

Division(s):

Annual Safeguarding Review of Looked After Children (LAC) and Care Leavers

Report of the Director of Children's Services

Purpose

1. This report focuses on Oxfordshire's current position in respect of three areas of preventative work:
 - a. **Prevention before occurrence of harm**
 - Numbers and rates of CYP in care
 - Growth in UASCs and response
 - Reasons for becoming looked after
 - Findings of North Neglect Pilot
 - Care Proceedings
 - b. **Prevention of recurrence of harm**
 - Residential and Edge of Care Service (REoC)
 - Family Group Conferencing
 - ATTACH
 - Short and long-term placement stability
 - Types of placement: Fostering, Adoption, Residential, Out of County
 - Missing from care
 - Numbers of reviews on time and numbers of CYP participating
 - c. **Prevention of impairment**
 - Health
 - Education
 - Care Leavers

Introduction

2. This report reviews the performance and outcomes of Looked After Children and Care Leavers since April 2014 and identifies key challenges moving forward particularly around understanding the causes for and then addressing the growth in the looked after population. This report was presented to the Corporate Parenting Panel in January 2016 and will be presented to the Oxfordshire Safeguarding Children Board (OSCB) in April 2016.
3. There is assurance through local performance monitoring and the Ofsted Inspection in May 2014 that, overall, looked after children are appropriately safeguarded and performance for both looked after children and care leavers remains good. 2016 will provide the first opportunity to fully review whether the Council's overarching Placement Strategy is now delivering its critical objectives: keeping our riskiest and most vulnerable children closest; becoming the most

“fostering friendly county in the country”; developing a seamless edge of care, fostering and residential pathway that flexibly responds to children and families; no out of county placements except when highly specialist provision is required by 2018; improved outcomes for children and young people; and reduction in placement and associated costs.

4. Achieving these objectives requires our key partners in health, schools, police, housing and the voluntary sector to be fully signed up to four key cultural challenges; moving from defensive to defensible practice in terms of risk management; more shift/flexible working and enhancing Oxfordshire's capacity to respond “out of hours” to support families in crisis; multi-agency family focused interventions at a time of severe challenge on resourcing; and supporting schools to achieve the highest standards around inclusive practice whilst developing high quality alternative education provision.
5. This report provides encouraging early evidence that the Placement Strategy is already having an impact on front line practice. The Residential and Edge of Care Service (REoC) is now set up to offer more robust interventions earlier, to respond more flexibly at evenings and weekends and to provide the same wrap around support to our edge of care cohort that is offered to those with "looked after" status. The purpose of these interventions is to promote stability of care for children whether this is in their family of origin or as a looked after child and to ensure that they are both safe and securely attached to their parents/carers.
6. The local authority is also reaping the benefits of the additional resource invested in recruiting in-house foster carers and achieving and supporting permanency for all looked after children. Oxfordshire is on track to approve over fifty new foster carers in 2015-16. We continue to see a significant rise in approvals of friends and family carers and we have built on our already strong performance around securing adoption, special guardianship and residence orders. Achieving permanency provides the best outcomes for our looked after children and keeps our placement costs down.
7. The Supported Housing provision was re-commissioned in April 2015 with providers being challenged to demonstrate a more flexible approach to keeping young people with increasingly complex needs both safe and supported within the pathway and the county council taking responsibility for prioritising admissions. A Review of the impact and outcomes of the re-commissioning will be completed in March 2016 and go to the Health and Wellbeing Board for evaluation but there is early evidence that providers are stepping up to the challenges of supporting this most risky and vulnerable cohort. This report does focus on the significant rise in Unaccompanied Asylum Seeking children (UASCs) and makes recommendations for meeting the growing challenges in this area. These challenges are affecting all local authorities across the UK and are not unique to Oxfordshire.
8. All service changes have taken into account the significant learning from recent serious case reviews.

a. Prevention before occurrence of harm

Numbers and rates of children and young people in care

9. The number of children looked after by Oxfordshire increased by 11% from 31 March 2014 (463) to 31 March 2015 (514). This increase saw Oxfordshire move from the 9th lowest (of 152 authorities) to 14th lowest. At 30 November 2015, 603 children were looked after which represents a 17% increase in numbers from 31 March 2015, and would place Oxfordshire 26th lowest if national rates had remained the same as at 31st March. Over the five year period 2011 to 2015, Oxfordshire saw a 16% growth in children looked after compared with 3% nationally.

Children and Young People looked after in Oxfordshire

	31/03/2014	31/03/2015	30/11/2015
Total Looked After	463	514	603
Of whom are unaccompanied asylum seekers	21	42	62
Percentage from a Black & Minority Ethnic background	23%	27%	28%
Percentage with a disability	3%	3.1%	5.6%
Male	254	291	260
Female	209	223	343
0-9 years old	181	171	214
10-15 years old	168	205	230
16+ years old	114	138	159

10. On 31 March 2015, there were 85 children who were the responsibility of other local authorities who were living in Oxfordshire (Source: Children looked after in England including adoption: 2014 to 2015, published 10 December 2015).

