Sally Shaw (Chief Officer) Orkney Health and Care 01856873535 extension: 2601 OHACfeedback@orkney.gov.uk



Agenda Item: 14.

## **Integration Joint Board**

Date of Meeting: 25 June 2019.

Subject: Review of Services for Children and Young People in need of Care and Protection 2018.

## 1. Summary

1.1. This report provides Board with an overview of significant pressures relating to the provision of statutory social work services which are within the scheme of integration. The report, attached as Appendix 1, highlights the need to shift to early intervention if we are to improve outcomes for children, young people and their families as well as avoid costlier longer term statutory interventions.

## 2. Purpose

2.1. To make the Board aware of the need to shift to early intervention approaches and consider this within the context of competing demands as part of the commissioning activity.

## 3. Recommendations

The Integration Joint Board is invited to note:

3.1. That, because of new policy and legislative frameworks which are impacting on delivery of statutory social work services to children and families in Orkney, a review was commissioned, with the following objectives:

- To gather local and national data on the Looked After Children population as well as current and projected information on care placements.
- To consult with a range of stakeholders, including residential and foster carers, partner agencies and care experienced young people and their families.
- To provide recommendations for consideration by Orkney Health and Care and onwards to the Integration Joint Board and the Council.

3.2. The relative performance data of Orkney services in relation to island colleagues, as outlined on pages 21 to 30 of the review report, attached as Appendix 1 to this report.

3.3. That the projected number of looked after children is projected to reach 49 by 2022, being a 70% increase since 2013, which is contrary to national trends which show a 9.3% reduction in the same period.

3.4. That Orkney Islands Council is responsible for delivery of statutory social work services which includes children and young people in need of care and protection.

3.5. That, to contain demand on looked after services and improve longer term outcomes for children and young people in Orkney, there is an urgent need to move to early intervention services.

3.6. The findings of the review of services in respect of children and young people in need of Care and Protection, attached as Appendix 1 to this report.

## 4. Background

4.1. The makeup of the Orkney community and the challenges facing local children, young people and their families have become increasingly complex in the last 10 years. The pernicious spread of child poverty, substance and alcohol misuse, and the impact of neglect on child development are challenges that require services to respond in a different way to how they have traditionally been designed. Childhood today is a different experience to how many people would recall childhoods, with the spread of social media affecting relationships and the mental health and wellbeing of young people. Along with this the impact of austerity and welfare benefit reform in recent years have placed further hardship on vulnerable families.

4.2. Because of new policy and legislative frameworks which are impacting on the delivery of statutory Social Work services to children and families in Orkney, the Head of Children and Families and Criminal Justice commissioned a review. The review seeks to set out the context of service delivery and brings forward a series of recommendations to ensure legislative compliance, as well as the safety and wellbeing of our children, young people and their families through the 2020's. The objectives of the review were to:

- Gather local and national data on the Looked After Children population as well as current and projected information on care placements.
- Consult with a range of stakeholders including residential and foster carers, partner agencies and care experienced young people and their families.
- Provide recommendations for consideration by Orkney Health and Care and onwards to Orkney Integration Joint Board and the Council.

4.3. The review engaged with a range of key stakeholders and these along with the engagement strategy can be found at page 6 of Appendix 1.

4.4. The review carried out a range of benchmarking activities using other island colleagues as comparators. The data provided insight into demands that were common as well as identifying areas where local differences could be identified. Data was drawn from information provided by Police Scotland, the Scottish Children's Reporter Administration and the Chief Social Work Officers of Shetland Islands

Council and Western Isles Council. The data can be found on pages 21 – 30 of Appendix 1.

4.5. The review shows that, without a systems change, the projected number of looked after children will reach 49 by 2022 - a 70% increase since 2013. This is contrary to national trends which show a 9.3% reduction in the same period.

4.6. The review shows that Orkney Islands Council has spent £5,745,786 in the period 2013 - 2018 on out of authority placements. The proposed investment in early intervention services would seek to realise significant savings in this area through a reduction in the looked after population.

# 5. Services to children and young people in need of Care and Protection

5.1. Without a system redesign to early intervention approaches the number of children and young people in need of Care and Protection is forecast to reach 49 in 2022. This represents an increase of 88.6% since 2012 when there were 26 and shows Orkney has a different trend to the national picture where figures show a 7% drop in the period 2012 to 2018.

5.2. The Children and Families practice team continues to see sustained growth in demand for Social Work support, advice and guidance and, in the period 1 April 2018 to 31 March 2019, took 802 referrals in relation to 539 children and young people.

5.3. Over the last five years £5,745,786 has been spent on out of authority placements, with an average annual cost of £1,149,157. Evidence suggests that once young people are cared for on the Scottish mainland, they are unlikely to return to Orkney. In these circumstances any placement places a significant financial commitment on the authority, for example, a 13-year-old requiring out of authority residential child care who does not return home, will require financial resources of approximately £2,000,000 if they stay in placement until they are 21.

5.4. At present the Council's financial modelling is heavily targeted on specialist interventions such as residential care, out of authority and foster care. The budget spend however on early intervention is only 3% of the available resource.

5.5. The review of services to Children and Young People in need of Care and Protection, attached as Appendix 1 to this report, identifies how a step shift to early intervention is required if the Orkney community is to support more children and families to stay together, improve outcomes and avoid costly statutory social work interventions.

5.6. The review clearly maps out the costs being borne in relation to the continuing care agenda along with a lack of infrastructure to meet new statutory support requirements.

5.7. Closer integration of services between Orkney Health and Care and Education, Leisure and Housing directorate colleagues will be key to delivering on the range of

challenges facing Orkney's care experienced young people. Particular reference is made to joint teams and pooling of resources as well as the rapid housing agenda.

5.8. The review recommends a more proactive approach to commissioning services to draw specialist resources, develop the local workforce and develop the market place and its flexibility to meet a range of needs.

## 6. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	Yes.
<b>Promoting sustainability</b> : To make sure economic, environmental and social factors are balanced.	Yes.
<b>Promoting equality</b> : To encourage services to provide equal opportunities for everyone.	Yes.
<b>Working together</b> : To overcome issues more effectively through partnership working.	Yes.
<b>Working with communities</b> : To involve community councils, community groups, voluntary groups and individuals in the process.	No.
Working to provide better services: To improve the planning and delivery of services.	Yes.
<b>Safe</b> : Avoiding injuries to patients from healthcare that is intended to help them.	No.
Effective: Providing services based on scientific knowledge.	Yes.
<b>Efficient</b> : Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

## 7. Resource implications and identified source of funding

7.1. The Council determined, when setting the Council Tax level and General Fund Services Revenue Budget for 2019 to 2020, that a policy of presumption against new commitments and a moratorium on staff establishment increases should continue to remain in force, with the following conditions:

7.2. Exceptions might be considered for new commitments which were 100% funded by external bodies – proposals involving the Council in partnership funding shall require compensatory savings to be identified.

7.3. The Council should consider undertaking new statutory duties or any case where it was considered that statutory duties were not being fulfilled, however, such duties having financial implications should first be reported to the relevant Committees for approval.

7.4. The Council should consider new commitments where compensatory savings could be identified – any Committee considering such recommendations should, in the first instance, seek to identify savings from within its revenue budget.

7.5. The review that has been carried out of services for children and young people in need of Care and Protection has identified indicative additional annual revenue requirements for those elements of the review that have been costed, with additional costs yet to be identified for some further areas and a requirement for an additional 13.8 full time equivalent posts, although this may also be subject to further expansion.

7.6. A further report will be submitted to the Council Orkney Health and Care Committee of Orkney Islands Council in respect of seeking authority to establish new posts following more detailed work in respect of the requirements and following establishment/confirmation of the relevant grades and conditions of service for posts with the Council's Human Resources Section

7.7. The review does not set priorities against the identified service needs or identify where compensatory savings may be achieved other than by proposing that investment in an early intervention model as proposed will lead to future cost avoidance and possible savings against out of authority placements.

7.8. To fit in with the Council's revenue budget setting process the identified needs should be further developed, costed and prioritised so that they can be presented in due course as service pressure bids. The Service should also recognise that, in the current financial climate, it is unlikely that the Council will have any significant additional resource to allocate in financial year 2020 to 2021 so that some significant effort to identify compensatory savings from within the Orkney Health and Care Service is going to be required to facilitate delivery of the growth items at section 7.3 above.

7.9. There are at least two of the identified needs in the review that could have associated capital expenditure. Any additional capital requirement associated with developing further residential child care facilities will require to be progressed through the capital planning and asset management route to development of a capital project although it should be noted that the Council's committed capital programme is close to being at the limit of affordability such that Services may have to find the Loan Charges associated with any new capital projects from service savings. The cost of servicing the debt on a capital project will be a real cost for the service going forward.

## 8. Risk and Equality assessment

8.1. This report brings forwards recommendations to ensure the Council can discharge its statutory responsibilities in relation to children and young people in need of Care and Protection in the medium to longer term.

## 9. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## **10. Escalation Required**

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## 10. Author

10.1. Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Work Officer.

