

Agenda

Cabinet

Date: **Thursday 20 July 2017**

Time: **2.00 pm**

Place: **The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

Sarah Smith

Tel: (01432) 260176

Email: sarah.smith1@herefordshire.gov.uk

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Agenda for the meeting of Cabinet

Membership

Chairman **Councillor AW Johnson**
Vice-Chairman **Councillor PM Morgan**

Councillor H Bramer
Councillor DG Harlow
Councillor JG Lester
Councillor PD Price
Councillor P Rone
Councillor NE Shaw

Agenda

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1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
2.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interest by Members in respect of items on the Agenda.</p>	
3.	<p>MINUTES</p> <p>To approve and sign the minutes of the meeting held on 22 June 2017.</p>	11 - 18
4.	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive questions from members of the public. <i>Deadline for receipt of questions is 5:00pm on Monday 17 July.</i> <i>Accepted questions will be published as a supplement prior to the meeting.</i> <i>Please submit questions to: councillorservices@herefordshire.gov.uk.</i></p>	
5.	<p>QUESTIONS FROM COUNCILLORS</p> <p>To receive questions from councillors. <i>Deadline for receipt of questions is 5:00pm on Monday 17 July.</i> <i>Accepted questions will be published as a supplement prior to the meeting.</i> <i>Please submit questions to: councillorservices@herefordshire.gov.uk.</i></p>	
6.	<p>CARERS STRATEGY FOR HEREFORDSHIRE</p> <p>To approve a new joint carers strategy for Herefordshire and agree consequent commissioning intentions for carers and procurement arrangements for commissioned services.</p>	19 - 68
7.	<p>CORPORATE PARENTING STRATEGY 2017-2020</p> <p>To approve and endorse the Corporate Parenting strategy.</p>	69 - 130
8.	<p>ADOPTION SERVICE ANNUAL REPORT 2016-17</p> <p>To review adoption service performance and approve related documents.</p>	131 - 164
9.	<p>FOSTERING SERVICE ANNUAL REPORT 2016-17</p> <p>To review the fostering service performance and approve related documents.</p>	165 - 212

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- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
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- The Shire Hall is a few minutes walking distance from both bus stations located in the town centre of Hereford.

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The Chairman or an attendee at the meeting must take the signing in sheet so it can be checked when everyone is at the assembly point.

Guide to Cabinet

The Executive or Cabinet of the Herefordshire Council consists of a Leader and Deputy Leader and six other Cabinet Members each with their own individual programme area responsibilities. The current Cabinet membership is:

Councillor AW Johnson (Leader) (Conservative)	Corporate Strategy and Budget
Councillor H Bramer (Conservative)	Contracts and Assets
Councillor DG Harlow (Conservative)	Economy and Corporate Services
Councillor NE Shaw (Conservative)	Financial Management and ICT
Councillor PM Morgan (Deputy Leader) (Conservative)	Health and Wellbeing
Councillor PD Price (Conservative)	Infrastructure
Councillor P Rone (Conservative)	Transport and Roads
Councillor J Lester (Conservative)	Young People and Children's Wellbeing

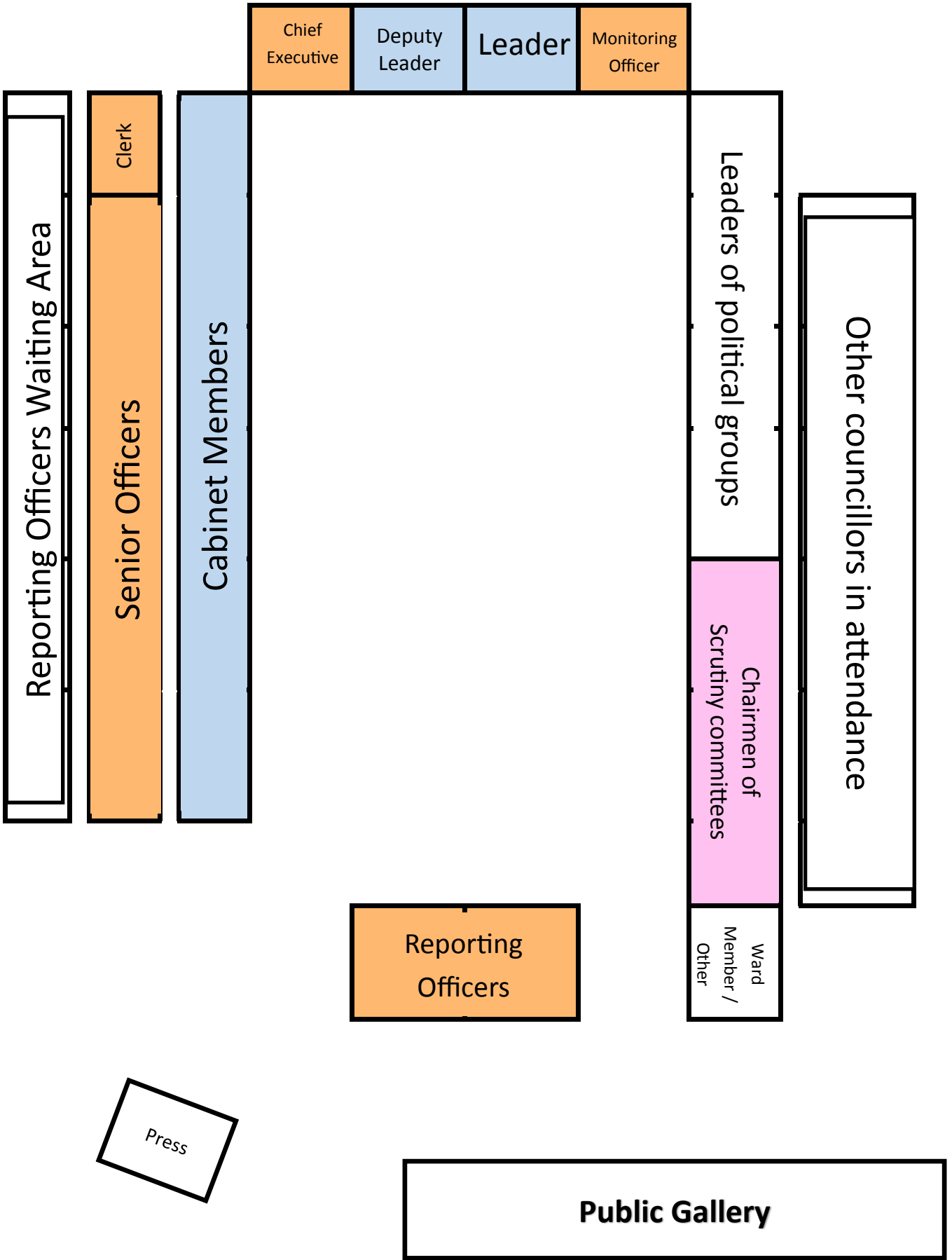
The Cabinet's roles are:

- To consider the overall management and direction of the Council. Directed by the Leader of the Council, it will work with senior managers to ensure the policies of Herefordshire are clear and carried through effectively;
- To propose to Council a strategic policy framework and individual strategic policies;
- To identify priorities and recommend them to Council;
- To propose to Council the Council's budget and levels of Council Tax;
- To give guidance in relation to: policy co-ordination; implementation of policy; management of the Council; senior employees in relation to day to day implementation issues;
- To receive reports from Cabinet Members on significant matters requiring consideration and proposals for new or amended policies and initiatives;
- To consider and determine policy issues within the policy framework covering more than one programme area and issues relating to the implementation of the outcomes of monitoring reviews.

Who attends cabinet meetings?

On the next page you will find a layout plan of the room showing who is sitting where. Coloured nameplates are used which correspond to the colours on the plan as follows:

Pale blue	Members of the cabinet, including the leader of the council and deputy leader – these are the decision makers, only members of the cabinet can vote on recommendations put to the meeting.
Orange	Officers of the council – attend to present reports and give technical advice to cabinet members
Pink	Chairmen of scrutiny committees – attend to present the views of their committee if it has considered the item under discussion
White	Political group leaders – attend to present the views of their political group on the item under discussion
	Other councillors may also attend as observers but are not entitled to take part in the discussion.



Herefordshire Council

Minutes of the meeting of Cabinet held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Thursday 22 June 2017 at 2.00 pm

Present: Councillor AW Johnson (Chairman)
 Councillor PM Morgan (Vice-Chairman)
 Councillors H Bramer, DG Harlow, JG Lester, PD Price, P Rone and NE Shaw

Group leaders in attendance Councillors TM James, RI Matthews and AJW Powers

Scrutiny chairmen in attendance Councillors WLS Bowen, CA Gandy and J Stone

Other councillors in attendance: Councillors EJ Swinglehurst, PP Marsh and CR Butler

Officers in attendance: Alistair Neill, Geoff Hughes, Chris Baird, Claire Ward, Andrew Lovegrove and Donna Etherton

1. APOLOGIES FOR ABSENCE

There were no apologies from members of the cabinet.

2. DECLARATIONS OF INTEREST

None.

3. MINUTES

RESOLVED: That the Minutes of the meeting held on 4 May 2017 be approved as a correct record and signed by the Chairman.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received from members of the public.

5. QUESTIONS FROM COUNCILLORS

Question from Councillor E J Swinglehurst

Cladding on public buildings

The fire at Grenfell Tower highlighted potential risks inherent in using certain exterior cladding on high rise buildings. I understand this, and the adequacy of building control regulations, may be the subject of urgent review. If such cladding has been used in the refurbishment of housing or public buildings in Herefordshire what assessment has been made of the risks to residents, and what steps have been taken to reassure them?

Answer from Councillor Harry Bramer, cabinet member contracts and assets

Herefordshire does not have any high rise buildings. However, in light of the potential risks associated with certain types of exterior cladding, officers are liaising with the housing providers to establish what steps they are taking to identify and assess any risk relating to the housing stock they own.

A similar assessment of risk is being carried out in relation to council buildings including schools; these are low rise buildings with more than one fire exit. Regular fire drills and inspections are carried out at all council premises, and improvements in practice identified as necessary; the importance of this basic good practice cannot be overstated.

Our thoughts go out to all those affected by the Grenfell Tower fire, but I am assured that we are taking all steps necessary to identify risks and, if appropriate, take mitigating action.

The building control service remains available to provide advice to property owners.

The advice from Government is fast moving, we have received further guidance this morning. There is a wide range of propriety cladding systems that have been used over the years and these are constructed from a wide range of materials. Government advice is that some (ACM) Aluminium Composite Material cladding systems may not provide sufficient fire resistance. The guidance issued this morning requires council's to notify the Fire and Rescue Service of the existence of any Aluminium Composite Material cladding in council buildings. The council has complied with this requirement.

Requests from Government

We have responded to all information requests from Government. We have confirmed that we do own any properties in Herefordshire (residential or other, clad or other) over 18m

Properties owned by the Council

We do not have any properties that have significant cladding. We have identified a small number of properties that have decorative cladding panels, e.g. in modular window systems. These tend to be in the form of a glazed opening in the top half of the unit and the lower half is a cladding panel. . We have assessed these as low risk installations on the basis that they are not cladding the whole wall, and the buildings are not occupied by people sleeping. We are liaising with the Fire and Rescue Service in respect of these buildings.

Social Housing

The council does not own any social housing. We are having an ongoing dialogue with the major social land lords operating in Hereford, including HHL. They have all confirmed that they do not have any high risk properties, i.e. residential units above 18m. They are confirming that they have some properties that have been clad, but using a different technique (EWI) External Wall insulation. This involves a layer of insulating material being fixed to the external walls with no gap. This is then covered with a coat of render.

Blueschool House

External Wall Insulation (EWI) Cladding has been used on part of the structure, this has been installed and rendered over. In addition the plan is to provide some external cladding using a form of cladding which complies with current building regulations, we are awaiting confirmation that this material is fire resistant. We are also exploring options of changing to a different type of cladding if this is deemed necessary.

Properties not belonging to the Council.

We are aware of one block of flats outside the ownership of the council, which is below 18m in the city of Hereford that has a form of ACM cladding. Investigations are continuing to identify any risks associated with this property. The council is liaising with the Fire and Rescue Service regarding this building.

We have reminded care home providers and schools of the need to ensure that their fire risk assessments are up-to-date and of the need to have regular evacuation drills.

6. END OF YEAR CORPORATE BUDGET AND PERFORMANCE REPORT 2016/17

The cabinet member economy and corporate services introduced the report. The focus of the report was on the final budget position for 2016/17 and the successes and challenges for each directorate of the council. The cabinet member stated that careful management of the budget had protected services and that there had been an overall underspend of £600k.

A number of successes were highlighted, linked to the council's corporate priorities:

Enable residents to live safe, healthy and independent lives

- 177 disabled facilities grants had been funded, a small increase on the previous year, allowing more residents to stay in their own home for longer;
- more residents over the age of 65 were being supported to live at home;
- Herefordshire was now ranked 18th best out of all English authorities.

Keep children and young people safe and give them a great start in life

- early years outcomes had improved, Herefordshire was now ranked in the top 25% of councils for a key measure;
- recruitment of foster carers had improved, against a regional trend of falling numbers of foster carers.

Support the growth of our economy

- good progress had been made on the south wye transport package;
- the new city link road was expected to open before Christmas 2017;
- the new economic vision for the county was about to be launched;
- EnviRecover Energy-from-Waste plant had been completed and was reducing the council's reliance on landfill for disposing of waste while generating power.

Secure better services, quality of life and value for money

- the use of agency staff had reduced;
- the council's new website had been launched successfully and had been submitted for a national award.

Group leaders were asked to make comments on behalf of their group.

The leader of the Herefordshire independents group raised the following points:

That inspections of adults' services often criticised a lack of front line support and management and that the director for adults and wellbeing should visit frontline staff more often. In response it was noted that Herefordshire was rated the 5th highest authority for quality of life provided and that the management team was clearly delivering good results.

That the telecare service was a credit to everyone involved.

The group leader queried why the council had seen an increase in foster carers. The cabinet member for children and young people responded that a targeted approach had been used to recruit more carers and that there was good support and training in place which was valued by carers.

The group leader commented on the inclusion of the Hereford Bypass in the Midlands Connects regional transport strategy and asked what benefits this would bring. The cabinet member for infrastructure explained that the bypass scheme was in the early priority stages of the strategy programme and that the system was complex. More information would be provided as the strategy was firmed up. Funding may be available if the scheme meets the relevant criteria for each stage.

The group leader asked how often neighbourhood plans would be reviewed. It was stated that it was not intended that such plans be reviewed annually, the frequency of review would depend on the circumstances.

The group leader asked whether the rural grant was ring fenced. The chief finance officer confirmed that it was not ring fenced and that it could be used as the council saw fit.

The group leader asked for details of how the write off of business rates compared with other years. The chief finance officer agreed to provide a written response.

The leader of the It's Our County! group made the following points:

That requests had been made previously for reports to show gross budget figures rather than net figures but this had not been implemented.

That adults and wellbeing directorate had seen a 40% increase in overspend in the final quarter. The cabinet member for health and wellbeing responded that this overspend was regrettable but should be set in context of a gross budget of £20m and the national picture where virtually every council in the country was overspending on adult social care.

The group leader stated that there was a failure to provide suitable short breaks for children with challenging needs. The cabinet member for children and young people responded that the new service for short breaks was providing choice and opportunities depending on the needs of each child. Any councillor who was aware of a family with needs that were not being met was urged to direct them to the cabinet member for children and young people or to relevant officers. The chief executive highlighted positive feedback received from a parent of a young person who had previously used the Ledbury Road centre but was now accessing short break provision through the new system.

The group leader queried why the percentage of pupils in schools rated by Ofsted as good or outstanding had fallen and what the pressures were that schools were facing to cause such a drop. The interim director for children's wellbeing responded that the drop was due to a single large high school which had fallen in rating. Work was continuing to build on the council's approach to school improvement which included being clear with schools about expectations.

The group leader queried how effective the delivery of rural connectivity through the Fastershire programme had been. The cabinet member for economy and corporate services responded that super-fast broadband had been rolled out to 83% of the county. The council's definition of super-fast broadband was a speed of 30Mbps. Work had begun to look at how this could be rolled out to the remainder of the county in a joint programme with Gloucestershire. There was an aim to reach 94% of the county by the end of 2018.

The group leader commented that the report painted a positive picture of the county but that it was wrong not to reflect all challenges and risks. He stated that a list of detailed questions had been sent to the chief finance officer and requested that a written response be provided.

The leader of the Liberal Democrats group commented that the service performance most of the public were concerned about was the state of the roads. He noted that there had been some improvements but felt that the county's roads were in the worst state they had ever been. The leader of the council responded that this comment could apply

almost anywhere in the country and that the council was looking at how to make additional resources available.

The representative of the Green group raised the following points:

Whether the energy-from-waste plant was at full capacity. The cabinet member for contracts and assets responded that it was presently operating at around 90% capacity but it was anticipated that as recycling rates improved, additional spare capacity would be produced.

Whether the reduction in funding for Herefordshire from 2010 to 2020 was correctly calculated at 22%. The chief finance officer responded that the nature of grants had changed over the period and so it was difficult to compare like with like. A reduction of 22% was correct but did not reflect other grants which had been removed and not replaced. The cabinet member for health and wellbeing noted that the pressures on the council's services had increased and would continue to increase over the rest of the decade.

Resolved:

THAT:

- (a) performance and financial outturn, including debt write off for 2016/17 as set out in appendices A, B, D and E are reviewed and the cabinet identifies any additional actions to be considered to achieve improvement;**
- (b) the treasury management outturn report at appendix C be recommended to Council for approval; and**
- (c) the annual performance report at appendix F be approved for publication.**

7. BUDGET PLANNING/CONSULTATION

The cabinet member for financial management and ICT introduced the report. The chief finance officer stated that the planned consultation exercise was similar to that carried out in the past and would be primarily a digital consultation, supplemented by use of existing meetings with stakeholder groups.

Group leaders were asked to give the views of their groups.

The leader of the It's Our County! group advocated working in partnership with town councils and larger parishes to build a budget rather than take a top down briefing approach. It was suggested that ward members could help facilitate this.

He also suggested that questions on levels of council tax should enable respondents to see and respond to what any rise in council tax would actually be spent on.

He stated that an entirely online consultation would fail to include those most in need of council services. The equality duty section of the report did not mention any of the demographics who might not be able to take part in an online questionnaire.

The cabinet member for financial management and ICT responded that any local councillor could engage with local events or bodies to give feedback on the budget consultation. The planned level of engagement took account of time constraints on council officers. He noted that online consultation was becoming the default medium for many organisations and that use should be made of greater online access.

The cabinet member for health and wellbeing stated that the planned consultation was at a high level and that where there were specific proposals for changes to services more

targeted consultation would take place in ways which would take account of the needs of the service group.

The cabinet member for infrastructure stated that the investment made in broadband for the county should lead to a digital by default approach and that he had not received any feedback at parish meetings to say that residents were unable to respond to online questionnaires.

The leader of the Liberal Democrat group queried what difference the proposed tiered approach would make. The leader of the council responded that there were differences in providing services in the city, the market towns and the very rural areas of the county. The three tiers proposed would allow adjustments to be made in design and delivery of services to even out these differences.

