

Looked After Children Placement and Permanency Strategy

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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 Placement and Permanency Strategy for Looked After Children describes the placements we want to provide and commission for our Looked After Children, and focuses on how we will improve our current arrangements to improve outcomes for children in our care. However the scope of this strategy is not restricted to making good quality placements. Stages of the care journey, including a clear focus on supporting families to stay together wherever it is safe to do so, and minimising the need for children to become , after are also key elements of this strategy. Children's Services are driving a 'whole system' approach to supporting Looked After Children and keeping families together. Together with the Early Intervention and Prevention Strategy, they form a multi-agency response to driving improved outcomes.

The focus in this strategy is on describing what will change in relation to our work with children in care or at risk of coming into care. The strategy contains an action plan for the future rather than an attempt to cover every detail of our current services and support.

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.

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 Background 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 caseloads have reduced.

More recently, there has been some deterioration in progress. Firstly, a number of experienced staff have left the Authority and the majority of new staff, 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 strategic approach 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.

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;
- improving the capacity of the wider children’s 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.

In 2013 a study undertaken on behalf of the London Boroughs identified critical success factors that led to the reduction of the numbers of looked after children. These were:

- 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.

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.

2.3 Trends in the Bridgend's LAC population

Over the last year, we have been undertaking detailed analysis of our performance and the characteristics of the children and families where children have been taken into care. The full analyses are available in appendix A.

The key trends are as follows:

- Between 2007/8 and 2012/13, the Bridgend LAC population increased by 40% compared to a 24.5% increase across Wales.
- In Bridgend, children under the age of 2 make up 29% of the total number of children entering care. There has been an increasing trend in the number of children under 2 that have entered care since 2008.
- Children under 2 and young people aged 14 to 16 form the main proportion of children entering care, accounting for just over 46% between 2008 and 2014.
- Since 2008, of the total number of children that were aged under 1 at the point they became looked after, 41 have been adopted.

3. Where do we want to be?

3.1 Our shared Vision, Commitment and Aspirations

The development and delivery of this strategy are underpinned by some key principles.

The responsibility for meeting the needs of looked after children, of those at risk of coming into care rests across all of Children's Services.

All of our Looked after Children will be provided with the right type of placement which meets their needs, provides them with some choice about where they live, and enables them to benefit from positive experiences similar to those experienced by other children of the same age.

Placements should provide stability and permanency for children within their families or alternative care arrangements.

We want to enable our looked after children to live within their own family networks, wherever possible, through positive multi agency interventions and with a diminishing demand on resources. 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.

Where children cannot be supported within their immediate family or kinship network, they will in the main have their needs met in a foster family provided in house, or with independent foster agencies.

Residential placements will only be made where the complexity of a child's needs mean they cannot live in a family setting.

Out of county placements will only be considered in exceptional circumstances.

Placements should support Looked After Children to transition into adulthood with confidence, a strong sense of self-worth, and the skills and abilities to thrive.

Preventative and early intervention services should recognise need early so that we can offer support at an earlier stage to reduce the need for statutory intervention including having to take children into care. Through effective identification and assessment of need we are can reduce levels of risk and help families to prevent problems from reoccurring.

3.2 Our Objectives

The scope of this strategy covers four key objectives:

- We will support families to stay together and reduce the need for children to be looked after by ensuring a strong focus on early intervention and preventative action across agencies
- We will manage risk confidently and provide support at the edge of care to make sure the right children come into care at the right time
- We will provide and commission a flexible and affordable mix of high quality placements to support all children having positive experiences in care, whatever their needs
- We will give children clearly planned journeys through care which enable them to be reunited with family and friends where possible, have stable placements and exit the care system positively.

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.

Communication will be throughout the Council, statutory partners and stakeholders. The strategy will be overseen by the LAC Strategy Board and will report to the Peoples Board. This strategy and the associated action plan will continue to be live documents, regularly updated as each of the projects moves forward, however our commitment to Looked After Children, to the principles in this strategy and to working together to provide the best possible services will remain constant.