## 11. Contact details

11.1. Email: <u>scott.hunter@orkney.gov.uk</u>, telephone: 01856873535 extension 2611.

## 12. Supporting documents

12.1. Appendix 1: Review of Services to Children and Young People in need of Care and Protection.

## Review of Social Work Services for Children and Young People in need of Care and Protection 2018

Part 1	4
Why are we reviewing services for children in need of care and protection? What do we aim to achieve and how?	
Basis of Report The Review Team	
Engagement Strategy. Introduction.	
Current Legislation and Policy Context Definitions.	
Services in Relation to Children at Risk of Becoming Looked After and the Le Framework.	
Policy Framework	. 12
What are the care and support needs of children and young people at different ages and stages of their development? Reasons why Children, Young People and Families require support	
The Early Years.	. 14
The Primary Years.	. 16
The Adolescent Years	. 16
The Early Adulthood Years.	. 17
Part 2 – The Case for Change.	. 19
The Early Intervention Imperative. Current Budget and Spend. Part 3 – Profile of Current Services.	. 28
Workforce Development.	. 30
Summary & Benchmarking of the Existing Children and Families Frontline Workforce	. 30
Children and Families Practice Team.	. 31
Family Support Team	. 31
Residential Care	. 32
Foster care	. 33
Adoption Services.	. 34

Intensive Fostering Service	35
Out of Authority Care.	36
Throughcare/Aftercare	36
Part 4 - Conclusion and Recommendations	37
Early Intervention	37
Edge of Care, including Looked After at Home Children and Young People	
Looked After and Accommodated Children and Young People	
Continuing Care	39
Learning and Development	39
Appendix 1 - Stakeholder Consultation Report.	40
Introduction	40
Themes	
Better communication between all agencies and stakeholders	40
Throughcare / Aftercare support.	40
Counselling and mental health services	41
Consistency of care at the residential care home	41
Keyworker	41
How Other Local Authorities Have Responded: Perth and Kinross Council – REACH Programme	
How Other Authorities Have Responded: Hackney Council Enhancing Looked After Children: Children on the edge of care and their families access to specialist support	

## Part 1.

# Why are we reviewing services for children in need of care and protection?

The makeup of our community and the challenges facing our children, young people and their families have become increasingly complex in the last 10 years. The pernicious spread of child poverty, substance and alcohol misuse, and the impact on child development of neglect are challenges that require our services to respond in a different way to how they have traditionally been designed. Childhood is a different experience to how many of us would recall our own childhoods, with the spread of social media affecting relationships and the mental health and wellbeing of our young people.

Services now need to work across professional boundaries, using interventions that are evidence-based and are congruent with our ethical approach to Social Work services in Orkney. Crucially, these services discharge Orkney Islands Council statutory responsibilities in relation to child protection and corporate parenting. We are cognisant of the fact that the complexity of cases, coupled with sustained and increasing demand, is requiring us to review our services to ensure we are fit-forpurpose over the next 10 years, and design new more sustainable ways of working. The issue of sustainability can be shown below where we can see the projection of our looked after children to 2022.



This review seeks to set out the context of service delivery and bring forward a series of recommendations to ensure legislative compliance, as well as the safety and wellbeing of our children, young people and their families through the 2020's.

Young people in care are just like all other young people - except they have experienced significant childhood trauma and need to deal with being separated from their parents, being judged for living in a children's home and being viewed as 'different' because their families cannot look after them. It is unsurprising that after these experiences, their outcomes in life can be much poorer than their non-care experienced peers. While these poorer outcomes will continue to exist with the status quo, if we strive for a care experience built on long term, stable, loving relationships which listen to and continually support young people to take control of their opportunities, our looked after young people can and will succeed.

This review of services seeks to outline Orkney's strategic direction to develop services that will offer our children and young people in need of care and protection the best opportunity to succeed and achieve their dreams.

#### What do we aim to achieve and how?

#### The aims of the review are:

- To scrutinise the current level of residential care and foster care provision and consider if this will be enough to meet anticipated demands and legislative agendas.
- To scrutinise the current level of support to looked after children and care experienced young people and consider if this will be enough to meet anticipated demands and legislative agendas.
- To scrutinise the current level of support to children in need and consider if this will be enough to meet anticipated demands and legislative agendas. Particular attention will be paid to the financial context of early intervention in reducing the number of looked after and accommodated children and young people.
- To ensure that the Council has the services required to meet its legal duties to children in need and that the Integration Joint Board has a range of services that can be commissioned to support children, young people and families.

#### The objectives of the review are:

- To gather local and national data on the Looked After Children (LAC) population as well as current and projected information on care placements.
- Consult with a range of stakeholders including residential and foster carers, partner agencies and care experienced young people and their families.
- Provide recommendations for consideration by Orkney Health and Care (OHAC) and onwards to Orkney Integration Joint Board (IJB) and Orkney Islands Council (OIC).

## **Basis of Report.**

The review was commissioned by the Head of Children and Families and Criminal Justice because of new policy and legislative frameworks which are impacting on the delivery of statutory Social Work services to children and families in Orkney.

#### The Review Team.

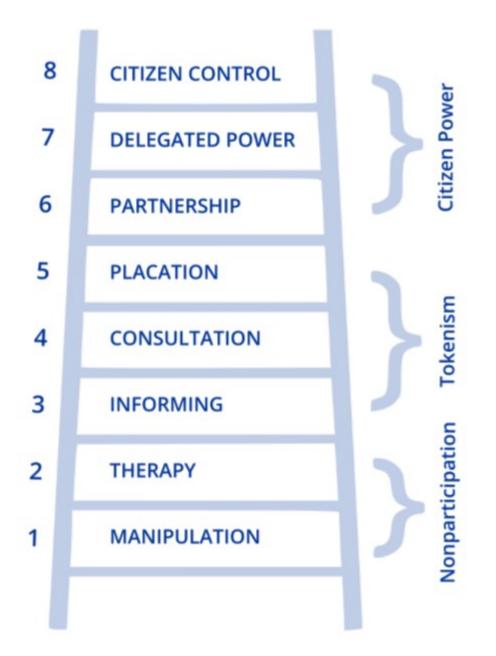
- James Henry (Chair), Principal Social Worker (Children), Orkney Health and Care.
- Jane Beckwith, Operational Manager (Children), Orkney Health and Care.
- Stephen Crew, Registered Manager (Residential Child Care), Orkney Health and Care.

• Shaun Hourston-Wells, Project Officer, Orkney Health and Care.

## **Engagement Strategy.**

#### Introduction.

The review based its engagement strategy on Arnstein's Ladder of Citizen Participation.



The bottom rungs of the ladder are (1) Manipulation and (2) Therapy. These two rungs describe levels of "non-participation" that have been contrived by some to substitute for genuine participation. Their real objective is not to enable people to participate in planning or conducting programs, but to enable powerholders to

"educate" or "cure" the participants. Rungs 3 and 4 progress to levels of "tokenism" that allow the have-nots to hear and to have a voice: (3) Informing and (4) Consultation. When they are proffered by powerholders as the total extent of participation, citizens may indeed hear and be heard. But under these conditions they lack the power to ensure that their views will be heeded by the powerful. When participation is restricted to these levels there is no assurance of changing the status quo. Rung (5) Placation is simply a higher-level tokenism because the ground rules allow have-nots to advise but retain for the powerholders the continued right to decide.

Further up the ladder are levels of citizen power with increasing degrees of decisionmaking clout. Citizens can enter into a (6) Partnership that enables them to negotiate and engage in trade-offs with traditional power holders. At the topmost rungs, (7) Delegated Power and (8) Citizen Control, citizens obtain the majority of decisionmaking or full managerial powers.

While the eight-rung ladder is a simplification it does help to illustrate that there are significant gradations of citizen participation. Knowing these gradations makes it possible to actively enable the engagement of our stakeholders in the review process. The following groups were involved in shaping the outcomes of the review:

#### Care experienced young people.

At the time of this review Orkney children and young people live within residential care provision in Kirkwall and St. Margaret's Hope as well as in foster care placements across the county. Along with this there are many children in the County being looked after by extended family or friends in kinship placements. Out with Orkney we have children and young people being looked after in Residential Care, Foster Care and Residential School on mainland Scotland. We have care experienced adults living in communities both in Orkney and on mainland Scotland. We met with a representative sample of our looked after children and young people to listen to their views of being looked after and what helps them most.

#### Parents.

Parents of children who are, or have been, looked after were consulted with and provided their perspectives around their needs and the care and support they aspire to for their children and family.

#### Carers.

Our Residential Care Staff and Foster Carers come from a varied background and have a varied age profile representing a range of life experiences. We met with a significant proportion of our Foster Carers and Residential Carers in order to hear their perspectives on how best to meet the needs and aspirations of our young people and how the childcare services in Orkney could be improved upon to become the best in Scotland.

#### Social Work Staff.

We consulted Children and Families Social Workers and Family Placement Social Workers who have statutory responsibilities to assess, identify, place and support children in suitable care placements. Practitioners involved had a range of experience, professional qualifications and post graduate qualifications. All had worked with, and for, children and young people with care experience.

#### Partner agencies.

A large multi-agency group including Education, Housing, Police, Health Services including Child and Adolescent Mental Health Team (CAMHS), Children's Panel, Advocacy Orkney, and an external consultant from the Centre of Excellence for Looked After Children in Scotland (CELCIS) were consulted to hear their views on current provision within Orkney and to hear suggestions on improvements.

#### **Consultation Report.**

A summary of the findings of the consultation can be found in appendix 1, attached to this document.

The review team would like to thank the participants for their invaluable input during the engagement process. Their comments and contributions have helped to shape the proposals for the future of services in Orkney.

## **Current Legislation and Policy Context.**

This section of the review will outline current legislative and policy contexts. This is of significance when considering the duties and powers conferred upon the local authority.

#### **Definitions.**

**Child:** The term 'child' or 'children' refers to persons who have not yet attained the age of 18 years as stated in section 97(1) of the 2014 Children and Young People (Scotland) Act.

**Eligible child:** Under section 68(3) of the 2014 Act, an eligible child is defined as 'a child who the local authority considers to be at risk of becoming looked after'.

**Eligible pregnant woman:** An eligible pregnant woman is a pregnant woman who the local authority considers is going to give birth to a child who will be an eligible child as stated in section 68(5) of the 2014 Act.

**Looked after child:** The definition of a 'looked after child' is set out in Section 17(6) of the Children (Scotland) Act 1995 (the 1995 Act), as amended by the Adoption and Children (Scotland) Act 2007 (the 2007 Act) and Children's Hearings (Scotland) Act 2011 (the 2011 Act). A child is 'looked after' by a local authority when he or she is:

• provided with accommodation by a local authority under section 25 of 1995 Act.

- subject to a compulsory supervision order or an interim compulsory supervision order made by a children's hearing in respect of whom the local authority are the implementation authority (within the meaning of the 2011 Act).
- living in Scotland and subject to an order in respect of whom a Scottish local authority has responsibilities, as a result of a transfer of an order under regulations made under section 33 of the 1995 Act or section 190 of the 2011 Act.
- subject to a Permanence Order made after an application by the local authority under section 80 of the 2007 Act.

