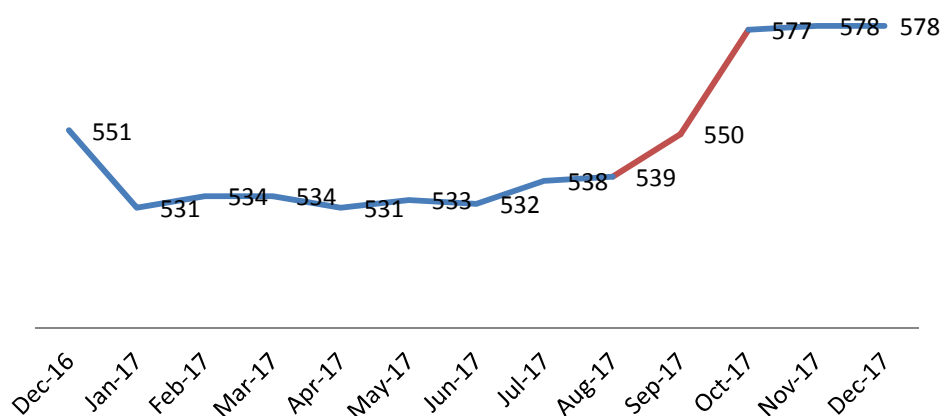


| <b>TOGETHER FOR CHILDREN</b> |  |
|------------------------------|--|
| DATE:                        | <b>January 2018</b>  |
| REPORT AUTHOR:               | <b>Jess Moore, Strategic Service Manager, Children's Social Care</b>   |
| SUBJECT:                     | <b>Children new into care</b>  |
| PURPOSE:                     | <b>To provide an analysis of children new into care and identify any recommendations and improvement actions required to enable children to remain safely at home.</b> |

## 1. Context

The number of looked after children in Sunderland remained relatively stable in the first eight months of 2017, ranging from 531 to 539 children and with small increases or decreases ranging from 2-5 children per month. However, in September 2017 there was an increase of 11 children and an even more significant increase the following month of 27 children, bringing the total number of LAC to 577 at the end of October 2017. The figure has stabilised in the past two months.

### Number of LAC

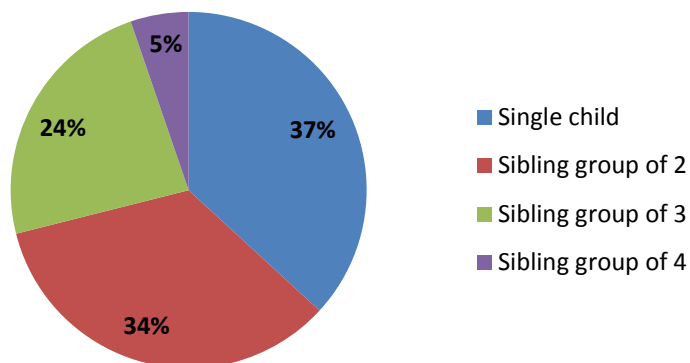


An analysis of all children who were accommodated in the two months when there was a significant increase in LAC has been undertaken to provide a better understanding of the presenting needs and risks, previous level of intervention and management oversight which informed the decision to bring them into care.

## 2. Analysis

### 2.1 Family composition

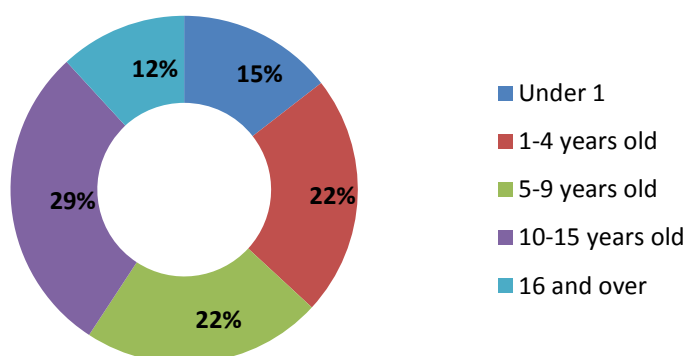
There were 32 children accommodated in September 2017 and 44 children in October 2017. 63% (48) of these children were accommodated as part of sibling groups:



54% of children were female and 46% male. 4% of children were from ethnicities other than White British.

