

# Children's Services Scrutiny Sub Committee

Date: Wednesday 2nd December 2020

Time: 10am

Venue: Virtual meeting

Pursuant to The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting of the Children's Services Scrutiny Sub-Committee of Norfolk County Council will be held using video conferencing.

The meeting will be broadcast live via this link: <https://youtu.be/3BktXfl-m1A>

Members and other attendees: DO NOT follow this link, you will be sent a separate link to join the meeting.

## Membership:

Roy Brame  
Emma Corlett  
Ron Hanton  
Judy Oliver  
Dan Roper

## Substitutes members:

Haydn Thirtle  
Mike Smith Claire  
Liberal Democrat vacancy

## Parent Governor Representatives

Mr Giles Hankinson  
Vacancy

## Church Representatives

Mrs Julie O'Connor  
Mr Paul Dunning

# A g e n d a

**1 To receive apologies and details of any substitute members attending**

**2. Minutes**

To confirm the minutes of the meeting held on 7 October 2020

(Page **4**)

**3. Members to Declare any Interests**

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
  - Exercising functions of a public nature.
  - Directed to charitable purposes; or
  - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

**4. To receive any items of business which the Chair decides should be considered as a matter of urgency**

**5. Performance in Children's Services: Edge of Care Support & Alternatives to Care**

Report by Executive Director of Children's Services

(Page **11**)

**6. Forward programme of work and meeting dates**

Wednesday 3<sup>rd</sup> February 2021

Effective Practice

Wednesday 3<sup>rd</sup> March 2021  
Prevention and early intervention  
Inclusion

**Tom McCabe**  
**Head of Paid Service**  
County Hall  
Martineau Lane  
Norwich  
NR1 2DH

Date Agenda Published: 24 November 2020



If you need this document in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or (textphone) 18001 0344 800 8020 and we will do our best to help.



## Children's Services Scrutiny Sub Committee

Minutes of the Meeting Held on 7 October 2020  
at 2 pm as a virtual teams meeting

### Present:

Cllr Roy Brame (Elected Chair during the meeting)  
Cllr Emma Corlett (Elected Vice-Chair during the meeting)  
Cllr Ron Hanton  
Cllr Dan Roper  
Cllr Judy Oliver

### Parent Governor Representative

Mr Giles Hankinson

### Also present (who took a part in the meeting):

Cllr John Fisher	Cabinet Member for Children's Services
Sara Tough	Executive Director of Children's Services
Chris Snudden	Director of Learning and Inclusion, Children's Services
James Wilson	Director of Quality and Transformation, Children's Services
Sarah Jones	Director of Commissioning, Partnerships and Resources, Children's Services
Phil Watson	Director of Children's Social Care
Tim Eyres	Assistant Director Commissioning and Partnerships, Children's Services
Kate Dexter	Assistant Director, Children's Social Care
Ricky Cooper	Assistant Director, Children's Social Care Resources
John Crowley	Assistant Director, Learning and Achievement
Marcus Needham	Head of Quality Performance and Systems
Karin Porter	Participation & Transition Strategy Manager
Katrina Hulatt	Head of Legal Services
Karen Haywood	Democratic Support and Scrutiny Manager
Tim Shaw	Committee Officer

### 1. Apologies for Absence

1.1 Apologies were received from Ms Helen Bates (Church Representative) and Mr Paul Dunning (Church Representative).

### 2. Election of Chair

- 2.1 The names of Cllr Roy Brame and Cllr Emma Corlett were moved and duly seconded.
- 2.2 On being put to the vote there were 3 votes in favour of Cllr Roy Brame and 2 votes in favour of Cllr Emma Corlett whereupon it was

**RESOLVED**

**That Cllr Roy Brame be elected Chair of the Sub-Committee.**

**3 Election of Vice Chair**

**3.1 RESOLVED**

**That Emma Corlett be elected Vice-Chair of the Sub-Committee.**

**4. Declarations of Interest**

- 4.1 Cllr Roy Brame and Cllr Emma Corlett declared an “other interest” because they were Governors of schools in their areas.

**5 Urgent Business**

- 5.1 No urgent business was discussed.

**6. Terms of Reference**

- 6.1** The Sub-Committee noted the terms of reference that were set out at item 6.

- 6.2** It was suggested that the terms of reference did not preclude the Sub-Committee from considering issues of concern to children and young people that were not the direct responsibility of Children’s Services.

**7. Performance in Children’s Services: Children in Care and the Care Market**

- 7.1 The annexed report (7) by the Executive Director of Children’s Services was received. The Executive Director said that the purpose of the report was to give the Sub-Committee an understanding of how Children’s Services was going about putting in place a comprehensive programme of practice improvement and service re-design for children in care that delivered on major change initiatives aimed at transforming the provision of care.

- 7.2 In reply to questions about how the Sub- Committee could identify issues of concern officers referred Members to the data pack (sent to them separately from the agenda papers). This provided the level of performance data that was made available to the Senior Management Team. Children’s Services would ensure that all Members of the Sub-Committee had received the data pack. The report showed significant signs of improvement in the overall numbers of under 5s in care, but the Sub-Committee needed more detailed information about those areas of concern that remained. The Vice-Chair said that a distinction should be drawn in the data to show the number of under-5s in care who were subject to special guardianship orders.

7.3 The Sub-Committee agreed to ask officers to more explicitly separate out areas of concern and areas of strength in future reports.

7.4 To provide a structure to the debate, the Chair agreed that the Sub-Committee should consider separately each of the areas of service provision that were highlighted at section 4 of the report.

### 7.5 **Care Planning**

- At 96% Norfolk's performance in relation to the timeliness of the completion of care plans was good when compared to that of other areas of the country (this was particularly encouraging because good care planning was an indicator of the success of interrelated pathways with partner organisations).
- Because Children's Services was looking to move from good practice to best practice, monthly multi-disciplinary audit meetings were held that reviewed care plans not only in terms of their timeliness but also in terms of their quality. Steps were being taken to ensure that the views of young people became more evident in care planning. The audit meetings examined quality issues such as if care plans were prepared in collaboration with young people, if the views of young people were included, and if care plans were written in a way in which young people could properly understand what they meant.
- Care planning was driven by the work of locality teams. The work of these teams was scrutinised by an Independent Reviewing Officer who focused on ensuring that care plans complied with standards of high quality.
- In reply to questions, officers said that Children's Services was in a much stronger position today in terms of care planning than it was at the start of the year but there remained issues about consistency of performance across teams and localities that remained to be resolved. Children's Service was focusing its care planning work on ensuring that it achieved a consistently high performance and on improving matters for those young people who had recently moved into care, where more work remained to be done.
- It was noted that Norfolk had invited comments on its approach to care planning from a wide range of national and local bodies. This had resulted in Children's Services in Essex agreeing to help Norfolk to put in place improvements that led to a higher standard of performance in care planning.
- The Sub-Committee agreed to check on the implementation of improvements in care planning at a future meeting.
- The Sub-Committee also agreed to ask officers to put in place a clear set of performance indicators that enabled Councillors to better understand the direction of travel of planned service improvements.
- 

### 7.6 **Placement Stability**

- The most recent figure of 11.1% was still slightly higher than the national and regional average of 10%. While performance in achieving placement stability indicators had improved in the last four months this work needed to remain an area for future scrutiny.
- When it came to placement stability, it was very difficult to collect and filter data in a way that distinguished between the "positive" moves and what were termed the "not so positive" moves. There were no clear dividing lines between the two categories of data that applied in all cases.

- There were no area hotspots of concern in the county in terms of placement stability.
- Compared to the position at the start of the year there was more consistent practice today across the whole county in terms of planned moves of young people.
- Additional work was being done to better understand why placements broke down and to understand the steps required to prevent this from happening.
- Covid-19 had impacted on court placements, particularly for the under 2-year olds.
- The Vice-Chair suggested that Children's Services should have a more robust set of procedures to record issues of staff retention and social worker stability. It was important to have procedures in place that allowed for issues that were caused by lack of social worker stability (such as where there had been several changes in social worker and other professional staff) to be more fully addressed.
- In reply it was pointed out senior management were developing performance dashboards that took account of planned and unplanned changes in staff, supported staff training requirements and addressed staff longevity issues and recorded numbers of agency and locum staff, all with a view to achieving more consistent performance. The dashboards would be able to record where there were several changes in social worker staff.
- Steps were also being taken to ensure that young people obtained the best possible placements for their individual needs and to focus more on supporting their family networks.
- A stability index was prepared each year and the results would be reported to the Sub-Committee.
- The Chair asked for the data presented to the Sub-Committee to distinguish areas of work where officers had concerns and to filter out where there were no such concerns.

### **7.7 Looked After Children seen within timescales**

- Children's Services had provided a consistently high performance in this area of work.
- Face to face visits were of high quality and timely, including those for out of county placements. This was recognised as such by the responses Children's Services had received during the Covid-19 pandemic from young people themselves.
- During the early stages of the Covid-19 lockdown some visits were undertaken virtually but it was now more a case of moving back to providing business as usual.

### **7.8 Health Assessments for Children in Care**

- Improvements in performance were attributed to improvements in dialogue and communication with health colleagues.
- The Corporate Parenting Board had played a positive role in improvements in joint operational working with health colleagues.
- The quality of health assessments was monitored by both Children's Services and by the local NHS.
- Social work teams also had their own procedures for monitoring the quality

of social care assessments.

- The time that it took social workers to complete their work was being reviewed so that this did not delay the issuing of health assessments.
- The picture regarding out of county health care assessments was positive.
- Questionnaires about strengths and weaknesses were issued every year for looked after children between the ages of 4 and 16 to explore their needs particularly in terms of their emotional wellbeing. The results of the most recent survey would be reported to the Sub- Committee.
- Children's Services was working closely with all its partners on how young people could be more involved in or shadow health subgroups so that lessons were learnt from young people's experiences that helped to shape and design new services.
- The measuring of health outcomes (linked to health assessments) was as an issue that the Sub-Committee wished to see referred to the Corporate Parenting Board for comments before this was reported back to this Sub-Committee at later date.
- The Sub-Committee wanted to give further consideration at a future meeting to how young people were involved in health assessments and where they should look to find more face to face support on issues that they considered to be important.

## 7.9 Care Leavers in Education, Employment and Training

- The report showed that Norfolk was below the national average in terms of its performance.
- This was an important subject area and not to be viewed entirely in terms of national averages since the national standards were not set as high as they should be .
- Actual numbers of care leavers as well as percentages were required for the Sub- Committee to fully understand the issue.
- Performance was at its greatest in the east of the county.
- There were lessons from stronger performance in the east of the county that could be applied in the west.
- There were also lessons to be learnt from the Charter that Norfolk had put in place to support ex-military personnel. It was suggested something similar should be put in place to support care leavers. This was something that needed to be explored at a future meeting.
- It was noted that a care leaver from Norfolk had recently been appointed as a social worker apprentice.
- A Member led sub-group of the Corporate Parenting Board was leading on initiatives in this area including looking at opportunities for work placements within the County Council. Another useful initiative that was being explored was mentoring of care leavers by County Councillors.
- Support for care leavers was seen as a subject area to which the Sub-Committee would need to return at a later date so as to explore issues of sustainability and structural changes and what measures could be put in place to achieve the best possible outcomes for care leavers.

## 7.10 Fostering Placements

- The Cabinet had recently addressed issues of quality and support for



foster placements.

- Investment in the recruitment of foster carers had increased. There were more foster carers today than ever before, but many foster carers were near to retirement.
- Norfolk was ahead of the marketplace. This had led to a movement away from independent foster agencies and to better in-house Norfolk fostering services.
- There were lessons to be learnt from the success of Norfolk's in-house fostering services for other Council in-house services.
- A good market mix of fostering placements was seen to be important. The County Council was required to review the market for placements and to provide external placements where they could not be provided in Norfolk

### 7.11 **Children in Residential Placements**

- The graph showed an 18% reduction in the number of young people in residential homes.
- Children's Services was focused on providing more alternatives to care and on working with North Yorkshire (where residential placements had reduced to nearly zero) to provide an evidence-based model of residential placements
- A similar model to that in North Yorkshire was due to be introduced in Norfolk in February 2021.
- At the request of the Chair, a member of staff from North Yorkshire whom was appointed to work directly with Children's Services on the project would be invited to give a presentation to a meeting in early 2021.

### 7.12 **Children placed more than 20 miles from home**

- This national performance indicator was more broadly defined in the past.
- Because of the change in the definition some of the sub-headings for Norfolk required more detail.
- Performance needed to take more account of individual circumstances. Younger children and children with more complex needs could find it difficult to cope with long journey times in a rural county.
- Journey times needed to be placed in the context of the availability of transport infrastructure and travel times rather than just how many miles young people travelled.
- For a rural county like Norfolk travel times for those who had to cross county borders and those who did not have to do so should be treated equally.

### 7.13 **Unaccompanied Asylum-Seeking Young People**

- Norfolk was seen to be at the forefront of Local Authorities when it came to providing support for Unaccompanied Asylum-Seeking Young People.
- The work to support UASC had grown significantly over the past 15 months.
- There were no solicitor companies in Norfolk that provided legal aid advice to young people about asylum issues. There were three solicitor companies in Essex that provided legal aid to which young people could look for support on asylum issues.
- The Sub-Committee's thanks were placed on record to Kate Dexter and her

team for the excellent work that they did in support of Unaccompanied Asylum-Seeking Young People. The work of Kate Dexter's team needed to be commended because it had placed Norfolk at the forefront of Local Authorities in this work and helped raise national standards of support for these young people.