**Qualifying Person:** Under section 68(4) of the 2014 Act, a qualifying person in relation to an eligible child is a person:

- Who is related to the child.
- Who has any parental rights or responsibilities in relation to the child.
- With whom the child is, or has been, living.

**Qualifying Person in relation to an eligible pregnant women:** Under section 68(6) of the 2014 Act, a "qualifying person" in relation to an eligible pregnant woman is a person:

- who is the father of the child to whom the pregnant woman is to give birth.
- who is married to, in a civil partnership with or otherwise related to the pregnant woman.
- with whom the pregnant woman is living.
- who does not fall within any of paragraphs (a) to (c) but who the authority considers will, when the pregnant woman gives birth to the child, become a qualifying person in relation to the child.

Relevant Services: For the purpose of section 68 (1) of the 2014 Act relevant services are specified as:

Family group decision-making services which means a service which is designed to facilitate decision-making by a child's family in relation to the services and support required for the child.

Support services in relation to parenting which means a service which is designed to increase parenting skills.

#### Services in Relation to Children at Risk of Becoming Looked After and the Legal Framework.

**The Children (Scotland) Act 1995:** provides a major part of the legal framework for child welfare and protection in Scotland. There are three main themes that run through the Act:

- The child's views should be taken into account in decisions that affect their lives.
- The welfare of the child is the paramount consideration.

 No court or hearing should make an order, unless the court or hearing considers that to do so would be better for the child than making no order at all (known as the 'no order' principle).

The Act also provides for an early intervention approach with a provision on local authorities' duties in relation to children 'in need' (section 22). The key principles underpinning the 1995 Act are:

- Each child has a right to be treated as an individual.
- Each child who can form a view on matters affecting him or her has the right to express those views if he or she so wishes.
- Parents should normally be responsible for the upbringing of their children and should share that responsibility.
- Each child has the right to protection from all forms of abuse, neglect or exploitation.
- So far as is consistent with safeguarding and promoting the child's welfare, the public authority should promote the upbringing of children by their families.
- Any intervention by a public authority in the life of a child must be properly justified and should be supported by services from all relevant agencies.

Adoption and Children (Scotland) Act 2007: The Adoption and Children (Scotland) Act 2007 modernised the system of adoption in Scotland and introduced Permanence Orders to provide long-term security for children who could not live with their families. The 2007 Act provides new provision for the distribution of parental responsibilities and rights.

**Children's Hearings (Scotland) Act 2011:** The Children's Hearings (Scotland) Act 2011 restates the child-centred, participative nature of the hearings system but also sets out fundamental structural changes. These include the creation of a National Convener and a national body, Children's Hearings Scotland (CHS), to support this role. This Act also updated some procedural issues; for example, it introduced prehearing panels and extended the definition for relevant persons. It also modernised the grounds for referral and placed the right to legal representation on a permanent statutory footing.

**Social Care (Self Directed Support) (Scotland) Act 2013:** The Social Care (Self-Directed Support) (Scotland) Act 2013 (the 2013 Act) makes legislative provisions relating to the arranging of care and support ("community care services" and "children's services") in order to provide a range of choices to individuals as to how they wish their support to be provided. The Act is underpinned by four statutory principles, which should guide and inform the assessment process and any subsequent provision of choice as part of wider support planning. The principles of collaboration, informed choice, involvement and participation and dignity are important as they articulate the underlying spirit of the legislation. The 2013 Act introduces the language of self-directed support into statute.

**Public Bodies (Joint working) (Scotland) Act 2014:** The Public Bodies (Joint Working) (Scotland) Act 2014 requires integration across health and social care for adult services, with local discretion to include integration of children's services. This

legislation is highly relevant where children's services have been included through integration and thus, has consequences for the joint delivery of services as the health of the child or parents is a common factor when children are on the edge of care.

**Children and Young People (Scotland) Act 2014:** The Children and Young People (Scotland) Act 2014 (the 2014 Act) is a key part of the Scotlish Government's strategy for making Scotland the best place in the world for children to grow up. By facilitating a shift in public services towards the early years of a child's life, and towards early intervention whenever a family or young person needs help, the legislation encourages preventative measures, rather than crises' responses. Composed of 18 distinct Parts, the 2014 Act makes important changes to the development of services for children and their families. In summary, the Act:

- Places new duties on Scottish Ministers and public bodies to report on the steps they have taken to give further effect to the United Nations Convention on the Rights of the Child (UNCRC) requirements. (Part 1)
- Strengthens the powers of the Commissioner for Children and Young People in Scotland to enable investigations to be conducted in relation to matters concerning individual children and young people. (Part 2)
- Establishes a structure for the 'integrated' planning and delivery of all children's services in a local authority area. (Part 3)
- Provides for child and young people (up to their 18th birthday) and beyond, if still at school, to have a Named Person who is a single point of contact with responsibility for promoting, supporting and safeguarding the child's wellbeing. (Part 4). This part of the 2014 Act is not yet in force.
- Ensures that there is a single planning framework (the Child's Plan) for children who need support to meet their wellbeing needs which require targeted intervention. (Part 5). This part of the 2014 Act is not yet in force.
- Increases the amount and flexibility of early learning and childcare available to all 3 and 4 year olds, and to vulnerable 2 year olds. (Part 6)
- Introduces a coordinated approach to consultation and planning on all early learning and childcare, day care and out of school care provided by local authorities. (Part 6, Part 7 and Part 8)
- Places corporate parenting duties on a range of publicly funded organisations in respect of looked after children and care leavers, increasing the breadth and depth of support available to those groups of children and young people. (Part 9)
- Extends eligibility to aftercare assistance up to an individual's 26th birthday. (Part 10)
- Introduces 'continuing care', through which eligible care leavers will have the opportunity to continue with the accommodation and assistance they were provided with before they ceased to be looked after. (Part 11)
- Increases the support available to children at risk of becoming looked after. (Part 12)
- Specifies the type of court order that will be recognised as a kinship care order for the purposes of receiving kinship care assistance and sets out the duties of the local authority to make arrangements to ensure that assistance is made available to kinship cares who are seeking, or who have obtained a kinship care

order, to parent-appointed guardians and to eligible children and young people. (Part 13)

- Places Scotland's National Adoption Register on a statutory footing. (Part 14)
- Strengthens existing legislation on school closures. (Part 15)
- Makes changes to the children's hearing system. (Part 16)
- Provides for free school meals to be made available to certain pupils, creates a new right to appeal a local authority decision to place a child in secure accommodation under section 44 of the Criminal Procedure (Scotland) Act 1995, amends the system of children's legal aid, extends the licencing of child performances and provides that the wellbeing of a child should be considered in exercising certain functions of the 1995 Act. (Part 17)
- Establishes a holistic understanding of child wellbeing for the purposes of the 2014 Act. (Part 18)

Under section 68(3) of the 2014 Act, an eligible child is defined as 'a child who the local authority considers to be at risk of becoming looked after' or, who falls within such other description as the Scottish Ministers may by order specify. The local authority has a responsibility to determine whether or not a child is at risk of becoming looked after.

Under article 3(2) of the 2016 Order, local authority must consider whether the child's wellbeing is being, or is at risk of being, adversely affected by any matter, such that a child is at risk of becoming looked after. The local authority must only provide relevant services where the local authority considers that the likely benefit to the eligible child's wellbeing outweighs any likely adverse effect. As far as reasonably practical, the local authority must ascertain and have regard to the views of the child and such persons the local authority considers appropriate (article 3(4)).

#### **Policy Framework.**

**Getting it Right for Every Child.** The Getting it Right for Every Child approach is underpinned by early intervention and supporting families at times of difficulty. As part of this policy, all children and their families have access to universal support services. Specific mention is given to family group decision making services and support services in relation to parenting.

**Family Group Decision-Making Services.** The ethos underpinning family group decision-making services is a strengths-based, solution-focused model (rather than a deficit-based problem-focused one). Since the 1970s, social work theorists have increasingly recognised that families have the ability to identify their own solutions to the challenges they face. This can increase self-esteem and self-efficacy within families. Fundamentally in working with families, there is a shifting of power dynamics, and increased recognition of the strengths and resilience within family networks to overcome adversity.

**Support Services in Relation to Parenting.** In 2012, the National Parenting Strategy set out the values and ethos to support parents across Scotland. All parents and carers can require information, advice and support in caring for their children throughout their childhood and into adulthood. There is a broad definition of people who can be in a primary caregiver role:

'The very term 'parenting' now applies to a much broader range of primary caregivers. Grandparents, step-parents, kinship carers, foster and adoptive parents, 'corporate parents' of children looked after by the state, extended families, networks and communities - each has an important role to play in the care and upbringing of children and young people.'

Support for parenting can be required at any stage of childhood. Based on research and extensive consultation, the National Parenting strategy highlights the need to:

- Ensure all parents have easy access to clear, concise information on everything from pregnancy to the teenage years and beyond;
- Offer informed, coordinated support to enable parents to develop their parenting skills, whatever their need, wherever they live, whether they live together or apart;
- Take steps to improve the availability of and access to early learning, childcare and out-of-school care, taking into account parents in rural areas and those who work irregular hours;
- Provide targeted support to families facing additional pressures that impact on day-to-day parenting;
- Acknowledge and address the wider issues that can affect parents' abilities to provide a nurturing environment and care for their child.

It should be recognised that families can face adversities where a child may be at risk of becoming looked after at any stage of childhood. In 2018, 29% of looked after children in Scotland became looked after when aged between twelve and fifteen years old. Therefore, it is critical that support for parenting is provided for this demographic. Using the getting it right approach, it may be recognised that direct support is required for children and parents separately, as well as working with the family, to effectively meet their needs. For example, there may be mental health concerns for young people, as well as parents.

In recognition of the range of support that may be required for children and parents; local authorities should adopt a multi-agency approach to deliver services. There is a critical role for specialist health professionals in supporting the health needs of parents (for example, where there are mental health problems, substance misuse or learning disabilities). There should also be consideration of the impact of poverty on the stress and strains of daily life, with practical support provided to maximise income (for example, ensuring eligibility for financial support and access to hardship funds), ensure basic needs of the family are met (e.g. functioning utilities), and that there is a safe home environment.