Unaccompanied Asylum Seeking Children

11. The number of Unaccompanied Asylum Seeking Children (UASCs) who were accommodated by Oxfordshire rose by 50% 2014/15 (21 to 42), at 30 November 2015 there were 62 UASCs accommodated. We supported 32 new arrivals from 01.04.15 until 31.12.15. 50% of these were under 16 at the time of arrival and 50% were aged 16 and over. These rises are similar to those experienced by other local authorities.
12. This increased demand has led to unanticipated pressure on availability of placements and on budgets across foster care, residential care and supported housing provision. There are safeguarding concerns in relation to this group: both in terms of keeping safe those who have newly arrived and of keeping safe those they are placed with. At the time the young person is placed their needs, risks and vulnerabilities are completely unknown. Managing these risks should be understood alongside other related agenda such as PREVENT. The numbers of new arrivals are fluctuating and unpredictable therefore require systems which

can flex sufficiently to meet changing demand safely and cost effectively. Unless there is a significant decrease in the number of new arrivals, the overall number of UASCs requiring our support and accommodation in the fostering, residential and Supported Housing Pathway will continue to increase as new arrivals are entering faster than established UASCs are discharged. Very few UASCs get refugee status, and without this it is impossible to move them out of the Pathway as they cannot work or access benefits and social housing, and we continue to have a duty to house and support them. The delays in processing asylum claims by the Home Office exacerbate this problem, and efforts to try and address this have not proved successful.

13. New arrivals need time and intensive support to learn about life in the UK, cultural differences and keeping themselves safe. This is provided by their social workers and housing workers and via the Orientation Programme which is commissioned from The Children's Society. During this period of learning, they are particularly vulnerable to exploitation and negative influences from more established members of the asylum-seeking community. There is of course also very positive support provided to new arrivals by more established asylum seekers, which is vitally important to their learning and their emotional well-being.
14. Staff have been made fully aware of the risks of trafficking and a specific protocol is used by staff and the police. Awareness of the PREVENT strategy and the risks posed by radicalisation is equally critical. Some new arrivals have relatives in the UK. There is a contact protocol in place to address safeguarding needs. Some UASCs go missing, almost immediately and the missing children policy is followed thoroughly. Many new arrivals have mental and physical health needs due to abuse and trauma they have suffered in their home countries and on their journeys to the UK, and in adjusting to life without their families. It is essential that these needs are met swiftly by professionals who have knowledge and experience, particularly counselling support. The UASC team closely monitors any concerns about drugs or sexual exploitation amongst the UASC cohort with the police, Key2 housing provider and the CSE Kingfisher Team.
15. As they turn 18 and many of their claims for asylum are refused, this cohort of young people become particularly vulnerable to exploitation, and also under pressure to exploit others. The Home Office continues to deport very few former UASCs. This means that they are left with no recourse to public funds and no legal right to work. The UASCs whom we continue to support are believed to be under pressure to support and help these members of their communities, which can lead to them letting people stay in their accommodation, and sharing their incomes with them.

16. The table below shows the changing pattern of the nationality of the UASCs who are presenting to Oxfordshire.

Unaccompanied Asylum Seeking Children/YP presenting in period:

Nationality	Afghan	Albanian	Chechan	Egyptian	Eritrean	Ethiopian	Iranian	Iraqi	Sudanese	Syrian	Turkish	Vietnamese	Total
2013/14	5	13	1	0	5	0	0	0	0	0	2	0	26
2014/15	6	13	0	3	12	0	0	0	0	1	0	3	38
2015/16	7	3	0	1	12	1	1	2	1	0	0	1	29

17. Whilst national trends are difficult to predict the following tentative conclusions can be drawn to inform future planning. Children and young people continue to leave Eritrea in large numbers, and there is now an established Eritrean community in Oxford. Albanians are almost certain to be refused the right to remain by the Home Office, so may be choosing to stay in the UK illegally and not make themselves known to authorities. We need to continue to carry out thorough age assessments and not rush to place young people with members of the community who have "found" them and want to care for them as these links may be exploitative. Syrians are presently leaving their country in family groups as it remains so dangerous for anyone to stay behind. The Syrian Vulnerable People's Resettlement Scheme (SVPRS) offers support only to whole families, so their accommodation is negotiated with local housing authorities, not the county council. We believe that the majority of minors we support have some links in the local area or UK so families have some reassurance that someone will be keeping an eye on their child. These local links may not yet be established within the Syrian community. We anticipate an increase in the numbers of Afghani young people arriving, given the worsening security situation in this country and well-established Afghani community in Oxford.
18. This report recommends that a strategic task group comes together in 2016 to make sure we are taking a proactive approach to safeguarding UASCs and ensuring that not all the support services are concentrated in the City so we can begin to use housing provision and develop support across the whole county.

Reasons why children become looked after

19. 287 children entered care in 2014/15, 148 for the reason of abuse or neglect. 45 children who started to be looked after in 2014/15 had had a previous episode of care. 21 of these were within 12 months of the previous care episode. 178 had been subject to a child protection plan, of these 115 had been subject in the 12 months prior to the care start date.

Needs of children becoming looked after in period:

Category of Need	Year ending 31/03/14		Year ending 31/03/15		30/11/2015	
	Number	%	Number	%	Number	%
Abuse or Neglect	130	43.3%	148	75.5%	134	68.4%
Child's Disability	7	2.3%	2	1.0%	4	2.0%
Parental illness or disability	23	7.7%	22	11.2%	13	6.6%
Family in acute stress	45	14.7%	32	16.3%	23	11.7%
Family dysfunction	63	21.0%	43	21.9%	33	16.8%
Socially Unacceptable Behaviour	3	1.0%	1	0.5%	2	1.0%
Absent Parenting	29	9.7%	39	19.9%	31	15.8%
Total	300		287		240	