4.2 By promoting early intervention and prevention services.

The Early Intervention Strategy will be published in the summer of 2014 outlining the contribution that we can make through strengthening our early intervention model and the pathways through the edge of care services.

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.

The Local Authority and partner agencies must prioritise the delivery of targeted prevention and early intervention services to stop needs escalating. The early intervention strategy will aim to ensure that prevention and early intervention forms part of a coherent continuum of support and interventions for families. 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 evidenced based targeted interventions. We will focus on supporting families with complex and acute needs through the Intensive Family Support Service and Connecting Families, and we will explore therapeutic models of intervention to meet children's needs.

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. The financial costs of looking after high numbers of Looked After Children has placed significant and unsustainable pressure on budgets.

To respond to these challenges it is important that our work force has capacity to work proactively, delivering interventions at an early stage 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. We need to transform the practice of Children's Services social workers by using strengths based and outcome focussed methodologies.

4.5 By striving for stability and permanence for looked after children.

This will result in increased numbers of adoptions, special guardianship orders, residence orders, and other long term arrangements with foster carers or extended family. We will rigorously pursue the discharge of care orders where these are no longer necessary. We will develop a permanency team to seek alternative legal arrangements for looked after children.

4.6 By promoting a collective responsibility and response to rising numbers in Looked After children.

Historically, 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 a clear focus on permanency policies and procedures.

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.

4.7 By maintaining a detailed knowledge and understanding of our LAC population. Analysis of data and robust self-evaluation will ensure that we know and understand our LAC population and we will be better placed to manage and change in trends.

4.8 By taking a multi-agency approach to working in partnership to increase prevention and early intervention services that focus on particular vulnerable groups. For example:

- Working closely with the Youth Service and Local Health Services under ABMU to reduce the number of teenage pregnancies within the borough;
- Working with Substance Misuse Agencies to support parents with substance and alcohol misuse issues;
- Working with the Support People Programme within the Communities Directorate to improve support to families experiencing domestic abuse.
- Working with Flying Start to address issues of poverty and deprivation within clearly defined geographical areas.
- Working with ABMU Health Board staff in regards to early intervention with the “Baby Friendly Initiative” (BFI) which aims to promote breastfeeding, attachment, eye contact, bonding and positive parenting.
- Work with ABMU to further the “Hello Baby Project“ which expands upon BFI by promoting fuller attachment through baby massage, grow brain, nutrition and diet and safety.
- Working in partnership with NSPCC to develop and promote services that specifically address issues of child neglect, such as the proposed ‘Thriving Families Project’.

Work stream	Actions	Lead	By when	Sav attri
1 Families stay together				
1.1 Review of family support offer across levels of need	Remodel all early intervention and prevention services under one Group Manager. Commission effective evidence based parenting programmes.	Deborah McMillan	Complete	2 GM £1
1.2 Focus Flying Start Centres of helping families in need	Agree a service level agreement between Flying Start and social care to define how they will work together. Explore opportunities for contact to be supervised through Flying Start.	Tina Haddon	Sept 2014	
1.3 Focus on early intervention and prevention programmes	Develop and implement early intervention strategy to ensure that all relevant stakeholders commit to targeted prevention and early intervention approach.	Mark Lewis	July 2014	
	Establish pilot Childs Journey project using lean systems thinking.	Michelle Hatcher	January 2015	
1.4 Develop and extend the Team Around the Family model and integrated working	Transfer of additional children's services staff into MAC teams. Childrens social care staff to become aligned with hubs.	Colin Turner / Nicola Echanis	June → Dec 14	
1.5 Improve attendance in school	Team around the school to refocus on vulnerable children and young people. Agree target cohort in every school. Establish permanent exclusions task and finish group.	Nicola Echanis	April 15	