There is strong evidence that pregnancy for mothers and fathers can be a critical 'turning point', where parents who previously have been problematic users of drug and/or alcohol, involved in criminal behaviour or engaged in other risky activities, seek to change their behaviours for the wellbeing of their child.

There should be specific consideration given to the support needs of parents with learning disabilities. International research has identified that children are more likely to be removed from parents with learning disabilities. Where parents have learning

difficulties, it is likely that long-term support will be required to be tailored throughout the different stages of childhood.

Under the 1995 Act, local authorities have a duty to ascertain the wishes and feelings of children when making decisions that affect their lives. This is in line with Article 12 of the UNCRC which states that the views of the child should be taken into account (subject to age and maturity) in decisions.

Under article 4 of the 2016 Order, local authorities must publish, in such a manner as they consider appropriate, information about the provision of relevant services; the ways in which a person can contact the local authority about that provision; and other matters the local authorities deem appropriate. The information should be provided in a timely and accessible manner. A local authority should keep published information under review and, where appropriate, publish revised information. Information should be available in a range of languages and formats on request. It is recommended that local authorities should include information about their complaints procedures within their publications.

# What are the care and support needs of children and young people at different ages and stages of their development?

Sources of evidence contained herein, Centre for Excellence for Looked after Children In Scotland; The Scottish Government and The Early Intervention Foundation.

#### Reasons why Children, Young People and Families require support.

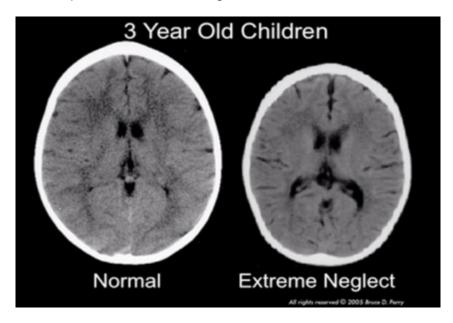
Family is the single most important influence in a child's life. From their first moments of life, children depend on parents and family to protect them and provide for their needs. Parents and family form a child's first relationships. They are a child's first teachers and act as role models in how to act and how to experience the world around them. By nurturing and teaching children during their early years, families play an important role in making sure children are ready to learn when they enter school. Children thrive when parents are able to actively promote their positive growth and development. Every parent knows that it's sometimes difficult to do this important work without help, support, advice and additional resources. There are many aspects and choices within life that can affect a parent's ability to care for and meet the needs of their children.

#### The Early Years.

The early years are a crucial time in children's development. A child's first relationships form during the early years. A warm and loving relationship with a sensitive and predictable caregiver helps children develop positive expectations about themselves and others. The neurosciences tell us a baby's brain is more plastic in the early years when cognitive, social and emotional skills are developing. While it is never too late for children to benefit from an enriched environment, a key opportunity is lost if their development is not fully supported when they are very young.

Scotland's Chief Medical Officer has set out the evidence of the connection between the early years and a range of physical and mental health outcomes with particular emphasis on the importance of pregnancy and parenting in defining health outcomes. Parents' interaction with children in the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development. We know that high-risk behaviour such as substance misuse, smoking and poor diet during pregnancy and the early years can have a serious impact on a child's health, development and outcomes. Effective engagement with parents is an important first step in addressing problems, yet those parents most in need are often the least likely to access services.

From the child's perspective, there is evidence that exposure to high levels of parental stress, neglect and abuse can have a severe effect on brain development. There are clear gaps between the development of children whose parents face such stresses and those being brought up in less stressful households. These gaps continue through life. At age three, children at higher risk of poor outcomes can be identified on the basis of their chaotic home circumstances, their emotional behaviour, their negativity and delayed development. These children face many risks and improving early years support is key to enhancing the safety and wellbeing of children and young people. The well-known image below from Dr. Bruce Perry shows the difference in brain development between a three-year-old and a three-year-old who has experienced severe neglect.



By the time such children reach adulthood, they are more likely to have poor health outcomes, be unemployed, have criminal convictions, have substance misuse problems and have experienced teenage pregnancy.

As well as the lost childhoods and the damage to children, families and communities, the financial costs of failure are enormous. For example, the annual costs of providing intensive secure care for a vulnerable young person is in excess of £300,000 per annum. The costs of impaired health, lack of employment and criminality throughout life could be many times that.

There is evidence of a positive economic return from early years investment, i.e. spending on programmes that are targeted, high quality and based on an effective methodology can save more than they cost over a number of years. The studies which show a positive rate of return rely on effective targeting of programmes and resources, implying a need for better quality risk assessment and matching of resources to need within universal services, as well as the availability of more targeted services where needed.

#### The Primary Years.

Raising school-age children can be a very rewarding aspect of parenthood. Watching children try new activities, cheering them on at athletic events and applauding their accomplishments are usually some of the high points for most parents; however, achieving success is often preceded by frustration and sometimes learning to accept one's weaknesses as well as celebrating and building on strengths. School-age children become gradually ready for more independence however, learning to make good choices and exercise self-discipline does not come easily for many.

Parents need to impart a moral code that the child gradually internalises. As children struggle with these important tasks, parents must be able to provide praise and encouragement for achievement. However, parents must also be able to allow them to sometimes experience the natural consequences for their behaviour or provide logical consequences to help them learn from mistakes.

There are many inhibitors to parenting that can have an impact on the ability of the family to provide such a set of circumstances. Family support for children of primary age can often be defined as early intervention as many children come to the attention of support services for the first time through daily contact with the education system. Support services for this demograph should be flexible, non-threatening and holistic in approach. Services are usually better delivered by the third sector in these circumstances and can often lead to enduring relationships that offer informal support and help as the child (and any younger siblings) grow.

#### The Adolescent Years.

Adolescence typically describes the years between ages 13 and 19 and can be considered the transitional stage from childhood to adulthood. However, the physical and psychological changes that occur in adolescence can start earlier, during the preteen years while adolescence can also be a time of both disorientation and discovery. This transitional period can bring up issues of independence and selfidentity; many adolescents and their peers face tough choices regarding school, sexuality, drugs and alcohol, and social life. Peer groups, romantic interests, and appearance tend to naturally increase in perceived importance for some time during adolescent years. Challenges for families at this time are often defined by points of conflict and crisis and often have a focus on presenting behaviours that appear impossible to solve and are rooted in issues of identity or problematic mental health.

#### The Early Adulthood Years.

Striking out into the world on your own for the first time is exciting and daunting for all of us. The opportunity to carve your own path and the newfound independence is a huge draw. On the other hand, learning to budget to keep on top of the bills, remembering to put a wash on in time so that you have clean clothes for work on Monday morning, and managing to keep the fridge stocked, let alone keeping yourself healthy – it is a huge learning curve for any young person.

It is even more difficult for those without supportive families to fall back on, or for those who can't stay at home for other reasons. Those who have grown up, or spent time, in care don't always have the luxury of a family home to return to if something goes wrong, or a parent to phone when they are not sure how to fix a problem. Although we do strive for such continuing relationships with carers and young people.

As corporate parents to our care experienced young people, it's our job to make sure they are ready for what's next, know they are supported as they take those first steps into independence, and to help them access the same opportunities as their peers have – without worrying that if they make a mistake, they won't get another chance. We need to give them the practical, social and emotional support that any good parent gives their child, from help to find the right accommodation, to guiding them through job applications and interviews, to making sure they know where to turn if they're having trouble. We also need to make sure we're listening. If we can really hear what our care experienced young people are telling us about their needs, dreams and ambitions, we can make sure we're providing the right support to help them get there.

There are key areas of difference between care experienced young people and other young people:

- Having to be independent at a much younger age.
- Lower levels of educational achievement.
- Higher unemployment rates.
- Unstable career patterns.
- Higher levels of dependency on welfare benefits.
- Earlier parenthood.
- Dependence on the benefits system.
- Higher levels of emotional disturbance.

Preparing young people for leaving care service evaluations of good practice point to the importance of:

- Assessment identifying the young person's needs and how they will be met.
- support and participation involving discussion and negotiation and risk-taking in the context of a stable placement.
- the gradual opportunity to learn skills.

Services to care experienced young people should be cognisant of several key areas including accommodation, personal and financial support, education, employment

and training. Research tells us such services should be flexible and operate in the young person's milieu which often challenges the traditional service model of delivery. When our care leavers experience points of crisis the costs are often high within the personal, community and agency contexts with research by Shetland Islands Council showing that for every pound spent on care leavers support two pounds fifty was saved in service delivery costs to mental health services and community justice services – before considering the saving of the personal and emotional harm experienced.

## Part 2 – The Case for Change.

## The Early Intervention Imperative.

Sources of evidence contained herein, Centre for Excellence for Looked after Children In Scotland; The Scottish Government and The Early Intervention Foundation.

Many significant reviews have consistently highlighted the need to move spend from high cost intrusive interventions to early intervention services; indeed, this imperative is contained within the Orkney Islands Council long-term financial plan as well as being a key aspect of the Christie Commission into public sector reform.

To begin, we should be clear that early intervention cannot solve all our problems, however it can substantially improve children's lives if it is delivered to a high standard to the children or families who need it the most. We know that poverty and economic disadvantage have a particularly negative impact. Income-related learning gaps can be seen in children's cognitive or social and emotional skills by the time children are two or three years old. These gaps persist and grow throughout primary and secondary school to what we now call the attainment gap and they can have a negative impact on outcomes later in life, such as mental health, relationship quality, entry into the workforce and future earnings.

Early intervention means identifying and providing early support to children and young people who are at risk of poor outcomes, such as mental health problems, poor academic attainment, or involvement in crime or antisocial behaviour.

Effective early intervention works to prevent problems occurring, or to tackle them head-on before they get worse. It can take many different forms, from home visiting to support vulnerable parents, to activities to support children's early language development, to school-based programmes to improve children's social and emotional skills, to family therapy to improve children's behavioural development. This support is more intensive or additional to the help that is typically available through universal services such as schools and GPs.

