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Appendix 1

Child Looked After and Care Leavers Strategy 2018 - 2021



Appendix 1

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1) Foreword

As the Cabinet Member for Children and Young People, I would like to share this three year strategy which is central to improving services and outcomes for children looked after and care leavers in West Sussex.

At the County Council we take our role as Corporate Parents seriously and willingly and are committed to ensuring that children who become looked after and then care leavers have everything that any good parent would want for their children.

This strategy builds on the themes of its predecessor. Success will require a **coordinated and sustained effort across Children's Services**, the council and its partners within the statutory and voluntary sector. Each agency has a clear understanding of their roles and responsibilities and we will ensure that we continue to work together to support the delivery of high quality services.

A major strength of this strategy is that the children who are looked after and care leavers have been consulted on its development. This means that it reflects what <u>they</u> say makes a difference in their lives. This is in addition to the contributions of partner agencies, which gives us confidence that there is a real ownership of the strategy and associated improvement plans. I am particularly delighted to see that recommendations from our last OFSTED visit are embedded within this strategy as they are key pointers to providing a good service and the best outcomes for our young people.

The Multi-Agency Child Looked After Implementation Group (MACLAIG) will drive on-going development through continuous review of the actions required to bring about change. There will also be ongoing engagement of children, young people and partner agencies who, together with the Corporate Parenting Panel; will also hold us to account and ensure we achieve the targets set.

Our role as corporate parents is significant and we will discharge this responsibility with collective accountability. By doing so, we will ensure that all our young people are happy, healthy and safe and have every opportunity to reach their potential and develop into confident, independent adults who can take their rightful place in our community.



2) Introduction

Corporate parenting is the term used to describe the duties and responsibilities of the Local Authority to safeguard and promote outcomes for children in care.

The central principle of corporate parenting is that all elected members, council employees, departments and directorates should consider children in care as if they were their own children and seek to provide only the quality of care which would be considered good enough for their own children.

Children and young people, who are looked after by their local authority rather than their parents, are amongst the most vulnerable groups in our society. As corporate parents, it is our responsibility to keep them safe, make sure their experiences in care are positive and improve their on-going life chances. We must approach this parenting role with as much passion and commitment as any family would and ensure that our looked after children have the opportunity to reach their full potential.

As corporate parents we are committed to do our very best to improve outcomes for children in care and to this end we have made a pledge to our children to honour a national charter for our care leavers. Our challenge is to deliver on these pledges, putting these children and young people at the heart of all that we do so that they have the opportunities they need to fulfil their potential.

The Children Looked After and Care Leavers Strategy (2018 to 2021) describes how the County Council alongside its partners will develop and improve current arrangements for Children Looked After (CLA) and care leavers at all stages of their multi-agency care journey and provides the framework via an annually produced multi agency improvement plan to achieve that change. It builds on and develops the achievements of the previous strategy (2014 to 2017) and enshrines the commitment to being a successful corporate parent and working with partners to provide the best possible outcomes for the children in our care.

The voice of our children is central to this strategy and they will alongside the Corporate Parenting Panel, hold us to account in terms of our effectiveness in delivering against it.



Annie MacIver Director of Family Operations

3) Purpose

Children who have become looked after are more likely to have negative life experiences that result in poorer outcomes in terms of health (including emotional health and wellbeing) lower educational attainment resulting in reduced employment prospects and are more likely than average to be engaged with the youth justice system. We need to be able to improve these outcomes and life chances. Improving outcomes for children who are looked after must be based upon good data analysis to enable us to implement solutions that lead to significant improvement in life chances. This will enable us to monitor and evidence change and drive through improvements in services.

In order to develop a plan for the future with clarity and purpose we need to understand the problems we are trying to address. Therefore, underpinning this strategy is the *Joint Strategic Needs Assessment (2017) for children who are looked after*. This defines the current and future health and care needs for children who are looked after and is essential to enable us to accurately develop and commission services which meet that developing and changing need.

We must also be realistic that resources are limited and therefore we must be assured that not only can we deliver the best services and outcomes for young people, their families and carers, but that these services provide the best value for money. This is a challenge and we are ready to address that challenge.

The last published report by Ofsted of the West Sussex service for children in need of help and protection, children looked after and care leavers; resulted in **an outcome of 'requires improvement'. Since then there has been a monitored** action plan to identify gaps and plan improvement priorities with the ambition to **achieve at least a 'good' rating at the next inspection. This strategy** links to and further develops that work plan.

In order to deliver the services and support which will enable our children who are looked after to achieve their potential, it is essential to have a flexible and responsive operating model which **reflects a 'whole system' integrated approach** to supporting children and families and the governance that enables us to deliver that plan. This can only be achieved with the commitment of our multi-agency partners, families, carers and the young people themselves.

The strategy describes how we will continue to develop and progress our current arrangements for children looked after and care leavers at all stages of their multi-agency care journey. The strategy is supported by a multi-agency implementation plan which monitors progress and help us to achieve continuous improvements.

