

Strategy To Reduce The Number Of Looked After Children And Young People In Bridgend

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Strategy to reduce the number of looked after children and young people in Bridgend

1. Introduction/Background

1.1 The purpose and aims of the strategy

This strategy is about taking action to reduce the number of children and young people who need to be looked after by Bridgend County Borough Council.

There is wide agreement in Bridgend that we want all our children and young people to

- thrive and make the best of their talents;
- live healthy and safe lives;
- be confident and caring individuals throughout their lives;
- know and receive their rights.

The children and young people themselves also aspire to this vision of what their lives can and should be.

If good outcomes are achieved, the different needs of children and young people – social, physical, emotional, cultural and learning – will have been met. However, not all children and young people have the benefits of good health, a stable and nurturing family, the necessary personal and social skills or other attributes which will secure their safety and wellbeing.

In extreme circumstances, the local authority will become the legal ‘guardian’ of children whose own family, for whatever reason, is unable to care for and secure good outcomes for them.

Looked After Children are those children and young people aged between 0 to 18 years who cannot safely remain with their family and are cared for by the local authority. Children are accommodated by the Local Authority either as a result of court proceedings because they have been or are in danger of being harmed, or with parental agreement. A significant proportion of children coming into care have a history of neglect or abuse. The majority of children and young people looked after by Bridgend are placed in foster care, with only a small proportion of young people placed in residential care, usually due to their more complex needs. This strategy is about how we support these children and young people so that their needs are addressed as quickly and as well as possible.

We know that this is important for both the short and the long term wellbeing of those children and young people. All the research indicates that, in general, outcomes for children who have been looked after, particularly for long periods of time or after a long period of poor parenting and neglect are not as good as those for other children. Children

and young people who have been exposed to very poor parenting, neglect and/or abuse require not just care but also support in coming to terms with those experiences which often will have been extremely traumatic and harmful. We also know that the difficulties and negative behaviours experienced by looked after children and young people may be repeated when those young people become parents themselves, often with consequent negative impacts on their children and their children's children.

Hence, we must intervene as early as necessary to ensure that children and young people do not suffer; we need to provide good parenting and (often specialist) support when children are in our care; and we need to put in place plans which will 'turn around' children's lives as quickly and permanently as possible. All these things will help to reduce the likely repetition of harmful behaviour with future generations.

However, being a good corporate parent is expensive. In a world of finite, and diminishing, resources, it is critical that we act swiftly and effectively to ensure we use those scarce resources as efficiently as possible.

To achieve these aims, all partners - the young person, his or her family and the support services – must each understand that they have a responsibility to put the interests of the child or young person first. This is not the same as saying that the child's wishes will always be met, but that his or her views are respected and taken account of when any decisions are made which affect his or her life.

2. Where are we now?

2.1 History of Bridgend's children's social services

Although the Council is the 'corporate parent' for looked after children and young people, responsibility for the day to day processes and arrangements rests primarily with the Safeguarding and Family Support Service – children's social services. In common with many other authorities in England and Wales, there have been both rising demands on, and concerns about the quality of these services during the last decade.

In September 2005, the authority was placed under a "protocol" by CSSIW because of concerns about the performance of children's social services. Sufficient progress was made so that the protocol was lifted in 2009. However, there have been on-going pressures and challenges including:

- rising numbers of looked after children, children in need and children on the child protection register;
- high levels of vacancies and sickness absence among social workers;
- difficult to manage caseloads;
- high use of agency staff which was both expensive and sometimes unreliable;
- continuing need for improvements in performance;
- overspends in relation to the base budget.

Through strengthening senior management and changes to practice, significant improvements were made during the next two years, particularly in terms of staffing and performance. During 2012, for the first time in many years, the Council had a full

complement of social workers in children's services, although there were still issues related to staff inexperience, supervision and rising service demands. The use of agency staff has decreased significantly and case loads were reducing.

More recently, there has been some deterioration in progress. Firstly, a number of experienced staff have left the Authority and the majority of new recruits, especially to the assessment and case management teams, are newly qualified or relatively inexperienced.

The numbers of children and families we are working with have continued to rise, putting more pressures on all services, including adoption, fostering and aftercare. Pressures on our front line safeguarding teams have been exacerbated by significant changes arising of the Family Justice Review which now means that all care proceedings must be concluded within a 26 week timeframe with all assessments being completed by social workers before care proceedings are initiated.

These factors combined mean that there is less resilience within the service and, unsurprisingly, budgets continue to be overspent, despite additional resources being made available year on year.

2.2 National and local research and related plans and strategies

The problems being experienced in Bridgend are not unique but we know, from national studies, that some authorities appear to be managing the difficulties more successfully than others, despite similarly challenging socio-economic circumstances. A number of research studies have been undertaken in Wales and England to identify the characteristics of such successful local authorities. Hence, we have looked closely at these studies and the situation in both Bridgend and other authorities has helped us refresh both our LAC strategy and our practice.

Research suggests that some variation in the numbers and rates of looked after children across local authorities can be explained by differences in the demographic and socio-economic profile of each local authority. This is especially the case in relation to population size, deprivation and the proportion of households that are lone parent families. Other aspects affecting the numbers and rates of looked after children relate to factors more within the control of the local authority and their partners – especially the way that local areas lead, organise and deploy their services for vulnerable children and families.

The most recent Welsh study, published in June 2013, concluded that there is no 'magic number' for the rate of looked after children that would help a local area calculate whether numbers are 'too high' or 'too low'. This is because the number of looked after children in a local area is a result of a complex interaction of demographic and socio-economic trends as well as factors connected to the way the local Council leads, organises and deploys its services for vulnerable children and families.

The study, in which Bridgend participated, highlighted five main areas that can contribute to local efforts to reduce the number of looked after children, i.e.:

- strategy and leadership;
- prevention and early intervention;
- approach to practice;

- partnership working, and
- information and intelligence about performance.

Specific feedback to Bridgend highlighted that there are mixed views locally about how well the area is performing in relation to outcomes for looked after children. The research suggests that:

- there is strong collaborative working at a strategic level and this needs to filter down more to frontline staff and practitioners;
- stakeholders feel positively that the priority for agencies is improving outcomes for looked after children and young people (i.e. safety above numbers or cost), and
- stakeholders praise the commitment to early intervention and prevention and believe that this can help improve outcomes for children, young people and their families.

The main areas for further development were suggested as:

- having in place a clearer strategy,
- further strengthening prevention and early intervention,
- related to the above point, improving the capacity of non-social work services to support children and young people with higher levels of risk, and
- reducing the caseloads of social work teams to enable improvements in practice and more direct work with children and families.

The report of a 2013 study for London councils identified the factors critical to reducing the numbers of looked after children as being: knowledge and understanding of the LAC population; controlling entry, encouraging exit and reducing the duration of the stay in the system; and use of alternatives to care. The Conclusion to the study stated:

'... there are two key factors in effective management of the looked after children population.

Firstly, the need to provide sufficient resource to enable good social work to take place, and secondly, leadership in provision of a focused and nuanced approach to the flow of looked after children in and out of the system. Looking at the overall budget for children's social care, there is a clear connection between a well-resourced, stable and confident children's social care department and effective management of the number of looked after children within the authority. Within the context of the austerity measures currently facing local authorities, it is worth highlighting that a reduction in social work capacity risks producing a rise in the number of looked after children which may in fact cost more in the long run. It is not simply about having more money to spend, but spending it in a focused way on services that will benefit children, which may or may not include being in care.

Secondly, we cannot underestimate the strength of our finding that those senior managers who have paid attention to understanding the detail of their looked after children populations and then acted on that detail, have been able to reduce the numbers of looked after children. We saw evidence of the effectiveness of a proactive approach to knowing and controlling which children become looked after, how long they stay, minimising drift and ensuring that children move on to stable and permanent placements.