Abuse or Neglect by sub category

Sub Category	Year ending 31/03/2014	Year ending 31/03/2015	Year ending 31/03/2016 (at 30/11/2015)
Abandoned (including home alone)	0	2	0
Child or young person as abuser	0	1	0
Child sexual exploitation	10	1	2
Deliberate Self Harm	0	3	0
Domestic Violence	22	19	15
Emotional Abuse	8	3	8
Neglect	35	47	53
Physical Abuse	30	21	18
Sexual Abuse	9	13	12
Not Recorded	16	38	26
Total becoming looked after under the category of Neglect or Abuse	130	148	134

The key findings from the North Pilot

20. Between January 2015 and May 2015 OCC led a pilot project in the North of Oxfordshire which focused on establishing more effective ways of working to support better outcomes for children on Child Protection Plans for neglect. It involved a wide range of practitioners from services, including, health, schools, social care, criminal justice, Children's Centres and Early Intervention Hubs. The key findings were:

- **Multi-professional working is critical** to effectively support and challenge families with Child Protection Plans for neglect to make and sustain change. A

collective agency approach must be based on a shared understanding of the child protection issues and a clear definition of what needs to change.

- **Family engagement is the critical factor** in enabling change. For a family to be engaged, they must understand what needs to change and feel involved in the decisions about how to make that change. Where there is non-engagement, effective multi-agency working is even more critical to bring the different skills, expertise and relationships of different practitioners together to engage the family.
 - Effective multi-professional working is developed through **opportunities to share knowledge across services and participate in multi-professional training**, as this builds confidence, knowledge and a common language and understanding among professionals.
 - Ensuring there is capacity for practitioners to **deliver intensive support** to support, and test, a family's capacity for change is vital to instigating positive change in complex families. Practitioners must enable families to change by modelling the required change, not by completing it for them.
 - Understanding and planning for the needs of the whole family is vital to achieving better outcomes. Embedding the **'Think Family' approach**, services for children and adults plan together for the needs of the whole family is critical if support networks are to be made sufficiently robust to sustain positive change. Practitioners must be proactive in making these connections and links.
 - Practitioners need to be able to **assess and adequately evidence the impact of neglect on outcomes and the capacity of families to enact change**. The right tools need to be in place to support this and enable practitioners to be confident in gathering and presenting evidence of change, or the lack of it, and its implications for the child's outcomes.
21. The pilot made a number of practical recommendations as to how professionals could strengthen their joint work with families, in order to improve outcomes for children. These recommendations included:
- i. Strengthening the function of the core group, which is the forum where issues are identified and actions agreed between professionals and with the family
 - ii. Ensuring that support is in place at critical points during the child's journey, for example when the move schools
 - iii. Strengthening professionals knowledge of neglect and their ability to evidence its impact
 - iv. Ensuring support is in place for the whole family by improving links and communication between services for children and those for adults.
22. Following the conclusion of the pilot, a task group, made up of professionals from a range of agencies, has been established by OSCB to implement the recommendations across the County. We anticipate that improved practice in neglect will have a dual impact on the care system: risks to children will be reduced and they will continue to remain in their families of origin, avoiding harm

and family breakdown; and children whose needs can only be met by leaving their families of origin will enter care at an earlier stage having suffered less damaging and harmful experiences.

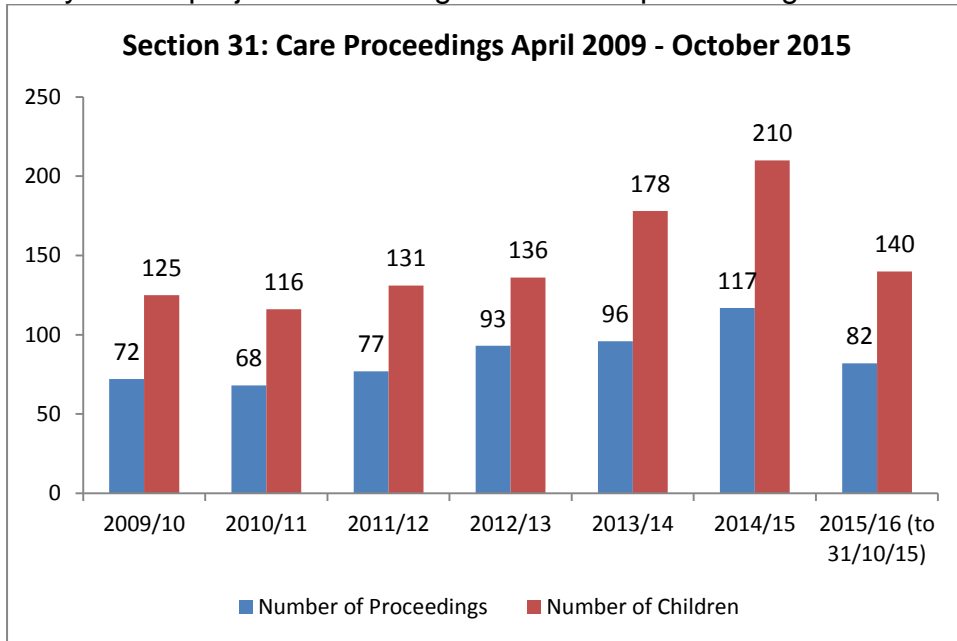
Previous interventions for children commencing a period of care

	01/04/2014-31/03/2015		01/04/2015-30/11/2015	
Number who became looked after in period	287		240	
Previous Interventions	Any point prior to entering care	12 months prior to entering care	Any point prior to entering care	12 months prior to entering care
- None (excl. UASCs)	38	80	41	61
- UASC	38	38	29	29
- Early Intervention Service	66	50	68	54
- Child in Need Plan	19	18	19	17
- Child Protection Plan	178	115	142	111
- Looked After	45	21	28	12
Number with more than one previous intervention	77	31	71	36
Number who had a request made to REoC Service	n/a	n/a	31	31

23. There has been previous concern about some children coming into care before intensive family support interventions have had an opportunity to divert or prevent the need for the child to become looked after. With the formation of the new Residential and Edge of Care service families are now being advised that the area social work team and REoC will work together to test out intensive support packages over a period of at least four weeks seeking to reduce risk and improve outcomes before accommodation is considered. This will apply in all situations where there are not immediate safeguarding risks.