#### 7.14 **Independent Reviewing Officers Service**

- The role of the Independent Reviewing Officer was to ensure detailed and informed up-to-date assessments that provided a real and genuine response to each child's welfare needs.
- The service was provided by a dedicated and highly experienced team of staff who aimed to promote the voice of the looked after child.
- The Sub-Committee asked for a report from the Independent Reviewing Officer (whom was unwell and had given apologies for today's meeting) to be presented to a future meeting.

#### 8 **Forward programme of work and meeting dates**

8.1 The Sub-Committee agreed to the dates for future meetings that were set out on the agenda.

8.2 It was noted that officers planned to hold workshops for members before future meetings.

8.3 Future meeting dates:

Wednesday 2nd December 2020

To consider Edge of Care and Alternatives to Care

Wednesday 3rd February 2021

To consider Effective Practice

Wednesday 3rd March 2021

To consider Prevention and early intervention Inclusion

Should the meeting programme need to change then this would be subject to the agreement of the Chair and Vice-Chair).

**Chair**

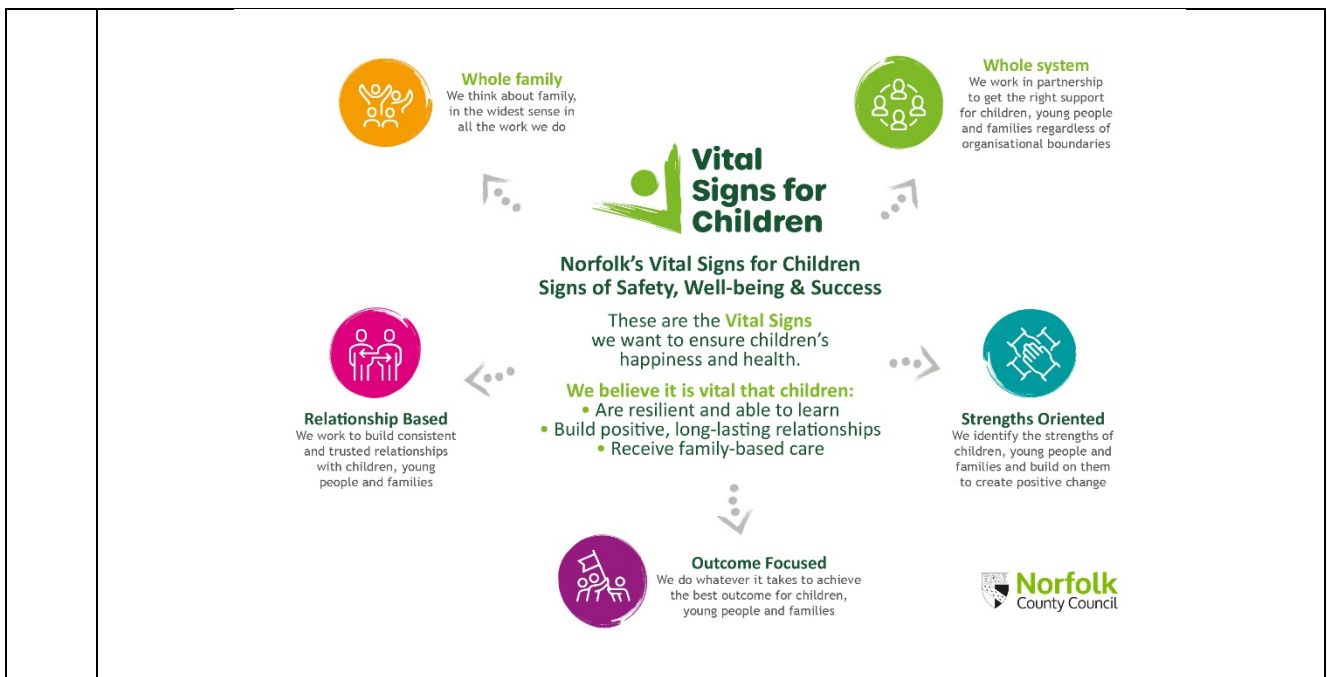
## Scrutiny Sub-Committee

Item No 5.

<b>Report title:</b>	<b>Performance in Children’s Services: Edge of Care Support &amp; Alternatives to Care</b>
<b>Date of meeting:</b>	<b>2 December 2020</b>
<b>Responsible Cabinet Member</b>	<b>Councillor John Fisher, Cabinet Member for Children’s Services</b>
<b>Responsible Director:</b>	<b>Sara Tough, Executive Director Children’s Services</b>
<b>Executive Summary/Introduction from Cabinet Member</b>	
<p>One of our core aspirations in Children’s Services is to keep families together wherever this is in the interests for children and young people. As such we have invested in a comprehensive programme of transformation and practice improvement aimed at improving our work to keep families together and reduce the need for children to be in care. Very positively we are now able to see a clear impact of this work, with more successful work with children and families and a sustained downward trend in the number of children coming into care. However that is not to say we cannot go further. We continue to look for further enhancements to our model and services and in particular I am optimistic that the next phases of our programme which include the implementation of the ‘No Wrong Door Model’ and enhanced support for families with children with disabilities will further strengthen our offer and help keep even more families together. I welcome the work of the Sub-Committee in scrutinising this area of performance as we continue to seek opportunities to improve on an area where we are already having a clear impact.</p>	
<b>Actions Required for the Scrutiny Sub-Committee:</b>	
<ol style="list-style-type: none"> <li>1 Review, comment on, support and challenge the performance in Children’s Services as it relates to the strategic theme of ‘Edge of Care Support &amp; Alternatives to Care’</li> <li>2 Comment on the format of the report and supporting information in order to refine the approach for future performance reports</li> </ol>	

<b>1</b>	<b>Purpose &amp; Background</b>
1.1	The intention of this paper is to give the Committee an overview of the performance in Children’s Services and the opportunity to scrutinise, support and challenge that performance.
1.2	<p>Given the breadth of the Children’s Services remit and agenda it has been agreed that performance information should be reported to Committee under the five strategic themes of the Children’s Services Transformation Programme, specifically;</p> <ul style="list-style-type: none"> <li>• Inclusion</li> <li>• Prevention and Early Intervention</li> <li>• High Quality Practice</li> </ul>

	<ul style="list-style-type: none"> <li>• Edge of Care Support and Alternatives to Care</li> <li>• Children in Care or with complex needs and the Care Market</li> </ul>
1.3	This paper relates to the 'Edge of Care Support and Alternatives to Care' theme and separate papers and information will be provided to Committee covering the other themes at future meetings.
1.4	This is the second report to Committee and members are also invited to reflect on the format and approach to reporting to ensure that it meets the Committees needs in future. This Committee follows the workshop held on the 3 <sup>rd</sup> November 2020
<b>2</b>	<b>Focus &amp; Approach</b>
2.1	The overarching ambition for the Transformation programme is described as supporting 'Safer Children, and Resilient Families'. The programme is about identifying the children and families who need extra help as quickly as possible and working alongside them. It's a strengths-based early intervention model which aims to reduce the number of children and families whose needs escalate to the point of crisis or the point at which they require high cost interventions or full-time local authority care. This kind of successful preventative and early intervention work can achieve better outcomes for children, families and communities whilst simultaneously reducing the costs to the County Council.
2.2	In Norfolk, as across the Country, we continue to see high and rising levels of need across service areas and in particular, in relation to children at risk of harm. Until the beginning of 2019 this rising need was translating into a high and increasing number of children being in local authority care making it ever more difficult to secure and provide appropriate, high-quality and affordable care.
2.3	In response to this level of need and in line with our vision, Norfolk Children's Services has developed a comprehensive strategy which encompasses <ul style="list-style-type: none"> <li>• Investment in our core social care operating model</li> <li>• Investment in dedicated specialist services at the edge of care</li> <li>• A focus on ways of working and practice frameworks which support families to stay together</li> <li>• Strengthening the capacity of our core social care teams and supporting them to manage risk</li> <li>• Supporting reunifications where appropriate, challenging drift in care planning</li> </ul>
2.4	<p><b><u>Delivering our Practice Vision</u></b></p> <p>This strategic approach is underpinned by our 'Vital Signs' vision for practice in Norfolk which describes what we want for children and how we want our teams to work to achieve it. Fundamentally we believe our ability to succeed for children is founded on delivering practice which is based on <u>relationships</u> and <u>strengths</u> and which incorporates the <u>whole family</u> and the <u>whole system</u> to achieve the right <u>outcome for children</u>.</p>



2.5

**Embedding Family Networking**

One really crucial example of this practice vision becoming a reality is through the roll-out and embedding of ‘family networking’ as a core practice approach.

Through this model (which is supported by the Family Group Conferencing team) practitioners bring extended family members into their thinking from the outset and empower families to support themselves. Although professional expertise is often important, our belief is that there is huge (and often unidentified) capacity within families and that by thinking about the whole family, brokering family-based solutions and helping families to create and deliver their own plans we can achieve better outcomes. There is also clear evidence that building the capacity and resilience of families is more sustainable than a model which focuses solely on professional support.

2.5

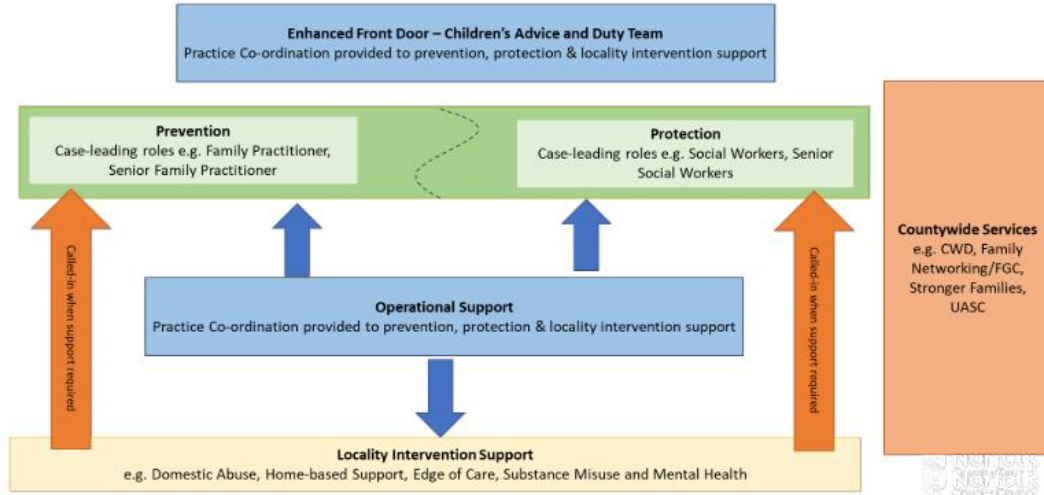
**Investment in our core operating model**

At the centre of our transformation and improvement agenda has been the development of a new ‘operating model’ for children’s social care. The new model has been implemented in phases from autumn 2018 and to date has incorporated

- A completely transformed ‘front door’ with the creation of the Children’s Advice and Duty Service now ensuring a robust initial triage of every contact and making sure our response to need is right first time
- The expansion of our family support service with additional capacity and strengthened practice
- The creation of new combined Family Assessment and Safeguarding Teams
- The establishment of enhanced team support roles – bringing efficiency and freeing up case-holding practitioners to focus on direct work with families
- The creation of the new Intensive Family Support Service which includes a range of more specialist worker roles focussing on domestic abuse, home-based care and intensive support functions. These roles can be ‘called in’ by the case holding teams to support their working in keeping families together

The diagram below shows how the model works together with cases moving from the Advice and Duty Team into either the more preventative Family Support Teams of the Social Work Teams (protection). These case holding teams 'call in' support from specialist where needed, but the case remains with the lead service to ensure the continuity of relationship which is so crucial to success.

## Norfolk Social Care Operating Model



### 2.6 Investing in Edge of Care Teams

Over and above this core operating model, we have also invested in new specific 'edge of care' services which can be commissioned to provide dedicated interventions to help keep families together.

In particular this includes;

- The Stronger Families Service – which provides an intensive therapeutic service for families with complex needs at the edge of care based on a Functional Family Therapy Model
- The Family Group Conferencing Service – which facilitates family group conferences to identify family-based solutions as alternatives to care
- The Intensive Family Support Service – which works as part of the operating model on a call in basis to provide intensive interventions in relation to home-based care, domestic abuse and other acute family needs
- The Rapid Response Service – which provides an emergency support function for families in an immediate crisis
- The Inside Out Project – which provides an intensive coaching model of support for young people in care to facilitate a return home and reunification with their families

### 3 **What do we want to achieve for children, young people and families?**

3.1 Full descriptions of 'what good looks like' in relation to this area of practice could be found in the 'Working Together' national guidance for safeguarding practice.

