

Children in Care Strategy for Change: commissioning, delivery and organisational development.

1. Opening words:

- 1.1 In 2006/7 the CYPT adopted 3 key targets:
- Reduction of numbers of Children in Care (CiC)
 - Reduction in Children not in Education, Employment or Training (NEETS)
 - Reduction in exclusions
- 1.2 This strategy addresses the first of these and also the target first outlined in the JAR in 2006 and most recently restated in the 2007 APA ie 'ensure implementation of a comprehensive commissioning strategy that improves the effectiveness of preventative services in safely reducing the number of looked after children and young people, and extends placement choice for those who need to be looked after'.

2. The Challenge:

- 2.1 There are three main challenges
- Within the City numbers of CiC are high with the most recent set of national figures from May 2007 showing Brighton and Hove as having 84.8 per 10,000 of the 0-19 population as CiC compared to 65.7 in cohort authorities.
 - The per capita spend on personal social care for children and families is 20% higher than our statistical neighbours at £773 compared to £511
 - As a result critical CYPT budgets overspend each year.

3. Impact of the new CYPT arrangements:

- 3.1 Nationally the integration of children's services has led to an initial increase in numbers of children in care. Effective management, coordinated professional interventions and strong partnership working means that Brighton and Hove has bucked this trend. Since the inception of the CYPT in October 2006:
- The number of children in care has seen a steady downward trend over the past year with the current numbers standing at 374 at the end of December 2007, down from a high of 401 in November 06.
 - 112 children and young people left the care system in 07
 - Area Operational Management Plans have been put in place including three local panels, chaired by Assistant Directors, to oversee decision making for children on the cusp of entering state care (See Appendix 1)

- Integrated locality teams and a range of family information, support and early intervention services has led to a sustained reduction in the number of referrals to Safeguarding Teams and we are now broadly in line with referral rates for our statistical neighbours.
- Unit costs for residential placements have been held below the projected increase

3.2 The 2007 Annual Performance Assessment judged the CYPT to be good in all areas and specifically Staying Safe improved from a score of 2 (satisfactory) to a 3 (good) and, despite significant changes within the cohort, placement stability has remained good

4. The national and local context:

4.1 Within Brighton and Hove one of the four overarching corporate priorities is to; 'ensure that all children and young people have the best possible start in life'.

4.2 This is reflected in the Children and Young People's Trust (CYPT) overarching aspiration that:

"Brighton and Hove should be the best place in the country for children and young people to grow up. We want to ensure all our children and young people have the best possible start in life, so that everyone has the opportunity to fulfil their potential, whatever that might be".

4.3 The current Bill going before Parliament and based on the White Paper: "Care Matters: Time for Change" also poses some important challenges to local authorities about how best they might undertake their task of corporate parenting. In the introduction it says:

"The aspiration that the State has for these children should be no less than each parent would have for their own child. We must ensure that they receive the security, support and schooling they need to reach their full potential and lead a happy and fulfilled life."

4.5 The council's Reducing Inequalities Review for the Local Strategic Partnership and the Joint Strategic Needs Assessment of children's health services will inform key local plans that directly support this strategy especially the Local Area Agreement, the PCT Strategic Commissioning Plan, the Director of Public Health Annual Report 2008 (which will focus on children and young people) and a new Children & Young People's Plan.

5. Executive Summary:

i. Introduction

- In the most recent national data set (May 2007) Brighton and Hove has 84.8 children in care per 10,000 of the population aged 0-19 compared to 65.7 in our statistical neighbours
- Our per capita spend on personal social care for children and families is more than 20% higher than our statistical neighbours at £773 compared to £511
- As a result critical CYPT budgets overspend each year
- Effective management, coordinated professional interventions and strong partnership working means that Brighton and Hove has bucked national trends which have seen an increase in the numbers of children in care following service integration.
- Current performance on the quality and outcome indicators for CiC is good.

ii. Aims:

This strategy aims to:

- Reduce the number of children and young people in the city who cannot live with their birth families or within their extended family or local community
- Improve placement choice, well being and outcomes for those children and young people who are in care
- Reduce expenditure on children and young people in care to within available resources and, where possible to shift that expenditure towards early intervention, support and preventive services for vulnerable families and children in need

iii. Analysis:

A full baseline analysis is set out in Appendix 3 and provides the rationale for this change strategy.