Care Proceedings

24. The table below evidences a dramatic and sustained rise in the number of children subject to care proceedings within Oxfordshire over the past three years. If we have the same rate of children and proceedings to the end of this year the projected 15/16 figures are 141 proceedings and 240 children.



b. Prevention of recurrence of harm

Residential and Edge of Care (REoC) Service

25. Over recent months the Corporate Parenting has undergone a significant restructure, part of which has seen the formation of our new Residential and Edge of Care Service (REoC). The REoC team is now working alongside the area teams to provide intensive therapeutic, behavioural and practical, flexible community support packages for children on the edge of care or placement disruption and young people on the edge of homelessness. These packages allow us to better determine risk levels for these children and to weigh up the risks of placing the child in care against those of keeping them in the community. It also allows us to properly assess and plan which outcomes need to improve and monitor whether the community support package or the placement is having the desired impact.
26. REoC will be the initial point of entry to a three tiered residential and edge of care pathway (2 new Assessment Centres, our current 2 Children's Homes, and 2 further Move On provisions) being implemented over the next 9 months. The pathway is closely aligned to our fostering provision to ensure we can step children up and down according to their needs. The first Assessment and Move On homes open in Thame and Didcot in February/March 2016 and bring together alternative education and outdoor learning provisions, Lead Advisory Teachers, qualified Social Workers, Family Support Workers, Psychologists, Psychiatrist, Family Therapist and Health Nurses, whom form a team around the child and family, providing an intensive therapeutic intervention programme, with the added value of being available out of office hours, and incorporating a rapid response provision.
27. Staff will work both residentially, and provide flexible Edge of Care services to vulnerable families, thus allowing them to develop consistent relationships with young people and their families as they move through the pathway. The second Assessment and Move On Homes in Eynsham and Witney will follow later when completed in the summer of 2016. REoC will be taking on "case holding responsibility" for up to 30 cases and have delegated authority for up to another 170 families in each Assessment Centre. Between 1st April 2015 – 1st December 2015 the REoC service has worked with 270 referrals particularly focusing on practical family support and respite during evenings and weekends.
28. The REoC service has been radically reconfigured for two critical reasons:
 - To ensure that within county more of our children have access to safe, flexible, specialised, and adaptive family centred care planning, that is underpinned by warm, trusted and nurtured relationships with professionals; where we can more closely monitor that interventions are improving their outcomes.
 - To significantly reduce our spend on the external placement budget.

29. There is growing evidence from the REoC service that respite interventions and direct work with children, young people and their families is helping to achieve:
- i. Fewer children entering care, more secure attachments within families and increased ability to safely care for children.
 - ii. Placement stability within the wider LAC population including fostering and adoption.
 - iii. Planned and appropriate entry to the care system for those children who cannot stay with their families, with a better understanding of the risks and needs of a child which has informed better placement matching and stability
 - iv. Rigorous referral and assessment practice which has led to more scrutiny/challenge of care plans and risk assessments.
 - v. More regular review of outcomes and risk assessments
 - vi. Cost effective support for young people
30. A longer term evaluation will be needed to explore how the added function of short term residential care can achieve the goal to safely prevent care and produce positive longer term attachments and outcomes for children (particularly adolescents) and their families. As of January 2016 REoC is using Outcome Star data to monitor progress for children and their families referred to the service.

The Family Group Conference (FGC) Service.

31. Over the past 12 months the FGC service has refined its focus and works much more closely with families subject to safeguarding and legal proceedings. The FGC process has been used, with some success, to encourage families to come together to explore their difficulties. A number of families have come together very effectively to put forward positive care plans within the family network. During 2014-15 all FGC coordinators have received advocacy training and we have seen an increase in participation of young people in their FGC. In the past 12 months 294 young people have participated in person in their FGC. The participation of fathers/male carers has increased: 84 fathers attended an FGC (88% of possible total). On average we achieve 10.5 family members attending their FGC.
32. In 2014 -15:
- 128 initial FGCs were held.
 - 69 review FGCs were convened.
 - 73% of families who had an initial FGC also participated in a review - this is a higher level of engagement in the process than reported by other authorities.
33. Discussions have been held with the area social work teams and Fostering service to consider a role for the FGC process in tackling the demand for multiple family and friends viability assessments when legal proceedings have

been initiated. We are looking to work with the local judiciary to use an FGC to narrow down the field so that potentially only two assessments are conducted.

34. To date in 2015-16 75% of referrals to the FGC service relate to families where there are identified safeguarding concerns or legal proceedings are being considered. In many of these cases the FGC has contributed to a reduction in the level of statutory intervention with families.

The ATTACH team.