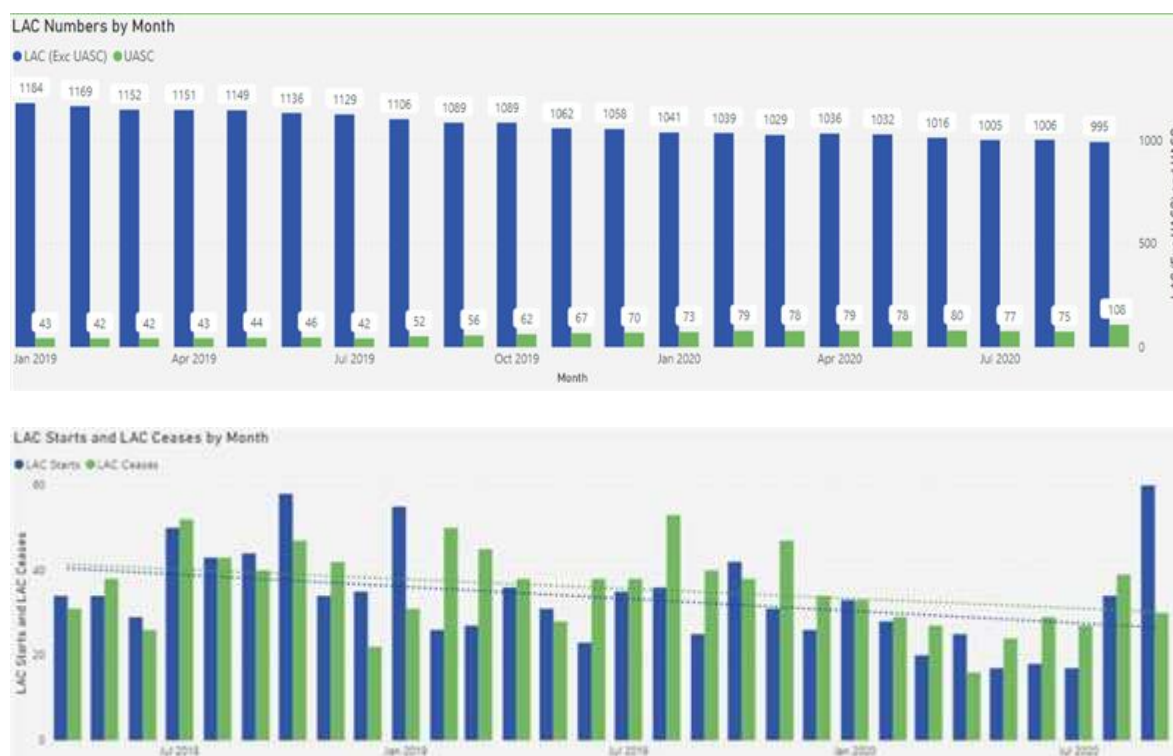
	<p>However broadly we might say that we want;</p> <ul style="list-style-type: none"> <li>• To identify children and young people at risk of harm and families facing significant challenges as quickly as possible</li> <li>• For a clear assessment to be made in relation to the situation, identifying the risks for children clearly but also the strengths and foundations on which positive change could be built</li> <li>• For our teams to build a relationship and trust with the children and family, allowing them to work together to reduce the risk and thereby avert the need for children to come into care</li> <li>• For the capacity in family networks to be considered and drawn in from the outset and for families to be able to have ownership of their own plans and solutions</li> <li>• For our interventions and support to be transparent, purposeful, clearly defined, evidence-based and have a clear impact on the safety and wellbeing of the children involved</li> <li>• For our teams to have a clear ‘bottom line’ in each case to be able to accurately judge whether the level of or risk of significant harm is such that children need to be in care</li> <li>• For rapid and decisive action to be available in moments of crisis for children and families – with robust edge of care support in a variety of forms to available when needed</li> <li>• For children’s wishes and feelings to be heard in all instances and their wellbeing at the heart of all planning and care</li> <li>• For children in care to be able to return to the care of their parents, or family member, whenever it is safe and, in their interests, to do so and it is the wish of both child and parent</li> </ul>
3.2	<p>The information attached to this paper covers a range of areas which indicate whether our actual performance is in line with what we want for children and young people. The next section picks out some ‘highlights’ from across these different aspects.</p>
<b>4</b>	<b>Highlights</b>
4.1	<p>This section of the paper highlights several areas of performance which have been selected for the Committee’s attention. These highlights will be where performance is either notably strong, is being specifically prioritised for improvement or has changed markedly (for better or worse) in the recent past. It is suggested that the Committee notes these areas, as part of their overall review of the performance portfolio.</p>
4.2	<p>Clearly the most central indicator of performance at the edge of care is the number of children who become looked after and are in care each period.</p> <p>In Norfolk, the total number of children in care has been falling month on month consistently since January 2019 and has reduced by over 190 children during this time. The majority of that decrease reflects fewer children coming into care (rather than more children exiting care) with the number of starts reduced by 29% compared to this time last year.</p>

Monthly averages of entries to care over the last 3 years is shown below:



This reduction in numbers being accommodated shows the success of our practice, operating model and edge of care support and despite the needs amongst families remaining high and there being no change to the threshold we are now successfully keeping more families together than ever before.

The chart below shows the number of Looked After Children in Norfolk continuing to reduce. The chart also shows the number of accompanied asylum-seeking young people which is increasing as a result of our focus on that area and recently our partnership work with Kent County Council to support an additional cohort of more than 30 asylum seeking young people.

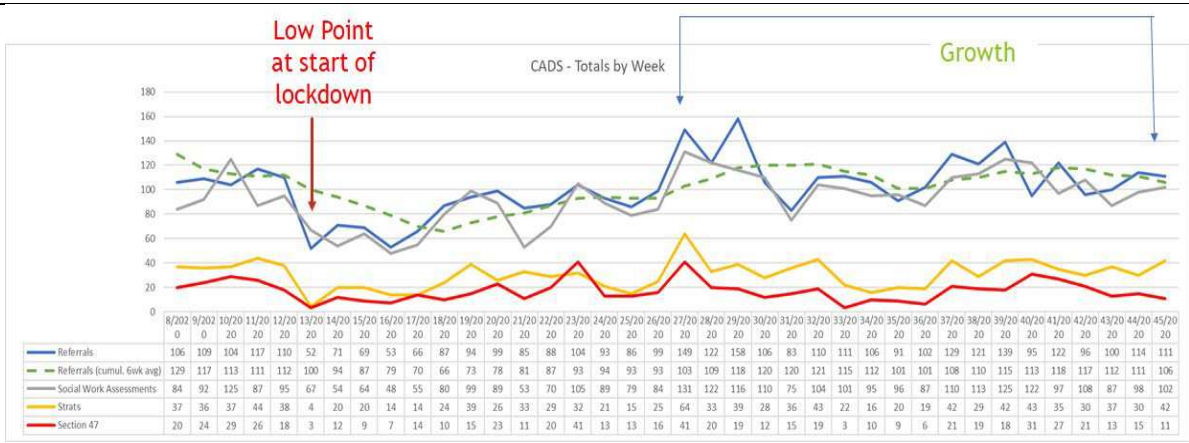


**4.3 How the nature of demand in social care has been changed by the pandemic**

In the early part of 2020 referrals numbers into social care were significantly reduced during the initial lockdown to around 50% of normal rates. This recovered by the end of the summer and has remained at largely 'normal' levels through the autumn. The anticipated 'surge' in demand into social work teams has not yet materialised. Within this overall pattern it is worth noting that referrals rates from schools are actually somewhat down and so potentially we may still see the 'missed need' from the school sector come through as the winter progresses.

In relation to the number of children coming into care, it is worth highlighting that numbers were falling throughout 2019 (so well before the pandemic) and have continued to reduce about the same rate through 2020 and so we do not think the reduction is as a result of Covid 19 disrupting demand.

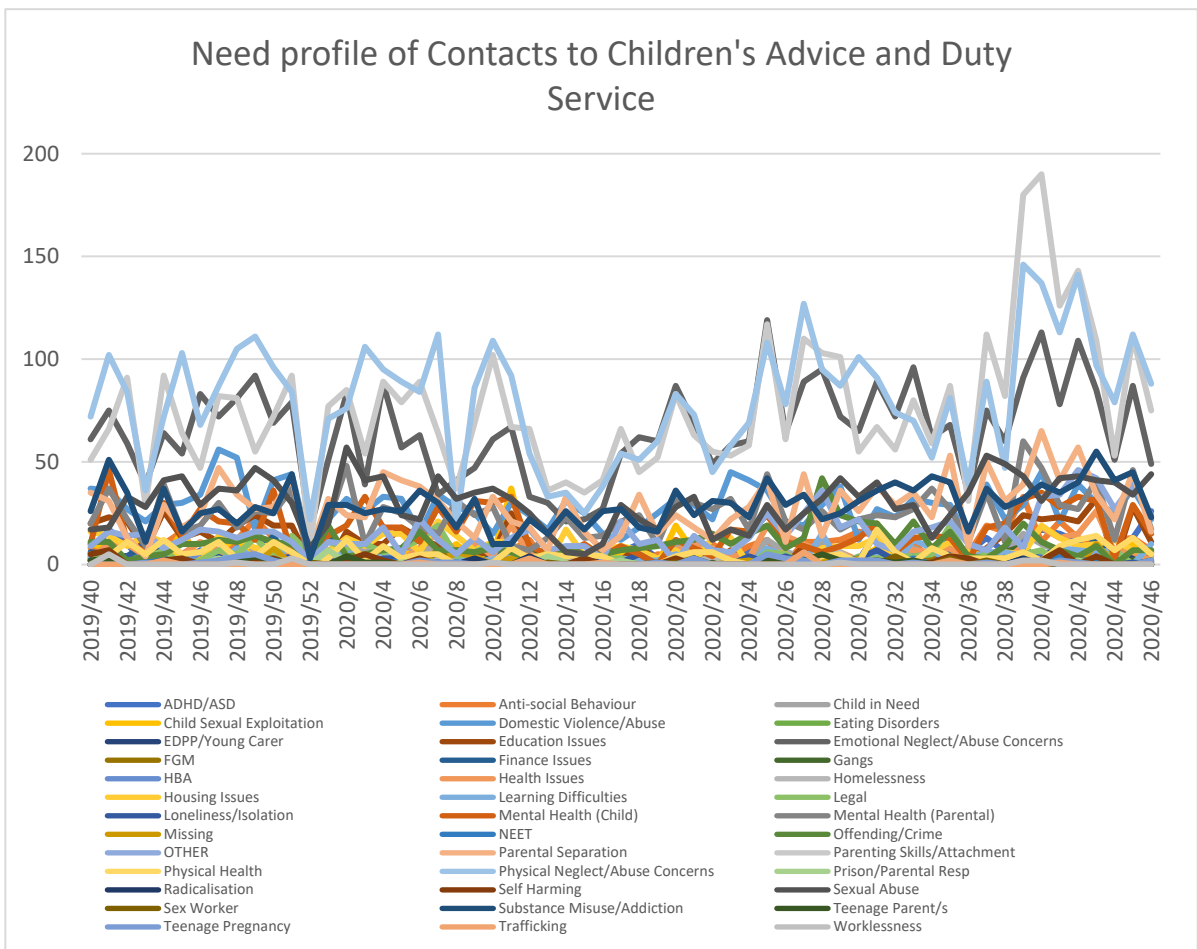




4.4

Although volumes into social work teams are not higher, there have been some changes in the types of need coming through and our family support teams are seeing higher referral rates. In particular we have seen a prevalence of:

- Contacts in relation to parenting skills / attachment
- Parents and children experiencing challenges with their mental health and emotional wellbeing
- Family conflict and relationship breakdowns
- A somewhat higher prevalence of domestic abuse
- More call directly from members of the public, friends, family and neighbours – most frequently in relation to family conflict
- Contact disputes (mostly as a result of COVID with parents using this as an excuse not to allow the other parent access)



#### 4.5 Impact of the Stronger Families Service

Stronger Families was launched in February 2019 with the aim to provide support for 400 young people aged between 8 and 15 over a period of 5 years, helping them to remain with their families and out of the care system.

Stronger Families is a collaboration between Norfolk County Council, Family Psychology Mutual and Bridges working towards a common goal: to building resilience within families and reduce the needs of children and young people coming into care

The Stronger Families service provides intensive therapeutic support to families to prevent children coming into care (90% of open cases) or assisting their safe return home from care (10% of open cases) if it's in their best interest. The model is Functional Family Therapy working preventatively with families where there is an identified risk of harmful behaviour that may lead to children becoming looked after.

The primary outcome of the service is to keep children out of care. This is measured over a period of 2 years and 11 months (which is called the Tracking Period). The outcomes of the SF intervention are monitored after 6 weeks of engagement.

As of October 2020, the success and impact of the service to date is measurable with many children and families benefitting from the service;

- 137 Children/YP have been referred to Stronger Families
- 94 Children/YP have started the intervention with their family
- 36 Children/YP have engaged and closed their intervention
- 20 Children/YP are on track to complete the full course of therapy
- 96% Children/Young people who have engaged for more than 6 weeks have remained out of care

The service has recorded a total of **18,418 days spent out of care** for the children and YP who have engaged.

Between 01/01/2020 and 24/08/2020 39 intake meetings took place  
33 were not LAC at the time of the intake meeting, 6 were LAC  
Of the 33 not looked after 30 have progressed past 6 weeks & 1 has become looked after.

