

**CARDIFF COUNCIL**  
**CHILDREN'S SERVICES**



**PLACEMENT STRATEGY**  
**for**  
**LOOKED AFTER CHILDREN**  
**2011 – 2014**

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## Placement Strategy Context

- A strategy decides both the future direction of services and identifies the types of services which maybe needed. A successful outcome is achieving the right mix of services within the resources available.
- It is appropriate at this stage to describe the difference between an Accommodation Strategy and a Placement Strategy. The former incorporates all aspects including activities to prevent a child becoming looked after and, if looked after, planning towards permanency. The latter applies to any point during the period of being looked after.
- The Council believes that children are best brought up within their own family and will therefore support parents and extended families that need assistance in achieving this. Where this is not possible, the Council will seek a placement, which will meet the child's assessed needs on a permanent basis and offer stability and security. This may be via adoption, long term fostering, or occasionally residential care.
- Research over a number of years has recognised the importance of stable placements and the development of attachments as being significant to child development. Stable placements promote stable lives, enabling children to explore and test their world, and develop strategies to enable them to respond and fit within it. Unstable placements do not allow the child to develop and grow to the same degree, and impact negatively on child development.

## 1. Outcomes:

**The Placement Strategy will seek to achieve (or make a significant contribution to achieving) the following outcomes for Cardiff's looked after children population.**

1. Every child who needs to be looked after receives an appropriate and timely placement that meets their assessed needs.
2. A child's health and education needs will be appropriately met by the placement of choice.
3. Every child who needs to be looked after will experience placement stability and security.
4. Every child who needs to be looked after will be placed in or close to Cardiff unless it is assessed that they will benefit from being placed out of area.
5. Every child who needs to be looked after will be cared for by carers who are appropriately trained and have the necessary skills and experience to meet their needs.
6. Every child who needs to be looked after will receive appropriate levels of support to promote their emotional and developmental wellbeing; promote their positive identity; and positive social presentation in order for them to have the opportunity to make and sustain positive relationships; and develop self care skills.

In order to achieve the above outcomes it will be necessary to ensure that Cardiff is able to offer a range of high quality placements that offer choice and stability for it's looked after children, at locations that are close to home, unless there is a particular reason why an out of area placement is required to meet a child's specific needs.

## 2. Indicators:

### **Outcome 1 - Every child who needs to be looked after receives an appropriate and timely placement that meets their assessed needs.**

- SCC/001a % of first placements of looked after children during the year that began with a care plan in place
- SCC/013aai % of open cases of children with an allocated social worker where the child is receiving a service in each of the following groups – children looked after
- SCC/013aii % of open cases of children looked after who are allocated to someone other than a social worker where the child is receiving a service in each of the following groups – children looked after

### **Outcome 2 - A child's health and education needs will be appropriately met by the placement of choice.**

- SCC/002 % of looked after children at 31<sup>st</sup> March who have experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31<sup>st</sup> March
- SCC/020 % of looked after children who have had their teeth checked by a dentist during the year
- SCC/022a % attendance of looked after pupils whilst in care in primary schools
- SCC/022b % attendance of looked after pupils whilst in care in secondary schools
- SCC/023a % of children looked after who were permanently excluded from school in the year 1 April – 31 March
- SCC/023b Average number of days spent out of school on fixed-term exclusions for children looked after who were excluded in the year 1 April – 31 March
- SCC/024 % of children looked after during the year with a Personal Educational Plan within 20 school days of entering care or joining a new school in the year ending 31 March
- SCC/035 % of looked after children eligible for assessment at the end of Key Stage 2 achieving the Core Subject Indicator, as determined by Teacher Assessment
- SCC/036 % of looked after children eligible for assessment at the end of Key Stage 3 achieving the Core Subject Indicator, as determined by Teacher Assessment
- SCC/037 Average external qualifications point score for 16 year old looked after children, in any local authority maintained learning setting
- SCC/039 % of health assessments for looked after children due in the year that have been undertaken
- SCC/040 % of placements started during the year where the child is registered with a provider of general medical services within 10 working days of the start of the placement

