care and Health Directorate had improved over the last two years and their experiences were now more positive. However, concerns did remain particularly around contact with social workers.
- 3.8.8 A service level agreement is being drawn up with BFCA.
- 3.8.9 Senior managers attend monthly meetings of the Birmingham Foster Care Forum to ensure that carers' views are heard and any difficulties identified are addressed.
- 3.8.10 A sub-group of Birmingham Foster Care Forum reviews the progress of all allegations against carers to ensure an effective and timely response.

3.9 Health

- 3.9.1 The Children Act 1989 Guidance details the full regulations pertaining to the health of Looked After Children. A medical examination and written health assessment have to be arranged before placement or as soon as possible thereafter unless the child has had a health assessment within the last 3 months. The health assessment may be an initial assessment when a child is first placed or may be a reassessment in the case of a child who has been placed for some time, or who has been placed again after an interval. The reassessment during placement must take place at least every 6 months before the child's second birthday, and at least every 12 months thereafter.
- 3.9.2 Research has shown that Looked After Children do not always



Review Process for Looked After Children

have access to the same health information as their peers. They may not have consistent role models in their lives to whom they can refer when they have questions about their health. Children who are Looked After are more likely than other children to have missed basic child health surveillance and routine immunisation.

- 3.9.3 Young people coming into the local authority care system will already have had trauma and difficulties over and above those experienced by most of their peers. Many will have experienced abuse or neglect, or experienced bereavement, disability or serious illness in one or both parents. Being Looked After can involve major and sometimes traumatic upheaval. Research shows that more Looked After Children have mental health needs than other young people, including severe and enduring mental illness.
- 3.9.4 Changes and a lack of permanence in the arrangements for many Looked After Children are unsettling and can hamper effective working by professionals. The stigma of being Looked After and the unhappiness that young people may feel may inhibit their asking for help or wanting to use any facilities or services on offer. In addition, social care staff often have difficulty in finding appropriate placements that meet basic emotional, physical and cultural needs of Looked After Children.
- 3.9.5 The Child and Adolescent Mental Health Service (CAMHS) was discussed by the Committee. There have been concerns about the service provided to young people who are looked after and have mental health needs. The SSI inspection of children's services in 2003 identified the CAMHS service as an area that needed to be improved. There have been improvements to the service and additional improvements are expected as a result of a recent review by an organisation called Young Minds. The Young Minds review includes a comprehensive action plan that will be monitored by Social Care, Health and the two respective Overview and Scrutiny Committees. The Social Care and Health Overview and Scrutiny Committees have considered monitoring aspects of CAMHS such as commissioning strategies around early intervention for 'at risk' groups.
- 3.9.6 A representative from the specialist health service for Looked After Children contributed to the review. A paediatrician provides the service, supported by two specialist nurses for Looked After Children. This service has resulted in significant improvement in meeting the health needs of Looked After Children. In particular the service has improved the uptake of statutory medicals, the uptake of immunisation and child health and dental surveillance.



Review Process for Looked After Children

- 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.



Review Process for Looked After Children

3.10 Education

- 3.10.1 Many Looked After Children experience barriers to educational success. The Department for Education and Skills (DfES) issued guidance on the education of Looked After Children and young people and identified key factors affecting their education including: -
- Children experience numerous and often unplanned moves of home and school
 - They are out of school for long periods of time
 - Low self esteem and perhaps a justifiable mistrust of adults
 - Making and sustaining relationships with peers can be difficult due to a lack of continuity of care and schooling
 - Social Care and LEAs, individual schools, carers, social workers and teachers are not clear about their respective roles and responsibilities
 - Schools and carers display lower expectations of young people in public care, which can contribute to underachievement
- 3.10.2 As Corporate Parents, the Local Authority has a responsibility to ensure that it serves Looked After Children effectively (See Appendix 2). It has a specific responsibility to raise Looked After Children's levels of educational achievement. The Committee felt that Looked After Children and young people should receive praise for their educational achievements. The Social Care and Health Directorate does send letters to Looked After Children to recognise their success in education.
- 3.10.3 One of the key issues raised during the review was the importance of involving all relevant parties in the review meetings of Looked After Children. Of particular importance is the need to ensure the involvement of schools and, where required, the LEA in reviews. The Committee were informed that input from schools is variable and that this impacts on the review process and the drawing up of care and personal education plans for the child or young person.
- 3.10.4 The Committee was informed that a number of Looked After Children excluded from school, were receiving less than 10 hours of education each week. To try and address this, Members were advised that the LACES team aimed to provide a named person for all children in Social Care and Health establishments who were out of mainstream education with the intention of re-integrating these children back into mainstream education. The LACES team also opened their own education provision to increase the number of hours of



Review Process for Looked After Children

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 became operational in the winter of 2004.