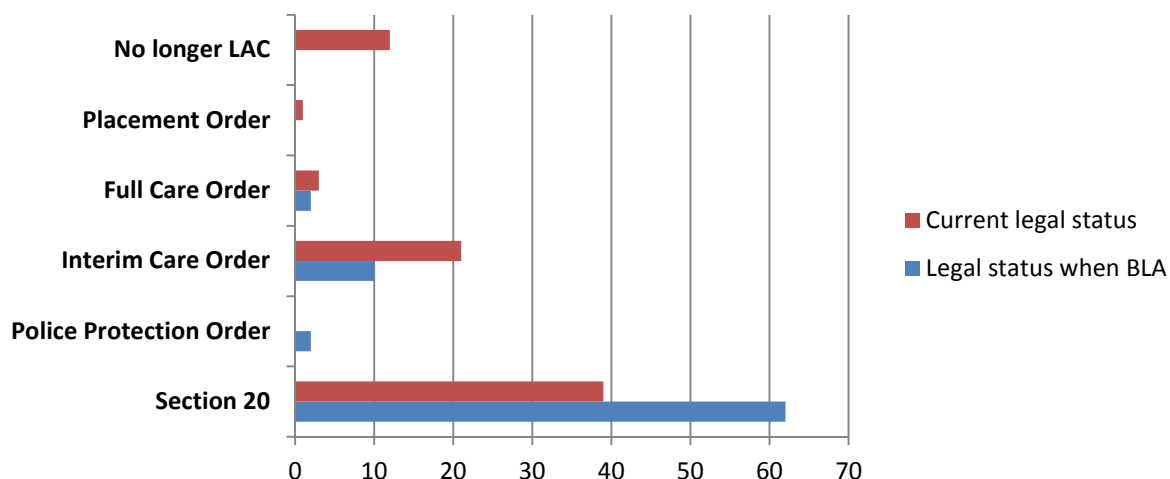
### 2.2 Age profile

The majority (59%) of children accommodated were aged 9 and under. 11% of children were newborns where their pre-birth plan was not to remain with parents. 3 of these children were accommodated directly into foster-to-adopt placements, 3 were placed with in-house foster carers and 2 were placed with connected carers.



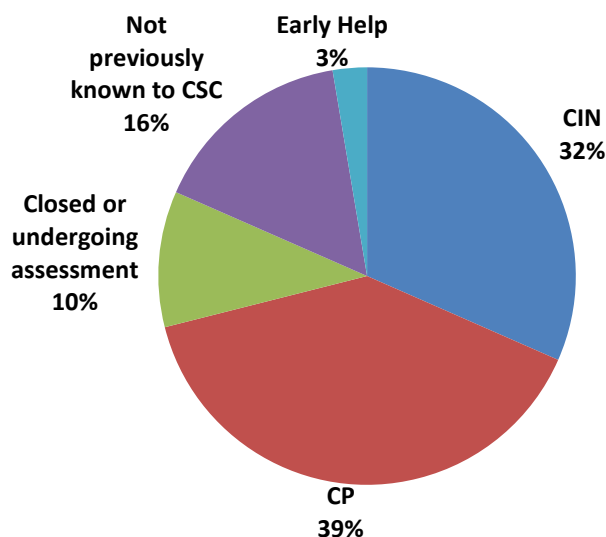
12% of children were aged 16 and over when placed. 4 of these children were disabled and had extremely challenging behaviour, with 2 having had in-patient assessments at Ferndene. 3 were young people with mental health issues and 2 were part of wider sibling groups.

## 2.3 Legal status



The majority of children were initially accommodated under Section 20 arrangements. Interim Care Orders have subsequently been granted in 11 of these cases. 12 children have subsequently left care, including 4 children who were returned to their home authority and 1 child who was returned to his home country. In several cases, the Court imposed Care Orders (including under placement with parents arrangements) when TfC's plan was for Supervision Orders or Child Arrangement Orders. In a small number of cases, Senior Manager approval to bring a child into care was not evidenced in case recording.

## 2.4 Plans and presenting concerns



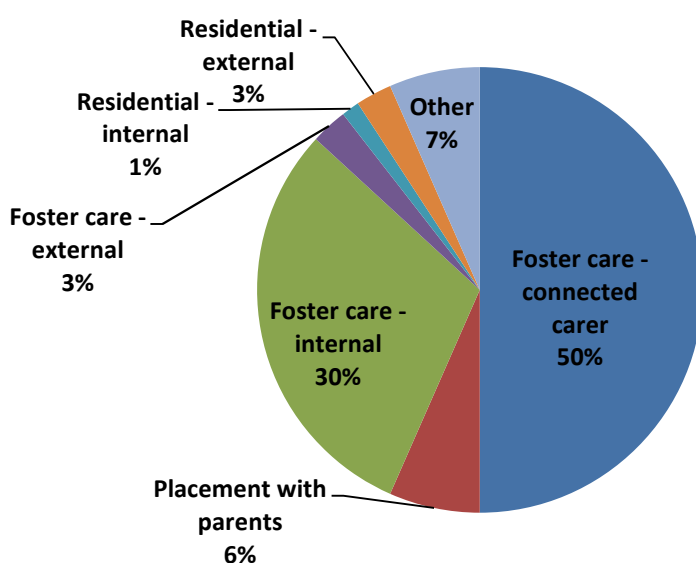
The majority of children were subject to child protection or child in need plans at the time that they became looked after. Three children had previously been looked after and were subject to Residence Orders at the time they were accommodated for a second time. 16% of children were not previously known to children's social care in Sunderland.