**Outcome 3 - Every child who needs to be looked after will experience placement stability and security.**

- CS LAC 49 % of children who were engaged regarding their LAC review where the engagement was deemed to be appropriate
- CS LAC 53 % of parents/persons with PR who were engaged regarding their child's LAC review
- SCC/001b For those children looked after whose 2<sup>nd</sup> review (due at 4 months) was due in the year, the % with a plan for permanence at the due date
- SCC/004 % of children looked after on 31 March who have had 3 or more placements during the year
- SCC/021 % of looked after children reviews carried out with statutory timescales during the year
- SCC/025 % of statutory visits to looked after children due in the year that took place in accordance with regulations
- SCC/028 % of children looked after who had a fully completed and updated Assessment and Progress Record at their third review

**Outcome 4 - Every child who needs to be looked after will be placed in or close to Cardiff unless it is assessed that they will benefit from being placed out of area.**

- CS LAC 44 % of LAC placements with Independent Sector providers
- CS LAC 58 % of children in regulated placements who are placed in Cardiff
- CS LAC 59 % of children in regulated placements not in Cardiff, who are placed within 10 miles of their home address
- Res 1 % occupancy of local authority residential homes during the period

**Outcome 5 - Every child who needs to be looked after will be cared for by carers who are appropriately trained and have the necessary skills and experience to meet their needs.**

Target: 25% of foster carers hold the NVQ Level 3 in Caring for Children and Young People or the successor Level 3 in Health and Social Care (Children and Young people).

**Outcome 6 - Every child who needs to be looked after will receive appropriate levels of support to promote their emotional and developmental wellbeing; promote their positive identity; and positive social presentation in order for them to have the opportunity to make and sustain positive relationships; and develop self care skills.**

### 3. Story Behind the Baseline:

- 3.1 The Children Act 1989 and guidance following the publication of Sir William Utting's Review of Residential Care Services for Children in 1991 guided providers of services to use family based options rather than residential care. The number of children living in residential care was seen to reduce nationally between 1991 and 2005. Pre-unitary Cardiff was part of South Glamorgan Council, at the time the Council operated 36 small group homes but in 2011 only 2 remain.
- 3.2 Changes in the regulations regarding the provision of foster care in 1996 expanded the market place, and enabled the development of independent foster placement providers. Prior to this date local authorities were sole providers of this service. The Care Standards Act 2000 set in place a framework for regulation intended to ensure that minimum quality standards were maintained nationally in both foster and residential care, across both local authority and independent sectors. These measures (The National Minimum Standards) have contributed to a driving up of quality.
- 3.3 The legislative context has increasingly been driven by the need to improve the safeguarding of vulnerable children including looked after children. It includes the Children (Leaving Care) Act 2000, the Adoption Act 2002, and the Children Acts 2004 and 2008. The Welsh Assembly Government introduced the Placement of Children Regulations (Wales) 2007 as part of a set of regulations and guidance aimed to improve practice.
- 3.4 The focus of this latter legislation concerns the placement arrangements for all children with a focus on those who are placed in resources located outside the geographical boundary of the Local Authority. Attention is drawn to planning for the placement and arrangements concerning health, education and social care, and requires for these arrangements to be in place *prior* to any child being placed either within the city or 'out of area'.
- 3.5 Within the guidance 'Towards a Stable Life and Brighter Future 2007', Welsh local authorities are required to have regard to the Children's Commissioning Support Resource (CCSR), when seeking placement for children. CCSR is a database of all placement providers offering appropriate resources managed by the Local Government Data Unit, Wales.
- 3.6 All of the Council's actions and activities are governed by legislation or guidance which in turn is influenced by national events. For example, from 2005-08 Cardiff had witnessed a decline in the number of looked after children aged under one year of age. However since December 2008 an increase has been observed. This may have been a reaction to the death of baby P in Haringey and the volume of publicity surrounding the criminal case that resulted. Similar fluctuations were experienced

after the publication of Lord Lamming's Report into the death of Victoria Climbié in 2005. Such influences are difficult if not impossible to predict in forecasting future placement need but this strategy must take account of such influences in its forward planning.