35. The Attach team works directly with all kinds of carers on enhancing placement stability for LAC and adopted young people. The team is made up of 3.6fte senior Social Workers and Clinical psychologists. Clinical work is underpinned by a theoretical understanding of the importance of attachment relationships on all aspects of a child's development. A Fostering attachments group is run twice yearly for foster carers and adoptive families. The team is critical to maintain Oxfordshire's excellent performance around short and long term placement stability which improves outcomes and keeps placement costs down (see paras 40 and 41).
36. In addition to assessment and clinical intervention the team offers consultation to Social Workers, schools, LAC health nurses and paediatricians and the adoption Support team. The team also carries out sibling assessments to advise in legal proceedings when care planning is required for a number of children from the same family. Since April 2015 six sibling assessments have been completed.
37. From 1st April 2015 Attach has received 112 enquiries of which 82 have been accepted as referrals to the team for direct assessment and/or treatment work. The team currently holds a combined caseload of 111 cases. Nearly 70% of young people referred to Attach are aged 13 years and under. 50% of current referrals are for adopted children and their families.
38. The, Consultant clinical Psychologist has led a multi-disciplinary group working to develop a model of therapeutic assessment and intervention for the new REoC service which is joined up with CAMHs
39. To better measure it's outcomes and impact the Attach team is ensuring that: baseline measures are undertaken with all referred families; RCADS (assessment measure of depression/anxiety in the child) are used in appropriate cases; SDQ reviews will continue where LAC Nurses log high scores for LAC; validated measures are used with all group work to strengthen evaluation; a systemic measure of trauma will be initiated; client satisfaction feedback questionnaire (based on IAPT guidelines) will be encouraged and collated to help monitor the development of therapeutic intervention; and feedback will be sought from referring Social Workers to ensure that therapeutic intervention is integrated with wider practice.

Short-term placement stability

40. In 2014/15 7% of children who were looked after had 3 or more placements within the year. At 30 November 2015 4% of looked after children had had 3 or more placements. Regular monitoring continues of these children who have two moves in the year to enable short-term targeted interventions to try and prevent a third placement move in the year.

Long-term placement stability

41. Long-term placement stability is measured as children aged under 16 who have been looked after for more than 2½ years, who have been in the same placement for at least 2 years. Oxfordshire's performance of 70.5%. Provisional figures at 30 November 2015 are showing that this rate will be maintained for 2015/16.

Types of placement: Fostering, Adoption, Residential, Out of County

42. 56% of children looked after at 31 March 2015 were in a placement provided by the local authority, this is line with the national and statistical neighbour figures, 38% of children looked after were in a placement provided by the private sector.
43. Nationally 61% of looked after children were placed within the local authority area, Oxfordshire's statistical neighbour group (which includes Buckinghamshire, Hampshire and Hertfordshire) was below the national average at 59%, Oxfordshire had 71% of its children looked after placed within the County.

Children looked after at 30 November 2015, by placement location

Placement Type	Placement Location			Total
	Oxfordshire	Neighbouring Authority	Other Authority	
Placed for adoption	16	3	13	32
Secure Unit	0	0	1	1
Children's Home	39	21	33	93
Placed with parents/person with parental responsibility	12	0	0	12
Independent Living	41	1	0	42
Foster placement with relative or friend	84	9	10	103
Foster placement with other carer	242	41	26	309
NHS/Health Trust	1	1	0	2
Family centre or mother and baby unit	2	1	0	3
Residential school	3	1	2	6
Total	440	78	85	603
At 30 November 2014	363	70	76	512

Fostering

44. At the end of November 2015 of the 603 children looked after, 411 were placed in a foster placement (including 103 placed with family and friends). Oxfordshire currently has 339 in-house foster carers who offer a range of provision from relief and short break care to long term and specialist provision.
45. Recruitment and retention of foster carers remains the highest priority due to the need to sustain in-house provision to meet the demand for in-house placements and replace those who leave for reasons such as age/retirement etc. There is also pressure being experienced across the country on the existing pool of foster carers because young people are now entitled to stay with their carers until the age of 21 under new Staying Put arrangements. Choice of local placements is critical to placement stability as it enables the children to maintain key relationships within their existing school or support network.
46. In November 2015 we launched a campaign for Oxfordshire to become the "most fostering friendly county in the country" based on our feedback from foster carers about what makes a difference in terms of recruitment and retention. A fostering friendly covenant has been developed. Foster Carers who work for participatory employers now qualify for up to 5 days paid leave to undertake fostering duties. So far Oxfordshire County Council, Oxfam, Oxford City Council, Home For Good (fostering and adoption charity), Fitzwaryn School (The Propeller Academy Trust), and the Bishop of Dorchester have signed the pledge with other partners such as Oxford University likely to sign in 2016. 28 new unrelated foster carers have been recruited since April 2015 and there has been a significant increase in approval of Family and Friend carers resulting in increased in house fostering provision. This year we have successfully recruited a number of foster carers to provide permanent foster placements. This has resulted in significant savings for the local authority (on the costs of IFA and residential provision) and enabled these children to remain in Oxfordshire close to local support networks.
47. This year has also seen the development of a Supported Lodgings scheme managed within the Fostering Service. To date two Supported Lodgings placements have been made, three more carers have been approved and when fully operational the scheme will provide up to 16 placements for young people assessed through the supported housing pathway.