2 Manage risk confidently at the edge of care				
2.1 Transformation of social care practice	<p>Liaison with local colleges about the training programme for the Social Work degree so that practitioners are better informed from the outset.</p> <p>Induction programme for all new staff.</p> <p>Focused supervision and appraisal.</p> <p>Training programme for SW.</p> <p>Review of assessment processes.</p> <p>(To link with the work of the Strategic Improvement Board Workforce Development Group.)</p>	Colin Turner / Claire Holt	April 15	
	Multi agency audit of cases to provide detailed analysis for the reasons behind the increase in LAC.	P/O Placements and Permanency	Dec 14	
2.2 Making use of kinship networks	<p>Explore approaches to engaging extended families and kinship networks.</p> <p>Increase number of special guardianship orders, residence orders, and other long term arrangements with foster carers or extended family.</p>	P/O Placements and Permanency	Dec 14	
2.3 Review panel arrangements	Agree process to identify young people on edge of care.	Nicola Echanis / Mark Lewis	April 14	
2.4 Remodel Connecting Families	Explore Community budgets model with LSB partners.	Deborah McMillan	Dec 14	

	Refocus entry criteria for Connecting Families Identify edge of care cohort.	Nicola Echanis	April 14	
	Reallocate funding to offer respite as a preventative edge of care service.	Nicola Echanis	Complete	
3 Robust commissioning				
3.1 Joint adults/children's commissioning team (ALN)	Regular reviews of placements (ALN). Transition plans to supported or independent lodgings agreed in timely manner. Formalise robust commissioning arrangements Negotiate discounts and savings with providers.	Mel Davies / Michelle Adamson/ Ian Oliver	Sept 2014	
3.2 Increase number of fostering families	Increase number of in house foster carers.	Natalie Silcox/ Colin Turner	Increase by 9, April 2015	
	Review CCSR framework agreement.		Complete	
3.3 Review the gatekeeping arrangements for agreeing placements	Review processes for identifying any placements. Develop QA arrangements for the Accommodation and Permanence Panel and Out of Authority Panel.	Colin Turner / Nicola Echanis	Sept 14	
3.4 Accommodation strategy for 16-18 year olds	Increase the number of supported lodging hosts.	Natalie Silcox	Increase by 5, April 2015	
	Framework agreement for spot purchasing.		April 2015	

4 Clearly-planned journeys				
4.1 Swift permanence arrangements	Recruit P/O Placements and Permanency to lead on permanence.	Colin Turner	May 2014	
	Embed permanency procedures.	Natalie Silcox	Sept 14	
	Audit of 15+ cohort.	Wendy Wilcox / Natalie Silcox	Sept 2014	
	Audit of S20 cohort not in permanent placements.	Elizabeth Walton-James	Annual	
4.2 Monitor and maintain adoption performance for BCBC children	Implementation of Western Bay Regional Adoption service. Consider establishing specialist team.	Natalie Silcox	Sept 14	
4.3 Improve transition into adulthood and independence	Just @sk Plus work with housing providers to focus on moving on to independence.	Wendy Wilcox / Colin Turner	April 2015	

Appendix A

Trends in Bridgend's LAC population

Figure 1: The total number of looked after children and young people in Bridgend as at the end of the last 14 financial years