Resolved:

THAT:

(a) the approach for consulting on budget priorities for the coming four years and the capital programme and budget proposals for 2018/19 as set out in the report be approved.

8. AWARDING HONORARY TITLES - POLICY STATEMENTS

The cabinet member for economy and corporate services introduced the report. Following the instalment of Sasha Kindred CBE as the first honorary freeman of Herefordshire the purpose of the report was to approve the procedures and criteria to be used for future nominations.

The leader of the It's Our County! group commented that the approach suggested was very welcome and common sense. He suggested that clear criteria should be used although he recognised that it was difficult to put into words the principle behind the award.

The leader of the council responded that the criteria had been discussed but that it was hard to decide where to draw the line. The director of economy, communities and corporate stated that the criteria set out in the appendix to the report required outstanding commitment and eminent service to the county. Awards would only be made in very special circumstances.

The leader of the Liberal Democrats group urged members to be discreet in making nominations and supported the process of taking informal soundings before a formal nomination was made.

Resolved:

THAT:

- (a) The policy statement and procedure at appendices 1 for nominating honorary freemen/women is agreed and adopted;**
- (b) Awards of honorary titles are limited to a maximum of 4 titles held within the county at any one time; and**
- (c) The democratic services manager be delegated responsibility to oversee and administer the process of nominations.**

9. 16-19 LOCAL AUTHORITY COMMISSIONED SPECIAL SCHOOL

The cabinet member for children and young people introduced the report. He noted that this was an exciting opportunity to extend provision for children with special educational needs (SEN) in the county. The proposed new school would meet an identified need for additional places and would be a proactive measure to provide for future growth. There was a need to progress sooner than hoped in order to take advantage of external funding. While there was some risk involved it was considered to be a good opportunity.

Group leaders were invited to present the views of their group.

The leader of the Herefordshire Independents group asked what facilities were presently in place. The cabinet member for children and young people responded that there was existing provision but that there was an identified need for extra capacity for future years. Rather than have overcrowding on the existing sites, the proposal was to open a new facility to cater specifically for this age group. The interim director for children's wellbeing stated that both Westfield and Barr Court schools offered good and outstanding SEN provision for 16-19 year olds as judged by OfSTED but that their sites were challenging in terms of expansion to provide for expected growth.

The leader of the It's Our County! group welcomed the proposal. He commented that the ward member for the proposed site for the new school recognised the need and supported the proposal. He asked what would happen to the private nursery provision which was operating on the site. The interim director of children's wellbeing responded that notice had not been served on the nursery provider but they had been made aware of the proposals and discussions were ongoing.

The cabinet member for financial management and ICT asked what level of funding might be invested in Herefordshire. The interim director for children's wellbeing responded that the potential funding for the building of the new school could be between £1.5m and £2m but that this would be determined by the department for education and met by them in accordance with the rules of the scheme.

The leader of the Liberal Democrats group supported the proposal and welcomed the planned improvement in the service.

Resolved:

THAT:

- (a) approval is given to progress to the next stage of the DfE Free School Special School initiative following the success of Herefordshire's expression of interest to commission a 16-19 SEND free school in accordance with the specification in appendix 1;**
- (b) approval in principle is given to the allocation of the former Broadlands School site for the development of the 16-19 SEND free school subject to a satisfactory business case being approved and planning consent being obtained; and**
- (c) necessary feasibility works to further develop the business case and scheme to a maximum of £250k be approved and authority delegated to the director of children's wellbeing to take operational decisions necessary to inform a further decision.**

The meeting ended at 3.26 pm

Chairman



Meeting:	Cabinet
Meeting date:	20 July 2017
Title of report:	Carers strategy for Herefordshire
Report by:	Cabinet member, health and wellbeing

Classification

Open

Key decision

This is a key decision because it is likely to result in the council incurring expenditure which is or the making of savings which are significant, having regard to the council's budget for the service or function to which the decision relates.

and

This is a key decision because it is likely to be significant in terms of its effect on communities living or working in an area comprising one or more wards in the county.

Notice has been served in accordance with Part 3, Section 10 (General Exception) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) Regulations 2012.

Wards affected

Countywide

Purpose

To approve a new joint carers strategy for Herefordshire and agree consequent commissioning intentions for carers and procurement arrangements for commissioned services.

Recommendation(s)

THAT:

- (a) the draft joint carers strategy for Herefordshire be approved;**
- (b) the commissioning intentions at appendix 2 and the timetable for procurement of services for carers set out in paragraph 13 be approved; and**
- (c) the director for adults and wellbeing be authorised to award contracts for carers services for a period of up to five years and a maximum combined value not exceeding £1.23m.**

Alternative options

- 1 The option to not have a carers strategy. This option is not recommended since Herefordshire has published such a strategy until now and this is accepted as good practice nationally. Carers are a significant population group who are themselves vulnerable and support the most vulnerable people in society. Carers have contact with a very wide range of services and are vulnerable to economic, social and health risk factors. The issues facing carers are complex and require a whole system approach.
- 2 The option to extend and continue the most recent carers strategy. This option is not recommended because there have been many changes in the wider context for carers in recent years. These include a new legislative framework provided by the Care Act 2014, the Children and Families Act 2014 and other legislation and guidance. In addition there have been changes in local social care provision and significant reductions in available resources. These changes have led to greatly increased focus on information and signposting, mutual support and self help, along with access to universal services.
- 3 Delay finalisation of the strategy until after the forthcoming national carers strategy has been published. This option is not recommended because the timetable for publication of the national strategy has been repeatedly delayed. The original intention was that the Herefordshire strategy would be developed in the light of the national strategy, but its repeated delays have already caused issues for the local strategy. There is no firm timetable for publication of the national strategy.

Reasons for recommendations

- 4 Carers have long been identified as a priority population group by the council and its partners. They represent approximately 16.5% of Herefordshire's population according to the 2011 Health and Wellbeing Survey and they play a pivotal role in the local health and care economy. Some carers may require support to enable them to achieve their aspirations and continue in their caring role. The most recent carers strategy expired in 2015. Current contracted support services for carers will end in March 2018, so that newly configured services must be commissioned to begin in April 2018; a process which will start very shortly. The council has committed to involving carers directly in the design of new services. These new services should reflect the priorities in the strategy, which therefore should be published prior to the start of the procurement process.

Key considerations

- 5 Unpaid carers provide invaluable support to vulnerable children and adults, often their family members. In the 2011 census, 20,500 people in Herefordshire identified themselves as carers. Also in 2011 the Health and Wellbeing Survey estimated the total number of carers in the county to be around 34,000. Anyone can be a carer, regardless of age, background, or relationship with the cared for person. Many carers are disabled or have long term health needs themselves. Young carers, looking after a disabled family member are particularly vulnerable and the council has specific statutory duties to young carers. Other defined groups of carers include older carers, carers of people with specific conditions, former carers and dementia carers.
- 6 Nobody is only a carer. Caring is just one aspect of their lives and people will expect to live rounded, diverse lives. Many carers prefer to see themselves as partners,

Further information on the subject of this report is available from
Ewen Archibald, Strategic Wellbeing and Housing Manager on Tel (01432) 261970

parents or friends when fulfilling their caring role: this explains part of the gap between the number of people estimated as being carers and the number who identify themselves as such. Most carers are focused primarily on ensuring the right support and care is provided to the person they care for. However, in pursuing their aspirations, carers face many additional challenges and barriers which may affect;

- Carers' own physical or mental health, which may be affected by the pressures of providing care
- Their capacity to remain in employment and sustain their careers while also providing care.
- Their income and capacity to maintain their home
- The education and future life prospects of young carers

7 The council has committed to having a strategy for carers. The strategy adopted in 2011 expired in 2015, but as the government was proposing to launch a national carers strategy in the summer of 2016, the new strategy for Herefordshire was deferred until after that. The council undertook in-depth consultation with carers between 2015 and 2016 which provided a clear indication of their concerns and priorities. The government postponed the publication of the national strategy to November and then December 2016 and it is now expected in late 2017.

8 In 2017, the consultation material was reviewed, along with key national research and in March, April and May 2017 the council engaged extensively with carers to co-produce a new carers strategy. Around 160 carers have been involved, meeting in groups and engaging through email, home visits and other means. The co-production will continue throughout the implementation of the strategy and will inform the design and procurement of new services for carers. There has also been engagement with stakeholder organisations, including service providers and in particular, Herefordshire Clinical Commissioning Group (HCCG). The draft document is presented as a joint strategy between the council and HCCG.

9 The new strategy represents a significant development from the strategy which ended in 2015. There will be much less reliance on specific support to individual carers since this could only ever reach a very small minority. There is therefore new focus on access to universal services, information and advice and mutual support and networking. In the past, implementation was addressed through an action plan, relying greatly on the role of contracted providers. Implementation of the new strategy will be co-ordinated by a cross agency group led by the council, HCCG and carers themselves, all working together.

10 The carers strategy will form part of a wider strategic approach to prevention and wellbeing which is led by the council but dependent upon local people, communities and organisations for its realisation. The carers strategy will complement the evolving plans for information and advice, wellbeing networks and use of community development. One emphasis of this strategic approach is the recognition and engagement of the strengths of individuals and local assets and resources in communities. Carers often reflect and add to the strengths of the person they care for and themselves offer formidable skills and knowledge which promote resilience and mutual support. Effective prevention and wellbeing also depend upon ensuring people can make optimum use of universal services.

- 11 The new strategy sets out a clear vision and some key principles and summarises the main aspirations, concerns and needs of carers, whose demographic make-up is also analysed. The strategy then identifies six priorities, to be taken forward through system wide change and re-commissioning of specialist and targeted support for carers. Within each priority, there will be specific focus on the needs of young carers.
- **Identifying carers.** Universal services need to be able to recognise carers and provide responses which are carer aware and ensure accessible and appropriate support. Identification also allows carers to receive their financial and other entitlements and gain access to information, advice and support. Registration is an effective way of promoting access to these services. Among other groups, it is particularly important to ensure that young carers are identified, so that they can be supported.
 - **Information, advice and signposting** are essential in enabling carers to get access to both universal and specialist support, both for themselves and the cared for person. They are themselves universal services for everyone and therefore the council will seek to route information and signposting for carers through WISH, whilst augmenting it with carer specific information and advice. Information and advice should align closely with identification and registration.
 - **Carers' knowledge, skills and employment.** Carers have significant expertise in relation to the person they care for and have wider knowledge and experience to offer. These can be utilised more effectively by the health and care system and by employers across Herefordshire's economy. Young carers will be supported to take confidence from the skills they have acquired as they progress in their education.
 - **Access to universal services.** Carers and the people they care for are entitled to the same lifestyles and access to the same public services as the rest of the population. Timely and successful take-up of universal services helps prevent escalation of health and care need and maintain people's independence. There are particular barriers to universal services for young carers.
 - **Networking and mutual support.** Carers themselves are often the best source of expertise and advice for other carers. The primary focus for most carers is getting the right support for those they care for. There is enormous potential for social networking and mutual support among carers. Interactive technology offers great potential to facilitate networking.
 - **Assessment and support.** Carers have a right to an assessment of need. In addition, young carers have specific entitlement to assessment and support. Carers contribute to many assessments for the cared for person. Where support is provided to carers, it will be based on a recognition of individual strengths and local assets available in the community.
- 12 The carers strategy does not cover the issue of respite or short breaks services. Such services continue to be provided and funded by the council and HCCG. However, respite and short breaks services are seen as support for the cared for person and depend upon an assessment of their needs. Whilst they may benefit the carer indirectly, and strengths based assessments will recognise the contribution of the carer, respite and short breaks are not designed to support carers directly.

- 13 The implementation of the new strategy will depend upon changes across the health and care system, along with targeted services for carers which will be commissioned. The council and HCCG will work to drive the system changes and will continue to involve carers directly in this work. Newly configured services for carers will be commissioned and procured to start in April 2018 after current services end in March 2018. In order to achieve the council's medium term financial strategy (MTFS) targets, resources available for services to carers have reduced significantly. A panel or focus group of carers, including young carers, will contribute to the final design of new services to be commissioned and participate in the procurement process. Outline commissioning intentions for carers are included at appendix 2.
- 14 The council has been obliged to make significant reductions in the spending made on services for carers in order to achieve MTFS targets. Consequently it is essential that resources are directed to those activities which will have most strategic impact for the largest possible number of carers. This will involve a focus on services which change the system and make universal services more responsive, so helping to sustain the impact as the carers' population continues to grow. The priorities in the carers strategy noted above have guided the commissioning of services. In addition, the council must ensure that it fulfils its statutory duties, which apply in particular to young carers. It will also ensure that commissioned services reflect the wider strategic approach to prevention. Considering all these factors, the services commissioned from April 2018 are expected to reflect;
- Assessment and support planning for young carers
 - Promotion of early identification of carers and a register linked to public sector systems.
 - Effective information, advice and signposting for carers, appropriately aligned to WISH
 - Facilitation to enable carers to navigate the health and care system establish effective networks and mutual support.

The detailed scope of new services to be commissioned and the target outcomes to be achieved will be agreed through co-production with carers during July 2017. The services will be procured by way of up to three separate lots.

- 15 The timetable for the recommissioning and procurement of services for carers is:

July 2017	Finalise service designs with the carers' focus group.
August 2017	Contract, specification and other documentation completed
September 2017	Procurement process launched
November 2017	Tender and clarification processes conclude
December 2017	Tender evaluation and intention to award communications
January 2018	Non key decision to award contract/s
January 2018	Finalisation of contract and commencement of mobilisations
March 2018	Existing contracts close. New services commence

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- 16 Contracted services will be complimented by wider changes in the way systems and people operate and respond to carers. These will be reviewed and implemented by way of a carers strategy implementation group in collaboration with HCCG and with participation of carers. This process will begin with establishing an implementation plan with clear outcomes, timetable and lines of accountability. This will be monitored on a regular basis, with reporting to joint commissioning board and health and wellbeing board.

Community impact

- 17 The council's corporate plan includes a commitment to enabling people to live safe, healthy and independent lives. Many vulnerable people are dependent upon carers in order so to do and the carers strategy seeks to support that contribution and help to ensure that carers themselves are safe, healthy and independent. The plan also acknowledges that the council will have greatly reduced resources and must find new ways of meeting the needs of local people. The carers strategy addresses this challenge directly as with less funding for contracted services, it will promote access to universal services, networking and mutual support and information, advice and signposting. There will be a particular focus on supporting the health, safety and independence of young carers.
- 18 Herefordshire's health and wellbeing strategy identified mental health and children as key priorities and carers are instrumental in supporting vulnerable adults and children. The carers strategy will bring forward change which is consistent with the objectives of the health and wellbeing strategy.

Equality duty

- 19 The council is committed to equality and diversity using the Public Sector Equality Duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Some carers are older people and there are several hundred young carers under 18 in Herefordshire. Young carers clearly share a protected characteristic and also, some carers are also specifically associated with those who do, principally disabled people. Furthermore, carers may be disabled themselves or share other protected characteristics.
- 20 The carers strategy is intended to advance the position of carers in Herefordshire and so may be expected directly and indirectly to benefit people belonging to groups with protected characteristics. The strategy will bring about changes in commissioned services which are made in the context of reducing resources. Whilst some people with protected characteristics will benefit from new services, some may find that the particular service they have been using is reduced or ends. This impact will be mitigated by the promotion of universal services, improved information and signposting, linked to the wider development of community based preventative support.

Financial implications

- 21 Many changes and improvements to be brought about by the new carers strategy will have no specific financial implications, involving as they do wider system change to be incorporated into the work of the council and other commissioning and providing agencies. The commissioning intentions and proposals for 2018, arising from the strategy will be achieved within the commissioning budgets available, following significant reductions in spending during 2017/18, which are necessary to meet

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MTFS targets. A core commissioning budget of £205k is allocated to carers services in 2018/19. In addition, it is intended to draw upon resources currently directed to wider wellbeing and prevention services including information and advice. This would provide a commissioning resource potentially extending to £245k.

- 22 Proposals have been prepared for funding of pilot developments of new services to support carers from the additional funds allocated to councils for adult social care from 2017 to 2019. These proposals focus on managing crisis, effective anticipatory care and hospital discharge and are subject to approval by the council and HCCG. Any such funding directed to carers services is not included in the contract value cited in the recommendations in this report.

Legal implications

- 23 Councils have additional duties for carers under the Care Act 2014 which provides that carers have the same legal rights as those for whom they care. Councils have a duty to assess carers who appear to have eligible needs and must consider a carer's overall wellbeing. Carers who meet eligibility criteria will have a right to support to meet their eligible needs, should be supported to retain and gain employment and have rights to be consulted on the cared for persons.
- 24 In conjunction with the Care Act duties, sections 96 and 97 of the Children and Families Act 2014 seeks to make sure young people get the support they need and there is an expectation that councils identify young carers to offer them support.
- 25 The proposals for the implementation of the joint carers strategy takes account of carers and their families European Convention of Human Rights Article 8 rights to family life and the consultation process ensures fairness in accordance with Article 6.

Risk management

- 26 The recommendations in this report and the adoption of the draft strategy give rise to the following risks;
- The new strategy may be challenged as not representative of the views or interests of all carers. This risk is mitigated by the very extensive co-production work with carers that the council has undertaken in developing the strategy and the plans for this to continue through its implementation and the commissioning of services.
 - The potential for sufficient bids of sufficient quality to be received to ensure award of contract/s. The council's wider market engagement and engagement over the strategy suggest potential interest from a range of providers in Herefordshire and beyond.
 - The wider system changes envisaged in the strategy may prove difficult to implement in full. This risk will be mitigated by the formation of a carers strategy implementation group, reporting through the joint commissioning board and health and wellbeing board. Regular reports will also be provided to overview and scrutiny committees.
- 27 If the recommendations in this report were not to be approved, significant risks would arise for carers and the council;

- The commissioning of new carers services would be delayed beyond April 2018, so leading to a temporary loss of all service and disrupting the improvement of opportunities for carers and raising additional costs.
- Carers would lose confidence in the commitment of the council and its partners to prioritise the interests of carers and achieve change. As a result, the reputation of the council would be damaged further..
- The council may face legal challenge in relation to the carers strategy and services.

Consultees

- 28 The council has undertaken in depth co-production work with around 160 carers during the period March to May 2017. including around 17 young carers. Co-production has taken many different forms including visiting existing groups of carers, convening specific meetings, visiting carers at home and engaging with them by telephone and email. The views and priorities of carers expressed through this activity form the core content and detail of the carers strategy, including the six priorities. Many ideas and views gathered during this process are consistent with and built upon consultation carried out with carers during 2015/16.
- 29 The council has consulted over the same period with various organisations including current providers of contracted services for carers. They have contributed many thoughts, information and ideas, many of which have been incorporated into the analysis contained within the strategy. Herefordshire Carers Support (HCS) has raised several concerns with the council in different ways about the approach to the strategy and its emerging priorities. These concerns include;
- The timing of the strategy development and potential confusion arising from consultation coinciding with consultation on the reduction of funding to HCS and other providers. It was clarified that the potential confusion had been planned for and managed by the council. The coincidence of the two processes was unavoidable, given the delay in the national carers strategy and the need to ensure new services are operational from April 2018.
 - The fact that a full public consultation was not undertaken for the new strategy. It has been clarified that the council does not usually consult the public on new strategies. The in-depth co-production process undertaken was the appropriate and constructive approach to informing the strategy.
 - The intention to align future information and advice services for carers to WISH, the universal information and signposting service for Herefordshire. It has been clarified that this intention applies to the services being delivered in a joined up way and using the existing WISH online presence. It is not a reference to which organisation should provide carers' information and advice.
- 30 The council has responded to the concerns raised by HCS directly in meetings and in correspondence. Its representations were discussed by Health and Social Care Overview and Scrutiny Committee, which subsequently asked for no changes in the council's approach to the strategy. The specific concerns raised by HCS have not been incorporated or responded to directly within the draft joint strategy.
- 31 A briefing on the proposed carers strategy was presented to Health and Social Care Overview and Scrutiny Committee on 28 March 2017. The committee welcomed the proposals and endorsed the co-production approach adopted and the six priorities

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identified.

