

<b>Meeting</b>	Care Scrutiny Committee
<b>Date</b>	20 April 2018
<b>Title</b>	Looked After Children
<b>Cabinet Member</b>	Councillor Dilwyn Morgan
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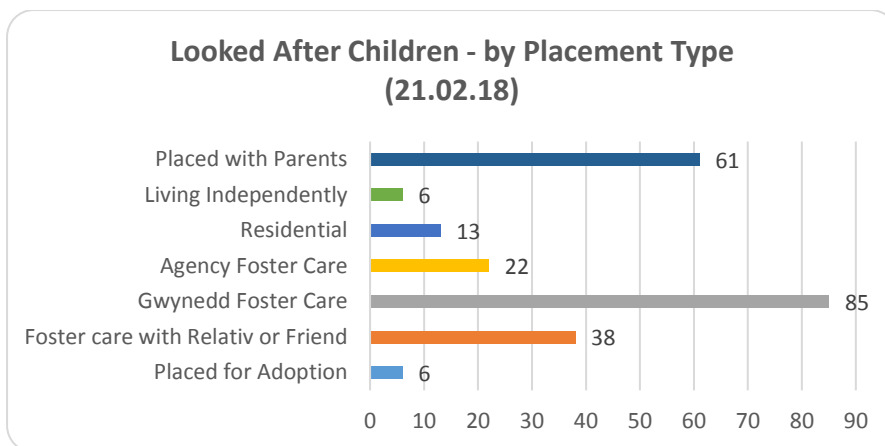
## 1. Background

The Department was asked to provide information on three areas of work, specifically looked after children, working within family court proceedings and the work of the Edge of Care Team.

## 2. Looked After Children

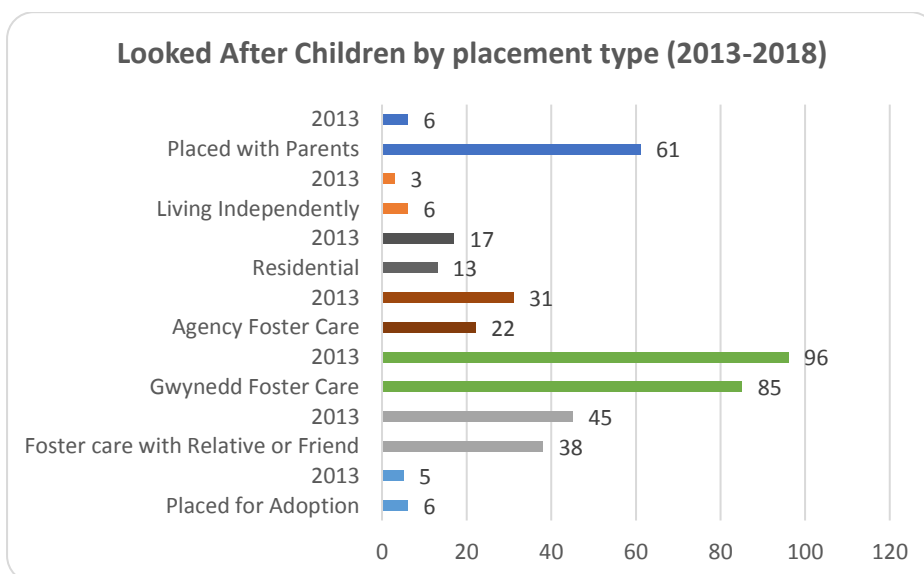
There were 231 looked after children on February 21. In comparison with the number of children looked after on 31/03/17 (218) there is a 6% increase during the current year. See below the total number of looked after children according to their placement types.

GRAPH 1



Over a 5 year period the total number of looked after children has increased from 185 to 231, representing an increase of almost 25%. During this timeframe the number of children looked after in either residential or fostering placements has remained steady or decreased.