Foster Care Support

48. During the past year the following new initiatives have been launched to improve support to foster carers as this is one of the most significant factors in retaining foster carers:

Keeping Foster and Kinship Carers Supported (KEEP), a training programme based on MTFC principles, is offered to mainstream foster and kinship carers. OCC was a pilot for KEEP Standard for mainstream/ kinship carers with children aged 5- 12. This proved very successful and a number of staff have been trained to deliver KEEP Standard and two further programmes:

- KEEP Safe for carers of adolescents
- ADoPT for adopters

49. This year Oxfordshire was selected as one of 5 local authorities to participate in the TEND Programme Pilot (Training to Enhance & Nurture Development) as part of the Department for Education (DfE) Innovation Programme. TEND is a new group video coaching programme designed specifically to support foster and kinship carers who are caring for infants aged 0-48 months. We are running two TEND Programmes this year, the first of which has just been completed. A grant of £70,000 was awarded to OCC to pilot this Programme. These Programmes have been instrumental in supporting and retaining carers and contributing to placement stability.

Mockingbird Family Model

50. Earlier this year Oxfordshire was one of 8 fostering agencies to be awarded DfE funding (£150,000) to pilot the Mockingbird Family Model (MFM). MFM is an award-winning, innovative model for foster care, developed in Seattle, USA, which focuses on peer support for foster carers. The model develops a hub and constellation fostering service, which establishes a sense of extended family and community around our Looked After children and young people. To date two MFM hubs have been launched, one in the North and one in the city and a third hub is planned for the South.

Out of Hours Telephone Support for Foster Carers

51. We have recently launched an out of hours telephone support for foster carers dealing with more challenging young people and children and families known to REoC. The service is provided from 5pm to 11pm during the week and 8am to 11pm at week end and combines experienced managers offering telephone support with family support workers who provide a rapid response going into the home when required.

Adoption

52. Achieving permanency remains the single most important factor in improving outcomes and safeguarding children's welfare within the care system. 37 children were adopted in 2014/15, this represents 15% of children who ceased care in the year, and this figure remains in line with our statistical neighbours and slightly below the national figure of 17%. The average time between a child entering care and moving in with their adoptive family, for those who were adopted in the year, was 451 days, the national average was 628 days, our statistical neighbour average was 624 days, (14/15 national data not yet published). 27 children have been adopted up to the end of November 2015.

Special Guardianship Orders

53. 17% of children (39 children) who ceased care in 2014/15 exited due to a Special Guardianship Order being made, this figure is higher than both the

national and statistical neighbour figure of 11% (14/15 national data not yet published). 19 children have had a SGO made up to the end of November 2015.

Residence Orders

54. Nine (4%) children exited care due to a Residence Order in 2014/15. 7 children have exited care to a Residence Order up to the end of November 2015.

Adoption Support Fund

55. This year saw the launch of the Adoption Support Fund. This is a government fund for the provision of support to adoptive families. The local authority can now make an application to this fund on behalf of adoptive families to access funding for support such as therapeutic support for adopted children. The local authority must undertake an assessment to determine the need for this support. It has just been announced that this funding will be extended and increased over the coming year.

Regional Adoption Agencies

56. As part of the Adoption Reform Programme, in June 2015 the Government issued a paper titled Regionalising Adoption. The aim of the regionalisation agenda was to:

- speed up matching of children with adopters
- improve adopter recruitment to make sure that it is more effective and linked to the needs of children waiting
- Ensure that high quality adoption support services are available nationally

57. The paper proposed the creation of Regional Adoption Agencies which would take the form of local authorities and Voluntary Adoption Agencies joining together to deliver services. The government has allocated £4.5 million to support the move to Regional Adoption Agencies. Adopt Berkshire is the shared adoption service for the Boroughs of Bracknell Forest, The Royal Borough of Windsor and Maidenhead, West Berkshire and Wokingham. In October 2015 Adopt Berkshire together with Oxfordshire, Reading Borough Council, Slough Borough Council and The Cornerstone Partnership submitted an Expression of Interest to form a new regional Adoption Agency. This was successful and the government has allocated funding to support this development. The first phase will involve Slough and Reading with a view to Oxfordshire and Milton Keynes joining in the second phase. A project team has been established to develop a model for the new RAA involving representatives from each agency. The anticipated timescale for implementation is over the next two years.

Out of County Placements

58. At 31 March 2015, 28% of children were placed outside of the local authority boundary. Given that the 31 March 2014 figure was 27% Oxfordshire has therefore done well to find in county capacity to meet the 11% rise in care population over this twelve month period.

	20 miles or less		Over 20 miles		*Distance known or not recorded	
	Inside LA boundary	Outside LA boundary	Inside LA boundary	Outside LA boundary	Inside LA boundary	Outside LA boundary
Oxfordshire	54.0%	4.0%	11.0%	22.0%	7.0%	2.0%
National	54.0%	23.0%	4.0%	14.0%	3.0%	3.0%
Statistical Neighbour	58.0%	11.0%	8.0%	18.0%	2.0%	2.0%
At 31/12/2015	55.0%	4.0%	9.0%	22.0%	8.0%	2.0%

* "Home" address unknown or distance not recorded. This may occur with Unaccompanied Asylum Seeking Children or, for reasons of confidentiality, distance and LA of placement may not be recorded for some children including some children placed for adoption. The good news is that more children are being placed closer to home and within Oxfordshire, despite the 18% increase in numbers of LAC from 31/03/14.

59. The council only places children with providers who are rated 'good' or 'outstanding' by Ofsted, unless, in exceptional circumstances, where permission is granted by the Corporate Parenting Manager. Other pre-placement checks and visits to homes are made for planned residential placements in line with the regulations. If the Ofsted rating falls below 'good' for any fostering provider they are removed from the approved provider list.