- 32 Council members have been consulted on the proposed carers strategy and commissioning approach through group leaders. Comments and suggestions were received from the Its Our County group, citing concern that a focus on carers' aspirations may set up unrealistic expectations of what the strategy can achieve. The group also suggested the promotion of voucher or discount schemes of various kinds for carers and addressing the support of carers in relation to changing housing needs and planning processes.
- 33 Reassurance has been offered to members around the realism of expectations with reference to the specific mapping of actions against key aspirations of carers under each priority in the strategy. No specific proposals for voucher or discount schemes appear within the strategy as these would require further evaluation as to their financial and other implications. However, with reference to universal services, providers will be encouraged to be carer aware in planning services and responding to individuals.. No specific reference to planning policy and processes is made within the draft strategy, but these issues can potentially be reviewed as part of the strategy implementation.
- 34 HCCG has been consulted and engaged in the draft joint strategy over the period of its development. A number of members and officers have been invited to provide comments and suggestions. Consequent contributions have led to a strengthening of the use of carers' stories, and of references to minority ethnic carers, the health needs of carers and their experiences of NHS services, among other areas. HCCG will be directly involved in the implementation of the strategy and the recommissioning of services.

Appendices

Appendix 1 Draft joint carers strategy for Herefordshire

Appendix 2 Proposed commissioning intentions for carers services

Background papers

- None identified.



A Joint Carers Strategy for Herefordshire 2017 – 2021

Co-produced with and for Carers, the people who look after family members, partners and close friends, because they themselves are family members, partners and close friends.

Acknowledgements

The authors of this strategy would like to thank all the carers, volunteers and voluntary sector organisations, council and health commissioners and providers and many others for their input to the development of this document and, as importantly, for their agreement to staying with us to co-produce the implementation and assurance of the strategy.

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Foreword

Unpaid carers are one of the county's most valuable assets and play a crucial role within the health and social care sector.

We live in times when public services are changing significantly; we recognise a collaborative approach to developing transformational change and delivering services is fundamental to keeping residents and carers healthy and well. As a result this strategy, which has been developed by Herefordshire Council and Herefordshire Clinical Commissioning Group, has been co-produced with carers to encapsulate their aspirations and to also recognise the challenges which come with being a carer.

It seeks to mitigate the challenges carers face by changing the way that universal services are provided. The delivery of the strategy will see a redesigned and newly commissioned carers' service that will supplement existing universal services. Working in this way will help carers to find information and support within their own communities and, at the same time, provide extra resource where carers have a higher level of need.

The strategy is aligned to both Herefordshire Council's Corporate Plan and Herefordshire Clinical Commissioning Group's five year strategic plan. Both plans emphasise the importance of active prevention by changing the way services are delivered and keeping people well within their communities. Seamless and innovative ways of working, and the use of improved technology and resources within Herefordshire, will help us continue our collaborative working to support carers and keep them well.

Part One - The Shared Vision

Our shared vision is that carers are recognised and valued, able to keep well and live their own life.

Recognised

- I am recognised as a carer
- I have information provided to me proactively by services
- I understand how to access support
- Services meet my aspirations and needs
- Information is provided in a way which allows me to fulfil my caring role

Valued

- My aspirations and needs are heard and help to shape assessments
- My experience and knowledge is valued when assessing or providing care to the person I care for
- My experiences are valued in shaping how services are designed and delivered

Able to have their own life and keep well

- I am able to balance my caring role and my own life
- I am confident to fulfil my caring role safely
- I am able to look after my own health needs
- I am able to access my community
- I have to access work and education and can fulfil my aspirations
- I can maintain my work or education
- I am able to manage financially

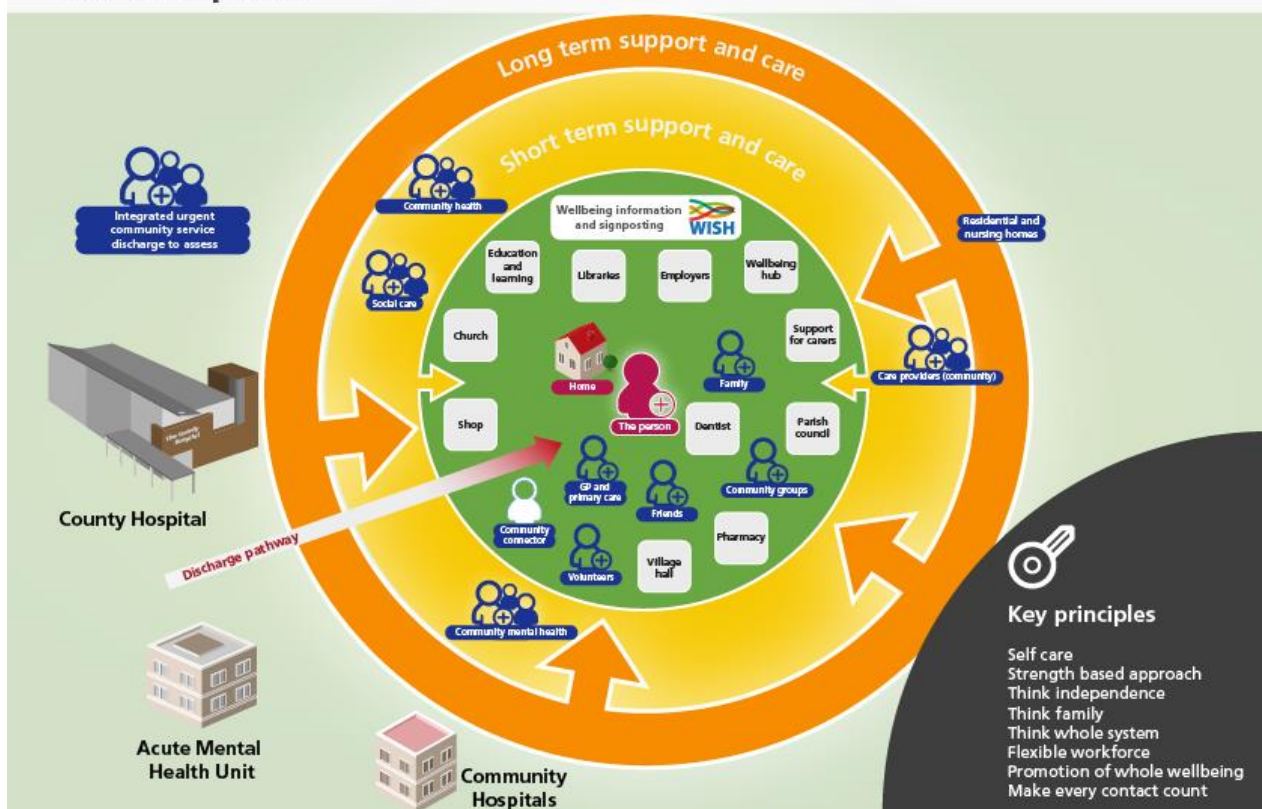
The vision has been developed with carers as a means of articulating that carers are unique but with similar aspirations, although some are more specific to certain groups of carers. For example, young carers are likely to have different aspirations to older carers.

The vision has informed six priorities –

- Information, advice and signposting
- Identifying carers
- Carers' knowledge, skills and employment
- Access to universal services
- Networking and mutual support
- Assessment and support

This also fits with Herefordshire Council's **Health and Wellbeing Strategy** and **Adults Wellbeing Plan** which is visually represented in 'The Blueprint' below –

The Blueprint



The Blueprint illustrates how adults, including carers, habitually use their own families and community as the norm for support and do not want to become reliant upon services to assist them. However, where carers' needs and aspirations are unmet, statutory services will be used to facilitate carers' access to the community and ensure their health and wellbeing remains the central focus.

The principles of the Blueprint are also intended to encompass the cared for person. Carers meet all or part of the cared for person's needs and it is widely acknowledged that the contribution of unpaid carers would otherwise have to be met by the social care and health care system at the cost of a significant amount of time and money. A report from Carers UK and the University of Sheffield published in 2015 revealed that unpaid carers in the UK save the state £132 billion a year.

Whole system changes will assist carers to meet their needs and aspirations: The limited resources available to commission services for carers will be used strategically to have the widest impact possible for the largest group of carers. This will be achieved by seeking to ensure support from universal services and carers' communities. This will enable effective use of resource in supporting the aspirations of a growing population of carers.

Services provided to the cared for person need to be focussed on maintaining the independence of the cared for person and their carer, while bolstering the strengths by;

- facilitating access to the community and
- meeting any unmet needs to ensure the cared for person and carer can have fulfilled lives within their communities where possible
- for young carers, enabling them to lead lives of their own and access the opportunities available to other children.

Each carer is unique both as an individual and in their caring role. For the effective consideration of the challenges faced and shaping of the vision and priorities, carers have

been themed into a number of groups, illustrated in section 4.1. It is recognised that carers will often fit into more than one group.

Part Two - The Priorities

The priorities have emerged clearly and consistently from co-production and engagement with carers (detailed in section 4 below). They reflect the issues and concerns expressed by carers. An implementation plan will be developed and agreed during 2017, which will set out actions to realise the six priorities -. This will include more specific outcomes which will allow progress towards delivery of the priorities to be measured.

The strategy identifies the particular importance of identifying and supporting young carers and Herefordshire council recognises its statutory duties to them. The significance and relevance of supporting young carers is set out in relation to each of the following six priorities.

Priority	<p>Information, advice and signposting Including information on and signposting to social care and health issues, availability of local community support and specialist information for carers. It does not include legal or quasi legal advice.</p>
	<p>Carers Expectations and Aspirations</p> <p>Carers rightly expect to be able to receive the right care and support for those they care for and the right support for themselves</p> <p>Carers want a credible and consistent source of local information and advice upon which they can rely.</p> <p>Carers expect information and advice accessible in a variety of ways, 24 hours a day. Some carers also want to talk to someone in order to get the information and advice they need.</p> <p>Carers need to be supported to understand the detail and implications of the cared for person's needs at the point of diagnosis.</p> <p>Young carers may not have informed expectations of what information and advice should be available to them.</p> <p>Young carers may expect to get information and advice through a wider range of in-person and technological means.</p> <p>Carers want access to information to help them live their own life as well as achieve the best outcomes for the cared for person</p> <p>Other carers and former carers are a significant and uniquely valuable source of information and advice for other carers.</p>

Challenges and Barriers

Multiple services are funded to provide information and advice for carers. This is expensive and leads to inconsistency and inequity.

Professionals have access to different information sources than carers and often don't know how to signpost and advise carers. Many professionals are not yet using WISH.

WISH (Wellbeing Information and Signposting for Herefordshire), Herefordshire's universal offer of information, advice and signposting, requires improvement of its general performance and is not sufficiently known among carers. Currently it carries insufficient content and information for carers.

Young carers have to rely more than other carers on different professionals, including those in schools and colleges, or professional services to provide the right information and advice.

Carers are seldom given the information they need to fully understand the implications of diagnoses and health conditions

Some carers have smaller informal support groups but there is limited access to networking opportunities.

Not all carers are able or want to use the internet. Broadband connection remains very difficult for some people in rural areas

Young carers make limited use of the online and interactive platforms currently available to them.

What needs to happen

Promotion of and investment in WISH to establish it as the carers information, signposting and advice service, alongside the upgrade and improvement in 2017.

Continuing work to embed WISH in the response of universal services and require contracted health and social care providers generally to identify carers and encourage their use of WISH

Commission a service to offer advice and support to carers to, providing a first contact point which promotes self determination and independence among carers.

Ensure that identification and registration for carers are commissioned in such a way as to connect effectively with WISH and carers first point of contact.

Establish facilities on WISH and elsewhere for social media and interactive content.

Work through the Fastershire project to ensure broadband access for vulnerable carers in rural areas.

Find ways to coproduce with young carers to support their interactive networking and mutual support in the most welcome ways.

Health professionals will provide information about the diagnosis of the cared for person to the carer and signpost to services who can provide advice and support.

Key Outcomes

- Comprehensive information and advice is available online and through communities, including schools and colleges, and for people not using the internet, supported by extended content improved performance of WISH
- Improved access to online support and interaction including internet access for isolated or vulnerable carers.
- Professionals can easily access information and signposting for carers whom they are supporting.

Ellie's story

Ellie is 15 and cares for her mum and younger sister. She doesn't have many friends and doesn't like people coming around to her home in case her mum's having a bad day and is acting strangely – people just don't understand. This makes her feel isolated and although she gets to talk to other young carers at events organised by her carers support group, she'd like to be able to mix with other young people too. Her school knows about her caring role, but doesn't talk to her about it. She worries about homework and keeping on top of her studies.

What difference could this priority make?

Ellie would be able to find out more about accessing activities and events in her area for young people through WISH. She could also share her caring experiences, questions and worries with other young carers through discussion boards hosted by WISH and other social media platforms.

The information on WISH could help boost pastoral support provided by the school and give them a better understanding of the pressure Ellie is under as a carer.

Identifying Carers

Carers identifying themselves in order to obtain appropriate information, advice, support and entitlements.

Carers Expectations and Aspirations

Carers often do not identify themselves as a carer, either not perceiving the role they fulfil as caring or preferring to identify as mum, dad, partner, son etc.

Young carers have a particular right to expect that they will be recognised and supported by public services.

Young carers may need to be convinced of the benefits of identification and registration

Carers do expect professionals to acknowledge the pressures upon them and the impact those have on themselves and the person they care for, whether they self-identify or not.

Carers want professionals and services to provide the information, support and opportunities available to them and prefer these to be joined up.

Carers are often happy to register and identify as a carer when the benefits of doing so are clear.

Up to 5,000 carers have subscribed to the Herefordshire Carers Support scheme, this equates to between 16 to 24% of all carers in Herefordshire. This supports self-identification and makes carers aware of the current range of support offered by HCS.

Challenges and Barriers

There is no carers register as such in Herefordshire, which allows public bodies to contact carers directly and analyse need and improve services.

Until carers identify themselves, they are unlikely to get the support that they may need.

Young carers may choose not to identify as a carer. Identification and recognition of young carers varies considerably among professionals and across schools and other services.

Many carers report that until they identified themselves as a carer they were unaware of a range of entitlements and opportunities available to them and the person they care for.

Current arrangements for identification may not give carers access to all the support and services available.

Proposed improvements in information and advice for carers and the management of urgent care and hospital discharge will only be fully effective if linked to identification and registration.

Unless identification and registration is linked to public services and their assessment and case management activity, carers will continue to duplication of process and lack of recognition from some professionals.

What needs to happen

Promote awareness of early identification of carers amongst professionals and diverse agencies through information and training.

Re-launch a carers register, exploring the potential to register those carers already known to existing services.

Undertake specific work to secure the confidence of young carers in future identification/registration arrangements.

Explore the potential for linking identification with information and advice for carers.

Integration of carer identification with the offer of Carer's Emergency Cards and specific support schemes relating to urgent care and emergency support.

Ensure that emergency arrangements take specific account of the needs of young carers.

Ensure optimum level of integration of a register with council/NHS case management systems including a secure access database.

Make specific arrangements relating to the identification and assessment of young carers.

Devise data protection and information governance provisions, including effective opt-out of data sharing for carers.

Key Outcomes

- Carers have immediate and effective access to information and signposting when they have self-identified.
- Those working with children who may be young carers are able to identify, support, signpost. Young carers continue to identify and register as carers
- Optimum numbers of carers registered, building on those already identified.

Judith's story

Judith is nearly 80 and cares for her husband Tony who acquired a brain injury after falling in their garden a few years ago. She does not see herself as a carer, has no transport and is socially isolated preferring to keep herself to herself. Judith's GP understands the family very well and is concerned for Judith as a carer. She hasn't been sleeping very well and although she gets some help with Tony, her own health is fragile and she had a stroke a couple of years ago and gets tired very easily. If anything should happen to Judith, Tony will become even more vulnerable as he will be unable to care for himself.

What difference could this priority make?

Judith's health and wellbeing has an impact on her husband's care. Registering as a carer on a shared carers register has the potential to allow her GP, the hospital, local carer support group, social services and other professionals to recognise her as a carer and provide multi-agency, cohesive support. It would also flag up the consequences should she become ill or be admitted to hospital.

If anything were to happen to Tony, she would be part of a carer network and able to access information, advice, support and activities to help her stay healthy and stop her from being socially isolated.

Carers' Knowledge, Skills and Employment

Carers have a variety of skills and experience and often develop significant expertise through their caring role. Carers often need support to maintain or resume their career.

Carers Expectations and Aspirations

Carers frequently acquire knowledge and expertise around health and social care through first hand experience of the system in practice. They would like this to be respected and valued.

Carers offer insight into the quality of different services and organisations and other issues. They should expect to be meaningfully involved in designing and reviewing services.

Young carers are uniquely placed to comment on a wide variety of services for young people.

Carers want to retain the skills and qualifications they had before becoming a carer and to maintain their careers.

Carers need to retain employment in order to sustain their income, social networks, confidence and lifestyle.

Young carers have a right to achieve in education and develop as children despite their caring role.

Many carers are keen to support other carers and may be in a position to assist each other's training or career.

Challenges and Barriers

Many carers do not identify themselves or are not recognised by public bodies whilst it is easy for a small group to be involved in everything.

Carers have significant demands on their availability and would find it difficult to participate in decision making unless creativity and flexibility were shown.

Carers may sometimes be seen to have conflicts of interest with regard to some services or issues.

Carers may need appropriate training or support to be enabled to participate

Young carers may be reluctant to be involved in questioning or challenging some services. A considered approach may be needed to ensure their meaningful participation.

Given the demands of their caring role, some carers may require a review or extension of support in order to sustain employment.

Carers are not always in contact with other carers and may face barriers to social contact or networking for mutual support.

The cared for person may not give consent for their information to be shared with the carer.

What needs to happen

An agreed approach among commissioning organisations to the increased recognition and participation of carers in the design, procurement, and review of social care and health services.

A flexible approach to participation needs to be facilitated to provide carers the opportunity to take part within the constraints of their daily lives.

A new approach to involving young carers routinely in the council's strategic engagement with children and young people.

Carers to be enabled to provide their user experiences online and via a range of training and learning events.

A review and action plan for supporting educational achievement by young carers.

A continuing programme of some training opportunities for carers associated with the training role.

Ensure consideration of carers' employment, education or employment needs in any strength based assessments.

Use STP, One Herefordshire, Marches LEP and other partnerships to promote supportive and fair work places for carers.

