Corporate Parenting Advisory Committee: 12 January 2017

Report title: Looked-after Children

Report

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Ward(s) affected: N/A

Report for Key/

Non Key Decision: Non key

1. Describe the issue under consideration

The issues and reasons behind the challenging cohort of Looked-After Children (LAC).

2. Background

- 2.1 Haringey covers 11 square miles and has an estimated population of 282,000 (2015 data). However there is an upward trajectory which is thought to be linked to an increase in migration from other countries coupled with a high birth rate.
- 2.2. Haringey is rich in its diversity being the 5th most ethnically diverse borough with 100 different languages being spoken. It is estimated that by 2020 there will be 286,900 people resident here.
- 2.3 In line with an increase of the general population it is also predicted that those aged 0-17 (which is currently one third of the population as a whole) will also rise thus potentially increasing our client group.
- 2.4 Haringey has residents who are experiencing serious levels of deprivation. Haringey is 30th in England in terms of the number of residents who are economically disadvantaged and sixth out of the 33 London Boroughs. The wards where deprivation and poverty is at its highest are situated in the east of the borough which is also where a significant proportion of the total population is concentrated. Poverty impacts on parenting capacity as do life events which have caused trauma. Linked with this, Haringey's Edge of Care Provision reports the prevalence of parental drug and alcohol misuse in those parents with whom they work.



2.5 The Looked-after Population

- 2.6 A snap shot of our Looked After population was produced by the Performance Team based on data for the month of September 2016 and at that point there were 436 young people in the care of the local authority. This is a 7% increase on March 2016 and slightly above those of our statistical neighbours (Hackney, Waltham Forest, Lambeth, Islington, Hammersmith and Fulham, and Croydon).
- 2.7 The largest group of Looked After Children (322) were in the older age group of 12 to 17 years. There were also a significant number of children (124) aged 0-9. also children aged 0-9. Whilst there had been a decrease in the number of children under the age of 1 year becoming Looked After, in line with the national trend, there has been an increase within the past year. It is unclear as to why this spike has occurred as the prevailing external factors remain largely constant and it is possible whether it is connected to a change in threshold criteria.
- 2.8 In terms of gender, most Looked After Children are male (58%) and their ethnicity is recorded as being Black/African/Caribbean/Black British. The most common causal factor in them becoming looked after is abuse/neglect or absent parenting. Of the 42% who are female the most common reason recorded related to abuse/neglect or family dysfunction.
- 2.9 There is abundant research detailing the catastrophic affect on children and young people who experience abuse and neglect which can cause cognitive impairment. Disordered attachments are another feature of abuse and neglect. This has a wide ranging effect which limits the sufferer's ability to form healthy relationships with others.
- 2.10 The majority of our looked-after children reside in foster care. 186 are placed with in-house carers and a further 123 are placed with carers provided by independent agencies. The majority of LAC who have remained in the same placement for five years or longer have been placed in foster care and this has contributed to the positive data in regard to the stability of placements. External providers fill a gap that we cannot be covered through in-house fostering but there is a financial pressure linked to outsourcing as the average cost of an Independent Foster Agency placement is double that of in-house provision. Increasing the number of in house fostering households will reduce pressure on the placements budget and it is therefore business critical that we increase the number of in house fostering householdsand a re-tendering process is underway with regard to recruitment.

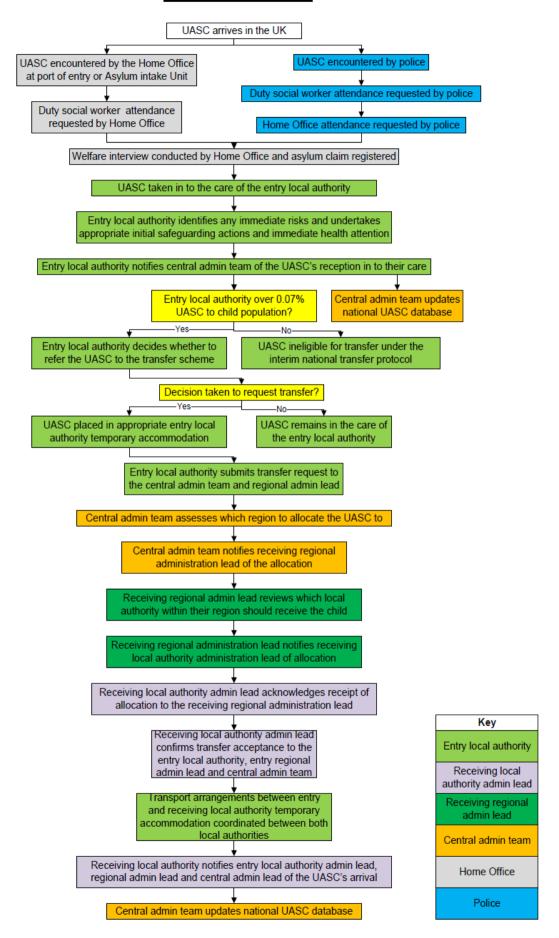
We are experiencing difficulty in locating specialist placements that meet the needs of children and young people who have been damaged by their life experiences and whose needs cannot be met by foster care. The lack of provision for those relatively young children who have mental health problems has recently been put into sharp focus. Our colleagues in First Step Plus have undertaken a pilot project working with children who have experienced multiple placement breakdowns and provide a helpful link with NHS England. These difficulties in locating provision for difficult to place children and young people