4) Principles

The underlying principles for this strategy are as follows:

- The strategy will relate to all CLA and care leavers in West Sussex, including West Sussex CLA placed out of our geographical area.
- Views and aspirations of CLA and care leavers will be central to all of the work we do, building on their strengths and encouraging them to develop positive aspirations for their future which they can fulfil.
- It will include all children placed for fostering and adoption, children subject to Special Guardianship Orders (SGOs), Child Arrangements Orders (CAOs) and those transitioning to become Care Leavers.
- In line with 'Keep on Caring' (HM Gov July 2016) this document recognises the statutory duty to care leavers to age 25.
- This is a partnership document led by WSCC, but owned jointly with key partners and stakeholders as corporate parents and by our Children themselves.
- The strategy will be 'action-focussed' in terms of improving the life chances, outcomes and opportunities for all CLA and care leavers; to enable them to achieve their full potential.
- Embedded within the strategy is the recognition that there are some specific issues for which CLA be could be at proportionally higher risk – for example, Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM).
- The annual multi-agency implementation plan which accompanies this strategy will be specific and targeted and set against the key identified outcome themes. These will be monitored with identified improvement targets and a named responsible lead agency to attain those targets.
- Whenever safe and possible to achieve the aim will be to keep families together and to minimise the number of children who need to be looked after.
- For all children we want to ensure that the 'right child, right time and the right place' **principle is adopted** and that they have a **P**ermanence **P**Ian that gives them stability for the present and future.

5) The demographic picture of children looked after in West Sussex

The number of children looked after by West Sussex County Council remained stable between 2015 and 2016, due in part, to the slight increase in the number of Unaccompanied Asylum Seeking Children (UASC). During 2016 and 2017 the numbers of both cohorts rose slightly.

With some minor fluctuations, the number of children who ceased to be looked after has remained constant since 2012, whereas the numbers who started to be

looked after has risen over this period (Figure 1.1). During 2017 the numbers of children who started to be looked after and those who left our care were similar.

Nationally there has been a steady rise in the number of children looked after from 67,070 in 2012 to 72,670 in 2017. This rise was evident even when the numbers of UASC were excluded. The rise in UASC between 2016 and 2017 was smaller than in previous years.

In England the number of children who started to be looked after and the number who ceased, increased between 2012 and 2016 and the numbers of both cohorts were similar throughout this period. During 2017, the number of children who started to be looked after continued to rise whereas the number of those who ceased to be looked after fell slightly (figure 1.2).

Figure 1.1: Number and characteristics of children looked after at 31 March, 2012-2016, West Sussex

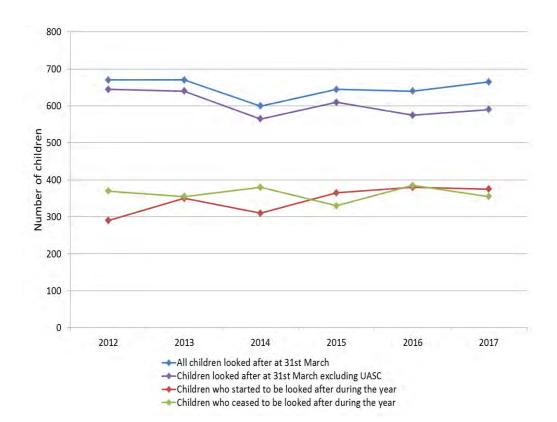
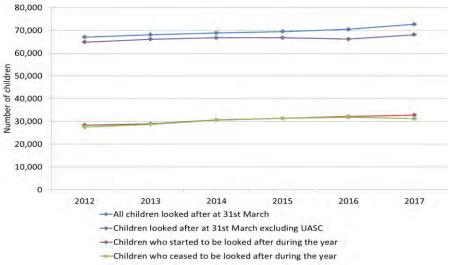


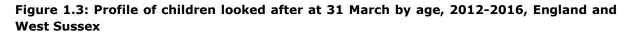
Figure 1.2: Number and characteristics of children looked after at 31 March, 2012-2016, England

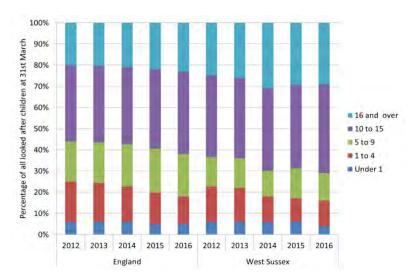


Source: DfE national statistics, Children looked after in England including adoption

The largest age group of children looked after are those aged 10 to 15 years, with those aged 16 forming the second largest group. In 2016, Children aged 10 years and over accounted for over 70% of all children looked after in West Sussex, a rise from 63% in 2012.

Compared with England, the profile of children looked after in West Sussex is older (figure 1.3) with a similar proportion of those aged 4 and under and smaller proportion of those aged 5 to 9 years. However our most recent data in 2016/17, shows an increase in the number of younger children accommodated and a decrease in the older children, moving West Sussex more in line with the national trends.





Legal status of children who are looked after:

Section 31 of the Children Act 1989 - Care Order

The court can create a care order under Section 31(1) (a) of the Children Act, placing a child in the care of a designated local authority with parental responsibility being shared between the parent(s) and the local authority. It can only be made if the court is satisfied that '*the harm or likelihood of harm, is attributable to the care given to the child, or likely to be given ... if the order were not made... or the child being beyond parental control*'. The court may make an interim Care Order (for up to eight weeks initially) to investigate a child's home circumstances.

Section 20 of the Children Act 1989 - Voluntary Care

Under Section 20 of the Act, the local authority has a duty to provide **accommodation for 'children in need'. This** accommodation, either in foster care, residential care, or a kinship placement; can be long or short-term and does not involve the courts. The parent retains full parental responsibility.

The number of children in West Sussex looked after under a Care Order either interim of full, has decreased over the period 2012 to 2016 both in number (from 375 to 295) and in proportion of the total (from 55% to 45%).

The number and proportion of children looked after under section 20 has increased from 35% of the total in 2012 to 44% in 2016. The proportion of children where a placement order has been granted has remained at around 10% of the total.

England has not demonstrated this change in the legal status profile of CLA. Nationally the proportion of children looked after under a care order has remained at around 60% whereas those accommodated under section 20 arrangements is less than 30% of the total. Compared with England (Fig 1.4) proportionately fewer children in West Sussex are looked after under a care order and more are accommodated under Section 20.