Work towards access to employment plan and training approach for carers with DWP and other partners.

A sensitive and balanced approach by universal services if the cared for person does not wish for their information to be passed to their carer.

Key Outcomes

- Carers who routinely feel recognised and respected, with their views sought and valued.
- Carers meaningfully involved in review and design of health and care services where this is appropriate.
- Young carers confident and enabled to participate in review of services and other decision making.
- Herefordshire employers signed up to a commitment to recognising and valuing carers in the workforce.

John's story

John found it difficult to juggle caring for his wife, look after his very young children and hold down a job. So as his wife's condition deteriorated, he took redundancy and became a full time carer. His wife kept being admitted to hospital, but there was never any discharge plan when she came home and he was not involved or listened to when her needs were being discussed. Sadly, she died in pain at home - John finds this really difficult to live with and he is struggling to reintegrate into society.

What difference could this priority make?

John would have been recognised as his wife's carer and respected by the professionals. They would have listened to him and involved him in planning hospital discharges and, finally, in planning palliative care for her so that she could have passed away peacefully.

If his employers had been more understanding and recognised and valued his role as a carer, they may have been able to help him retain some kind of employment during his wife's illness. Or they could help him reintegrate into the workplace now that she has passed away, giving John the chance to regain self-esteem and become socially active again.

Priority	<p>Access to universal services Universal services include schools, colleges, GPs, the ambulance service, accident and emergency services, childcare, leisure services, welfare and benefits services, libraries and others. They are services available to anyone who needs them without any assessment or eligibility process.</p>
	<p>Carers Expectations and Aspirations</p> <p>Carers want to live their own life on their own terms and like anyone else, notwithstanding their caring role.</p> <p>Carers want to remain in good health and have a decent quality of life.</p> <p>Young carers want to experience a normal childhood along with their peers, including the same help and opportunities.</p> <p>Carers can reasonably expect to have access in the same way and to the same extent as others to schools, childcare, GP services, health visitors, ambulance services, libraries, accident and emergency help, information and advice.</p> <p>Since the needs of carer and cared for are inextricably linked, carers can reasonably expect universal services to recognise and respond to the carer's needs when providing a service to the cared for person.</p> <p>Young carers should feel confident that their needs will be identified and met before they reach crisis</p>
	<p>Challenges and Barriers</p> <p>Typically carers have enormous demands on their time and face significant stress and other pressures which affect their daily lives in many ways.</p> <p>Many carers experience relatively poor health outcomes and restricted access to education, training and leisure opportunities.</p> <p>Some NHS and other services do have reasonable adjustment policies but these may not specifically consider carers.</p> <p>Only some services may have organised training around carers for staff and some may lack insight into what it is like to try and use their services as a carer;</p> <p>Carers particularly report inconsistencies across the health system and are often frustrated by a lack of recognition of their role or status as carers.</p> <p>There is a tendency for the carer, including young carers to be recognised and supported only at the point of crisis.</p>

What needs to happen

Universal services can demonstrate that they are carer aware in planning services and responding to individuals.

Specific research and analysis is required of carers' health needs and inequalities across public health, social care and health commissioning.

A joint plan between commissioning agencies to promote and monitor reasonable adjustments across NHS, universal and wider public services in Herefordshire.

Promotional material and E-learning relating to carers shared with universal service providers. Whole system agreement and process of early identification of carers at first contact.

In the re-commissioning of carers support services, resources will be directed towards challenging, advising and training universal services in best practice around reasonable adjustments and helping carers navigate through systems and services.

Consideration of the feasibility of including carers as an additional group with protected characteristics under the Equality Act 2010.

Meaningful involvement of carers with Herefordshire CCG and Council in design, procurement, monitoring and review of universal and other contracted services

Ensure that there are appropriate health checks for young carers and that all NHS providers can recognise young carers and respond to their needs, especially when treating the cared for person.

Key Outcomes

- Fairer and more effective access to universal services for carers, including young carers.
- Carers managing their own health needs appropriately and feeling enabled to get help and advice.
- Some key indicators agreed for measuring the improvement in carers' health, consistent with national data.
- Regular health checks for young carers and health services identifying the needs of young carers at every point of contact.



Carol's story

Carol cares for her 18 year old son Callum who has autism. He was supported throughout his school years, but now that he is an adult, he is finding it difficult to access universal services and Carol worries about his future. All her energy goes into trying to get support for him so that he can live a happy, independent life. Carol has her own health problems; she suffers from type 2 diabetes, which is not helped by her lifestyle choices. She is obese, smokes and is physically inactive. She is not managing her diabetes well and she knows she needs some help with this but she struggles to make appointments with her GP because the practice is unable to offer times that fit in with her caring role.

What difference could this priority make?

If the GP practice recognised Carol as a carer, allowances could be made under the booking system to give Carol more control and choice over appointment times. The practice could also share this knowledge and understanding if any referrals are made on Carol's behalf to, say, healthy lifestyle trainers or other health professionals.

DRAFT

Priority	<p>Networking and Mutual Support Carers are often the best source of information, ideas and support for other carers and technology presents opportunities for carers to form and sustain networks.</p>
	<p>Carers Expectations and Aspirations</p> <p>Carers want and expect the same social opportunities as everyone else and may particularly value social interaction and support.</p> <p>Carers should reasonably expect professionals and public services to recognise the pressures on their lifestyle and support networks.</p> <p>Carers often establish new social contacts through the person they care for or other carers and the most effective mutual support networks are typically among carers of people of similar age or needs.</p> <p>Carers value the mutual help and support they can achieve with other carers and often find them the most relevant and useful source of information and advice.</p> <p>There are examples of dynamic and effective mutual support groups and networks which rely on little or no support from professionals or carers services.</p> <p>Social media and technology can enable mutual support and networking in a variety of ways so that carers can form and sustain their own networks, especially in rural areas.</p>
	<p>Challenges and Barriers</p> <p>Carers can become isolated owing to various pressures arising from their caring role.</p> <p>Some carers may need practical or personal support to re-establish social networks. This may not be consistently recognised and addressed by professionals.</p> <p>There is risk of social and support networks stagnating and not enabling people to learn, become independent and progress.</p> <p>Support groups continuously supported by paid workers may become unaffordable and unsustainable.</p> <p>Young carers, older carers and carers in rural areas are particularly vulnerable to isolation and loss of social and support networks.</p> <p>This can be exacerbated by poor access to broadband and technology.</p>

What needs to happen

Promotion of ideas and opportunities for mutual support and social networks through information and signposting.

Identify and promote best practice in forming and sustaining mutual support networks.

Identify carers with poor access to broadband and seek improvements via the Fastershire programme.

Establish new places online for carers to interact, share and support each other.

Professional support to connect carers and initial development of new groups and networks.

Identifying young carers and others particularly vulnerable to social isolation and giving support to them.

Provide support to leaders of groups and networks. Value the experience and knowledge of groups and help publicise them and their achievements through WISH and other means.

Key Outcomes

- Carers have access to a variety of networks and mutual support to suit their interests and needs.
- Fewer carers experience social isolation through improved access to technology and mutual support.
- Effective connections between WISH, self-identification and mutual support and networking.

Shona's story

Shona cares for her eight year old son Ben who is has a moderate learning disability and her 22 year old son Harry who has ME. She doesn't get much time to herself; her day revolves around taking Ben to and from school, and caring for Harry. She is desperate to have some 'me time' and would like to meet other mums, network more and just be able to go to a coffee morning or two where people understand what it's like living with disability.

What difference could this priority make?

Shona could meet other people at coffee mornings and events taking place in her community. She could also get involved in online chats with other parents who have children with disabilities – make new friends, share information and feel less isolated.

Priority	<p>Assessment and Support Carers have a statutory right to an assessment. They also contribute routinely to assessments of the cared for. Some carers will require specific support to continue to fulfil their caring role.</p>
	<p>Carers Expectations and Aspirations</p> <p>Generally carers would prefer to provide complex and detailed information only once and support the sharing of information among teams and agencies.</p> <p>Carers expect that the dignity and respect for privacy accorded to them will be equal to that accorded to the cared for person during assessment processes.</p> <p>Carers in general have statutory rights to assessment under the Care Act 2014. Young carers' assessments are provided for in the Care Act and Children Act 1989 (as amended).</p> <p>Young carers have specific entitlement to assessments including transition assessments and support planning.</p> <p>Carers are essential contributors to assessments in relation to the person they care for.</p> <p>Young carers need and expect coherent planning around different types of assessment and delivery of the resulting support.</p> <p>Carers, including young carers have a right to expect that any safeguarding concerns will be handled appropriately and with effective communication, whether the concern relates to the cared for person or the carer.</p> <p>Carers may seek support of different kinds from different people or organisations and some may expect ongoing personal support for themselves.</p>
	<p>Challenges and Barriers</p> <p>Carers are often required to participate in numerous assessments and many are confused about the status and function of assessments and the rights of the carer and cared for person.</p> <p>Many carers feel that they do not get the level or type of support that they need to continue in their caring role.</p> <p>Carers own health needs as patients are assessed routinely by the NHS through GPs, community health teams and in acute care, often without reference to their caring activity.</p> <p>Carers often feel that the significance of their caring role is not recognised/appreciated during those assessments.</p> <p>Specific attention is required around good practice in health assessments of young carers.</p> <p>The carer's contribution to assessments and reviews of the cared for person is not consistently valued or recorded.</p> <p>Professionals may not always know when it is appropriate to offer a carers assessment and the process of support planning and options are not always explained appropriately.</p>

Young carers often face individual challenges which are not obviously linked to their caring role. These challenges need to be acknowledged when undertaking assessments or planning support.

Children who provide care for parents and siblings where their parents are abusing substances need special consideration due to potentially unmanaged risks and fluctuating needs.

Occasionally, there may be divergence between the needs and interests of the cared for person and the carer, which may require a separation of the assessment processes and other arrangements to be made. This may include circumstances where there is a safeguarding investigation, relating to either the carer or cared for person.

Some carers seek continuing emotional and other support either from sources which cannot provide it, because they lack either the expertise or the time and money.

What needs to happen

Ensure the needs of carers are identified and responded to with appropriate support whether through a carers assessment or other means.

Ensure the purpose and benefits of assessments and other assessment are made clear.

Enable carers and professionals to maintain open and continuing dialogue to ensure the needs of the cared for person are met.

Use training and awareness raising with professionals to build upon the delivery of carers' assessments and support planning under the Care Act

The new adult social care pathway places significant emphasis on the role, contribution and strengths of the carer and will involve them naturally in the process.

Carers are supported in such a way to maximise their independence and minimise long term dependence upon formal or specialist services.

Promotion of mutual support networks among carers rather than ongoing professional support.

Protocols for participation of carers in clinical assessments and reviews, including documentation and sharing of information. Review of clinical practice in assessing and treating young carers.

Seek funding to support participation of and focus on carers within hospital discharge planning.

Review of the support planning and delivery for young carers and ensure alignment to appropriate assessment, including transition assessments

Engage young carers in evaluating assessment and designing options for support.

Key Outcomes

- All carers requiring assessment and/or support planning receive them appropriately.
- Carers feel that their views and needs have been listened to and responded to effectively and appropriately, whether or not by way of a formal assessment process.
- All young carers identified receive assessment and support planning consistent with statutory requirements and including transition assessments.
- Evidence of the health needs of young carers being identified and met consistently.
- Carers being active participants in hospital discharge planning following strengths and risk based models.
- The strengths of carers are recognised during assessments. Carers are primarily connected to sources of support within their community. Where their needs remain unmet, they have access to a support service specifically for carers.

Brenda's story

Brenda is an older disabled carer and needs a wheelchair to get around. Her husband has recently been diagnosed with dementia and this is putting significant pressure on their ability as a couple, to manage at home. Her husband has been assessed but there is no home care support available because they exceed the financial threshold and Brenda is there to look after him. Brenda receives a direct payment to help meet her needs as a person living with disability, but not as a carer.

What difference could this priority make?

Brenda and her husband could be assessed together to see how they can support each other and where they need help. Without Brenda her husband will not be able to live at home safely. A joint assessment would recognise that she needs help to manage her new caring role as well as her disability. A strengths based assessment and support plan by a community broker would enable support for the couple based on what they can and like to do and what is on offer in their local neighbourhood.



Assessments and Safeguarding

The Care Act 2014 defines adult safeguarding as protecting an adult's right to live in safety, free from abuse and neglect (West Midlands Adult Safeguarding Policy & Procedures - Adult Safeguarding: Multi-agency policy & procedures for the protection of adults with care & support needs in the West Midlands). Abuse or neglect are frightening terms and amount to a sensitive issue but neither has to be deliberate, malicious or planned. There is a clear difference between unintentional harm caused inadvertently and a deliberate act of either abuse or omission.

In cases where unintentional harm has occurred, this may be due to lack of knowledge or because the carer may also be an adult with care and support needs. In this situation the aim of assessments and any associated safeguarding work will be to address risk. It may be appropriate to help the carer to provide support in order to decrease the risk of further harm to the person they are caring for.

Assessment of both the carer and the adult they care for must include consideration of both of their wellbeing. The assessment is an important opportunity to consider whether it would be possible to provide information or support that prevents abuse or neglect from occurring. For example, by providing training to the carer or to supporting them to care more safely.

If a carer speaks out about abuse or neglect, it is essential that they are listened to and that, where appropriate, a safeguarding enquiry is undertaken and other agencies are involved as appropriate.

Part Three - Developing the Strategy

This strategy has been co-produced with carers, along with other stakeholders. During 2017, more than 150 unpaid Herefordshire carers have contributed to the information and ideas in the strategy, individually and in groups. Commissioners have gone to carers and engaged with them, wherever they are and in whatever way carers chose, to gather their views. The starting point for discussion were the clear messages about what carers need, collected since 2015 through consultation with carers. This has been built upon to develop the priorities and proposals in this strategy.

The co-production process will continue as the strategy is finalised and throughout its implementation and the re-commissioning of services.

3.1. Understanding Carers views and experience

Carers wish to be able to fulfil their caring role while also being able to have their own life and keep well. It is as important to carers as it is to the council and the NHS that the cared for person and carer are able to remain living in their community for as long as they are able.



3.2 Themes Common to all groups of carers

- Carers often do not identify themselves as a carer. They identify as a loving relative or friend.
- Those carers who do not necessarily identify as a carer may have been coping without support, but for some this is built on fragile foundations.
- Universal services sometimes fail to identify carers, adapt their services or share information, even within their own departments.
- Carers are often only identified at the point of crisis.
- Information and advice is disjointed, complex and inconsistent, often with a sense of not knowing where to start.
- There is a sense of fear about what would happen to the cared for person if the carer was no longer able to fulfil their carer role, for example, if they were suddenly taken ill.
- Some carers feel they are socially isolated and unable to take time for themselves.
- Carers often neglect their own health and wellbeing as their lives are dominated by the cared for person. They may be too exhausted to address their own needs.
- Carers lose income due to having to reduce their hours or miss potential career development opportunities, which also has a negative impact upon their pension.
- Carers don't have access to education or training opportunities due to trying to balance these with their caring role.
- Carers feel that they are not respected or listened to by professionals
- There is poor understanding of the carer's assessment. Assumptions are made that the process is complex and draining for limited or maybe no help.

- The level of support carers need is dependent upon their own circumstances, their support network, the cared for person and their perception of services.
- Carers are fearful of reductions in services and that respite, day care opportunities, mutual support groups and other provisions which provide a break from caring will be cut back or removed.
- Carers want to be helped to participate in the design and delivery of services at an individual, operational and strategic level.

Black and Minority Ethnic Carers

Carers from black and ethnic minorities may face additional challenges over and above those faced by carers generally. This may include cultural barriers to seeking help and support.

In Herefordshire, the largest ethnic minority group is the Gypsy Roma Traveller (GRT) community. There is extensive national research to suggest that members of this community experience health inequalities. However, there is little intelligence locally on the impact of caring within the GRT community. Further work is needed to identify the reasons for inequalities so that service can be managed to ensure the needs of all communities are met equally.

Social Isolation

Carers often report becoming isolated as a result of their caring responsibilities. They attribute this to a lack of understanding about their caring role as well as leaving paid work and being unable to take time off from caring resulting in losing touch with friends, colleagues and family members.

Carers UK 2015 'Alone and Caring' report gave the following key findings

- 8 in 10 (83%) carers have felt lonely or socially isolated as a result of their caring responsibilities
- 6 in 10 (57%) carers have lost touch with friends and family as a result of caring and half (49%) of carers say they have experienced difficulties in their relationship with their partner because of their caring role
- 4 in 10 (38%) carers in full-time employment have felt isolated from other people at work because of their caring responsibilities
- Carers who have reached breaking point as a result of caring are twice as likely to say that they are socially isolated because they are unable to leave the house and are also more likely to have experienced depression as a result of caring.

Health

Carers UK *State of Caring Survey, 2015, reported –*

“Without the right support in place, carers often find their own health and wellbeing suffering as a result of the care they provide. By putting their loved one first, carers can put their own needs last, struggling to find time to exercise, eat healthy meals, see friends and family, or even see the doctor. This year’s survey has again found that this is having a knock-on impact on carers’ physical health, mental health, and relationships with others.

82% of carers said that caring has had a negative impact on their health, Three quarters (74%) of carers find it difficult to get a good night’s sleep, while nearly half (47%) struggle to maintain a balanced diet. Four in ten (41%) have experienced an injury or their physical health has suffered as a result of caring.”

3.3 Challenges for specific groups of Carers

Beyond the common themes identified, there are additional challenges which are faced specifically by certain groups of carers.

- Young/young adult carers
- Working carers
- Older carers 65+
- Former carers
- Specific condition carers

Young/Young Adult Carers

Young carers in Herefordshire said that -

- they are socially isolated as a result of caring;
- their educational establishment does not recognise their caring role or make allowances (for poor/late attendance, homework, tiredness etc.);
- they want their educational establishment to recognise and support them whilst respecting the need for confidentiality, as they do not wish to be labelled;
- they need an outlet for socialising away from their family;
- services provided to them, such as counselling or recreational activities, are dependent on funding.
- services are often inconsistent or running late, which makes the young carer feel devalued;

- they are directly affected by changes in services for the cared for person. For example, one family lost work due to caring for their disabled child, resulting in homelessness. They were moved to a different area, forcing the two other young carers/siblings to move schools;
- there is a place for emotional support from services to engage the young carers and build trust with them and their family;
- it is important to help them to build up social networks and overcome barriers to this, such as transport or financial constraints.

Young carers - the facts:

- **In 2013, the Children's Society completed a study entitled "Hidden from view. The experiences of young carers in England". Some of the findings were -**
- One in 12 young carers are caring for more than 15 hours per week. Around one in 20 misses school because of their caring responsibilities.
- Young carers are 1.5 times more likely than their peers to be from black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language.
- Young carers are 1.5 times more likely than their peers to have a special educational need or a disability.
- The average annual income for families with a young carer is £5000 less than families who do not have a young carer.
- There is no strong evidence that young carers are more likely than their peers to come into contact with support agencies, despite government recognition that this needs to happen.
- Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine B's and nine C's.
- Young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.

"I wish I didn't have to do this because my friends invite me over but I have to say no. I can't have friends over because it stresses mum out and she does not want to upset me by saying no."