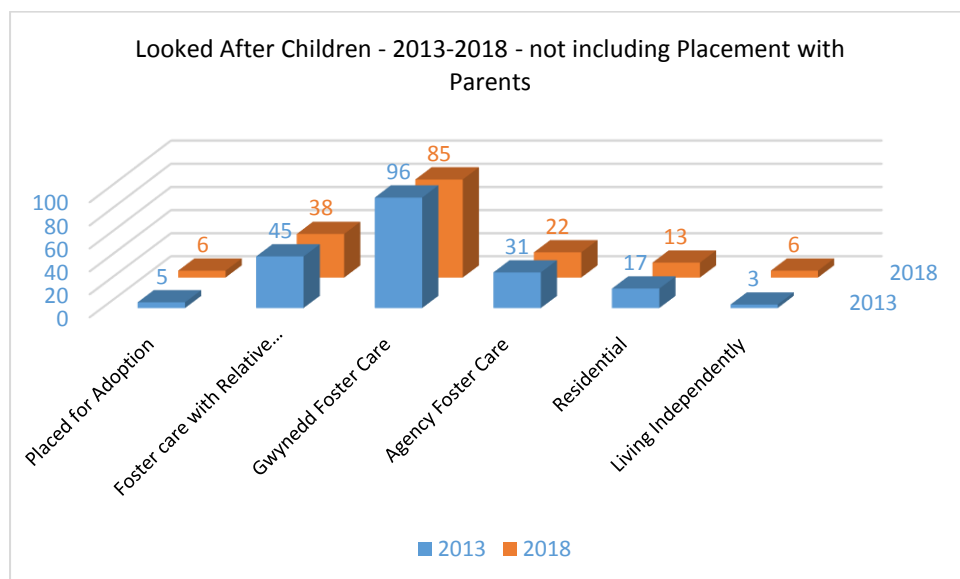
GRAPH 2



As can be seen from graph 2, the increase in the number of looked after children are those children who are subject of Care Orders and remain at home with their parents. Although they continue to live at home, their legal status means they are looked after children. After removing those children

placed with parents from the total numbers, there is a decrease in the looked after population over a 5 year period from 197 to 170 (see graph below).

GRAPH 3



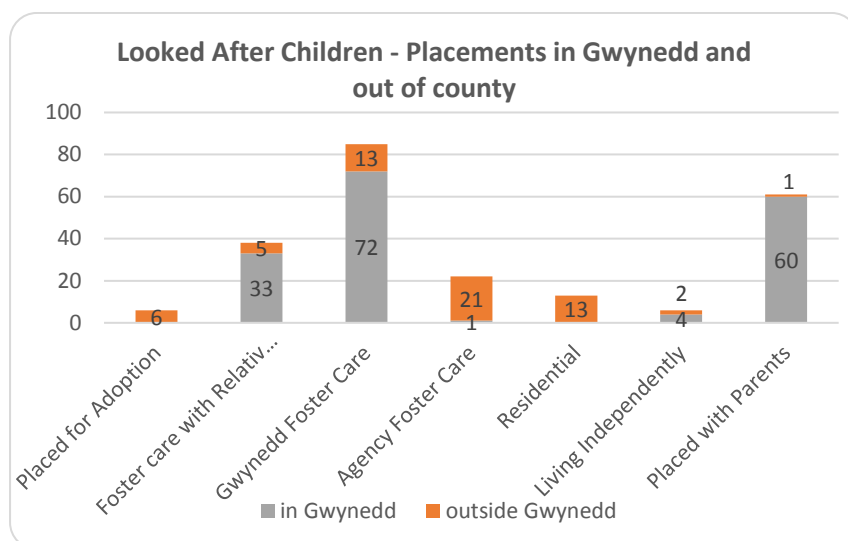
### 3. Reasons for becoming looked after

There are various reasons for children becoming looked after. The Department's data shows that almost three quarters of children come into care due to reasons of abuse or neglect. These children have usually been on the Child Protection Register first of all, and due to lack of evidence of improvement in their situations, an application is made to the Family Court for a Care Order. A small proportion of children become looked after due to their parent/s mental health or other health condition. Just under a quarter of looked after children become looked after due to unacceptable social behaviour or family dysfunction (e.g. beyond parental control or sexually harmful behaviour). A small proportion are also in care due to absent parenting or the absence of a person with parental responsibility.

### 4. Where are the placements?

74% of looked after children are placed within Gwynedd, which means that 26% are placed out of county. The majority of children placed out of county are placed in neighbouring authorities. 67% of out of county placements are in North Wales, with a variety of reasons for these placements. 13 children are placed with Gwynedd foster carers who live outside Gwynedd, usually because the foster carers have moved house and the child has remained in placement. The majority of placements with agency foster carers are outside Gwynedd (21/22), as the majority of agency placements are along the North Wales Coast. There are also some circumstances where relative foster carers live outside Gwynedd. All residential placements are placed outside the local authority boundary.

GRAPH 4



## 5. Placement Costs

Placement costs vary according to the type of placement. The average cost for a placement with Gwynedd foster carers is £500 per week. The average cost of an agency foster placement is £770 per week. A residential placement costs on average around £3500 per week. A parent and child placement costs around £2000 per week, and usually last for an assessment period of 12 weeks. There is no direct cost associated with the placement of a child with parent under a Care Order, although statutory requirements inevitably mean indirect costs in the form of Social Work input.