Missing from Care

60. The current position in relation to Looked After Children who are reported missing:

- At 30 September 2015 Oxfordshire was responsible for the welfare of 577 looked after Children (LAC), including supporting 47 Unaccompanied Asylum Seeking Children (UASC).
- Of these, 91 children were in residential placements, 12 in our local authority provision, and 79 in private residential placements, many of whom are more than 20 miles from the young person's home address.
- 103 children were placed with an Independent Fostering Agency (IFA), an increase of 10.7% since 1 April 2015, of whom 45 were in Oxfordshire. If a young person goes missing from such a placement the local authority must be notified in line with the Missing Children's Strategy published in August 2014.

61. Comparison and Trends (based on the last 12 months):

When the above figures are compared with September 2014, the following trends are observed:

- There has been a 10.7% increase in our LAC population
- There has been a 17.5% increase in the presentation of UASCs
- There has been a 19.7% increase in the placement of children in private residential placements
- There has been a 9.6% increase in the placement of children within Independent Fostering placements (IFAs)

62. Numbers of missing children:

The table below shows the total number of children who have been reported as missing to Thames Valley Police (TVP) in the period 1 April - 30 September 2015. To better understand the context and frequency of the missing episodes reported, they have been organised into 4 escalation scales (fewer than 5 episodes, 5-9, 10-14, 15-19 and 20+).

Number of episodes	Number of Children	
	01/04/14 to 30/09/14	01/04/15 to 30/09/15
Fewer than 5 episodes	327	463
5-9 episodes	22	27
10-14 episodes	2	3
15-19 episodes	1	1
20+ episodes	4	1
Total	356	495

This shows over the two year period 2014 -2015:

- A 39.0% increase in overall Missing Children’s reports being made to TVP.
- Of these, 40.6% are open cases to Children’s Social Care (CSC)

63. The Missing Childrens Panel is of the view that this increase is attributable to improved reporting and recording of information rather than increasing numbers of children going missing. The increased figures should therefore be seen as a sign of agencies (including schools and supported housing providers) being far more effective and proactive in reporting missing episodes than hitherto.

64. It is evident that the number of children with 10-20+ repeat missing episodes has actually reduced. When set against the significant increases in our LAC population and the increased use of statutory placements, this suggests that we

are managing our repeat missing children cohort more effectively by using Multi-Agency Risk Assessment and Management Plan (MARAMP) processes. This is supported by a recent report which illustrates that CSC have completed about as many MARAMP's in the first 5 months of this year as we did for the duration of 2014/15. As of September 2015 there is facility for MARAMP's (for both LAC and non-LAC children and families) to be available to frontline officers within the Risk Management Occurrence within NIECH (Thames Valley Police IT system). This has allowed missing risks to be more clearly understood by operational staff; and has enabled proportionate responses to be assigned to the enquiry without compromising need or risk.

Numbers of reviews on time

65. Ensuring LAC Reviews are held on time is critical to ensuring children are safeguarded. In 2014/15 Oxfordshire Reviewed 92% of children on time and 95% of those reviewed participated in their Review. The timeliness has been maintained for the first six months of 2015/16 (national data is no longer published). Robust monitoring is now in place to challenge late Reviews on a monthly basis.

c Prevention of impairment

Achieving best possible outcomes for LAC

Health

66. Oxfordshire continues to improve performance for children looked after with 99% of all children who had been looked after for at least 12 months at 31 March 2015 receiving a health assessment.

Health measures for Looked After Children

	Oxfordshire 2013/14	Oxfordshire 2014/15	Statistical Neighbour average 2014/15	National average 2014/15
Aged 0-4 receiving a health check	100.0%	100.0%	92.0%	89.4%
Annual health assessment	96.0%	99.0%	87.8%	89.7%
Immunisations up to date	90.0%	93.2%	92.8%	87.8%
Identified with substance misuse problem	8.4%	8.4%	7.0%	5.0%
Emotional and behavioural health of children	16.9	15.8	14.3	13.9

Education

67. Educational performance is fully covered in separate reporting through the Education Scrutiny Committee.

Care Leavers

68. Oxfordshire County Council currently supports 389 care leavers to become independent adults. 81 of these are unaccompanied asylum seeking care leavers. This year 2015, we are supporting 33 care leavers between the age of 21 – 25yr compared to 24 in 2014 as we are keeping cases open to enable educational studies to be completed or until the transition to adult support services is made.
69. Wellbeing support:
An increasing number of care leavers are accessing Mental Health support (39 in 2013 to 54 in 2015) There are other care leavers who would benefit from this service but are not engaging with it currently. Likewise this is the situation for those young people involved with drug and alcohol services. This group of young people will be identified in the current 16 - 25yrs transition group work to ensure we are endeavouring to meet their needs and are ready to respond at the point they are ready to engage.
70. Half of the young people who are engaged with Mental Health Services are maintaining EET and are suitably housed, the other half are maintaining their

accommodation however are not at the point whereby EET is achievable. There is a greater emphasis from Ofsted and DfE for improved EET outcomes and long term suitable housing.

