



## Cornwall Corporate Parenting Strategy 2013-2016

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## Vision

1. A child who is looked after or a care leaver in Cornwall has the right to expect everything from a corporate parent that would be expected from a good parent.

## Background

2. This strategy sets out how the Council and its partners will implement the vision and commitment to looked after children and care leavers. The Council, with the support of its partners, will be an effective corporate parent for any child or young person who is looked after or a care leaver irrespective of their age, gender, sexuality, ethnicity, culture, language, faith or disability. The strategy outlines the work undertaken to achieve this under the previous strategy and the priorities for further development.

3. The successful implementation of the strategy is dependant upon the effectiveness of the collaborative working between the Council and partners to work together to improve the lives of all children and young people in Cornwall.

4. The role and responsibilities of being a corporate parent for children in care and care leavers is a key one for the Council and its partners. Whilst the self-assessment undertaken in September 2013 shows numerous strengths and improvements in the quality of practice and provision and in outcomes for children and young people in care and leaving care, a number of areas for further development have been identified through feedback from children and young people, independent review, quality assurance and performance management.

5. The number of children in care at the 31 March 2013 was 463. In March 2008 the number of children in care in Cornwall was 414. The numbers of children in care in 2012/13 rose to as high as 499. Overall this represents an increase of between 12% - 21%. The increased demand for care placements is due in large part to the impact of the ongoing recession on fragile families, made worse by the welfare reforms. The gap in parenting that leads to children coming into care arises from maltreatment caused in many cases by parental mental health problems, alcohol and drug misuse, and domestic violence. The greatest single area of increased demand for care placements during this period was unplanned, emergency admissions of adolescents. Of all adolescents taken into care, 130 were voluntarily accommodated under section 20 of the Children Act (1989), indicating that parents and carers are struggling to cope.

6. A large proportion of requests for care placements are still for adolescents, many of which are unplanned as a result of a growing family crisis and often at the request of their parents/carers. There are currently 297 young people 11+ in care. The need for effective help and protection of these young people on the edge of care has never been greater. Over

the same period two of the larger homes that have previously been judged adequate or good have been judged inadequate. An independent review showed they will continue to struggle to meet the new inspection standards in the medium term. A service review was undertaken and a decision has been made to close the two homes and set up a specialist Adolescent Support Team to provide effective help and protection.

7. There were 208 care leavers being supported at 31 March 2013. This also represents an increasing number due in part to the rising number of adolescents admitted to care and in part to the impact of the Care Planning Regulations (2011) which have increased the age of young people that are to be supported up to 25 years. The numbers of care leavers in education, training, or employment aged 19 at 31 March 2013 was 65%. This performance, whilst good compared to statistical neighbours, has been dropping over the past few years due to many factors, including the effects of the recession on available jobs for young people. Whilst this performance remains top quartile nationally, it is a service priority for further development.

8. On 31 March 2013, 275 children and young people were in fostering placements. Whilst this represents a good proportion of the total number of children in care, expanding the number and range of in-house care placements represents a priority for development. The next largest placement provider is independent fostering placements (67 at 31 March 2013). Independent fostering placements are used to enable the best available match between a young person and a carer(s). Residential and residential educational placements represent around 8%-10% of placements at any one time. Further work is being undertaken to ensure the best quality and price for independent care and education placements.

9. Children in care nationally were asked by the Children's Rights Officer what they felt kept them safe and unsurprisingly it was a good multi-agency plan, with a stable home and school placement. The Care Planning Regulations stipulate how good planning is key to improving placement stability and helping children to achieve permanence. The Regulations brought together and updated relevant acts including the Children Act 1989, Children Leaving Care Act 2001 and Children Act 2004. It also introduced a sufficiency duty, which requires local authorities to have a strategy about how it is going to meet the placement needs of children and young people in the area. The Cornwall Care Placements Strategy sets out the priorities for meeting this duty in light of feedback from children, independent review, case audit and needs analysis. Placement stability is a top priority for improvement and development under this strategy.