- 3.10.5 Every child in public care must have a Personal Education Plan (PEP). The DfES describe the Personal Education Plan as a passport to better chances in life. The PEP is the child's plan and needs to be linked to the care and placement plan. It is a plan, which is shared between child, carers, school, health, social services and any other agency involved and should outline the shared roles and responsibilities of each contributor. The plan must be available for review at statutory care and placement reviews with Social Care & Health.
- 3.10.6 If the young person is in full time education at the age of 18 and wishes to continue to further their qualifications, as a good corporate parent the local authority should support this. However, further work is required to establish a protocol detailing the level of support to be offered up to the end of their qualification.
- 3.10.7 The Committee expressed a commitment to improving the educational experience of Looked After Children. A scrutiny review into the education and health of Looked After Children was completed in July 2003. Recommendations from that review covered issues that were also raised during this review including joint arrangements with the Education Department, monitoring of Personal Education Plans, identifying an education champion in every residential establishment and updates on initiatives undertaken by the LACES team. Progress on the implementation of the recommendations from that review will be reported to the Social Care Overview and Scrutiny Committee. The implementation of the recommendations should ensure an improvement in the education experience of Looked After Children.

3.11 Accommodation

- 3.11.1 Research has shown that young people leaving care experience accommodation problems including temporary accommodation, drift and homelessness. The reasons why young people experience difficulty with accommodation are cited as the (young) age at which most care leavers make the transition to independence, their disadvantaged position relative to other young people, and the lack of support and preparation that they receive.
- 3.11.2 One of the principal aims of the Children (Leaving Care) Act 2000 is to ensure young people remain looked after by the



Review Process for Looked After Children

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 addresses agency responsibilities, agreed joint working arrangements and the transfer of information. The protocol also acknowledges that all of the agencies have Corporate Parenting Responsibilities for Looked After Children and seeks to facilitate partnership working so that these responsibilities are fully met. The Committee were concerned that Looked After young people are not in the highest priority category for accommodation and felt that this should not be the case. Members were keen to ensure that the draft protocols are completed and implemented effectively and that consideration should be given to giving care leavers a greater priority for housing.

3.11.5 The “Listen to the voices of the Looked After Children in Birmingham” report included comments from Looked After young people about their accommodation needs. There was some concern by older young people that they had to leave settled and happy placements when reaching the age of 16; as this could have detrimental effects on their educational performance.

3.12 Kinship Care

3.12.1 Kinship care (family and friends foster care) is a valuable method by which children can be retained within their family or within their community networks, and by doing so avoid



Review Process for Looked After Children

many of the challenges of being Looked After within the care system.

- 3.12.2 Statistical information about kinship carers was provided to the Committee. It detailed the breakdown of kinship carers by geographical area, the age of the children accommodated and national statistics.
- 3.12.3 The key statistics were that as at the 26th June 2003, there were 208 children in Kinship placements. This was an increase of 33 children in nine and a half months on the 175 who were in place at the 10th September 2002. This represents a 19% increase.
- 3.12.4 The Committee explored the area of kinship carers and raised the following areas of concern:-
- Why the number of kinship carers in Birmingham was increasing.
 - Whether kinship carers were subject to the same degree of assessment and checks as other foster carers i.e. Criminal Record Bureau (CRB) checks.
 - Whether the approval of kinship carers was as stringent as the process for other care providers.
 - Whether there were difficulties associated with using kinship carers in emergency situations and whether the arrangements were satisfactory.
- 3.12.5 The Committee was informed that additional training and support has been offered to Social Care staff who work with Looked After Children regarding kinship care. This has improved the awareness and skills of staff in dealing with kinship carers.
- 3.12.6 Kinship carers are subject to the national minimum standards for foster care (Appendix 3). The purpose of these standards is to focus on "securing positive welfare, health and education outcomes for children and young people and reducing risks to their welfare and safety".
- 3.12.7 Towards the end of the scrutiny review, CSCI advised the Social Care and Health Directorate that the Kinship Taskforce would be coming to Birmingham to scrutinise Birmingham's processes for kinship carers and assist in the formulation and implementation of an improved service. The Kinship Taskforce is providing the Directorate with assistance to ensure that it has the correct policies and procedures in place to govern our kinship placements. The taskforce will provide feedback to the Directorate which will help identify and consolidate good practice across the City. The Committee will receive further reports on the taskforce's findings.