## 6. Comparison with other local authorities

The Department does not have current comparative data for 2017-18 for each local authority in respect of looked after children. The data for 2013-2017 shows that the rise in the number of looked after children varies between authorities.

Authority	Looked After Children		
	2013-14	2016-17	Increase
Ynys Môn	110	140	27.2%
Gwynedd	205	220	7.3%
Conwy	170	175	2.9%
Denbigh	175	165	-6%
Powys	150	155	3.3%
Ceredigion	80	75	-6.6%
Pembroke	125	125	0%
Carmarthen	215	205	-4.8%
Monmouth	130	135	3.8%
<b>Wales</b>	<b>5665</b>	<b>5955</b>	<b>5.1%</b>

Information from attendance at regional and national meetings indicates that most authorities this year are experiencing an increase in demand on children's services, in terms of expenditure and rising numbers of looked after children. Each authority was asked for figures, but responses have not been received prior to writing this report. Of those who have responded, Conwy Council report an increase from 177 to 220 looked after children since last March (up 20%). In the same period Wrexham Council have experienced an increase from 196 to 254 (up 30%). In Gwynedd the increase has been 6% (218 to 231).

## **7. Court Cases**

There are 34 children who are currently subject of an Interim Care Order, which means that a court case has been initiated, and is ongoing. These 34 children represent 26 individual families.

Procedure for proceedings in the family court are included in the Public Law Outline (PLO). In these cases the Department is usually working with these families due to concerns for the children's care. The vast majority of children are on the Child Protection Register. Where progress in decreasing the presenting concerns is not being made, the Department is expected to convene a legal planning meeting. This is usually done through holding a regular PLO panel to discuss cases where there may be ongoing concerns. Where the threshold is deemed to be met a letter before proceeding is sent to the family, which indicates that unless an improvement is made that legal proceeding will be instigated. This is the last chance for the family to make improvements before an application to court.

The case is then reviewed through the PLO panel, and where there is no improvement a decision is made to make an application for an Interim Care Order. At this point a further letter is sent to the family outlining the Department's intention to apply for an order. As part of the application the Social Worker need to provide a clear statement to court on the reason for the application along with evidence, which should also include their assessment.

Following the initial hearing, the Social Worker has to return to court on numerous occasions as part of the process. There are several different hearings along the way, which include Case Management Hearings, Issues Resolution Hearings, professional meetings as well as hearing to formally present evidence. Timescales for these applications are 26 weeks from start to finish, which means the Social Worker having to attend hearings as well as undertaking further assessments in order to present a final care plan at the conclusion of the case. The complexity of the cases depends on the extent to which the family contest the application and whether extended family members become party to proceedings. Where extended family members put themselves forward as potential carers for the child, the Social Worker, alongside a Fostering Social Worker, need to complete a fostering assessment within the court timescales. Therefore a court proceedings can involve several days in court, as well as undertaking direct work with the family and extended family in very tight timescale. The total time spent in court can vary between 10 – 20 days in each case. Where there are contested hearings, the final hearing can be listed for 3 days, with extreme case being listed for a 5 day final hearing.

## **8. The work of the Edge of Care Team**

The team was established to be flexible in their approach with a focus on effective intervention in family crisis situations. They focus on trying to create sustainable and systemic solutions for the whole family. The Team receives referrals from the Social Workers in the children's teams in Gwynedd and work in partnership with them and the family to create a plan in circumstances where it is considered that the child would come into care if they did not offer an additional service. Other agencies are part of the plan according to the needs and circumstances of the individual family.

The team work in circumstances to:

- Prevent a child from becoming looked after unless absolutely necessary.
- Return a child home within the first 8 weeks of becoming looked after.
- Return a child home where it is safe to do so.

Establishing the team has involved putting a new emphasis on working differently, setting clear expectations, whilst at the same time maintaining a focus on safeguarding and taking risks where it is in the child's best interests to do so. By providing intensive intervention for a period of time, the team works with families through periods of crisis to stabilize the situation and reduce risk. Research has shown that the relationship with the family is the most influential factor contributing to success. The worker needs to be honest, reliable and open. The worker also needs to persevere despite any

presenting obstacles that may arise. For these reasons individual caseloads are kept low in order to provide intensive intervention, build a positive relationship and ensure effective support.

