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| Social **Work:**  Our **Story** |
| **March 2015** |
| This report is part of the continuous internal self assessment process, linked to the Ofsted Inspection Framework but primarily designed to support the development and strengthening of Children’s Social Work in Brighton & Hove. It will be continually reviewed and updated. |

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**1. Purpose**

This report is part of the continuous internal self assessment process, linked to the Ofsted Inspection Framework but primarily designed to support the development and strengthening of Children’s Social Work in Brighton & Hove.

It outlines the progress we are making with key business plan targets including workforce development (in particular the transformation of social work programme), the Child’s Journey and Performing Well.

It is also an opportunity to highlight some of the key initiatives that are currently underway to improve the way we work together to safeguard children and young people in Brighton & Hove such as the Early Help Strategy, and the Multi Agency Safeguarding Hub (MASH).

**2. General Background Information about the Local Authority**

**2.1 Children Living in Brighton & Hove**

* The total population of Brighton & Hove from the 2011 Census is 273,369
* There are 50,500 children and young people aged 0-17 in Brighton & Hove[[1]](#footnote-1)
* Approximately 19.6% of the local authority’s children are living in poverty, Source: Q3 2013-14 B&H Children’s Services DMT Key Performance Indicator Report
* The proportion of children entitled to free school meals in primary schools is 15.5% (national actual percentage is 18.1%) Source: School Census Data Jan 2014 (includes Academies)
* The proportion of children entitled to free school meals in secondary schools is 14.6% (national actual percentage is 15.1) Source: School Census Data Jan 2014 (includes Academies)
* Children and young people from minority ethnic groups account for 21% of all children living in the area, compared with 21.5% in the country as a whole, Source: 2011 Census.
* The largest minority ethnic groups of children and young people in the area are Any Other White Background (4.1%) and White and Asian 2.9%, Source: 2011 Census
* The percentage of under 18s in the city who are not White British has risen from

11.4% in 2001 to 21% in 2011.

* The proportion of children and young people with English as an additional language:
  + in primary schools is 12% (the national actual percentage is 18.1%) Source: School Census Data Jan 2014 (includes Academies)
  + in secondary schools is 10.3% (the national actual percentage is 13.6%) Source: School Census Data Jan 2014 (includes Academies)

**2.2 Child Protection in Brighton & Hove**

* + - At 31 Dec 2014, there were 2,327 cases open to Children’s Social Work. This represents 4.6% of the 0-17 population. Nationally, 3.5% of the 0-17 population were a Child In Need as at 31st March 2014.
    - 790 children required a Child in Need Plan as at 31st December 2014. Comparator data on CIN Plans is not available.
    - There were 308 children subject of a Child Protection Plan as at 31st Dec 2014. This represents 0.61% of the 0-17 population. Nationally, 0.42% of the 0-17 population were subject of a Child Protection Plan as at 31st March 2014.
    - Three in ten children (30 per cent) who were subject of a Child Protection Plan in December 2014 were not White UK/British. This means that there are more BME children with CP Plans in place than we would expect based on the ethnic profile of children aged under 18 in the city at the time of the 2011 census, when 21% were not White UK/British.
    - At 31 March 2014, 17 children were living in a Private Fostering Arrangement. This is an increase from 7 at 31 March 2013.

**2.3 Children in Care**

* At 31 December 2014, there were 476 children looked after by the Local Authority. This represents 0.94% of the 0-17 population compared to 0.6% nationally.
* 56% of children are placed outside of Brighton & Hove[[2]](#footnote-2)
* 13.3% of children are placed more than 20 miles
* 7.6% are placed outside of Sussex. Note: In addition, 6.3% children are placed for adoption but we don’t record the placement for these cases.
* 35 children live in residential children’s homes, of whom 94% live out of the authority area (11.4% outside of Sussex)
* 7 children live in residential special schools, of whom 100% live out of the authority area (43% outside of Sussex)
* 379 children live with foster families, of whom 57.3% live out of the authority area (6.3% outside of Sussex)
* 12 children live with parents, of whom 16.7% live out of the authority area (8.3% outside of Sussex).
* 7 children are unaccompanied asylum-seeking children
* In the year ending 31st December 2014 there were:
  + 47 children adopted
    - 17 children ceasing to be looked after through becoming subject of a special guardianship order (SGO)
* 183 children have ceased to be looked after
* There were **156** missing episodes between 6th November 2014 and 5th February 2015, with 67 children going missing during that period. 112 missing episodes relate to children looked after.
* There are **14** Red Op Kite cases as at April 2015 (note: Red Op Kite is the multi agency approach to reporting and identification of children and young people who are at risk of CSE across East and West Sussex and Brighton & Hove) and a further 35 cases RAG rated Amber, which means they are of significant concern.
  1. **Rates of children with child protection plans and children in care in relation to**

**deprivation and other determinants**

Brighton & Hove has high rates of children with child protection plans (and children in care). In order to understand this it is important to consider where the city lies in relation to deprivation and other key determinants of children in need identified as:

- Substance misuse (drugs and alcohol misuse)

- Domestic violence

- Parental mental health and

- Parental learning disability

It is important to consider the determinants at population level and not just in relation to parents of children already with child protection plans or in care since it is the underlying risks within the city which will influence this. Therefore some of the indicators may appear odd in relation to child protection and children in care but are strong population level indicators.

The context across Brighton & Hove, taken from the Joint Strategic Needs Assessment (JSNA) or other sources where indicated, is considered for each of the identified factors. Then, where available, appropriate indicators published for all local authorities were identified.

Of the 121 local authorities included in the analysis, Brighton & Hove was ranked 18th worst for the average rank of children with child protection plans and children in care, an improvement from 7th worse in 2012 and 5th worst in 2011. However, the average weight rank for Brighton & Hove in terms of deprivation and other contextual factors was 31st of 124 authorities. This is within the top three authorities, unlike the analysis in 2011 when Brighton & Hove was outside the top three local authorities for contextual variables. If we look at the correlation between the two ranks, it can be seen that authorities with higher deprivation/population risk factors tend to have a higher rate of child protection plans/children in care, Brighton & Hove Public Health Report, Oct 2013.

**3. Brighton & Hove Children’s Services Aspiration**

Brighton & Hove is working hard to achieve the Children’s Service aspiration that: We want to ensure that all of our children and young people have the best possible start in life, so that they grow up happy, healthy and safe with the opportunity to fulfil their own potential. This means all children and young people in the city have access to high quality education and the right to a nurturing family, learning and social environment that will provide them with knowledge, experiences and skills to secure employment and be active and responsible citizens.

In all that we do with children, families and staff we ascribe to the values articulated across the authority which declare the commitment to collaboration, respect openness, efficiency, creativity and , of course citizen/client/customer focus. We are committed to a multiagency approach across all agencies involved in delivering services to children.

**4. Rethinking Children’s Social Work**

The DfE Children’s Services Innovation Programme, published Feb 2014 seeks to support the development of more effective ways of supporting children who need help from children’s social care services. One of the focus areas for the Innovation Programme is Rethinking Children’s Social Work which recognises that;

*….whilst the level of social complexity that Social Workers are expected to manage and master is huge, the way that social work is organised and delivered can reduce the time that Social Workers have to work directly with families, reflect on their work and develop their skills and knowledge of the evidence, DfE Feb 2014.*

Rethinking Children’s Social Work raises a number of fundamental questions;

*-* How do we want our Social Workers and other professionals to help children and families with the highest levels of need and risk?

- What are we asking practitioners to achieve?

- And what kind of environment would enable them to achieve this?

Finally, it asks whether there are alternative practice models that can better support Social Workers to develop their skills, to do the work they came into social work to do and to be more effective in their work with children and families.

In Brighton & Hove, we have taken the ambition of Rethinking Children’s Social Work and applied this to our business planning for workforce development (below);

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| ***Business Plan Target*** | ***Actions*** |
| Workforce Development | * To ensure all staff throughout the service have the skills to deliver to their role |
| * Continue with the transformation of social work programme |
| * Management staff to participate in Leadership training |
| * Programme to be developed to work to issues raised by a) staff survey b) sickness statistics |
| * Continue to develop peer support and development programmes and create system for new staff |
| * Ensure every new staff member and any staff member moving into a new role receives induction and development training |
| * Ensure business support staff have development training |
|  |

***5. Transformation of Social Work Programme***

One of the key actions of workforce development is to continue with the transformation of social work programme and in June 2013 we appointed a Principal Social Worker for Children & Families to lead the work on improving social work practice although due to her recent retirement the post is currently vacant.

Over the last year, there have been a number of developments to improve social work practice and bring about cultural change. This includes work with front line Social Workers to articulate a new vision of excellent social work practice in Brighton & Hove (below) which is in complete accord with the DfE’s Rethinking of Social Work Practice

- To be people focussed not system focussed

- To be flexible, innovative & creative,

- To have space & time to reflect

- To work closely with all professionals involved and create shared outcomes for the child and family

* To value the relationships Social Workers build up with families to have continuity of social work through the child and family journey

- To have trust in autonomous, knowledgeable, emotionally aware practitioners

- To be solution focused

- To comfortably hold tensions and manage risk

- To feel valued within the organisation

- To have the time to support and plan effectively with families

- To be outcome and impact focussed

Other developments include the following;

- *Engagement and involvement of front line staff* in the development of the service through the establishment of a number of Reference Groups. The groups meet bi monthly and representatives meet with the Senior Social Work Management team on a quarterly basis.

- *Reflective practice, coaching and supervision:* The launch of a new Social Work Supervision Policy that fits within a re launched whole service policy for all Children’s Services staff alongside a new training programme. A coaching ethos is built into the supervision policy to enhance reflection, analysis and problem solving, equipping managers to challenge and performance manage whilst maintaining supportive connection, increasing congruence between management support and social work practice.

- *Workforce development:*

* A successful and well received The Assessed and Supported Year in Employment (ASYE) to assist newly qualified Social Workers (NQSWs) has been introduced.
* The CPD offer and mandatory training for social work staff are being reviewed jointly with Adult Social Care
* A Social Work CPD group has been established jointly with the Principal Social Worker for Adults in Brighton & Hove which will include training specific to new developments such as the MASH and Early Help Hub.
* Training for managers on the Professional Capability Framework (PCF) is being planned for the summer to ensure ownership, engagement and embedding of the PCF across the service.
* Strong links have been established with the Universities through the Surrey and Sussex Social Work Education Group (SWEG).
* The social work transformation training programme has led to a new approach using dedicated and specialist posts such as Parenting Practitioners, DV and Substance Misuse specialists.

- T*eam and Peer support* models are being reviewed with consideration given to creating team hubs, strengthening team meetings, and ensuring group supervision is available to all Social Workers. Front line practitioners have suggested some creative practice models which we are looking to pilot such as dual working- pairing up Social Workers to provide peer support, cover and joint working on the most complex cases.

- *Model of Practice:* We are continuing to refine and articulate our model of Practice in line with the values and principles of the service. The purpose of this work is to ensure all staff and managers share a common understanding of 'what good looks like.' In order to do this effectively we will assess our understanding of current practice, processes and culture and through best practice sessions will involve staff and managers looking at the child’s journey from start to finish. Through these events we will all know what needs to change and what practice we should all be using. Please see the [Model of Practice Update page on the CS Webpage](http://wave.brighton-hove.gov.uk/ourcouncil/ChildrensServices/Pages/modelofpractice.aspx)

and the ‘**Social Work: Our Vision Supporting Safe and Stable Family Lives: The Right Child in the Right Place at the Right Time’** for an update on the progress we have made on the Model of Practice.

- *Celebrate Excellent Social Work Practice:* We will celebrate excellent social work practice in Brighton & Hove, modelling a positive, strength based approach, supported by our corporate membership of the College of Social Work and our recent staff conference.

**6. Our Workforce**

**6.1 Recruitment & retention**

Currently the council has sufficient numbers of qualified Social Workers with relatively low numbers of agency Social Workers. The recruitment of Newly Qualified Social Workers (NQSW’s) from local universities is highly competitive and their induction is comprehensive.

23% of the total case holding workforce are NQSWs and ASYEs.

Traditionally the retention of Social Workers has been good in Brighton & Hove but we have seen some changes in workforce stability over the last year which has affected some teams, with particular difficulties in the recruitment of some front line management posts. We are keen to improve the retention and recruitment of external candidates and experienced Social Workers. A market supplement was agreed for Practice Managers whilst we undertook further detailed work on roles as part of job families changes within Brighton & Hove City Council. To assist this we have established a short life workforce group chaired by the Assistant Director for Children’s Health, Safeguarding & Care with the Principal Social Worker, Head of Coaching & Advice, HR and Head of Workforce Development with representatives from all levels of social work to inform future proposals in relation to recruitment and retention. We are also responding to key issues Social Workers have raised in relation to flexible working and ICT with provision of laptops for every social worker.

**6.2 Workloads**

Fair and contained workloads are crucial to enable Social Workers to do their job well. Brighton & Hove aspires to a caseload for Social Workers which is line with the national trend[[3]](#footnote-3) of 17 children per FTE children’s social worker.

In discussion with Team and Practice Managers, we have agreed approximate caseloads for each area of work, based on children and the number of families. The principle being that more families create more stories to learn and work to. These caseloads are as follows;

Assessment Service 20-22

CIN 17-19

CP 15-17

Court Work 15-17

CIC 20-22

In addition to numbers of children and families our formula also includes case complexity, travel time and worker experience. We expect newly qualified Social Workers (NQSW’s) to start with half a case load building to at least three quarters over the first year.