10. The Children in Care Education Support Service (CiCESS) advocates for children in care and care leavers at both a strategic level and in individual cases. Personal education plans are put in place to support the education of children in care. There are 18 care leavers at university in September 2013. The overall aim of the service is to narrow the gap in aspiration, progress and attainment for children in care and care leavers, compared to their peers in the general population. It does this by

brokering suitable educational placements; providing advice and consultation; monitoring individual attendance, progress and attainment; and mediating when problems arise. Whilst attendance is better than their peers and exclusions lower, the gap in progress and attainment persists and it remains a priority area for improvement and an area for development.

11. Ofsted inspected Looked After Children and Care Leavers Services in January 2011 and rated them 'Adequate'. Ofsted inspected Fostering Services in January 2012 and the Adoption Service in 2010. Both services were rated good with outstanding features in helping children in care to achieve permanence. A new inspection framework has been put in place which has raised the bar for rating the quality of services. The judgement criteria sets 'Good,' as the minimum expectation and the grade descriptors for 'Good' are even more challenging.

## Developments to improve services

12. There have been several developments and improvements since the Ofsted inspection in 2011 and the inspections of Fostering and Adoption Services in 2012 and 2010.

13. The decision making process for providing support packages and admitting children to care has been strengthened in response to an independent review; feedback from young people; analysis of the data; and feedback from staff and other professionals. Resource and Care Panels chaired by senior social work managers have been put in place to make these decisions, with the objective of prioritising co-ordinated packages of support to children on the edge of care and making sure that the right children come into care.

14. A third, Children in Care Team is being put in place, aligned to the geographical areas for Help and Protection Services. The 16 Plus (Care Leavers) Service is also now aligned to the service areas, in order to improve joint working and smooth transfers and transitions as children move through the system of protection and care. The Children in Care Teams are increasingly multi-disciplinary, including designated nurses; clinical psychologists; teachers; and contact workers.

15. The Leaving Care Service has become a 16 Plus Service with social workers supporting children in care and undertaking case responsibility for relevant young people. Pathway plans are completed for all young people and reviewed at least every six months. A long standing and successful partnership with Action for Children provides a third of the Personal Advisor Service. Young people are allocated a personal advisor at 16 and their PA provides continuity into adulthood. This meets the obligations to provide a service up to 25 and sometimes beyond where a young person is in a programme of education, or continues to struggle. The service has fully adopted the Care Leaver's Charter.

16. The 16 Plus Service runs its own in house supported lodgings scheme as a response to the need to provide good quality, safe accommodation and a way for young people to learn how to make a successful transition into the community. A 'Staying Put' policy has been developed by the Council to ensure that young people can remain with carer's beyond their 18<sup>th</sup> birthday.

17. Health passports have been created and provided by children in care health workers to young people at 18. Support to improve the health outcomes of children in care is provided by a dedicated team of designated nurses, which has been increased during the period of the previous strategy. Identifying and addressing alcohol and drug use is a priority for development and improvement.

18. Young people supported by the 16 Plus Service are encouraged to hold a Key Stage 4 and 5 Personal Education Plan regardless of their care status if they stay in school or further education. The service has a partnership agreement with Cornwall College that uses a traffic light system for identifying and addressing any emerging difficulties. These indicators help support children in care and care leavers entering and staying in college. This has proved to be very successful in supporting young people to stay in education.

19. Every young person in the 16 Plus Service is informed about Voice 4Us, the Children in Care Council and Carefree, who offer additional advocacy and positive opportunities for young people to contribute to service design and delivery within the Council. Further increasing participation and access to advocacy is a priority area for development and improvement.

20. A Placement Hub has been developed with a team of workers dedicated to matching children coming into care with the most suitable carers available. The team monitor placement requests, checking that the standards and expectations for information sharing are met, liaise with in-house and independent providers prioritise cases in line with decisions made at the Resource and Care Panels, and report activity and performance to senior managers. The team co-ordinates the search for independent placements and checks that the Council is getting best value from providers.