- 3.7 The decision to remove a child from their family is one of the most significant decisions a local authority can make.
- 3.8 The matching of the child to existing resources is equally dependent on placement providers having suitable and available placements to meet the identified need. Although systems and processes are in place to facilitate an appropriate match, the process is not an exact science, and is subject to influence by not only the behaviours and attitudes of children, but also the competencies, skills and life events of carers.
- 3.9 In Cardiff, consequences have included a sharp rise in costs, not totally attributable to higher quality. A reduction in the number of in-house foster carers has meant an increased number of children have had their placements commissioned from independent fostering agencies by the Council. Similar impacts have been experienced by other authorities.
- 3.10 Since March 2000 the numbers of looked after children in placements has increased by 25% (90 placements). The period of most significant change is in the five year period between March 2000 and March 2005. Since April 2005 to the current year the growth is 3% (11 placements). The growth is attributable to the growth in foster care placements as residential numbers have remained relatively stable.
- 3.11 There are two specific reasons for the continued increase in spend. The first is the significant shift in the proportion between the use of in house and independent provision, the latter being much more expensive. Table 1 illustrates this shift and shows in house provision provided 90% of the placements in March 2000 but reduced to 39% during December 2010. Secondly, the majority (81%) of children in residential care as at 31.12.10 are placed in independent sector placements because of their higher needs and more challenging behaviour. Back in 2000 where 83% of residential placements were provide in-house, those children today would be accommodated in foster care. As at 31.03.10 more than half the residential placements in the independent sector are for children with disabilities but could not have been accommodated in the in-house provision that was available in 2000. (See Table 2).

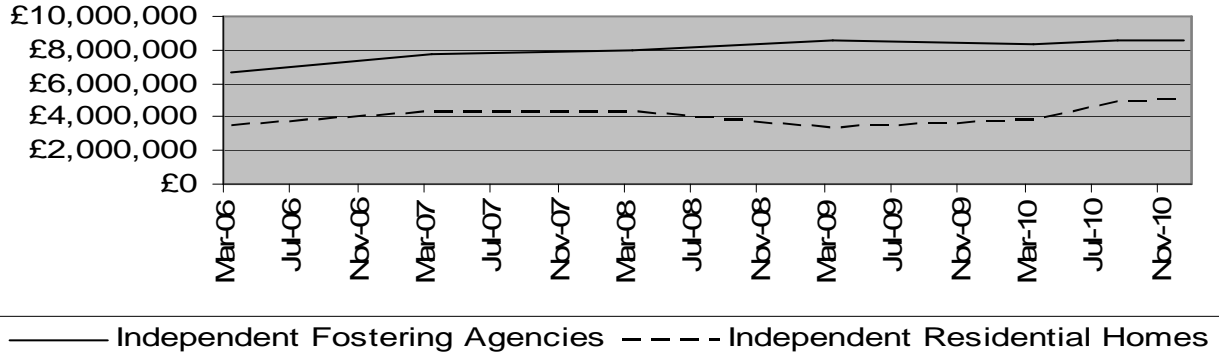


<b>Table 1                      Looked After Children Placements</b>						
<b>Provider:</b>	<b>March 2000</b>	<b>March 2005</b>	<b>December 2010</b>	<b>Variation 2000 - 05</b>	<b>Variation 2005 - 10</b>	<b>Variation 2000 - 2010</b>
Foster Care In House	292	208	168	-29%	-19%	-42%
Foster Care Independent	28	187	245	+568%	+31%	+775%
<b>Total Foster Care</b>	<b>320</b>	<b>395</b>	<b>413</b>	<b>+23%</b>	<b>+5%</b>	<b>+29%</b>
Residential In House	33	18	8	-45%	-56%	-76%
Residential Independent	7	26	35	+271%	+35%	+400%
<b>Total Res Care</b>	<b>40</b>	<b>44</b>	<b>43</b>	<b>+10%</b>	<b>-2%</b>	<b>+8%</b>
<b>Total Foster &amp; Residential</b>	<b>360</b>	<b>439</b>	<b>456</b>	<b>+22%</b>	<b>+4%</b>	<b>+27%</b>
<b>Other Placements</b>	<b>105</b>	<b>55</b>	<b>67</b>	<b>-48%</b>	<b>+22%</b>	<b>-36%</b>
<b>TOTAL LAC</b>	<b>465</b>	<b>494</b>	<b>523</b>	<b>+6%</b>	<b>+6%</b>	<b>+12%</b>