Review Process for Looked After Children

4: Conclusion and Recommendations

- 4.1.1 Looked After Children and young people must receive a good quality service from Social Care and Health and their partners to ensure they reach their full potential.
- 4.1.2 The Committee was pleased to note that the Department has responded to the comments made by the SSI in their last two inspections and have taken action to address areas of weakness. This has resulted in improvements to the service provided to Looked After Children. However there remains room for further improvement within Social Care and Health.
- 4.1.3 Reviews serve an important role in ensuring that Looked After Children's needs are met. They provide an opportunity to monitor the child's situation and to put in place any support arrangements that are required.
- 4.1.4 Looked After Children and young people who were consulted made suggestions for improvement including better communication between professionals and themselves.
- 4.1.5 Whilst there are examples of good practice in inter-agency collaboration there is scope for improving and strengthening relationships.
- 4.1.6 Looked After Children need to be assured that arrangements to support them when they leave care are robust; in particular that their accommodation needs are met.
- 4.1.7 Kinship (friends and family) care remains an area of concern and the Committee are keen to further explore this area and identify service improvements.
- 4.1.8 Additional information received after the Committee had drawn its conclusions is set out in the Appendix 7.



Review Process for Looked After Children

	Recommendation	Responsibility	Completion Date
	INFORMATION SYSTEMS		
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. A progress report is to be submitted to the Social Care Overview and Scrutiny Committee outlining improvements.	Cabinet Member, Social Care and Health	June 2005
	HEALTH		
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.	Cabinet Member, Social Care and Health	June 2005
R3	That an annual report about the specialist health team for Looked After Children is produced and includes an action plan for service improvement.	Cabinet Member, Social Care and Health Specialist Health Team for Looked After Children	June 2005
	PARTNERSHIP WORKING		
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. BFCFA and Social Care.	Cabinet Member, Social Care and Health	June 2005
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.	Cabinet Member, Social Care and Health Cabinet Member, Education and Lifelong Learning	January 2005
R6	To further develop the working relationship between Social Care and Health and the Youth Offending Service. This includes exploring access to and sharing of information and allocation.	Cabinet Member, Social Care and Health	June 2005



Review Process for Looked After Children

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 timely reviews	Cabinet Member, Social Care and Health	June 2005
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REVIEW PROCESSES

R8	The Looked After Children review process will be scrutinised as part of the quality assurance framework and monitored in area performance boards.	Cabinet Member, Social Care and Health	January 2005
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THE VIEWS OF LOOKED AFTER CHILDREN AND YOUNG PEOPLE

R9	That the Social Care Overview and Scrutiny Committee receive a further report from the Birmingham Children's Rights and Engagement Service in twelve month's time in respect of the reviewing process.	Cabinet Member, Social Care and Health	January 2006
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ACCOMMODATION

R10	That further work is undertaken with the Housing Department to explore the accommodation options available to Looked After Children; including the effectiveness of the draft accommodation protocol for Looked After Children.	Cabinet Member, Social Care and Health Cabinet Member for Housing	June 2005
R11	That the Housing Department and the Social Care and Health Directorate must explore whether Looked After young people should be reclassified as the highest priority for accommodation	Cabinet Member for Housing Cabinet Member, Social Care and Health	March 2005

KINSHIP CARE (Friends and Family Care)

R12	That the Social Care Overview and Scrutiny Committee receive a report following the Kinship Taskforce intervention to inform future actions and changes to practice.	Cabinet Member, Social Care and Health	February 2005
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Review Process for Looked After Children