***7. The Child’s Journey: Services for Children in Need of Help & Protection***

**7.1 Early Help**

In Brighton & Hove we believe that Early Help supports the widespread recognition that it is better to identify and deal with problems early rather than respond when difficulties have become acute and demand action by services which often are less effective and more expensive. The Early Help Partnership Strategy 2013 – 2017 sets out clearly what we plan to do, and how we intend to work, with an increasing emphasis on the value of Early Help.

We have also made it clear how we will work, using the Early Help Assessment as a tool to support the planning and delivery of appropriate intervention. In addition, an area for Early Help to address is our work around step down support for CP Plan cases as data suggests that a small number of children return onto CP plans within 12 months.

**7.2 The Early Help Hub (EHH)**

We have restructured how we coordinate support for children and families that don’t meet the threshold for a social work intervention or where professionals feel that an intervention should happen at an earlier stage.

Previously there were a range of different responses, teams and places that professionals working with children, young people and families could go to for advice and support.

Now, if professionals and the young person or family they are working with feel that they need more help than is currently being provided, they can complete a Early Help Referral Form[[4]](#footnote-4) and send it to the Early Help Support Team.

There are three teams in the EHH working together to deal with enquiries and referrals:

*The Support Team:* The Support Team will take enquiries from practitioners and either deal with the enquiry themselves or pass it on to a colleague in another part of the Hub. They will recommend when a referral should be made to Early Help and manage the administration of all referrals that come in.

*The Early Help Engagement Team:* The Early Help Engagement Team will assess all of the families that are ‘stepped down’ (previously known as re-directed) by Social Work to Early Help. This team will be the interface between Social Work and the Early Help Hub including ‘step up’ discussions.

*The Family Mentoring Team:* The Family Mentoring Team will offer mentoring, advice, guidance and support to professionals on all aspects of Early Help. They will have some limited involvement with families and processes such as Team Around the Family (TAF) meetings.

7.2.1 Children’s Social Work and the EHH working together

To ensure that our services are as joined up as possible, the MASH will pass to the EHH any referrals to the MASH that don’t meet the threshold for Social Work. This does not mean that help is not required, it means that the services best placed to provide help are within universal or early help provision rather than Social Work.

The Early Help Engagement Team sits alongside Social Work and will assess all of the families that are ‘stepped down’ (previously known as re-directed) by Social Work to Early Help. This team will operate as the interface between Social Work and the Early Help Hub and will make decisions on the action/intervention that is required and by whom either within the EHH itself or by partners. This also includes assessing and deciding when families are ‘stepped up’ to MASH. The team will provide short term focused interventions / tasks when appropriate.

7.2.2 Early Help Family Assessments

From 1 September 2014 the Family CAF was replaced by a single Early Help Family Assessment. The Early Help Family Assessment form consists of two sections.

The first section will hold basic information about the family as follows;

* the key difficulties for the child/young person/family,
* the professionals supporting the child/young person/family
* indicators of risk
* the views of the child/young person/family and professionals
* the signed consent of family members.

To save on time this section can also be used as the referral to the Early Help Hub.

The second section of the assessment considers the strengths and difficulties across the whole family in much more detail.

The CAF Plan and Review have also been replaced by an Early Help Plan & Review.

For further information please go to the [Early Help Webpage](http://www.brighton-hove.gov.uk/content/children-and-education/childrens-services/early-help)

**7.3 Inter Agency Threshold Criteria for Children in Need**

The Inter-Agency Threshold Criteria for Children in Need provides a framework for professionals and service users, to clarify the circumstances in which to

refer a child to a specific agency to address an individual need, to carry out an Early Help Assessment or refer to Children’s Social Work. The threshold guide can be viewed [here](http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/BHCC%20Children%27s%20Services%20Threshold%20Document%202014_0.pdf).

**7.4 MASH**

The failure of agencies to work together effectively to safeguard children and young people has been highlighted in numerous serious case reviews of child protection cases. In response to these concerns and to make children safer in Brighton & Hove, the Local Safeguarding Children’s Board and the Council’s Children’s Services Committee proposed the establishment of a Multi-Agency Safeguarding Hub (MASH) which co-locates key agencies and their data into a secure assessment, research and referral unit for notifications regarding vulnerable children, young people and adults.

Brighton & Hove MASH launched on 1 September 2014. The team consists of a multi agency co-located screening service, based at Woodingdean with a team of Social Work Assessment staff. Input into this service is provided from Sussex Police, Education, Youth Offending, Early Help and are soon to be joined on site by Health colleagues.

Staff in the MASH work as partners together to jointly assess and decide upon an appropriate course of action dependent upon a shared risk grading, regarding the level of need identified for a child and their family.

The MASH has the ability to review information on a range of databases from key partners and decide upon the levels of information sharing required for each case, relative to matters related to safeguarding.

The benefits of the MASH are as follows;

- A standard risk assessment and decision making process leads to consistency and clarity of decision making

- A reduced risk of information being overlooked as all agency information relevant to each child/family is identified and therefore needs are fully assessed

- The most appropriate agency to meet the child’s needs can be identified reducing unnecessary referrals

- Effective interventions can be accessed at an early stage to prevent needs escalating

- Information in the MASH is kept confidential and only disclosed on a ‘need to know’ basis.

- MASH performance is research based and can be monitored and evaluated

- A reduction in inappropriate referrals to children’s Social Work services

**7.5 Integration with Children’s Health Community Services**

Health visitors lead an integrated, citywide Children’s Centre service and work in partnership with Social Workers. Health visitors attend child protection conferences and core groups and lead on actions for children under 5 using a directory of evidenced based interventions. Information about all Children in Need is shared with Children’s Centres to ensure services are focussed on these families. Children’s Centres fund respite childcare places for children under two.

Health Visitors are the lead professional for children under 5. Children’s Centres also provide a wide range of universal and early help services including parenting programmes (Triple P and Protective Behaviours). There is a citywide Family Nurse Partnership for teenage parents based in the Roundabout Children’s Centre.

School nurses also attend child protection conferences. Work is underway to ensure that health needs and actions are clearly defined to ensure that School Nurse time is used effectively allowing the School Nurses to increase their early help work.

The Named Nurse provides regular safeguarding supervision to health visitor and school nurse managers which equips the managers to adequately supervise senior School Nurses and Health Visitors who in turn supervise the rest of the team. The Named Nurse is also available for any ad hoc advice if required.

We also have an integrated child development and Disability service which incorporates the Children’s disability social work service with a range of health teams including paediatricians .

*Early Parenting Assessment Programme (EPAP)*

The Early Parenting Assessment Programme aims to achieve early permanence for babies and therefore improve outcomes for children and reduce the number of parent & baby placement being used. These have reduced by 50% over the past year. The programme is based in a Children’s Centre and run by a multi-agency team with a Social Work practice manager, Health Visitors and Council Children’s Centre parenting assessment workers. It consists of an intense and focussed programme of assessment and intervention for all families attending which starts pre-birth. The Practice Manager also provides expert consultation to the Social Work fieldwork teams in case management decisions about placement post birth and coordinate with the Family Nurse Partnership. EPAP is developing a new programme called Time for Change to prevent parents having repeat removals of children into care. This programme aims to support parents to be able to retain care of their children or prevent them becoming pregnant before they have been supported to make the necessary changes.

**7.6 The Assessment Service (AS)**

As of 1st September 2014, the combined MASH and Assessment Service replaced the Advice, Contact & Assessment Service (ACAS) which has been in operation since September 2011. ACAS was subject to an Ofsted Inspection at a very early stage when systems were still being tried and tested. The view was that we had developed the best possible model for the delivery of the service.

The Assessment Service conducts all new assessments and Child Protection Investigations.

The principles for service delivery is to;

-Protect all children and young people from harm

- Correctly identify and protect those at risk of harm

- Carry out high quality professional assessment of risk

- Take appropriate action to protect children

In the three years that have passed we have made a number of changes to the configuration of the team and the workflow. For instance, prior to the introduction of the Single Assessment in April 2013, cases were transferred to the Children in Need Team either as CIN or CP Plans and families often experienced a change of worker within ACAS followed by another change of worker at the point of transfer. The Single Assessment and reconfiguring of our pre-birth work has enabled us to configure the team so that families have only one allocated worker in the Assessment Service, who is able to work alongside a child and their family in the initial phase of Social Work intervention to form the foundation of clear plan for future work.

We have produced a handbook of guidance, which includes how to complete Single Assessments and S47s. The Single Assessment Document has also been designed to be used as a report for an Initial Child Protection Conference, thereby avoiding unnecessary duplication. We also now require Social Workers to evidence on both the Single Assessment and the S47 that families and professionals are informed in writing at both the start and the outcome of the assessment.

The service has links with a substance misuse specialist, shares responsibility for attending both MAPPA and MARAC and has developed links in relation to specialist SW development roles in relation to Child Sexual Exploitation, No Recourse to Public Funds and Private Fostering work and working with the Travelling Community .

In the Assessment Service, the Practice Managers and Team Managers are responsible for taking the lead on specific areas of work as follows;

- Pre-birth Assessments

- Private Fostering

- Young People with Vulnerabilities

- Social Work Induction Programme

- Risk assessment

- Identity/Working Cross-Culturally

- Outcome-Focussed Planning

- Domestic Abuse

- Child Sexual Exploitation

- Neglect

- No Recourse to Public Funds (NRPF)

- Policy and Procedure development.

The Service also has practice champions for assessing young people at risk of self harm and plans to consider a champion for Parents with Learning Disabilities.

7.6.1 Self Harm

The Royal Alexandra Children’s hospital is the only children’s hospital in the South East. It is a regional referral centre caring for children from local and out of area regions some of which have child protection issues including non-accidental injuries. On average there are 2-4 ward children per day where safeguarding information is required and 80/100 children attend A & E per day. During the last Ofsted visit, the assessors commented that the system for accessing children in particular those that self harm was extremely good.

*Key Data*

* There were 144 admissions of young people to RACH following self harm in 2013, 121 in 2012, 91 in 2011, 72 in 2010 and 65 in 2009.
* The ages range from 11 to 17. (Young people age 17+ are seen at the Royal Sussex County Hospital).
* RACH takes in young people from all the surrounding areas, including the closer parts of East and West Sussex.
* In 2013, 53% of the patients were young people from the Brighton & Hove area. In 2012 it was 60%, 2011, 55% and in 2010, 57%.
* The majority of the admissions are female. In 2013, 74% were female, 2012, 88%, 2011, 89% and 2010, 75%. The male admissions usually represent more serious attempts to ending life and the young men tend to use more final methods to achieve this. For example, last year two young men made very serious attempts to hang themselves.
* Young people admitted do not have one single type of social/emotional issue. However common factors tend to be difficult relationships with parents/step parents, difficulties within peer ship groups, school issues, bullying issues, allegations of abuse or a combination of these. Some of the young people also have a diagnosis of autism, ADHA or aspergers and are generally finding life more difficult to cope with. A small proportion of these young people have presented with reports of hearing voices or other acute mental health symptoms.
* All cases are taken very seriously and proactive follow up from CAMHS Tier 3 and the Urgent Help Service Tier 4 CAMHS based at Chalkhill, or are admitted to straight to the Chalkhill adolescent psychiatric unit in Haywards Heath.
* A significant number of young people are accessing social media sites such as Tumblr or ASK FM where self harming issues are discussed and, in some cases, promoted. There is also an increase in young people who report being victim of cyber bullying via Facebook and other similar social media sites. The parents and young people often report family arguments about the amount of time spent on gaming stations/the internet.
* A small proportion of the young people who self harm have significant health issues with asthma or diabetes. Within this group self harm has included both overdose on medication (often their prescribed medication) and acute illness precipitated by the young people under medicating themselves. This could have potentially serious consequences in such cases and has led to high dependency unit admissions to regulate dangerous symptoms. This small but high risk group has rightly received intensive and co-ordinated multi-agency support.

*Joint agency pathway for the assessment and treatment of young people following self harm.*

Over the past 5 years the RACH social work team and local CAMHS have had to increase their efforts in this work to reflect both the increasing volume and increased numbers of more severe overdoses. Following the review of the Hospital Social Work Team in April 2014 and it’s subsequent closure in August 2014 referrals are made by the hospital to the MASH where matters are directed through to assessment if required. The Assessment Service has endeavoured to provide a Social Worker to begin an assessment in respect of a young person who has self-harmed within one hour of the referral being made.

A Social Work and CAMHS liaison meeting runs a number of times per year specifically to ensure joint working functions at optimum level to meet the needs and assess the risks pertaining to this very vulnerable group of young people. Each young person admitted now receives a joint agency assessment pre-discharge in order to ensure both that it is safe to discharge that person but also to gauge the type and level of follow up support required. CAMHS have built in a priority for CAMHS duty workers to devote face to face time for any request from RACH and the Assessment Service around pre-discharge self harm assessments.

If a young person is admitted following self harm to RACH then they will receive an initial Social Work assessment of risk. If the risk is deemed medium or high, the CAMHS team are notified straightaway so that the duty worker can agreed a time to come to the hospital to carry out a joint assessment with the duty Social Worker. These assessments follow a format of issues agreed with CAMHS to properly assess whether the young person remains suicidal and at high risk. It also looks at the trigger factors in the context of understanding the social, family and other issues for the young person and whether there are any child protection issues that need addressing. A safety plan is agreed with the young person and his/her parents or guardian before discharge.