Our conclusion is that focused attention to the detail of the children in the system, coupled with provision of real alternatives to care will ensure that the children concerned receive services and interventions which will promote their welfare, ensure family ties are maintained where possible, and where not possible that alternative permanent routes are established quickly.'

In addition to the national studies, we have also made contact with other authorities to explore the range of approaches that they are using which appear to be successful.

Hence, a key characteristic of successful authorities is a detailed knowledge of the historical and current LAC population and information on performance. This helps inform what should be the focus, and main priorities, of any strategy to reduce LAC numbers, thus achieving better outcomes for children and young people.

2.3 Trends in the Bridgend's LAC population and family characteristics

Over the last year, we have been undertaking detailed analyses of our performance and the characteristics of the children and families where children have been taken into care. The full analyses are available in separate documents. However, in brief;

- Between 2007/8 and 2011/2, the Bridgend LAC population increased by 40% compared to a 24% increase across Wales.
- In Bridgend, children under the age of 2 make up 30% of the total number of children entering care. Since 2009 the number of children under 2 that have entered care has increased year on year.
- There has been a rise in the number of babies to teenage mothers that are entering care.
- Children under 2 and young people aged 14 to 16 form the main proportion of children entering care, accounting for almost 50% between 2008 and 2013.
- Since 2008, 24% (37 out of 152) of babies under 1 have been adopted.

In terms of children entering care, there have been two periods when the rate increased and which in between there was a period of significant reduction. The first major hike began May 2001, following the death of Victoria Climbié which resulted in an increase of 40% in the number of children entering care over a 3 year period. During the next year (2004/05) there was a 36% reduction in the number of children entering care and, despite an increase in 2005/06, the rate of children entering care remained mainly static between 2004/05 to 2008/09. However, during this time and despite a reduction in the number of children entering care the LAC population in Bridgend rose by 10%.

The second major hike of children entering care, which affected much of the UK, began in March 2009 and coincided with the publication of the Lord Laming report of the inquiry into the death of Baby P. During the year 2009/10, the number of children entering care grew by 53% compared to the previous year. Since this time, the number of children entering care each year has remained over 110, although another increase was experienced during 2012/13, when the rate of children entering care reached 127, a 13% increase on the previous years. This can be attributed to a significantly high proportion of babies of teenage mothers being placed into care which is closely linked to a rise in the number of

teenage mothers in Bridgend and also to improvements made to Child Protection arrangements within Bridgend.

Figure 1: The Population of looked after children in Bridgend as at the end of the last 13 financial years – By Gender

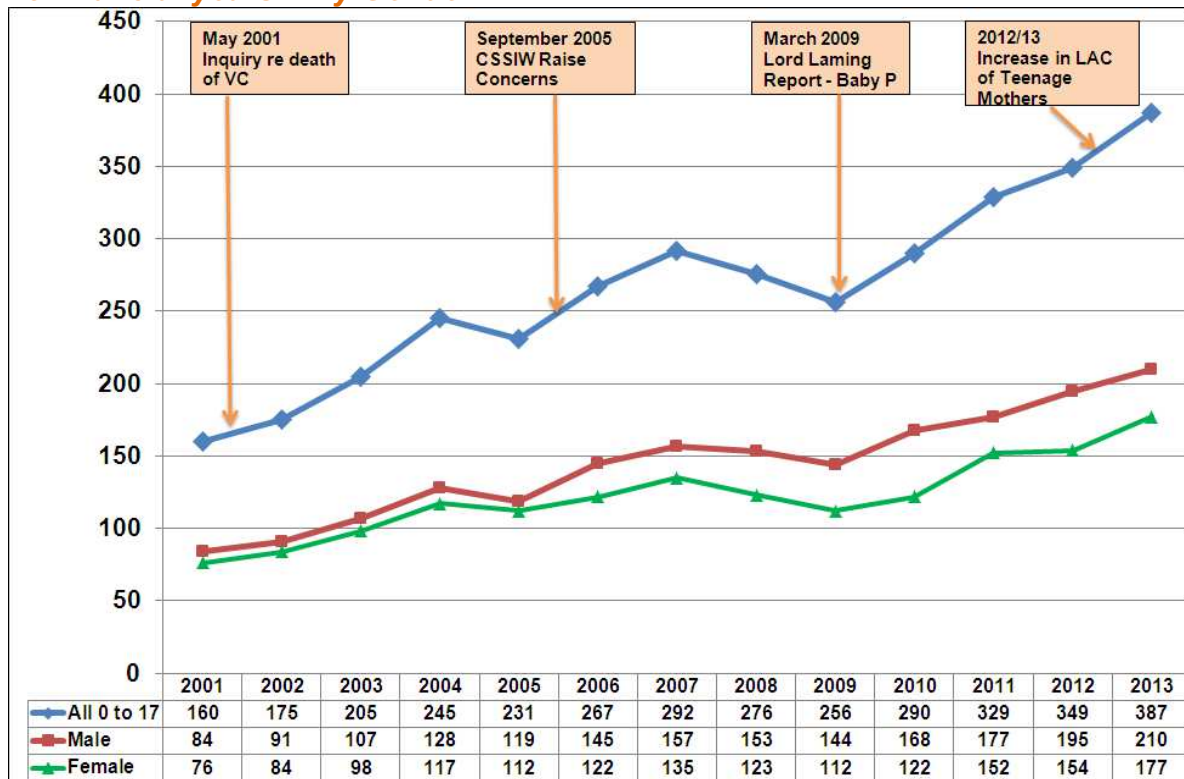
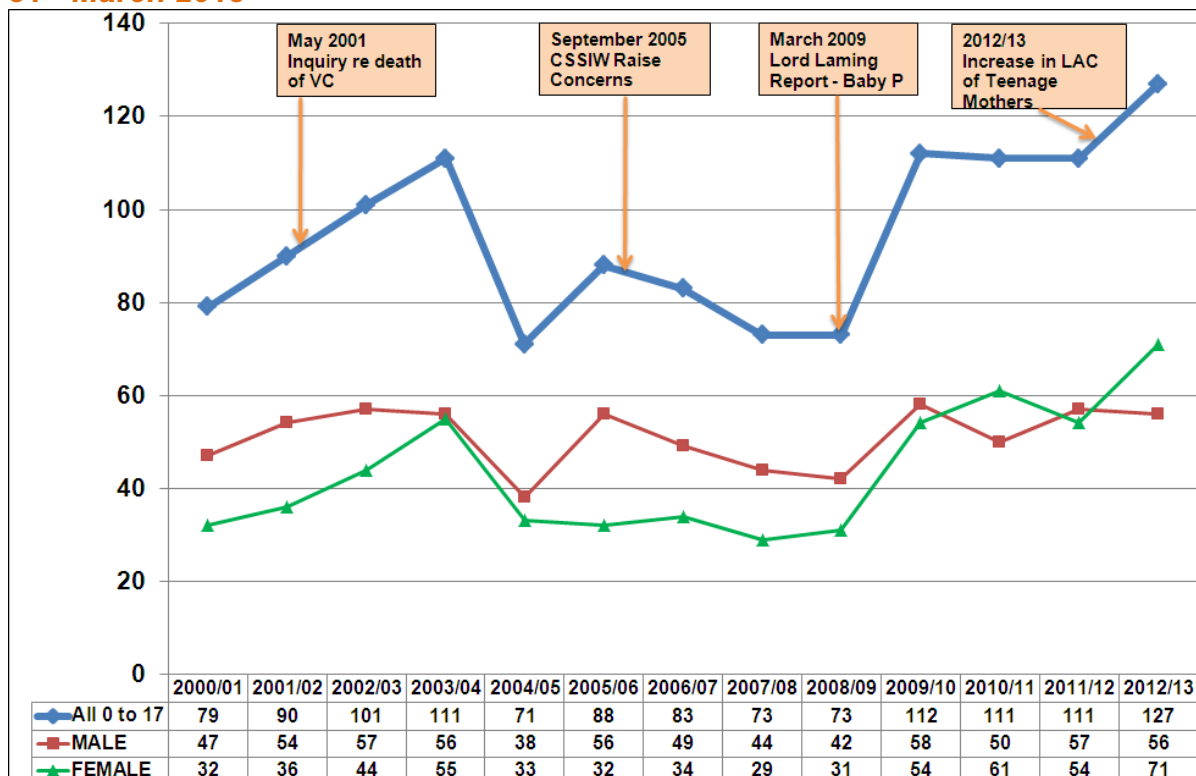


Figure 2: Actual number of children that have entered care between 1st April 2000 and 31st March 2013



The increase within Bridgend can also be attributed to an increase in the level of complexity of the cases that are being accepted as referrals, with the majority of child protection concerns relating to more serious concerns such as substance misuse and poor parenting due to emotional or physical neglect.