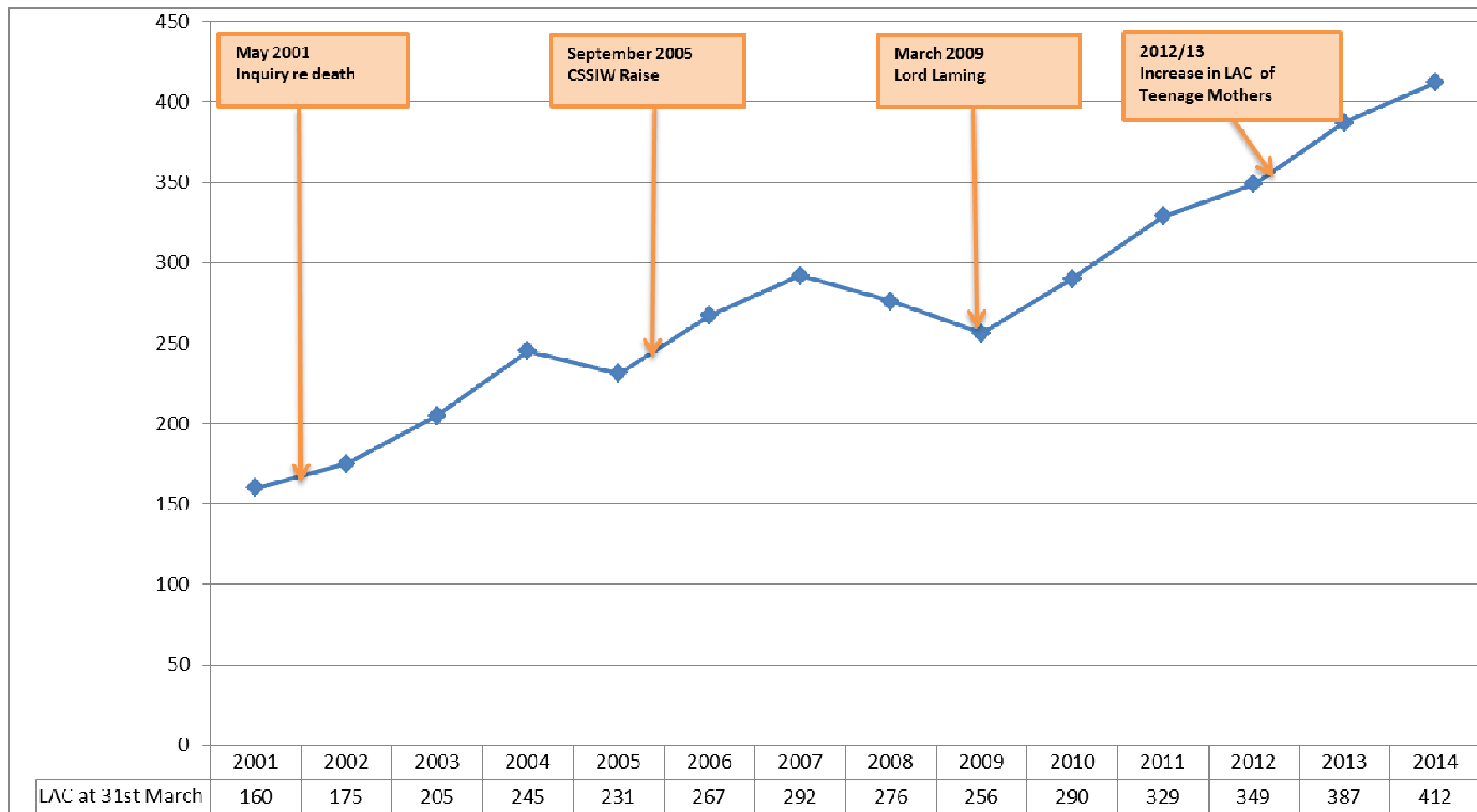