In cases where the risk is low and the young person does not have any suicidal intent Social Worker will carry out the assessment and discusses their findings by phone with a CAMHS duty worker and conclude on a safe appropriate discharge plan and a follow up. CAMHS offer these less acute but still concerning young people follow up appointments within a week.

A group of these young people where child protection issues have been identified alternative care arrangements, perhaps with extended family and in a few most serious cases foster care. Where acute mental health issues have been identified then the urgent help service is called to further assess the situation. They may remain involved with the young person and his/her family following discharge and offer more intensive support including evening and weekend visits or contact by phone. Or the young person may require an admission to Chalkhill adolescent psychiatric unit.

If a young person presents at a weekend or out of hours, they either stay in hospital to be assessed by the Social Work team/CAMHS or the urgent help service from Chalkhill may attend the hospital and carry out the assessment and make the appropriate referral for urgent follow up.

East and West Sussex do not provide Social Workers to attend the RACH for the assessments of the children admitted from their areas. This work is undertaken by the Assessment Service and the assessment is then forwarded to the appropriate office. Likewise, it is the Brighton CAMHS team who attend the hospital and the patient is then followed up by their local CAMHS team.

**7.7 CIN Team**

CIN work is given a high profile in the team, but inevitably can be squeezed on occasions by the pressures created by Court and CP work Social Workers juggle alongside this. In order to maintain the progress on CIN work there will need to be performance management of this area of work, (eg supervision notes, network meetings held on time, regular visiting to CIN plan children etc), alongside regularly featuring CIN Plan cases in general and thematic audits to have an ongoing review of the quality of the work.

We will continue to audit repeat CP cases and undertake research in this area of work to improve our understanding of the issues that are contributing to this trend. For example, following recent audit, the CIN Team will put in place changes to the length of time post-CP CIN plan work is carried out for, and ensure that there is a robust process in place for the step down from CIN to Early Help.

Audit also suggests that many of the repeat CP cases have domestic violence as a core concern and/or where domestic violence, substance misuse & mental health (‘the toxic trio’) are prevalent. With this in mind, there is a need to consider and address issues related to the work undertaken by local services to prevent repeat victimisation in domestic violence cases and relapse in substance misuse cases. As a starting point, senior social work managers will be involved in the re-commissioning of Domestic Violence services this year to ensure that post child protection support is a key part of the pathway for families affected by domestic abuse.

CP Visits

CP visits are an area of practice requiring development and improvement and they receive ongoing close management oversight. For instance, CIN Team Managers now carry out a monthly audit of the reasons for late visits so that issues on a case by case, worker level or thematic level are understood and appropriate remedial action can be taken.

The national indicator now captures the percentage of children with a CP Plan who have all of their visits on time in a 12 month period. This is an exacting measure as a number of families take holidays, avoid visits at certain points or have teenagers who do not wish to be seen. We have also not yet extracted from this measure the unborn babies who have had CP Plans commenced at the pre-birth stage and also the dual category CP and looked after children who are able to be visited at child in care frequency.

Our in month figure has been running at around 90% of visits on time. Whilst our aim should be to improve on this, the few in month figures we have from our statistical neighbours are around the same level. Further benchmarking data is being sought.

The findings from audit suggest that if we make the recording of visits easier for Social Workers this will improve performance and also that regular reminders to staff are needed to avoid late visits.

Care Proceedings

The position on care proceedings continues to improve over the last year. Our yearly average of 31 weeks and our quarterly average of 29 weeks represent better figures than nearly all Local Authorities in the South East of England and above our neighbours in Sussex and Surrey. This is notwithstanding one of the busier Family Court Centres being based in Brighton. This reflects a highly organised legal team driving our cases along and much work from social workers in CIN Team to meet tight deadlines. CAFCASS figures for the most recent quarter had Brighton & Hove reaching an average of 26 weeks.

**7.8 The Clermont Family Assessment Centre**

The Clermont Family Assessment Centre is a specialist social work led multi-disciplinary service. Although the Clermont sits within the local authority it is also independent from front-line services. The Clermont provides enhanced family assessments both for pre-proceedings and Court and also offers a range of treatment and intervention services, designed to facilitate and test a parent’s capacity for change.

In addition to the core of Senior Practitioner/Consultants (social work) the team comprises adult psychiatry (including with specialist expertise in the area of substance misuse), psychology, family therapy and specialists in the field of domestic abuse and adult and child sex offending. We have a full time Integrated Arts Therapist who offers therapeutic work with young people. The Living without Violence programme is a core part of the Clermont service. Clermont has also forged strong links with partner organisations and projects to ensure cross pollination of skills and active working together across teams and organisations to build shared networks and knowledge sets. We plan to continue to strengthen existing links and develop new partner relationships with other key agencies.

The Clermont is dedicated to delivering a service that complies with the recent judicial proposals for the modernisation of family justice and excellence in the provision of expert opinion. In accordance with the requirement that all cases in Care Proceedings will be completed within 26 weeks, the Clermont undertakes enhanced assessments within an 8 week time frame.

The Clermont has a significant role to contribute in assisting front line services;

* It offers consultations to front line staff to assist in considering complexity and risk in individual cases e.g. in highly complex cases consultations have been provided to the social worker and their practice manager with the whole team, which includes psychiatric, psychological and paediatric input.
* It responds flexibly to departmental need and enables practictioners“.to think differently about what is happening in a family and what might help…” (Munro 2010)
* It is able to retain an ‘overview’ interest in a particular case and provide ongoing support and involvement.

The Clermont has been charged with taking forward the development of a local response in relation to the introduction of a Family Drug and Alcohol Court in Brighton, which will be implemented once the current Pilot scheme in East Sussex has been evaluated.

1. **Safeguarding Developments**

**8.1. Post Ofsted 2011 & 2012**

Since the last Inspections (2011 & 2012) there have been a number of developments to our safeguarding practice and procedures as follows;

* Since June 2013, all CP & CIN Plans coming out of CP Conferences are outcome focussed and use language that makes sense to children and their families. The way CP Conferences are run has been revised to make these a more inclusive process for families, which focus on both risks and strengths. The Safeguarding Management Alert process has been developed which enables CP Chairs to raise practice issues in a transparent and open manner. Child Protection Conference Chairs are now more visible in terms of quality assurance and accountability, but further work is required to ensure they are driving forward cases in between CP Reviews.
* Decision letters arising from LAC Reviews have been outcome focussed since 2012. Amendments are in the process of being made to Carefirst documentation to ensure greater clarity in these records.
* In order to address the improvements required in respect of both IROs and CP chairs in terms of monitoring and driving cases forward between statutory Reviews, the way in which work is allocated within the service has changed, with staff specialising in either CP or CIC work. By staff specialising, there is capacity to ensure more cases are subject to extended scrutiny.
* In terms of the LSCB, there has been significant changes during 2013, with the appointment of a new LSCB Chair and LSCB Business Manager and an increase in administrative support. An external consultant has been appointed Chair of the Monitoring & Evaluation Sub-Group which has increased capacity in this key group. There are now improved quality assurance arrangements in place in terms of multi and single agency audit activity and scrutiny and an LSCB Quality Assurance Framework has been developed.
* Brighton & Hove does not have a specific service for parents to access advocacy when entering the CP arena but information is provided to families signposting them to support services who may be able to provide appropriate advice and support.

**8.2. Missing Children**

When a child goes missing or runs away they are at risk. Safeguarding children therefore includes protecting them from this risk. Local authorities are responsible for protecting children whether they go missing from their family home or from local authority care.

Brighton & Hove Children’s Services has developed a Missing Policy based on the Statutory Guidance on Children Who Run Away Or Go Missing From Home Or Care (Jan 2014). The Missing policy provides for a joined up approach, with Practice Leads (PL) for Children Missing Education, Children Missing from Home and Children Missing from Care. The PLs are responsible for the operational oversight for their particular cohort of children and young people, achieved via notification systems and monthly Missing Panels. There is a communication protocol between the 3 Panels to ensure effective sharing of information and a recognition that a child missing from home or care is also likely to be a child missing from education.

The Missing Policy including the arrangements for the provision of Return Interviews is currently being revised. The Executive Director along with social work managers are working with partners e.g.Police and Health to firm up the governance arrangements for the oversight of CSE and Missing Children in the City.

Children regularly missing and at risk of CSE are discussed at a multi agency CSE meeting that monitors risk management plans. Strategic oversight of Missing Children and CSE is provided by the Head of Safeguarding (who acts as the Single Point of Contact – SPOC).

**8.3. Child Sexual Exploitation**

There is a Pan Sussex CSE Strategy in place which is supplemented by a local Brighton & Hove response. Strategic responsibility for CSE sits under the ‘CSE and Vulnerable Children & Young People’s Strategy Group’ which has responsibility for implementing and reviewing the strategy.

There is some excellent interagency work taking place in order to effectively safeguard those children identified at risk of CSE as evidenced in the recent LSCB CSE Multi Agency Audit, Dec 2014.

*Operation Kite* is a Sussex Police initiative around the reporting and identification of children and young people who may be at risk of CSE. Red Operation Kite cases are those children which have been assessed as at high risk of CSE within the City and a well attended multiagency CSE operational group meets monthly to share information and develop risk management plans for those children assessed at highest risk of CSE within the City. This meeting is attended by the Missing SPOC thereby ensuring a joined up response with missing children.

*Operation Pipeline* is a police investigation into a group of young men who socialise with vulnerable girls and young women and sexually exploit them. This operation is being managed under the Pan Sussex Complex Abuse Procedures and a Social Worker has been seconded to work alongside police colleagues in order to implement the Vulnerable Victims Strategy in respect of the children identified in the case.

The monitoring and scrutiny of work around CSE is provided via the Local Safeguarding Children Board (LSCB) CSE & Vulnerable Children and Young People’s Strategic Group. There are 2 operational groups which sit under the Strategy Group which are Early Identification & Prevention and Protect & Pursue.

A Missing Children Peer Review was undertaken in November 2014 as part of the South East Sector led improvement programme. This resulted in a comprehensive action plan for Brighton & Hove which is now being implemented.

Our local response to CSE & Missing Children has been discussed at Corporate Parenting Board, ELT, LSCB and the Safe in the City Partnership and it is due to be discussed at the Health & Wellbeing Board.

**8.4. Private Fostering**

In Brighton & Hove, the MASH will receive all enquiries and notifications regarding proposed or existing private fostering arrangements. All publicity states this service as the contact point. In the Assessment Service there is a Practice Manager who takes a lead on Private Fostering. Initial enquiries are screened by MASH and passed to the social work team (in recent months this work has been carried out by a named social worker) who will undertake a single assessment to ascertain that this child is privately fostered. If the arrangement is confirmed as within the definition for private fostering then suitability assessment is carried out.

On the basis that the local authority has no objection to the arrangement continuing, the casework responsibility will then transfer to the Child in Need Team to carry out the required ongoing welfare visits to see the child and provide support and advice to the private foster carer(s).

In Brighton & Hove, as of 31st March 2013 there were 7 children living in a Private Fostering arrangement. This compares to 3 children as of 31/03/12. As at 31 March 14, there are 17 children living in a Private Fostering arrangement. Of these, 3 children were born in the UK and 14 were born overseas. Most of the children living in private fostering are aged 14-16 yrs (18).

Of the open cases, the majority of the notifications were made by Bellerby’s International College (15). Other notifications were made by a GP (1), Children’s Services (1), a Private Foster Carer (1) and a relative (1). Three of the children are living in Private Fostering arrangements due to parental problems. The remainder are overseas students who live with a host family for more than 28 days. *See also the Private Fostering Position Statement (March 14) for further detail.*

**8.5 Local Authority Designated Officer (LADO)**

Until October 2011, Brighton & Hove had three LADO’s, each a Named Senior Manager with substantive posts in Education, Social Care and Health. As Area Managers, their roles were stretched and this left gaps in the management of allegations. There was no recording system and limited data collection and analysis. Therefore a full time LADO was appointed in Sept 2011 to cover all organisations and employers within the authority with the aim of improving service delivery.

In 2011-12 there were 112 allegations recorded against adults working with children across the City. In 2012-2013 there were 184 and in 2013-2014 there have been 212.

There has been an increase in reported allegations across the UK. Recent research by the DfE suggests a range of factors which may have influenced this including;

* Improvements in electronic recording systems within local authorities for allegations of abuse
* Progress in multi-agency working arrangements due to high profile child protection incidents (eg Baby P)
* Increased awareness of the allegations process due to LADO training and more dedicated LADO roles being implemented across the UK.

Locally, the significant increase in recorded activity from previous years is due in part to these national factors, which have also been mirrored locally. It is also the result of the following;

* An increased awareness about allegations management by employers across the City following training programmes and other awareness raising activity undertaken by the LADO
* An improved process for reporting allegations
* Standardising the recording of allegations following consultation with the LADO’s in West and East Sussex

Also, the statistics now include discussions that previously sat outside the LADO reporting system in Brighton & Hove, which are included in the report as ‘Initial Evaluations’. The culture of reporting and recording is also now much more consistent and the development of data systems has led to evidenced based outcomes and the scrutiny of the LSCB, with annual reports on allegations management activity.