Of the 6 who were looked after at the time of the Stronger Families intake meeting:  
2 have since ceased to be looked after 33.3%  
4 are still looked after but all are placed with parents under a Care order

An additional impact of the service is the whole family element of the therapy as well as the referred child/YP, on average 3 siblings per family are also benefitting from the intervention and improving their relationships and functioning within their family.

We are pleased to have been awarded further funding to expand the SF service from the Life Chances Fund. The development will enable to programme to work with children aged 6 and 7 years old, widening the age criteria to 6-15years.

**4.6 Trends within children who have come into care**

Although overall numbers have reduced, it is important that we continue to scrutinise the nature of the cohort of children who are looked after. Within the cohort of children who have come into care there are some notable trends.

The % of girls starting to be looked after has reduced from 40% to 34% to 25% in the three periods; and the % of boys started to be LAC has increased respectively

	Pre	during	Post
Gender (% f/m)	40/60	34/66	25/75

The prevalence of boys in the cohort is an area of focus, potentially reflecting the challenge of managing challenging behaviour and family dynamics, which may well have been exacerbated by the pandemic and associated strain on families.

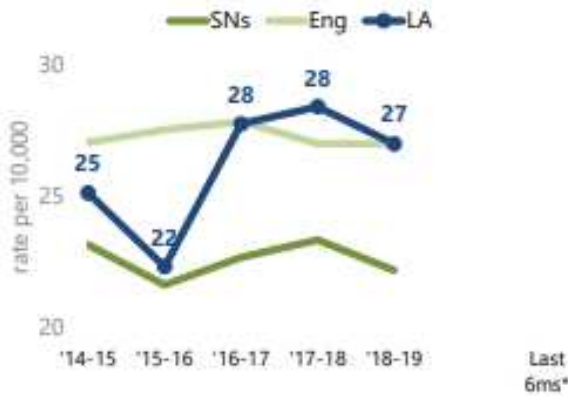
The main Need Code for LAC over the year was Abuse or Neglect. The second most prevalent need codes at the start of the year were Absent parenting but Family in Acute Stress replaced that during and post lockdown. Absent parenting no longer in top 3 post lockdown, replaced by family dysfunction.

	Pre	During	Post (excl UASC)
Reason for becoming looked after/Need Code (Rank1)	abuse or neglect 64%	abuse or neglect 72%	abuse or neglect 67%
Reason for becoming looked after/Need Code (Rank2)	absent parenting 17%	family in acute stress 17%	family in acute stress 16%
Reason for becoming looked after/Need Code (Rank3)	family in acute stress 9%	absent parenting 7%	Family Dysfunction 7%

Another key trend is in the age profile of children and young people coming into care. It continues to be the case that adolescents represent a large proportion of those coming into care and although this is not out of step with the trend you would see in other local authorities it remains an area of focus. In particular we need to develop ways of working which can succeed in working with adolescents and their families and this trend is one of the reasons why we are investing in the 'No Wrong Door' model which was pioneered in North Yorkshire and which has proved extremely effective with young people with complex needs and challenging behaviour – supporting them to return home or live independently rather than being in long term residential care.

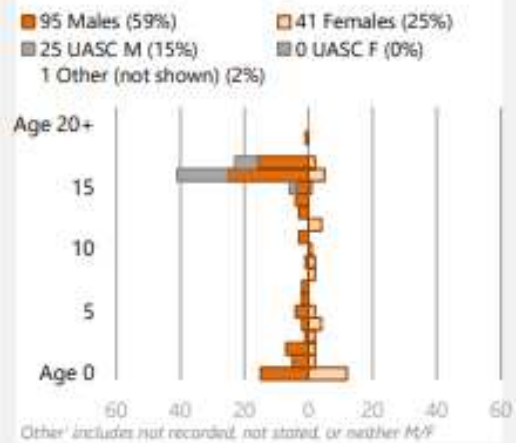
# 162 CLA started in the last 6 months

## Rate of CLA started per 10,000 children



\*Annualised rate for comparison purposes

## Age and gender



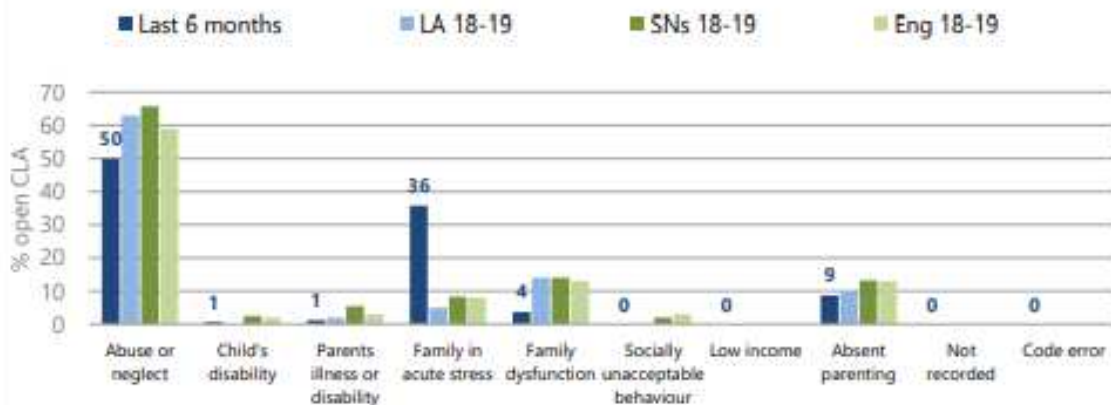
15%

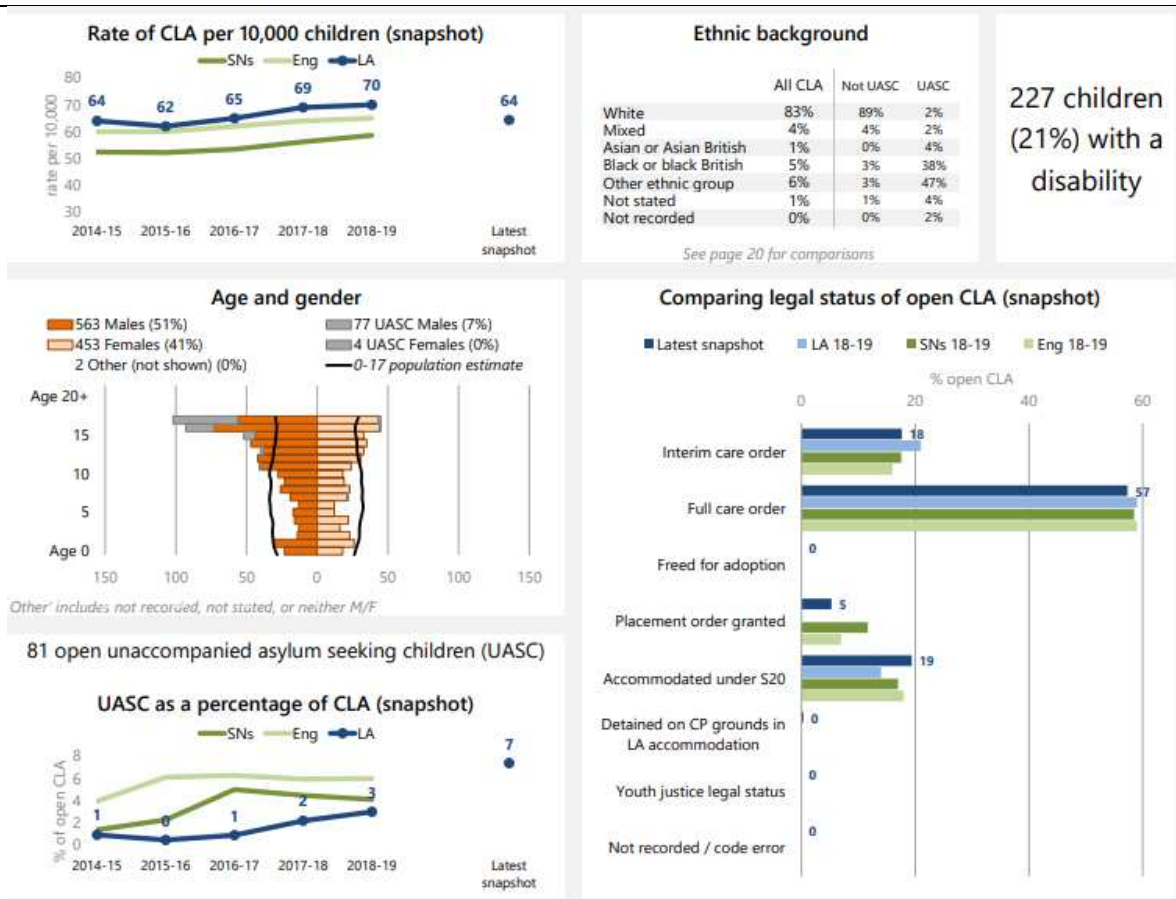
25 of the 162 CLA starters were unaccompanied asylum seeking children (UASC)

3%

5 of the 162 CLA starters have previously been looked after

## Comparing the primary need of CLA starters





227 children (21%) with a disability

See page 20 for comparisons

#### 4.7 **Family Networking Approach / Family Group Conferencing**

The Childrens Act dictates we have to work in partnership with parents. Norfolk has signed up to a Signs of Safety approach which holds relationship-based work at the heart of all we do. However, relationships with parents are not based on the premises of permissiveness moreover we practice a restorative approach where support and challenge are held in equal measure, this enables us to show commitment and compassion for the parents and remain curious about the lived experiences for children in the family challenging parents, act proportionately, and decisively when children are not deemed to be safe

The Family Network Approach is a key practice element so all our work with families and is embedded as part of the assessment plan and review with families. Risks and vulnerabilities of children will be considered and addressed as part of the social care intervention. The purpose of inviting family members to plan and intervene builds safety and resilience for the child, virtual working does not remove this intention.

We have been working over the last 2 years to really focus on family networking as a core part of our practice and we are seeing an impact. Social Work Assessments completed in August and September 2020 showed the Family Network approach is increasingly a feature of our practice but we have further to go for it to be fully embedded consistently. 81% of assessments that considered the approach had held a family network meeting as part of the assessment. Within Family Support assessments for the same period 63% held a family network meeting.

Although clearly the current ongoing pandemic creates some additional challenges to working collaboratively with families, we do not want to allow that to stand in the way of this crucial pillar of practice, and actually there have been some positive elements;

	<ul style="list-style-type: none"> <li>• An added benefit of working virtually is the Inclusion of family network members who couldn't be part of a face-to-face meeting due to Covid restrictions, geography or health needs:</li> <li>• We have had family members join us from Romania and Russia so they could be included the planning.</li> <li>• Families have the opportunity to have family discussion by either muting professional whilst they make the family plan, or ask professional to leave and call them back in as and when they need professional advice</li> <li>• Feedback from children and young people and their families is that they like the virtual meeting process as they don't feel so under the spotlight as when they sit in a room with people; can choose how near to sit, or not, to camera be seen or not seen.</li> <li>• Like the fact they can listen into meetings and contribute when they wish.</li> <li>• Like the flexibility of virtual meetings, can join and leave the meeting at any point; in live meetings they can feel stuck in the room, not so free to leave.</li> <li>• They have valued the time saving virtual meetings can bring,</li> <li>• Feel it is less stressful as they don't have to travel to SW office or community venue for meetings.</li> <li>• Children are more settled in their own homes than in constraints of 'professional's workplace'.</li> </ul>
4.8	<p><b>ISST - Impact of the Intensive and Specialist Support Service</b></p> <p>The ISS Service Dashboard is currently being developed but we hope that this will give us data on the number of families that we have supported and the impact on their trajectory along with relevant scaling. The ISS Service are currently supporting 681 children who are open to Family Support, FAST and Corporate parenting however we anticipate that will increase as we are recruiting to a number of vacant positions across the service.</p> <p>In the early stages of the pandemic in some localities particularly Norwich and South there was a significant demand for therapeutic support and therapeutically informed family interventions from our Childrens Social Care colleagues and the ISS Service has provided support where possible to meet this need. This increase in demand may have been caused by other services restricting their offer due to lockdown restrictions.</p>
4.9	<p><b><u>Rapid Response</u></b></p> <p>The Rapid Response service is designed to be a short-term service (maximum 2 weeks) that can stabilise situations to enable longer term planning to take place. With this in mind, responsiveness is key to success of the service, and this involves a visit to the family as soon as practicable after the referral is received (usually same day). Young people referred to the service will be open to social work teams and as such have an assessment already in place.</p> <p>During the last quarter there were 24 referrals accepted by the service. These were consistent with expectations that the most needed level of support during lockdown would be in relation to parental support to reduce the need to access care, and support for children and parents/carers to reduce behaviour concerns at home.</p> <p>Of the cases accepted, the service was able to reduce the crisis in the family home with seven families. The service identified that 14 families required further support</p>

and was able to advise on what this support might require. Only one young person entered care.

#### 4.10 **Inside Out Project**

Inside Out is a pilot programme with a new approach to improving outcomes and stability for young people in residential care in Essex, Hertfordshire and Norfolk.

The aim is to enable them to return home or successfully 'step down' to less intensive care wherever appropriate and possible or stabilise current placements. The programme is funded through the Department for Education's Innovation Programme and was piloted in Essex before its roll out in April 2019 into Hertfordshire and Norfolk. The Children's Society is the lead provider for the programme, and they work collaboratively with each local authority to achieve positive outcomes for young people on the programme.