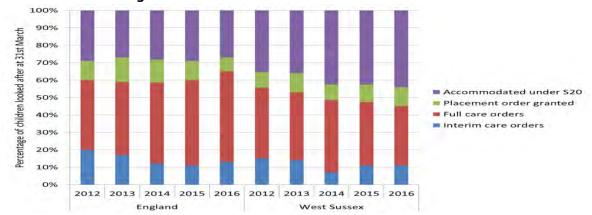


Figure 1.4: Proportion of children looked after at 31 March by legal status, 2012-2016, West Sussex and England

The category of need by which a child becomes looked after and the number of children in each category is shown in table 1.1. Figure 1.6 shows the proportion of children by category, both locally and nationally. The main reason for a child to become looked after is due to abuse or neglect. This number has declined in West Sussex over the period 2012 to 2016, whilst the proportion due to absent parenting has increased.

Part of this increase may be due to the larger than national growth in the number of UASC looked after by West Sussex over this time. The proportion of children who became looked after due to parent **and child's illness or disability is** larger in the West Sussex population than in the national population at 12% compared with 5% nationally.

Table 1.1: Number of children who started to be looked after in the year ending 31March, by category of need, 2012-2016, West Sussex

| | Year ending 31 March | | | | |
|-------------------------------|----------------------|------|------|------|------|
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| Abuse or neglect | 155 | 195 | 150 | 185 | 180 |
| Child's disability | 15 | 10 | 10 | 15 | 20 |
| Parents illness or disability | 10 | 15 | 20 | 25 | 25 |
| Family in acute stress | 35 | 45 | 45 | 40 | 25 |
| Family dysfunction | 25 | 30 | 30 | 15 | 25 |
| Socially unacceptable | <5 | 10 | 5 | 15 | 5 |
| behaviour | < 0 | 10 | 5 | 10 | 5 |
| Low income | <5 | 0 | 0 | 0 | 0 |
| Absent parenting | 35 | 40 | 45 | 65 | 90 |

Source: DfE national statistics, Children looked after in England including adoption

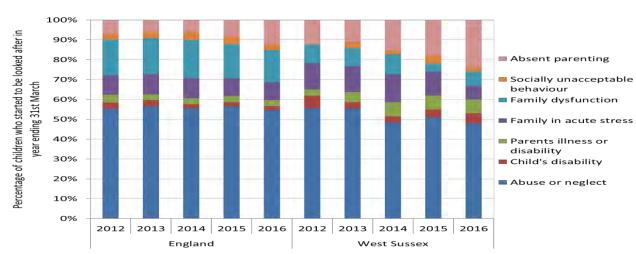


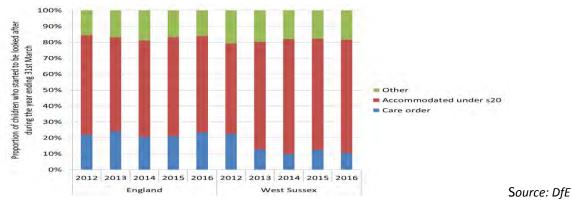
Figure 1.6: Profile of children who started to be looked after in the year ending 31 March, by category of need, 2012-2016, West Sussex and England

Source: DfE national statistics, Children looked after in England including adoption

Figure 1.7 shows the legal status of children who started to be looked after during the year ending 31st March for West Sussex and England. Locally and nationally the majority of children who started to be looked after were under section 20. Nationally, the proportion of children looked after under section 20 and care orders has remained fairly constant over the period 2012 to 2016, fluctuating around 60% and 23% respectively.

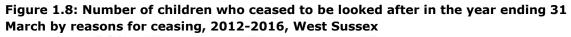
In contrast, the proportion of children who started to be looked after under Section 20 in West Sussex has increased over this time from 57% in 2012 to 71% in 2016, whereas the proportion of children who started to be looked after under a Care Order has decreased from 22% in 2012 to 10% in 2016.

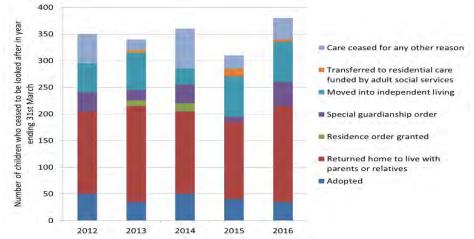
Figure 1.7: Children who started to be looked after during the year ending 31 March by legal status on starting, 2012-2016, West Sussex and England



national statistics, Children looked after in England including adoption

The main reason for children leaving care is to return home to live with a parent or relative (figure 1.8). In most of the years shown, moving into independent living is the next most common reason. A further 10 to 15% of children leave care following adoption.





Source: DfE national statistics, Children looked after in England including adoption

6) Demand projections

If the rate of children becoming looked after per 10,000 children continues to rise in line with the trend seen over the last 18 months (excluding UASC related peaks), this will reach a rate of 42 CLA per 10,000 children by March 2021. This would still be below the current rate of our statistical neighbour authorities and the England average. (Fig 2)

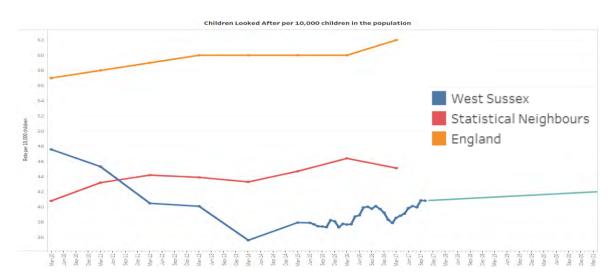


Figure 2.0: Projection of looked after children per 10,000 in the population to March 2021

Figure 2.1: Actual and projected number of children looked after adjusted for population growth.