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



Review Process for Looked After Children

5: Appendices

Appendix 1: Terms of Reference

A: Subject of review:	The Reviewing Process for Children Looked After
B: Reason for review:	SSI performance criticisms of Childrens Services in 2001 and the Government Star ratings
C: Objectives of review, including outcomes:	- To achieve a more effective, timely and efficient service according to the DOH guidelines - Identify any gaps and shortfalls with proposals to improve service outcome - That the reviewing process ensures the child's interests and best possible life chances are better served/achieved
D: Lead Officer:	Carol Douch, Head of Child Protection Yvette Waide, Head of Service, HOB Children
E: Council departments expected to contribute:	Education, Sport and Leisure, Housing, and Social Care and Health
F: External organisations expected to contribute:	- Health Services - Birmingham Foster Care Association - Rights of the Child Group
G: Estimated number of working days required for review:	Members: Cllrs Sue Anderson, Len Clark, Jerry Evans, Margaret Byrne and Margaret Sutton Officers:
H: Anticipated completion date: To Committee:	March 2004
I: Anticipated call on Special Scrutiny Budget:	

Signed: _____

Councillor Sue Anderson
Chair, Overview and Scrutiny Committee for Social Care



Review Process for Looked After Children

Appendix 2: Corporate Parenting Strategy

Corporate Parenting Pledge Quality Protects to all Looked After Children

Corporate Parenting pledge Quality Protects to all looked after children.

THIS IS OUR PLEDGE

We are committed to providing you with the best services that are available in Birmingham.



We want you to have the opportunities to:



- Be as physically and mentally healthy as possible.
- Have good quality education.
- Live in a safe environment and be protected from harm.
- Feel loved and valued and have a support network.
- Learn the skills of living independently as you move to adulthood.
- Have a positive image of yourself and your race and culture and maintain links with your community.
- Feel confident in social settings with other people.

We are making a pledge to you to do all in our power to seek to achieve those opportunities for you.

In particular we will:

- Ensure you have regular health and dental checks.
- Give you, and your primary carer, free or reduced cost



Review Process for Looked After Children

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 resources 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 decisions 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.



Review Process for Looked After Children

Appendix 3: National Minimum Standards for Fostering Services

The national minimum standards for fostering services were issued by the Secretary of State. They are 'minimum' standards rather than 'best possible' practice. The standards cover a wide range of issues relating to services to Looked after Children.

National Minimum Standard - Standard 1

There is a clear statement of the aims and objectives of the fostering service and of what facilities and services they provide.

National Minimum Standard - Standard 2

The people involved in carrying on and managing the fostering service possess the necessary business and management skills and financial expertise to manage the work efficiently and effectively and have the necessary knowledge and experience of child care and fostering to do so in a professional manner.

National Minimum Standard - Standard 3

Any persons carrying on or managing the fostering service are suitable people to run a business concerned with safeguarding and promoting the welfare of children.

National Minimum Standard - Standard 4

There are clear procedures for monitoring and controlling the activities of the fostering service and ensuring quality performance.

National Minimum Standard - Standard 5

The fostering service is managed effectively and efficiently.

National Minimum Standard - Standard 6

The fostering service makes available foster carers who provide a safe, healthy and nurturing environment.

National Minimum Standard - Standard 7

The fostering service ensures that children and young people, and their families, are provided with foster care services which value diversity and promote equality.

National Minimum Standard - Standard 8

Local authority fostering services, and voluntary agencies placing children in their own right, ensure that each child or young person placed in foster care is carefully matched with a carer capable of meeting her/his assessed needs. For agencies



Review Process for Looked After Children

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.



Review Process for Looked After Children

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.



Review Process for Looked After Children

National Minimum Standard - Standard 27

The agency ensures it is financially viable at all times and has sufficient financial resources to fulfil its obligations.

National Minimum Standard - Standard 28

The financial processes/systems of the agency are properly operated and maintained in accordance with sound and appropriate accounting standards and practice.

National Minimum Standard - Standard 29

Each foster carer receives an allowance and agreed expenses, which cover the full cost of caring for each child or young person placed with him or her. Payments are made promptly and at the agreed time. Allowances and fees are reviewed annually.

National Minimum Standard - Standard 30

Fostering panels have clear written policies and procedures, which are implemented in practice, about the handling of their functions.

National Minimum Standard - Standard 31

Where a fostering service provides short-term breaks for children in foster care, they have policies and procedures, implemented in practice, to meet the particular needs of children receiving short-term breaks.

National Minimum Standard - Standard 32

These standards are all relevant to carers who are family and friends of the child, but there is recognition of the particular relationship and position of family and friends carers.