Figures 3 and 4 show that for the five years since April 2008 over 25% of children placed into care have been under 2 years old. This is around 20% higher compared to the five years previous to 2008. Between April 2007 and March 2013, almost a third of mothers were under the age of 25 when a child was removed from their care.

Figure 3: Total number of children and young people that have become looked after, by Age Band, between 1st April 2008 and 31st March 2013

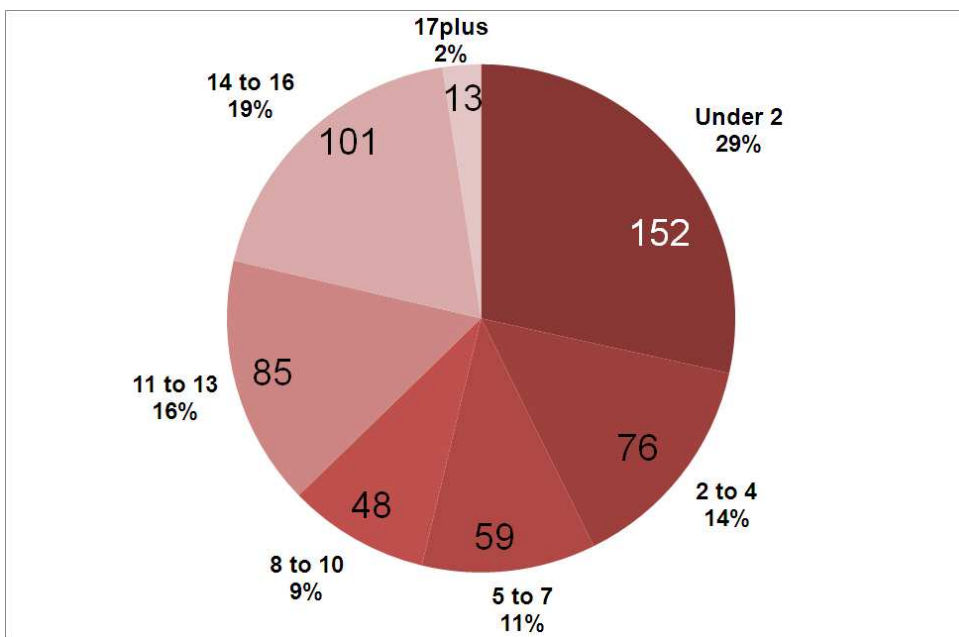
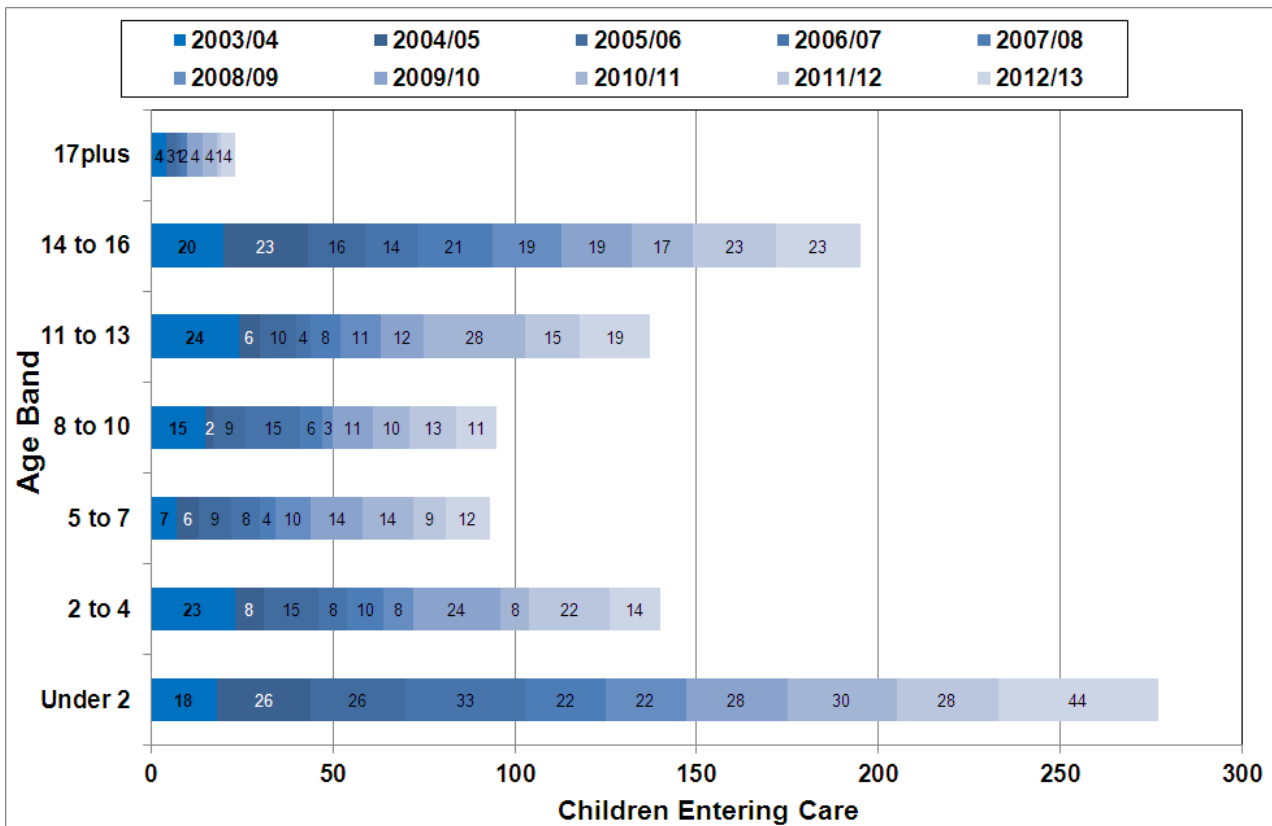