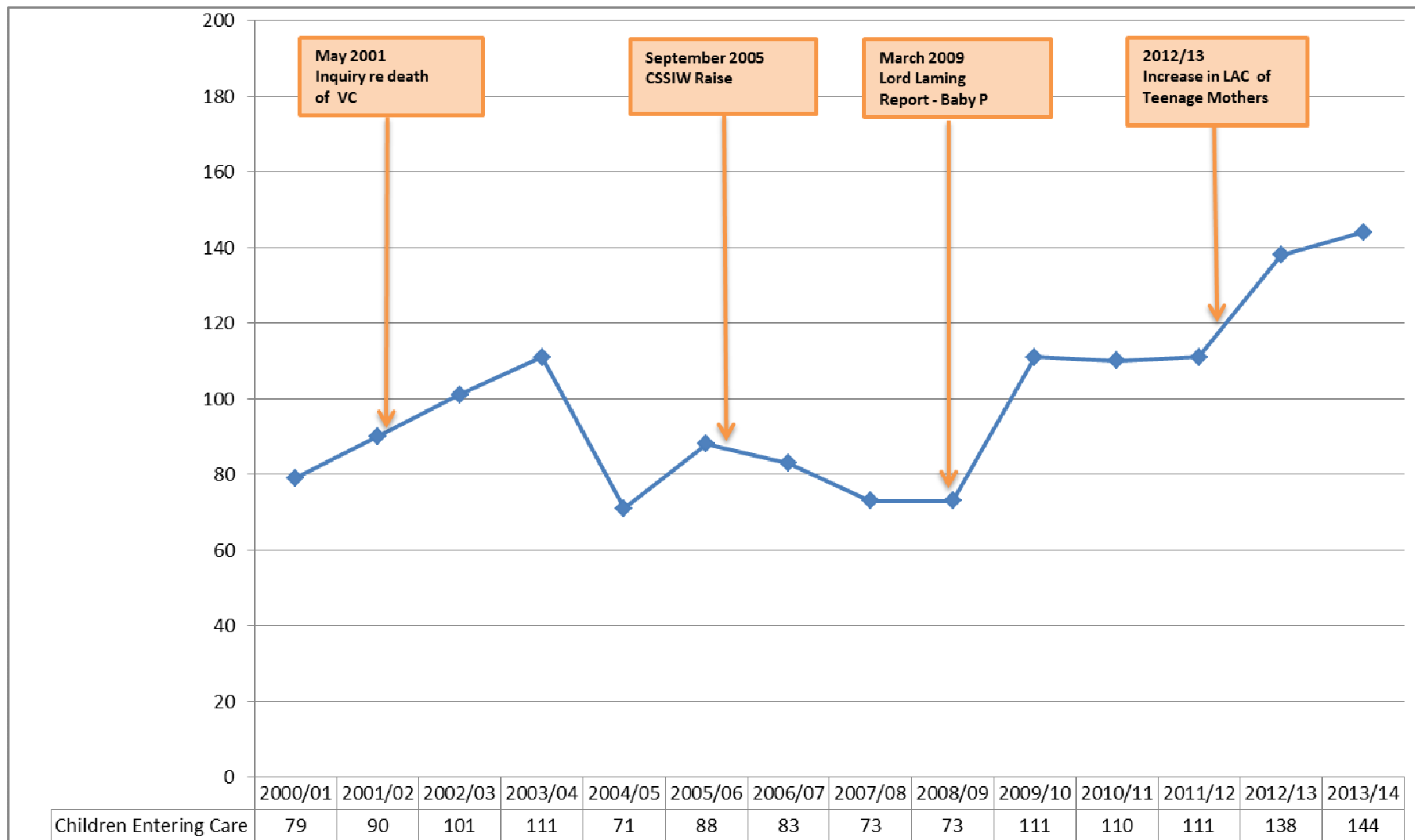