Successful collaboration between the team and families has meant that some children have been able to remain at home, others have returned home from foster care and fragile foster placements stabilised. The team develops a close and professional relationship with the children and families, work on their strengths and supports them to build relationships within the family at times of family stress. By improving communication within the family, with extended family and with other agencies around the child, there is a better understanding of the need and thereby improving the quality of life of a child and their carers.

Although the total number of looked after children has increased since the inception of the team, the number of children looked after in residential and Fostering placements has remained consistent and has decreased (see graph 3). The increase in numbers is due to more children being placed at home with their parents as subjects of Care Orders. In these cases, the threshold for significant harm has been proven. With the team's intervention, the proportion of these children remaining in the family home has increased due to the decreased risk and improved resilience offered through the care plan.

The demand for children's services remains high, and without the intervention offered through the Edge of Care Team, the increase in the overall looked after population would be higher, were it not for the additional investment to offer support in a different way.

The team has made a significant contribution at a time when the local authority has had to respond to a reduction in funding. The original investment to establish the team has been repaid through efficiency savings. Several children have returned home to live, which in turn has led to significant savings on placement costs. It is reassuring to be able to say that this is down to effective interventions based on good practice by the team and its partners.

## Case Study 1

### **Bethan(11), Huw(7), Emyr(5) a Sion(3)**

Huw and Emyr were referred for the second time to the team in June 2017. They were now living with their father (but still in care due to the Care Order). Sion remains in a foster placement and Bethan lives with her grandmother under a Fostering arrangement.

The reason for the referral was that their father required support to establish routines for the children, with the anticipation that this could lead to an application to revoke the Care Order. However, quite soon into the plan, their father came to the conclusion that he could not care for the children and expected the department to arrange an alternative placement for them.

Their mother had by now moved to live to a different area in Gwynedd, and had worked hard on her alcohol and drug problem. She was in a much better position to offer the children a home.

The Team helped mum move house, arranging the change in schools, registration with GP and dentist and assisting her to make applications for appropriate benefits and prepare the children's rooms for their return home. The children returned home in September 2017.

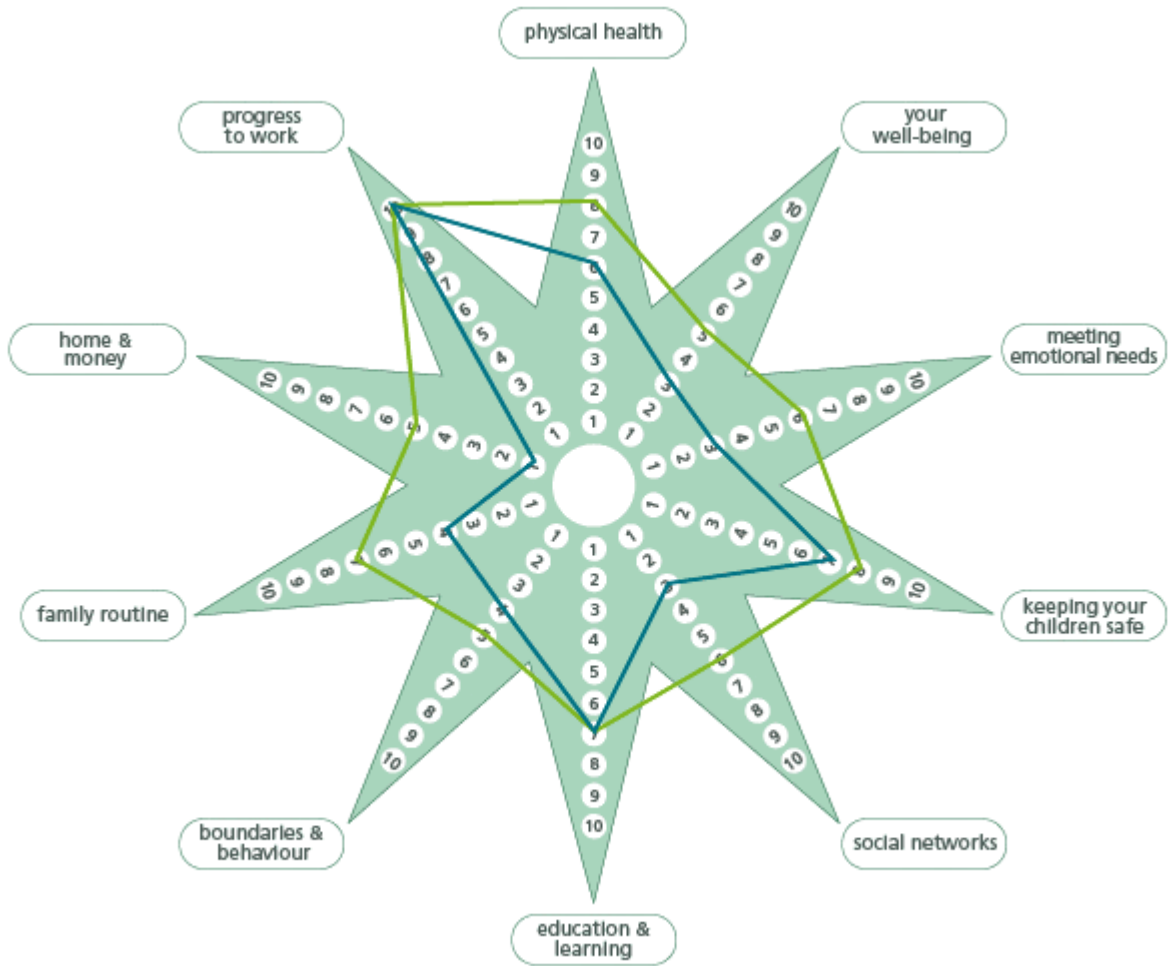
The children's mother suffers with depression and anxiety, which means she doesn't find going to public places easy, or making eye contact and talking. She feels that people are judging her, talking about her and trying to deceive her. By accompanying her to different places, praising her for her achievements, her confidence is slowly growing. She is now able to make and attend her own appointments as well as taking the children to school and doctor's appointments etc.