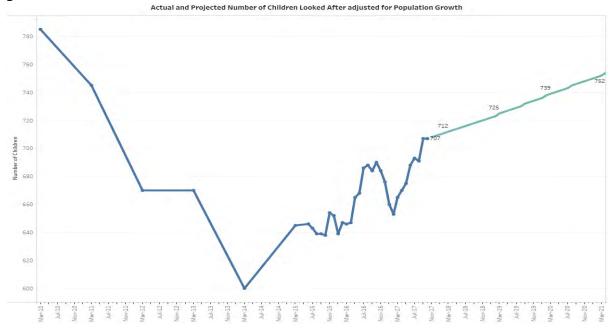
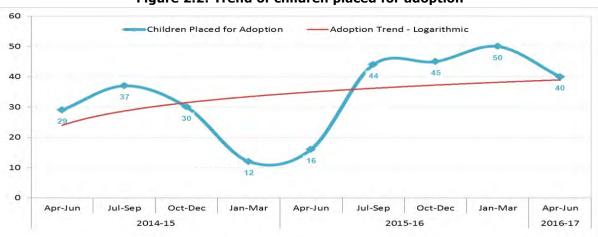


Figure 2.1 shows that we can project a further 45 children will become looked after by March 2021 if the rate of increase continues relative to population growth. This would equate to a 7% increase in the number of children in our care.

Permanence – Adoption

The number of children placed for adoption in each quarter has shown an overall increasing trend despite very low numbers between October 2014 and March 2015. However, the rate of children placed for adoption per 10,000 children in the population and per CLA, is higher in West Sussex than the national average. Figure 2.2 suggests that the current increasing rate is unlikely to be sustained over the next few years and a logarithmic trend is used to project future numbers rather than a linear trend. The logarithmic trend flattens off in 2016/17 and beyond.





7) Key outcome themes

All of the key outcome themes identified in this strategy are essential to ensure the best journey for CLA. Partner agencies will continue to monitor the identified outcomes throughout the life of the strategy against an identified baseline, to ensure overall improvement. However, to ensure that the annual action plan is achievable and realistic, it will focus on a specific number of pre-agreed deliverable changes each year. Each outcome will be championed by a named lead and include timescales by which the outcome should be achieved, coupled with a measure of how success will be monitored and evidenced. A summary of the key themes and actions are as follows:

Table 2.1: Summary of key outcome themes.

| Key theme | Summary of improvement area | | | |
|---|--|--|--|--|
| Happy and Healthy | Use of the SDQ data to understand the emotional health and wellbeing of our CLA and to improve these services. Recording and evaluation of health related data to assure accuracy and to enable identification of the health needs of our CLA as a whole population. Provide timely health assessments and general health appointments for children who are looked after. | | | |
| Education, employment and training | Completion of PEPs and quality of personal education planning. Quality of post 16 planning for education. Increase in attendance levels. | | | |
| Placements and residential care | Increased work with the provider market to ensure we have the best possible range of placement options available within West Sussex. Reduce the number of young people placed out of area. Better choice and range of non- planned and same day placement options. | | | |
| Planning for permanence | Improve consistency of planning around permanence by increased training to ensure key staff have appropriate skills and demonstrate best practice. Develop a process to make fostering placements permanent which improves timescales from children being given a placement order to being placed with adopters. Work towards all CLA having a pathway plan by their 16th birthday. | | | |
| Staying safe and building resilience | Better co-ordination between multi-agency partners working with the highest risk young people to improve their resilience and reduce risk taking behaviours. Availability of local placements when children become homeless in an emergency or unplanned way. | | | |
| Transition, leaving care and preparing for adulthood | Pathway plans to be in place for all CLA by age 16. Children have a completed health passport detailing their medical history in an accessible format on leaving care. Improve access to the local health services through transition at 18 and prioritisation post 18. | | | |
| Unaccompanied asylum seeking children | Develop a clear education offer, understanding what colleges can offer and how this can be accessed. Further improve links with local communities in terms of cultural support. Develop a robust safety planning process in partnership with Police and immigration Services. | | | |

| | Provision of short term placements for a period of assessment, particularly where it is suspected that the child may be over 18 years of age |
|--|--|
| The voice of the child and our commitment as corporate parents | More involvement of children routinely as part of the commissioning of services Improve, enrich and enliven the relationship between CICC and MACLAIG and Corporate Parenting Panel. Increased participation by unaccompanied asylum seeking children. |

The key outcome themes in detail are:

a) Our children are happy and healthy

The Designated Nurse and Designated Doctor have both a clinical and a strategic role for all children looked after placed by the council. They work in partnership with other health and local authority staff and maintain professional links with their counterparts in neighbouring local authorities. They provide advice to the Clinical Commissioning Groups (CCG's) on questions of the planning, strategy and quality standards in relation to health services for looked after children.

The 'looked after children' (LAC) health team comprises of the Named Nurse and Nurse Specialists who are commissioned by West Sussex **CCG's** to improve the health services for our CLA in line with the statutory guidance for promoting the health & wellbeing of looked after children and NICE quality standards. Community paediatricians are involved in undertaking initial health assessments and some review health assessments.

The looked after child health professionals undertake the statutory health assessments and support the children and their carers' with health related issues (including reporting any child presenting with FGM). They work in partnership with social workers to access the health care and emotional support needed by our children. Health professionals work alongside the Medical Advisor for adoption to support the adoption process, providing adoption health assessments and advice to both the agency decision maker and prospective adopters.