Early intervention is not just about what happens in the early years. While the years before a child starts school are a particularly important stage of development, problems can arise at any stage. Effective interventions can improve children's life chances at any point during childhood and adolescence.

We have a good understanding of the risk factors that can threaten children's development, limit their future social and economic opportunities, and increase the likelihood of mental and physical health problems, criminal involvement, substance misuse, or exploitation or abuse, in later life. This helps us to identify the children and young people who are likely to benefit from early intervention. These risk factors exist at different levels and interact in complex ways. Some of these risk factors are particularly pervasive, impacting upon a child's development in a multitude of ways, over a long period of time. Poverty and economic stress, for instance, can impact

significantly on parents' ability to provide the calm, consistent, nurturing environment that best supports children's development.

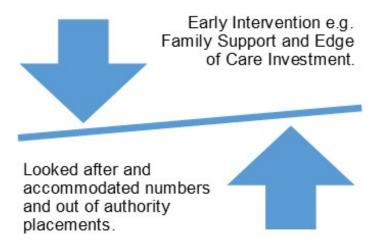
Other factors known to negatively influence children's development over time include genetically determined cognitive and physical disabilities, ongoing conflict between parents, substance / alcohol misuse, violence in the community and limited employment opportunities. These risk factors are not deterministic or predictive at an individual level: they cannot tell us exactly which child or young person will need help, but they can help us to identify children who are vulnerable and who may need extra support.

Studies show that early intervention works best when it is made available to children experiencing particular risks. Children and families may be identified for additional support because they have certain characteristics known to increase the likelihood of poor developmental outcomes, or because they are exhibiting early signs of specific problems. On the other hand, protective factors are the characteristics or conditions of individuals, families, communities and society that can mitigate these risks.

In many cases, risk and protective factors are two sides of the same coin: for example, poor parental mental health may pose a risk to a child's healthy development, while good parental mental health may provide a protective factor against other negative child outcomes, such as behavioural problems or poor academic attainment. Early intervention works to reduce the risk factors and increase the protective factors in a child's life.

Early intervention, when delivered in a planned way has the potential to reduce pressure on children's social work and care services, but the benefits will only be realised in the long term. There are early intervention programmes that have been shown to reduce child maltreatment either by addressing the risk factors associated with this (such as adult substance misuse, teenage pregnancy and domestic violence) or by providing intensive support for vulnerable families, through early help. While these intensive interventions are not cheap, requiring delivery by trained professionals for at least six months to over a year, they can offer improved outcomes and a cost-effective alternative to placing children into local authority care. Long-term benefits are most likely to occur when effective interventions are offered as part of an integrated package of support, within a local system with clear leadership and a culture which supports this objective.

Early intervention is unlikely, however, to reduce pressure on the social care system in the short term; the intended shift in balance shown below may take between three and five years to work through the system. This is because the needs of these children are often so entrenched that many early intervention activities are not enough to reverse negative trajectories, within a short period of time. Less intensive forms of early intervention, such as light-touch parenting support, will often not be suitable for families where there is risk of child maltreatment, especially when parents are struggling with complex issues that limit their capacity to benefit from this kind of intervention.

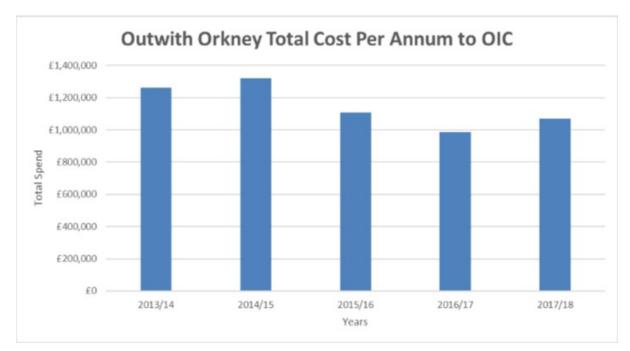


The development of early intervention services forms a distinct part of the looked after children strategy, if we are to provide a whole system response to the issues facing our communities that ultimately result in children coming into the care of Orkney Islands Council. The imperative, to shift to early intervention, is a clear driver from policy and legislative contexts and we must understand that evidence of stability in looked after numbers may take a minimum of three to five years to filter through. The savings to be realised are considerable, as every child supported to stay at home will realise many human benefits for that child and family but will also save the council in excess of £225,000 per year per child in residential child care fees at 18/19 costs.

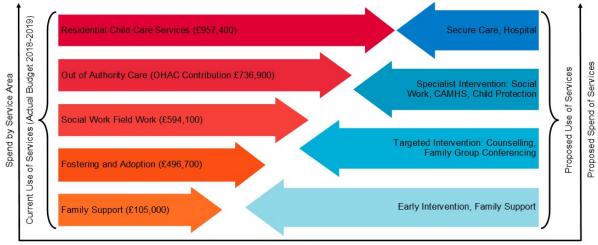
Today we can clearly see how Social Work Services in Orkney have developed over the last 10 years, primarily in response to financial challenges and to retreat to provision of the statutory service, with family support allocated 3.0% of the available budget. While this was an entirely understandable direction of travel it has led to significant numbers of children being looked after out of the authority area with the subsequent financial costs associated with this. The table below shows the data by numbers and spend for the last five years:

Year	Outwith Orkney (OHAC)	Outwith Orkney (ELH)	Total	Numbers Outwith Orkney.	Number in Secure Care.
2017-2018	£587,503	£481,675	£1,069,178	5	1
2016-2017	£539,985	£445,740	£985,725	6	1
2015-2016	£688,592	£419,201	£1,107,793	5	2 (part of year)
2014-2015	£886,630	£433,684	£1,320,314	7	1
2013-2014	£931,819	£330,957	£1,262,776	9	1
TOTAL	(5 Year)		£5,745,786		

This equates to an average annual cost to the Council of £1,149,157 over the last five years and a total spend of £5,745,786 that has left the Orkney economy. As with any smaller authority these figures are always vulnerable to variance for example, should a sibling group require to be accommodated this would have a disproportionate effect on spend. We can also see clearly the impact of the intensive fostering service on contributing to the reduction in the out of authority placement spend from 2015 onwards.



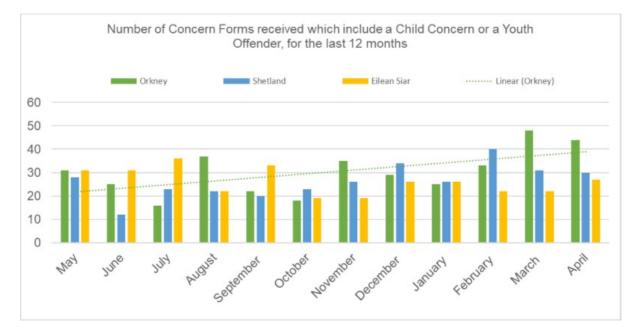
The limited availability of family support services described above leaves families in crisis for longer resulting in higher associated costs that come from more targeted services. The diagram below shows the split of how children's Social Work services now allocate resource and you can see that our challenge is to invert that table towards early intervention and less spend, particularly on out of authority placements.

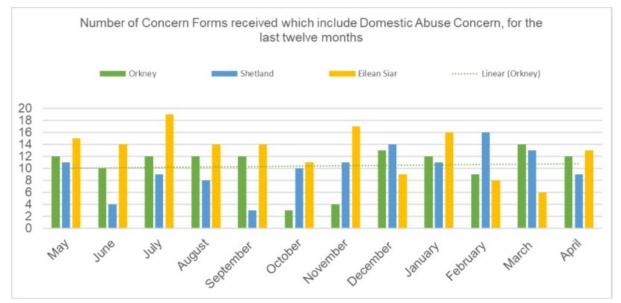


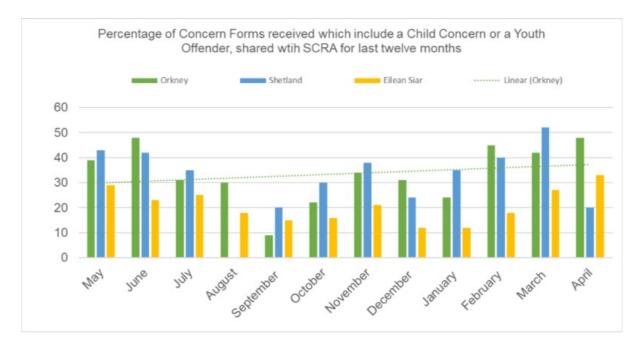
Use of Services

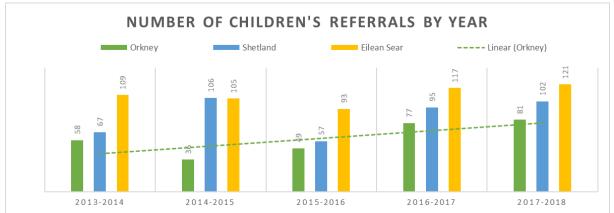
Care services for children and young people must be flexible and responsive to a wide range of needs and developmental ages/stages, from infants to young adults. Most children who become looked after experienced neglect or abuse. The impact and trauma of these experiences often requires more specialist, therapeutic care than children who have not had such experiences.

Other causes for intervention include children being beyond parental control or nonschool attendance etc. At this point of statutory intervention, families often have concurrent issues that are entrenched and require skilled and sustained intervention. Data from the Scottish Children's Reporters Administration (SCRA) and Police Scotland shows the reasons and rates of statutory intervention in Orkney. They are shown below alongside our island colleagues for benchmarking.





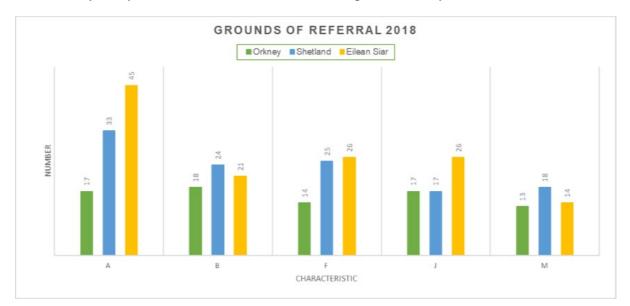




The chart above demonstrates the increase in referrals to the children's reporter which has a consequential impact on social work services, and social worker time in particular, for the production of checks and background reports for the Reporter.