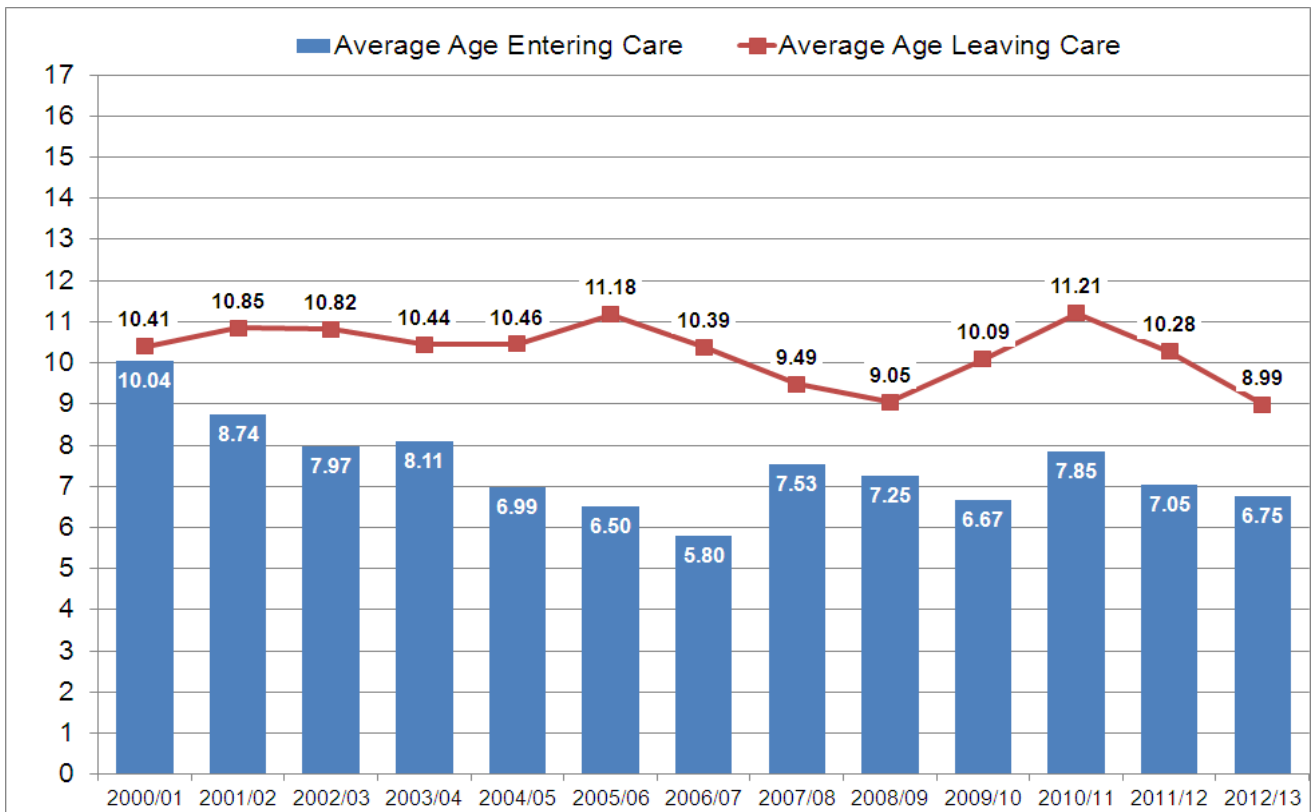
Figure 4: Number of Children and Young people that have become looked after, by Year and Age Band, between 1st April 2003 and 31st March 2013



Children aged between 8 and 10 are statistically on average more likely to stay under the care of the authority for the longest period of time – 4 years, 8 months. The rise in the LAC population seen from 2009 has coincided with a rise in the average length of time that children have spent in care. Since 2007, there has also been an increase in the number of children that spend longer than a year in care.

However, Figure 10 shows that since 2007/08, despite the increase across the age bands, the average age of children that have entered care has remained at around the 7 year old mark. The average age of children leaving care is currently reducing and has dropped from an average age of 11.21 in 2010/11 to an average of 8.99 during 2012/13. This indicates that Bridgend is continually improving at enabling children to leave care at an earlier stage. Between 80 and 100 children and young people have left care each year.

Figure 10: Average Age



The table below illustrates the exit strategy for all children and young people that have ceased to be looked after over the past 5 financial years. This shows the maintenance of historic patterns rather than increases which might help reduce the overall numbers.

Figure 9:- Permanency Placement between 1st April 2008 and 31st March 2013

Year Ending March	2009	2010	2011	2012	2013	Total
Adopted	18	15	11	12	15	71
Special Guardianship Order	9	10	2	13	10	44
Returned home to Parents/Guardian -non SGO/Residence	36	43	42	50	42	213
Moved to Independent Living	18	14	18	17	13	80
Other (Died, other LA, Custody etc)	10	4	8	6	3	31
TOTAL	91	86	81	98	83	439

Analysis of the current LAC population in Bridgend has evidenced that there are a significant number of Children subject to Care Orders who have been placed at home under the auspices of Placement with Parent Regulations. Many of these children have been living at home under these arrangements for in excess of 1 year which suggests that risks have reduced and therefore their LAC status should be reviewed. Consequently, this cohort of children will be robustly reviewed to consider whether their care orders can now be discharged. Add actual numbers.

We have forecasted that, should recent trends continue the LAC population of Bridgend will increase by some 14% over the next 7 years, rising from 387 in March 2013 to about 440 by March 2020. However, this forecasted increase in LAC numbers would not be as drastic as rises in previous years. Key points are that:

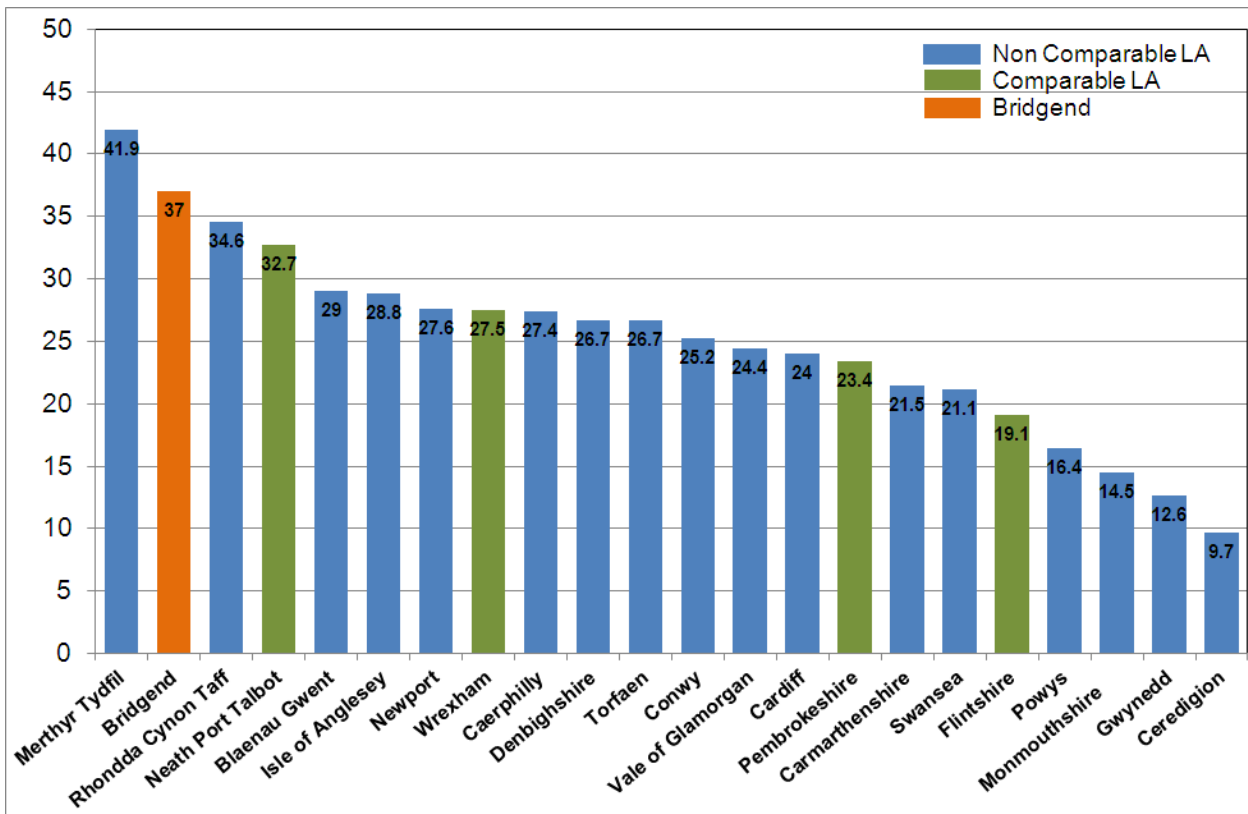
- between 2014 and 2020, just to maintain the LAC population at current levels an extra 14% of children will need to leave care on top of those already forecasted to move on;
- in order just to maintain the LAC population at current levels, over the next seven years, significant and greater impetus will need to be directed to children aged under 2 and young people aged between 14 and 16;
- in order to achieve, by 2020, a 20% reduction in the number of children forecasted to be in care, 800 children and young people will be required to leave the care of the authority over the next 7 years;

This is a challenging agenda but we know reductions are achievable. For example, the introduction and work of IFSS has helped Newport to reduce their LAC population by 8% over a three year period and, in England, Hammersmith and Fulham have been particularly effective at increasing the rate of successful Special Guardianship Orders granted.