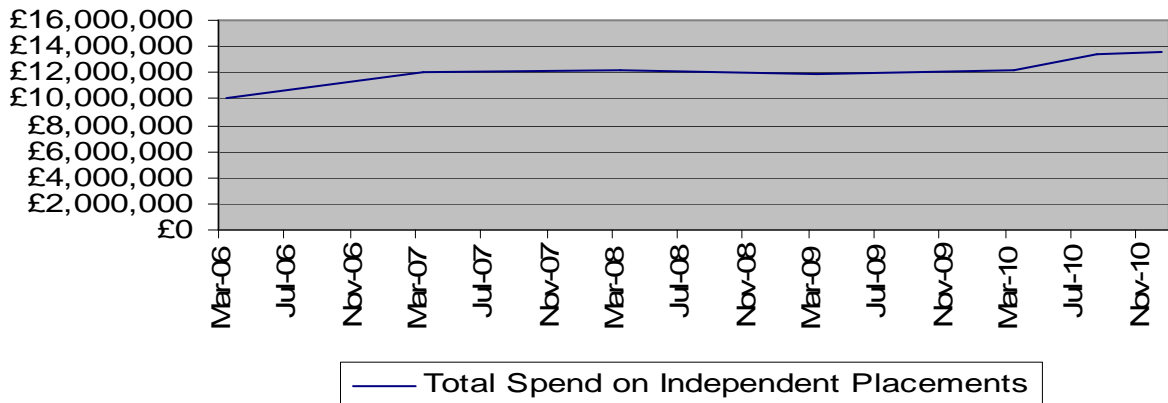
<b>Table 2                      Looked After Children with Disabilities Placements</b>		
<b>Year</b>	<b>Total Placements for Children with Disabilities during the year</b>	<b>Numbers of Children with Disabilities as at year end</b>
2003/04	20	15
2004/05	18	12
2005/06	14	13
2006/07	13	13
2007/08	17	13
2008/09	16	14
2009/10	22	18
2010/11 – up to 30.11.10	21	18

3.12 The increased dependency on the independent sector for placements and the increase in the numbers of looked after children has seen spend on independent sector placements rise significantly from £10m in 2005/06 to a projected spend of £13.6m in 2010/11 but with a budget of £12m. This includes an annual saving of £200,000 over the last two years due the freeze on inflationary increases charged by the independent sector.

### Cost of Independent Fostering & Residential Placements



### Total Spend on Independent Placements



- 3.13 The unit cost of in-house foster care is significantly lower than the independent foster care agencies. However the following table shows Cardiff does not compare favourably with these agencies in the level of allowances paid to the foster carers. This maybe a factor in recruitment of in-house foster carers.

**Weekly Carers Allowances 2010/11**

Agency 1	£428.08	Agency 13	£349.53
Agency 2	£420.00	Agency 14	£345.50
Agency 3	£416.00	Agency 15	£345.00
Agency 4	£415.66	<b>Cardiff Band 3 (5-10 years)</b>	<b>£329.28</b>
Agency 5	£408.60	<b>Cardiff Band 3 (0-4 years)</b>	<b>£310.54</b>
<b>Cardiff Band 3 (16+)</b>	<b>£408.17</b>	Agency 16	£300.00
Agency 6	£397.00	<b>Cardiff Band 2 (16+)</b>	<b>£297.20</b>
Agency 7	£392.02	<b>Cardiff Band 2 (11-15 years)</b>	<b>£255.88</b>
Agency 8	£378.00	<b>Cardiff Band 1 (16+)</b>	<b>£232.34</b>
Agency 9	£372.00	<b>Cardiff Band 2 (5-10 years)</b>	<b>£218.31</b>
<b>Cardiff Band 3 (11-15 years)</b>	<b>£366.85</b>	<b>Cardiff Band 2 (0-4 years)</b>	<b>£199.57</b>
Agency 10	£366.00	<b>Cardiff Band 1 (11-15 years)</b>	<b>£191.02</b>
Agency 11	£355.50	<b>Cardiff Band 1 (5-10 years)</b>	<b>£153.45</b>
Agency 12	£355.20	<b>Cardiff Band 1 (0-4 years)</b>	<b>£134.71</b>