Review Process for Looked After Children

Appendix 4: Background Papers

- Inspection of Children's Services – Birmingham City Council (SSI July 2003)
- Corporate Parenting Pledge (Birmingham City Council)
- "Listen to the voices of the looked after children in Birmingham" (Birmingham Children's Rights and Engagement Service 2004)
- Adoption and Children Act (2002)
- Children (Leaving Care) Act 2000
- National Minimum Standards for Fostering Services (DOH, 2002)
- In Care – Guidance on the Education of Young People – (DOH, 2000)
- Draft protocol for the accommodation for Looked After Children (Birmingham Youth Offending Service, Birmingham 16 Plus Care Leavers Service and Birmingham Housing Department – 2004)
- Scrutiny Report – The Education and Health of Looked After Children (2003)
- Scrutiny Report – Information for Social Care (2004)
- National Judicial Case Management Protocol (DOH, 2004)



Review Process for Looked After Children

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



Review Process for Looked After Children

and life chances. Increasingly this means that only those children with the most complex or challenging needs are accommodated within children's homes and puts the emphasis on the training of the staff and the provision of support.

2.0 Project Progress

2.1 The Project Manager has been working on the further development of the residential estate since April 2004 and full time from the 7th of September 2004. A full time Project Asst has worked on the project from 26th of July and a part time Accountant since the 10th August 2004 both staff are employed via an agency. A Contracting Officer has been engaged via an agency on a part time basis from the 13th September 2004.

Four components of the project were identified:

2.2 **Preparatory work** - was required, this included the calculation of the revenue budget required to operate the new estate as outlined 5th January 2004, a review of available data on the unit costs of residential care and the testing of a number of evidence based assumptions. Most notable of these assumptions was the degree of equivalence between the external placements used and internal provision, "Are we comparing Apples and Pears?" The local research that informed the initial plan identified that 40% or more of the children in external residential could have been accommodated in Birmingham i.e. the placement of these children in external accommodation was a capacity issue.

Progress thus far:

- An outline revenue cost has been calculated for the estate described in the report of the 5th of January 2004.
- Published unit costs have been reviewed – it is likely that these do not represent the full cost for the provision of Children's Homes and therefore cannot be used to compare the cost of internal and independently provided provision. Work has begun with the managers of our own homes, with a manager in the independent sector and with other local authorities to identify a more representative unit cost. The intention to produce a figure that can be used to assess the value offered by any arrangements with independent providers and to achieve 'Best Value'.
- A review of the equivalence of placements indicates a change from the work in previous years – the overwhelming majority of social workers sampled reported that the children's needs could not be met internally. This may be a function of the better assessment of children's needs or the increased scrutiny placed on requests for accommodation rather than any change in the nature of the children. More detailed work is required. Dartington Research have been contacted and a needs analysis in respect of residential care is proposed. A neighbouring authority has expressed an interest in being involved – this would allow the Directorate to test local assumptions compare with others facing similar problems albeit on a smaller scale. The target date for completion is January 2005 – this work



Review Process for Looked After Children

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 Residential Estate within the over arching commissioning strategy.
- The devolution of the management responsibility of the Children's Homes means that more work has to be done within the Area's in respect of identifying local need and the revenue implications of development. This work has begun.
- Links with other Council Departments, agencies and other local authorities have been made in order to progress the project.

2.3 Replacement Programme – The replacement programme has continued – with a view that larger homes will form a substantial part of the capacity of the estate. Seven homes were identified as not meeting the national standards in 2000, a bid to the single capital pot in 2001 resulted in capital to replace five homes.

Progress thus far:

- One new home has been completed Viscount Drive has been replaced St Athans Croft.
- Two further replacements are due to be completed in October 04- one replaces Fairfield Children's Home and the other offers additional respite care for disabled children.
- Two homes 36 Millmead and South Acre have become operational this year following refurbishment.
- Two sites were identified one as early as 2001 for the other homes. However Fox Hollies School was 'lost' to be used for a Children's Centre and a site in Edgbaston was not used following advice from the Police and Members.
- Sites are being sought for the fourth and fifth homes, one site currently in the process of being declared surplus appears promising.

2.4 Prudential Borrowing – two projects have been begun in respect of the expansion of the estate.

- Reynoldstown Rd – a Disabled Children's Home that did not meet standards- and was therefore closed - will be refurbished as a four bedded children's home. The intention is to have the home operational in June 2005.
- 52 Millmead Rd a home that was deemed unfit by the CSCI is being refurbished to offer four additional children's beds, it will form part of a dual site children's home. This is subject to registration – the response from the CSCI has been very promising.