To quote from the 2007 Annual Report of the Director of Public Health:

“Brighton and Hove differs from the national population profile by having a much higher proportion of working age adults...the relatively younger population may mean that pressures on services regarding sexual health -including alcohol and substance misuse, obstetrics, breast care and paediatrics- much of which increasingly concerns behavioural problems will assume greater prominence. Part of this population shift will come from immigrant and migrant populations. These changes are particularly difficult to predict ...and such shifts do bring particular health, social and economic pressures.”

This is the context within which the local CiC cohort must be set. It presently falls into three distinct sub-groups.

- Children mostly 11+ who are largely static in the sense that they are unlikely to return home because of their age and legal status.
- Children mostly under 11 who are a changing and churning group in the sense that children enter and leave this group as the result of social work intervention.
- The children who are 'beyond our control' in the sense that staff can neither predict nor control numbers. This group will include:
 - Unaccompanied Asylum Seeking Children
 - Children remanded into custody
 - Children leaving the secure estate ie. Young Offenders Institutions- commonly known as Sutton Judgement young people.

iv. Conclusions:

1. It is legitimate to conclude that there is something different about Brighton and Hove. This flows from the baseline analysis and is what drives and sustains some of our particular dilemmas.
2. The external Care and Health/ 'Blackmore' analysis commissioned in the autumn of 2006 was substantially impaired because:
 - It used false statistical comparators
 - The analysis failed to recognise critical demographic sub-sets of either Brighton and Hove's population or of the CiC cohort
 - The financial model, and therefore the reduction target were thus flawed
3. There are benchmark authorities, within our statistical neighbours group, which perform better in terms of CiC numbers and costs and have tackled some of the challenges set out in the introduction. It is therefore both reasonable and feasible for the CYPT to set itself reduction targets – providing they are realistic, reflect our demography and CiC cohort, and are clear that we have to triple-track placement changes with the demands for quality inherent in the task of corporate parenting alongside the need for cost reductions. Reduction of numbers of CiC per se is not the whole task and it is necessary to reduce proportions in subgroups and specifically within the population of children in IFA placements.
4. Commissioning, procurement and provider functions in the CYPT need further development to bed in:
 - Where does responsibility sit for strategic commissioning of services for children in care?
 - Where does responsibility sit for the procurement of individual placements or care packages and for block contracts and joint commissioning with other authorities etc?

- How do we balance internal provider functions (stranger foster care, support to Kinship Care placements, adoption and residential placements) with residential and foster placements purchased from external agencies?
 - How do we reconcile budget accountability for CYPT critical budgets and/or procurement of care plans for individual children?
5. The CYPT partnership already has and is developing a wider range of effective services which need to be pulled together into a coherent whole so that children are diverted from the trajectory into care or move through the care system in the most cost effective and timely way if they cannot be diverted.
 6. The CYPT needs to develop a coherent approach to the cohort of children in care which encompasses:
 - Commissioning plans for the next 3/5 years
 - Review and development of Area Management Plans
 - Review of its organisational development plans
 - Links to wider CYPT plans eg the Preventative Strategy and the Parenting Strategy
 - Links to city wide plans which can/ought to drive this change agenda e.g. the LAA
 7. The Strategy for Change therefore needs to cover:
 - Organisational Structure
 - Service coordination and development
 - Planning and commissioning
 8. There are a number of outstanding issues at both a CYPT level and corporately that will need to be addressed such as realigning budgets to reflect changes in legislation or practice.