- 3.14 Of the 530 looked after children as at 31.03.10 just under 91% had less than 3 or more placement moves during 2009/10, suggesting a level of stability. However it is a decline from previous year's performance. The 9% (46 in number) represents a small group that are difficult to place. There is not sufficient choice available and frequently there aren't suitable placements at all. Hence children and young people are 'safely' but inappropriately placed which leads to placement breakdown, an unnecessary disruption. This can lead to an expensive placement as the young person has become labelled as a 'hard to place'. If a suitable range of quality and affordable placements were available it would enable us to break this pattern of response. Many of the harder to place children and young people are frequently placed outside the boundaries of Cardiff creating more issues in relation to accessing health and education services as well as their contact with family and friends.

#### 4. Partners:

- 4.1 No individual agency is able to meet the needs of a child as a whole. The introduction of the Placement of Children Regulations (Wales) 2007 requires agencies to work in partnership, to discuss potential placements and to agree arrangements prior to the child being placed.
- 4.2 As lead service for looked after children, Children's Services are responsible for the provision of accommodation. Education and Health have responsibility for their own area of provision wherever the child is placed. Where ever that placement is located will determine who delivers that service. If the child is placed 'out of area', then partner agencies are required to advise if services within the host authority, or within the proposed placement are suitable and meet the child's assessed needs, and where appropriate, partner agencies are expected to share financial responsibility.
- 4.3 Historically, placements were identified first and partner agencies were expected to back fill their services after the child was placed. Often there was disagreement and delay, as consultation did not take place in a timely way. Processes currently in place are more inclusive and involve partner agencies at various stages within the multi-agency planning process, (for example involvement of partner agencies within the Matching Needs and Services Panel and the Out of Area Panel). In doing so partner agencies are able to contribute to the planning process, and confirm the agreement or objection to using a specific service or resource.
- 4.4 **Children and Adolescent Mental Health Services (CAMHS)** provide a range of intervention and treatments, offering help at secondary and tertiary level of referral to children and young people who experience abnormalities of emotions, behaviour or social relationships sufficiently marked or prolonged to cause suffering or risk to optimal development in the child or distress or disturbance in the family or community that cannot be resolved solely with the help of primary services. The age range is from birth up to at least the compulsory school leaving age and young people remaining in education. This also applies to young people who leave school after the compulsory school leaving age (N.B. the definition of school leaving age is to be resolved. For Children's Services it is important that this includes settings such as sixth form colleges). CAMHS provides to a defined standard the following services:
- Diagnosis
  - Assessment (including emergency referrals)
  - Treatment
  - Prevention
  - Liaison and consultation in relation to psychiatric disorder in children, including statutory and legal work, education, teaching and training for parents and carers, social workers.

CAMHS accepts referrals of young people placed in a range of looked after settings, some of which may not be in stable placements at the time of referral or may be placed out of area. The service will assist carers to develop an understanding of the mental health and placements needs of the child/young person they are caring for and how best to promote their healthy development. The CAMHS Clinical Director will liaise with the local CAMHS in respect of Looked After

Children who are placed out of area. Cardiff CAMHS will also undertake some direct work with children/young people who are placed by Children's Services within close proximity to Cardiff.