Mental health and emotional wellbeing services are commissioned jointly by the council **and the local CCG's. There has been significant increased investment from the CCG's as part of the transformation offer to vulnerable youn**g people in the last 18 months. This includes the commissioning of additional support services for CSE and FGM.

What we currently do well:

- Health assessment rates are comparable with neighbouring local authorities.
- Health surveillan**ce checks for our under 5's** are at 100% which is above the England Average.
- The LAC health team provide holistic health assessments that consider all **the child looked after's health needs and identify actions to meet those** needs.
- Carers completed a strengths and difficulties questionnaire (SDQ) for 95.4% of our looked after children. This sets WSCC significantly above both the England average and the average for the South East.
- The Emotional Health and Wellbeing Strategy specifically highlights the needs of children who are looked after and is co-produced with those young people.
- There is an integrated specialist child and adolescent mental health service for children who are looked after. In addition to supporting the emotional wellbeing and mental health of CLA, they also commission specific CSE and FGM specialist support services..

Where we need to improve:

- Use of the SDQ data to understand the emotional health and wellbeing of our CLA and to improve these services.
- Recording and evaluation of health related data to assure accuracy and to enable identification of the health needs of our CLA as a whole population.
- Prioritise health assessments and general health appointments for children who are looked after.

Key success criteria:

- Children identify themselves as happy and healthy.
- Children have meaningful opportunities to give feedback on health services and participate in commissioning processes.
- Children who are looked after will receive appropriate specialist and dedicated services within agreed timescales including access to initial and review health assessments, dental appointments and emotional health and wellbeing services. This includes those children who are placed outside West Sussex for their care.
- Specialist services will be available which can support the sometimes complex needs of children who have attachment trauma. This includes training for foster carers and adopters.
- Looked after children who have complex health needs and disabilities, will have access to specialist services and equipment and where appropriate short breaks and specialist placements.

b) Education, employment and training

WSCC has a statutory duty to promote a child's educational attainment

regardless of where they live or are educated. The Virtual School Head is responsible for this duty for children who are looked after. Every child looked **after must have a Personal Education Plan (PEP) which is part of a child's care** plan. Children who are looked after tend to have lower school attendance and educational attainment. Joint planning should be improved between education **services and children's social** care to minimise the number of times CLA need to move to a different school during their education. As corporate parents we are ambitious for all our CLA to achieve their academic potential.

What we currently do well:

- Monitor completion of Personal Education Plans (PEPs).
- Monitor attendance of children looked after.

Where we need to improve:

- Completion of PEPs and quality of personal education planning.
- Quality of post 16 planning for education.
- Increase in attendance levels.

Key success criteria:

- All CLA will have an up to date PEP supported by a daily monitoring call to each school where a child attends to ensure attendance.
- Educational needs or requirements of the child will be considered at the outset as part of any placement.
- Except in exceptional circumstances, CLA will receive a full time education offer which supports learning and personal resilience.
- Diminish the difference in progress measures for children looked after
- Reduce the number of children looked after and care leavers who are not in education, employment or training.

c) Placements and residential care

When it is in the best interest of the child to become looked after, it is essential that there is a wide range of high quality placement options available to meet the needs of that child. **The 'sufficiency** duty' requires local authorities to ensure that through provision or commissioning, a range of appropriate placements sufficient to meet the needs of all CLA is available locally or that there is a plan in place to move towards that position.

In line with best practice we aim to make fewer residential care placements and wherever possible, make placements closer to home where that is consistent

with the best interests of the child. For some children a residential home will be the best environment to meet their needs, where this is the case there should be a suitable choice of this type of provision.

Childr**en's outcomes are** generally better when they remain in a family environment, so WSCC is working to increase the number and capacity of inhouse fostering and adoptive placements. **WSCC Children's Services will** continue to improve the quality of the Adoption and Fostering Service, creating a centre of excellence in relation to the recruitment, preparation, assessment, matching and support available for foster carers and adopters with an emphasis on the therapeutic re-parenting of children.

Where children have a disability we will work with health services to ensure appropriate training and equipment is provided through therapy and nursing staff. A significant proportion of disabled children are cared for in school-based settings which are out of our county and have been identified to meet their holistic needs. We will continue to develop and commission services that will enable them to live closer to their families and local communities.

The permanency plan will be to return to a family environment wherever possible and appropriate. For some children however, this will not be possible and therefore accommodation for children between the ages of 16 and 25 is required which provides a transition between care and independence. The 'Pathway Plan' **should draw** on a flexible range of support options and different types of semi-independent accommodation, encompassing different levels of support as children transition to adulthood.

A range of placements are commissioned to meet the needs of children who have come through the care system and are moving towards independence as well as those children who come into care at 16 or 17 year old as Unaccompanied Asylum Seekers.

What we currently do well:

- Increased numbers of CLA being placed in fostering for adoption.
- The council owned and managed Teasel Close Children's Home has had an outstanding Ofsted rating for 9 consecutive years.

Where we need to improve:

- Increased work with the provider market to ensure we have the best possible range of placement options available within West Sussex.
- Reduce the number of young people placed out of area.
- Increase the choice and range of none planned and same day placement options.