21. The Adoption Service has been reconfigured to meet the new policy and legislative requirements and in light of an independent review. A specialist Recruitment Team has been created to meet the new requirements at Stage 1 of the process and to increase the number and range of prospective adopters. The team also leads on recruiting foster carers, joining up the approach to finding families for children in care in line with best practice. The Family Finding and Assessment Teams are now co-located with the area based childcare teams to improve joint working and to raise the profile of permanence planning.

22. A multi-disciplinary Family Plus Team has been created to improve the quality of provision to children and young people cared for under

adoption, special guardianship and residence orders. There are over 400 children being supported by the team. The aim of the service is to achieve improve the quality of provision and support to all forms of permanence placements. In line with this objective the terms of reference for the Adoption and Fostering Panels have been revised so that they can scrutinise and make recommendations about all forms of permanence.

23. Resources have been reconfigured to develop a specialist Adolescent Support Team that will improve the quality of provision for adolescents on the edge of care. In addition to using the Family Partnership Model and Motivational Interviewing, the multi-disciplinary team will utilise Restorative Justice, Family Mediation and Functional Family Therapy to support adolescent's safety at home or in the wider family. A Social Impact Bond jointly with neighbouring authorities is also being considered to improve services to children on the edge of care.

24. Advocacy for children in care is provided independently by Barnardos. The service has been developed extensively under the previous strategy to provide children in care with advocates and independent visitors. The service provides independent visitors for twenty two isolated young people in care. As part of the policy to increase participation and advocacy, Cornwall Volunteers are also providing an advocacy service for children in care at their reviews. The aim of this new development is to provide support for an additional fifty young people in 2014. This will help young people to become more involved in the decisions about their lives through independent advice and representation.

25. At 31 March 2013, 92% of children in care communicated their views directly through statutory reviews. This performance is being improved through the introduction of Viewpoint as an additional means of helping children to express views and feelings about their plan, their placement and their future. These developments help professionals develop an even better understanding of the child's lived experience in care.

26. The Senior Manager for the Safeguarding Children's Standards Unit is the designated Champion for children in care and care leavers, working with Independent Reviewing Officers to quality assure practice; enable the participation of children in reviews (including chairing their own reviews) and prioritising both placement stability and progress towards permanence.

27. In March 2012, the Safeguarding Children's Standards Unit appointed a Child Exploitation/Missing Persons Manager. The role holds the lead for the prevention of child sexual exploitation and children going missing; honour based violence; forced marriages; trafficked children; unaccompanied asylum seekers; and aspects of on-line safety. Where there are concerns that a child in care is at risk of exploitation and/or is reported missing, this manager provides advice and consultation. She also audits the completion of return interviews for children in care who have gone missing; chairs strategy meetings where a child is at risk; and contributes to the quality assurance of the Children's Safeguarding Standards Unit. During February to April 2013 multi-agency briefings on

the aspects of risk were provided to over 1500 professionals and foster carers. Further programmes to raise awareness of these risks are being developed. She also contributes to safeguarding through joint working with Police and Community Safety Teams to help assess the size and scale of localised grooming; establishing patterns of offender or victim profiles; and ensuring a multi-agency response to children in care who are deemed at risk.

28. The Corporate Parenting Board meets quarterly. It includes the Lead Member for Children's Services, councillors, managers responsible for health and education provision, V4Us, the Chair of the Fostering Network and voluntary sector representatives. The Board scrutinises performance and developments in the provision of services. Additionally, a monthly multi-agency meeting of service managers is held to explore operational issues and develop partnerships to improve the quality of provision.