- 4.5 Cardiff & Vale University Health Board provide a **specialist nurse for Looked After Children** from the Children First Health Team. The specialist nurses provide health information and advice for young people, carers and staff in looked after services. Nurses will liaise with nominated 'link ' workers in residential services. The nurses undertake the statutory health assessments for all looked after children, provide a drop in service for young people, carers and staff where appropriate and attend statutory meetings to ensure continuity of health needs for all looked after children are monitored.
- 4.6 **Cardiff Council Youth Mentoring Programme** provides one-to-one mentor support to Cardiff Council's looked-after young people and those at risk of entering the local authority care system, which may be experiencing difficulties within the education system. The programme aims to reconnect young people with education in an effort to increase attendance and achievement. The referral criteria are very specific and referrals can only be accepted via the School Liaison Team and Children's Services Support and Intervention Team.
- 4.7 **The Better Futures for Looked After Children project** aims to make the welfare and wellbeing of looked after children and young people an explicit corporate priority. It will do this by ensuring that looked after children have access to responsive support services and by building on a corporate commitment to improving outcomes for looked after children. The project is multi-agency and is currently involving Children's Services and Schools Services, to focus on improving the educational outcomes of looked after children, but drawing in other professionals or organisations as required. In future phases the project will focus on health outcomes. Progress is being reported to the Corporate Parenting Panel.

## 5. What Works:

### What works in Cardiff Council

- 5.1 Cardiff, along with nine other local authorities, is a member of **the South East Wales Improvement Collaborative (SEWIC)**. There have been significant achievements in working collaboratively. From April 2008 Cardiff piloted the individual placement tendering process (IPT) which is an open and transparent procurement process for placements for looked after children from the independent sector. All SEWIC local authorities have now implemented this process. A regional unit for SEWIC has been funded and has been operational since August 2009. The unit negotiated an inflationary price freeze from April 2009, saving Cardiff approximately £400,000. The price negotiations also introduced standard prices and discounts for volume, sibling and long term placements. The SEWIC Unit have also completed verification of all fostering and residential independent providers used by the SEWIC local authorities, more than 180 in number. An agreement is in place to allow local authorities to access each other's in-house placements. Work is currently on going to develop a model to calculate in-house unit costs. The next stage is for SEWIC to develop a framework which in the longer term will contribute to increasing the availability of local placements in each SEWIC local authority.
- 5.2 **150 Thornhill Road** is a purpose built eight bedded in-house residential home and will open in 2011. The unit cost will be higher than the remaining residential home Crosslands as it will be able to accommodate young people with higher needs but will still be cheaper than the equivalent external provision.
- 5.3 **Ty Storrie** is a purpose built residential respite provision for children with disabilities and will open in 2011. Delivery of the service has been commissioned from Action for Children but Cardiff Council own the building.
- 5.4 The Council's **Corporate Parenting Strategy** aims to ensure that the Council, as the Corporate Parent of children who are looked after by Cardiff Council, provides a quality of care and service for looked after children to ensure that they:
- are safe and well looked after wherever they may be placed, and that this includes them being valued and treated with respect unconditionally
  - have knowledge, that is appropriate to their age and understanding, of what the care plan is for them, in the short, medium and longer term, so that they know, and can be confident about, what they can expect to happen, have a sense of permanence in respect of their living arrangements and their relationships with the people they live with, and look forward to adult life with a sense of positive anticipation
  - have access to health and education services that can meet their needs and will ensure positive outcomes for them
  - have, and are supported in making positive use of, opportunities for contact with their family and friends unless there is evidence that such contact would involve risk of significant harm to the child

- have, and are supported to make positive use of and benefit from, play, leisure, sporting and cultural activities
- can be appropriately dependent on adults for their care and acquire increasing independence and responsibility as they grow up so that they enter adulthood as active citizens with the knowledge and skills they need to be able to access resources and exercise their rights and responsibilities in adult life
- develop an understanding of their own needs, and the needs of others, and the management and consequences of behaviour.

The Corporate Parenting Panel is made up of Members and Officers of the Council and meet bi-monthly.

5.5 The purpose of the **Matching Needs with Services Panel** is to:

- Identify packages of support to enable children to remain with their families
- Ensure that effective support is in place for looked after children to return home in a timely way if appropriate
- Ensure effective support is in place to prevent placement breakdown and promote placement stability
- Identify support to enable children with complex needs placed in specialist provision out of area to return to a local placement if appropriate.