- extend to those who need the provision of secure accommodation, either because of welfare issues or because of their criminality.
- 2.11 The October snap shot revealed that those subject to S20 numbered 100 with the majority being in the 10-17 age-group, 33 of whom were Unaccompanied Asylum Seekers and another eight were young people who had been remanded into local authority care. S20 has its place particularly with older young people where acquiring parental responsibility through the courts would serve no purpose.
- 2.12 Regularising the immigration status of our LAC presents a continuing challenge, not solely in regard to Unaccompanied Asylum Seekers. A number of LAC do not have status in the UK because their parents were here illegally, and the remedy for this is either acquiring Citizenship or Naturalisation (see. para. 22.2 below)
- 2.13 There has been an increase in the percentage of Looked After Children who return to their family and number of factors feed into this. For example, the process of care proceedings and the resultant parenting assessments are often a dynamic for change to occur and a rehabilitated home to take place. In addition, over time the causal factors for a child to become Looked After have been ameliorated and a rehabilitation home takes place under the Placement with Parents procedure.
- 2.14 There is also an increase in young people 'leaving care' when they attain the age of 18 years. However our role as corporate parent continues beyond that in terms of financial and practical help. There is also the provision of a safety net for those whose rehabilitation home is not successful and in cases where Special Guardianship arrangements breakdown.



Transfer Flow Chart





- 2.15 Guidance received from the Association of London Directors of Children's Services will apply until the ALDCS review the London arrangements. The following arrangements will remain in place for Unaccompanied Ayslum Seekers (UASC) until further notice.
 - (a) For 16-17 year-olds presenting in the Asylum Intake Unit in Croydon: The London protocol continues to be operational for this group, but that further placements are not made in authorities which are over the 0.07% threshold of UASC to total child population.
 - (b) For UASCs under 16 presenting in Croydon: these children will feed into the national transfer protocol once Croydon has assurance that these arrangements are ready to take the volume of children (around 22 per month).
 - (c) For spontaneous presentations in other boroughs of UASCs of any age: where the authority is under the 0.07% threshold these will become looked after to that borough; where the authority is over 0.07%, these children will feed into the national transfer arrangements.
- 2.16 In the first instance UASC will be disersed within the local region (such as London region) in which the child first presents if there are local authority partners who are under the ceiling of 0.07%.
- 2.17 The only exception to these arrangements is if it is assessed as not in the UASC best interest to referred to the transfer protocol, for example if a sibling or close relative is also looked after by the receiving local authority.
- 2.18. On 8th September 2016, the Immigration Minister Robert, Goodwill MP wrote to all Council Leaders in the UK requesting that all local authorities:
 - i) who have not registered for the National Transfer Protocol do so by the 21st September 2016. The Immigration Act 2016 gives the government the power to make the scheme mandatory if required
 - ii) Local Authorities are also requested to confirm how many more UASC they could accept using the 0.07% threshold.
 - iii) That local authorities under the Vulnerable Persons Resettlement Scheme (VPRS) consider taking children and their families as part of the UK government's commitment to receive 20,000 Syrian refugees over the next five years.
- 2.19 In regard to the VPRS it remains unclear what the dispersal and allocation mechanism will be although in a London Councils briefing document dated 13th September up to the end of Q2 2016/17 nine London authorities had taken a total of 144 Syrian refugees.



- 2.20 London local authorities face challenges such as identifying sufficient private rented accommodation that is both available and affordable for refugee families receiving local housing allowances and the cap on levels of housing allowances and income maintenance benefits especially for larger refugee families.
- 2.21 The Greater London Authority calculate that London will take 2500 refugees as part of the national commitment to take 20,000 refugees.
- 2.22 Looked after Children with uncertain immigration status
- 2.23 Expert legal advice has been sought regarding LAC & care leavers in regard to LAC without a settled immigration status. There is no statutory requirement which says the local authority (LA) must seek to achieve settled immigration status for its looked after children. However the duties under S23(c) are broad. The local authority duties rest on two tests:
 - i) how a reasonable parent would act in respect of their child and
 - ii) the 'welfare of the child test'.
- 2.24 The analysis and outcome of the assessment would inform care planning and decision making on resolving a looked after child's immigration status.
- 2.25 Children and young people who become looked after by a local authority
- 2.26 At the earliest opportunity the assessing Social Worker must identify what the citizen status of the LaC is, whether they are UK citizens, European Union or the European Economic Area (EEA) citizens or from other countries outside the EU and EEA.
- 2.27 The allocated social worker will need to get a clear picture from the parents or carers as to their immigration status and the child's immigration status, what applications the family has made or plan to make and confirms that the parents will be including their child in any applications they intend to make whilst the child is in care.
- 2.28 If a LAC remains in care and there is little likelihood of rehabilitation to the parents or becomes LaC through the provisions of a S31 care order or the parents abandon their child or refuse to co operate then the local authority will need to undertake the two tests of a reasonable parent and the welfare of the child test to determine whether the LA takes steps to secure the LAC with indefinite leave to remain in the UK. The exception to this would be if the permanency plan is for adoption as once a child is adopted the child assumes the citizen status of their parent(s).
- 2.29 The decision to support and fund a LAC seeking indefinite leave to remain will depend on the needs assessment of the LAC. Once the decision has been taken that it is in the child's welfare for their immigration status to be regularised then this needs to be done as quickly as possible as the threshold test for granting indefinite leave to remain is lower for children than for care leavers over the age of 18.



- 2.30 However part of the assessment must be an analysis of whether the LaC can be returned to the Children's Social Care Services or friends & family in their home country.
- 2.31 Whether or not a child can return to their home country depends on the country, the reasons why the child is in care, the social work assessment and facts of the child's case. There may well be cases where the LA takes the view that it would not fund the application but decisions will need to be based on assessments.