Parent Carers

The local authority's **Herefordshire Children and Young Peoples Plan 2015-19** states that -

"We will support the families of these children and young people by:

- Enhancing local support for families, including family-based respite services, by retaining existing budgets and reinvesting our resources.
- Developing personal budgets and personal health budgets to enable families to exercise more choice and control over their lives within the budgets available
- Developing clear advice, signposting and information to enable children, young people and their families to make informed choices and take control of their own lives
- Collaborating with parent carer groups and forums in shaping support that enables families to participate in education, training, leisure and employment opportunities."

Parent carers in Herefordshire said that -

- getting a diagnosis is difficult and other services are dependent upon it. Once there is a diagnosis, more opportunities open up;
- schools don't always understand behavioural complexities which come with some disabilities.

"As my son was disabled from birth, initially I was Mum of a young child but eventually realised that this will go on forever and I was both Mum and carer."

"Our son was born with Down's Syndrome so I always knew he would need more support, I just didn't realise how much until he was 3-4 and still unable to do the things my other 2 children could."

"There is not a lot of information available through the school because it is a mainstream school. A lot of contact I have had with them has involved explaining again and again and again why he behaves the way he does. It is particularly frustrating because it's all written down, yet when he goes into a new year group, we go through the same thing – they don't seem to read the records."

There are also approximately 8,620 children and young people who require support with their mental health or emotional resilience. **The Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015 – 2020** aims to improve how families of young people with mental health issues are identified and supported to access help in a timely manner.

A report by Carers UK, *Missing Out: The identification challenge, 2015* said –

"Those caring for a disabled or seriously ill child took longest to identify themselves as carers. They were much less likely than average to identify themselves immediately as a carer and significantly more likely to take longer to identify their role.

More than one in three parent carers (37%) took longer than 5 years to recognise themselves as a carer.

For many parent carers it can take a long time to get a diagnosis for their child, or can take time for the severity or characteristics of a condition to become apparent as the child grows older. The delay in identification may also be because parent carers are more likely to see themselves as simply 'mum' or 'dad' rather than as a carer."

Working Carers

National Research by Carers UK tells us that -

- Over 2 million people have given up work at some point to care for loved ones, 3 million have reduced working hours.
- The peak age of caring also often coincides with the peak of an individual's career in their 40s- 60s.
- Women aged 45-54 were more than twice as likely as other carers to have reduced working hours as a result of caring responsibilities.
- 71% of working carers have felt lonely or isolated in the workplace as result of their caring responsibilities.
- 70% of carers were over £10,000 worse off as a result of reduced earnings.
- Caring can have a long-term impact on ability to work, as a loss of skills, knowledge, experience and confidence make returning to work when caring ends extremely challenging.
- Working carers often struggle to get time off to co-ordinate care services or attend medical appointments, 34% had used their annual leave to care and 21% had been forced to use sick leave.

Working carers in Herefordshire said that -

- they try to keep working and meeting the needs of the person they are caring for but something has to give;
- experiences vary dependent on how flexible their employer is;
- skills become out of date the longer they are caring, making it difficult to get back into work;
- new skills gained as carers aren't recognised as useful to potential employers;
- being self-employed is exceptionally difficult due to conflicting demands.

“Homestart were amazing, taking my wife and daughter out, doing simple every day things while I was out working. Play groups, swimming. Eventually her needs became too great and I had to take redundancy.”

“I was lucky to have a manager who understood my caring role. I was able to slip out to make phone calls or appointments. Had he not been so flexible, I would have seriously had to think about leaving my job and risk losing my house. The prospect terrified me.”

Older Carers 65+

Older carers are people who are aged 65 years and over who carry out an unpaid caring role.

Older carers in Herefordshire said that -

- they are most likely to go to their GP as a starting point for advice, with mixed outcomes;
- their own health has a huge impact on their ability to fulfil their caring role and they have concerns about who would continue in their absence;
- poor mobility caused by their own illness or disability combined with limited transport options mean it is difficult to access services;
- universal services don't recognise that the carer's health is failing. No one checks if they are okay.

Carers UK report that almost 1.3 million people in England and Wales aged 65 or older are carers.

The number of carers over the age of 65 is increasing more rapidly than the general carer population. Whilst the total number of carers has risen by 11% since 2001, the number of older carers rose by 35%.

Dementia – a growing demand

Dementia presents a significant and urgent challenge to Herefordshire. The severity of dementia increases with age and reduces an individual's ability to live independently.

- It is estimated that 3,099 people in Herefordshire are estimated to be living with dementia
- The number of people with dementia is estimated to increase by 2020 to 3,575
- 56% of those with dementia are undiagnosed
- There is an increase in life expectancy of people with learning difficulties who are more likely than the general population to develop early onset dementia: one in three people with Downs Syndrome develop dementia between the age of 50 and 59

Carers and other family members of people with dementia are often older and frail themselves, with high levels of depression, physical illness, and a diminished quality of life. Getting the right care at the right time could enable someone to remain in control of their care for longer, including optimising the time that they can live at home.

“When I was ill and admitted to hospital, I couldn't speak and no one seemed to know or understand my wife was at home on her own and needed looking after. This made me very anxious about what was going on at home and slowed my recovery as a result.”

“Consultants at the hospital do not listen to carers or recognise their caring role.”

“If I take the medication prescribed, I cannot look after my wife because it sedates me.”

Former Carers

Carers often report becoming isolated as a result of their caring responsibilities. This is often attributed to a lack of understanding from others about their caring role. In addition, leaving paid work and being unable to take time off from caring can result in losing touch with friends, colleagues and family members. When the person being cared for moves on or dies, alongside the grieving process there can be an added likelihood of increased isolation as the carer also loses the interaction that they had with the support and care providers.

Carers UK *State of Caring Report, 2014*, noted that 57% of respondents said they had lost touch with friends – almost half attributed this to a lack of practical support to enable them to socialise.

Former carers, who are of working age, remain significantly less likely to be in work than non-carers of working age. The loss of earnings, savings and pension contributions can mean carers face long-term financial hardship into retirement.

Former carers have said that -

- no one checks up on them after their loved one moves on or dies;
- there is a huge sense of loss and no sense of purpose or direction;
- where the person cared for has moved on, the carer still has a role within their ongoing care. It is important that the new care provider uses the carer's wealth of knowledge to adopt a team approach;
- they have built up skills which could be used for a new career but they don't know where to start.

“No one checked I was okay after my wife died. I didn't expect anyone to but it would have been nice. I wasn't okay and it took a long time to sort myself out.”

Specific Condition Carers

A specific condition carer provides care to an individual with complex needs. This might be one condition which is complex in nature, or a number of illnesses or disabilities which make their needs complex. Examples might be mental health illness, alzheimers, autism or a learning disability.

Information is usually delivered by national organisations specifically aimed at the needs or diagnosis of the cared for person. Within this, often advocacy or advice for the carer is also offered.

In Herefordshire, there are a number of groups which have been set up locally by organisations or individuals to provide networking and mutual support. Details of such groups can be found on the council's WISH website - www.WISHerefordshire.org

Specific condition carers in Herefordshire said that-

- leaflets are given out by GPs when the cared for person is diagnosed. There is nothing for the carer;
- the carer has to do their own research to find what help is out there. Services aren't offered, they are sought;
- services are denied unless the carer fights for them;
- the carer's concerns about the cared for are not heard;
- the impact upon the carer for decisions made about the cared for are not considered. For example, a cared for person was placed in a hospital three hours away. The carer had to travel this distance three times per week, impacting on their own health;
- GPs and Mental Health services do not understand each other's thresholds. Neither understand the impact of being passed around on the carer;
- national organisations are generally more helpful and understanding;
- generic services are offered when more specific services are appropriate.

“ABC (eating disorders organisation) were a lifeline. They told me the pathway and gave me the tools to fight to get what we needed.”

“No one understood my wife like I did. I tried to tell her nurse what her conditions were and it was clear she had never heard of them. It didn't give me any confidence in what would happen if I wasn't around. It makes me anxious and ill.”

Part Four - Context

4.1 The National Picture

Carers UK *Facts about Carers*, 2015, estimates that we will see a 40% rise in the number of carers needed by 2037 – an extra 2.6 million carers, meaning that **the carer population in the UK will reach 9 million.**

They note, importantly, that -

“Carers are not a static population and each year millions of people take on caring responsibilities, whilst caring comes to an end for millions of carers as the person they care for recovers, moves in to residential care or passes away.

This turnover means that caring will touch the lives of most of the population, as we all need or provide care or support family members caring for loved ones at some point in our lives.”

4.2 The Local Picture

Herefordshire is a predominantly rural county. The current (mid-2013) estimate of the county’s resident population is 186,100, an increase of 1,200 people since mid-2012.

- Over half of all residents live in areas classified as rural, with two in five (78,900) living in the most rural villages and dispersed areas.
- Herefordshire has an older age structure than England and Wales, with people aged 65 and over constituting 23 per cent of the county’s population (42,000 people), in comparison with 17 per cent nationally.
- By 2031, projections suggest that 30 per cent of Herefordshire’s population will be aged 65+, compared to 23 per cent nationally.
- The latest census figures indicate that there are **20,627** adult carers in Herefordshire; however, the Herefordshire Health and Wellbeing survey in 2011 estimated that there were **34,200** and this number will have risen since that date. It is anticipated that there are additional carers who do not identify themselves as such but are carrying out their caring role supported by informal networks of friends and relatives or are self-sufficient.
- In 2014/15, 1,428 people in Herefordshire had a diagnosis of dementia (GP Quality Outcomes Framework data, March 2015). By 2030, it is projected that Herefordshire will have around 5,000 persons aged 65+ years with dementia – almost four times as many individuals.

In summary, the rural nature and age profile of Herefordshire residents presents unique challenges in service design and delivery. This affects both those requiring support and care and their carers.

4.3 The Legislation

The Carers Strategy for Herefordshire supports Herefordshire Council and Clinical Commissioning Group, along with health and care delivery partners to meet the legal duties and deliver the prevention and wellbeing principles which underpin the Care Act.

A summary of the range of legislation and guidance relating to carers can be found at Appendix One of this strategy. The most significant of these from the perspective of supporting carers are the **Care Act 2014** and the **Children and Families Act 2014**.

The **Care Act** gives carers the same rights to assessment and support as the persons that they care for. It includes duties for local authorities to:

- consider the well-being of people in all actions undertaken, including carers;
- provide relevant information and advice so that people (including carers) can receive information regarding how to look after themselves, as well as the support and care available from adult social care services;
- put services in place that prevent, reduce or delay people needing services;
- assess the impact of caring on the carer and what needs to happen to ensure that they can continue in their caring role. Carers who are eligible will be entitled to have their support and care needs met. For those who are not eligible for assistance under a formal assessment, information and signposting will be given.

The **Care Act** includes a duty to undertake a transition assessment for:

- parent carers when the young person they care for is approaching 18. This means the Local Authority can commence services following an assessment prior to the young person reaching transition;
- young carers to understand the changing demands on them as a carer as they transition into adulthood.

The **Children and Families Act** and **Care Act** introduces additional responsibilities in respect of young carers. Both Acts highlight the need for local authorities to take a whole family approach to identifying and assessing young carers and the need for a joint adult and children's services approach to carrying out assessments.

The **Children and Families Act** also strengthened the rights of parent carers. Their wellbeing must be addressed including whether they wish to work, undertake education, training or leisure activities.

The **Adults Wellbeing Plan for 2017-2020** expresses the priorities set out in the **Health and Wellbeing Strategy** and the council's vision that,

“Herefordshire Residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.”

The Health and Wellbeing Strategy details that in order to achieve the vision, the council needs to

-

- keep people well (prevention)
- get people better
- help people cope

Associated with the strategy, the vision for Herefordshire Council's adults and wellbeing directorate is,

“All adults in Herefordshire live healthy, happy, and independent lives within their local communities, for as long as possible, with support when they need it.”

The council recognises that inherent within this, supporting carers to keep well and continue in their caring role will help adults, both the cared for person and carer, to live independently for longer.

The **Children and Young People's Plan 2015-2018** set out the council's vision,

"We want all children and young people in Herefordshire to have the best start in life and grow up healthy, happy and safe within supportive family environments.

We want them to have the best possible health, education and opportunities."

In order to deliver this, the council stated it would –

"Work with individuals, families and communities to develop capability and resilience."

This includes identifying parent carers, young carers and young adult carers, assessing the whole family based on its strengths and building upon this with access to information, advice and services as appropriate.

2.4 The Resources

The value of our unpaid carers to those whom they care for and the community of Herefordshire is far greater than the money their efforts save the state.

It is clear that demand for services within the county will continue to grow and that national funding will not be increased to meet this. Universal services and partners need to join thinking and work smarter in terms of delivering services which address the priorities and key issues facing carers.

The Herefordshire Council Medium Term Financial Strategy identifies that between 2010 and 2020 savings of £87m are required to maintain a balanced budget. It expects to have achieved £69.5m by the end of 2016/17, leaving a further £17.5m to be delivered in the next three years.

At the same time the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP) identifies a funding gap of £86.5m across the Clinical Commissioning Group and the NHS providers (principally Wye Valley NHS Trust) by 2020/21 arising from demographic pressures, inflation and other factors if it does not act to address the financial pressures.

Nevertheless, Herefordshire Council will retain funding for the purpose of commissioning support for carers, as will Herefordshire CCG. These resources will be used to fund reconfigured contacts for carers' services from April 2018. In addition, the council and CCG will continue to commission and fund respite or short breaks services for adults and children and in many cases these also provide direct or indirect benefit to carers. (Add estimated figures for places and spend on short breaks/respite for adults and children.)

It is clear that beyond these resources, the NHS in particular spends significantly on carers indirectly and in a variety of ways. Work is continuing to identify and quantify these existing and often unseen resources as a part of the health and care economy.

Appendix A

Plans, Acts and Strategies

The Care Act 2014

The Children and Families Act 2014

Herefordshire Adults Wellbeing Plan - 2017

Herefordshire Children and Young People's Plan – 2015

Herefordshire Corporate Plan

Herefordshire Five Year Plan – CCG

Herefordshire Health and Wellbeing Strategy

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Appendix B

References

Carers UK *State of Caring Survey* (online), 2014, available at www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2014

Carers UK, *Alone and Caring* (online), 2015, available at Carersuk.org/for-professionals/policy/policy-library/alone-caring.

Carers UK, *Facts About Carers* (online), 2015, available at www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2015 .

Carers UK, *Missing Out: The identification challenge* (online), 2015, available at www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge.

Carers UK *State of Caring Survey* (online), 2015, available at www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2015.

The Children's Society), *Hidden from View, The experiences of young carers in England* (online), 2013, available at childrenssociety.org.uk/sites/default/files/tcs/report_hidden-from-view_young-carers_final.pdf.

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Commissioning Intentions

The following represent the key actions which the council expects to undertake to implement the new carers strategy for Herefordshire in conjunction with Herefordshire CCG and other partners during the period 2017/21.

- A. As part of its redevelopment, WISH will establish a significant focus on carers, with extended content and a platform for new interactive opportunities for carers. The council will work with NHS partners to seek to establish widespread use of WISH by health professionals and others.
- B. In re-commissioning services for carers and WISH for 2018, attention will be given to ensuring seamless alignment of information and advice with the identification of carers, including registration.
- C. A joint approach will be developed with commissioning and provider partners to promote the early identification of carers across universal services and health and social care, observing a “no wrong door” policy.
- D. In re-commissioning services for carers, an effective carers register will be established to promote seamless access to services and inform public bodies’ understanding of the needs of carers.
- E. Effective use is made of assessments for carers under the Care Act 2014 to ensure that they have the support they need, utilising a strengths based approach. This will be achieved by training and awareness raising among both social care professionals and carers themselves.
- F. The provision of assessment and support planning for young carers, including transition assessments will be reviewed to ensure alignment to the needs of young people, continuity and best practice as services are re-commissioned.
- G. Commissioning agencies will agree an approach to increasing the participation of carers in the design, review, procurement and performance management of contracted services. This will take account of the restrictions on carers’ time and explore the resourcing of their involvement.
- H. The council and its partners will ensure continuation of some training opportunities for carers.
- I. WISH will have additional interactive functions to enable carers to connect with and support each other.
- J. Resources will be directed towards enabling carers to access support from their community, encouraging and facilitating groups and networks so that they can become self sustaining and self directed by carers and providing specialist support to carers with additional needs.
- K. Resources will be sought for development projects to promote meaningful involvement of carers in effective hospital discharge planning and to reduce avoidable admissions and breakdown of care.



Meeting:	Cabinet
Meeting date:	20 July 2017
Title of report:	Corporate parenting strategy 2017- 2020
Report by:	Cabinet member young people and children's wellbeing

Classification

Open

Key decision

This is a key decision because it is likely to be significant in terms of its effect on communities living or working in an area comprising one or more wards in the county.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Wards affected

Countywide

Purpose

To approve and endorse the Corporate Parenting strategy.

Recommendation(s)

THAT:

- (a) the Corporate Parenting strategy and action plan at appendix A are approved.

Alternative options

- 1 The council does not adopt a Corporate Parenting strategy. This would make it difficult to evidence the council's commitment to corporate parenting or to define what difference it was aiming to achieve and to evaluate what difference it had made in improving outcomes for looked after children and care leavers.

Reasons for recommendations

- 2 The Children and Social Work Act 2017 has recently been given Royal Assent and defines for the first time in law the expectations of councils in relation to their corporate parenting responsibilities. To be able to evidence the council's commitment and action in relation to these responsibilities it is necessary to have a strategy.
- 3 Corporate parenting is a responsibility of all elected members and officers within the council as well as statutory partners. A strategy enables the council and its partners to be clear about priorities, what needs to be done and by who if change is to be achieved. To be effective the strategy needs to be understood and owned by all councillors.

Key considerations

- 4 The council, incorporating elected members and all officers, has a special responsibility for all looked after children and care leavers in its care. Almost all children in care will have experienced trauma as a result of abuse and/or neglect. Although many children in care and care leavers are able to achieve well, overall outcomes for looked after children and care leavers in relation to educational achievement, emotional and mental health, offending and employment are worse than their peers. As corporate parents it is the council's responsibility to ensure that every effort is made to enable children and young people in care to succeed as well as their peers.
- 5 A needs analysis was completed to understand how children and young people in care in Herefordshire are achieving in comparison with their peers and those from other local authorities. This has enabled an analysis to be completed regarding what is working well and what needs to be improved to achieve the best outcomes. The needs analysis was used to develop the Corporate Parenting strategy. The strategy and action plan as attached at appendix a; sets out how change will be achieved.
- 6 Progress against all of the key priorities is expected in the first and each subsequent year. On an annual basis cabinet, and scrutiny will be provided with an update report that informs them of the progress on the implementation of the strategy. This annual report will also be presented to corporate parenting panel which includes members and external partners for their information and comment.

Community impact

- 7 The Corporate parenting strategy will support the achievement of key priorities within the corporate strategy including to enable residents to live safe, healthy and independent lives and to keep children and young people safe and give them the best start in life. The strategy will also support progress in achieving priorities within the Children and Young People's plan particularly that relating to children and young people in need of safeguarding.