iv Planning and Commissioning:

Year 1: See Appendix 4

Year 2: 2008-09

Strategic Action	Management action/operational changes	Lead Manager(s)	Performance Information: e.g. development milestones, targets, indicators etc
1. Implement new	Implement commissioning	AD Specialist Services	Extended PPL in place for

APPENDIX A

commissioning arrangements for external placements	consortium with West Sussex for external placements		residential and IFA provision by autumn 08
2. Set targets for in- house provider functions	Align annual foster carer recruitment targets more closely with predicted cohort of CiC Continue recruitment and support of specialist childminders Target activity of Children's Centres towards assessment and improvement of parenting capacity for parents whose children are in the care system or within CP process	AD Specialist Services Area ADs	Reduction in proportion of CiC in IFA placements
3. Prioritise movement of stable CiC in long term placements to SGOs.	Set child specific targets for CiC in in- house placements Negotiate contractual change with IFA providers to prioritise children in their cohort	AD Specialist Services	Further reduction in overall CiC numbers
4. Reduction in number of babies entering the care system	Fast track assessment of pre-birth cases	AD West/AD Specialist Services	Smaller numbers in subset of under 1s in the CiC cohort
5. Reduce spend on Family and Friends placements	Rewrite financial policies supporting Family and Friends placements	AD Specialist Services	Revised policy in place by 1.4.08
6. Reduce overall numbers of CiC	Set child specific targets for area teams	AD Specialist Services/Area ADs	Further reduction in CiC cohort by 1.3.09
7. Reduce proportion of CiC in IFA placements	Set targets for reduction of CiC in IFA placements – align with 2 above.	AD Specialist Services/Area ADs	Reduction in proportion of CiC in IFA placements

APPENDIX A

8. Increase range of placement options for young people 16+	Recruit additional SL carers Commission wider range of supported accommodation post 16.	AD Specialist Services/ AD East	Additional SL carers and supported housing options available
9. Maintain good progress on outcomes for CiC	Review PIs actively throughout the year and implement corrective action as required	DMT	Continued improvement in the PI basket that relates to CiC
10. Revise strategic actions contained within CiC strategy for change	Review CiC cohort at the end of 08-09 Refresh action plan for CiC Set targets for 09-10	DMT	

Years 3 & 4: 2009-2011

Strategic Action	Management action/operational changes	Lead Manager(s)	Performance Information: e.g. development milestones, targets, indicators etc
1. Review outcome for target setting in 08-09	Re-set targets	AD Specialist Services/Area ADs	Further reduction in overall CiC cohort and in proportion of CiC within IFAs
2. Revise action plan	Implement revisions	DMT	As above

iv **Performance Management:**

Simply monitoring the numbers of CiC is too blunt an instrument and doesn't enable us to track and demonstrate the progress that has already been made to stabilise the CiC cohort and maintain placement stability, nor does reduction in numbers per se result in reduced budgetary pressure.

Thus performance management needs to fall into two parts. Firstly the detailed performance data which monitors progress on a month by month basis and secondly higher level PIs contained within the

Performance Improvement Report for the CYPT board so the board can track the strategic progress for which they are accountable. The latter would include:

Top Targets:

- Number of children in care per 10,000 of the population aged 0-19 reaches statistical neighbour average by 2011.
- Per capita spend on personal social care for children and families reaches statistical neighbour average by 2011.