This chart demonstrates the relative stability of supervision orders achieved by services despite the increased number of referrals. This would positively reflect the strength of partnership working as well as the proportionate response to risk through the delivery of systemic interventions and the Signs of Safety model.

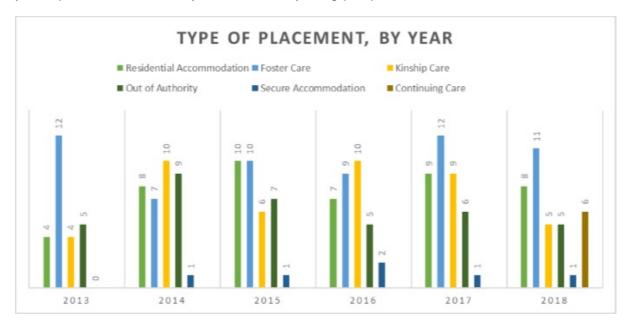


The most common grounds for referral in Orkney, shown above, are grounds A, B, F, J and M of the Children (Scotland) Act 1995 and are defined as:

- A: the child is likely to suffer unnecessarily, or the health or development of the child is likely to be seriously impaired, due to a lack of parental care.
- B: a schedule 1 offence has been committed in respect of the child.
- F: the child has, or is likely to have, a close connection with a person who has carried out domestic abuse.
- J: the child has committed an offence.
- M: the child's conduct has had, or is likely to have, a serious adverse effect on the health, safety or development of the child or another person.

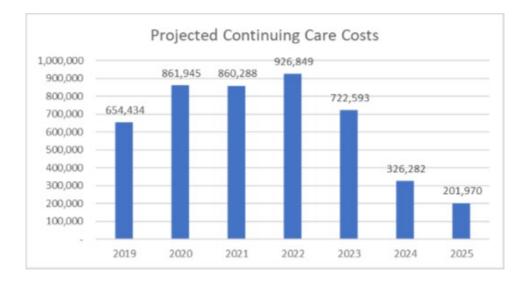
Children becoming looked after often have significant unmet needs – deep insecurity and mistrust of adult caregivers; social, emotional and behavioural difficulties and are angry, aggressive, leading to a risk to others or to themselves; mental health problems such as self-harm, anxiety and depression; Difficulties in their relationships with family and peers; Problems in school and with learning.

Some children require temporary short-term care placements including short breaks; other children require longer term permanent and continuing care up to the age of 21 and beyond. The expectations, commitment and demands for Carers can vary significantly. Data below shows the number and type of placements over the last 6 years provided for Orkney children and young people:



This chart highlights several points namely, the sustained demand on foster placements, the consistency of out of authority numbers and the emergence of the continuing care demand.

The tables, below, provide an indication of the number of potential placements and significant additional costs associated with our existing cared-for children's entitlement to continuing care, up to the age of 21.



The projected continuing care costs, shown above, demonstrate a potential funding gap for our current young people of over £4.5million by 2025. It should be noted that these projections are based on the unlikely assumption that costs will remain constant, per placement, and that there will be no additional children, eligible for continuing care, coming into the care of the Local Authority. Furthermore, the projections assume that the current trend for all eligible children to remain in their existing placement until the age of 21 will continue.

Young people who need residential care have often experienced at least one but, more commonly, several family and foster placements that have broken down. Social Workers tend to place children with foster carers as the preferred option when no one else in the family (or Kinship network) can care for the child; however, there has been growing recognition nationally that for some young people, residential care will better meet their needs for stability of care.

The support needs of children and young people in need of Care and Protection tend to be significant and requiring of long-term interventions from a range of agencies, including social work, education, health (including CAMHS), housing support, third sector, police and children's hearings/courts. Support needs are wide ranging, for example helping to manage contact with family; forming secure attachments with new carers; developing resilience and healthier ways of coping; engaging with learning and managing social pressures in school; acquiring independent living and life skills; integrating and contributing within the community, and having assistance moving on from care.

Where children require adoptive placements, local practice in Orkney has mirrored other Island areas, with children mostly placed for adoption away from Orkney. This is based on an assessment that for most children (and their adoptive parents) it is too difficult to grow up in same small community as the birth family (who have often caused, or not prevented, harm to the child).

Adoptive parents living in Orkney therefore tend to adopt looked after children from other local authority areas. This can potentially lead to significant long-term support needs for Carers and adopted children. The emotional harm from the breakdown of adoption placements is exceptionally significant for all parties and can take many years to recover from, if at all. Along with this, after a three-year period, this becomes the responsibility of the local authority where the adoptive family reside.

The financial risk to the Council of adoption breakdowns can be extremely serious. For example, in one case this resulted in a spend of more than £1M of extraordinary care costs, over a 5-year period.

### **Current Budget and Spend.**

The Children and Families budget for 2017-18 was £3,345,700, with a total spend of £3,527,700.

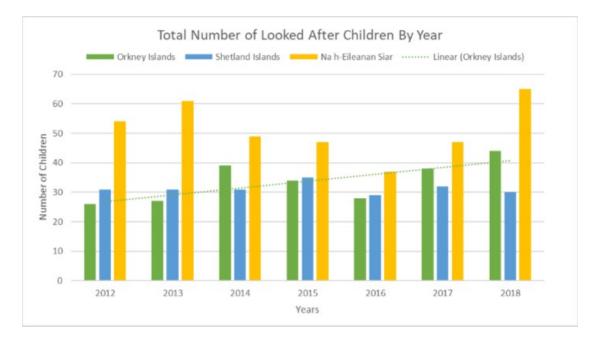
	2017-18 Budget	2017-18 Expenditure
Orkney Islands	3,345,700	3,527,700 (105%)
Shetland Islands	7,550,000	7,877,000 (104%)
Western Isles	3,850,000	4,250,000 (110%)

It is interesting to compare these figures with the equivalent budget and spend, for the same period, in Shetland and the Western Isles (figures provided by these LA's). Caution is advised to ensure equal comparison however, the difference in spend can be partially understood as Shetland and Western Isles both include their out of authority placement spend within their baseline children's services budget.

Statistical data from the past 5 years shows a consistent and sustained level of around 34 Looked After children, in Orkney. Around 15 (47%) of these children require long term and likely continuing care.

#### Total number of looked after children.

	2012	2013	2014	2015	2016	2017	2018	Average
Orkney Islands	26	27	39	34	28	38	44	34
Na h-Eileanan Siar	54	61	49	47	37	47	65	51
Shetland Islands	31	31	31	35	29	32	30	31
Scotland	16248	16032	15600	15400	15317	14898	14738	15583



It is worth noting and reflecting on the national decline of 9.3% in looked after children numbers nationally between 2012 and 2018 compared to our local position which shows a 70% increase in the same period. While there are many reasons that could explain such a position in terms of resourcing, from a professional perspective the reduction of any early intervention and family support services will inevitably reflect in an increasing looked after population.

## Part 3 – Profile of Current Services.

## Workforce Development.

## Summary & Benchmarking of the Existing Children and Families Frontline Workforce.

Department	Role	Orkney	Shetland	Western Isles
	Social Worker	7.2 FTE	10 FTE	7 FTE
Children and Families	Seniors and Team Leaders	1 FTE T/L	3 FTE: 1 x SSW 2 x TL	2 FTE T/L
Independent Reviewing Officer		0	1 FTE	0
Residential Care Workers		14.0 FTE (Of which 7 Temporary)	17.4 FTE	12 FTE (Action for Children Commissioned)
Family Placement Team	Social Worker	2.8 FTE	3 FTE	1 FTE
	Seniors and Team Leaders	1 FTE	1 FTE SSW 1FTE T/L	1 FTE T/L
Family Support Team <i>*Extended</i>	Senior Support Worker	1.0 FTE	N/A	2 FTE
Learning Support Service in Western Isles	Support Worker	1.9 FTE	5 FTE	6.5 FTE
Approved Fostering Households		11	14	9

The figures above show an interesting approach to social work front line service resourcing. In terms of delivery of the statutory function both Orkney and the Western Isles are similar in relation to the broad application of practice team resources. Shetland shows an increased resource primarily as they deliver a standalone duty and intake team that provides public access to Children and Families Social Work services 9am – 5pm, Monday to Friday.

Residential resources are comparable by staffing numbers although it is interesting to note Wester Isles have a commissioned arrangement with Action for Children to

deliver this service for the local authority. Fostering and adoption provision again is similar across the areas with all areas reporting a requirement to develop this resource.

In terms of family support and early intervention Orkney invests the least in this area. Shetland show a significant investment in this area with 5FTE and they have recently secured external funding from the Big Lottery for their anchor project which is aimed at moving systems to an early intervention approach. This approach forms part of a wider strategy that is seeing investment in their residential estate with the aim of ensuring no young people are placed out with Shetland by 2023.

Western Isles invest significantly into early intervention through their extended learning support service with 8.5 FTE. This service operates within schools and communities and is available 24/7 to provide support as well as respite if required at points of crisis.

### Children and Families Practice Team.

The children and families practice team in Orkney consists of 1 operational manager and 7.2 FTE Social Workers. The team discharges Orkney Islands Council statutory duties in relation to children in need, child protection and looked after children. The service takes referrals from any source and data from 2018-2019 shows in the period 1 April 2018 – 31 December 2018 the team responded to 802 referrals in relation to 539 children and young people (some children and young people are subject to multiple referrals).

#### Family Support Team.

The family support team at present is configured with 1 FTE Senior Support Worker and 1.9 FTE family support workers. The Family Support Team support Social Worker colleagues in their statutory roles by covering the 'duty' service in emergencies, accompanying them on home visits, organising/supervising contact between children and parents and contributing towards parenting assessments as well as post-adoption, family placement and throughcare/aftercare support. However, the aim of the work done by Family Support Workers is 'early intervention'; working with children and families in order to prevent family breakdown and reduce the number of children coming in to Local Authority care.