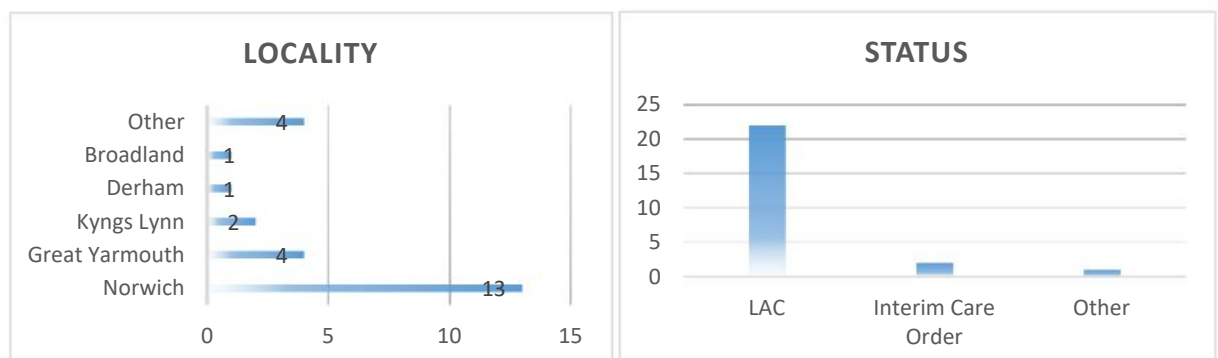
The interventions offer coaching-based support that promotes resilience and placement stability - working collaboratively alongside children, families, social care practitioners, placement providers and foster carers, enabling a wraparound package of care. The pilot is working with young people and their families, keeping them at the heart of the project - working with them rather than imposing interventions on them, to enable young people to:

- be stable and safe, have, or be working towards, positive relationships with their family, carers and peers,
- make positive decisions and achieve their ambitions, be better equipped for a successful transition to adulthood,
- be resilient and enjoy good emotional well-being and mental health.

#### **How were candidates chosen for the Inside Out trial?**

We spoke to all SWs and IROs to ask them to find people who fitted the criteria of having multiple placement breakdowns and or placement instability, a period of care in residential accommodation and periods of missing from care. They were then referred depending on their level of need and the recommendations from social workers and IRO's. We have increased referrals in a phased approach over the past year and a half up to 19 and will be taking on a further 6 in the next two months.

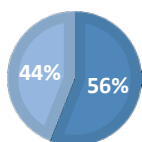
There have been 25 young people access the programme, 19 are currently open and 6 ceased.





## GENDER

■ Male ■ Female



### Key Findings

Developing a close relationship with an Inside Out coach can help young people in care with a history of many placement moves to achieve more stability. More specifically, when young people joined the programme, they had an average of around 34 missing episodes over the previous 12 months – one year later this had significantly dropped to around 6 missing episodes over the same time period.

The evaluation also demonstrated many other positive outcomes for young people via qualitative interviews with social workers, coaches, placement providers and participants. This included improvements in wellbeing and relationships with others, reduced risky behaviours, and clearer ambitions about future education or employment options. At the same time, there were also examples of some young people achieving a positive outcome, such as finding a job or an apprenticeship, but not being able to sustain it. This is not surprising given the many challenges some of them faced.

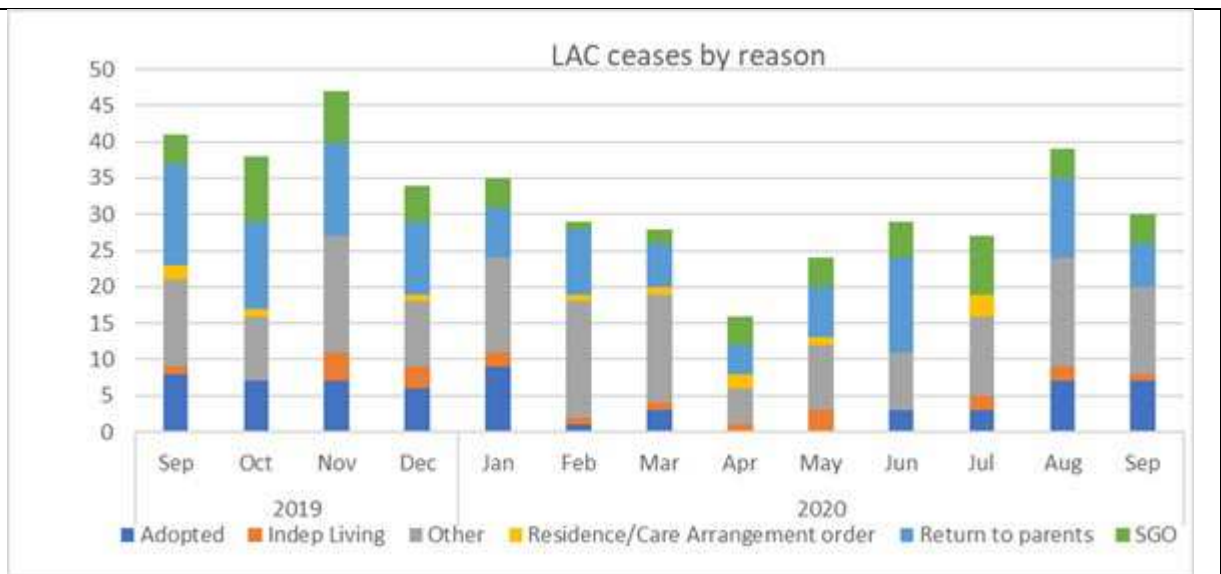
Our analysis suggests that delivering the programme costs about £16,900 per participant, but the current and future benefits are likely to outweigh these costs, with a calculated benefit-cost ratio (BCR) of around 2.5. This means that for every £1 invested in the delivery of Inside Out, about £2.50 of (cashable and non-cashable) benefits accrue to the LA and wider public sector.

Norfolk and Hertfordshire County Councils programmes started later than those in Essex County Council and evaluations will continue on to late 2021 with the programme due to finish in March 2022.

#### 4.11 Exits from Care

**We want to further strengthen the way we support exits from care – to independence, to adulthood to home, to adoption**





We are currently working on new ways of working for our Corporate Parenting Service to ensure that we are able to effectively meet the needs of all looked after and care experienced children and young people. Part of this plan is to strengthen the work and available interventions for returning children who are longer term looked after to their families. The changes proposed include:

- Embedding clinicians in Corporate Parenting service to support emotional wellbeing work and promote relationships for our young people
- Family Network Advisors embedded within the service to promote the family network around a child and improve relationships between children/young people and their families
- Provide direct support for return home work, clinically supervised by clinicians which can reach a much larger number of children and young people each year compared with existing services
- My Norfolk Story – life story approach focused on children and young people understanding why and how they have become looked after to further support building relationships with their family
- Work is beginning with Stronger Families to explore their support for longer term looked after children and young people
- A focus on the parenting network to ensure that professional support across partner agencies is in place to promote and effectively support families who are reunited

This work is ongoing at present, with an expectation it will go live in April 2021

## 5 Next steps and Further Strengthening Our Offer

5.1 Although it is clear that our strategy is working, we still have further to go. In particular we might highlight several key areas where we want to improve or further strengthen services:

1. A prevalence of adolescents coming into care and having unmet needs in care
2. A continued strain on families with children with disabilities – which will have been exacerbated by the ongoing pandemic
3. A need to further strengthen our out of hours response so that we can respond with equal effectiveness whenever a family might encounter a crisis.
4. Responding to the needs of families where substance misuse is a significant factor remains a challenge and we cannot always access specialist support in a way which works coherently alongside the social care intervention

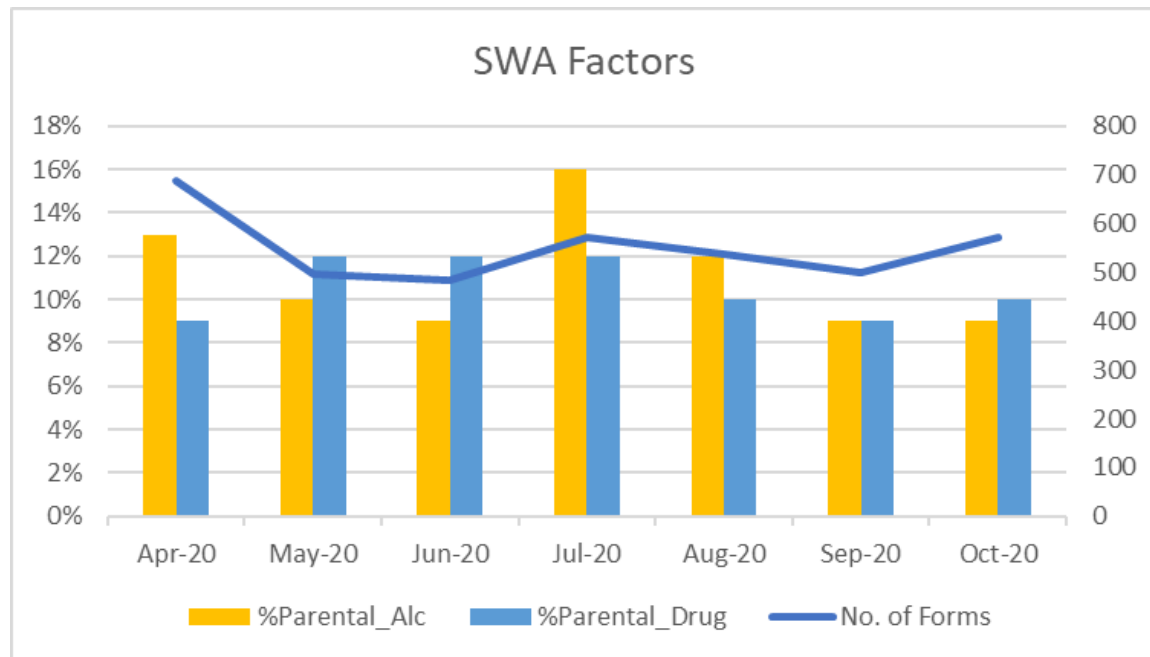
<p><b>5.2</b></p>	<p><b>No Wrong Door</b></p> <p>To further strengthen our work with adolescents we are excited to be implementing the No Wrong Door model in Norfolk.</p> <p>No Wrong Door is a non-traditional approach to working with adolescents experiencing complex journeys - with an innovative residential ‘Hub’ at the heart of the service. It provides short term placements and edge of care support through a range of specialist and wrap around services to help young people on their journey, supporting our vision to reduce the number of looked after Norfolk Children.</p> <p>The model is endorsed by the DfE and is one of the three DfE sponsored projects within the Strengthening Families Protecting Children (SFPC) Programme. Each project has a lead innovator authority, who will work with each adopter authority to implement the chosen model in their own area. North Yorkshire County Council pioneered the model and so are the adopter authority and will work with Norfolk to implement the Norfolk No Wrong Door model. Our version of the model is due to go live on the 1<sup>st</sup> of June 2021.</p>
<p><b>5.3</b></p>	<p><b>CWD Outreach Service</b></p> <p>We are currently establishing a new outreach team for Children with Disabilities. This team will offer support to families in their homes, in particular where those families are coming under increasing strain or potentially might be reaching the point of crisis. The team will also reduce our reliance on agency support within the home, which is expensive, often long-term and allows little opportunity for collaborative work with social work teams and other professionals. This business case has been approved and team is being recruited this autumn.</p>
<p><b>5.4</b></p>	<p><b>We want to review and strengthen our response ‘out of hours’</b></p> <p>Although our existing Emergency Duty Team and Rapid Response contract mean that we do have out of hours support in place we believe we can go further. A transformation workstream is underway looking at how we can further strengthen this model of working. At the moment it can be difficult to achieve more than just stabilisation for families out of hours and we still have instances where we have to bring children into care temporarily because we cannot respond fully at weekends or in the night.</p> <p>It is likely that future plans will look to develop a fuller out of hours outreach model that can respond directly in a crisis out of hours, including more direct visiting of families and face to face support over weekends – as well as looking at how the focus on smarter and flexible working might enable core teams to move away from a traditional 9-5 focus and to be more responsive to needs.</p>
<p><b>5.5</b></p>	<p><b>Substance Misuse</b></p> <p>Substance misuse is identified as a key issue in around 25% of cases referred to children’s social care for assessment. This relates to both substance misuse by the young person and by their parents. Of the two, parental substance addiction is the more prevalent issue and is probably the area that we struggle with more under the current arrangements with our inability to make progress with these parents sometimes leading to children coming into the care system.</p>

In 2019/20 the Children in Need Census identified that:

Of the 7741 Social Work Assessments completed:

12.3% had a factor of Alcohol misuse: parent/carer (18/19 = 11% alcohol)

11.6% had a factor of Drug misuse: parent/carer (18/19 = 11% drug)



There is already collaboration between Children's Services teams and both Change Grow Live and the Matthew Project and some good joint work takes place. However the feedback from our teams is that this could be strengthened further and integrated practice is not yet optimised. Specifically;

- Currently the support for parents struggling with substance addiction can be quite separate to any wider social care intervention taking place and if the challenges with substance misuse go un-addressed this makes it much harder for the rest of the safeguarding plan to be deliver and for the risk to the child to be reduce
- Conversely if children's teams are not in place to tackle the wider issues in a family then it will undermine the impact of those providing substance misuse support and will make it much less likely that the substance misuse teams will be able to secure engagement and turn things around
- Securing the engagement of young people and parents is the biggest barrier – hopefully by joining up our work we will have more success – with the engagement of social workers in particular helping to gain traction with families
- We need to ensure the support is flexible enough to respond to families who are in crisis, under huge stress or living somewhat chaotic lives
- Social work and family focus teams would benefit from a consultation service as well as direct intervention delivery. We want to upskill our workforce and ensure they have a point of liaison for advice
- Joint working with Matthew Project improved with Seconded post from Children's Services to Matthew Project to aid understanding and working together. New worker about to move over to more work to do to further embed joint working.