There continue to be days where she struggles to open the curtains and tells the workers that she is struggling with the children. But even on these days she is able to take the children to school, prepare their meals and ensure they receive appropriate attention.

She continues to be on the waiting list for the mental health team since August and is waiting for an assessment with the hope of receiving a service. In the meantime the team will continue to provide support to maintain and build on existing routines and encouraging her to spend quality time with the children. She is encouraged to take the children to appropriate activities such as swimming, opportunities to socialise and play with other children, taking them to birthday parties. They have not been having these opportunities to date and also lacks a social support network through friends. It remains a challenge to encourage mum's socialisation with her peers in view of her mental health difficulties.

There are positive indications that the intervention is heading in the right direction. The team is well aware of how difficult it can be to stabilise situations for families with mental health issues and difficult backgrounds. They are also aware that depression and anxiety does not necessarily mean that she will qualify for a service from the mental health team.

Please see the family "star" below. The green line represents February 2018. Demonstrable progress is being made, but further work needs to be done to promote the mother's welfare in order to ensure that she can continue to meet the children's needs.



## Case Study 2

### **Bethan(9), Huw(5), Emyr(3) a Sion(1)**

The children had been on the Child Protection Register for 5 months when they were referred to the team.

The department had received several referrals in relation to domestic violence between their parents, unsuitable individuals visiting the family home and their mother using alcohol and drugs. There were also reports that Bethan was having to walk a mile on her own into the town to fetch milk and having to look after the other children. There were times when the children were being left on their own in the house. The police had been called and found Emyr (3) out in the garden on his own, in a dirty nappy and vest, and raising his arms to be picked up. They could see Sion through the door inside the house. After knocking for 10 minutes, their mother answered the door. The house was unkempt, with broken doors and no food in the house.

School reported that Bethan and Huw attended school inconsistently, and when they did were arriving late and without any breakfast.

The Health Visitor was reporting that Emyr was not reaching his developmental milestones due to lack of attention.

Two workers from the team worked with the family for 18 weeks. This involved visits 4 days a week, sometimes twice a day. The aim was to assist their mother to establish regular routines, tidy up the house, increasing her confidence and giving the children appropriate attention.

One of the workers attended the house at 8am regularly, ensuring that mum had got up and changed and assisting to get the children ready for school. The worker would also walk with them to the school.

After school the worker would support the mother to prepare tea for the children and create a fun session for them by either playing games, going to the park or the library.

Some of the intervention took place during school time in order to encourage the children's mother to make appointments for the children, put her finances in order, shopping for food and attending appointments with the substance misuse service.

Despite the team's efforts, the intervention was not progressing and the children spent a period of being looked after.

The children's mother was not able to make the necessary changes to her lifestyle at the time. Her mental health, the influence of her friends and continued use of alcohol and drugs meant that she was not able to prioritise the needs of her children. She wasn't able to get up in the mornings to answer the door to the worker and she would go out of the house to avoid the afternoon sessions. She was not focussed on making the changes and therefore was not able to sustain any improvement without the team's support.

Please see the family star below. There is a deterioration between the star assessments. In some cases as the team get to know families better their view of the situations can lead to a worse assessment of the situation than at the time of referral.