In addition to the activity mentioned above, the LADO and the Partnership Advisor- Access to Education provide schools with advice and guidance on safeguarding matters which includes visiting schools where safeguarding concerns have been raised, undertake audits of schools policies, procedures and practices and provide safeguarding bulletins to schools on the School’s Website via the council intranet ‘The Wave’. The LADO also provides advice, guidance and regular visits to the Independent Schools sector, children’s residential provision, Early Years services and community and voluntary agencies.

The Allegation Management Procedure is aimed at improving the overall safeguarding of children. It was also intended that resolution timescales would improve, lessening the anxiety for those accused as well as cost for employers should employees be suspended. Overall this has been achieved in Brighton & Hove and evidenced by the statistics the past 3 financial years.

Comparisons against other local authorities are unreliable given the different reporting periods and systems used, including whether ongoing cases are taken into the equation. It is also of note that the statistics can be extremely variable when taken as a snapshot during any given period as the outcomes are dependent on the number of cases completed at that time. Cases in Brighton & Hove taking over 3 months to resolve have been reliant on the timely outcome of police investigations, the forensic examination of computers and IT equipment, court decisions and disciplinary procedures/actions of employers.

Future LADO developments include work with colleagues in the Hackney carriage Service and Transport Services for children to develop a leaflet and further guidance for taxi drivers and escorts, alongside further development work in this area with the Pan Sussex Procedures Group. *See also the LADO Position Statement (April 14) for further detail.*

* 1. **MARAC**

Brighton & Hove’s MARAC meets on a fortnightly basis and is co-chaired by the Police and the Violence Against Women & Girls Commissioner. The multi-agency meeting is well attended with children’s social work represented by a Practice Manager from the Assessment Service whose role is to both share and take back information regarding children and families identified as at risk of domestic abuse.

Areas of improvement to assist in the development of the MARAC are as follows:

* Additional social work attendance at meetings by CIN Service Practice Manager to ensure effective sharing of information on open cases
* Improved communication between the MARAC and schools
* Greater awareness and understanding by CP Chairs and Social Workers of the role of the MARAC in CP and CIN plans
  1. **Domestic Abuse**

There is good recognition of domestic abuse within the city, with the Police providing the majority of referrals into children’s social work. Around 51% of CP plans have domestic abuse as a contributory factor and a specialist social worker has been recruited to provide consultancy and specific support on complex cases with the CIN Service. In addition the Clermont Unit offer a treatment programme for perpetrators of domestic abuse together with Safety Planning Meetings.

The co-ordination and commissioning of service for people who have experienced domestic abuse comes under the auspices of the Violence Against Women and Girls Board. A range of services and interventions are currently provided across the city which include the Living Without Violence programme; Domestic Abuse Prevention & Recovery Service & Crises/Helpline provided by RISE; Individual Domestic Violence Advisors. A re-commissioning of services will take place during 2015-16 and discussions are underway to ensure that re-commissioned services are responsive to the needs of both children’s social work and partners working within early help.

**8.8 The Safeguarding and Review Service (formerly IRO service)**

The Safeguarding and Review Service is situated within the Safeguarding and Quality Assurance Unit and is accountable to the Head of Safeguarding.

The core functions of the service are as follows:

* Chairing child protection conferences and contributing to the risk management of child protection cases and
* Reviewing plans for children in care and monitoring the Local Authority in respect of its corporate parenting responsibilities

To complete these functions, the service has recently been reviewed and work is now allocated in the team to specialist Child Protection Reviewing Officers for child protection conferences and Independent Reviewing Officers for children in care and young people leaving care.

8.8.1 Child Protection Reviewing Officers (CPROs)

The role of the CPRO is fundamental to the risk management of child protection cases. The CPRO chairs the conference and has the final responsibility for decision-making at the conference and for devising the outline plan, whether this be a CP or CIN Plan.. They have a key role and responsibility in managing the child protection conference process in a manner that engages parents, promotes children and young people’s participation, and contributes to the development of the highest standards of multi-agency safeguarding practice. In addition to the conference itself, the CPRO has a role in promoting good practice and ensuring child protection plans are implemented between and following conferences.

8.8.2 Independent Reviewing Officers (IROs)

One of the IRO’s key roles is to improve outcomes for children in care by reviewing each child’s care plan, making sure it is effective and the child’s wishes and feelings are taken into account. The IRO will scrutinise and challenge if the needs of the children are not being met or plans are not being progressed in a timely manner. The main forum through which the IRO carries out their role is the chairing of a child or young person’s statutory review meeting but they also monitor the whole of the Local Authority’s support and keep track of progress through pre- and post-review processes. The IRO will make sure that reviews are timely and focused on the child’s needs. The positive participation of children in their review is critical and is most often demonstrated through children’s involvement at the meeting and in the development of their child friendly care plan. An important part of the IROs role is to have contact with children and young people between their reviews or prior to their review to go through their wishes and feelings and find out how they would like to contribute to their meeting.

8.8.3 Quality monitoring and dispute resolution:

The Safeguarding and Review Service routinely monitors the quality of social work practice provided to individual children and young people to ensure that appropriate and effective care planning is in place. In order to ensure good practice is fed back to practitioners, a formal Practice Recognition tool is in place for IROs. Where there are concerns relating to a child or young person in care, IROs will initially seek to resolve such issues on an informal level via discussion with Social Workers and their managers. Where a concern cannot be resolved informally, officers will utilise the formal dispute resolution process which is progressed via a Management Alert. Similarly, a Safeguarding Management Alert is completed by a CPRO when he or she is concerned regarding a practice issue or a child’s safety during the child protection process.

The Safeguarding and Review Service contributes to both the Quality Assurance Frameworks for Children’s Services and the Local Safeguarding Children’s Board to ensure that the quality monitoring of services to children and young people in care and children subject to children protection process has an impact on a strategic level.

**8.9 Brighton Hove Child Witness Support (CWS)**

Brighton and Hove Child Witness Support (CWS) provides a service to children and young people under 18 years, who are required to give evidence in criminal trials involving sexual offences or violence.  Referrals come from the Witness Care Unit and the Witness Service based at Lewes Crown Court, but referrals can be accepted from other agencies or self-referral.

The aim of the service is to support young witnesses and their families before, during and after a trial so that they can give their best evidence to the court and prevent any further trauma caused by being a witness.

The [MOJ, Achieving Best Evidence in Criminal Proceedings, March 2011](http://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf)  identify these young people as vulnerable who should be offered support and preparation by specifically trained workers.  There are currently 5 workers who come from within Children’s Social Work and Housing.  The CWS workers undertake this role in addition to their main work.

The CWS worker meets with the young witness and their parent/carer a few weeks before the trial date. They are given minimal information about the offence and are not allowed to discuss with the young witness their evidence; so that it is not compromised. The worker’s role is to provide the following;

1. Information:  Explain courtroom procedure, who will be in the court and what their roles are, demystify legal jargon,  explain what cross examination is and practice it, explain about trial delays and the various trial outcomes

2) Emotional support: Acknowledge any anxieties or fears the young witness may have and teach stress reduction techniques and if required, refer for pre-trial therapy.

The CWS worker arranges a pre-trial visit, where the young witness  will have the opportunity to see where they will sit, decide on special measures eg.to sit behind screens or give evidence from a video linked room.  The CWS worker will also attend and support the young witness throughout the trial.  Afterwards the worker will do a final visit to the young witness and their parent/carer after to give them the opportunity to talk about their experience of giving evidence and refer them on for further support where appropriate.

The worker has to liaise with other colleagues such as Intermediaries, Police Officers as well as keep CPS informed of their visits. They alert them to any concerns about the child/you persons physical or mental well being which may have an impact on their giving evidence in court.

**9. The Child’s Journey: Services for children looked after and care leavers**

**9.1 Children in Care**

9.1.1 Support Through Care Team

The Support Through Care Team provide a dedicated support service to children in care aged 0-21 or 25 if a young person is in full time education. It also provides assessments and support for unaccompanied and trafficked children, homeless 16 & 17 year olds and children/ young people remanded to local authority care.

Cases transfer to this team from the Children In Need Team once a permanence plan has been agreed for the child/young person - the team will then continue to support the children and their families until that permanence plan has been achieved. In terms of functionality the team is broadly divided into Social Workers who work predominantly with children aged 0-13, young people aged 14-18 and care leavers 18+ who in the main will have an allocated Personal Advisor. The aim is to provide continuity and manage the transitions for young people in their journey through their care pathway.

Together with partners / other professionals, parents and carers the team aim to help children and young people to achieve better outcomes and equip them to develop into responsible and participating citizens in their communities. The Team works closely with a specialist Children in Care Education Team - the Virtual School, a specialist nurse service for Looked After Children and the local Child Adolescent Mental Health Team as well as other professional staff in order to provide a joined-up service for Children in Care.

The team is responsible for ensuring that all children in care are visited, consulted and have robust plans in place to meet their needs to ensure good outcomes. This includes in particular their education, health (including emotional health) and plans about their permanent placement. As appropriate, children are moved into adoption or become subject of Special Guardianship or Residence Orders. Many remain in foster care, although for some residential placement is most appropriate. In other circumstances children may return to live with their families. For young people aged 16 and above, work begins to plan for their move into adulthood through their Pathway Plan.

*Support provided by the team*

Children who are in care or provided with accommodation are subject to several legal requirements and responsibilities, which the local authority has to ensure are carried through.

* Support includes regular meetings (called reviews) to set up clear plans for each child. Specific attention will be paid to children's developmental, emotional and behavioural needs. They will have regular medicals and each child of school age will have a Personal Educational Plan (PEP) , and after the age of 16 a Personal Opportunity Plan (POP). Figures published by DfE for 2013-14 show that 65% of Brighton & Hove care leavers aged 19, 20 and 21 were in education, employment or training, better than the national average of 45% and 49.6% for our statistical neighbours and we are ranked 9th highest out of 152 local authorities.
* It is important for the local authority to support the child at home or within the child's extended family wherever possible, if it is in the child's best interests. This may involve for example, assessing extended family members or friends as carers for a child, and seeking to rehabilitate children home to their family networks if safe and appropriate.
* The services for children in care will reflect an assessment of the individual child's needs (“Me and My World”) and feeds into the agreed care plan. This will reflect the child's age, development, and cultural and religious needs, as well as behavioural and emotional issues. The child's and the parents' views are important in defining the service provided.
* The Team aims to provide stability, permanence, consistency and a secure base for all children in our care.
* Where possible the local authority will try and place the child with foster carers as near as possible to the child's home environment so that their network of school, friends and family contacts remains as consistent as possible.
* For some children a family environment may not be appropriate. In these circumstances the local authority will consider residential care with or without education on-site.
* We do not place care leavers in B&B accommodation and we have an agreement with our housing department.

Services include ensuring each child/ young person has an allocated social worker or Personal Adviser, with whom the child/ young person builds a caring, consistent relationship. Social Workers undertake direct work with children in care including life story work, addressing child/ young persons Identity needs and protective behaviours work as well as ensuring children have assessed and safe (in some cases supervised contact) with important family members to ensure this vital link is preserved and promoted.

9.1.2 Ofsted Inspection 2011

The last Inspection of services for Children in Care was in 2011 under the old SLAC (Safeguarding and Looked After Children) framework. The judgements in 2011 were a combination of adequate, good and one outstanding (Health). The main areas for improvement relate to the following;

- all looked after children and young people to be allocated to a

qualified social worker

* all looked after children reviews and pathway plans identify cultural and identity needs and plan how these needs are met
* the effectiveness of corporate parenting arrangements including championing young people’s access to work opportunities when they leave school
* involve children & young people more coherently in strategic decision making
* ensure the pledge and other information provided for looked after children and young people when they enter the care system is disseminated in a meaningful way (see 9.1.5).

*Allocating all Children in Care to a qualified worker*

We have re-designed the role of the Social Work Resource Officer (SWRO) In line with recommendations made by Ofsted. This has been achieved by working closely with staff to ensure that the SWRO role complements and extends the social work function.

*Identifying and adequately addressing children’s identity needs*

Following the last inspection, staff have received training in Identifying and adequately addressing children’s identity needs. Identity features as a quality standard in audits and whilst there are some examples of good practice in this area, further improvement is required.

*The effectiveness of Corporate Parenting arrangements*

Improvements have been made to the Corporate Parenting arrangements with the transformation from a Corporate Parenting Committee to a Corporate Parenting Board. There is good ownership of corporate parenting by local authority leaders (both professional and political) and evidence of increased corporate parenting activity through advocating apprenticeships for looked after children. The Board is chaired by the Leader of the Council.

9.1.3 The Virtual School

There has been significant improvement in educational performance of Children in Care in 2014. However it is acknowledged that there is significant work to do in order to close the gap between Children in Care and all other Children. Two reviews have taken place in the last year which has helped inform future strategy. This has meant that the local authority have recently appointed an experienced and high achieving Virtual School Head Teacher who commenced his post in Aug 2014.

Key Headlines in 2014 suggest that improvements are being made and these include:

* + At Key Stage 4 (age 16) 24.3% of Children in Care achieved 5A\*-C including English and Maths which is significantly above the National Average for Children in Care in 2013 of 16.1%. This is however significantly below how all children in Brighton and Hove achieve.
  + At Key Stage 2 (age 11) 61.5% of these children achieved age related expectations in reading writing and maths. This is significantly below how all children achieved nationally but highly likely to be significantly above how children in care achieved nationally in 2014.
  + In 2014 there were no permanent exclusions of Children in Care in Brighton and Hove and there have not been any for 5 years.
  + 9.4% of Children in Care received at least one fixed term exclusion which is expected to be slightly below National Averages.
  + 2 young people who were 18 in the last year are expecting to start at University this term.