To address these issues Children's Services and Public Health commissioners have worked together to develop a new approach. We are finalising plans to commission a number of dedicated posts focus on support for parents open to social care within

	the wider Change Grow Live Service. These roles will be linked to the Intensive and Specialist Family support service and ‘called in’ in a similar way – but will be clinically supervised within Change Grow Live. The plan is for approximately 6 FTE workers focussed on substance misuse and would look to add this resource into the model to further strengthen the offer.
<b>6</b>	<b>Financial Implications</b>
6.1	<p>Despite ongoing demand and increasing complexity of need there has been a sustained reduction in children looked after numbers over the past 18 months, which has driven a sustained reduction in the annualised children in care placement costs as a result of volume. A broad average estimate of the cost of a child in care is £50k per year. As such the reduction in numbers of around 190 from the peak in January 2019 translates into an avoided cost of around £9m-£10m per year.</p> <p>This reduction has been partly offset by the continued high unit-cost of care placements, in particular in residential settings but nevertheless has put social care funding onto a much more sustainable footing and is a primary reason for the department’s projection of a balanced budget for 2020/21.</p>
<b>6</b>	<b>Equality Impact Assessment (EqIA)</b>
6.1	N/A
<b>7</b>	<b>Any Other implications</b>
	Officers have considered all the implications which Members should be aware of. Apart from those included in the report and in the Financial Implications section, there are no other implications to consider at this stage.
<b>8</b>	<b>Actions Required</b>
8.1	<p>Actions Required for the Scrutiny Sub-Committee are</p> <ol style="list-style-type: none"> <li>1 Review, comment on, support and challenge the performance in Children’s Services as it relates to the strategic theme of ‘Children in Care and re-shaping the care market’</li> <li>2 Comment on the format of the report and supporting information in order to refine the approach for future performance reports</li> </ol>
<b>9</b>	<b>Background Papers</b>
9.1	Alternatives to Care - Performance Data additional data pack
9.2	LAC SSDA903 return headlines and comparators
9.3	Virtual Meetings with Family Networks
9.4	Edge of Care & Alternatives to care Nov 2020

## Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

<b>Officer Name:</b>	James Wilson	Sarah Jones	Phil Watson
----------------------	--------------	-------------	-------------

<b>Job Title:</b>	Director of Quality and Transformation	Director of Commissioning, Resources and Partnerships	Director of Children's Social Care
<b>Email Address</b> :	<a href="mailto:James.wilson@norfolk.gov.uk">James.wilson@norfolk.gov.uk</a>	<a href="mailto:sarah.jones2@norfolk.gov.uk">sarah.jones2@norfolk.gov.uk</a>	<a href="mailto:phil.watson@norfolk.gov.uk">phil.watson@norfolk.gov.uk</a>



If you need this Agenda in large print, audio, Braille, alternative format or in a different language please contact **0344** 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

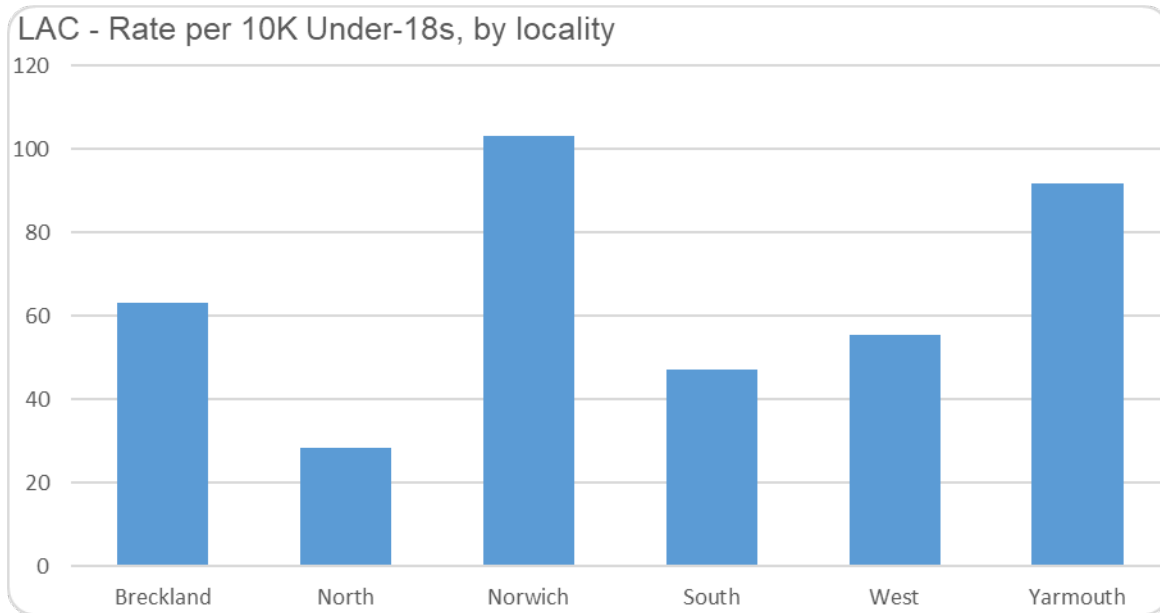
[http://norfolkcc.cmis.uk.com/norfolkcc/Decisions/tabid/67/ctl/ViewCMIS\\_DecisionDetails/mid/391/Id/241f3972-27c5-4180-8ba5-14fd47973ae0/Default.aspx](http://norfolkcc.cmis.uk.com/norfolkcc/Decisions/tabid/67/ctl/ViewCMIS_DecisionDetails/mid/391/Id/241f3972-27c5-4180-8ba5-14fd47973ae0/Default.aspx)

## Monthly data from County Performance Report

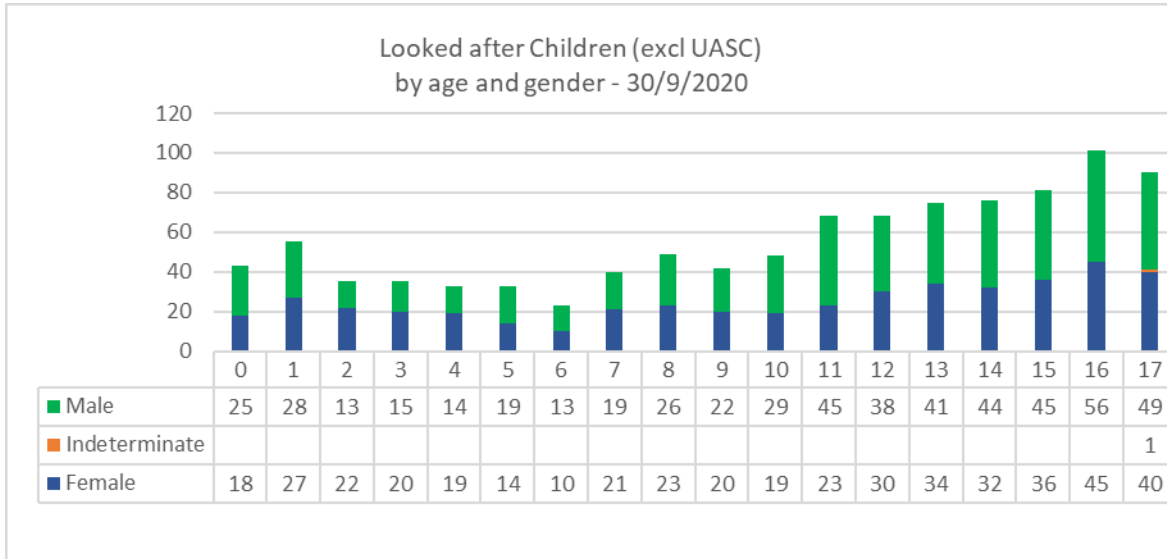
LAC Ceases September 2019 to September 2020 by cease reason:

<b>Cease Reason</b>	<b>No. of children</b>
E11 - Adopted - application unopposed	51
E12 - Adopted, consent dispensed with	10
E13 - Left care to live with parents, relatives, or other person with no parental responsibility	54
E15 - Age disputed, age assessment determined child is aged 18 or over	3
E17 - Aged 18 (or over) and remained with current carers (inc under staying put arrangements)	10
E3 - Care taken over by another LA in the UK	1
E41 - Returned home - Residence order	12
E43 - Special guardianship order made to former foster carers	6
E44 - Special guardianship order made to carers other than former foster carers	3
E45 - Special Guardianship Order made to former foster carer(s), who was/are a relative(s) or friend(s)	18
E46 - Special Guardianship Order made to former foster carer(s), other than relative(s) or friend(s)	24
E47 - Special Guardianship Order made to carer(s), other than former foster carer(s), who was/are a relative(s) or friend(s)	10
E4A - Planned return home to live with parents (no order)	48
E4B - Unplanned return home to live with parents (no order)	10
E5 - Independent arrangement with formalised support	20
E6 - Independent arrangement (no formalised support)	1
E7 - Transferred to adult social services	7
E8 - CLA ceased for any other reason	129
<b>Grand Total</b>	<b>417</b>

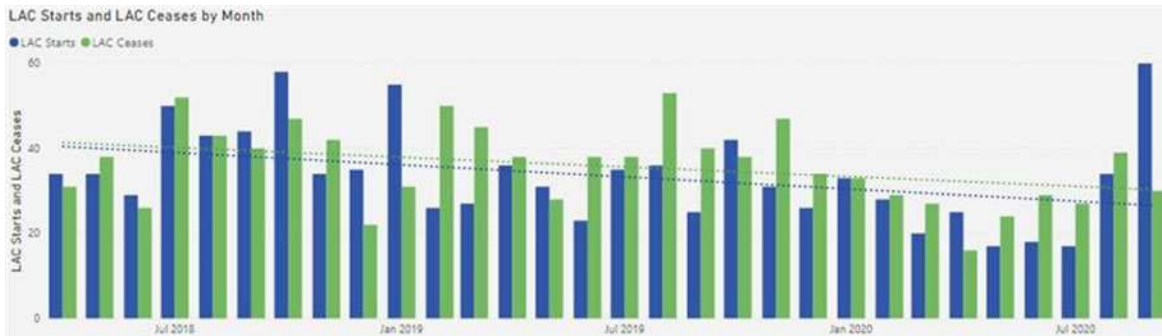
The number of Looked after children across Norfolk's localities varies as displayed in the chart below for 30/9/2020:



The age and gender breakdown of looked after children is illustrated in the chart below. There are 9% more boys than girls looked after (46% vs 54%) and the most prevalent age is 16 and 17.



The number of children starting and ceasing to be looked after is also reducing illustrated in the chart below:



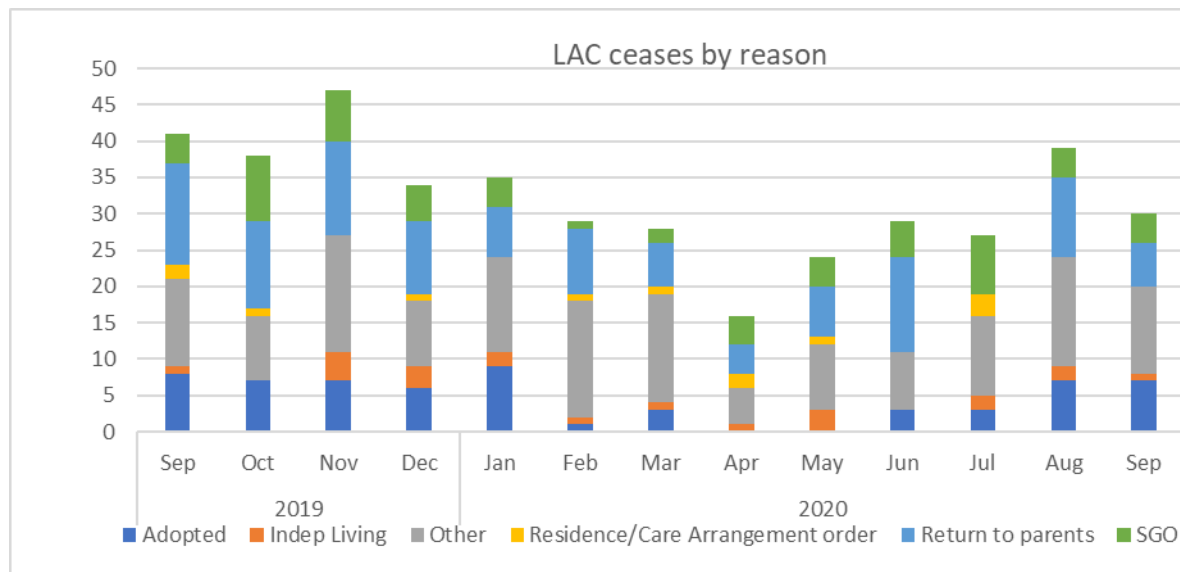
This tracks both the number of children who become looked after and the number of children who cease to be looked after. Ceasing can include children becoming 18, achieving permanence such as adoption or returning home.