Family Support Workers work closely with colleagues in Education, Health and the Third Sector, often representing 'Social Work' at Child's Plan meetings where they are able to listen to and understand the concerns of professionals and family members and offer specific support and targeted interventions as part of a coordinated package of support. Working at this 'voluntary' level with families often enables workers to build relationships of trust with children and their families and results in a more collaborative, creative and flexible approach to working. The service aims to be able to offer families practical support, for example supporting parents to establish boundaries and routines with their children, as well as systemic interventions, e.g. family group meetings and intergenerational mediation as well as attachment based therapeutic support such as 'Theraplay'.

## **Residential Care.**

Residential Care in Orkney is provided within two services; one in Kirkwall and another in St Margarets Hope overseen by a registered manager. There are six beds available over these two sites.

The Care Inspectorate description of the service reads:

The aim of the service is to:

- Provide a structured and stimulating residential environment for young people that is free from prejudices.
- Treat young people with dignity and respect.
- Provide a safe, warm, nurturing, and empowering environment for young people to live in and move on from.
- Have a consistent, motivated, and qualified staff team.

The residential home was last visited by the Care Inspectorate in July of 2017 and was graded as follows:

Quality of care and support 5 - Very Good

Quality of environment - Not Assessed

Quality of staffing - Not Assessed

Quality of management and leadership 5 - Very Good

They found:

- The health and wellbeing support for young people continued to be met to a high standard.
- The staff were using external input from visiting professionals to complement and inform their practice, which has enabled young people to have good quality outcomes.
- Staff had been trained and were utilising strategies on how to manage difficult behaviour effectively.
- Young people had well developed risk assessments that supported positive risks, enabling them to have positive experiences.
- All young people had effective personal plans which were regularly updated and also contained clear targets.
- Young people stated that they felt listened to and valued and were fully involved in planning and reviewing their care.
- All young people had achieved clear and targeted outcomes which resulted in most making positive progress.
- Young people and staff were fully involved in the evaluation and planning of the service.
- Structured regular audits by senior social care workers and evaluation and planning of services by the young people and staff confirmed that quality assurance supported improvement, with any changes informed by best practice.

- There was a need to ensure that young people's targets where SMART many where not specific enough and were not time-bound. The service has committed to continue to develop these to reflect the progress that young people are achieving.
- Staff were exploring the merits of developing the care planning system to be more meaningful for the age group that they support and ensure that it was child-centred.

There was one recommendation:

 The service to expand its current monitoring system to include an environmental audit and supervision so that they can continue to develop and improve current systems.

There were no requirements.

The full report can be found:

http://www.careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?i d=291700

### Foster care.

At present we have 11 approved fostering households.

The Service is staffed by an operational manager, two fostering and adoption social workers, and a social worker responsible for the Intensive fostering service. The operational manager is also the Registered Manager for the service. Their work is overseen by the principal social worker and the service manager for children's services. Orkney fostering service commissions an independent social worker to carry provide consultation and carry out specialised training.

Orkney Islands Council Fostering Service was last inspected by the Care Inspectorate in October of 2017 and was graded as follows:

Quality of care and support 5 - Very Good.

Quality of staffing 5 – Very Good.

Quality of management and leadership – Not Assessed.

They found:

- Children and young people were benefitting from warm nurturing care, provided by well supported and knowledgeable foster carers. As a result, young people were having their needs met and were achieving good outcomes.
- Assessments were examined and found to be of very good quality.
- It was evident there was a mutual respect within the staff group, and morale was reported as very good.
- Managers had a clear vision for the service consistent with the vision of the larger organisation.

- Staff commented that they appreciated managerial support both formal and informal, and this helped them carry out their work effectively.
- The co-location of social work services was seen as a strength, with the Care Inspectorate finding that this has improved communication and led to a more integrated approach.
- High levels of therapeutic support are integral to helping children recover from adversity and negative life experiences and the Care Inspectorate were very encouraged to find that this type of intervention informed much of the service's work practice.

There were no requirements nor recommendations.

The full report can be found:

http://www.careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?i d=293260

### **Adoption Services.**

The Care Inspectorate description of the service reads: Orkney Islands Council Adoption Service has been registered since December 2005, and transferred its registration to the Care Inspectorate on 1 April 2011. The agency recruits and supports adoptive parents to provide families for those children who cannot live with their birth parents or extended family members, and whose needs have been assessed as best met in an adoptive family.

The Service comprises of an operational manager, two fostering and adoption social workers, and a social worker responsible for the Intensive fostering service. The operational manager is also the registered manager of the service. Their work is overseen by the principal social worker and service manager for children's services. Orkney adoption service commissions the work of an experienced independent social worker to carry out for example, specialised training and consultations.

At the time of the inspection, eighteen adopter households were receiving support from the adoption service.

Orkney Islands Council Adoption Service was last inspected by the Care Inspectorate in October of 2017 and was graded as follows:

Quality of care and support 5 - Very Good.

Quality of staffing 5 – Very Good.

Quality of management and leadership - Not Assessed.

They found:

Assessments for prospective adopters were generally of a very good standard and demonstrated that applicants had been fully supported to reflect on their own life experiences.

They considered the inter-country adoption assessment to be rigorous, well considered and the document covered all relevant information.

Adopters commented that introductions for children had been very well planned and sensitively co-ordinated, with all key individuals involved.

They found that plans within the case files they examined contained detailed records and reflected a very good level of support and advice being offered to adopters.

Some foster carers, who had supported children transition to adoption, remained in contact in recognition of the importance of the attachment that the children had with foster carers. The found that that working relationships between teams were positive and mutually supportive, with everyone working together to ensure improved outcomes for children.

One case tracked a lengthy and complex co-ordination plan which was robustly managed by workers resulting in siblings being successfully re-united during the adoption process.

One placing social worker from outside Orkney Council commented: 'The transition was very well managed from Orkney's side, particularly given the geographical difficulties and the adopters were fully supported by the team. Staff were very helpful to me personally by helping with statutory visits and picking me up from the airport. I would definitely want to work with Orkney again'.

They were particularly impressed by the recent introduction of 'life appreciation days' designed to enhance the matching process and ensure that all known information about the child's background and experience was fully shared prior to the child going to live permanently with their new family.

Staff and management presented as committed to providing good outcomes for children and young people and were effective in delivering opportunities for this to be achieved. The service ensured that children and young people remained central to the decision-making process and had close links with area teams to support permanence planning.

The service is led by a strong staff team who were knowledgeable and highly skilled in all aspects of adoption.

The full report can be found:

http://www.careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?i d=293258

#### Intensive Fostering Service.

The Council's recent investment in the Intensive Fostering Service, following a successful 3-year Innovation Project, has provided increased capacity and professional development opportunities in fostering. This has seen the costs to Orkney Health and Care associated with children placed out with Orkney reduce from £932,000 in 2013-2014, to £587,000 in 2017-2018. This service is now an integrated part of the Family Placement Team.

# Out of Authority Care.

The individual commissioning of out of authority care and education placements for children and young people is often seen as a 'last resort'. All local resources would have been exhausted and risks, either to the young person or to others, are assessed as being unmanageable. From experience, it is highly unusual for a young person to be placed in such a placement on a temporary or short-term basis; there are no quick fixes. Separating children and young people from their community and family creates significant long-term issues.

The LAC review and planning process faces a real dilemma in returning young people to Orkney. The scale of the transition tends to create multiple issues. For example, the child may have settled and be progressing in terms of their wellbeing within their placement (which are desired outcomes). He or she may be understandably ambivalent about returning to Orkney (where experiences and memories may not be good); Carers and service providers may be uncertain as to whether the young person will adapt and cope with a move. Years may have passed and the young person's sense of belonging and identity with Orkney faded. Children's Hearings often need considerable evidence, agreement of all parties and reassurances before making decisions to allow young people to return to their community. The service works to statutory Panel decisions and Panel members can often be hesitant to take a risk even in the face of supportive local authority reports.

Out of authority placements are commissioned from providers as part of the national contract for residential child care, the national fostering contract or secure care contract. Individual placement agreements are agreed at the commencement of the placement to ensure both parties are clear on the intended outcomes of the placement for the young person and their family. Governance of these placements takes place through the statutory looked after review processes as well as an annual review presented to committee and the Integration Joint Board.

### Throughcare/Aftercare.

At present our Throughcare and Aftercare Social Work support is provided primarily by a 0.8 FTE equivalent social worker who also carries the Youth Justice remit, with additional outreach support work provided by residential child care workers (whose substantive roles are caring for children at Rendall Road and Braeburn). The social worker is managed and supervised by the Operational Manager for Children and Families (LAC Resources). This level of resource was established circa 2005 when LAC numbers were considerably lower, and prior to the duties established under the 2014 Act for Continuing Care and additional After Care support.

# Part 4 - Conclusion and Recommendations.

The review of services concludes that the current configuration of services will not be able to ensure those children requiring care and protection will be able to live, grow up and reach their full potential in Orkney. This service review highlights two key strategic challenges, firstly in relation to the need to shift decisively to early intervention to ensure sustainable looked after services and secondly, the need to redesign services to our care experienced young people in order to support their transition into adulthood within current placements and with support into adulthood in line with legislation.

The review recommendations will reflect the key thematic areas of the report:

## Early Intervention.

**Key Issue 1:** The Social Work duty service is provided in an ad hoc way resulting in varying approaches to referral from partner agencies.

 Establish a generalist social work duty service (Children & Families and Adult Social Work) to provide consistent access to social work services 9am – 5pm Monday to Friday. This will consist of 1 full-time equivalent (FTE) Senior Social Worker, 1 FTE Social Worker and 0.5 FTE administrative support.

**Key Issue 2:** Skilled family support workers are being used to carry out tasks that do not make full use of their skills but are still statutory duties.

- Tender to the third sector for supervised contact services
- Establish a family support service consisting of 1 FTE Social Work Qualified Family Support Manager, 4 FTE Family support worker and 1 FTE Administrative Assistant to deliver ongoing individual and group interventions to circa 120 families per year for children aged up to 16 years. This support is primarily for non-statutory cases although will supplement particular statutory needs for intensive family support for example in pre-birth child protection plans.
- Explore tendering of the Family Support Service to the third sector as a priority.