Review Process for Looked After Children

- An additional home will be built in the Heart of Birmingham area – subject to a site proving suitable- an outline design has been prepared. Completion is expected in January 2006.

Whilst work is underway in respect of the needs analysis, as outlined above, sites have been sought, routes of procurement explored and colleagues in other Departments identified who could assist.

- 31 sites identified by either EDD or regeneration initiatives have been visited and a shortlist of five drawn up. Interest in these sites has been registered with EDD.
- Additional sites have been sought from Housing Associations and the construction companies that are strategic partners with the City Council.
- The sites of redundant homes are being assessed for their potential for refurbishment or demolition/ re-build.
- Colleagues in Housing have been contacted and the potential to include Children's homes in the larger regeneration initiatives discussed. This gives the City Council the benefit of economies of scales (the Children's homes forms part of a larger contract including domestic dwellings) and ensures that the Children's home is consistent with its environs and reduces the likelihood of situational problems.
- Application has been made to have Children's Homes included within Birmingham's Housing Strategy. This ought to make the inclusion of Children's Homes within regeneration schemes easier.
- Discussions have taken place with the Commission for Social Care Inspection regarding the freedoms that the Directorate might use in smaller homes. In respect of staffing levels, kitchen design and managerial arrangements.
- The residents and staff in new and recently refurbished homes have been consulted regarding their opinion of their homes/ workplace so that this can inform future design. In general feedback has been positive.

2.5 Tendering - soft marketing was undertaken in conjunction with Deloitte and Touche as part of the PIP. This work identified the potential of independent providers setting up within Birmingham and reducing charges on the basis of longer term contracts.

- The Directorate has worked closely with colleagues in Corporate Procurement and has placed adverts for expressions of interest in the provision of homes within Birmingham, included within that expression of interest is a willingness to adopt the principles of partnering including open book accounting.



Review Process for Looked After Children

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 revenue projections.
- 3.2 Sites – The sites have proved difficult to obtain – contact with the Surplus Properties Working Group over the last few months has begun to identify some potential site and very recently colleagues in Housing have assisted.



Review Process for Looked After Children

Appendix 6: A Care Pathway for the Health of Looked After Children

The following are excerpts taken from the Care Pathway documents

Introduction and Background

It is well known that looked after children have undiagnosed and unmet health needs. Some of these can be common health problems such as asthma, bedwetting, eczema or acne. Often routine health services such as child health surveillance, immunisations, optician and dental checks are incomplete.

There are also more complex health issues such as undiagnosed disability, significant mental health issues and inherited disease that need to be identified. In order to maximise the health potential of looked after children and young people a holistic view of health must be taken.

This care 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 and that comprehensive health procedures are in place.



Review Process for Looked After Children

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.

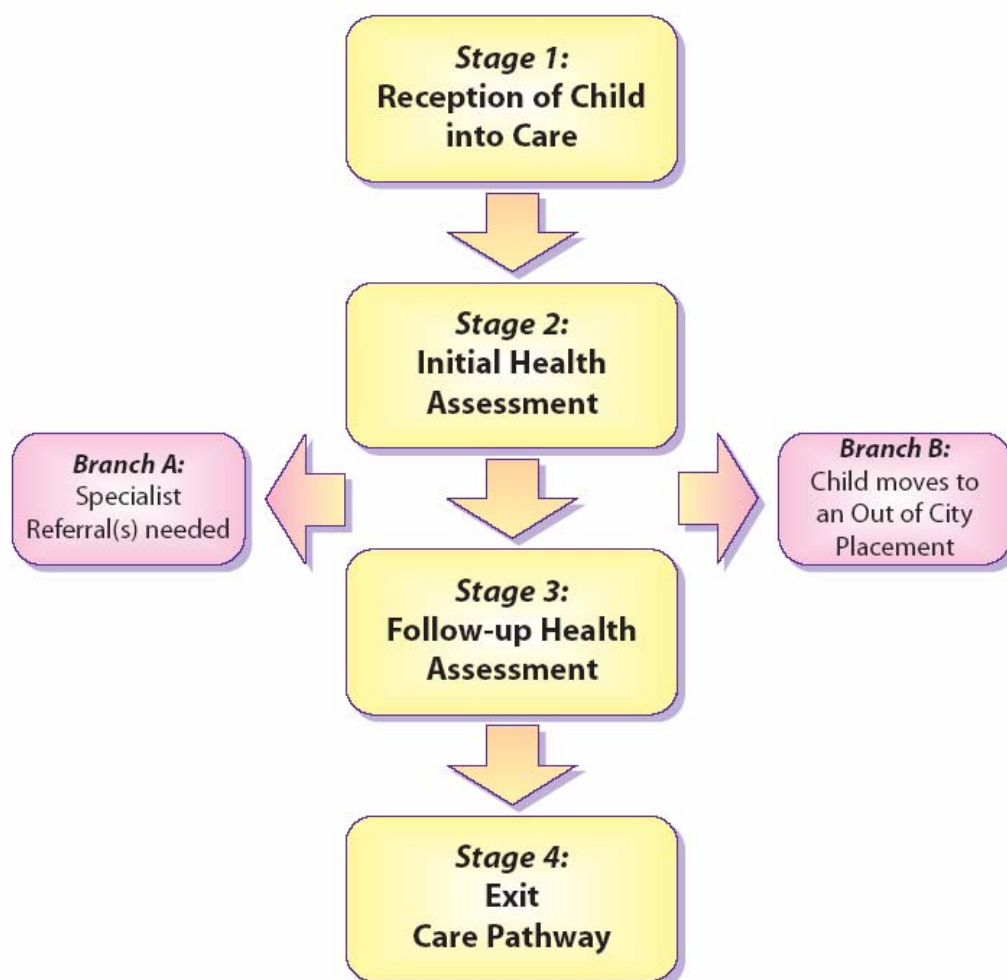
Key Minimum standards:

- 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



Review Process for Looked After Children

Care Pathway Process Map



Four stages form the core of the Care Pathway Process Map with two possible 'branches' off it.

Each stage is then broken down into 'mini process maps' providing detailed information relating to each stage. Following the map for each stage is a list of good practice points which, although not essential, have been agreed as adding to the improvement of services. The two 'branches' are treated in the same way.

The actions which are essential to the Care Pathway are listed in the documentation record for each Looked After Child or Young Person.



Review Process for Looked After Children

Appendix 7: Progress update

The following information was provided to the Social Care O&S Committee after it had concluded its deliberations and provides update on issues covered in the report.

Tripartite Protocol

A tripartite working protocol is in place between Social Care, Health and Education and Lifelong Learning for funding appropriate placements for Looked After Children with specific needs. Tripartite panels are in place in all quadrant areas made up of representatives of all three agencies.

Looked After Children, permanently excluded from school

On the last OC2 (statutory return to the Department of Health) for 2002/3 there were 16 Looked After Children who were permanently excluded. The Behaviour Support Service provides full time education for all permanently excluded children and gives highest priority to Looked After Children. To try to address the issue of Looked After Children without school places, the LACES team have allocated a member of their outreach team to every school and residential unit to help with the reintegration of children into appropriate provision. The Firsbrook Centre, run by LACES opened at the beginning of October 2004, to address the needs of LAC without school places and to assist with their re-integration. Any Looked After Child without a school place will be able to access full time education.

Implementation of recommendations of the scrutiny review: Health and Education of Looked After Children. Completed July 2003.

Educational aspects of Recommendations 12, 13 and 14 of the above review have been monitored by the Education and Lifelong Learning Scrutiny Committee. Some progress has been made in areas such as the development of IT systems and databases and more joint working between departments.

Draft Accommodation Protocol

A draft Accommodation Protocol has been developed. The aims of the protocol are to ensure that young people are supported to make the transition to more independent accommodation smoothly without recourse to homelessness. A Single Homelessness Manager has been employed, for a pilot period, to co-ordinate referrals and casework.

Supporting People Programme

The Housing Department in conjunction with other stakeholders and partners is reviewing the requirement and quality of supported accommodation for a wide range of vulnerable groups as part of the Supporting People Programme. Young people leaving care are specifically identified within this programme and the schemes provided for this group



Review Process for Looked After Children

are valued and utilised by the Care Leavers' Teams.

Housing Allocations Policy

The Housing Department's Allocations Policy has recently been reviewed. From January 2005, the policy will operate on the basis of bands rather than points. Looked After young people have been assigned to a Band B level of priority. This is the second highest Band within the new policy and is the Band that Homeless Households are placed within.

Band A is currently reserved for those who have an urgent or pressing need to move, such as vulnerable witnesses to crime defined by the police or those living in properties on which a closing or demolition order has been served. The impact of the revised policy on different priority groups is to be reviewed after approximately 12 months of operation.