2.4 Significant characteristics of looked after children and their families in Bridgend

During 2011, Bridgend had the second highest rate of live births among the population of teenagers, well above the all Wales figure of 24.9 live births per 1000 of the female teenage population. Although the actual number of live births among teenagers has remained constant at around 140 each year, the rate per 1000 of the population has increased from 31 live births in 2007 to 37 live births during 2011.

Figure 21 – Rate of live births for mothers aged 19 and under per 1000 of the female population (2011)



Over the past 3 years 84 babies under the age of 1 have become looked after within Bridgend: 24 in 2010/11; 21 in 2011/12 and 39 in 2012/13. An analysis of the reasons behind why the children entered care shows that:

- 43% (36 out of 84) of the babies were removed from the care of their mother within 1 week following birth;
- 62 (74%) were part of a larger group of siblings, including 5 sets of babies who were twins;
- drug addiction affected 30% of babies who entered care;
- domestic abuse by the father accounts for a further 25%;
- 33% of babies entered care due to the mother's mental illness/depression and challenging behavior that impinged on proper and safe parental ability.

In general terms, historical or current parental drug addiction/substance misuse problems including alcohol were evident in 60% of cases of babies entering care and parental drug relapses were evident in 17 out of 84 cases. Alcohol as an underlying cause for the domestic abuse has been identified in 9 out of the 21 instances where babies have been placed into care for domestic abuse perpetrated by the father. While the main area for concern here relates to the father, major issues with the mother are also present, such as a mother's unwillingness to remove themselves and their children from an abusive relationship. In many of these cases, the mother has also been reported as having mental health issues.

In total, 36% (26 out of 72 individuals) of mothers, who had a baby under the age of 1 taken into care, were reported to have experienced domestic abuse by either a previous or current partner. However, this figure may in reality be significantly higher as there are likely to be a number of instances where mothers have not disclosed previous domestic abuse.

Significantly, the analysis revealed that 20 (28%) of the mothers had spent a period of time in care themselves.

It is also significant that 29 (40%) of the babies have had at least one older sibling previously placed into care. This would conform to BCBC adopting a more robust and rigorous response to Child Protection issues with families where previous children have entered care. Of particular note is that 8 out of these individual mothers had moved into the Bridgend area, after having had previous children taken into care by another Local Authority. In total, 60% of the mothers of those babies taken into care had either been in care themselves as a child or have had previous children removed.

Over the past three years, the average age of mothers that have had a baby placed into care has been 26 years old. Around 50% of mothers were aged under 25 with age band 26-30 accounting for a further 30%. Of particular note is the number of teenage mothers of babies entering care which increased during 2012/13 with 12 babies in total taken into care, compared to 4 during 2011/12 and 2 during 2010/11. This increase can be mainly attributed to the rise in Bridgend over the past few years in the number of teenage mothers and with Bridgend acting more robustly in cases where there has been a previous child protection issue.

Figure 28: Breakdown of number of children previously taken into Care:

Age Band of Mother	Number of Children previously placed into Care							No. of Mothers with previous Child in Care
	None	1	2	3	4	5	6	
41 to 45			1					1
36 to 40	3	1		2	1		1	5
31 to 35	2	1	2			1		4
26 to 30	9	5	1	2	2		1	11
22 to 25	11	4	2	1				7
19 to 21	6							
16 to 18	11	1						1
11 to 15	1							
TOTAL	43	12	6	5	3	1	2	29

The statistical analysis suggests that there is a need to continue a strong inter-agency focus on parental alcohol and drug issues, but that we also need to prioritise reducing the number of babies at risk of poor parenting. This will require close working with health and education colleagues in relation to both parenting and more effective use of contraception.

A further feature in the increase of LAC in Bridgend has been the increase in numbers of 16/17 year olds who are now looked after. This is likely to be partly due to the 'Southwark judgement', which determined that homeless young people in this age group should be assessed for their eligibility to be looked after by the local authority, and partly due to a change in attitude about the vulnerability of these young people arising out of lessons learned from serious case reviews. It may also be connected to the reduction in the proportion of 10-15 year olds in the care system, with the possible consequences that problems presented by the 10-15 year age group are averted, only to re-emerge at a

slightly later stage. Whilst these are hypotheses they will need further exploration as part of this strategy.

2.5: Current services

We have a wide range of services, some relatively recently established, that support many hundreds of children and young people, and their families, who are in need or/and at risk of harm. Nearly 400 young people are looked after and many more are on the edge of care.

We have recognised that needs exist along a continuum of severity and across many dimensions, so we have developed frameworks and strategies to provide clarity and consistency across services. As part of this strategy they will be reviewed, evaluated rationalised and embedded so that everyone is clear about what services are available, when best and how to access them.

The overall aim of the safeguarding and family support service in Bridgend is to respond to and assess concerns about children who may not maintain a reasonable standard of health and development without the provision of services; or who without intervention, could suffer or be at risk of suffering significant harm; or, who are disabled. As a result of the work of the service, children are supported, within their families, wherever possible and their welfare monitored so that they are protected from abuse and neglect. This will help them in developing into confident and caring adults.

Our **assessment and case management services** currently comprise a county-wide assessment team, five generic safeguarding teams covering geographical locations within the borough and a county-wide disabled children's team. The recent creation of a fifth safeguarding team in August 2013, with the investment of additional resources has meant that the five teams now cover the geographical locations of Maesteg, Ogmore, Pencoed, Bridgend and Porthcawl. This will result in social workers having reduced caseloads allowing more time to work proactively with Children and Families. It has also resulted in managers having fewer direct reports thereby improving management oversight of cases and enhanced supervision and support afforded to frontline practitioners.

Our **family support team** work alongside the assessment and case management service to provide interventions focussed on intensive support to prevent family breakdown, parenting programmes and behaviour management. It also manages a volunteer driver scheme linked to a supervised contact service where children have been separated from their parents. The service supports families by:

- helping to repair relationships between parents and their teenagers;
- building confidence in parents and carers of younger children so that the children can thrive and achieve emotional well-being;
- enabling separated children to maintain relationships with their families, while permanent plans are made for their future security.

Our **Connecting Families Service**, a Local Service Board led initiative, has further refined different ways to work more effectively with families that have the most chronic and complex difficulties and who draw on a wide range of multi-agency services. It provides intensive multi-agency, evidenced-based interventions similar to the IFSS model. The

service was designed locally using the evidence of good practice from other areas including IFSS pioneering authorities in Wales and the Westminster recovery programme. The main features of the service are that it;

- is a multi-agency team;
- uses evidence based interventions;
- is extremely intense in the early phase;
- works with every individual within the family unit.

Connecting Families is a multi-agency, co-located team and consists of personnel from: Safeguarding, Wellbeing, Education, SMAT (substance misuse), Mental Health, Health Visiting, Police, Probation, Job Centre Plus, Voluntary sector (domestic abuse charity).

Connecting Families became operational on 1st August 2011 and there continues to be a number of principals which underpin the delivery of the service.

- The service is delivered in the family's home and/or community.
- The service is intensive, this can mean daily visits.
- The service uses evidence based interventions which are motivational and use the family's own perception of the issues and their motivation to create a preferred future.

Connecting Families is designed to work with the most complex families within the borough, those who receive input from a number of agencies. Families who become involved with the service are profiled in 3 dimensions.

- 1) Statistically: profiling the nature of the family pre and post intervention. Data collected includes the areas where the families reside, the number of agencies involved with the families and the issues or concerns presented by the family members.
- 2) Outcomes: using a variety of scales families are measured pre and post intervention to measure the outcomes they achieve and 'distance travelled' after the intervention
- 3) Cost Avoidance: using the above data a cost is attached to the family's use of agencies in order to attribute a cost of the family to a range of agencies pre and post intervention.