5.6 The purpose of the **Out of Area Panel** is to:

- Determine that there is no placement in the area capable of meeting the child's needs or that an out of area placement is more consistent with the child's welfare
- To satisfy themselves that the child's education and health needs will be met within the placement.

5.7 The purpose of the **Permanency Panel** is to consider the permanency plan for all looked after children who remain in care for more than 3 months.

5.8 The purpose of the **Looked After Children Tracking Group** is to:

- monitor progress in relation to LAC cases to ensure that timescales are adhered to and desired outcomes are achieved
- highlight LAC cases that need to be re-referred to the panel because they have become difficult to move on and where further intervention is required in order to meet the aims of the child care plan
- notify the Matching Needs with Services Panel of the LAC cases referred to above so that the panel can ensure that they are re-referred.

## What Works: Messages from Research and Experience of other Local Authorities

5.9 The enduring themes from research and best practice about services to meet the needs of looked after children are as follows (source: What Works in promoting good outcomes for LAC – SSIA, 2007):

- Choice of placement is a fundamental safeguard for looked after children.
- Local placements are generally best. Research has identified that local placements generally produce better outcomes for looked after children, whether they are provided by local authority or voluntary/private sector. The better outcomes achieved by children placed locally may be the result of a combination of factors, such as: proximity to family and friends; greater scope for good co-ordination of services at a local level; better contact between child and social worker, and ease of supervision.
- Where possible, kinship care should be explored first. Research suggests that these placements are popular both with young people and the relatives and family friends who provide it, and can be more stable and longer lasting than the alternatives where adequate levels of support are provided.
- Foster care is usually preferable to residential care. Whilst some children will need residential care, many looked after children, and particularly younger children, should and can be looked after in foster placements, or placed for adoption. In order to place sufficiently large numbers of looked after children in foster care, including those who are traditionally harder to place, some authorities have developed salaried or treatment foster care models, supported by a range of support or 'wrap around' services.
- There is a continuing role for good quality residential care services. Some children and young people are likely to continue to need residential placements at some time, for example due to their high level needs, challenging behaviour, or personal preference.
- Good matching processes are associated with better outcomes for looked after children and young people. Ideally, research suggests that these processes should include attention to the characteristics of foster parents or key carers, so that care givers and children can be beneficially matched in order to avoid unnecessary discord, friction, confrontation, and placement breakdown. Preparing a carer for placement by providing as complete a picture of the child as possible, including aspects of the child's background, personality and likely needs have also been shown to be important factors in determining placement stability. Informed choices and careful assessment can help to prevent a child's sense of rejection and a carer's feeling of failure.
- Good care planning and case management / tracking are fundamental to improved outcomes for looked after children and young people.
- Better outcomes are achieved for looked after children where there is access to responsive support services designed to increase resilience and reduce



problems. Examples include: education support and mental health support services.

5.10 **What works in Foster Care** - evidence suggests that the following can have a positive impact on an organisation's ability to recruit and retain foster carers successfully:

- Targeted recruitment schemes (for particular types of carer).
- Improved initial responses to potential carers (efficient and business-like) to maximise the proportion of 'firm' applications. Some agencies have developed 'business centres' in prominent locations, including, late opening hours, or have commissioned other organisations to improve recruitment practice.
- Clear, honest information during the recruitment process.
- Local advertising and in particular word of mouth approaches to recruitment (national campaigns are probably less cost-effective). Examples include one-off introduction payments to existing carers.
- Higher levels of financial or other rewards or payments, including loyalty payments and certificates.
- Involvement of existing carers in recruitment and retention work, for example in speaking to prospective.
- Foster carers, producing marketing materials.
- Providing carers with development opportunities, for example encouragement and training to become family group conference organisers, or advocates for fostered children.
- Improved support for carers (for example peer mentors, access to respite care, access to out of hours, advice, and support from specialist advisers regarding particular child issues, such as behaviour).
- Carers being treated with respect and 'as part of the team' by professionals.