# Edge of Care, including Looked After at Home Children and Young People.

**Key Issue 1:** Intensive support services are not designed to offer flexible crisis care within an evidence-based approach.

 Establish an intensive multi agency support service based around examples of good practice such as the REACH service in Perth and Kinross or Aberlour's Edge of Care Service. This should be done in an integrated way with our education colleagues revisiting the work undertaken in relation to the Joint Additional Support Project circa 2010 (JASP), in particular the role of the SEAL team and other support for learning strategies. This service will be available out of hours and at weekends.

- There is a requirement to have a therapeutic space to undertake intensive interventions with children and families to support the move to early intervention.
- Establish a three-year pilot service to provide therapeutic support to our looked after children incorporating two temporary part-time posts for a psychologist and family therapist based in the Children and Families Social Work Service. This service will also incorporate a Family Group Conference function to support families in identifying alternative care arrangements when children and young people can no longer stay with their main carer. It is anticipated that these will be 0.4 Full-time Equivalent.

# Looked After and Accommodated Children and Young People.

**Key Issue 1:** The residential estate is not fit for purpose to deliver the statutory duty to allow young people to remain in their care placement until 21 years.

- Introduce a fifth bed at Rendall Road through changes in the staffing schedule utilising the staff bedroom and provisioning waking night staff.
- Baseline the budget for Braeburn providing crisis accommodation linked to the intensive support service mentioned above.
- Develop a further five residential care beds utilising the Braeburn resource and explore tendering this service to the third or private sector.
- Baseline a fully funded out of authority budget to support the transition to early intervention.

**Key Issue 2:** The capacity of the fostering service is insufficient to meet placement demands.

- Build on the foster carer recruitment campaign with a particular focus on teenage placements.
- Develop a sessional Form F assessor role to support the assessment of carers thus reducing the burden at peak times on the Family Placement Team
- Bring foster care allowances to a position of inflationary increases.
- Ensure that local policy reflects the national aim of 'equivalence' for Kinship Carers with Foster Carers in terms of financial and carer support.

**Key Issue 3:** There is a limited range of mental health support services available to meet both the specialist and general mental health and wellbeing agenda of looked after children.

- Waiting times are significant and mental health and wellbeing of looked after children should be a key consideration of the multi-agency support service identified above.
- Developing clinical psychologist and family therapy support capacity within children and families social work to promote systemic approaches to maintaining families within the community. This links to the development of these resources mentioned above in relation to general practice.

**Key Issue 4:** There is no independent oversight of looked after children placements. Such oversight is critical to ensure outcomes are being met and where outcomes are not being met corrective action is taken in good time.

• Establish 1 FTE Independent Reviewing Officer to include a quality assurance function for looked after children reporting.

# **Continuing Care.**

**Key Issue 1:** There is a gap in service provision of supported tenancies that can effectively bridge the gap between leaving care and independence. This is the delivery of statutory supports to the young person's 26th birthday.

- Develop the provision of 4 supported accommodation flats for care leavers either as part of a developing relationship with Y-People or any newly commissioned approach. This work will be with our housing colleagues and take consideration of policy such as rapid rehousing.
- Develop Council policy to ensure care leavers are given top priority to access services with a clear presumption of entitlement as reflected in the legislation.

**Key Issue 2:** There is a gap in service provision of consistent support to care experienced young people at points of crisis. This is the delivery of statutory supports to the young person's 26th birthday.

 Establish a continuing care team consisting of 1 FTE Senior Social Care Worker, 2 FTE Social Care Workers and 0.5 FTE Administrative Support who can support the care experienced population and provide cover to the supported accommodation flats at points of crisis.

# Learning and Development.

**Key Issue 1:** Investment in the practice framework is key in maintaining skills and knowledge and in developing a child centred culture of service delivery that can deliver the outcomes of this review.

• Implement the Children and Families Learning and Development Framework which includes signs of safety and systemic family therapy as two robust evidence based models that can support families with complex needs.

# **Appendix 1 - Stakeholder Consultation Report.**

# Introduction.

The views of all stakeholders were sought to inform and validate this review of Looked After and Accommodated Children's (LAAC) Services. This included, but was not limited to:

- Looked after and care-experienced children
- Parents of looked after children
- Foster carers
- Residential care workers
- Social workers
- Third sector support agencies
- Police
- Education / Schools
- Children's Panel

A number of discussion sessions were arranged where stakeholder representatives were asked for their views on LAAC Services, as well as their suggestions for how services could be improved. The detailed responses received from each of the stakeholder groups (including anonymised responses from looked after children, care-experienced young people and parents) are attached at appendix 1.

However, several key themes became apparent during the consultation process, and these are explored in more detail, below.

# Themes.

### Better communication between all agencies and stakeholders.

Participants observed that communication is generally quite good, not least because of the small population and personable nature of Orkney (although this can present confidentiality challenges). However, all stakeholder groups felt that there was room for improvement, especially with regard to inter-agency communication.

Most parents felt that communication between social work / care staff and parents could be significantly improved.

### Throughcare / Aftercare support.

Social workers and professional stakeholders observed that early long-term planning, as well as improved inter-agency working, would improve the young person's future and continued care.

Many participants, including care experienced young people, felt that a dedicated flat(s), perhaps as part of a core-and-cluster development, would provide the necessary support for care-experienced young people, enabling them to develop the

life skills necessary to make the successful transition from being looked after to being truly independent.

Some also commented that the development of a dedicated Throughcare / Aftercare team would provide the additional support that care experienced young people need when moving from the looked after system.

### Counselling and mental health services.

Almost all stakeholder groups commented that additional counselling and mental health support is required. Professional stakeholders felt that additional counselling and Children and Adolescent Mental Health Services (CAMHS) resources will deliver better support for looked after children and their carers, whilst Foster carers felt that mental health support should be reviewed.

Parents commented that automatic counselling for looked after children should be delivered, whilst observing that this is currently available for children who are adopted.

### Consistency of care at the residential care home.

All stakeholder groups complimented the residential care home and its staff, including the care experienced children who had resided at Rendall Road.

Nonetheless, it was felt by many of the stakeholder groups that there were some inconsistencies in the quality of care. Parents commented that carers are always involved and proactive, but felt that shifts are too short, meaning that children do not always know who to turn to for support, especially emotional support. Both social workers and parents felt that the duration of shifts prevented carers from developing relationships with children.

Both the social workers and care experienced children felt that a change to the current shift system, perhaps with staff working 4 days on, 4 days off, would address this.

Parents also suggested that a biography of each child should be available to each carer, enabling them to better understand each of the children.

### Keyworker.

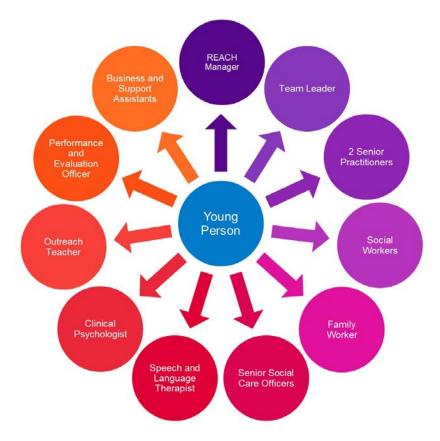
Professional stakeholders noted that a highly systemic approach, with one or two people providing consistent, intensive support, such as a named Key Worker, would provide significant benefits to LAAC children, especially in the role of care coordinator, life coach or employment coach.

Social workers also commented that a named key worker, again in a care coordinator role, would provide consistent support for looked after children.

# How Other Local Authorities Have Responded:

## Perth and Kinross Council – REACH Programme.

REACH is new service delivered by Perth & Kinross Council, introduced at the beginning of this year, for young people aged 12-18 who are on the edge of care and are at risk of becoming looked after. REACH brings together a multi-disciplinary team of dedicated professionals to provide individualised support to help young people to stay within their families, schools and communities, to prevent the need to move into care. The long-term aim is to enable them to flourish as resilient and resourceful young adults. The REACH team consists of:



REACH aims to:

- Enable young people to remain in or move to a family where they feel they belong and are safe.
- Give young people long-lasting, strong and trusting relationships and connections with places which are important to them.
- Encourage young people to be aspirational and confident in their ability to shape their own futures.

The multi-disciplinary approach will bring together a range of professional expertise into one team and allow young people to get a wide range of specialist support in one place. This will help reduce delays in getting all of the right help at the right time and reduce the need for young people and families to be referred to multiple agencies.

# How Other Authorities Have Responded:

# Hackney Council Enhancing Looked After Children: Children on the edge of care and their families access to specialist support.

The Clinical Service offers specialist psychological support for children and young people their families who:

- have mental health needs.
- are experiencing family relationship issues and stressors.
- are struggling with emotional and behavioural issues.
- where there are child protection concerns.

The Clinical Service is unique in its accessibility and integration with other services for children and young people provided by the Local Authority. The Clinical Service generally works on an outreach basis with children and families in their homes, schools, Youth Hubs or other community settings. They can also offer individual, family and group work.

The Clinical Service offers a range of support to service users, depending on their identified needs and goals. Clinicians draw on a range of evidence-based approaches including:

- CBT (Cognitive Behavioural Therapy).
- Systemic Psychotherapy.
- Psychodynamic Psychotherapy.
- Social Learning Theory.
- Attachment Theory-based approaches.

Where direct work is provided to children and families, this may be offered on:

- short-term basis (1-6 sessions).
- medium-term basis (6-12 sessions).
- (less commonly) on a long-term basis.

As part of their direct work with children and families, the Clinical Service provides a number of specialist assessments and interventions, relating to parents/carers, young people and children (including unborn children and Care Leavers). This includes specialist assessments related to:

- parenting.
- neurodevelopmental issues.
- attachment issues.
- self-harm risk.
- sexually harmful behaviours.
- trauma.
- cognitive functioning.
- attention/concentration difficulties.

Specialist Interventions cover a range of evidence-based approaches, reflecting children and families' broad range of presenting needs, preferences and circumstances.

These include psychologically informed and cross-agency projects to address issues such as:

- CSE (Child Sexual Exploitation) risk.
- domestic violence.
- placement breakdowns.
- post-adoption support.