Connecting Families is co-located with the newly formed Integrated Family Support Service (IFSS) and our Family Support Team in order to ensure that families receive the appropriate service regardless of where they are referred. This also enables families to be moved from one service to another to another as appropriate without having to be referred

again and waiting to receive a new service. A single point of entry, including a single referral form for all these services has now been put in place.

During 2012-13, we established an **Intensive Family Support Service (IFSS)** which is a Health/Social Care collaboration developed by BCBC on behalf of the Western Bay Region (Bridgend, Neath and Port Talbot and Swansea, ABMU).

IFSS is based on a highly skilled staff cohort and all practitioners are either qualified social workers or nurses.

Western Bay IFSS became operational 1st February 2013 and has adopted a statutory model of intervention which requires all staff to be trained in a specific model of working in a very intensive way with families where there is substance misuse. The prescribed model is very well evidenced although the actual model as a whole is still subject to early evaluation.

Referrals for IFSS have to come via Children's Services and therefore there is a process of consultation sessions whereby IFSS practitioners hold 'surgeries' to discuss potential referrals. The annual target set by Welsh Government is 100 families. The main reason for consultations not proceeding to referrals so far is that the prerequisite substance misuse issue is not present in the family and therefore this message needs to be re-enforced within referring teams across the whole Western Bay area. Because data is collected based on referrals received from each individual child care team across the area, it is easy to target information where referrals are not being received or where inappropriate referrals are coming from.

One of the statutory functions of IFSS is to use this highly skilled workforce as an agent for change within the wider workforce. Using the methods already established within Connecting Families we therefore intend to ensure that outcome and strengths based models of intervention are widely disseminated and that professionals in core teams are up skilled to work more effectively with families. A whole scale programme of training has been planned (in conjunction with existing training arrangements within agencies), some training has already been delivered by IFSS staff. All IFSS staff will become accredited trainers in the IFSS model giving us a much increased resource for the training and up skilling of the wider work force (including the tiers 1 and 2 providers of services.)

Mentoring – each consultant social worker is tasked with mentored social workers. We have so far employed mentoring to support newly qualified or struggling practitioners but envisage a more holistic approach to support in the future. Consultant social workers have also undertaken some quality assurance work within safeguarding teams and offered reflective supervision. Weekly consultation surgeries are taking place in each LA area (which are not just limited to potential IFSS cases but can be used by social workers and other professionals to discuss challenging safeguarding issues or complex cases).

The Flying Start programme aims to support children's development, health and well-being by working with parents and other professionals in a supportive partnership.

Flying Start is to be a specific grant to local authorities initially until the financial year 2014-2015 that aims to make a decisive difference to the life chances of children aged under 4 in the areas in which it runs.

Flying Start is a key feature of Welsh Government's Child Poverty Strategy and is complementary to Families First funding and the Foundation Phase. Flying Start is led by the Children's Directorate who hold responsibility for the overall direction and management of the programme.

Through partnership working and a multi-agency approach, the provision of FREE childcare alongside the reduction in Health Visitors caseloads and an appropriate menu of supporting services between various disciplines and professions the programme supports:

- Language development
- Cognitive development
- Social and emotional development
- Physical health
- Early identification of high needs
- Transitions

Services within the Bridgend programme include:

- Midwifery
- Health visiting
- Childcare
- Early Language development
- Speech and Language Therapy input
- Parenting
- Educational Psychology
- Family support

The Flying Start funding is targeted on the specific Flying Start areas identified by both Welsh Government and local data. The data used draws from information in the Multiple Index of Deprivation. In Phase one the programme was focused on specific school catchment areas, however phase two is based on Lower Super Output Areas and as such is a more targeted approach. The programme is delivered via identification of specific postcodes. Eligible areas for Flying Start in Bridgend include:

- Caerau
- Afon Y Felin
- Cornelly (specific postcodes)
- Pyle (specific postcodes)
- Betws
- Wildmill
- Brackla (Meadows and Waunscil Avenue area specific postcodes)
- Maesteg Park
- Oakwood
- Cefn Glas and Ystrad Fawr (specific postcodes)

In 2014-15 the programme will expand further to support areas within Lewistown, Blackmill and Sarn.

One of the challenges for the programme is to ensure that a high proportion of the families with greatest needs in the area are reached. It is a critical feature of the plan that all involved aim to engage with these families.

Multi Agency Community Teams

The BCBC Integrated Working Framework formed the basis and concept of the Multi agency community (MAC) teams and hubs. To initiate this process an Integrated Working Team (IWT) was developed consisting of a Principal Officer, Development Officer, Data Officer, MAC team co-ordinators and 7 Family Support Workers (FSWs) all funded through Families First. Additional funding through Communities First has been secured for 3 FSWs and a Keeping in Touch Officer (KIT) to add value and capacity to the IWT.

The MAC teams and hubs are set in three locality areas, in the North, East and West. The composition of the MAC team model consists of a number of different services/professionals who are co-located within the hubs. Teams currently co-located are: the IWT, Education Welfare Officers (EWOs), Family Engagement Officers (FEOs), TAPPAS (Team Around the Pupil, Parent and School), Health Visiting and some 3rd sector partners. There is a longer term plan that Safeguarding teams will also be co-located as part of the wider MAC team development. The MAC hubs will provide a 'front-door' service, which will provide easy access for children, young people and families. This will also be a useful and accessible resource for other services.

The IWT provide early intervention and prevention support for children young people and their families through the Joint Assessment Family Framework (JAFF) and Team Around the Family (TAF) process using the 4-5-6+ model to identify needs. The MAC team co-ordinator is responsible for developing the operational detail by which the aims and principles of the Integrated Working Framework might be realised and apply these to the operation of the multi-agency community team.

The FEOs who function as part of the MAC team, support clusters of schools to be more community focused by working with disadvantaged families and engaging them in the learning process. They are mainly school based staffs who co-locate within the hubs and form an integral part of the TAF process.

The main concept of integrated working within the MAC teams/hubs is having a system and a culture of partner organisations working together with shared values, common goals and agreed priorities to bring about change for the better in the lives of children and young people.

2.6 Resourcing

Every parent knows that looking after children is expensive especially when children have complex needs arising through disability or their previous childhood experience of abuse or neglect. For the Council, in terms of responding to its looked after population, the main challenges for Bridgend's Children's Directorate over the last few years have been spending above the budget on LAC provision and staffing capacity. The table below demonstrates a mismatch between the base budgets for these aspects and the actual spend. The number of LAC increased from 286 to 376 (+31%) over the last 3 years. Actual

spend (not budget) on provision has increased by 15% and staffing spend has increased by just 4% (we have made better use of this by reduced reliance on agency staff). Although the budget has increased, it is still not fully aligned with need – including in terms of staff capacity.

YEAR	LAC PROVISION		ASSESSMENT & SAFEGUARDING TEAMS		LAC NOS
	BUDGET £M	ACTUAL SPEND £m	BUDGET £M	ACTUAL SPEND £m	
2010/11	6.3	7.7	2.2	2.6	286 - 328
2011/12	6.9	7.9	2.4	2.8	328 - 346
2012/13	7.5	8.6	2.6	2.7	346 - 387
2013/14	8.5	8.9	2.8	2.8	387-383
3 YR % INCREASE 10/11 to 12/13	19%	12%	27%	8%	35%

* 13/14 actual spend is a projection

*LAC Provision includes costs associated with Out of County Placements, In House Fostering and Independent Fostering Agencies.

3. Where do we want to be?

3.1 Shared vision, commitment and aspirations

We want to reduce the number of children and young people for whom being taken into care is a requirement for their wellbeing and safety. Our aim is that all children living in Bridgend grow up safe, healthy and in a loving environment. We recognise that birth families are normally the most important factor in children’s lives and whilst the majority of children can rely on their birth families to provide them with the care and support they require, we know that some families struggle. Our local information tells us we need to intervene earlier and offer support to families where there are existing vulnerabilities and where if support is not provided risks to children within these families may increase and result in the need for statutory intervention including having to take children into care. It is particularly important that through effective identification and assessment of need we are able to reduce levels of risk and help families to prevent problems from reoccurring.