Figure 2: The number of children and young people that entered care (became looked after) between 1st April 2000 and 31st March 2014



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 six years since April 2008, 28% of the children and young people who became looked after were under 2 years old and 20% were over age 14, with 2% of the total being aged over 17. This is around 20% higher compared to the five years previous to 2008.

Figure 3: The total number of children and young people that entered care (became looked after), by age band, in the period 1st April 2008 and 31st March 2014

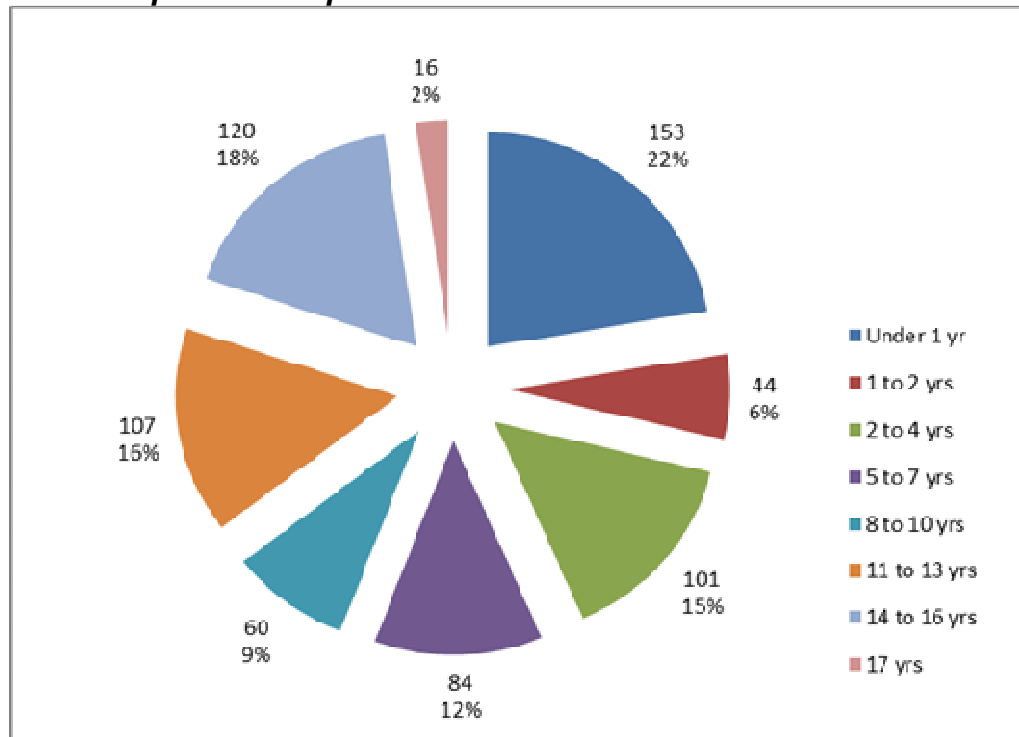
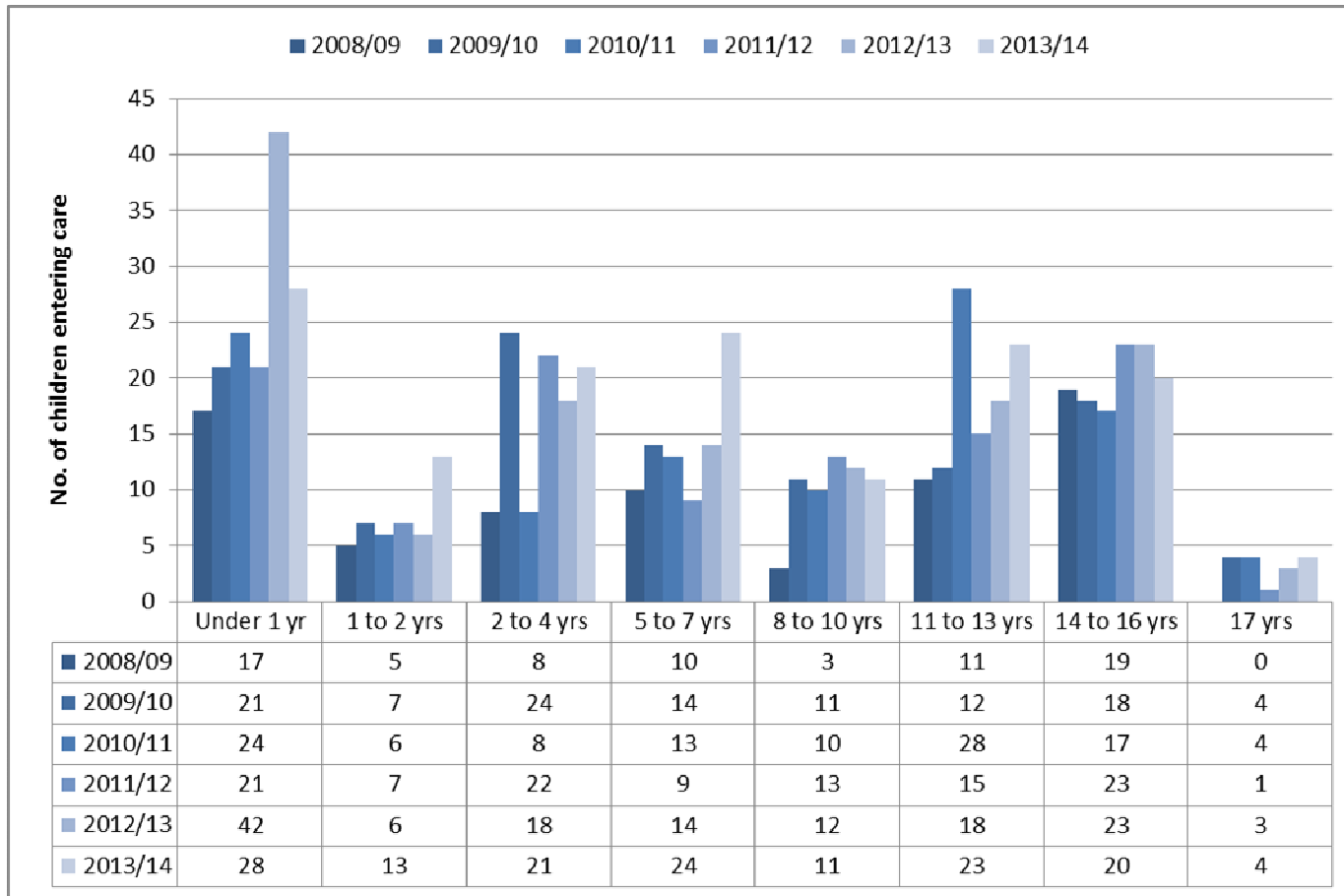