71. Education, Employment and Training (EET):
Our current EET performance for care leavers 16 - 25yrs is 66% which is an increase on this time last year (55%). For the year 2014 the overall national EET position of care leavers was 59 %. In Oxfordshire in 2014 our NEET 19yr olds dropped to 23.2% (whole cohort 3.7%) from 32.5% which is a move in the correct direction. Performance is being regularly reviewed as part of the county councils new EET strategy for care leavers.
72. 5 of our care leavers successfully completed university this year and we currently have 11 attending university. We have also had an increase in the number of former care leavers approaching us to reengage with EET between 21 and 25 yrs. of age who had been closed to us at their 21st birthday. We have made a positive offer to the 6 young people who applied to us this year, which is an increase from the 2 applications that we received in 2014 following the extended duty that the leaving care act introduced to this group.
73. On-going barriers to increasing EET performance include higher costs of travel as well as an increasing number of young people with complex difficulties which impedes their ability to participate in EET. We are offering financial incentives to young people to engage in EET so that it is more beneficial than remaining on benefits. We also acknowledge that only 124 of the 389 care leavers (31%) have achieved level 2 GCSE education or above therefore, this combined with low self-esteem results in them being less competitive in the marketplace. We changed our incentive system in the last financial year from giving a cash lump sum £200 at 19yrs for 6months of EET engagement, to a weekly allowance for 100% attendance. This change has seen positive results especially in the south of the county where EET performance increased from 29% to 45% (16% increase).
74. Oxfordshire County Council has agreed to introduce a positive recruitment policy which will ensure that care leavers will be guaranteed an interview for jobs within the council. Previously this only applied to apprenticeships. This is something that we asked for last October at CPP and are happy to report that we have been able to achieve this. We are now extending the challenge to our partner organisations and commissioned service providers to offer opportunities to care leavers to help grow their skills, experiences and opportunities.
75. Some of our most vulnerable young people are moving into our care leaving population due to child sexual exploitation, Asylum Seeking and youth homelessness. Securing suitable housing to ensure their safety and wellbeing brings about new challenges and new financial demands.
76. At December 31 2015 89% of our care leavers population (347/389) is suitably housed. Although this figure puts us significantly above the national average and statistical neighbours, providing suitable accommodation, support and independence preparation remains a focus for us. The leaving care act requires

us to avoid moving young people who are settled. We currently have 10 care leavers in foster placements under Staying Put legislation post 18yrs which is offering those settled in long term foster placements an experience similar to their non-care peers. For the majority of our care leavers the accommodation will be provided within our new Supported Housing Pathway and an exit plan at the end of this. Approximately 69 of our care leavers will need the security of District council social housing. Oxford City Council continues to be the major provider and meets with OCC on homelessness prevention and priority Move On spaces for our care leavers.

77. Challenges:

- The budget pressures and savings to be made further to the government's announcement in the comprehensive spending review.
- Increases in LAC leading to increase in care leavers. This plus greater numbers of care leavers returning for EET and those continuing in EET place an additional cost on budgets. Each case needs reallocation of workers, active case support and financial assistance.
- Accommodation that is affordable, supportive, offers stability and is that is close to home.
- Our exit pathway presents us with great challenges as our housing stock in Oxford is limited and we are in competition with a large university student population. Procuring private rental accommodation needs creative thinking such as paying rent on behalf of care leavers for a minimum of 6 months so that landlords know that the y/p is supported and the rent is paid.
- Challenging our partner agencies to provide opportunities for our care leavers. Viewing children that we take into care as everybody's responsibility to bring up in a positive way that creates opportunities for them. Companies could offer work experience, mentoring/coaching, apprenticeships and taster days.

Learning from serious case reviews relevant to LAC/Leaving Care

78. In 2015, the OSCB has undertaken a number of serious case reviews and a learning review of 6 children who were the victims of CSE. An 'Eyes On' summary of the learning review was published on 5th January '16. Two SCRs are signed off by the Board, one of which is also a domestic homicide review, and due to publish in the first quarter of 2016. The findings and recommendations of these reviews are not specific to looked after children, but apply to all children, particularly those who are vulnerable to abuse, exploitation or neglect and therefore at risk of family breakdown and entering care.
79. Notable learning themes which practitioners are integrating into their practice with children on the edge of care, in care and leaving care are:

- Ensuring all safeguarding incidents are thoroughly investigated in neglect cases and that the child protection planning is specific about risks, actions and consequences.
- The importance of taking time to build and prioritise relationships between children/young people and individual professionals
- Improving access to child and adolescent services for mental health, emotional and behavioural support
- Joined up multi-agency risk assessment and planning in regard to young victims and perpetrators of domestic abuse
- Improving multi-agency responses to young people who present serious risks in the community.
- Asking schools to review their approach to children who are vulnerable through CSE and not to place those children on partial timetables or exclude them without discussions with other professionals about alternative safe provision.

Conclusion and recommendations

80. This paper demonstrates that the number of children entering care is increasing and correlates to the high levels of activity in the child protection system. The development of our Residential and Edge of Care Service is an advancement in our capacity to prevent the harm that leads to children coming into the care system and needs to work 'upstream' i.e. targeted early at the children who are most likely to come into care.
81. This paper **RECOMMENDS** that further analysis of the child in need and child protection populations are undertaken to isolate more specific risk factors for care and what constitutes an effective intervention. This work should draw on the learning and recommendations of the Neglect pilot and OSCB's reviews of adolescents who have died and suffered or caused serious harm.
82. This paper **RECOMMENDS** that a multi-agency group is established to devise a county-wide strategy to respond to the growing challenges nationally of Unaccompanied Asylum Seekers and Refugee families.
83. Oxfordshire has taken a radical and proactive approach to the spiralling costs of external placements and has significantly invested to create in-county edge of care, fostering and residential capacity. The effectiveness of this investment in safeguarding, improving outcomes and reducing external placement costs will require close scrutiny over the coming year. This paper **RECOMMENDS** that the Placement Strategy Board is tasked with measuring the impact and cost savings of the Placement Strategy reporting up to Cabinet.

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