5.11 There is increasing interest in short-term innovative foster care models, including 'Support Foster Care', which is based on a Canadian model where foster carers work with the child and their family. International research seems to show that appropriate parental involvement within looked after placements are associated with better outcomes for the child or young person.

5.12 In the United Kingdom, support foster care schemes have been developed to work with young people at risk of becoming accommodated and their families to provide flexible breaks and prevent long-term family breakdown. Support foster care schemes aim to alleviate some of the difficulties of traditional foster placements, through providing:

- Support to families in crisis.
- Placements that are time limited and agreed.
- A wide variety of placement options from occasional day care to regular weekends.
- A tailor-made service for each family.

- 5.13 An example of good practice in another Local Authority is the Bradford Support Care which provides a part-time flexible fostering service. This service aims to prevent long-term family breakdown by offering families support from part-time foster carers for planned, time-limited periods. The placements are used to create a breathing space for families when they are experiencing difficulties, and offer realistic alternatives to full time foster and residential care
- 5.14 Some local authorities have developed professional foster carer schemes, whereby the carers' full-time employment becomes the care of the young person. These schemes may be provided in-house or through the independent sector and generally aim to provide placement and other services for young people considered 'difficult to place' because of their behaviour or because of a number of previous placement breakdowns. They are also sometimes developed to reduce the pressure for out-of-area placements. The City of York Council and Wiltshire Council have developed good examples of these schemes.
- 5.15 Treatment foster care is a very specific form of intensive or specialist fostering, which emphasises a clinical approach to interventions for young people with very challenging behaviour who are self-harming and/or are at risk of custody. Children are referred to treatment foster care programmes in order to address their serious levels of emotional, behavioural and medical problems. There are particular features which make treatment foster care distinct from traditional foster care:
- An above-average level of support, training and remuneration of carers.
  - Often a teenage user group with challenging behaviour.
  - A coordinated method of working that aims to address behaviours in the home, school, and community.
  - Clinical staff, including psychiatrists, available to support the placement.
  - A specified length of stay.
- 5.16 **What works in Residential Care** - the 2006 study of residential care carried out for the Welsh Assembly Government identified the following factors associated with successful residential homes and better outcomes for looked after children and young people:
- Good quality leadership, including a manager who feels in control and supported.
  - A clear strategy to make the home as child-oriented as possible.
  - Interventions with individual children and young people which are evidence-based and designed specifically to meet their needs.
  - The manager leads a staff team committed to implementing these plans.
  - The home is either small, or good practice is not prevented by the larger size of the establishment.

- 5.17 There is growing interest in a social pedagogic approach to residential care provision, in which learning, care; health and general wellbeing are seen as inseparable. The role of the social pedagogue is central, as a key person to support the child's overall development.
- 5.18 Bristol's Collaborative Service (BCS) is a good example of a collaborative approach to foster care and residential care. It is a locally based, multi-professional project which provides 'wraparound' support in community and residential settings.
- 5.19 BCS provides a purpose-built residential unit for four young people aged 10-14. The unit and its staff are supported by a multi-professional community team, which also supports six children and young people in community settings (at home, in foster care or other residential placements). Children and young people at BCS experience: a therapeutic environment; a structured behaviour management programme to address each child's needs; educational input; structured activities; therapeutic input, and work with their birth family.

## 6. Action Plan:

In March 2011 a programme of work commenced to develop the Placement Strategy delivery plan. Officers are using **Result's Based Accountability** (RBA) methodology to identify actions that need to be undertaken in order to achieve the five outcomes for looked after children young people identified in the Placement Strategy. Outcome group sessions have been convened between March 4<sup>th</sup> – April 7<sup>th</sup> to consider each of the five outcomes identified, and using the seven RBA questions for Population Accountability, the groups will identify indicators for measuring if the desired outcomes have been achieved and a small number of actions that need to be implemented in order for the Strategy to achieve its desired outcomes for Cardiff's looked after children and young people. Work on the delivery plan, is expected to be completed by the beginning of May 2011.