Figure 4: The number of children and young people that entered care (became looked after), by year and age band, between 1st April 2008 and 31st March 2014



Our data to 31 March 2013 indicated that children aged between 8 and 10 were statistically on average more likely to stay under the care of the authority for the longest period of time – 4 years and 8 months. The rise in the LAC population seen from 2009 had coincided with a rise in the average length of time that children have spent in care. Since 2007, there had also been an increase in the number of children that spent longer than a year in care.

Figure 5 shows that from 2007 to 2013, despite the increase across the age bands, the average age of children that entered care remained at around the aged 7 mark. The average age of children leaving care was reducing and dropped from an average age of 11.21 in 2010/11 to an average of 8.99 during 2012/13. This was indicative of a continuing improvement in enabling children to leave care at an earlier stage. Between 80 and 100 children and young people left care each year from 2007 to 2013.

Figure 5: Average age of children and young people entering and leaving care, 2000 - 2013

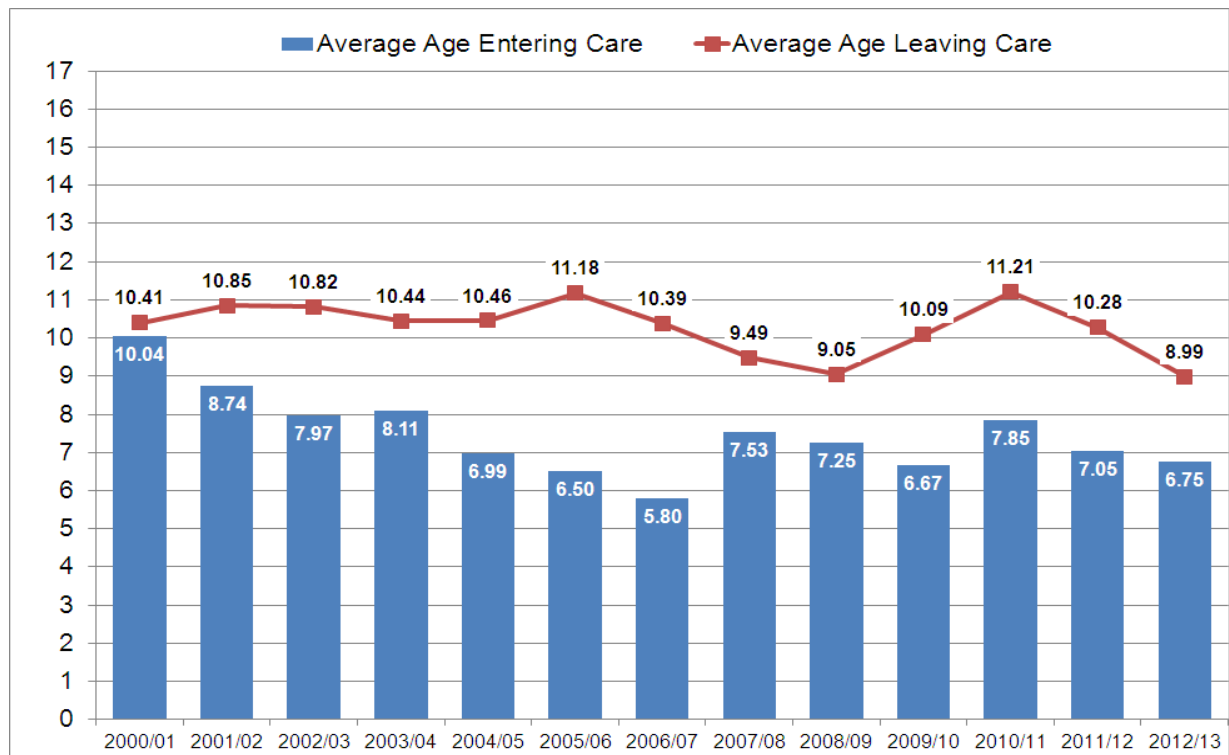


Figure 6 illustrates the exit strategy for all children and young people that ceased to be looked after over the past 6 financial years. This shows that from 2009 to 2013, the picture was one of the maintenance of historic patterns rather than increases which might help reduce the overall numbers. However, this changed in 2013/14.

Figure 6: Permanency Placement between 1st April 2008 and 31st March 2014

Year Ending March	2009	2010	2011	2012	2013	2014	Total
Adopted	18	15	11	12	15	25	96
Special Guardianship Order	9	10	2	13	10	15	59
Returned home to Parents/Guardian - non SGO/Residence	36	43	42	50	42	55	155
Moved to Independent Living	18	14	18	17	13	21	101
Other (Died, other LA, Custody etc)	10	4	8	6	3	7	38
TOTAL	91	86	81	98	83	123	562

Analysis in 2013 of the LAC population at the time, in Bridgend, evidenced that there were a significant number of children subject to Care Orders, who had been placed at home under the auspices of Placement with Parent Regulations. Many of these children had been living at home under these arrangements for in excess of 1 year, suggesting that risks had reduced and, therefore, their LAC status should be reviewed. Consequently, this cohort of children was reviewed to determine whether their care orders could be discharged. As at March 2014 the number of placements with parents had reduced from 37 to 30.