Commissioning Targets:

- Numbers of placements commissioned and used
- Predicted and actual changes to the population of our key local subsets of CiC
- Financial trends re use of IFA's etc

1. Introduction:

- 1.1 In the most recent national data set (May 2007) Brighton and Hove has 84.8 children in care per 10,000 of the population aged 0-19 compared to 65.7 in our statistical neighbours. Our per capita spend on personal social care for children and families was more than 20% higher than our statistical neighbours at £773 compared to £511 and as a result critical CYPT budgets overspend each year.
- 1.2 In response to this position, in the winter of 2006 an external consultant, Jack Blackmore from the independent consultancy Care and Health, was commissioned by The Management Team for BHCC to look at the CiC population and to advise whether any steps could be taken to reduce both numbers and spend. At the time of writing his report the CiC population stood at 401 and so was at a very high level. To quote from the summary report:

“The prize would be high if costs could be reduced just to the level of the near comparators in the various lists. For example, Brighton and Hove tops the unitaries list for 2005/06 at £731; next is Hull (a city with massive concentrations of deprivation) at £671. If Brighton reduced spend to Hull’s level £2.79m would be saved. In the nearest neighbour group, close comparators are Blackpool @ £651 and Plymouth @ £589. If spend could be reduced to their levels it would save £3.73m and £6.6m respectively. If spend could be reduced to the level of Slough, the second highest in the SE group, it would save £9.25m.”

- 1.3 Following this report a targeted reduction of 56 CiC within the calendar year was allocated to the teams proportionately for the period January to December 07. This target was not applied to severely disabled children however since numbers in placement in that sector are not high and are stable. Unfortunately the target in the Blackmore report was not arrived at with reference to the CiC population in Brighton & Hove in that it took no account of the actual profile of children either in terms of age or in terms of legal mandate for their placement. Thus it was arguable whether a reduction of this magnitude within the allotted timescale was ever achievable. For example, in an authority such as the London Borough of Merton, which is an acknowledged national leader in terms of CiC reduction, it has taken five years to achieve the level of reduction envisaged in the Blackmore report.
- 1.4 In order to attempt to manage this targeted reduction, case loads were considered at a child specific level and individual exit plans were put in place for those children who had a realistic prospect of leaving the care system within the calendar year. A monthly graphical performance report was also set up and has been ongoing throughout the year broken down into team specific information so that managers can accurately monitor progress.
- 1.5 In line with the conclusions of the Blackmore report and as already agreed as a priority for the new area teams, multidisciplinary panels were launched in April 07 in each of the areas to address all three of the key targets for the CYPT. The project plan for this work forms Appendix 1. In 2007 112 children have left the care system following this focussed piece of work.
- 1.6 Having acknowledged the challenges however, it must also be said that current CYPT performance on outcome PIs is good and improving for CiC with all five ECM outcomes judged as good in the most recent Annual Performance Assessment. Performance on adoption targets has consistently been very good for several years with Brighton and Hove sitting well within the top quartile.

2. Aim, Purpose and Methodology of the Commissioning Strategy:

2.1 Aim:

Set within the wider context the headline issues which the strategy seeks to address are as follows:

- that we have more CiC than our comparators
- therefore our baseline budgets are persistently under pressure
- that we must also assure the quality of corporate parenting & the Trust's statutory responsibilities.

2.2 By the time a child is within the care system it becomes more difficult to make a real difference, thus the focus of work for CiC has to shift further upstream and offer more responsive, diversionary services for families before they experience such significant difficulties that their children teeter on the brink of care.

2.3 This shift in focus is supported by other strategic initiatives such as the Parenting Strategy and the Preventative Strategy and is supported by work that is ongoing both within the wider CYPT and with partners in the voluntary and community sectors. Examples of this would be development of the Children's Centres and of the Triple P parenting programme that is being rolled out across Brighton and Hove in a number of settings.