## The Pledges and V4us (The Children in Care Council)



29. The Children in Care Council, V4Us, has reviewed the Pledges the Council and its partners make to children in care and care leavers. This followed a survey of over 150 children in care and care leavers. They have decided to strengthen the Pledges by separating the single pledge to stay safe and keep healthy. This change was considered and agreed by the Corporate Parenting Board. A number of other changes have resulted from the participation of children in care and care leavers, including mechanisms for the setting up home allowances, the level of grants and improving the young persons' guide to their entitlements. Children and young people expect all agencies to sign up to the Pledges and that the partnership will:

1. Find the best available home for you
2. Help you to stay in touch with your family and friends
3. Help you stay healthy

4. Support you to do your best at school and college and university
5. Help and support you move on from care
6. Help you to participate and make sure your voice is heard in the decisions about you.
7. Help you to stay and feel safe

30. V4Us are active in helping agencies to better understand the needs and experiences of children in care and care leavers in a number of ways including:

- Training a wide range of staff and foster carers;
- Influencing policy and strategies including the Corporate Parenting Strategy;
- Providing local area groups to help children and young people participate wherever they live;
- Representing children in care and care leavers locally and nationally in the NCAS Benchmarking Forum;
- Making presentations to councillors about their duties as corporate parents;
- Presenting at meetings and conferences for managers and practitioners, including the 3<sup>rd</sup> Annual Social Work Conference in Cornwall;
- Holding at least 10 V4Us Council meetings per year with elections of a Chair and Vice Chair annually;
- Representing children in care and care leavers on the Virtual School Governing Body;
- Supplying the Project Lead for V4us to represent them on the Corporate Parenting Board and managers meeting; and
- Taking part in the recruitment of practitioners and managers at all levels.

31. V4Us priorities over the next three years include:

- Monitoring the way agencies fulfil the Pledges to children in care and care leavers via feedback surveys;
- Developing more learning materials, such as videos, audios and booklets, that can be used at interviews, in staff and councillor inductions and training sessions;
- Ongoing training to social workers, foster carers and other professionals working directly with children in care and care leavers;
- Ongoing training for councillors;
- Developing the three area groups and strengthening their impact on local social work teams; and
- Strengthening the V4us Committee through training and support for young people to become even more effective in participation, advocacy and influence.

## Partnership working

32. All agencies recognise that good partnership working is at the heart of effective service provision for children in care and care leavers. The partners to this strategy are:

- ✓ Cornwall Council (Children and Adult Services)
- ✓ Housing Services
- ✓ Cornwall Partnership NHS Foundation Trust (Children's Clinical Psychology and Therapy Services)
- ✓ Royal Cornwall hospital NHS Foundation Trust (CIC Nursing Team)
- ✓ Action for Children (Care Leavers Team)
- ✓ Barnardos (Advocacy and Participation)
- ✓ Carefree (Advocacy and Support)

33. The following services make a key contribution to improving outcomes for children in care and care leavers.

### **Children in Care Education Support Service (CiCESS)**

34. CiCESS is centrally based and part of the Cornwall School Improvement Team (CSIT). It responds to the needs of children in care at both a strategic and operational level. It provides both support and challenge to schools, other settings and other agencies that work with children in care, as well as working with targeted groups and individual students. There are about 600 students in the Virtual School, both Cornish children and those placed into Cornwall by other local authorities. The overriding CiCESS priority is to promote the educational aspiration, progress and attainment of children in care under section 52 of the Children Act 2004 and to help children in care close the gap in educational outcomes compared to their peers. This is done through positive practical support to children in care to achieve their full potential.

CiCESS website: [www.cornwall.gov.uk/cicess](http://www.cornwall.gov.uk/cicess)

35. At Key Stage 2, children in care achieving the expected levels in both English and Maths have improved year on year, although there was a dip in 2012. Results for 2013 are better than the national average for children in care and the gap between Cornish children in care and all children nationally has reduced since 2004. At Key Stage 4, children in care gaining 5 GCSEs A\* - C in both English in Maths has plateaued, although there has been better than expected progress between Key Stages from their starting points.

36. The school attendance of children in care is better than their peers. In 2012, absence for primary aged children in care was 4.23% compared to 4.61% all Cornwall children. Absence for secondary aged children in care was 4.99% compared to 5.58% all Cornwall children. CiCESS monitor and challenge schools and social workers where there are concerns over the levels of absence. There have been no permanent exclusions of children in care for the past 5 years and there is a downward trend for fixed-term

exclusions. CiCESS robustly follow-up every fixed term exclusion to ensure there are strategies in place to support reintegration.