Should recent trends continue, we forecast that the LAC population of Bridgend will increase by some 14% over the next 6 years, rising to about 440 by March 2020. However, this forecast 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

As illustrated in Figure 4, the key characteristic of our looked after children cohort in the last two years has been the significant increase in the number of children that have entered care aged under 2.

In 2013, an examination of all cases of children under 1 that became looked after in the period April 2010 to March 2013 showed that:

- drug addiction affected 30% of the families, increasing to 60% when substance misuse problems including alcohol were also taken into account;
- domestic abuse by the father was present in 25% of the cases, with alcohol abuse identified as an underlying cause of the abuse in 43% of those cases. While the main area for concern here related to the father, there were also factors such as a mother's unwillingness to remove themselves and their children from an abusive relationship; and
- 33% of the children entered care due to the mother's mental illness/depression and challenging behaviour that impinged on proper and safe parental ability.

It is also significant that 29 (40%) of the babies had between 1 and 6 older siblings who had previously placed into care, as illustrated in Figure 7.

Figure 7: Breakdown of number of children previously taken into care:

Age Band of Mother	Total No. of Mothers in Age Band	Number of Children previously placed into Care							No. of Mothers with previous Child in Care
		0	1	2	3	4	5	6	
41 to 45	1			1					1
36 to 40	8	3	1		2	1		1	5
31 to 35	6	2	1	2			1		4
26 to 30	20	9	5	1	2	2		1	11
22 to 25	18	11	4	2	1				7
19 to 21	6	6							
16 to 18	12	11	1						1
11 to 15	1	1							
Total	72	43	12	6	5	3	1	2	29

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 the 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.

Between 2010 and 2013, around 50% of the babies entering care were born to mothers aged under 25, with age band 26-30 accounting for a further 30%. The number of teenage mothers of babies entering care increased during 2012/13 to 12 from 4 in 2011-12 and 2 in 2010/11

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.