2.4 The pathway describing the means by which a child might enter the care population will be addressed by current corporate VFM work that will focus on **key cost pressures** along the 'safeguarding pathway'

- Common Assessment Framework
- Referral to safeguarding teams, response from duty & family support
- Section 47 and/or Core Assessment
- Child protection plans, care proceedings
- Family & friends, foster, residential or adoptive placements
- Leaving care - transition to adult services, return home, move to independence

2.2 Purpose of this strategy:

2.2.1 The purpose of this strategy is to pull together into a coherent whole the present themes that emerge when considering our CiC cohort and in response to co-ordinate services which the CYPT commissions or provides to both divert children who are clearly on the trajectory into care and to move children through the care system in the most cost effective and timely way by building on a strengths based model of assessment to achieve the following objectives

- Increased use of written agreements and of Section 20 Accommodation leading also to an increase of children who are able to remain within their extended family systems using the Kinship Care model.
- Reduced instigation of expensive care proceedings
- Reduced time that children spend in care
- Movement of young people out of expensive residential care placements and into more cost effective options.
- Improved local support services
- Procurement of placements that represent the best VFM

2.3 Methodology:

2.3.1 In order to develop the CiC Strategy for Change, support was enlisted from the corporate project services team to follow a Prince 2 project management approach to construct a Project Initiation Document (PID) that was presented to and agreed at the CYPT DMT. More information on the methodology is contained within Appendix 2.

3 Baseline Analysis

3.1 More information on the current situation is presented as Appendix 3. In summary the local CiC population falls into three distinct sub-groups:

- Children mostly 11+ who are largely static in the sense that they are unlikely to return home because of their age and legal status.
- Children mostly under 11 who are a 'changing and churning' group in the sense that children enter and leave this group as the result of social work intervention.
- The children who are 'beyond our control' in the sense that staff can neither predict nor control numbers. This group will include:
 - Unaccompanied Asylum Seeking Children
 - Children remanded into custody
 - Children leaving the secure estate ie. Young Offenders Institutions- commonly known as Sutton Judgement young people.

3.2 The current profile of the CiC cohort will make a very dramatic reduction in the short term unlikely. This is a combination of two factors: the legal status of the children and the age distribution. Put simply we are living with the consequences of decisions that were made some time ago and which will not be easy to unpick quickly as the CiC population in the upper age range is disproportionately large with many of these older children subject to legal orders which cannot easily be discharged. Thus the task for this older group of children may be to secure placements that are most cost effective rather than seek a dramatic reduction in numbers.

- 3.4 Since it is not possible to influence numbers within ‘uncontrollable’ groups, extensive and detailed work has been undertaken in the teams to review individual children in the other two groups and to target those children who were able to cease being in care in the calendar year 07 or who could move out of expensive residential or IFA placements. This has resulted in a large number of children (112) leaving the system in 2007 and in a significant reduction in overall numbers (27).
- 3.5 Considerable work has also been carried out to look at the profile and unit costs of both in-house and externally provided services. Numbers of children who are placed within residential provision are well within the accepted range and performance on residential unit costs is good. An analysis of indicative costs of managing an in house mainstream residential service did not confirm that any savings could be made by adopting this option and a strategy of working closely with certain private sector partners was employed instead. This has resulted in reductions in unit costs and rises below the rate of inflation.
- 3.6 Since 2000 when Brighton and Hove closed its own in-house mainstream residential service, numbers of residential agency placements have understandably increased and 2001, when the education and social care services for children joined to form the Children, Families and Schools, saw another gradual rise in CiC numbers. Nationally integrated services have tended to produce higher numbers of CiC at least in the short term since children are responded to holistically and separate departments cannot play the game of passing responsibility between them. The other full scale Children’s Trust, Telford and Wrekin, has similarly reported rises in their care population, thus it demonstrates real progress within the CYPT that numbers have at least stabilised and that there are currently 27 fewer children in the care population than were in placement at the start of the year.
- 3.7 Use of foster placements is high relative to comparator authorities and locally children are placed with foster carers who might be placed residentially in other authorities. This does help to manage costs. However in common with many other local authorities there are continued difficulties in recruiting sufficient numbers of in house foster placements generally because Brighton and Hove is small and geographically compact. There are particular placement difficulties with parent and baby placements, for sibling groups, for BME children and for challenging teenagers. We have thus seen a steady increase year on year of IFA placements, although more recently this is also stabilising. This is despite the fact that at the present time there are the highest number of foster placements in- house that there have ever been.
- 3.8 In the past calendar year recruitment activity for foster carers has been focused specifically on our most challenging subsets of children. Four

new BME carers, two new parent and baby carers and three new placements for teenagers have been approved. Thus it would appear that targeted work is beginning to bear fruit and relative to our local authority cohort, recruitment activity is good.