Staff from the Virtual School regularly work with and are available to Foster Carers, Schools and Social Workers both to support when there are problems and track all children and young people to ensure they make the very best progress.

A self evaluation of educational outcomes for Children in Care has been undertaken by the Headteacher for the virtual school which sets out a future vision and plans to align the school with School Improvement and build sustainable systems. This forms the basis of an annual challenge from Corporate Parenting on the educational progress of Children in Care and informs the strategies deployed by the Virtual School to support Children in Care.

Initial priorities for the new Headteacher of the Virtual School include:

* Completing a SWOT (Strengths, weaknesses, opportunities, threats) analysis so all are clear of the starting point for the school in conjunction with Social Workers, carers and schools;
* Development of the Personal Education Plan and process for Children in Care so it is simpler and more effective;
* Ensuring the Pupil Premium is used effectively to benefit Children in Care;
* Establishing strong relationships with Social Workers, carers and schools;
* Supporting cohesive working across Children’s Services and with all agencies involved;
* Collating accurate data on Children in Care so their educational progress can be tracked and monitored. This data will be used to inform early and effective interventions where appropriate and will be put in place in partnership with the school;
* Developing a way of working with schools so that the Virtual School moves more towards a strategic school improvement way of working and reduces operational delivery. E.g Uses time to challenge and support a whole school rather than attending an individuals Personal Education Plan meeting.
* Developing the service to support the education of children who have previously been in care and have been adopted.

In order to improve the educational outcomes of children, the Virtual School has taken the following action in the last year;

* Co-located with the Children in Care team which has led to improved partnership working. The Virtual School offers ongoing training and support opportunities to Social Work colleagues.
* The PEP record has been transferred to Carefirst and completed PEPs are quality assured on a regular basis. However, this has not improved the quality of PEPs as much as had been hoped and a new PEP system is due to go out to consultation in November 2014 and will be implemented in early 2015.
* Managed the Pupil Premium Plus money on a child by child basis but ensures all children in care get some funding. Money is however also allocated on the basis of need in order to close the attainment gap. This will link into the new PEP system.
* Commissioned *Welfare Call* to deliver attendance, exclusion and attainment data in real time. This has led to more robust tracking and monitoring processes.
* The Virtual School has delivered tuition directly to over 100 pupils who would benefit from this intervention.

In order to address the needs of children at Key Stage 5 in particular, the Virtual School has undertaken the following;

* Developed a Post 16 PEP known as the POP (Personal Opportunity Plan). This is a process where the young person plans their education, training or employment future supported by a resource including core information. An action plan is then drawn up and held by the young person and the Social Worker. This is reviewed regularly. The POP has been used since April 2013..
* The Virtual School now has a full time IAG (Information, Advice and Guidance) worker from the YES (Youth Employability Service) whose role it is to track, monitor and support the 16-18 year old cohort of care leavers to ensure that they are in education or training. This means the Virtual School can now have much better information on how this cohort is progressing and can intervene and support them and their carers pro-actively.
* Worked closely with the widening participation teams at our two local universities to deliver bespoke packages for young people to raise their aspirations. 14 children in care are due to visit Cambridge University in October 2014.

In March 2015 a new Personal Education Planning System was launched and all Social Workers received training. School challenge visits have recently begun and future structure of the team will reflect the importance of this school challenge. Pupil premium has all been used to support children in care and interventions now include one to one tuition to over half of all children; every child a reader to Y2; university visits.

We have a contract with CAMHS tier 3 for art therapy for LAC pupils and we have a senior educational psychologist (0.5) and a Community CAMHS mental health worker (0.5) directly working with the virtual school team.

9.1.4 The Health of Children in Care

The LAC health team is a multidisciplinary team of experienced nurses and community paediatricians. The team coordinates and delivers health care across services and organisations wherever the child is placed in care. The roles of the nurse consultant and the consultant paediatrician are primarily clinical. The nurse consultant acts as the Designated Nurse for LAC and whilst the medical adviser/consultant paediatrician nominally has the role of Designated Doctor for LAC.

The child’s social worker is responsible for informing the team about new children in care, and about changes in circumstances for children and young people. Information sharing is facilitated by liaison with the fostering placement and adoption teams; they provide information about new children at the time of placement and this triggers a request by the LAC health team for formal referral by the named social worker and to enable appropriate consent for assessment to be obtained.

*Initial Health assessment*

Statutory guidance dictates that all children should receive assessment of their health needs and development of an individualised health care plan within 28 days of coming into care.

For Brighton and Hove children the assessment of their health needs commences within 1 week of referral to the LAC health team. The Nurse Consultant and Specialist nurses for LAC undertake the initial assessments. All new referrals are discussed at a weekly nurses allocations meeting, and a triage approach is adopted enabling nurse consultant and specialist nurse to prioritise those children with significant health needs for immediate discussion with paediatrician, early assessment appointment with paediatrician or nurse and to identify the health sources for relevant information.

There is an emphasis on collecting all known health information on the child from a variety of sources, including birth parent health information (with consent), to avoid unnecessary duplication or seeing children without relevant information. All children coming into care benefit from a holistic assessment which addresses their unmet and current health needs with a strong focus on health promotion, assessment results in the development of an outcome focussed, individual health care plan. The timing of appointments is guided by the individual need of the child/ young person and adequate collation of existing health information to inform assessment.

For young people who are difficult to engage, the importance of providing appropriate health advice based on available health information about the young person, to inform care planning is clearly recognised. The LAC health team works closely with the named Social Worker to provide information and guidance to meet the health needs of young people.

Following assessment all children/young people are discussed at a bi-weekly meeting with the community paediatrician and the outcome is recorded in the case file. The team adopt a flexible and child friendly approach and they will continue to try and re-engage young people, offering multiple appointments. During this time the team will provide health guidance to the Social Worker in the form of a provisional health care plan that is informed by available health information which is then updated once the child is seen.

The health assessment starts prior to a health appointment being offered and the team will support and meet young people’s health needs prior to seeing the young person for example arranging sexual health screening and providing contraceptive support and advice, emergency dental health and providing advice to carers for identified concerns for example, soiling, enuresis, behaviour management. The team prides itself on offering a health service rather than a one off assessment.

The Nurse Consultant or Nurse Specialists also refer children to dental health, audiology, Speech and Language Therapy, dietician, GP, Respiratory Clinic, Specialist Sexual Health and CAMHS as appropriate, all of whom offer direct access and prioritise LAC within Brighton and Hove. Nurses also support referral to local services for children placed out of area.

*Review Health Assessments*

The health assessment encompasses the principles of health promotion. Children, young people and their carers are supported to make healthy choices on evidence based information. Health actions identified in the health plan are discussed and outcomes reported upon as part of the 6 monthly LAC review, in accordance with NICE recommendations.

Brighton & Hove Health Visitors and School Nurses carry out the review health assessment with guidance and support from the LAC Health Team.

Children under 5 years are required to have a health assessment every 6 months. A growth chart and the Schedule of Growing skills are used to chart progress in addition to the LAC health report form (NICE REC 16). Children over 5 years are required to have a health assessment every year. A variety of screening and assessment tools are available for use if required. For children and young people placed outside of Brighton & Hove but within the borders of Sussex, all reviews are performed by LAC Health Team.

The majority of review health assessments for young people16-18 years old are carried out by the LAC nurse for the 16+ support team. A flexible and young person-centred approach is taken to the assessment of young people, who can choose the timing and location for meetings. The team maintain an open door approach for all young people who may be reluctant or refuse appointments; by continuing to offer appointments throughout the year the vast majority of young people are seen for health assessment on an annual basis. The specialist nurse for 16 plus team is located within the 16 plus team making her readily accessible to young people and allowing opportunities to meet with them without formal appointments.

Sexual health, substance misuse and emotional health screening forms part of the health assessment with young people and the specialist nurse can also provide outreach contraceptive services as required. Data is collected on sexual health interventions, pregnancies and outcomes, which are shared with the commissioner for teenage pregnancy and sexual health.

There is a strong focus on supporting young people in the 16 plus team to make the transition to independence. The LAC Health Team have developed a young person’s Personal Health Passport which is being implemented. This passport provides the young person with their own ‘health facts’, information about the health service and how to access it and guidance on staying healthy. There is a plan to audit young people’s reaction to this document by gaining their feedback six months after the role out started. The response the young people so far has been positive.

Unaccompanied young people seeking asylum have access to the local interpreting service via a block contract for all health appointments and are part of the allocated caseload for the 16+ support LAC Nurse. She can refer to a specialist community TB and Immunisation team of nurses that will see all refugees/asylum seeking children and young people to address gaps in their immunisation status (NICE REC 33).

Currently most children with disabilities are regularly monitored by their treating

Paediatrician. The LAC Health Team has developed a pathway which facilitates

assessment and ensures that appropriate health care is in place for children with

disabilities. It is mindful that the majority of children with disabilities are accommodated

under section 20 and are receiving respite care and have existing care plans in place.

Attention is paid to previous plans and interventions for these children and a flexible and

child centred approach is taken to avoid unnecessary over assessment of children already

well assessed by medical and nursing colleagues.

*Children Placed Outside of Sussex*

For children living outside the borders of Sussex, a request is sent to the local LAC Health Team who organise the assessment according to their local arrangements.

Assessments completed in other areas are paid for by the Brighton & Hove CCG using the 2006 DOH guidance “Establishing the Responsible Commissioner”. Although the assessment may be carried out by another provider, the Brighton & Hove LAC Health Team is nevertheless responsible for the quality monitoring and administration of the process and this also demands professional and administrative support from the team. For children placed within the city from other local authorities the team has developed a protocol for charging using the 2006 guidance.

*LAC Health Process Data April 2013-January 2014*

1. **Number of referrals for Initial Health Assessments April 2013-March 2014**

|  |  |  |
| --- | --- | --- |
| Children < 5 years | Children & young people 5 to 18 yrs | Total |
| 71 | 88 | 159 |

Of the 159 referrals for initial assessment, one young person had not yet had their initial health assessment as of 30th April 2014. This young person has been offered multiple appointments, but was not available due to their absconding from placement. A strength of the service is that the team is committed to working flexibly to meet the health needs of young people and the specialist nurse for the 16 plus team is continuing to work with the young person’s SW to try and facilitate this assessment.

1. **Data for children under 5 years of age, according to their placement location**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total No of children to be seen for review health assessment | % of children seen within  timescale | % of children seen outside of timescale | % of children with outstanding health assessments |
| Children placed in B&H | 52 | 69% | 25% | 5% |
| Children placed outside B&H but within Sussex | 30 | 95% | 5% | 0 |
| Children placed outside Sussex | 24 | 68% | 32% | 0 |
| **Combined data for all health Assessments** | **106** | **78%** | **20%** | **2%** |

Brighton and Hove is a relatively small geographical area and consequently a greater percentage of children are placed outside of the boundaries of Brighton and Hove, but within the recognised 20 mile radius of their family home. Historically it has proven difficult to co-ordinate the health assessment of the children placed outside of the boundaries resulting in unacceptable delay in assessment and difficulties in assuring the quality of the assessment carried out. This has been addressed through a quality improvement funding initiative following which 1.4 WTE nurses, were employed within the LAC Health Team to carry out the health assessment of those children placed in Sussex but outside of B&H. Since their employment there has been a significant improvement in both the quality and timeliness of review health assessments for children and young people placed outside Brighton and Hove but within Sussex. Performance has gone from 74% of children and young people having had their health assessments completed (with many of these being out of time scale) in September 2012 to 95% seen within time scale for the current year.

9.1.5 Involving children more coherently in strategic decision making

*The Young Ambassadors Programme*

The need for young people in care and care leavers to be at the heart of service design and delivery is an ambition of central government and Brighton & Hove City Council. One of the recommendations made by Ofsted following the last inspection was for the local authority to;

*Establish more effective and coherent systems for the involvement of looked after children and young people in strategic decision making to influence services improvement (2011) p24.*

Previously, much attention was given to improving the participation of children in care in local democratic processes, but the involvement of young people in planning services was largely underdeveloped. To address this imbalance and in response to the Ofsted recommendation mentioned earlier, the Young Ambassadors Programme was established. It seeks to formalise the involvement of young people by creating a system that can deliver a programme of opportunities for children in care, care leavers and other vulnerable young people. At the same time, it enables the local authority to draw on a well trained, skilled pool of young people to assist with statutory and non statutory process, e.g. policy design, recruitment, inspection, and quality assurance.

The strengths of this programme are that by engaging young people in care in this way we can reach out to the wider population in a way that the local authority has not been able to do to date. The first phase of the Young Ambassadors Project (to date) has been the involvement of young people in the recruitment & selection of staff in Children’s Services. The feedback received from the young people who have attended training and/or been involved in the recruitment of staff has been positive overall;

*Getting involved and having these opportunities has made me more confident and I feel I can do much more now* (YP involved in the recruitment of SW Manager post)

*I would feel confident sitting on an interview panel now; I’m really glad we did the mock interview.*

*Understanding the process involved from advert to appointment, the open/closed questions exercise and then writing my own questions was really helpful.*

*….There was a real mix of candidates. Some were quite challenging but I feel we made the right decision and appointed the right person (*YP involved in the recruitment of a Supervising Social Worker post).