Key success criteria:

- Sufficiency of local residential provision including 'in house' to meet changing needs, including increasing numbers of unaccompanied asylum seekers.
- Principles of staying close to home (including Staying Put/Staying Close for care leavers) embedded in placement finding.
- Children are matched to the right placements to meet their needs including their health, education and wellbeing needs.
- Improved evidence that placements are in the longer-term interests of the child, demonstrated by appropriate outcomes based referrals and monitoring, relevant to the specific needs of that child.
- Increased placement stability so children are able to develop and maintain lasting relationships and networks.
- Monitored plans are in place for supporting care at a distance (out of area placements).
- Assurance that placements will provide for value for money.

d) Planning for permanence

Our aim is to provide a stable, long-lasting and appropriate placement which will offer continuity and stability. One where the child feels safe and has the ability to establish and sustain, positive and trusted relationships with carers/adults and maintain networks with friends and family. The permanency plan will be to return children to a family environment whenever possible and appropriate. Placements should support positive transitions to adulthood, education, employment and training enabling Children Looked After and Care Leavers to positively contribute to their local community and wider economy and succeed in independence.

What we currently do well:

- Monthly tracking meetings ensure permanency plans are kept on track, including recommendations, decisions to change plans and revoking placement orders.
- Permanency Planning Co-ordinator is in post and there is a process for consultation and advice on appropriate care planning.

Where we need to improve:

- Improve consistency of planning around permanence by increased training to ensure key staff have appropriate skills and demonstrate best practice.
- Develop a process to make fostering placements permanent which improves timescales from children being given a placement order to being placed with adopters.

• Work towards all CLA having a pathway plan by their 16th birthday.

Key success criteria:

- Fewer children entering care in crisis or moving placements in an unplanned way.
- Strong assessments and good quality chronologies which support care planning, ensuring that decision making processes are robust when children become looked after.
- Decision making is timely and there is a sense of urgency in establishing permanent and stable homes for children who are unable to continue to live with their own families.
- Children are matched to the right placements to meet their needs including addressing their health, education and emotional wellbeing needs.
- Clear pathways and expectations of the process are set and understood by all parties.
- Wherever possible reduce the number of placement moves

e) Staying safe and building resilience

All children and young people have the right to be safeguarded and protected from risk and harm. Some risk taking behaviour can be more prevalent among children looked after. This can include substance misuse, going missing, selfharm and being vulnerable to child sexual exploitation (CSE).

The Local Safeguarding Children Board (LSCB) has the strategic role for leading on the protection of CLA. In terms of protecting the child, action is focused on **the child's needs including consideration of children with** particular needs or sensitivities.

It is recognised that children and young people do not always acknowledge what may be an exploitative and/or abusive situation. All partner agencies have a responsibility to safeguard and work with a proactive, preventative approach focused on early identification and intervention, as well as disrupting activity and prosecuting perpetrators.

Any young person who is reported as missing is referred to our commissioned service who undertake **a 'return to home' inte**rview to support on-going risk management and reduce the likelihood of further missing episodes.

There is a clear child sexual exploitation strategy and procedures which provide practical guidance for social workers and other practitioners dealing with cases where there is suspected child/young person sexual exploitation. Where there is

sexual exploitation of children and young people, this should not be regarded as criminal behaviour on the part of the child or young person, but as child sexual abuse.

What we currently do well:

- Clear service pathways for children at risk of CSE and FGM supported by a multi-agency process.
- Good established processes for children at risk of being missing.
- Arrangements for the identification, intervention and management of significant risk and harm by adults are understood well within formal settings such as the multi-agency risk assessment conference (MARAC) and multi-agency public protection arrangements (MAPPA).
- Available S136 suite (place of safety) for children detained by Police who may be at risk due to their mental health ahead of assessment.

Where we need to improve:

- Better co-ordination between multi-agency partners working with the highest risk young people to improve their resilience and reduce risk taking behaviours.
- Availability of local placements when children become homeless in an emergency or unplanned way.

Key success criteria:

- Swift identification of risk and effective multi-agency response to ensure children are safe and their immediate needs are met.
- Children with specific needs, such as at risk of FGM, sexual exploitation or going missing are identified early and a safety plan is in place.
- Multi agency commitment to safeguarding through the LSCB.
- Development of new high risk adolescent services to identify and address the needs of the most vulnerable CLA in our care, including preventing children becoming looked after.
- All CLA who have an episode of missing are offered a return home interview.
- Access to appropriate and timely emotional health and wellbeing support.
- Appropriate, sensitive and timely services available for children who have been the victims of child abuse, CSE and other forms of exploitative or harmful behaviours (including FGM).

f) Transition, leaving care and preparing for adulthood

A vital part of our role as corporate parents is to prepare the children and young people we look after for their independent adult lives. '*Keep on Caring'*, (HM Gov July 2016) is the first specific strategy for care leavers. It sets out a vision for

the further reform of support for care leavers based on innovation, system reform and the embedding of corporate parenting responsibility across society.

The statutory responsibility of corporate parents extends beyond age 18 and we are obligated to support care leavers and help them access the opportunities they need to succeed in life. Care leavers often remain vulnerable and are over represented in groups such as those not in education, employment or training (NEET), homeless, within the prison population and as users of mental health support services. A combination of care leavers previous experiences and their current circumstances can also put them at greater risk of exploitation.

As children who are looked after move towards leaving care, they have to cope with the demands of living on their own at a young age, including having to manage finances, maintain a home and manage their lives independently, often without family support.

'Keep on Caring' identifies 5 key outcomes for care leavers which we aim to champion. These are outcomes are:

- All young people leaving care should be better prepared and supported to live independently,
- Improved access to education, employment and training,
- Care leavers should experience stability in their lives, and feel safe and secure,
- Improved access to health support,
- Care leavers should achieve financial stability.

What we currently do well:

- Open access support.
- Good range of supported accommodation for 16-24 year olds.
- Personal advisors develop consistent and trusting relationships with young people.