25% of children were removed following serious safeguarding incidents which could not have been predicted, including: disclosures of sexual abuse perpetrated by immediate family members; non-accidental injuries; disclosures of physical abuse; fabricated / induced illness; and child abandonment. 12% of children had disabilities or complex health needs.

## 2.5 Interventions

In 36% of cases, there was evidence of ongoing or previous interventions from partner services including Wear Recovery, WWIN, CYPS and the Family Group Conference service. In some cases, information from partner agencies contributed to the decision to remove the children. This included disguised compliance or non-engagement in domestic abuse programmes and/or substance misuse interventions.

## 2.6 Placement type



Positively, the majority of children (56%) accommodated during this period were placed with connected carers or parents. A further 30% of children were placed in internal foster care provision, including foster-to-adopt placements. Two children were placed with IFA providers; one by EDT out of hours after being discharged from hospital following an overdose – this child subsequently returned home two days later. Three of the children who were placed in externally-commissioned provision (2 in residential care and 1 in an IFA placement) had challenging behaviour associated with disabilities or mental health which, alongside significant parenting concerns, meant that these children were not able to safely live at home. There were no children placed in secure accommodation during this period.

## 3. Improvement actions

Whilst there is clear evidence of the application of thresholds and appropriate management oversight to support the decision to bring the majority of children into care, there are a number of improvement actions which could support some children to safely remain at home:

### **3.1 Intensive intervention service**

Our needs analysis has evidenced a gap in provision for a crisis intervention service to provide intensive support to families with complex needs where children are on the edge of care. In 13% of cases in this cohort, there is evidence that intensive family support could have reduced the likelihood of children becoming looked after where limited or no progress was being made against identified actions in CP plans. We are considering a range of options to resource this service, including remodelling existing services to provide additional capacity which will allow us to deliver within existing budgets.

The service will work intensively with families where there is a high risk of children becoming looked after, particularly children subject to CP plans where there are multiple risk factors and complex family dynamics. This approach would use evidence-based interventions tailored to a family's specific circumstances to address problems including domestic violence, parental substance misuse and poor physical and mental health.

### **3.2 Pause approach**

The cohort of children accommodated during this period included four new born babies whose mothers have had other children removed and / or adopted. TfC is one of 10 children's services selected for a scoping exercise to identify repeat removals over the last 3 years. Financial info will also be gathered to inform a cost-benefit analysis which may inform a business case for a Pause approach. Pause is designed to break the destructive cycle of repeat removals by intervening at a point when women have no children in their care. It offers them a chance to take a pause from the usual periods of chaos, anger and reaction to care proceedings in order to be supported to reflect and develop new skills and responses.

### **3.3 Public Law Outline processes**

A significant number of cases had already been considered at PLO Panel, or were referred soon after the children were accommodated under S.20 arrangements. Whilst there was evidence of management oversight and consideration of PLO processes at an early stage for planned admissions to care, we are exploring the use of short-notice legal gateway meetings to ensure legal advice and direction is clearly recorded and shared with Service Managers to facilitate robust gatekeeping.

### **3.4 Children with disabilities and mental ill-health**

A small but significant cohort of young people were accommodated following assessments which indicated they required a residential team approach to manage their complex behavioural or emotional needs. In some cases this was following inpatient assessments at Ferndene Hospital. Senior managers are liaising closely with colleagues in the CCG to ensure that discharge plans for children detained under the Mental Health Act support children to be safely rehabilitated home, wherever possible. Where this is not possible, we are developing robust joint-funding arrangements backed by a clear escalation process.

## **4. Conclusion**

There has been a recent spike in looked after numbers through September and October 2017 which put Sunderland's LAC rate at 106.3 per 10,000 as at 31 Oct 2017 (an 8.1% increase since April 2017). This reflects the national increase in the number of looked after children and an even more significant increase in the North East, (92 CLA per 10,000 children as at 31 Mar 2017).

An analysis of the 76 children who were accommodated during this period has identified a number of causal factors, including: significant safeguarding concerns which could not have been predicted, in some cases in families who were not previously known to children's social care; babies who were accommodated soon after birth as part of pre-birth plans; sibling groups where progress against CP plans has not been made over a sustained period; and children with complex behavioural or mental health needs leading to family breakdown.

This increase has been largely absorbed via internal provision, including a high proportion of family placements made with connected carers. Alongside the improvement actions identified, there will continue to be robust gatekeeping by senior managers of all requests to bring a child into care and to swiftly rehabilitate children home, whenever it is safe to do so.