Future components of the Young Ambassadors Programme will include the following;

* Representation – sitting on boards and formal groups/meetings, democracy and campaigning
* Inspection and Assessment – Quality Assurance, internal and external
* Consultation and Engagement – connecting with wider populations of children and young people, (IT, reports, films, surveys, focus groups)

*The Children in Care Council*

In addition to the Young Ambassadors Programme, children in care and care leavers are invited to become involved in the Children in Care Council (CiCC) which is split into three age ranges: 7-11, 12-15 and 16-25 (the 16+ Advisory Board). In recent years the CiCC has reached out to more children and young people placed out of area.

The CiCC started in 2009 and since then children & young people have told councillors, service managers and Ofsted what they think about a range of issues such as the Pledge, Bullying, Housing Allocations, health and social care issues, pocket money, and Children’s Rights. They have also contributed to the Raising Aspirations Handbook and the Personal Opportunity Plan guidance.

The CiCC (7-11) meets during each school holiday to talk about issues that matter to all children in care, and to help to shape the services that are available to them. They are currently working with the Intensive Placement Team to make sure as many children and young people as possible have a say about the issues that affect them. They have also recently met the leader of the Council to talk about what it is like living in foster care and what if anything they would like to change.

Pocket Money is still a burning issue for the CiCC (12-15) as “*Looked After Children in Brighton & Hove feel that there is no clear or set amount from the local authority that they are entitled to receive – with some people getting far more or less than others”.* As part of their work around this issue, the CiCC have told Councillors, the Corporate Parenting Panel, Service Managers and the Department of Education what they think about pocket money. They have also teamed up with East and West Sussex Councils to ask other children in care what they think and their views have been listened to by the Fostering and Adoption services who are writing guidance on pocket money. Finally, the young people have made a film about what they think on this matter.

Young people also take part in projects such as the Young Assessors (Ask, Report Change) project where care leavers visit independent residential homes and foster care agencies and ask children what they think of their home/care. The Young Assessors assess the quality of care based on standards (that they themselves identified as being important) and write a report of their findings which is sent to the Agency Placement Team. Every provider must retain a satisfactory rating from the young assessors to remain an approved service provider. ARC assessors are also involved in the evaluation of all tender applications from agencies who wish to be included in the list of approved and preferred independent providers of children’s residential services. Any provider who does not reach the required score will not be placed on the framework.

Work is underway to ensure better participation from care leavers particularly in working with us to shape local delivery. This is done by increasing the membership of the children in care council and an increased use of surveys, questionnaires and interviews.

9.1.6 The Pledge

The Pledge, in a child friendly and accessible format sets out how the local authority will meet its corporate parenting responsibilities and ensure that children in care get the best experiences in life, from excellent parenting and education to a wide range of opportunities to develop their talents and skills. The two age-related versions of the Pledge have recently been revised and redesigned and the process involved:

* the expertise and input from our care-experienced graphic designer employed by Children’s Services
* the full participation of the Children in Care Council
* views and opinions from individual children and young people
* benchmarking of a range of local authority Pledges
* feedback from other local authority managers regarding effectiveness of content and design

The end products are:

* *The Pledge (Our Promises to You)*which is a set of promises made to all children and young people in care up to the age of 16 by Brighton & Hove City Council
* *The 16+ and Leaving Care Pledge* which is a set of promises made to 16-21 year old young people (and up to 25 when in education) who are in or have left care by Brighton & Hove City Council.

The aim of these pledges is to assist with our desired outcome for children in care & young people who have left care to become successful learners, confident individuals, responsible citizens and effective contributors, whose lives mirror those of their peers.

Among the promises in the Pledge is ensuring that children & young people can live somewhere safe and comfortable, arranging extra tuition if needed to help them through school, and recognising and celebrating their achievements. The 16+ and Leaving Care Pledge includes supporting young people to organise their own accommodation, providing them with opportunities to discuss their aims and ambitions and offering advice on higher education and employment opportunities. Among these are the apprenticeships we offer at the council specifically for care leavers to help them develop skills and experience for their future careers. Running throughout the Pledge is a commitment to involve young people in decisions about them.

Following approval from DMT and the Corporate Parenting Board, The Pledge was re-launched and disseminated to all children and young people in the care of Brighton & Hove City Council and to those who have left our care. All children in care and care leavers were invited to a launch of The Pledge in April 2014. The Pledge has been circulated to all councillors, senior officers of the council and partners.

9.1.7 Fostering Services

The Fostering Services priorities are around ensuring that recruitment activity is focused upon, reducing the number of children placed in more expensive Agency Placements. There is particular focus on ensuring that we have sufficient placements for younger sibling groups to prevent the need for long term agency placements.

The challenges in the service relate to ensuring that we are effectively monitoring and challenging how carers are advancing child welfare outcomes, particularly in the field of education. Recruitment activity also continues to be a challenge, whilst new carers are being approved, there have been a number of resignations from carers at the end of their fostering careers.

There have been a number of allegations (some historic) made against some carers, which has prompted a review of the allegations against carers procedures to ensure they are robust. Learning Reviews are taking place on two particular cases, to see if there is any learning from these cases in terms answering the question as to whether any opportunities to protect children were missed.

Finally, there have been some significant developments in terms of new procedures.

A Staying Put policy has been introduced which gives Young People the opportunity to be better prepared for independence by remaining with their carers beyond 18. The delegated authority arrangements are now in place which require a clear agreement to be reached with carers relating to their role in decision making for a child.

9.1.8 Agency Placement Team (APT)

The Agency Placement Team is responsible for commissioning all placements in the independent sector, monitoring the quality of provision and managing the business relationship.

In 2008 Individual Placement Tendering (IPT), alongside the establishment (with West Sussex County Council) of a framework of approved and preferred independent providers of children’s residential and foster care services, was introduced. This form of placement commissioning puts the individual needs of, and required outcomes for, each child at the heart of placement identification. Placement options are evaluated on their ability to meet the needs of the child and placement choice is promoted. A robust tender exercise was carried out in 2012 to establish the current (second) framework, based on a dynamic purchasing system to allow new and emerging providers to join on an annual basis; 39 providers are currently on the framework.

All placement referrals are sent to the Agency Placement Team (APT) in the first instance and, if appropriate, further consideration is given to whether any support services could be utilised to promote placement stability and/or to enable a child to remain in the care of their birth family.

The in-house fostering service is the placement of first choice given the high quality of service provision. However, if a looked after child’s needs cannot be met by in-house foster carers a placement in the independent sector is sought. Anonymised referrals are shared with framework providers and this, along with regular provider forums, contract monitoring meetings, quarterly summaries of placement referrals and close liaison with agencies enables providers to be aware of the placement needs of the local authority and develop new services. Placement choice and quality has improved, and unit costs reduced, since the introduction of this method of placement commissioning.

As reported earlier (2.3), the percentage of looked after children placed within 20 miles of their home address has increased. A number of children continue to live outside the geographical boundaries of Brighton & Hove (some for reasons of safety or to remain in the care of relatives/existing carers) and work continues to take place with providers to increase local placement options particularly in relation to residential care for children with specific/complex needs

9.1.9 The Contact Service

The Contact Service manages all contact between a child and his or her parent or other family members when this needs to be supervised. The child or children will be in care and subject to legal proceedings, in voluntary care, in pre-proceedings, subject to a protection plan, under special guardianship, on a residence order, etc.

The service promotes good models of child care as corporate parents with safe, family friendly venues and the use of trained and experienced regular supervisors. Cases are mainly held in and referred by social work teams but the service manages some cases itself where contact is the only issue. A limited range of child protection related support is also supplied if requested and considered appropriate.

The Service has three contact centres - in Whitehawk, Moulsecoomb and Portslade - and additional venues are used as necessary. Permanent staff are based at each centre and a large group of sessional workers are employed as required to cover contacts and other work. The location of the centres ensures travel time is kept to a minimum and the dedicated staff group provide a professional service that is responsive to the needs of both families and social workers.

Together the staff and centres provide the positive and purposeful contact that is not only required by law but which can also make such a difference to outcomes for the children and to key wider service priorities - rehabilitation, placement stability and child protection. Alongside the more routine provision of information to social workers that can be used to assess parenting capacity, the Contact Service delivers interventions such as Triple P and VIG and will always try to keep tensions and frustrations to a minimum at a very significant time for parents and their children.

**9.2. Adoption Performance**

9.2.1 Adoption Performance against the Ofsted Criteria

The Adoption Service performance continues to be good and there is a coherent planned Service Improvement Plan to ensure that the Adoption Reform Agenda is delivered upon.

Adoption is actively considered for all children who are unable to return home or to their birth families and who need a permanent alternative home. The LA demonstrates a sense of urgency and care in adoption work, including use of concurrent and parallel planning, fostering for adoption, and the National Adoption Register resulting in children being able to live at the earliest opportunity with an adoptive family well placed to meet their needs. In 2013 – 2014 we supervised 4 concurrent placements and a further 4 children went on to be adopted by the foster carers with the provision of a financial support package.

Adopter recruitment, preparation and assessment, training and support provide adopters who are well placed to meet the needs of individual children and sibling groups and keep them safe. The Adoption Service has fully complied with the Adoption Reform Agenda and implemented the new Stage 1 and 2 Adopter Assessment and Preparation process. New leaning materials for adopters have been produced and DVDs detailing the recruitment process including Adopters Talking about their experience of the assessment and matching process. Feedback from prospective adopters has been very positive about BHCC adopter preparation and assessment process.

The Adoption Service sets annual recruitment targets for number of adopters and number of children placed. Targets are based on projected figures of children attracting an adoption decision. This year BHCC Adoption & Permanence team placed 44 children for adoption and approved 34 prospective adoptive families as suitable to adopt. Prospective adopters are responded to within prescribed timescales and progress through the assessment process in a timely way as evidenced by Independent Adoption Panel Chair feedback.

A significant proportion of children with an adoption plan cannot be placed locally due to risks the birth family present to an adoptive placement. In 2013-2014 we placed 21 children with BHCC approved adopters (10 of whom live beyond the Brighton & Hove borders due to our success in broadening recruitment to a 30 mile radius from Brighton & Hove). Of the remaining 23 children, 13 were placed with Other Local Authorities and 10 with Voluntary Adoption Agencies.

Panel and Agency Decision-Making processes are robust and make a positive contribution to good practice with respect to adopter approval and matching, including regular feedback to the LA on performance. BHCC has a dedicated Adoption Agency Advisor role reflecting the value and rigour placed on Panel and Agency Decision Making processes.

All parties to the adoption process are informed of their entitlement to receive an assessment of their adoption support needs and where support is needed it is provided quickly and effectively and leads to improved outcomes for those involved.

The Adoption service worked with 89 families in an adoption support capacity during 2013-14, and supported 249 Letterbox contact arrangements, 60 direct contact arrangements and offered Birth Records Counselling to 56 adopted adults during this period.

BHCC used the Adoption Improvement Grant to secure an external diagnostic of adoption support provision across Brighton & Hove. The results of the diagnostic show that the Adoption service provides valuable services to support adoptive families but identified the value of developing a multi-agency adoption support strategy. The Multi Agency Adoption Support Steering Group launches on 6.5.14 with the aim of developing a city wide adoption support strategy that will ensure all services to children and families are adoption sensitive.

Using the Adoption Reform Grant the Adoption service secured a 3 year partnership with VAA After Adoption to offer SafeBase Parenting Programmes and Support Groups for BHCC adopters. This represents a significant development of our adoption support offer which has been warmly welcomed by our adoption community.

The Adoption Reform Grant was also used to train adoption staff in Theraplay techniques to enable the development of our Tier 3 Support Clinic for adoptive families. Staff have also participated in Lifestory training in order to support adopters in talking with their children about their story.

The Fostering & Adoption Service held a Service Day in June 2014 on the Secure Base Model which will be rolled out to foster carers, kinship carers and adopters in order to promote understanding of attachment and resilience in the care giving environment. The aim is to support carers in promoting a secure attachment relationship with the child they are caring for in order to optimise the child’s outcomes whether permanence is achieved by rehabilitation to birth family or substitute care via fostering, adoption or special guardianship.

Adoption Social Workers take lead responsibility for family finding for children with an adoption plan, producing the child’s profile, supporting the child’s SW to identify the necessary preparation work with the child, and in complex cases securing therapeutic support to assist in supporting the child to move to a more secure emotional state to access adoption. In 2013-2014, close working relationships at social work and managerial level have developed with the Adoption and CiC team to share expertise and good practice, with further joint training planned on life story work and matching.

The Adoption service refreshed its Child Placement procedures and materials, producing a leaflet on adoption introductions, and further improved its child centred preparation and transition plans which really support the child and all parties in this crucial part of the child’s journey. Feedback from other LA and VAAs has consistently been excellent in terms of how our approach is received.

We continue to develop our family finding processes to ensure BHCC children are best placed to be matched either with our own adopters or OLA/VAA adopters via professional DVDs of children for featuring in BAAF Be My Parent and Adoption UK Children Who Wait publications. We have developed a monthly newsletter of children and adopter profiles which are circulated to all adoption agencies nationally with excellent results and we have built on successful child appreciation days for prospective adopters to meet the key people in a child’s life as part of the matching process. An exciting new development is the joint commissioning (with a steering group of the South East Adoption Consortium) of three Adoption Activity Days facilitated by BAAF, the first of which is planned for April 2014. Alongside this is the development of video profiling evenings.