- 3.9 Following the Munby Judgement [Re M care proceedings – judicial review 2003] which has resulted in Courts being unwilling to separate infants from their mothers at birth and in common with the two other Local Authorities in Sussex, we have seen a steady rise in the numbers of parent and baby placements ordered during care proceedings. A short piece of research was undertaken in 2006 to look at outcomes for children who had been placed in parent and baby placements which showed approximately 25% resulting in a successful rehabilitation home. Thus the task is to ensure that duration for these sorts of placements is as short as possible and that dialogue continues with the local Courts to consider where they are best targeted.
- 3.10 Preferred provider mechanisms have been employed for both residential and IFA placements with cost volume agreements with partners in the private sector to create the PPL. There is also an overt strategy of placing children in care who can cope with a boarding school in such provision since it is both a less stigmatising and a cheaper option and the proportion of residential placements in this sector is good, presently 15 out of 39 in total.
- 3.11 It is important to be aware that both numbers of CiC and overall costs to the social care budget within the CYPT are equally important variables because it would be possible to reduce numbers of CiC via a range of options that might include increased use of Residence Orders, Special Guardianship Orders or de-accommodating all young people as they turn 16 without reducing overall costs. Whilst these options could produce savings in terms of social work and Independent Reviewing Officer time they might not translate into cashable savings and it would be possible for numbers of CiC to fall while spending remained high, thus actually increasing overall unit costs of CiC.

4. Strategic priorities for change

- 4.1 The baseline analysis identified the following priority sub-sets within the city's CiC population in terms of both numbers and costs:
- Pre-birth assessment work and the continued high numbers of small babies born to families causing concern, including those resulting in court ordered parent and baby placements
 - Teenagers entering the care system via Sec 20 accommodation and often in an unplanned way
 - Young people 16+ who are already in care placements
 - Residential agency placements for any of these subgroups
 - Independent Fostering Agency placements for any of these subgroups

4.2 Strategic priorities – levers for change

The baseline analysis also identified the following strategic priorities to achieve the objectives of this strategy:

- Cultural change within the CYPT partnership - specifically addressing children not in mainstream education, at risk of pregnancy and crime and what we want colleagues to do differently
- Cultural changes within the city so that placement of a child in care is seen as a last resort and so that partners who see care as a way of rescuing children from poverty or other forms of adversity are challenged and supported to manage children differently.
- Developing links with the LAA so that the targeted work on reducing inequalities has improved support for families firmly embedded within it

4.3 Initiatives put into place in 2007 are listed as Appendix 4

4.4 The proportions of children in the care system in various types of placements at present have been calculated and work will now focus on repeating the exercise at an individual child level to identify the next group of children who will leave the CiC cohort.

4.5. Priorities for Commissioning are as follows:

- Increase housing options for young people 16+ via extended contracts with HCS and voluntary sector partners to enable young people to leave expensive agency placements if appropriate and return to the city to live.
- Increase number of supported lodgings placements via a targeted recruitment strategy across Sussex, potentially in partnership with local IFA providers.
- Increase overall capacity of in-house foster care placements with specific targets for parent and baby placements and for placements for teenagers to reduce dependence on IFA provision.
- In line with developments in the forthcoming Public Law Outline, improve focus and timeliness of assessment of parenting capacity for parents pre-birth via targeting of work at the RACH, Clermont, Concurrency Team and Children's Centres.
- Develop commissioning arrangements with West Sussex to increase VFM and maximise placement matching and choice.