The development of our range of Family Intervention Services outlined above will aim to ensure that families experiencing complex and multiple difficulties will receive accessible co-ordinated Early Help when they need it. This is part of our established family support strategy which aims to ensure that families receive accessible co-ordinated early help when they need it. Early Help will happen in Bridgend across a continuum, from universal prevention approaches to more targeted help where families are experiencing more complex multiple difficulties. Universal preventative services (including pre-natal support) are provided to an entire population to prevent problems from developing. Targeted interventions are offered to particular children, young people and families with existing risk factors and vulnerabilities in order to reduce the severity of problems that have started to emerge and prevent problems escalating.

We want to achieve good outcomes for all children in Bridgend but specifically for children and young people on the edge of care, as quickly and effectively as possible. Ensuring good outcomes for vulnerable children requires a strong collaborative approach between all agencies and a culture of mutual support and challenge. Consequently we will continue to promote integrated working across all tiers of need and evaluate service provision to ensure they are meeting stated objectives.

3.2 We want to see:

- improved outcomes
- fewer children and young people in the system
- children being in the system for less time
- early action and prevention especially for children on the edge of care
- effective practice: assessment, decision-making; permanency planning; direct work and interventions
- effective shared use of data and intelligence
- a stable, highly skilled and experienced workforce of sufficient capacity, well supported and well managed
- effective use of resources and capacity to reduce expenditure as LAC numbers reduce

We will continue to collect high quality information, not just that required by CSSIW, but similar to the various data referred to within this report. This will help target our resources to those most in need and where they can have the greatest impact. This will help improve provision and ensure support that can evidence good outcomes for children.

For children that are already Looked After in Bridgend our priorities are to

1. Reduce the length of time some children wait to be adopted. For many children who require a permanent placement, adoption is the best option. Adoption means the legal route taken by which the legal relationship between a child and a birth parent ends and all parental responsibility is transferred to an adopter.
2. Increase the number of Special Guardianship Orders and Residence Order which provide children with a legally secure family placement as alternative to being Looked After by the Local Authority.
3. Where it is appropriate to do so, increase the number applications made to Court to discharge Care Orders in respect of children placed at home under the auspices of Placement with Parents Regulations.

3.3 Respecting Diversity

Bridgend Council is committed to promoting equality and valuing diversity through our roles as community leader, service provider and employer. It is critical that equality is integrated into our service delivery arrangements and underpins all aspects of our work. We have made a commitment to make progress toward achieving the WLGA Equality Improvement Framework to ensure that we are meeting our equality duties.

This requires us to be:

- F* Friendly, approachable and professional
- A* Accessible to the whole community
- I* Inclusive of the diverse community we serve
- R* Respectful of people's differences

We know that being 'fair' does not simply mean treating everyone the same. It means understanding and tackling the different barriers that people face so that everyone has a fair chance to fulfill their potential.

We know that being 'fair' means that we embrace the diversity of our county and challenge discrimination wherever it exists in our communities, whether it is based on a person's gender, race, disability, faith, sexual orientation, age or social status. We want to make our services accessible and responsive to the diverse needs of the people who live in, work in and visit the county borough. This means doing the best we can for our looked after children and those on the edge of care.

4. How do we get there?

4.1 By communicating the strategy to reduce the number of looked after children and young people throughout the Council, statutory partners and stakeholders. The strategy will need to be continually refreshed to ensure that appropriate focus and priority is given to the following priorities

4.2 By promoting prevention and early intervention services inherent to this strategy ensuring the need to continually promote and develop effective multi-agency systems and support, with clear emphasis on prevention and early intervention for families in need.

We will continue to develop and embed a whole family approach built around integrated services aimed at providing holistic support to children, young people, and families with additional needs. The aim will be to drive improvements to family support, its design and delivery, and in doing so, reduce the numbers of families developing more complex needs and thus requiring more intensive and costly interventions, including the need for children to become looked after. All relevant stakeholders must prioritise the delivery of targeted prevention and early intervention services to stop needs escalating. The strategy will aim to ensure that prevention and early intervention forms part of a coherent continuum of support and interventions for families which can enable step up and step down to meet need. It will be important that our prevention and early intervention services have systems in place to measure their impact, specifically on outcomes for children.

4.3 By continuing to direct resources into services that provide evidenced based targeted interventions to families with complex and acute needs through such as IFSS and Connecting Families as described above.

4.4 By Building workforce capacity and transforming social work practice

The increase in Bridgend's Looked After Children has placed substantial pressure on the availability of Bridgend's own placement resources such as fostering and Adoption, resulting in a reduction of placement choice in house and an increase in the need to commission placements from the independent fostering and adoption providers. Increased demands on social work teams, reviewing officers and support staff has posed significant challenges for staff in terms of meeting statutory requirements for this user group. The financial costs of looking after high numbers of Looked After Children has placed significant and unsustainable pressure on budgets particularly as fostering placements in the independent sector are more expensive than in house. To respond to these challenges it will be important to ensure that the work force has capacity to work proactively, delivering evidence based interventions to affect positive outcomes for children and reduce the need for them to be looked after. Where necessary this will involve transforming social work practice, ensuring that decisions and interventions are informed by evidence based practice. It is clear that the agenda for improving social work practice informed by research, is that we need to transform the practice of Children's service social workers by using strengths based and outcome focussed methodologies, these are both already employed and well embedded within connecting families and will be enhanced by the same methodology being employed within IFSS. This means that Bridgend is extremely well placed to disseminate these ways of working within our core social work teams in order to help drive up practice more widely.

4.5 By ensuring speedy actions that ensure stability and permanence for looked after children that result in increased numbers of adoptions; special guardianship orders, residence orders and rigorously pursuing the discharge of care orders where these are no longer necessary.

4.6 By promoting a collective responsibility and response to rising numbers in Looked After children. To date, activity to manage the increasing Looked After population has primarily focussed on Social Services' responses and systems. This has included continuous review of the threshold criteria for admission into accommodation, tight gate keeping by senior managers to ensure threshold criteria for admission are adhered to and clear focus on permanency policies and procedures.

The reasons for children becoming accommodated are complex. Whilst Social services intervention is targeted at the most vulnerable children and their families, a number of other agencies across the borough have a role to play in supporting families in their task of raising children safely. To succeed, the scope of this strategy to reduce the Looked After population must be sufficiently broad to encompass the role other agencies working with children to ensure that there is a shared responsibility across agencies for its development and implementation. This will require continued commitment from all agencies to multi-agency working, so that provision of preventative family support services, to ensure early intervention before families reach crisis status, is viewed as a shared response between all agencies rather than the primary responsibility of social Services. This is in line with the developments in Social services which are underpinned by the Children Act 2004.

To ensure multi-agency support and ownership a LAC multi-agency Project Board will be established chaired by the Head of Safeguarding and Family Support and will including

appropriate representation from Health, Education, and relevant members of the Peoples Partnership Board.

4.7 By maintaining a detailed knowledge and understanding of our LAC population including detailed information about, for example, age patterns, proportions accommodated in care, and the impact of actions being taken to reduce the numbers of children who we feel are not benefitting, or not likely to benefit from being looked after. Such data will continue to be regularly analysed and reviewed through various mechanisms. This strategy will comprise of a combination of management action and service provision, including

- A confident approach and vision about which categories of children would benefit from being looked after and for how long
- Clear alternatives to care at the point of entry and importantly at exit
- Senior management involvement in decision making about every child's entry and exit to care. This recognises the enormity of the decision to remove a child from his or her family and appropriately shares the risk with front line social workers as well as acting as a control mechanism for the numbers entering the care system.
- Clear lines of accountability for decisions
- A position on drift and active pursuit of extended family or other permanency options for children who are already looked after

4.8 By maintaining a clear focus on permanency plans for children who are looked after particularly younger children. This will involve proactive pursuit of Special Guardianship and Residence Orders and other long term arrangements with foster carers or extended family. To this end we will develop a "permanency team" to rigorously pursue alternative legal arrangements for looked after children.