9.2.2 Adoption Scorecard

*Children who cease to be looked after who are adopted*

* Of the 189 children who ceased to be looked after in the year ending 31 March 2014, 38 (20%) were adopted, above the national average of 14% for the year ending 31st March 2013.

*Scorecard published January 2014*

For children who have been adopted, the average time between a child entering care and moving in with her/his adoptive family:

* England 3 year average (2010-13) was 647 days
* BHCC 3 year average was 578 days
* BHCC performance was 69 days faster than the national average

The national threshold for this performance indicator is currently 608 days; hence the threshold is currently well met. The threshold figure however reduces to 547 days for the next scorecard (2011-14). This will be a challenging target to meet.

For children who have been adopted, the average time between receiving court authority to place a child and the local authority deciding on a match to an adoptive family:

* England 3 year average (2010-13) was 210 days
* BHCC 3 year average was 223 days
* BHCC took 13 days longer than the national average to decide on a match. The 13 children in this cohort who we failed to place within 210 days were all older children with complex needs

Whilst the national average for this performance indicator is 210 days the national threshold is currently set at 182 days. BHCC is therefore 41 days short of the current threshold. The threshold figure reduces to 152 days for the next scorecard 2011-14. This will be a challenging target to meet.

* The 3 year England Average (2010-13) for children who wait less than 20 months between entering care and moving in with their adoptive family was 55%. BHCC 3 year average was 63%. Better than the national average.
* The England 3 year average (2010-13) percentage of children leaving care who were adopted is 13%. BHCC 3 year average is 16%. Again better than the national average.
* The England 3 year average time between a child entering care and moving in with her/his adoptive family is 545 days. The BHCC 3 year average is 470 days. Better than the national average.
* The England 3 year average (2010-13) for percentage of adoptions of children from BME backgrounds is 7%. BHCC 3 year average is 12%. Again performance is better than the national average.
* The England 3 year average (2010-13) for percentage of adoptions of children aged 5 years or over is 4 %. BHCC 3 year average is 5%.
* The England 3 year average (2010-13) for length of care proceedings is 51 days. BHCC 3 year average is 50 days.
* The England figure for proportion of adoptive families matched to a child during 2012-13 who waited more than 3 months from approval to being matched is 58%. BHCC figure is 41%. Better than the national average.

Performance continues to compare favourably with the national average and reflects the priority given in the Adoption team to support Child in Need (CIN) Social Workers with permanence planning at the earliest stages; timely family finding for children once adoption is determined as the plan, including advice, guidance and support to CIN Social Workers on the preparation of children for adoption to ensure readiness for placement following placement order; and robust and creative family finding activities such as professional DVDs of children waiting, monthly family finding newsletter, and Consortium Adoption Activity Days. Delay in matching and placing children is solely attributable to the age and complexity of children rather than systemic or practice based delay.

**9.3 Family and Friends Team**

There is a clear regulatory requirement to ensure that at all relevant stages of the care planning process the potential for children (who are not able to live with their birth parents) to be placed within their wider family or friendship network is thoroughly explored.

Care planning in relation to family and friends care can be complex with the need for careful risk assessment work. The team plays a key role in terms of providing consultation to children’s Social Workers on family and friends practice, and quality assurance of viability and assessment work.

A new Pan Sussex Family & Friends Assessment tool and guidance was developed by the team during the year. This was launched in August 2013 as part of the implementation of the Public Law Outline (PLO) across Sussex.

There are two routes to becoming a Family and Friends foster carer: Regulation 24 placement (temporary approval as foster carer for a 16 week period, providing basic checks and references and initial assessment undertaken to determine that the placement can safely meet the child’s needs in the short term), and full approval as Family & Friends Foster Carer. Both routes require presentation at either Brighton and Hove’s Fostering, or Adoption and Permanence Panel, and Agency Decision Maker approval as family and friends foster carers.

70 referrals were made to the Family & Friends team for full assessment during the year. This compares to 56 in 2012 -13 (a 25% increase).

23 Regulation 24 placements for 32 children were made during the year compared to 11 in 2012 -13 (a 100% increase).

Of these;

* 10 went on to be fully assessed by the Family & Friends team and achieved a positive recommendation as permanent carer for the child/ren
* 1 was not assessed because the carer could not offer permanence for child.
* 2 became Regulation 22 placements with support offered from CiC team.
* 7 placements ended prior to full fostering approval (3 where the carers could not manage the child/ children, 1 due to the carer’s unexpected ill health & 2 where the young person chose not to stay. 1 child was removed when concerns identified)
* 3 were still in the process of assessment at end of year.

The Family & Friends team received 47 positive initial viability assessments (IVA) of family and friends carers requiring full assessment. It has become a priority of the team to support children’s Social Workers in undertaking early robust viability assessments of potential carers to ensure that full assessment is only focussed on the most appropriate carers.

Of the 47 IVAs;

* 5 were successfully challenged
* 6 assessments were not fully completed as carers were counselled out (2) or withdrew (3)
* 16 full assessments were completed with a positive recommendation.
* 6 full assessments were completed with a negative recommendation.
* 2 second or updating assessments were completed on current carers both attracted positive recommendations
* 5 assessments were undertaken on cases where the child had been placed with carers pre proceedings but Regulation 24 agreement not given or not sought by child’s social worker
* 7 assessments were still in progress (at 31.3.14).

Where prospective family and friends carers live at a geographical distance to Brighton and Hove assessments are undertaken by freelance Social Workers supervised by BHCC Family & Friends team. 16 assessments were undertaken by Freelance Social Workers during the year compared to 14 in 2012-13.

At the conclusion of care proceedings children either return to the care of their birth parents, remain with their family and friends carer on a long term fostering basis, become subject to a Special Guardianship Order (SGO) and move out of the care system, remain in unrelated long term foster care, or leave care via adoption. During the year 4 family and friends carers were approved as long term foster carers, and 28 children left the care system via SGO (the same figure as 2012-13)[[5]](#footnote-5).

Once family and friends carers are approved either temporarily or permanently as foster carers it is a requirement under Fostering Regulations for the placement to be supervised by a qualified social worker. During the year 39 Fostering Supervision Events were opened to the Family & Friends team involving 49 children. At the end of March 2014 there were 16 Fostering Supervision Events open involving 23 children. During the year 23 Family & Friends Fostering Supervision Events involving 26 children were closed either because the child moved to a permanent order (SGO or RO), the placement ended or the child reached 18yrs.

There is a small cohort of long term Family and Friends foster carers who choose not to move on to SGO as they feel they require intensive ongoing support from Social Workers due to the needs of the children they are caring for. These carers are generally looking after older children or large sibling groups, who need high levels of support via the looked after child process.

The Local Authority is required to assess for Special Guardianship support needs in the same way it does for adoption support. The Family & Friends team offer a rolling programme of training workshops for carers covering Post Placement Contact, Life Story Work, Attachment, and Domestic Violence and Its Impact on Children. The average take up is 10-14 carers per workshop.

The Family and Friends team launched its Duty Support System in September 2013. This operates 3 mornings a week and responds to all contacts from carers, birth family members and professionals on cases not currently allocated within the team. The majority of work is support to SGO/RO carers and includes:

* arranging and supporting carers with contact issues; family mediation; support and information regarding Life Story work
* signposting
* direct support to carers experiencing crises or difficulties meeting children’s needs
* assistance with financial issues
* facilitation of legal advice where a court application has been made by birth parent to vary contact or seek to discharge SGO.

Support was provided to 27 carers and their families during the 6 month period. On average between 12-16 cases are open to Duty Support at any one time.

Financial support was provided in the form of Residence Order (RO) Allowances for 117 children during the year. Allowances ranged from £70 per week to £361 per week. The average allowance was £150 per week. Total expenditure on RO Allowances was £971,676.

Financial support was provided in the form of Special Guardianship Order Allowances for 114 children. Allowances ranged from £19 per week to £347 per week. The average allowance was £154 per week. Total expenditure on SGO Allowances was £912,691.

From July 2013 the Family & Friends team committed to providing an allocated Social Worker to every carer with an SGO or RO for a minimum of 6 months post order. Carers find this reassuring as many of them find the experience of suddenly caring for a looked after child in unexpected circumstances to be exhausting and overwhelming, and the accompanying looked after children and court processes can be bewildering. In the first 6 months post order the team offers support as carers begin to manage contact arrangements with birth parents, adjust to the changing roles within the extended family, and begin the journey of re-parenting an abused or neglected child.

The key issues commonly requiring support in the first 6 months post order include accessing appropriate housing, benefits and schooling; support around Life Story Work and how to create a secure base and promote secure attachment behaviours. Support to carers on how to adjust to their changing role within the wider family, and information on the workshops, training and monthly support group provided by the Team. Support with contact arrangements which includes supervision of contact by the allocated worker, supervision of contact by contact centres, and support to carers on managing and supervising contact themselves, and advice to carers on how to support children showing signs of distress and confusion before and after contact. Support can be offered for a longer period as required. This is determined via a review at the end of the 6 month period. During the year allocated support was provided to 45 carers and their families caring for 63 children.

**10. Integrated Child Development and Disability Service (ICDDS)**

In Brighton & Hove we have an integrated child development and disability service which has a social work service and residential short breaks service working alongside all key health services for example paediatricians, therapists, specialist nurses.

We have an integrated care pathway where all referrals are received by the multidisciplinary teams . Interventions and responses are agreed based on the child’s needs. The social work service undertakes all CP and LAC work and has very close links with the mainstream social work service. We have created shadowing opportunities with mainstream staff and participate fully in the leadership team across children’s services

A child protection pilot has recently taken place to look at how we support children and young people with disabilities to understand this process and ensure that they are consulted and their views are heard. The outcome of the pilot is that children and young people with disabilities need to be supported through this process and attend the conferences where appropriate and meaningful. Resource packs including an

accessible leaflet for children about child protection conferences will be finalised by the end of May 2014 and distributed within ICDDS, mainstream social work teams, schools, the advocacy service and CAMHS.

The children’s disability social work team have developed a range of accessible information, including The Pledge and a complaints leaflet which are available at Seaside View and the residential services. These can also be provided to other services as needed.

The team currently manages a large CIN caseload. A differentiated pathway has been agreed for families where the only reason for a CIN plan is to provide a short break package to a family that is otherwise coping well. These cases will be reviewed on a six month cycle, freeing up capacity for more efficient focus on more complex CIN cases.

Work has begun to pilot a proportion of cases stepping down to an early help plan where the short break support is at a low level. The SWROs in the team will receive training during May or June with a view to them fulfilling the lead professional role.

There is a transition team which is a combined service across children and adults, which ensures that transition arrangements are carefully managed to plan for adult services and agree outcomes for young people. We also have a transition steering group which has a multidisciplinary work plan with adult services participating directly . The service is working closely with adult services to ensure that we are compliant with the new Adult services care act .

There is currently a whole scale review being undertaken of SEN and disability led by a dedicated Assistant Director which will encompass the SEN reform agenda. This review has a focus on ensuring that we further develop integrated services with schools and improve the support available to families in managing behaviour at home with early intervention as a priority.

As part of the SEN reforms we have undertaken training with colleagues in the SEN team to implement the new code of practice and education, health and care plans. We have recently undertaken an Individual Budget pilot which has been independently evaluated from both a families’ perspective but also from a professional perspective. We have used a new resource allocation tool as part of this pilot and following the recommendations of the pilot we are looking to improve the RAS and implement this in to our referral pathway. We are also planning to incorporate the family group conference model in to our pathway as a routine offer.

The service has a behaviour support group which has representation from health , social care and schools to work to ensure we are all working collectively and consistently with children , young people and their parent carers .

A further area of focus is our work with children and young people with a diagnosis of ASC ( autistic spectrum condition ) and we have a multidisciplinary working group and a range of objectives that relate to improving support to families across school and home settings .This work is reporting in to the Health and Well being board .

Within the service we have a very proactive approach to working with parent carers and incorporating them in to all aspects of our service delivery. We have a Parent carer charter which ensures a range of measures are in place for example parent carers are involved in all recruitment and participate in all strategic partnerships . We also have a young people’s consultation group made up of children from two special schools and a mainstream secondary school which meets regularly with key leaders across children’s services .

**11. The Youth Offending Service (YOS) & Social Work Interface**

The YOS has recently moved into the same branch of Children’s Services as Children’s Social Work. The move will enhance joint working between the two services.

Over the last year there has been an increased interface between the YOS and Children’s Social Work.   For example, the YOS now has a social worker as part of the team and this worker has developed and delivered training for the Safeguarding and Review Service on the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO) and the criminal justice system. This training will now be rolled out across social work teams.

In addition, there is now a joint working protocol between the YOS and Children’s Social Work and both services have recently undertaken a Critical Learning Review on a jointly held case. The learning from this Review and the completed joint working protocol will lead to the development of a shared action plan.

Further work between managers in Children’s Social Work and YOS  is underway to look at the development needs across services and to address and develop any training required. The YOS is developing training for Social Work teams on LASPO as well as the South East 7 and Pan Sussex LAC protocol and procedures on keeping young children in care out of the criminal justice system.