Over the past two years churn in the system has vastly reduced and the impact of transformation programme has helped to change the demand profile where we are now seeing a sustained reduction of children in care. A renewed focus on reunification work is a key part of our LAC & LC transformation.

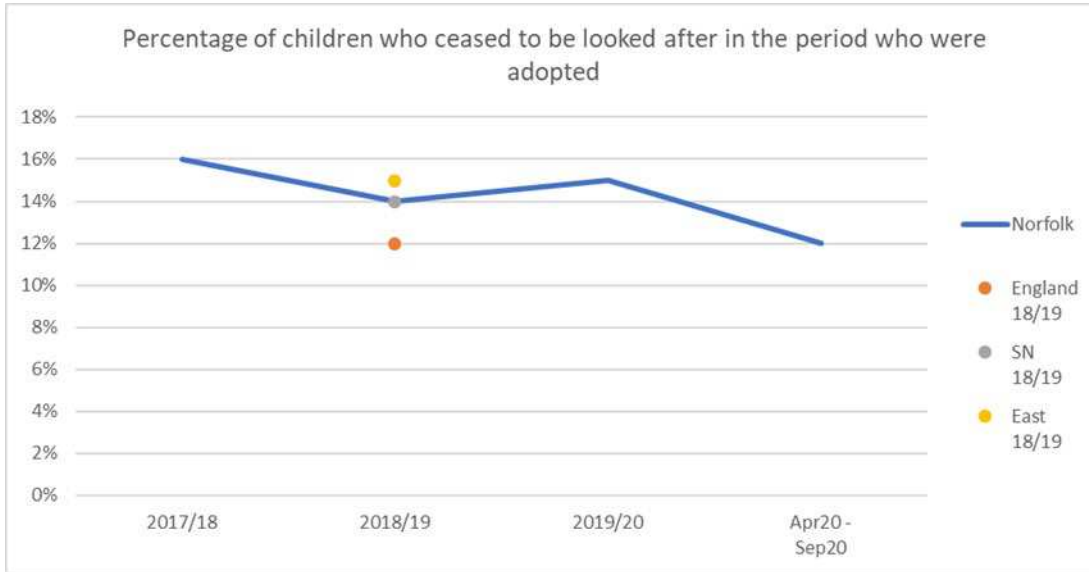




The reasons children cease to be looked after are defined by the DfE. A full list of reasons can be found in the Performance Pack but are grouped together in the table for clarity:

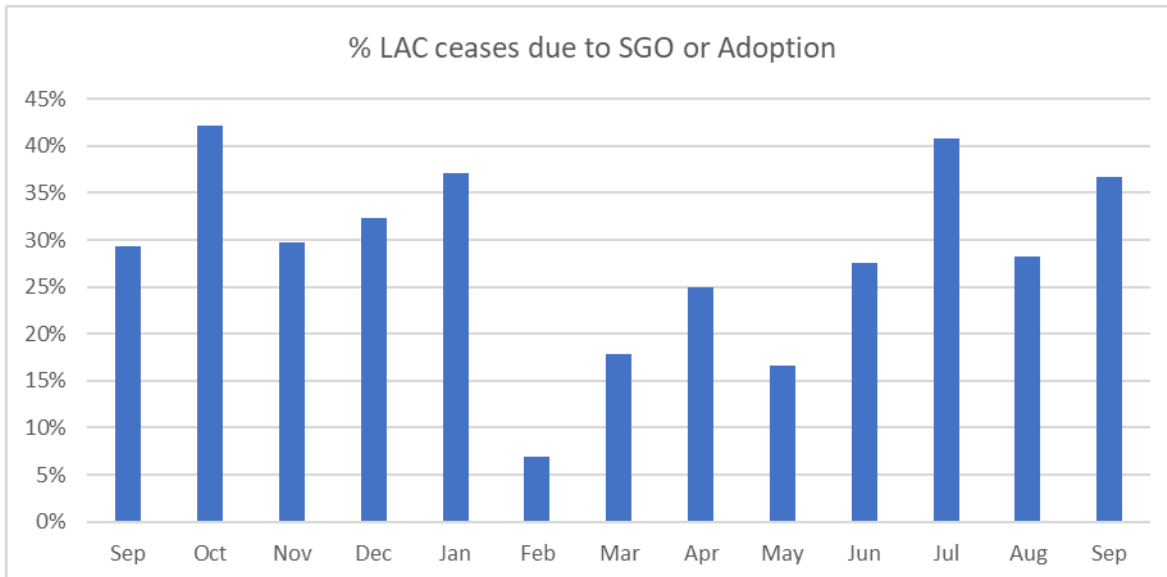


The graph below shows the percentage of all children adopted:

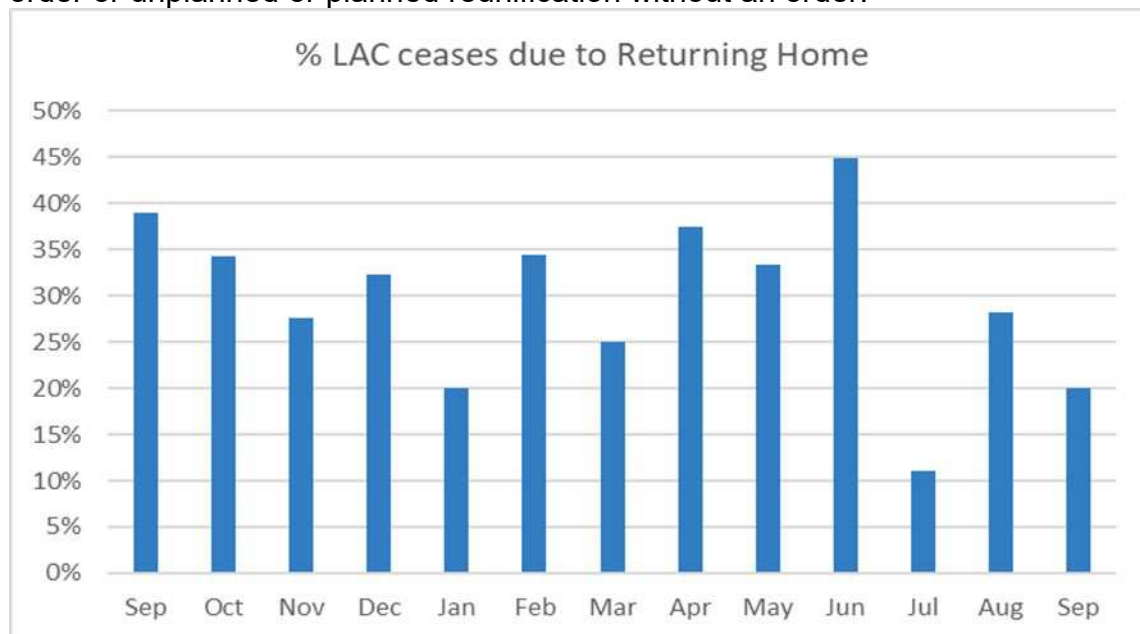


This data is annual from the DfE LAC Return (SSDA903). The reduction in the last 6 months mirrors the low numbers of adoptions during April and May in chart 4.7.

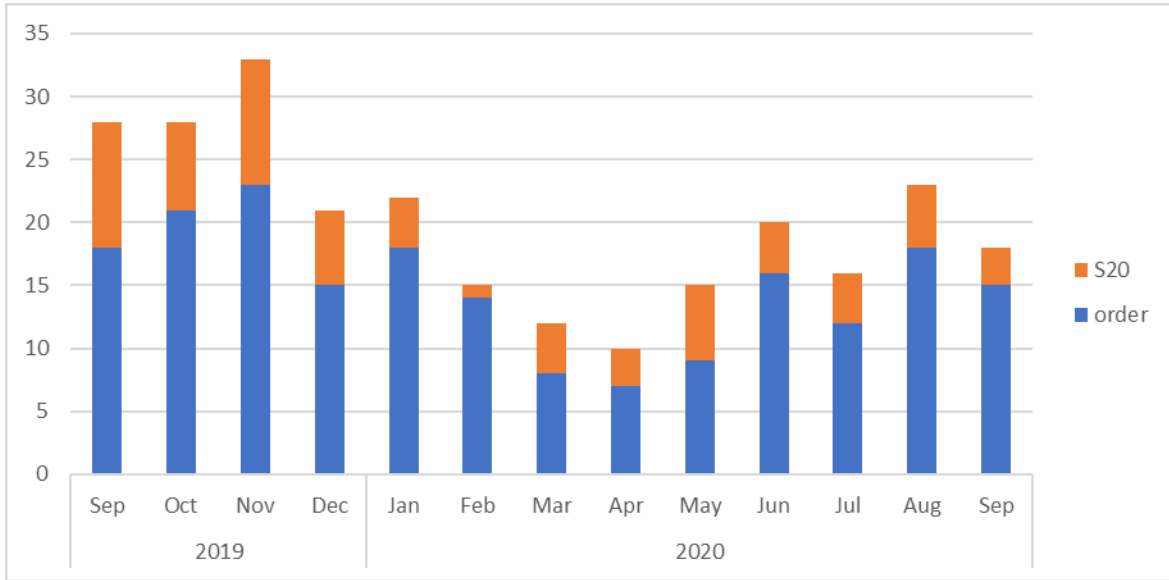
The graph below shows the % of LAC ceases that are due to Adoption or Special Guardianship orders:



The graph below shows the % of LAC ceases that are due to a child returning home. That can be due to a Residence or Child Arrangement order or unplanned or planned reunification without an order:



Children are looked after under S20 which is a voluntary agreement with parents, or under a court directed care order. When a child is looked after under a care order the decision for them to leave care must be made by a court if it happens before the child's 18<sup>th</sup> birthday. The chart below shows the split of LAC ceases by legal status for children who cease before they turn 18:





## Children in Care and Adoption Performance Tables

	England	SNs	E of E	Good is	Norfolk		Prediction 2019-20		Numerator	Denominator
	2018-19	2018-19	2018-19		2017-18	2018-19				
<b>Adoption 1:</b> Percentage who ceased to be looked after who were adopted	12%	14%	15%	High	16.0%	14.0%	15.0%	↑	65	434
<b>Adoption 2:</b> Percentage who ceased to be looked after because of a special guardianship order	x	13%	0%	High	15.3%	x	14.1%		61	434

## Children looked after at 31 March

	England	SNs	E of E	Good is	Norfolk		Prediction 2019-20		Numerator	Denominator
	2018-19	2018-19	2018-19		2017-18	2018-19				
LAC at 31 March					1179	1188	1106	↓	1106	
LAC at 31 March per 10,000	65.0	58.6	50.0		69.0	70.0	64.8	↓	1106	

### LAC at 31 March by Gender

Male	56%	56%	58%		54.0%	55.0%	56.1%	↑	620	1106
Female	44%	44%	42%		46.0%	45.0%	43.9%	↓	486	1106

### LAC at 31 March by Age

Under 1	5%	7%	5%		7.0%	6.0%	4.8%	↓	53	1106
1 to 4	13%	13%	10%		12.0%	14.0%	13.6%	↓	150	1106
5 to 9	18%	18%	16%		21.0%	18.0%	17.9%	↓	198	1106
10 to 15	39%	40%	41%		39.0%	40.0%	40.8%	↑	451	1106
16 and over	24%	22%	27%		22.0%	22.0%	23.0%	↑	254	1106

## Children who started to be looked after during the year

	England	SNs	E of E	Good is	Norfolk		Prediction 2019-20		Numerator	Denominator
	2018-19	2018-19	2018-19		2017-18	2018-19				
Children starting a LAC episode during the period (no duplicates)					483	454	341	↓	341	
Children starting a LAC episode per 10,000 children	27.0	22.2	22.0		28.4	27.0	20.0	↓	341	

# Children in Care and Adoption Performance Tables

	England 2018-19	SNs 2018-19	E of E 2018-19	Good is	2017-18	Norfolk 2018-19	Prediction 2019-20		Numerator	Denominator
<b>Gender</b>										
Male	57%	53%	60%		51.0%	55.0%	60.7%	↑	207	341
Female	43%	47%	40%		49.0%	45.0%	39.3%	↓	134	341
<b>Children starting a LAC episode by age</b>										
Under 1	19%	24%	18%		24.0%	25.0%	20.2%	↓	69	341
1 to 4	17%	19%	16%		20.0%	18.0%	13.8%	↓	47	341
5 to 9	17%	18%	16%		20.0%	18.0%	15.0%	↓	51	341
10 to 15	27%	26%	26%		24.0%	24.0%	29.3%	↑	100	341
16 and over	20%	14%	25%		13.0%	16.0%	21.7%	↑	74	341
<b>Children starting a LAC episode by category of need</b>										
Abuse or neglect	59%	66%	60%		63.0%	63.0%	63.3%	↑	216	341
Child's disability	2%	3%	2%		2.0%	4.0%	2.9%	↓	10	341
Parents illness or disability	3%	5%	2%		x	2.0%	1.2%	↓	4	341
Family in acute stress	8%	8%	7%		7.0%	5.0%	10.3%	↑	35	341
Family dysfunction	13%	14%	10%		20.0%	14.0%	7.0%	↓	24	341
Socially unacceptable behaviour	3%	2%	2%		x	2.0%	0.3%	↓	1	341
Low income	x	0%	x		-	-	-	-	0	341
Absent parenting	13%	13%	17%		5.0%	10.0%	15.0%	↑	51	341
<b>Children starting a LAC episode by legal order</b>										
Interim care orders	34%	40%	34%		43.0%	41.0%	28.2%	↓	96	341
Full care orders	1%	2%	2%		1.0%	x	-		0	341