Further information on the subject of this report is available from
Gill Cox, head of service for looked after children on Tel (01432) 383738

- 8 Children and young people in care are members of our community and many will live within our community as adults. Therefore doing our best to support these children and young people to achieve happy, healthy and successful lives will benefit the community in the future. On the 29 May 2017 there were 310 children looked after by Herefordshire. A thorough needs analysis of our looked after children population (as shown in appendix b) has been completed and has informed the priorities for the strategy.

Equality duty

- 9 The corporate parenting strategy seeks to redress the impact of disadvantage due to being a looked after child and early life experiences of abuse and neglect.

"A public authority must, in the exercise of its functions, have due regard to the need to -

- eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

Financial implications

- 10 The strategy is largely cost neutral in that practice improvements can be achieved through existing resources. A reduction in the looked after children population would avoid significant costs for the council and partner agencies particularly in relation to the costs of placement and staffing capacity.
- 11 The strategy does not of itself commit resources but delivering any actions necessary to achieve the strategy's priorities will be subject to the relevant governance process.

Legal implications

- 12 There should be a strategy in place for Corporate Parenting which should be reviewed on a regular basis.
- 13 The purpose of such a strategy is to reaffirm and reinforce the Council's corporate responsibility jointly with our partner agencies.

Risk management

- 14 There are no risks identified to adopting a strategy for Corporate Parenting.
- 15 There are risks associated with having no clear strategy in place. There are expectations upon the council and its partners to act as responsible and ambitious corporate parents for looked after children and care leavers. The absence of a strategy is likely to be noted as a concern by Ofsted and would bring increased scrutiny regarding the level of commitment and leadership by the council in this area.

Consultees

- 16 The draft strategy was circulated widely for consultation between 17 February and 7 April 2017 to the Corporate Parenting panel who include members, officers, multi-agency partners, foster carers and young people; Herefordshire Safeguarding Children's Board; elected members, foster carers and the Children in Care council. Written responses were received from a number of organisations in addition to verbal feedback from a range of individuals. Consultation responses were received and reviewed and included suggested ideas and amendments that have been incorporated into the final strategy.
- 17 The Corporate Parenting panel recommended and endorsed a draft version of the strategy on 23 May 2017.
- 18 The draft strategy was discussed at the children's scrutiny committee on 5 July 2017; they are supportive of the strategy and associated action plan and have requested that an annual update on its implementation is presented to the committee. The recommendations have been considered by the cabinet member young people and children's wellbeing and as a consequence children's scrutiny is referred to in the action plan.

Appendices

Appendix A - Corporate parenting strategy

Appendix B - Corporate parenting strategy needs assessment

Background papers

- None identified.



**Herefordshire
Council**

Herefordshire Council

Corporate
Parenting Strategy

2017-20

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Foreword

Every child deserves the best start in life. They should grow up to be happy, healthy and thrive in an environment that will enable them to reach their full potential. If a child needs to be taken into our care this should not mean that they do not have the same opportunities as anyone else. This strategy is our way of ensuring that looked after children have happy and fulfilling lives. Our society cannot always foresee the challenges that a child may face. However, how a society meets those challenges is a key measure of how well it is functioning. One of the most important roles a Council can play is to provide the best of outcomes for children who are disadvantaged. There can be no greater reward than to achieve the very best for children who need our help. This strategy sets out how we as Corporate Parents will provide every opportunity for our looked after children and care leavers. We, as elected members, will strive to put their wellbeing at the centre of all we do and together we can achieve great things for those who need our full support.

Insert signature

Councillor Jonathan Lester
Cabinet member for Young People and
Children's Well-being

Insert signature

Councillor Jenny Hyde
Chair of Corporate Parenting panel

Introduction

This strategy sets out how we as Herefordshire Council and its partners will carry out our corporate parenting responsibilities for looked after children and young people and care leavers.

The aim of this strategy is to ensure that all officers, partners and elected members understand our responsibilities as corporate parents and are working together to improve outcomes for this group of children and young people who are particularly vulnerable and for whom we all have a special responsibility.

What is Corporate Parenting?

Put simply, the term 'Corporate Parent' means the collective responsibility of the council, elected members, employees, and partner agencies for providing the best possible care and safeguarding for children who are looked after by the council. A child in the care of the council looks to the whole council to be the best parent it can be to that child. Every member and employee of the council has the statutory responsibility to act for a looked after child in the same way that a good parent would act for their own child.

Every good parent wants the best for their child - to see their child flourish, to enjoy good health, to be safe and happy, to do well at school, to enjoy good relationships with their peers, to make the most of leisure opportunities, hobbies and interests, and to grow towards adulthood equipped to lead independent lives and to make their way as happy, healthy, successful and financially secure adults.

That's why Herefordshire Council has the same goals for the children it looks after as those of every good parent and takes seriously the moral and legal responsibility for enabling the children in its care to experience happy and fulfilled lives. This does not mean that everyone with the responsibility of being a corporate parent should meet and get to know every looked after child on an individual basis. However, being a good corporate parent means we should:

- accept responsibility for children in the council's care
- make their needs a priority
- seek for them the same outcomes any good parent would want for their own children.

Corporate parenting responsibilities are not confined to elected members. All officers share the responsibility to promote the needs of looked after children.

Key responsibilities of all Officers are:

- To promote the life chances of looked after children and care leavers in their area of responsibility.
- To consider the impact of decision making on looked after children and care leavers.

How the strategy will be delivered, monitored and evaluated

This strategy includes an action plan to support implementation of its aims and objectives with measurable outcomes. Effectiveness of the strategy will be monitored and evaluated by the Corporate Parenting Panel. The Corporate Parenting Panel will present an annual report to the Council on progress.

The Children in Care Council will monitor progress and hold us to account.

The National Picture

There were 70,440 looked after children on the 31st March 2016, an increase of 1% compared to 31 March 2015 and an increase of 5% compared to 2012. The rise during 2015/16 reflects a rise of 1,470 in unaccompanied asylum seeking children, compared to a rise of 970 in all looked after children. In 2012, 59 children per 10,000 of the population were looked after; in 2016 the rate was 60 children per 10,000 of the population.

In 2016 the number of children in foster care continued to rise; of the 70,440 looked after children at 31 March 2016, 74% were cared for in foster placements – the same proportion as the previous year.

In 2016 the number of looked after unaccompanied asylum seeking children increased by 54% compared to 2015. At 31 March 2016, unaccompanied asylum seeking children represented 6% of the looked after children population.

The outcomes for children and young people in care are poor in comparison with the general population and other vulnerable groups. However, despite the complex needs these children and young people have, many can and do make a great success of their lives, with the right support and care.

The Local Picture

On the 31st March 2016 there were 287 looked after children in Herefordshire which equates to a rate of 80 children per 10,000 significantly higher than the national average, statistical neighbours and even higher than would be expected when taking into account relatively low deprivation levels within the County.

A needs analysis (*insert hyperlink*) has been completed using data available locally, regionally and nationally to help us understand relative strengths and areas for improvement. This needs analysis has been used to inform the priorities for this Strategy.

Priority 1 – All elected members and senior leaders across all key partners understand and act on their responsibilities as corporate parents

What we are doing well

- A committed group of cross-party Councillors are members of the Corporate Parenting panel and act as effective corporate parents in their other roles
- All Councillors are provided with a copy of “If this were my child... A councillor’s guide to being a good corporate parent”
- Council demonstrate interest and support when reports relevant to Corporate Parenting are presented to them
- Performance information is shared quarterly with cross-party Councillors and at Corporate Parenting panel

Current opportunities

- Councillors and many Officers live within Herefordshire and have the opportunity to influence their wider networks to promote opportunities for looked after children and care leavers
- A Children’s scrutiny committee has been established during 2017/18 to focus scrutiny on the well-being of children specifically
- The Council, Wye Valley NHS Trust and Clinical Commissioning Group are jointly responsible for contracting and commissioning a wide range of services that could be required to provide opportunities to improve the life chances of looked after children and care leavers including employment and training opportunities
- The Council has a volunteering scheme that allows employees to have up to 2 days paid leave to do charitable work which could be extended to offer support for looked after children and care leavers

Current challenges

- Engaging Councillors, Officers and partner agencies to ensure that corporate parenting responsibilities are owned “corporately” rather than being seen as a Children’s Wellbeing Directorate responsibility.

What we will improve

- Regular sharing of information to elected members and officers to enable them to understand the quality of care being provided for looked after children and care leavers and therefore to effectively scrutinise and challenge
- Awareness and understanding of corporate parenting responsibilities amongst Councillors, Officers and partner agencies
- Explicit consideration of the impact of decision making across the Council on looked after children and care leavers and using every opportunity to promote their life chances

Priority 2 – Families are supported to care for their own children

What we are doing well

- The threshold for support and intervention by Children’s Social care is being more effectively managed resulting in a significant reduction in children on a Child Protection plan that has been sustained
- Threshold of Care panel and Legal Gateway panel ensure that decisions for children to become looked after and/or to initiate care proceedings have appropriate oversight and scrutiny by Heads of Service
- The number of children admitted to care has started to reduce during 2016/17
- Where children are looked after they are placed with family and friends as a first option

Current opportunities

- An Early Help strategy has been approved which will drive the focus for preventative services to increase the resilience of families and communities and therefore reduce demands on Children’s Social Care
- There are interventions that have been nationally evaluated that are successful at reducing the risk of parents having children repeatedly removed from their care

Current challenges

- Reduced resources are available for preventative services, including the budget pressures experienced by partners such as schools
- Family support services within Children’s Wellbeing Directorate are limited

What we will improve

- We will reduce the number of looked after children to a rate that is below the national average given our relatively low rates of deprivation
- We will increase the numbers of children rehabilitated home to their family’s where it is safe to do so
- We will implement the Early Help strategy and develop a joined up preventative approach to prevent children coming into care
- We will explore opportunities to develop services that work with parents who are at risk of having multiple children removed from their care

Priority 3 – All looked after children have a safe and stable home

What we are doing well

- Case file audits indicate that children are safe in care
- The fostering service has been successful at recruiting, training and supporting carers and so is increasingly meeting the needs of children and young people with complex needs and/or challenging behaviour
- The number of children who have experienced 3 or more placement moves has reduced and is well below the national average
- HIPSS and TISS are supporting foster carers and staff to better understand and meet the needs of children with complex needs
- The Adoption team has successfully found adopters for older children, sibling groups and those with complex needs
- Approximately £94,000 of funding has been awarded since April 2015 to enable adopters and special guardians to access specialist therapeutic support through the Adoption Support Fund
- A protocol has recently been agreed to “Reduce Offending and Criminalisation of Children in Care”
- Herefordshire has good quality, enthusiastic foster carers with an increasingly professional approach

Current opportunities

- To develop innovative projects to support adopters as part of a Regional Adoption Agency alongside the third sector
- To re-direct funding spent on independent foster placements and residential units to support the growth and improvement of the in-house fostering service
- To use the expertise of foster carers to contribute to training the children’s social care workforce
- Barnardo’s BASE project provides tailored intervention programmes to children at risk of Child Sexual Exploitation and training to staff and foster carers
- To develop a restorative justice approach to incidents within foster and residential placements to reduce the risk of placement breakdown and reduce criminalisation of looked after children
- The HSCB have agreed to include thematic audits for looked after children and care leavers within their audit programme

Current challenges

- Maintaining the quality of the adoption service during the planning and early implementation of a Regional Adoption Agency
- Children’s social care workforce includes a lot of newly qualified Social Workers who lack experience in Court work and early permanency planning
- Continued growth and improvement of the fostering service if spend on independent placements does not reduce and other funding is not identified

- Contract for HIPSS and TISS is due to end in 2017/18
- Matching children with foster carers is difficult when there is limited placement choice
- Many foster carers are reluctant to apply for Special Guardianship Orders when it would be in the best interests of children they care for
- Difficulties in recruiting and retaining experienced Social Workers

What we will improve

- The number of children who are in a stable long term placements
- Ensuring that foster carers are valued as professionals
- Achieving permanency for children through adoption where this is in the child's best interests
- Reducing the time children spend in care before they achieve permanency
- Reducing the number of placements that disrupt and end in an unplanned way
- Increase the number of foster carers (particularly kinship carers) who are matched long term with children who apply for Special Guardianship orders
- Greater consistency in practice in relation to children who go missing and child sexual exploitation risk assessments to enable understanding of themes and effective intervention
- Multi-agency case file audits for looked after children and care leavers through the HSCB

Priority 4 – All looked after children are supported to reach their potential in education

What we are doing well

- The gap in achievement for children in Early years education has narrowed
- The Virtual school monitors attendance levels closely and ensures a joined up approach if attendance reduces below 90%
- The Virtual school has a plan focussed upon narrowing the gap in achievement between looked after children and the general population
- The recording of exclusion data is more accurately recorded which enables more effective challenge of schools
- Children and young people have a Personal Education Plan which is reviewed every term

Current opportunities

- The Virtual school is planning training for foster carers, social workers and virtual school staff on raising aspirations
- E-PEP has been purchased which will enable real time tracking of data for looked after children and release capacity within the Virtual school to focus on interventions
- Development of a University in Hereford provides opportunities to raise aspirations for children in care

Current challenges

- The emotional impact of harm that children in care have experienced can prevent them from engaging fully in education and learning opportunities
- Children admitted to care aged over 12 experience the most placement and school disruption
- A small number of looked after children have very complex health needs which affect attendance
- Having access to accurate current information on children's attainment and progress
- Methods of teaching students today are often not well understood by carers making it difficult for them to support children with their homework
- Meeting educational needs of unaccompanied asylum seeking children particularly those aged 16+

What we will improve

- Reduction of the gap in achievement between looked after children and the general population
- Reduction in the number of young people who are not engaged in education, employment or training
- Our ambition for children to achieve their potential
- Consistency of practice regarding exclusions between schools
- Reducing the number of children in care who experience multiple school moves
- Inclusion opportunities for children with Special Educational Needs
- Oversight and challenge to the Virtual School

Priority 5 – All looked after children enjoy the best possible health

What we are doing well

- LAC health team complete LAC health assessments for children placed in neighbouring authorities wherever possible to provide continuity
- The percentage of Health assessments completed for young people aged 16+ has improved significantly
- The LAC health team have been stable enabling them to develop trusting relationships with children over time that are effective at identifying concerns
- The completion rate for Strengths and Difficulties questionnaires has improved
- CAMHS have introduced a telephone advice line that is available to Social Workers

Current opportunities

- To re-design work flows within IT systems to simplify notification processes
- Reducing the numbers of children placed out of County through reduction in numbers of children looked after and continued growth of in-house fostering service
- To use SDQ data to target resources and prevent escalation of emotional and mental health difficulties for children and young people and prevent placement breakdown

Current challenges

- The high numbers of looked after children stretch resources and capacity of the LAC health team
- No mental health services are commissioned for children under the age of 10 beyond what is available from universal services
- Risk taking is a normal aspect of adolescence but looked after children and care leavers have fewer protective factors to balance risks
- Many care leavers have poor emotional and mental health but don't meet the criteria for adult mental health services

What we will improve

- Completion of statutory health assessments within timescales which requires Children's Social Care to notify the LAC health team promptly when a child is admitted to care
- Accuracy of data produced by the LAC health team
- Using the Strengths and Difficulties questionnaires to target support for children, young people and their carers
- Closer monitoring of health needs of children placed out of County to ensure health needs are met
- Understanding the health needs of our care leavers

- Engaging older young people and care leavers in taking responsibility for their own health and ensuring they have accurate information about their own health history
- Understanding the profile of looked after children with a disability
- The integration of EHC plans with LAC health assessments

Priority 6 – All looked after children enjoy a range of play, sport, leisure and cultural opportunities

What we are doing well

- The Council supports looked after children to access sport and leisure activities by providing HALO vouchers
- The Council holds an annual event to celebrate the achievements of looked after children and care leavers across a wide range of categories
- Foster carers support children to take part in a wide range of activities

Current opportunities

- The Children in Care Council is planning a trip to Spain which they have fundraised for
- The Children in Care Council have priorities that include fundraising and being more involved in their local communities

Current challenges

- Guidance and laws can make it difficult for corporate parents to allow children to do activities that have a recommended or statutory age rating
- As corporate parents we are naturally risk averse
- Some children are placed a long way from their home when they come into foster care and so it can be difficult to continue attending clubs and activities that they are part of
- Herefordshire is a very rural County and so it can be difficult for young people to travel independently and difficult for carers to transport children to clubs and activities

What we will improve

- The information on our looked after children's access to play, sport, leisure and cultural activities as a population
- Ensuring that when children do have to move that we minimise the impact by supporting continuity of friendships, clubs and activities wherever possible
- Children tell us that too often they are made to feel "different" because we don't always allow them to take part in activities that their peers enjoy

Priority 7 – All looked after children are listened to and treated with respect

What we are doing well

- Looked after children are encouraged to Chair their own LAC reviews if they want to
- Independent Reviewing Officers send an age appropriate letter, including a photo and contact details, explaining their role, purpose of a LAC review and right to advocacy when allocated to a child or young person
- Children in care are involved in almost all recruitment for new staff within Children's Social Care and the Virtual School
- A Participation Worker is employed who supports the Children in Care Council which is well established and meets every month
- The Children in Care Council is represented at the Corporate Parenting Panel
- The 16+ team has a closed group Facebook page which has been successful in engaging with some difficult to reach young people and enable young people to ask for support where they might otherwise have found it difficult to ask
- Evaluation from NYAS (advocacy service) shows that children and young people understand their rights and entitlements better after receiving support from the service
- On Take-over day 2016 representatives from the Children in Care Council took over Corporate Parenting Panel and the Council's Management Board

Current opportunities

- A survey of all looked after children is planned for Spring 2017
- To embed more robust arrangements for assessing, planning and reviewing children's contact arrangements that keeps the child at the centre
- Training to improve the competence of children's social care staff in working with children and families from diverse cultural backgrounds is planned
- New apps provide opportunities for children and young people to communicate their wishes and feelings in a way that is accessible for them and that enables analysis of this information by the service

Current challenges

- Children's Social Care are struggling to recruit permanent Social Workers in some teams meaning that we still have to employ some agency staff
- The numbers of unaccompanied asylum seeking children within our looked after and care leaver population is expected to rise in the next two years but the workforce and local services are inexperienced in working with this client group

What we will improve

- The influence that children and young people's views have on policy and practice
- The proportion of looked after children and care leavers who regularly attend or engage with the Children in Care Council

- Accurate recording of children's ethnicity and therefore improvement in meeting children's cultural needs
- The skill and experience of our workforce in working with children and families from diverse cultural backgrounds
- The range of racial, cultural, religious and ethnic backgrounds of our foster carers and their ability to meet diverse need
- Children's confidence to tell us if they want something to change in their foster placement
- Choices for children and young people about how they tell us about their wishes and feelings
- Reducing the number of changes of Social Worker that children and young people experience
- Ensuring that contact arrangements for children and young people with their families are in their best interests
- Understanding the experience and views of all our looked after children as a collective group
- Children and young people's understanding of their rights and entitlements

Priority 8 – All looked after children are supported and enabled to live happy, healthy and financially secure lives when they leave care

What we are doing well

- Young people really value the support they receive from the 16+ team and the drop in at No. 4 is used a lot and valued by young people
- Young people have a Pathway Plan that is co-produced with them and is regularly reviewed
- The fostering team has been successful in increasing the number of approved supported lodgings providers