Social work posts are embedded within ru-ok?, young person’s substance misuse service, and the YOS. Social workers in these services are able to support the wider staff groups in their understanding of safeguarding and issues related to working with young people in care. Social Workers also provide advice and support to workers in Children’s Social Work on specialist areas of work, such as substance misuse and youth offending.

**12. Performing Well**

**12.1 Quality Assurance**

Quality assurance in children’s social work is governed by a Quality Assurance Framework (QAF) which was introduced in June 2012 and revised in Jan 2014. The QAF brings together the variety of quality assurance methods, tools and processes which are designed to ensure that all children who are receiving a service from children’s social work are protected from harm and are receiving the best possible services to address the problems/issues faced by them and their families. The quality assurance activities include the following;

- Regular audits

- Themed audits

- Safeguarding Management Alert

- Practice Recognition and Early Resolution (children in care)

- Practice Observation

- Deep Dives

- Feedback from Service Users

*From recent audit activity some of the good features are as follows;*

* There is evidence of some very good practice around private fostering, in particular assessment and monitoring.
* Overall, the Children in Care Deep Dive found practice to be of an acceptable standard with some evidence of good practice, for example most children had a relationship with a trusted adult and children placed out of area had, in most cases, access to appropriate support services and leisure activities.
* The audit of children in care cases held in the CIN Team found that Assessment and Decision Making, and Planning and Review, were all areas of strength. The audit also found that all children were being supported in their education and had access to leisure activities. In all cases the children’s wishes and feelings had been sought and the child involved effectively in decision making. All older children had been encouraged to have high aspirations.
* The audit of CP Conference Chairs (including the direct observations of conferences) found good practice in the majority of cases. Some of the strengths include;
* the views of all conference participants are considered in all cases
* child protection plans are outcome focused in most cases
* child’s wishes and feelings are at the centre of the conference in most cases
* the Chair ensures the progress of the CP Plan in most cases
* The majority (73%) of re-referrals audited by ACAS are judged to be good or outstanding.
* The independent audit of social work cases found that the overall effectiveness of practice was good and that this was more consistently so in ACAS with practice elsewhere more variable. Most interventions (especially ACAS) were clear, timely and child-centred and there was ample evidence in all teams of persistence in sometimes difficult circumstances.

*The key issues and actions arising from the quality assurance activity during this period are;*

* Where improvement is required around private fostering this relates to the timeliness of statutory visits and the need for child(ren) to be seen alone and visits to be made to the home.
* The Children in Care Deep Dive made a number of recommendations including;
* the need for compliance with the new Missing Children Policy
* the completion of appropriate records relating to Missing Children to be monitored and supported by an ongoing training programme.
* a tracking system to be introduced to measure the impact of interventions for Missing Children.
* the rationale for placing children out of area to be clearly recorded and Social Workers, managers and IRO’s to ensure they understand historical decisions when newly involved in a case.
* management decisions must be clearly recorded.
* Supervision notes to be more analytical and detailed.
* Compliance with Recording Standards to be managed more effectively in the teams.
* IRO monitoring of cases and contact with children between LAC reviews to be addressed.
* All children in care should have an outcome focused plan.
* One of the key recommendations from the audit of Admissions to Residential Care is for there to be a review of services to adolescents which would identify how to prevent admissions to care of this age group. Related to this, is a recommendation for more intense support to children and young people and the effective engagement of young people and their families.
* The main issues arising from the audit of children in care cases held by the CIN team relate to the recording of statutory visits, PEP’s and supervision records. There were also some cases where the child’s Health Care Plan was out of timescale.
* Areas for development arising from the audit of CP Conference chairs (incl: direct observation);
* the conference decision to be properly explained and evidenced in all cases
* the need to further develop a shared view of risks and strengths
* better evaluation of new information (or a change of circumstances) when

presented at the conference

* ensure that the child’s wishes and feelings are the focus of the conference

in all cases

* The audit of re-referrals to ACAS found that improvements were required in a small minority of cases and this led to a number of recommendations being made. In summary, these relate to decision making & recording; the need for a comprehensive early help strategy to prevent repeat referrals; the use and implementation of written agreements to be reviewed; better sharing of information when cases are stepped down to CAF; and routine checks to be completed on the parents’ histories and taken into account when considering the detail of a referral.
* Where improvements are required following the independent audit of social work practice, this relates to the following;

### All children in care should have an allocated (registered) social worker

### Briefing sessions and/or training should remind staff of the requirements of data protection legislation and formal guidance

### Staff should be reminded of the local policy and procedure for achieving a ‘permanent placement’

### An internal audit should be completed to establish the prevalence and usefulness of chronologies and any required corrective action

### The frequency and usefulness of formal supervision sessions within the CIN team should be checked

### All staff should be reminded of the agency’s expectation of the location of key documents across Carefirst, EDRM and the S drive.

### All internal administrative forms e.g. ‘ACAS duty action sheet’ should be typed

### The use of ‘password protected’ documents should be minimised and preferably cease.

### Record keeping training should highlight the need to ensure that information inputted is accurate, up to date and sufficiently clear to be of use to any future reader.

*Quality Assurance Activity planned for April 2014 - Oct 2014*

During the next six months quality assurance activity will include;

* ACAS Deep Dive (July 2014)
* Regular Audits for all SW Teams (Q1 & Q2 2014-15)
* External Audit of Initial Contacts: Sept-Oct 14
* ICDDS Deep Dive (Sept 2014)

**12.2 Service User Engagement & Feedback**

A key aspect in measuring the quality of our services is the impact they have on users, and their experiences. Feedback from service users is therefore sought on a regular basis and the findings are used to inform learning and drive service improvement.

The MASH & Assessment Service seek feedback from parents/carers at both the start and the conclusion of an assessment and they are currently looking at how to improve the process of increasing the return of these. Overall, indications are that parents feel that they are treated respectively by the social worker and that their contact with the social worker was positive. As you might expect at this point of the child protection process, not all parents/carers felt that the work they did with the social worker achieved the outcome they had hoped for (89% agreed). Although, parents/carers felt that the social worker recognised their strengths as a family as well as the challenges (100% agreed). Ref: April-July 2013 feedback. The MASH & Assessment Service are currently developing a feedback process for young people.

Feedback is also sought from families by the Child Protection Reviewing Officers following Child Protection Conferences and findings show that the vast majority (98%) parents/carers understand why people are concerned about their child, and the majority (86%) where their child was subject to Child Protection Plan, said that they were clear about what needs to change/happen for the conference members to be able to consider ending the CP Plan Ref: Feb- 2013 findings.

Longer exit interviews are also completed by the Safeguarding & Review Service with parents at the end of the child protection process and overall the majority (81%) of parents felt that being subject to a CP Plan had had a positive effect on their family.

Service user feedback has been taken for just over a year now within CIN Team and 100 families are selected three times per year to receive parents and young people’s questionnaires. The findings from the feedback reflect good attempts by staff to engage meaningfully and honestly with parents and young people. The latest survey for example, shows that 94.5% of parents felt that the social worker treated them respectfully, 81% felt that the social worker understood what they were saying and how they were feeling & 92% felt that the social worker recognised the strengths as well as the challenges in their family.

Service user feedback from Children in Care is currently being reviewed and a new questionnaire has been designed to seek the views of children/young people about the support they receive from their social worker.

**12.3 Representations & Complaints (Children & Young People)**

12.3.1 Representations

The Youth Advocacy Project (YAP) is led by the views and wishes of children and young people in the care of the local authority and care leavers. It helps children and young people to speak up for themselves or put children's views across for them. It provides information and advice about their rights and any worries they have and helps them make choices. In the six months (April-Sept 2013) YAP received 80 new referrals and worked with 153 children and young people during this period. Of the young people receiving a service, 50% were male and 50% were female. Sixty percent of the young people were aged 11-15 and 18% aged 5-10. Ten per cent of young people supported by YAP had a learning disability.

A representation is “the act of conveying a child’s or young person’s view, to address aspects of service provision or decisions affecting them”. During the six months (Apr-Sept 2013) children and young people received help from YAP with a whole range of issues, the main ones being concerned with Placement Moves, Contact, and Housing. Of the representations recorded, 50% were resolved to the young person’s satisfaction and in a further 14%, the young person accepted the decision. In 21% of cases the young person did not accept the decision but took no further action but in 7% (one case) the young person did not accept the decision and made a complaint. In 7% (one case) the young person was awaiting the outcome.

12.3.2 Complaints

As reported above, most representations made by YAP on behalf of young people are resolved before they reach the formal complaint process. The number of children in care who raise a formal complaint under the Children Act has fallen and is rarely more than two per quarter (Source: Standards and Complaints Manager June 2013). Nearly all children & young people making formal complaints receive support from an advocate (Youth Advocacy Project). The reason there are so few formal complaints from young people are reasonably well understood. In the main young people simply want to get their issue resolved and are less concerned about engaging in formal processes. We are aware that the advocates in YAP do much good work to help young people to make representations and have those issues either resolved or provide explanations why they cannot be resolved.

However, it is essential that Children in Care are fully aware that they can make formal complaints and that they understand how they can do so. Social Workers and IROs play a significant role in ensuring children and young people and their carers know what options are available if they are unhappy with the services they are provided. Some of the key issues raised by Children in Care relate to Access to Records, Confidentiality, Contact Arrangements, and Placement Decisions.

1. **Leadership & Governance**

Brighton & Hove now has an established DCS and Assistant Director for Children’s Social Work. Some of the developments to date include;

* Communication within the Directorate has improved via blogs, briefings and roadshows.
* The Assistant Director holds regular forums with practitioners on the Model of Practice and this has been followed by a successful conference for all social workers
* There is public accountability
* Challenge is happening from the top e.g. via the Performance Board
* There is a strong but challenging relationship with the Chair of the LSCB
* The Directorate is taking a leading role key in strategic committees and board across the city
* In Sept 2014, working with partners, established the Early Help Hub and the Multi Agency Safeguarding Hub (MASH)
* In Nov 2014 established a Care Planning Panel to ensure that the right children enter and exit care at the right time.

**13.1 Brighton & Hove Children’s Services Strategy**

13.1.1 The Long Term Strategy

As part of a long term strategy for Children’s Services in Brighton & Hove we will deliver child centred services which lead to positive outcomes for children and families. Where outcomes are not as they should be, we will make changes to how and what we deliver. This will involve changes to how we organise the family of services that we are accountable for, including;

* Working more closely with adult services
* Extending our current Value for Money Programme
* Considering our working relationship with partners to ensure greater efficiency
* Considering other models for service delivery that we should adopt

The directorate will ensure that there is a balance of support across universal, early help and specialist services. As financial resources become more limited our focus needs to remain on ensuring that specialist services protect children while earlier help reduces the number of children requiring such services.

Over the next three years the directorate will focus on the following areas:

* Children’s Services will act as a single agency with cross team working, a positive and creative culture where performance is understood and support is linked to outcomes.
* Where there are safeguarding concerns these will be responded to promptly and appropriately through a newly established Multi Agency Safeguarding Hub (MASH).
* Where agencies identify concerns with a child and a family that are not child protection concerns they should be able to refer this to a newly established Early Help Hub.
* The workforce across Children’s Services, including those in leadership roles will have the skills to deliver high quality child focussed services that make a difference.
* Through dialogue with school and education providers across the city there will be change sot school organisation arrangements, including an investment in secondary school places.
* The voice of children and young people is central to the directorate. Clear participation and engagement with children and young people will inform the delivery of services.
* Partnership working across the city will strengthen across all agencies including the community and voluntary sector.
* Where outcomes for a particular group of children are not in line with their peers there will be a specific improvement focus, for example children in care, adolescents, BME children, disabled children or those with special educational needs, and pupils living in more deprived households.

13.1.2 Priorities for 2015-16

The following are directorate objectives taken from the directorate plan

1. Ensure the voice of children & young people is central to our work
2. Children & young people are safe
3. Prevent the need for children to come into the care system
4. The city’s early help systems are understood and used consistently by all agencies working with children. Young people and their families
5. Raise educational standards for all children and young people
6. Commission or deliver high quality integrated provision across education, health and care for children, young people and their families – promoting a whole family approach and community resilience
7. School organisation will positively respond to increasing numbers of children requiring a school place
8. Our workforce, including those in leadership roles, will have the skills they need to deliver high quality services
9. Partnership working will strengthen based on mutual respect, trust and good governance structures with agencies holding each other to account
10. Deliver efficient and effective services within the budget that has been set for the directorate supported by robust performance management
11. Promote equality and diversity across all services for children and young people

1. At mid year 2013 (projection) based on 2011 census [↑](#footnote-ref-1)
2. *The percentage of looked after children placed within 20 miles of their home address has increased. A number of children continue to live outside the geographical boundaries of Brighton & Hove (some for reasons of safety or to remain in the care of relatives/existing carers) and work continues to take place with providers to increase local placement options particularly in relation to residential care for children with specific/complex needs.* [↑](#footnote-ref-2)
3. *Published in the Children’s Social Work Workforce Statistical First Release, 6th March 2014* [↑](#footnote-ref-3)
4. Consent: Referrals to the Early Help Hub require consent to refer and to share information from the client/s, however consent is not required if the professional is making an enquiry to the Hub. [↑](#footnote-ref-4)
5. This figure is different to that submitted to the DfE due to the recording of SGOs on Carefirst. [↑](#footnote-ref-5)