Where we need to improve:

- Pathway plans to be in place for all CLA by age 16.
- Children have a completed health passport detailing their medical history in an accessible format on leaving care.
- Improve access to the local health services through transition at 18 and prioritisation post 18.

Key success criteria:

- Planning for service transitions and moving to the Leaving Care Service.
- Extending existing entitlements so that all care leavers will be able to access support from a local authority Personal Adviser to age 25.

- Where they had developed a good relationship with an adult e.g. a former foster carer, member of staff at a residential home, an independent visitor or social worker; there is the opportunity to maintain this relationship.
- Care leavers are prepared for the challenge of living independently and are equipped with the appropriate skills and support to achieve this.
- Care leavers do well in education or training and all their health needs are met.
- Ensure a mix of accommodation options for 16-24 year olds and commitment to 'Staying Put' and 'Staying Close' arrangements.
- Support care leavers' access to and *achievement* in, further and higher education, employment and apprenticeships.
- All partner organisations to consider how best to promote and improve access for care leavers to employment opportunities.

g) Unaccompanied asylum seekers

The needs and circumstances of unaccompanied asylum seeking children (UASC) share many of the characteristics of other children looked after, but in many other respects they are quite different. As a group, unaccompanied asylum seeking children are unified by their separation not only from their family of origin, but from their community and country of origin and are seeking refuge from political, cultural, religious or other forms of persecution including armed conflict and war. Their experiences may include direct experience of beatings, rape or torture and they may have been witness to the beating, rape, torture and killing of others including family members.

As children looked after they should benefit from all the same services, support and care that any looked after child can expect. This requires a comprehensive assessment and the arrangement of a suitable placement to meet their needs. As with the placement of any child or young person, it is intended to provide a secure base for the young person to settle and feel safe and is central to their long term welfare.

On arrival, UASC often have significant physical and emotional health needs as a result of their journey and experiences which need to be addressed. Where possible support is provided to help unaccompanied asylum seekers find any **family they may have. The decision about the child's asylum claim lies with the** Home Office.

What we currently do well:

• Effective protocols and reviewing arrangements are in place with immigration and police regarding asylum seeking children who arrive by other means e.g. smuggled in, potentially trafficked children who may be at risk of forced marriage.

- Emotional Wellbeing support is embedded at the initial health assessment stage.
- Emergency accommodation is available for UASC who need to return to their place of origin.

Where we need to improve:

- Develop a clear education offer, understanding what colleges can offer and how this can be accessed.
- Further improve links with local communities in terms of cultural support.
- Develop a robust safety planning process in partnership with Police and immigration Services.
- Provision of short term placements for a period of assessment, particularly where it is suspected that the child may be over 18 years of age.

Key success criteria:

- Appropriate translation services will be available.
- Prompt initial health assessment which includes emotional wellbeing support, due to the high risk of emotional trauma.
- Ensure unaccompanied asylum seeking children who become looked after and care leavers, can create links with community support groups to provide continuity of their cultural identity.
- Variety of placements and supported lodgings available depending on the level of need.
- 'Triple care plan' established depending on if the young person is:
 1) Granted asylum in UK and remain a child in our care and are supported through to independent living,

2) Not granted asylum and are assisted to a voluntary return to Country of origin.

3) Unification with family or wider family members in this country or abroad.

h) The voice of the child and our commitment as corporate parents

We aim to involve the children in our care wherever and whenever it is appropriate, in decision making about both their personal care and about the services available to them. This participation is more than just listening to children's views it is about listening seriously to their suggestions and putting them into action. Involving children in decision making processes gives a different perspective from adults and helps ensure that our policies and services **are aligned with children's needs.**

West Sussex takes its corporate parenting responsibility seriously. When a child comes into our care, every individual who works for us or with us, becomes their corporate parent and has a shared responsibility for that child. As corporate

parents we support our children in care as we are well placed to help them develop the necessary life-skills and experience to build their confidence and personal resilience. It is our duty to ensure that these young people thrive and prosper during their time in care and into adulthood.

What we currently do well:

- Established Children in Care Council (CICC) and a newly relaunched care **leaver's** council which has an active work plan and engagement.
- Established corporate parenting panel with annual work programme.
- *EPIC awards* which recognise the achievements of children who are looked after.

Where we need to improve:

- More involvement of children routinely as part of the commissioning of services
- Improve, enrich and enliven the relationship between CICC and MACLAIG and Corporate Parenting Panel.
- Increased participation by unaccompanied asylum seeking children.

Key success criteria:

- **Children's exper**iences and progress are well documented in case records, illustrating strong commitment to best practice thorough direct work.
- Consistent efforts are made to ensure that childr**en's cultur**al and religious belief systems are understood and inform care planning.
- Members of the Children in Care Council have regular, positive contact with senior managers and members.
- Elected members and strategic leaders give high priority to the children in their care.
- Corporate parenting panel provides strong leadership and champions the needs of all children.
- Everybody working with or representing the interests of children and young people in care identifies themselves as corporate parent and is aware of their responsibilities.
- The voice of the child is meaningfully engaged in the commissioning of services which impact them.
- There is a culture of celebrating the successes of our children looked after and care leavers.

8) Governance of the Strategy

The Multi-agency Child Looked After Improvement Group (MACLAIG) is primarily responsible for the effective delivery of the strategy. In turn MACLAIG reports to the Corporate Parenting Panel. (Figure 3.1)

In addition, each strategic partner will have its own reporting and governance structures which will also need to be engaged to ensure there is commitment to achieving the aims and outcomes articulated in this strategy and its action plan.