Current opportunities

- The Council, its partners and those it commissions are large employers who could offer a wide range of employment opportunities to young people in care and leaving care
- The Apprenticeship levy and development of traineeships and supported internships creates employment opportunities
- Shared housing is more available, affordable and reduces the risk of isolation than single accommodation
- The draft Young People's Accommodation strategy includes as a key principle that there will be no homelessness assessment of care leavers required in order to identify housing suitable for them
- "Keep on caring" strategy establishes Government commitment that leaving care services will be extended to all care leavers up until the age of 25 and offer to care leavers will need to be published

Current challenges

- There is a shortage of affordable housing especially for single people
- Government approaches to reducing the welfare bill are impacting upon care leavers – particularly those with mental health difficulties and leave young people vulnerable to debt
- Some young people are very difficult to engage and are involved in some very risky behaviours
- Extending leaving care services will require additional resource and it's not yet clear what funding will be made available from central Government

What we will improve

- The range of supported accommodation available to meet the needs of care leavers within Herefordshire
- Some care leavers are found to be “intentionally homeless” and this makes it difficult for them to move on from mistakes
- Reducing the number of young people in care or who have left care who are not in education, employment or training
- The engagement of some young people in taking responsibility for their own physical and mental health
- A consistent approach to assessing and managing risk in adolescents which is understood by all agencies operating in Herefordshire
- Having a safe place for 16+ team to be based and to offer a drop in service for older looked after children and care leavers
- Formalising relationships with partner agencies through formal protocols to support effective joint working
- Reduce the numbers of children and young people in care and care leavers are at risk of offending
- The quality and consistency of support to young people to develop their independent living skills

Corporate Parenting Action Plan 2017-20

06

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
1	Increase awareness and understanding of corporate parenting responsibilities amongst elected members.	Include Corporate parenting workshops within mandatory induction programme for Councillors	Governance services, Head of service for looked after children and Children in Care Council	% of Councillors completing mandatory induction programme Progress within Action Plan and against key performance indicators
1	Increase awareness and understanding of corporate parenting responsibilities amongst senior Council officers and partners.	Offer Corporate parenting workshops to senior officers within the Council and partner organisations	Management board, Head of service for looked after children and Children in Care Council and Children's scrutiny	Progress within Action Plan and against key performance indicators
1	Councillors will have looked after children and care leavers at the forefront of their work and offer of support	Ask the question "how does this support Herefordshire's looked after children and care leavers?" in relation to all Council and community business Commit to a minimum percentage of all work experience placements and apprenticeships being made available to LAC and care leavers	Elected members Cabinet	Progress within action plan and against key performance indicators % of looked after children and care leavers who are NEET at age 19 and 21 is lower than national average and improves each year to be in the bottom quartile

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
		Develop a directory of interests and skills of members so that they can offer to support/mentor individual children and young people who wish to explore that field	Elected members including children's scrutiny	% of looked after children and care leavers who are NEET at age 19 and 21 is lower than national average and improves each year to be in the bottom quartile
1	Ensure that the Council, Wye Valley NHS Trust and Clinical Commissioning Group considers the impact upon corporate parenting responsibilities prior to any decision.	Provide guidance within report templates	Council, WVT and CCG	Progress within Action Plan and against key performance indicators
1	Ensure that Councillors, WVT and CCG are held to account for progress of the Corporate Parenting strategy	Present an annual report on Corporate Parenting to full Council and CCG Governing body and thematic information to children's scrutiny committee	Head of service for looked after children, WVT and CCG	Progress within Action Plan and against key performance indicators
1	Enable children and young people in care and care leavers to hold their Corporate Parents to account	Provide information to explain what a Corporate Parent is and the role and function of the Corporate parenting panel for children and young people Strengthen accountability of the Corporate parenting panel to the Children in Care Council	Children's Social Care and Participation Team Corporate parenting panel and Children in Care Council	
2	The rate of looked after children will gradually reduce	Ensure families receive multi-agency support to enable them to meet their children's needs	HSCB Children's Social Care	Rate of looked after children will reduce and be at or below national average

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
		<p>Ensure children are only admitted to care when there is no safe alternative</p> <p>Focus upon permanency planning to ensure children do not remain in care longer than is in their best interests</p> <p>Provide clear information on support available to Special Guardianship carers to enable prospective SGO carers to make informed decisions</p> <p>Ensure that foster to adopt placements are considered in all cases</p> <p>Ensure service demands are shared to inform the development of early help services</p> <p>Early help strategy fully and effectively implemented</p> <p>Ensure clear joint protocols are effective in preventing</p>	<p>Children's Social Care</p> <p>Children's Social Care</p> <p>Children's Social Care and Legal Services</p> <p>Children's Social Care</p> <p>Children and young people's partnership</p> <p>Children's Well-being and Strategic housing team</p>	

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
		homelessness for young people aged 16+		
3	Continue to grow the fostering service to meet placement needs of looked after children and care leavers and improve placement stability	<p>Review and revise recruitment strategy every year to focus on gaps in placement provision</p> <p>Specifically target recruitment of foster carers to meet needs of BME children</p> <p>Further develop and improve training for foster carers to increase skill level and resilience of foster carers particularly for those caring for teenagers</p> <p>Promote foster carers as professionals by holding joint training and where appropriate co-producing training with foster carers for Children's Social care workforce and celebrating achievements of foster carers</p> <p>Ensure effective support is in place to enable children to step-down from residential care</p>	<p>Fostering service</p> <p>Fostering service</p> <p>Fostering service</p> <p>Children's Social care and Foster carers</p> <p>HIPSS & TISS</p>	<p>Number of children placed and spend on children placed in independent fostering agencies and residential care</p> <p>Profile of foster carers in comparison with looked after children</p> <p>Placement stability in comparison with national average and previous local performance</p>

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
		<p>Ensure consistent practice in relation to minimising risk of placement disruption and learning lessons when disruptions do occur.</p> <p>Ensure effective placement provision to reduce numbers of children placed in residential and provide effective step-down to foster placements</p> <p>Train Foster Carers and Social Workers to understand and apply restorative justice solutions to incidents in placement</p>	<p>Children's social care</p> <p>Children's Social Care and Commissioning</p> <p>Youth Justice service, foster carers and children's social care</p>	
3	<p>Develop effective adoption support services</p> <p>Continue focus upon recruitment of adopters for sibling groups, older children and those with complex needs</p>	<p>Working with Regional Adoption agency and third sector</p> <p>Working with Regional Adoption agency</p>	<p>Adoption service</p> <p>Adoption service</p>	<p>Number of adoption disruptions</p> <p>The average time between receiving court authority to place a child and the local authority deciding on a match to an adoptive family in comparison with national data and previous local performance</p>

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
3	<p>Understand numbers affected and levels of risk to looked after children who go missing and/or are at risk of child sexual exploitation</p> <p>Train Children's Social Care staff and foster carers to manage and reduce risk of CSE</p>	<p>Develop consistent recording methods to enable accurate monitoring and analysis of themes</p> <p>Complete multi-agency thematic audits</p> <p>Working with Barnardo's BASE project</p>	<p>Children's Social care and performance team</p> <p>HSCB</p> <p>Barnardo's BASE project and Social Work Academy</p>	<p>Data is accurate</p> <p>Outcomes from audits</p> <p>Levels of risk to individual children reduces over time</p>
4	<p>Reduce the gap in educational achievement between looked after children and their peers</p>	<p>Closer analysis of exclusion data and joint approach with schools to address inconsistencies in practice between schools</p> <p>Continue to implement virtual school plan</p> <p>Implementation of E-PEP and challenging schools on use of Pupil Premium</p> <p>Consider whether to introduce a Board of Governors for Virtual School to improve oversight and challenge</p>	<p>Virtual school</p> <p>Virtual school</p> <p>Virtual school</p> <p>Children's Well-Being directorate and Cabinet member</p>	<p>Reduction in gap in achievement between looked after children and the general population as compared with national average and previous local performance</p> <p>Numbers of young people choosing to go to University and successfully completing their course</p>

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
		<p>Training for foster carers, social workers, school governors and virtual school staff to raise aspirations amongst looked after children and enable effective support for children's learning</p> <p>Explore opportunity to make refurbished IT equipment that the Council no longer requires available for looked after children and care leavers</p> <p>Work with local FE colleges and Universities to develop opportunities for taster days for looked after children and care leavers</p> <p>Develop a clear offer of the practical, emotional and financial support available to care leavers who go to University</p>	<p>Virtual school, children's social care and foster carers</p> <p>Virtual school and Hoople</p> <p>Virtual school</p> <p>Children's social care</p>	
5	Ensure the health needs of our looked after children are met	<p>Completion of health assessments within statutory timescales</p> <p>Effective and timely liaison with colleagues to ensure needs of</p>	<p>LAC health team</p> <p>LAC health team</p>	Compliance with timescales for completion of health assessments

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
		<p>children placed out of County are met and smooth transition of services if children move placements</p> <p>CAMHS will offer training to Social Workers, inductions for ASYE and attend team meetings in children's social care to develop skills and understanding of mental health issues within Children's Social care workforce.</p> <p>Ensuring accurate recording of disability on MOSAIC</p>	<p>CAMHS and Children's Social care</p> <p>Children's Social care and performance team</p>	
5	Use data to target support and resources effectively to ensure children's needs are met and risk of placement breakdown is reduced	Continue to increase the number of SDQ assessments completed and use data to review whether this indicates the need for changes to a child's care plan and/or support for their carer	LAC health team, fostering team and children's Social Workers	Placement stability
5	Enable care leavers to understand their health needs and how to access additional support when they need it	<p>Ensure all care leavers receive their health passport and a copy is kept on their file</p> <p>Offer a regular drop-in advice service for children in care aged 16+ and care leavers</p>	<p>LAC health team</p> <p>LAC health team</p>	<p>Care leavers who are EET and in suitable accommodation</p> <p>Care leavers who are parents</p>

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
		<p>Train 16+ team in C-card scheme</p> <p>Explore opportunities for CAMHS to be expanded to provide support for young people up to the age of 25</p>	<p>Sexual health team and 16+</p> <p>CCG</p>	
6	Commit to enabling children and young people being able to take part in the activities that are “normal” and socially acceptable for their peers	Develop guidance for practitioners and managers to support delegated authority for carers and a pragmatic approach to risk assessments	Children’s social care and Corporate Parenting panel	
7	Develop the Children in Care Council (CICC) so that it is able to represent the voice of all children in care and is able to hold the Corporate Parenting panel to account	<p>Increase numbers of children and young people engaged in or with the CICC</p> <p>CICC to develop its priorities for change</p> <p>Ensure CICC is enabled to engage fully with the work of the Corporate Parenting panel</p>	Participation team, Children in Care Council and Corporate Parenting Panel	% of looked after children who engage with CICC
7	Support our workforce to develop confidence and competence in working with children and families from diverse backgrounds	Deliver training on “culturally competent” practice	Social Work academy	% of workforce trained
7	Ensure that contact arrangements for children and young people are in their best interests	Embed the use of contact assessment tool	Children’s social care	Placement stability data

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
		Regularly review contact arrangements including whether contact needs to be supervised	Children's social care	
7	Improve understanding of children's wishes and feelings	Analyse results of looked after children's survey Offer "U chair" training on a regular basis and encourage children and young people to chair their own LAC reviews Purchase licenses for "mind of my own" (MOMO) app Analyse information provided through MOMO and other sources of information to inform service improvements	Participation team Participation team and IRO service Children's social care Children's social care	
7	Decrease the number of children and young people who have a change in social worker and/or IRO	Recruit permanent staff to vacancies Improve retention by addressing issues highlighted within the annual Social Work health check survey and developing a clear CPD offer	Hoople and Children's social care Children's social care	Workforce stability data
8	Ensure that there is a range of accommodation available to care leavers that meets need and allows for a gradual move to independence that is financially sustainable	Re-commission housing support to deliver accommodation with support that meets the needs of care leavers	Housing strategy and Children's Social care	100% of care leavers in suitable accommodation

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
		<p>Work with housing providers (including private rented sector) to develop move on accommodation and shared housing options suitable for care leavers</p> <p>Implement Young Person's accommodation strategy</p> <p>Develop clear policy on financial support for care leavers</p>	<p>Housing strategy and Children's social care</p> <p>Adults well-being and relevant partners</p> <p>Children's Social care and Chief finance officer</p>	<p>% of care leavers successfully sustaining a tenancy</p> <p>Number of care leavers who present as homeless</p>
8	Increase the number of care leavers who are safe	Implement a joint approach to assessing and managing risk for adolescents	HSCB	Number of care leavers subject of regular risk management meetings
8	Reduce the number of looked after children and care leavers who are not in education, employment or training	<p>Offer a minimum of 1 week's work experience to every looked after child within the Council, WVT or CCG</p> <p>Establish a baseline of how many looked after children and care leavers undertake an apprenticeship and increase this each year</p> <p>Ensure care leavers are supported to access supported internships</p>	<p>Council, WVT and CCG</p> <p>Council</p> <p>Hoople and Council</p>	% of looked after children and care leavers who are NEET at age 19 and 21 is better than national average and improves each year

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
		<p>and traineeships as opportunities develop as appropriate</p> <p>Offer a guaranteed interview to every looked after child or care leaver who meets the person specification for a job within the Council (including apprenticeships)</p> <p>Require services contracted or commissioned by the Council or CCG to offer work experience and apprenticeships to looked after children and care leavers</p> <p>Have a business advisor linked to the Virtual School to help develop employment opportunities</p>	<p>Hoople and Council</p> <p>Council and CCG</p> <p>Virtual school and Careers Enterprise co-ordinator</p>	
8	Provide a venue for a drop in service for young people in care aged 16+ and care leavers that enables them to feel safe and valued	Identify a long term venue for 16+ service within the City centre	Council	
8	Ensure joined up services are provided for care leavers that meet need	Develop joint protocols with relevant partners including Housing Solutions team and Probation service.	16+ team and head of service for looked after children with relevant partner agencies	

Priority	What will we do?	How will we do it?	Who will do it?	How will we measure success? What difference will have been made?
8	Improve the quality and consistency of support provided to looked after children and care leavers to develop their independent living skills	<p>Clear expectations for carers in placement plans and pathway plans about what they will do to support development of independent living skills</p> <p>Consider establishing a support group for carers of older young people</p> <p>Develop a clear policy for foster carers on saving for looked after children</p> <p>Expand the Council Volunteer scheme to enable employees to provide support to looked after children and care leavers</p>	<p>Children's social care, foster carers and SLP providers</p> <p>Foster carers and Fostering Team</p> <p>Fostering Team</p> <p>Council</p>	Number and % of care leavers sustaining a tenancy
8	Develop a clear care leavers "offer"	In consultation with looked after children and care leavers once legislation is in place and clear guidance produced	16+ team, young people, Participation team and Head of Service for LAC	

Corporate Parenting Strategy – Needs analysis

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DRAFT

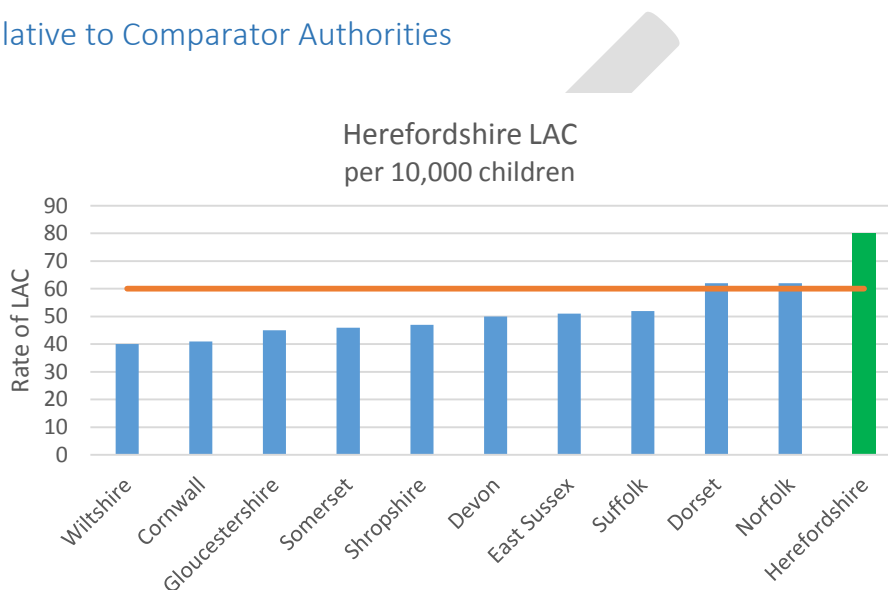
Introduction

This needs analysis has been completed with the purpose of informing the Corporate Parenting strategy. Information available from Children’s Social Care and relevant partners, including education and health, has been collated and where possible analysed in comparison with previous years and national or regional data to help understand trends, areas of good performance and areas to improve.

Looked after children population

The following information summarises Herefordshire’s LAC population, relative to similar comparator local authorities and those with similar levels of deprivation using 2015/16 data.

LAC rate relative to Comparator Authorities



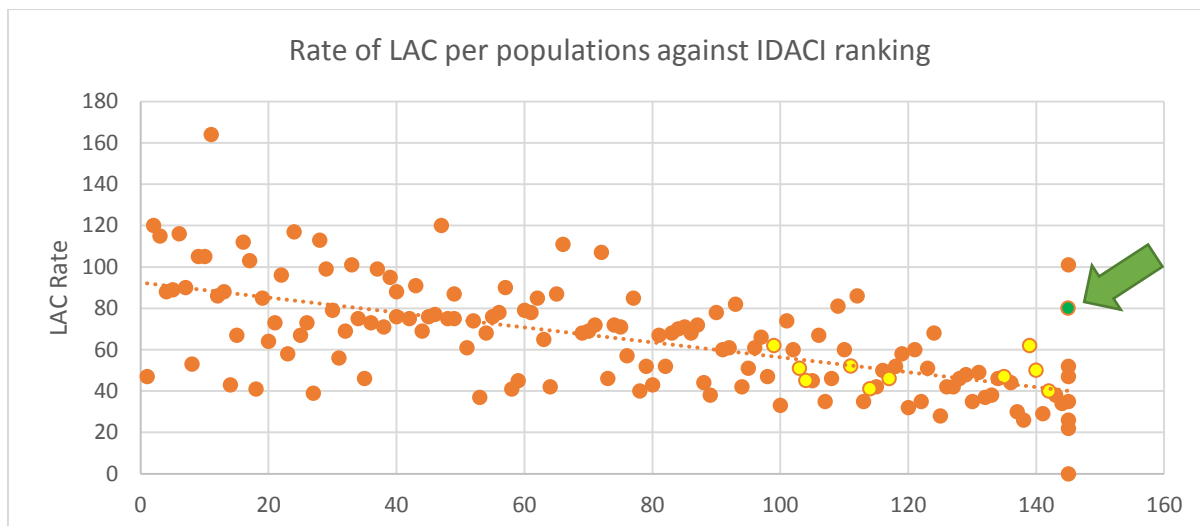
As can be seen from the graph above, Herefordshire’s LAC population is considerably higher than that of our comparator authorities. An approximate rate across our statistical neighbours is 50 LAC per 10,000 under 18 population, however Herefordshire’s rate has grown during 2015/16, for the fifth year in a row, to 80 children per 10,000 population. If Herefordshire’s rate for looked after children was consistent with our comparator authorities, this would equate to approximately 180 LAC children at any point in time.