## Children in Care and Adoption Performance Tables

	England 2018-19	SNs 2018-19	E of E 2018-19	Good is	Norfolk		Prediction 2019-20		Numerator	Denominator
					2017-18	2018-19				
Freed for adoption					x	x	-		0	341
Placement order granted	x	0%	x		-	-	-	-	0	341
Accommodated under S20	50%	46%	51%		42.0%	45.0%	62.5%	↑	213	341
<b>Detained on child protection grounds in LA accommodation</b>	x	9%	x		x	<b>11.0%</b>	<b>7.9%</b>	↓	<b>27</b>	<b>341</b>
Police protection and in LA accommodation	10%	9%	8%		11.0%	8.0%	6.5%	↓	22	341
Emergency protection order	2%	2%	3%		x	3.0%	1.2%	↓	4	341
Child assessment order and in LA accommodation	x	0%	x		x	-	0.3%	↑	1	341
<b>Youth justice legal Statuses</b>	x	0%	x		x	x	<b>1.5%</b>		<b>5</b>	<b>341</b>
Accommodated on remand or committed for trial	2%	0%	2%		x	x	0.9%		3	341
Accommodated under Police and Criminal Evidence [PACE] act	x	0%	x		x	x	0.6%		2	341
Supervision order with residence requirement	x	0%	-		-	-	-	-	0	341

## Children who ceased to be looked after during the year

	England	SNs	E of E	Good is	2017-18	2018-19	Prediction 2019-20		Numerator	Denominator
Children ceasing to be LAC during the year per 10,000 children	25.0	19.9	21.0		25.3	27.0	25.4	↓	434	
<b>Reason left care</b>										
Adopted - consent dispensed with	12%	14%	15%	High	16.0%	14.0%	15.0%	↑	65	434
Died	x	0%	x	Low	-	x	-		0	434
Care taken by another LA	2%	0%	4%		-	x	0.2%		1	434
Returned home to live with parents or relatives as part of care planning process	20%	21%	13%	High	19.0%	12.0%	9.4%	↓	41	434



# Children in Care and Adoption Performance Tables

	England 2018-19	SNs 2018-19	E of E 2018-19	Good is	Norfolk			Prediction 2019-20	Numerator	Denominator
					2017-18	2018-19				
Returned home to live with parents or relatives not as part of care planning process	4%	3%	4%	Low	2.3%	2.0%	1.4%	↓	6	434
Left care to live with parents, relatives or other person with no parental responsibility	6%	6%	9%		7.7%	19.0%	15.0%	↓	65	434
Residence order / Child arrangement order granted	4%	6%	4%	High	5.8%	2.0%	2.5%	↑	11	434
Special guardianship order	x	13%	0%	High	15.3%	x	14.1%		61	434
Moved into independent living (with support)	14%	13%	16%		8.4%	7.0%	3.9%	↓	17	434
Moved into independent living (with no formalised support)	2%	2%	3%		x	2.0%	0.2%	↓	1	434
Transferred to residential care funded by adult social services	2%	3%	2%		x	2.0%	2.8%	↑	12	434
Sentenced to custody	1%	0%	1%	Low	1.4%	x	0.7%		3	434
Accommodation on remand ended	1%	0%	1%		x	-	0.2%	↑	1	434
Age assessment determined child was 18 or over	1%	0%	1%		1.4%	x	0.5%		2	434
Child moved abroad	x	0%	x		x	x	0.7%		3	434
Care ceased for any other reason	18%	22%	15%		19.0%	21.0%	33.4%	↑	145	434

## Gender

Male	57%	54%	58%		54.0%	51.0%	55.5%	↑	241	434
Female	43%	46%	42%		46.0%	49.0%	39.6%	↓	172	434

## Age

Under 1	8%	10%	8%		13.0%	9.0%	5.3%	↓	23	434
1 to 4	22%	24%	21%		22.0%	23.0%	22.8%	↓	99	434
5 to 9	13%	14%	12%		13.0%	16.0%	9.4%	↓	41	434
10 to 15	15%	14%	13%		16.0%	16.0%	15.4%	↓	67	434
16 and over	43%	40%	45%		34.8%	36.0%	42.2%	↑	183	434

## Virtual Meetings with Family Networks – excerpts from practice coaching material:

### Virtual Meetings with Family Networks



### Norfolk's Family Networking Approach – vital practice in all our interventions [meetings] for children:

#### The Four Practice Principals

- Every child / parent has a family and/or network and they can be found if we try
- The family / network will be involved in the planning and decision-making for their child
- A meaningful connection to their family and / or networks helps a child develop and maintain a sense of belonging and identity
- Single factor most strongly connected with positive outcomes for children is meaningful lifelong connections to their family / network



---

# Family Network Meetings

## What is a Family Network Meeting?

It is an opportunity for the network to come together and communicate openly with each other and with workers, so they become **equally** involved in any planning and decision-making in agreeing how everyone in the network will work together.

## Why would you have one?

Because the child's network are an active part of a Child/Young Person's support.

We all need to acknowledge, and work with the fact that paid workers cannot remain with the Child/Young Person on a permanent basis, so with engaging their network allows the child to **remain connected** to those who are important to them, and helps develop and maintain their sense of **identity** and **belonging**.

It **empowers** the network to make proactive use of their current strengths and skills throughout the child's life to **keep them safe**.

**'It Takes a Village to Raise a Child'**



## Digital Communication Platforms for Virtual Meetings

- Microsoft Teams 
- Zoom 

**Other communication platforms to use with Parents/Carers, Children & Young People – using what ever is their preference.**

- What's app
- Text
- Messenger
- Email
- Telephone Calls - Talking



**With Virtual Meetings being utilised more and more in our everyday work it is important to highlight some 'Need to Knows' around safety:**

- Anyone who joins a meeting via MS TEAMS can see the **telephone numbers / personal information** of others in the meeting.
- Anyone who joins a meeting via MS TEAMS has access to the **'Chat Facility'** at all times during the meeting.

**With all of this in mind and the potential for both a 'Data Breach' and any 'Safeguarding' issues it is recommended that the following steps are used:**

- **Workers** associated with the Child / Young Person attending any network meetings will be **'Invite Only'** via MS TEAMS calendar invite.
- **Do not** send MS TEAMS invites out to the Child / Young Person and anyone they have identified as their natural network.
- The natural networks and any other participants will be **dialled in** by the meeting facilitator, this way they do not see anyone's personal information.
- The use of the 'Chat Facility' is **strictly forbidden at all times** – as the contents are subject to **'Freedom of Information Requests'**.

## Virtual meetings - Keeping it Child Focused

- **ALWAYS** keep the focus on the Child/Young Person throughout the whole meeting process; and be future focused and strengths based at all times.
- For younger children, ensure the agreed worker or trusted adult shares the child's views with everyone before the networks start to make their plan.
- **REMEMBER** to confirm at the end of **EVERY** family meeting how the plan will be shared with the child/young person if they have not attended, or they have left the meeting early.

➤ This may have already been agreed with the child/young person during your preparation



## Preparation of The Child: The Most Important Voice

- **Always seek / confirm consent to contact the child/YP, from their parent / carer with Parental Responsibility:**

- Explain the purpose of your contact with their child – you will be talking about the meeting, and how the child will take part in it.

- **Introduce yourself to the Child/YP and talk about what is, and will happen:**

- Ask them are they aware of the meeting?
- What's their understanding of the meeting?
- If they are not aware of the family meeting or do not understand, you will need to explain this to them
- Explain workers' worries (education / health / children's services / police etc)
- Advise the date, time and how the meeting will be held (MS Teams/ZOOM).
- Share with child / young person who is coming – what are their thoughts on this?
- Ask do they want to attend?

**Parent/carers can decline for their child to be part of the meeting**



## Preparation of The Child: The Most Important Voice

- **Always seek / confirm consent to contact the child/YP, from their parent / carer with Parental Responsibility:**

- Explain the purpose of your contact with their child – you will be talking about the meeting, and how the child will take part in it.

- **Introduce yourself to the Child/YP and talk about what is, and will happen:**

- Ask them are they aware of the meeting?
- What's their understanding of the meeting?
- If they are not aware of the family meeting or do not understand, you will need to explain this to them
- Explain workers' worries (education / health / children's services / police etc)
- Advise the date, time and how the meeting will be held (MS Teams/ZOOM).
- Share with child / young person who is coming – what are their thoughts on this?
- Ask do they want to attend?

**Parent/carers can decline for their child to be part of the meeting**



## Preparation of the Parent / Carer & network members

Acknowledge this is not the usual way in which meetings are held but to keep everyone safe and well we are being creative in how we can continue to support everyone to come together to understand what is going well for your child; to talk through any worries and enable everyone to agree a plan of support and safe care.

1. Telephone call to introduce yourself; explain purpose of meeting (including worry/danger statement and safety / wellbeing goal).
2. Agree and confirm date and time of meeting.
3. Explore their natural network.
4. Explain how the meeting will be structured – using MS Teams / agenda.
5. Discuss any individual needs, e.g. learning or communication needs, need for an interpreter etc.
6. Advise there should be **no third parties present in room during meeting** that have not been invited, due to confidentiality.
7. Discuss, do they need to use a **safe word** to alert you of any worries? \*Remember it is difficult to know exactly what is happening for participants if you can't see them or the people out of camera shot\*.
8. Advise that, as chair of the meeting, if you feel that anyone in the meeting is behaving inappropriately, using offensive language or disrespecting others then you will pause the meeting to allow people time to calm down, and if necessary, stop the meeting and this will then be re-arranged.
9. Advise them to ensure their **phones are fully charged before the meeting** so you don't lose anyone during the meeting.
10. Advise them to have a pen and paper handy so they can write things down.

**\*\*Contact the day before the meeting to check if they are still happy for the meeting to go ahead\*\***



Norfolk  
County Council

---

## Preparation of Other Agencies (i.e. health / education)

1. Contact agency; introduce yourself and explain purpose of meeting (including worry/danger statement and wellbeing/safety goal if needed).
2. Advise of date and time of meeting – can they / would they like to attend?
3. If agency unable to attend, but would like to participate, gain their views and you deliver these at the meeting on their behalf (**if they consent**).
4. Explain how the meeting will be structured – using MS TEAMS/ Agenda
  - Those who do not have MS TEAMS, or are not directly associated with the family advise them they will be **dialled in**.
5. Discuss any individual needs, e.g. communication (interpreter).
6. Advise there should be **no third parties present in the worker's room during meeting** that have not been invited, due to confidentiality.
7. Advise them to ensure their **phones are fully charged before the meeting** so you don't lose them during the meeting.
8. Advise them to have a pen and paper handy so they can write things down.



Norfolk  
County Council



### To Facilitate a Virtual Meeting Effectively...

- You are observant/listening to the group dynamics
- You are able to bring in views of quieter participants
- You are respectful of all views
- Regularly checking participants understanding
- You ensure the family end up with a realistic plan

### *If the meeting becomes challenging...*

- *Remind the group of the ways of working set at the beginning of the meeting*
- *Re-focus on the child*
- *Have a break*

## Virtual Meetings with Family Networks – The Agenda

- Welcome, introductions and apologies
- Agree ways of working together and ground rules
- Explain purpose of meeting
- Worker/s to share information including Child / YP's views
- Offer network to ask questions
- Explain and offer Private Family Time
- Confirm the network's plan including all contingency plans (network and agencies)
- **What Next?**
  - Who will share the plan with the child and how (if not present)?
  - Who else should the plan be shared with?
  - Agree date / time / venue (if applicable) to review the plan

---

## Private Family Time

### What is Private Family Time?

During the meeting, the family network are offered time in private to discuss and draw up their plan to address the concerns. There are no workers present for this part of the meeting.

**Private Family Time – most usually in Family Group Conferences but can be useful in any meeting where multiple network members are present.**

- Explain and offer this to the family network where appropriate.
- If Private Family Time is agreed; any other workers who are part of the meeting will hang up.
- Throughout Private Family Time [PFT] the facilitator can come in and out (virtually) as needed to see if the family network are ok – useful to agree a time to enter PFT, e.g. 15 minutes.
- When Private Family Time has ended, **you will invite the other workers back in to the meeting.**



Norfolk  
County Council

## After the Meeting – What Next?

The agreed actions of support identified by the child / young person and their natural network **MUST** be recorded on the child / young person's file – if it's not recorded, there is **NO Plan!**

The support actions identified by the natural networks must be included in the overall plan of support for the child – '**One Plan Model**'.

Copies of the plan are **ALWAYS** given to the child / young person, their family and all members of the network that participated in the meeting.

All plans to be written up on agencies' relevant documentation.

A FNM can be held at any time in addition to any statutory or non-statutory review meeting.



Norfolk  
County Council