37. CiCESS monitor the completion and quality of Personal Education Plans (PEPs) to ensure that every child in care has an up-to-date, relevant education plan. In 2012 / 2013 77% of PEPs were rated to be 'Good' or 'Outstanding'.

38. The Virtual School is an 'Achievement for All' school in order to raise the attainment of children in care on schools records of special educational needs. CiCESS key priorities for 2013 – 2016 are:

- To continue to raise standards of progress and attainment in all Key Stages, which are, against most comparators, in line or better than the national averages for children in care, and to continue to reduce exclusions year on year;
- To help every child in care have an up-to-date, relevant PEP that has been quality assured;
- To support all children in care below statutory school age to have access to an appropriate early years education and to firmly embed the Virtual Nursery School across the agencies;
- To improve positive outcomes through the Achievement for All Framework;
- To further develop and embed the Virtual College and support post 16 children in care and care leavers to remain in education, employment and training; and
- To provide support for adopted children and children subject to Special Guardianships and Residence Orders.

### **The Children and Young People in Care Health Team**

39. The work of the Children and Young People in Care Health Team is underpinned by the Healthy Care Standards and Every Child Matters, which are founded on the belief that all children in care are entitled to excellent and consistent health care. The aim of the team is to improve the health outcomes of children and young people who become looked after. The team undertakes medical assessments and annual reviews of all children in care. They support a range of professionals working with the child to ensure that medical care is appropriately identified and up to date. The team also take the lead in health promotion initiatives such as the dangers of smoking and accessing appropriate treatment services.

40. The initial health assessment performance data shows an improving picture:

<b>2012 – 2013</b>	<b>262 children accommodated</b>	<b>240</b>
<b>appointments offered</b>		
83% Offered an appointment for IHA within 28 days.	77% The IHA undertaken within 28 days.	87% The IHA undertaken within 42 days.

2013 – 2014 to date  
appointments offered

132 children accommodated

131

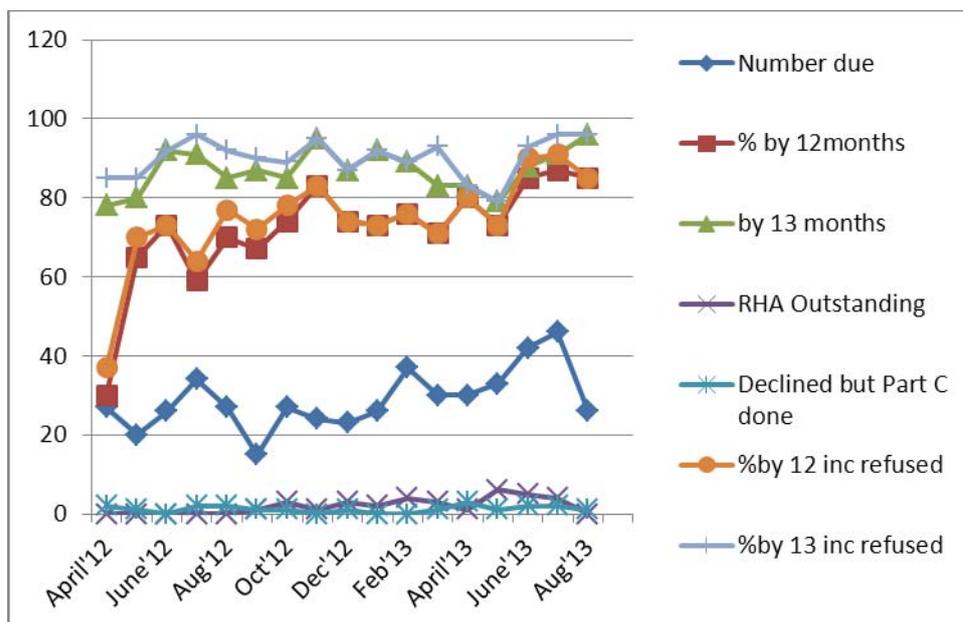
90% Offered an appointment for IHA within 28 days.	83% The IHA undertaken within 28 days.	96% The IHA undertaken within 42 days.
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41. The review health assessment performance data also shows an improving picture:

	Actual 2010/2011	Actual 2011/2012	Actual 2012/2013	2013/2014 to date
RHAs -under5s% within 6 months	76%*	91%	92%	97.5%
RHAs -under5s% within 7 months		98%	97%	97.5%
RHAs -over5s% within 12 months	32%*	58%	72%	86%
RHAs -over 5s% within the 13 month		81%	90%	88%

\*From available figures however data cleansing issues identified.

42. The over 5's review health assessments April 2012-August 2013 shows a more mixed picture and represents an area for further development:



43. The timeliness of health assessments has been improved by:
- Increased capacity in the Children in Care Health Team following investment by Health Commissioners;
  - Development of the Integrated Health Assessment Pathway on computer systems in partnership with Cornwall Council;
  - The upgrading of the Royal Cornwall Hospital's Trust looked after children's data base to support monthly performance monitoring and caseload management.
  - Continued improvement in the delivery of health assessments and review reports will be supported by: rigorous performance management of current processes to highlight blocks to effective, timely delivery; further recruitment to Children in Care Health Team; monitoring and quality assurance of the delivery of health assessments commissioned from other health providers, particularly for those children placed out of County; the Designated Nurse to attend the Children in Care Audit group which will provide an opportunity for review of the current 'invite' procedures; introduction of revised 'Children in Care Review' protocol for the Children in Care Health Team; and introduction of revised Health report paperwork to support the protocol to demonstrate on-going monitoring of health needs and implementation of the Health Plan.

44. Improving the identification, assessment and access to treatment for children in care with alcohol and substance misuse problems is a priority for development all young people aged 10 years and above are routinely asked about smoking, alcohol and substance misuse at each health assessment. This activity is monitored quarterly in the quality review of Review Health Assessments. The team will take the lead in signposting children in care with smoking, alcohol or drugs problems to appropriate treatment services.

45. Audit results show that the team is getting better at identifying alcohol and drug use.

*Audit Results:*

<b>Discussion recorded at RHA</b>	<b>Smoking</b>	<b>Drugs</b>	<b>Alcohol</b>
May'13	60%	30%	44%
August'13	53%	55%	70%

If the young person agrees, referrals are made to the YZUP service for alcohol and drug misuse treatment. All Specialist Nurses will be trained in smoking cessation. All Specialist CIC Nurses will access SUST training and the tool will be used with individual young people when indicated by identified alcohol or drug misuse.

## **The Clinical Child Psychology and Therapy Service**

46. The Clinical Child Psychology and Therapy Service is a service embedded within the Children's Social Care Service and is part of the local specialist CAMHS provision. The aims of the Service are to:

- raise the understanding and skills of practitioners directly supporting children in care (and those at risk of care) and their carers;
- help children overcome their experiences of neglect, abuse and trauma by the provision of evidence-based therapeutic interventions;
- help children prepare for permanent placements;
- provide comprehensive assessments that will support good matching of children and carers; and
- support placement stability.

47. The Clinical Child Psychology and Therapy Service helps children in care and care leavers by providing a range of services, which include: training for the practitioners supporting children in care and at risk of care; consultations to social workers and foster carers supporting children in care; therapeutic input to children in care and their carers; comprehensive assessments of attachment (and attachment difficulties); sibling relationships and mental health problems; and intensive support to foster carers (using PACE support groups). The team also supports effective referral and care pathways to all tiers of specialist and acute CAMH Services.