- Recruit specialist childminders to prevent children entering the care system and facilitate rehabilitation.
- Target activity of Children’s Centres to focus on children for whom there is a child protection plan to prevent them entering the care system.

4.6 This is summarised in the following Action Plan:

Year 1: See Appendix 4

Year 2: 2008-09

Strategic Action	Management action/operational changes	Lead Manager(s)	Performance Information: e.g. development milestones, targets, indicators etc
1. Implement new commissioning arrangements for external placements	Implement commissioning consortium with West Sussex for external placements	AD Specialist Services	Extended PPL in place for residential and IFA provision by autumn 08
2. Set targets for in- house provider functions	Align annual foster carer recruitment targets more closely with predicted cohort of CiC Continue recruitment and support of specialist childminders Target activity of Children’s Centres towards assessment and improvement of parenting capacity for parents whose children are in the care system or within CP process	AD Specialist Services Area ADs	Reduction in proportion of CiC in IFA placements
3. Prioritise movement of stable CiC in	Set child specific targets for CiC in in- house	AD Specialist Services	Further reduction in overall CiC numbers

APPENDIX A

long term placements to SGOs.	placements Negotiate contractual change with IFA providers to prioritise children in their cohort		
4. Reduction in number of babies entering the care system	Fast track assessment of pre-birth cases	AD West/AD Specialist Services	Smaller numbers in subset of under 1s in the CiC cohort
5. Reduce spend on Family and Friends placements	Rewrite financial policies supporting Family and Friends placements	AD Specialist Services	Revised policy in place by 1.4.08
6. Reduce overall numbers of CiC	Set child specific targets for area teams	AD Specialist Services/Area ADs	Further reduction in CiC cohort by 1.3.09
7. Reduce proportion of CiC in IFA placements	Set targets for reduction of CiC in IFA placements - align with 2 above	AD Specialist Services/Area ADs	Reduction in proportion of CiC in IFA placements
8. Increase range of placement options for young people 16+	Recruit additional SL carers Commission wider range of supported accommodation post 16.	AD Specialist Services/ AD East	Additional SL carers and supported housing options available
9. Maintain good progress on outcomes for CiC	Review PIs actively throughout the year and implement corrective action as required	DMT	Continued improvement in the PI basket that relates to CiC
10. Revise strategic actions contained within CiC strategy for change	Review CiC cohort at the end of 08-09 Refresh action plan for CiC Set targets for 09-10	DMT	

Years 3 & 4: 2009-2011

Strategic Action	Management action/operational changes	Lead Manager(s)	Performance Information: e.g. development milestones,
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			targets, indicators etc
1. Review outcome for target setting in 08-09	Re-set targets	AD Specialist Services/Area ADs	Further reduction in overall CiC cohort and in proportion of CiC within IFAs
2. Revise action plan	Implement revisions	DMT	As above

- 4.8 In addition there are a number of outstanding issues that will need to be addressed at a DMT and Corporate level. These include:
- a) If a number of young people who would previously have been the responsibility of colleagues in HCS have now become CiC because of the Sutton Judgement, should there be a discussion at TMT level for funding to follow the young person and agreement that the budget will transfer from HCS to the CYPT?
 - b) If the budgets within the 16+ Service are absorbing some of the pressure from returning young people from expensive residential placements to supported lodgings, YMCA etc should we realign the budgets to reflect this?
 - c) How can we engage with colleagues within Adult Services more effectively to ensure that staff develop a culture that recognises and prioritises child protection issues and that parents of vulnerable children are fast tracked into services?

5. Conclusions

- 5.1 The work of reducing numbers of CiC and related spend is already well underway and staff across the CYPT have engaged energetically and creatively with this task.
- 5.2 A much greater degree of intelligence is now in place regarding the CiC population and this is translated regularly into performance reports that enable and support managers to sustain momentum.
- 5.3 It should be possible to realign both numbers of CiC and spend with cohort authorities by 2011 with significant progress on both fronts in the interim.

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