4.9 By mainlining, reviewing and analysing quality information and intelligence that will be used to inform service provision and family support.

Strategy to reduce the number of Looked After Children in Bridgend Action Plan	How	By who	By when
A. Strategy and Leadership			
	We will seek corporate and political support to appoint a fulltime dedicated lead social work professional to provide strategic and operational leadership and assume the role of project manager for the strategy.		
A1. We will ensure that our strategy is effectively and continuously communicated by all members of the senior leadership team throughout our Safeguarding and Family Support Services.	<ul style="list-style-type: none"> • Vision statement/strapline about LAC strategy, • Launch event to communicate to all agencies and S&FS staff • Governance board to include elected members and other representatives will need to be identified. • Discuss in team managers meeting – EMT, All service meetings, etc. 		
A2. We will encourage Corporate and Elected Member own the strategy to reduce the number of looked after children.	<ul style="list-style-type: none"> • Through corporate parenting cabinet committee, Overview and Scrutiny committee and Full Council 		
A3. We will encourage ownership of the strategy from partners from outside the local authority and especially from the courts and other statutory agencies.	<ul style="list-style-type: none"> • Engagement with LSB and People's Board. • Engagement with Court User Group • Western Bay SCB – to consider use of multi-agency regional input. 		

<p>A4. We will promote the fact that the key reason for reducing the number of looked after children is to improve outcomes for all children (including those who may become looked after) and only secondarily about tackling financial pressures.</p>			
<p>A5. We will ensure that our strategy and any actions designed to implement the strategy focus equally on between reducing the number of children who enter the system and on increasing the number of looked after children exiting the system.</p>	<ul style="list-style-type: none"> • Ensure it dovetails with Family Support Strategy. 		
<p>A6. We will ensure that practitioners, managers and leaders from within the local authority and from other partners have opportunities to regularly review in an open and constructive way the strategy to reduce the number of looked after children and use this feedback to responded to in a timely manner.</p>	<ul style="list-style-type: none"> • Regular review through the strategic senior management board, SMT, CMB and other multi-agency forums. 		
<p><i>B. Prevention and Early Intervention</i></p>	<p><i>C.</i></p>	<p><i>D.</i></p>	<p><i>E.</i></p>
<p>B1. We will ensure that all relevant stakeholders – but especially social workers and their managers – understand and are committed to supporting a targeted prevention and</p>	<ul style="list-style-type: none"> • Marketplaces • Training • Mentoring • Need to educate people so that they 		

<p>early intervention approach that can stop needs from escalating.</p>	<p>know it is a good thing to utilise these services.</p> <ul style="list-style-type: none"> Practitioners need to be enabled to understand what they are doing and why. 		
<p>B2. We will ensure that there is a willingness and capacity to invest in evidence-based prevention and early intervention and to allocate an appropriate level of resources.</p>	<ul style="list-style-type: none"> What evidence based practice approach should be adopted within Bridgend – motivational interviewing, signs of safety, strengths based working? Can we make greater use of the Consultant social workers? Role for training and agreed priority and what model or approach to working that should be adopted? Should we develop a toolkit of different approaches. Use of consultation sessions with consultant social workers. Agree what the priorities for training should be 2014/15 in order to ensure good take up from practitioners and set the timetable accordingly. 		
<p>B3. We will ensure that prevention and early intervention initiatives are embedded into practice.</p>	<ul style="list-style-type: none"> Induction Training – rolling programme Use of other services, eg NSPCC, CF, IFSS, Family Support team, Rapid Response, Action for Children, Caring Dads, Women’s Aid, etc IRO – QA role 		

	<ul style="list-style-type: none"> • Robust review of CIN cases – role of senior practitioners, consultant social workers • Role of Accommodation and Permanence Panel – QA 		
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B4. We will ensure that prevention and early intervention forms part of clearly communicated, effective and coherent continuum of support and intervention for families which enables effective step-up and step-down of support to meet need.			
B5. We will ensure that prevention and early intervention services have clear objectives and robustly measure their impact.	<ul style="list-style-type: none"> • See previous comments regarding training, consultant social workers, etc. 		
B6. We will ensure that all relevant stakeholders are bought into the strategy to, and are aware of the implications of, locating more risk further down the system.	<ul style="list-style-type: none"> • See above 		
<i>F. Approach to Practice</i>	<i>G.</i>	<i>H.</i>	<i>I.</i>
C1. We will ensure that there are robust and effective quality assurance functions in place.	<ul style="list-style-type: none"> • Role of IRO, • File audit by managers 		

	<ul style="list-style-type: none"> • File audits by Western Bay • Needs to be a focus on the outcomes, themes, trends and how practice can be adopted effectively • Audits should identify whether or not the LAC should remain LAC. • Review high cost IFA and OOC residential placements – need to develop strategy to adopt lessons learnt to reduce likelihood of similar placements used again. • Accommodation and Permanence Panel / Out of Authority Panel have a QA function. 		
<p>C2. We will work towards achieving a clearly defined approach to social work practice which is understood and (where relevant) implemented by all relevant stakeholders.</p>	<ul style="list-style-type: none"> • Liaison with local colleges about the training programme for the Social Work degree so that practitioners are better informed from the outset. • Induction • Focused supervision and appraisal • Training • Review of assessment processes – see comments in A. 		
<p>C3. We will ensure that staff working with children and families – and especially social workers – have sufficient time allocated to</p>	<ul style="list-style-type: none"> • Recruitment and retention strategy needed 		

<p>provide appropriate support and interventions to children and families, and in particular, to looked after children.</p>	<ul style="list-style-type: none"> • Focused Supervision and appraisal • Use of protected time • Joint working • Mentoring • Direct work tools • Succession planning – up-skilling workers regarding assessment/evidenced based approaches. 		
<p>C4. We will ensure that there is a clear outcomes-focus to casework.</p>	<ul style="list-style-type: none"> • Review the current understanding of the workforce in relation to outcome focussed care planning approaches • Identify relevant training to address any deficits • Embed outcome focussed care planning • Supervision and appraisal for staff • CIN cases that are 12 months or older need to be reviewed/audited and ensure subsequent actions are completed 		
<p>C5. We will ensure that resources are allocated to a child which reflect need, rather than the specific designation of that child, e.g. that they are looked after or are subject to a child protection plan.</p>	<ul style="list-style-type: none"> • Every child has a robust multi agency assessment which identifies and responds to their individual need 		
<p>D1. We will promote a strong collaborative working approach between all agencies working with children and families.</p>	<ul style="list-style-type: none"> • LSB • Peoples Board 		

	<ul style="list-style-type: none"> • CMB • Cross reference with section A 		
D2. We will encourage a culture of multi-agency mutual support and challenge	<ul style="list-style-type: none"> • See above 		
D3. We will encourage the Courts, CAFCASS and the council's legal team to agree with the strategy to reduce the number of looked after children and/or trust local authority assessments and practice in relation to vulnerable children.	<ul style="list-style-type: none"> • Representation at court user group • Operational meetings with CAFCASS • Establish a forum with legal to agree approach to practice and thresholds 		
E1 We will encourage stakeholders to collect high quality information and intelligence that gives insight into how effective the system as a whole is working to protect and support children.	<ul style="list-style-type: none"> • By forums above 		
E2 We will ensure that contemporary information and intelligence is regularly interrogated and used to improve service provision and family support.	<ul style="list-style-type: none"> • CIN and CP review processes need to identify what issues need to be focused upon. Eg management information regarding what CIN reviews are outstanding. • Standing item on SMT agenda in addition to other forums 		