48. Service achievements over last three years include:

- Raising the understanding and skills of foster carers and social workers supporting children in care by the provision of an extensive workforce training programme (38 days per year), which has been highly evaluated. Understanding attachment and attachment difficulties is the focus of the training. Established intensive PACE support groups for foster carers, which have been highly evaluated. These run 3 times per year;
- Further developing access to art and drama therapy for children with histories of trauma, abuse and neglect, who present with complex attachment difficulties. The service has been highly evaluated by those children receiving services and the professionals /carers who support them;
- Providing effective consultation and therapeutic services to foster carers, which were well received (on average 140 referrals for consultations to foster carers per annum); these services were

positively evaluated by foster carers and the social workers supporting them; and

- Developing strong and effective links with Tier 3 specialist CAMHS to ensure clear referral and care pathways for children in care; the appointment of a Child and Adolescent Psychiatrist to the team, who works within Specialist CAMHS supports effective partnership working in relation to children in care (fast tracking of children in care to CAMHS Specialist services).

49. The Clinical Child Psychology and Therapy Service has identified the following areas for development:

- Further embedding the contribution of the team within the work of the 16 Plus Service;
- Providing higher levels of input to children at risk of care, subject to child protection plans, and their parents, to support intensive intervention at an earlier stage;
- Working more closely with Adult Mental Health services to further improve transition arrangements for care leavers with compromised mental health; and provide greater support for children at risk of care, whose parents have mental health problems;
- Consolidating current gains in relation to workforce development training programme on attachment and intensive PACE groups for foster carers;
- Supporting further effective matching for children, when they are placed in their permanent placements, by the increased use of psychological tools such as Adult Attachment Style; and
- Developing a robust audit and evaluation cycle to provide more outcome data on the effectiveness of interventions in relation to improving outcomes for children in care.

## **Impartial, advice and guidance, advocacy and participation**

### **Barnardos**

50. Barnardos supports the work of V4Us. They also provide an advocacy service and independent visitors for children in care, supporting representations and complaints by children and young people who are dissatisfied with the quality of provision. Volunteer Cornwall are providing an additional advocacy service for children in care at their reviews.

### **Action for Children**

51. Action for Children provide personal advisors to support around 160 care leavers in partnership with the 16 Plus Service. They support young people through their transition to adult life. The service contributes

significantly to top quartile performance for supporting care leavers to stay in education, training and employment.

### **Carefree**

52. Carefree is a local charity that was set up by young people in and leaving care. Their aim is to give young people the chance to do things for themselves and others. They do this by using youth-work skills to help young people to gain independent living skills, make friends, learn to work with others, build self awareness, confidence and resilience. Carefree achieves these aims through outdoor education, arts and creativity, educational support in working with schools and informal and social education groups and workshops. Almost all of Carefree's work with young people leads to some sort of accredited outcome that helps young people improve their life chances. Carefree works with over 120 young people a year aged 11-25 and operates across Cornwall. It provides evening groups, weekend and holiday activities which operate around the county.

## **Priorities for development**

53. The Cornwall Corporate Parenting Strategy 2013-16, is informed by the self assessment of services for children looked after and care leavers; by feedback from children in care and care leavers; by audit, and by review; and by inspection. The areas highlighted for development are:

- 1> Placement stability (particularly short term placement stability);
- 2> The timeliness and quality of health assessments (including SUST);
- 3> Educational aspiration, progress and attainment;
- 4> Implementing the findings of the review of adoption breakdowns over the past 18 months;
- 5> Participation and advocacy;
- 6> Implementing Signs of Safety/Signs of Wellbeing as the basis for reviews;
- 7> Further improving the access of care leavers to education, training and employment;
- 8> Increasing the range of safe moving-on accommodation for care leavers;
- 9> Refreshing the Transitions Policy; and
- 10> Further improving the access of care leavers to specialist CAMHS Services.

54. These priorities will be reflected in Service and Team Improvement Plans, and in individual appraisal targets for practitioners working directly with children in care and care leavers. Progress will be monitored through the Framework for Quality Assurance and Performance Management including multi-agency case audits; the basket of indicators reviewed by both the Children's Trust and Safeguarding Children's Board; and reporting to the Corporate Parenting Board. Further surveys of children in care and care leavers will be undertaken to check that their experience of the services they receive and their outcomes continue to improve.



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Published date: October 2013

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