Within West Sussex County Council, the strategy also contributes to the Ofsted inspection progress report and the requirements of the SSDA903 return. This is the annual statutory data collection return required by the Department of Education for Children who are looked after by the Local Authority. There is an **auditable trail from the Children's Social Ca**re development plan, to each individual team member who will have a personal annual development plan where the outcomes of this strategy are delivered by the operational teams (Figure 3.2)

This activity is reported through the individual team development plans, the **Children's Social Care Development Plan and on to the strategic Children's Social Care Quality and Development Board. The role of the Children's Social Care** Quality and Development Board is to ask the key questions;

- 1. Where are our children?
- 2. Are they safe?
- 3. Do we improve their life chances?
- 4. How do we know?
- 5. How do we maintain our level of assurance?

The CLA and Care Leavers Strategy will contribute to the transformation of services and improved outcomes which will be demonstrated through the performance report, quality assurance report and Ofsted inspection progress **reports to the Children's Social Care Quality and Development Board.**

9) Multi-Agency Child Looked After Implementation Plan

The strategy has an annual action plan which is overseen by MACLAIG, which is responsible for the effective delivery of the strategy and this will be held to account by the Corporate Parenting Panel and Children in Care Council.

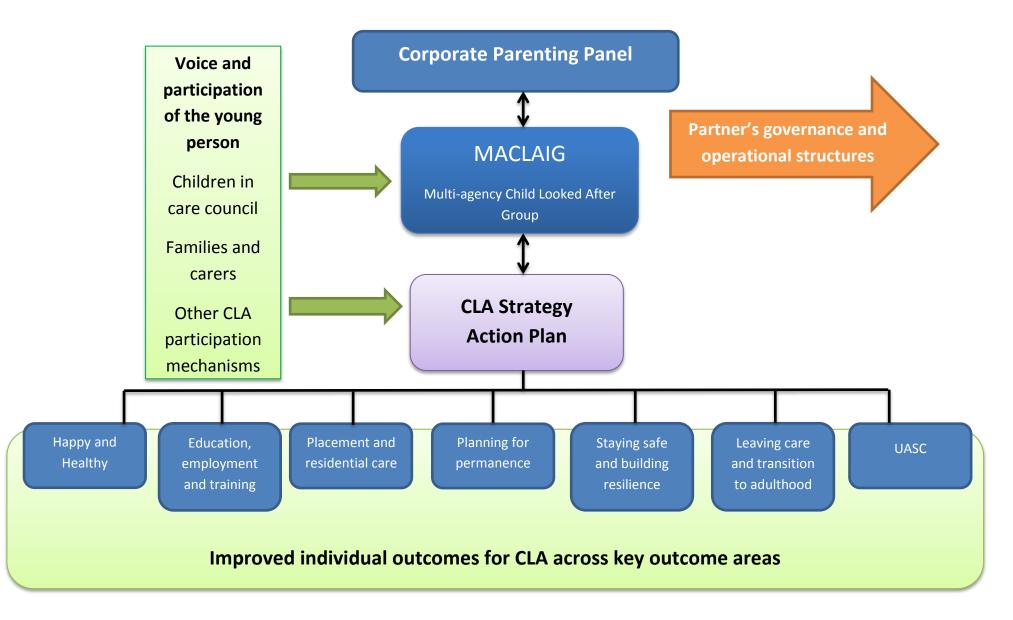
The multi-agency implementation plan contains clearly articulated SMART outcomes for each area of the strategy with identified lead organisations and practitioners responsible for achieving those outcomes.

Owners:

Annie Maclver, Director of Family Operations

Sarah Daly, Head of Children's Social Care

Figure 3.1: CLA Strategy: Multi-agency governance



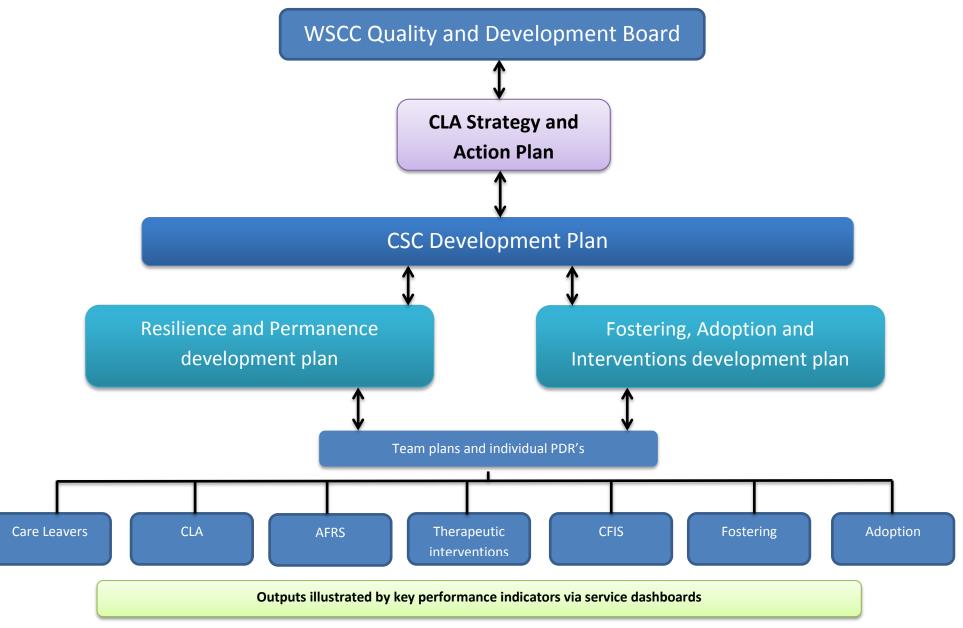


Figure 3.2 CLA Strategy: WSCC Governance and reporting hierarchy

Appendix 1