In addition, a national average line is shown in red on the above graph, again, Herefordshire’s rate is higher than this average and if we were to be in line with the national average rate, we would need to reduce our LAC to around 217, a reduction of around 70 children

LAC rate relative to Deprivation Levels

If we were to compare Herefordshire’s rate of LAC children against authorities with similar levels of deprivation, this also shows the Authority as an outlier. There are 3 methods of calculation the IDACI (Income Deprivation Affecting Children Index) rates. Highlighted in the graph below is our LAC rate compared to the proportion of children within the most deprived 10% of LSOAs.

This chart indicates that Herefordshire (identified with the arrow), is a significant outlier. As described above, there are three differing measure of IDACI; both of the other calculations, which aren’t displayed, are consistent with the graph below.



Comparing to the trend line, Herefordshire’s LAC rate should be closer to a rate of 40 LAC per 10,000 children, half of the current level, which would mean actual LAC children numbers might need to be closer to 145.

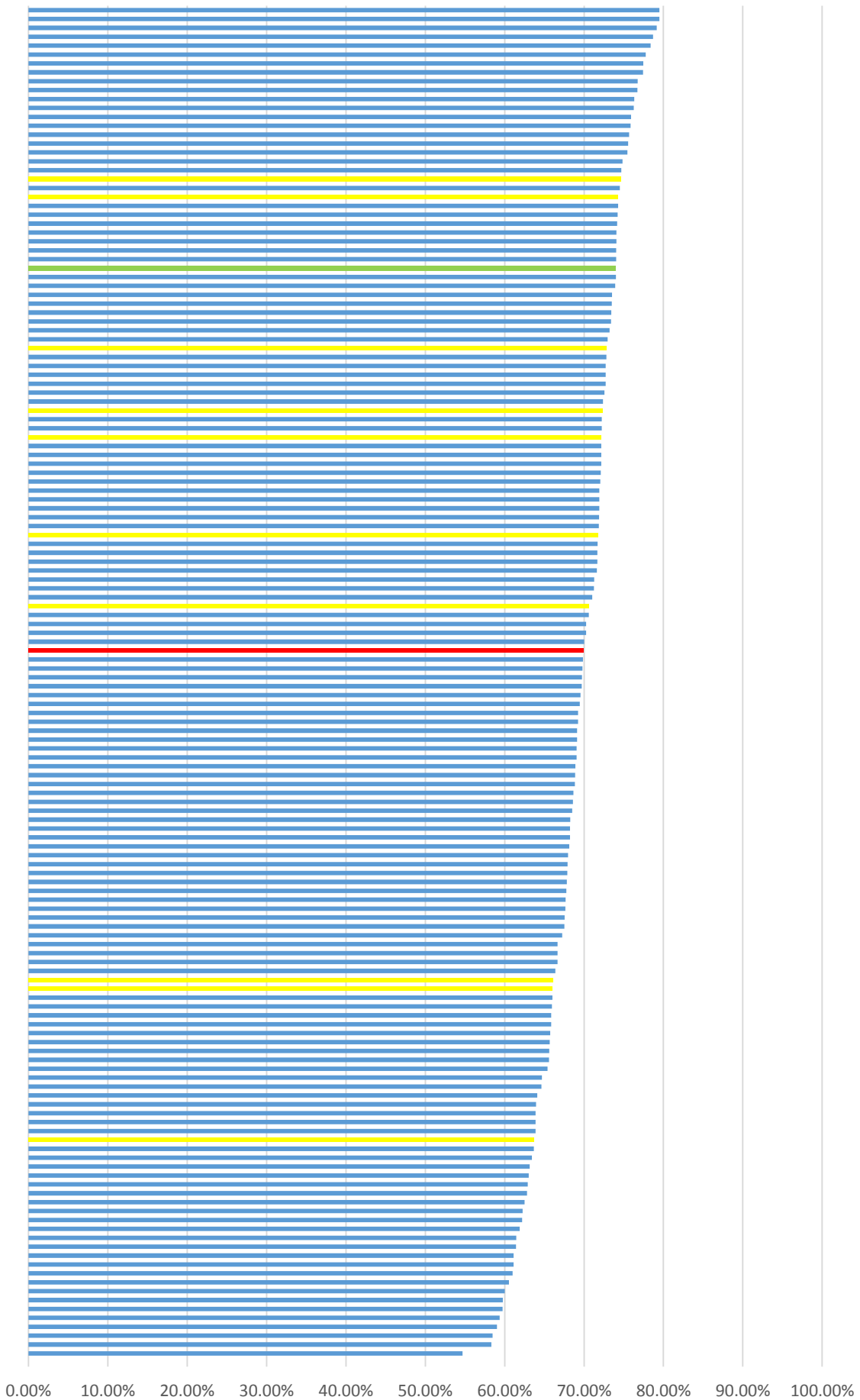
The table below shows Herefordshire’s comparator authorities, their LAC rate and where they rank for their IDACI (population living in most deprived 10% of LSOAs). Comparing these values to the national trend line, all of our comparators have LAC levels consistent with their IDACI ranking. These points are highlighted in yellow on the above chart

	LAC Rate	IDACI Ranking
Wiltshire	40	142
Cornwall	41	114
Gloucestershire	45	104
Somerset	46	117
Shropshire	47	135
Devon	50	140
East Sussex	51	103
Suffolk	52	111
Dorset	62	139
Norfolk	62	99
Herefordshire	80	145

LAC Turnover

The graph on the following page shows a rudimentary calculation of turnover of LAC for Herefordshire compared to other councils. It shows the number of LAC at 31st March 2016 as a percentage of the total number of LAC supported during the year. A higher percentage indicates that the LAC turnover is lower, potentially as a result of children remaining LAC for longer. Herefordshire sits in the highest quartile with 74% of all LAC children supported in the year open at year end, suggesting that LAC turnover is slower than the national average of 69.9%. Again, similar authorities to Herefordshire (as above) have been highlighted on the graph in yellow for comparative purposes.

LAC Turnover



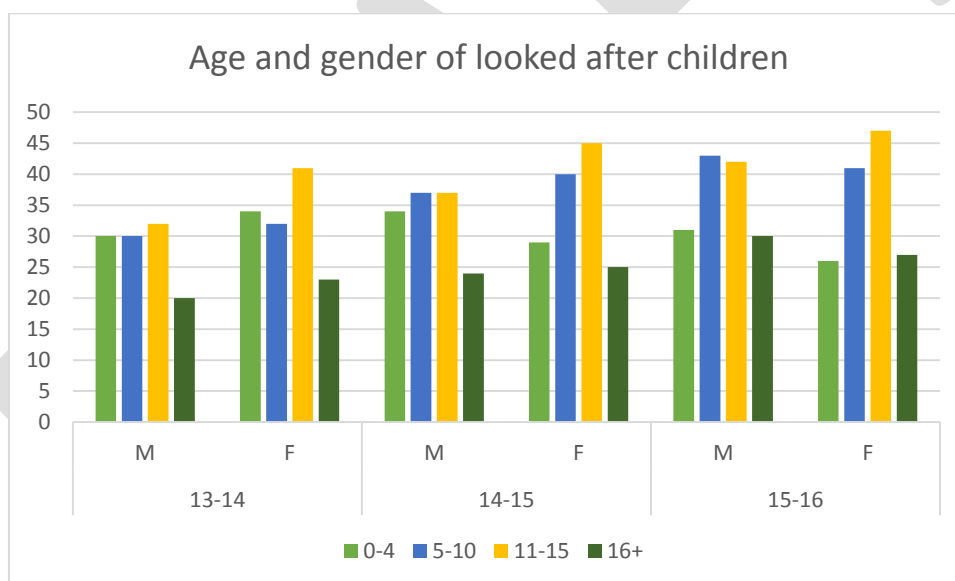
Age and gender

National data reports that on 31 March 2016, 56% of children looked after were male, 44% female and these proportions have varied little over recent years. In Herefordshire 51% of looked after children were male and 49% were female.

The age profile nationally has changed over the last four years, with a steady increase in the number and proportion of older children. 62% of children looked after were aged 10 years and over in 2016 compared with 56% in 2012. There has been a reduction in the number and proportion of children aged 1-4 years (from 18% of the looked after population in 2012 to 13% in 2016), and a slight decrease in the number and proportion of children aged under 1 year (from 6% in 2012 to 5% in 2016).

In Herefordshire the numbers of looked after children aged 0-4 and aged 16+ have remained relatively stable since 2013/14. There have been significant increases in the age groups 5-10 and 11-15 with total numbers rising from 64 and 73 in 2013/14 up to 84 and 89 respectively in 2015/16. In view of the ages of these children they are more likely to remain in care long term than those admitted to care at a younger age.

The care planning for children in these middle age brackets is different to those in the youngest and oldest age brackets. As a Service more attention is required on achieving permanence for children within these age groups.



Ethnicity

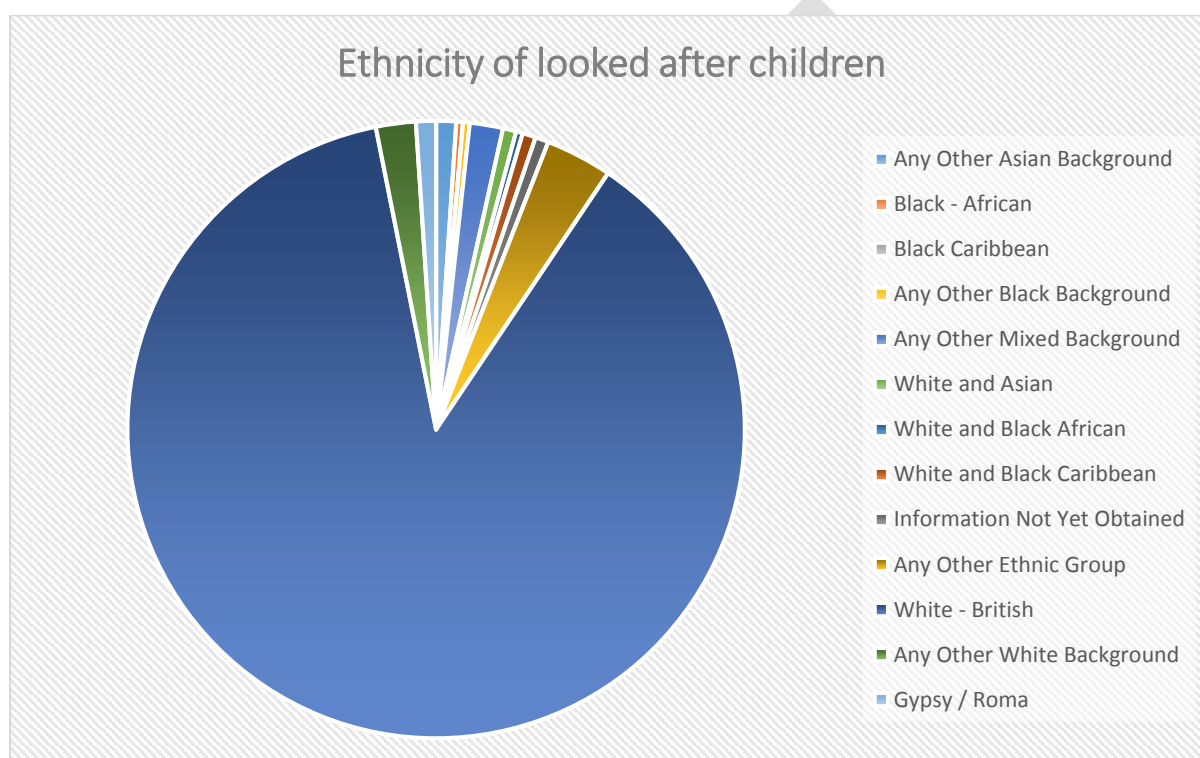
As the chart below demonstrates looked after children are overwhelmingly White British with only very small numbers of children from other ethnic backgrounds. In 2011 94% of the population within Herefordshire was White British with 4% White: Other. This group was growing at the fastest rate and represented the increased number of migrants from Eastern Europe. The number of children from this background within the LAC population was 3% and so it is reasonable to expect these numbers to increase.

The data indicates that 3 children are from a Gypsy, Roma or Traveller background. However those who know families were able to identify 18 looked after children whose families would identify themselves as Gypsy, Roma or Travellers. It seems likely that children and families ethnicity is being recorded on the basis of their appearance to professionals rather than by being asked how they

identify themselves and therefore there is a risk that needs arising from cultural identity are being missed.

The LAC population includes 5 children who were unaccompanied asylum seeking children and this number is set to rise during the next couple of years. This will impact upon the ethnic mix of the looked after population as a whole.

Herefordshire is not well placed to meet the demands of a diverse looked after children population. Social Care staff have often have very limited experience of working with children and families from diverse backgrounds and this is true of other services within the community.



Children with a disability

There are 31 looked after children allocated within the Children with Disabilities team. However data on children with a disability is currently not consistently recorded on Mosaic meaning that analysing the numbers and needs of those children with a disability is quite difficult.

The Report of the Designated Doctor for looked after children reported on the 14th March 2017 that she was aware of:

- 11 children of primary school age attending Blackmarston School
- 11 children of secondary school age attending Barrs Court School
- 2 children in Herefordshire residential placement
- 2 children in out of County specialist residential placements.

Further work to understand the profile of our looked after children in relation to disability is required.

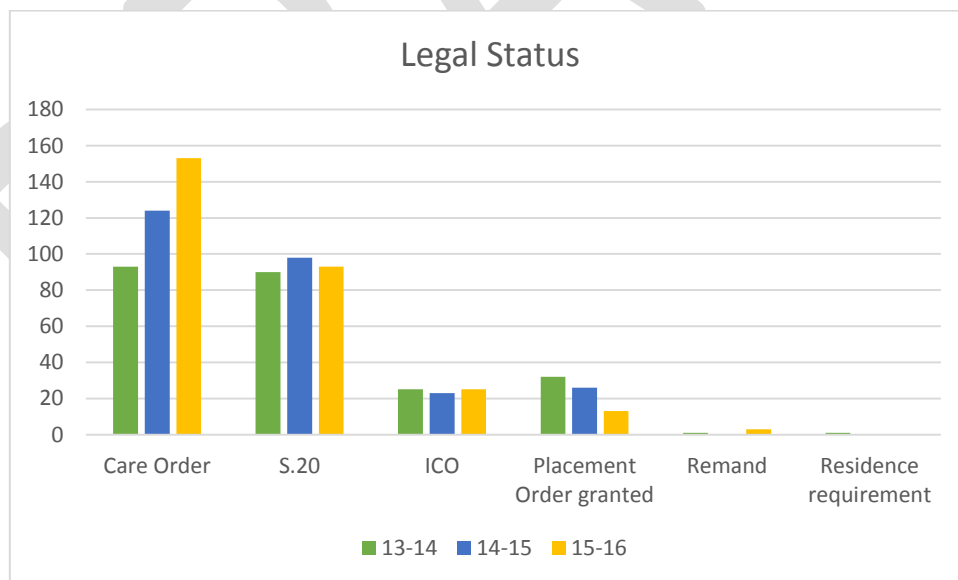
Legal status

Nationally the numbers and proportion of children looked after on a care order have continued to increase. In 2016, 65% of children looked after at 31 March were looked after under a care order, up from 61% in 2015 and up from 59% in 2012. Voluntary agreements under Section 20 of the Children Act 1989, which have fluctuated slightly over recent years, have dipped slightly during 2016 from 28% in 2015 to 27%.

In Herefordshire 53% of children were looked after under a care order and 32% of children were looked after under voluntary agreements in 2016. A review of children looked after under voluntary agreements was completed during Summer 2016 which identified 24 children out of 95 who required their care plans to be progressed or reviewed to ensure that they were being cared for under the correct legal framework. This work is now almost complete and the Local Authority has initiated care proceedings for a number of these children. Clearer systems are now in place to ensure an early review of legal status when a child is admitted to care and so it is likely that the proportions of children looked after under a Care Order will rise over the next few years.

Nationally Placement orders have shown some growth over the same time period with a decline more recently, from 12% in 2012 up to a high of 14% in 2013 and 2014 before falling to 8% in 2016. The National Adoption Leadership Board has linked this trend to the impact of two relevant court judgments, known as Re B and Re B-S. Herefordshire can observe a similar trend with just 5% of looked after children the subject of a Placement Order in 2016 which has reduced from 13% in 2014.

The graph below shows the changing trends in legal status of children who are looked after in Herefordshire. Although the number of children looked after voluntarily (Section 20) has remained relatively stable the number of children subject to a full care order has increased significantly and consequently the proportion of children looked after under Section 20 has reduced.



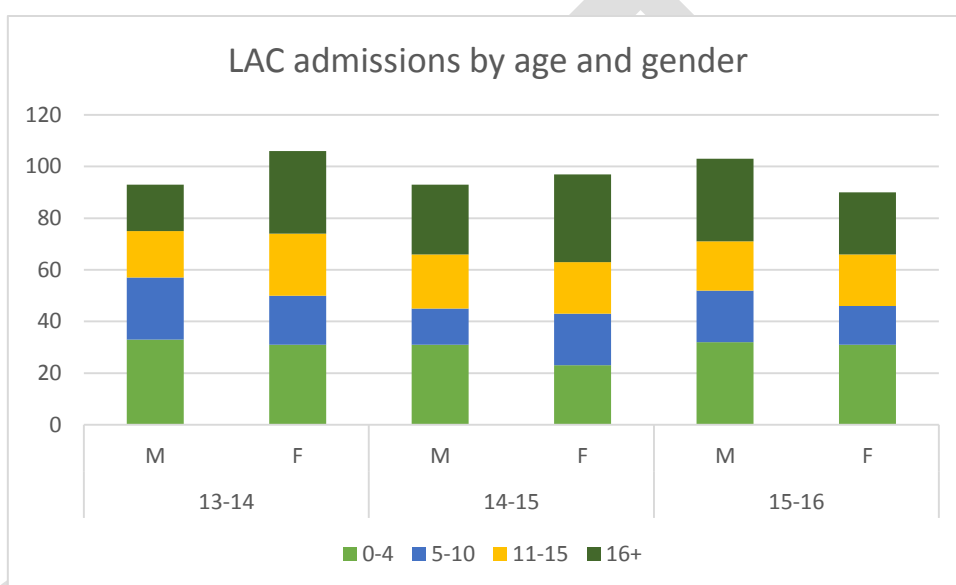
Admissions to care by age and gender

Nationally the percentage of children starting to be looked after aged 10 to 15 has remained constant at 29% over the last four years whilst the proportion aged 16 and over has increased steadily, from 12% in 2012 to 18% in 2016. In both cases this means the actual numbers have been increasing. The increase in admissions to care for those aged over 16 is due to the increased numbers of

unaccompanied asylum seeking children within the UK. Over the same period, the proportion aged under 1 has fallen from 21% in 2012 to 18% in 2016; the proportion aged 1 to 4 years has fallen from 20% in 2012 to 18% in 2016, whilst the proportion aged 5 to 9 years has remained stable at 17%.

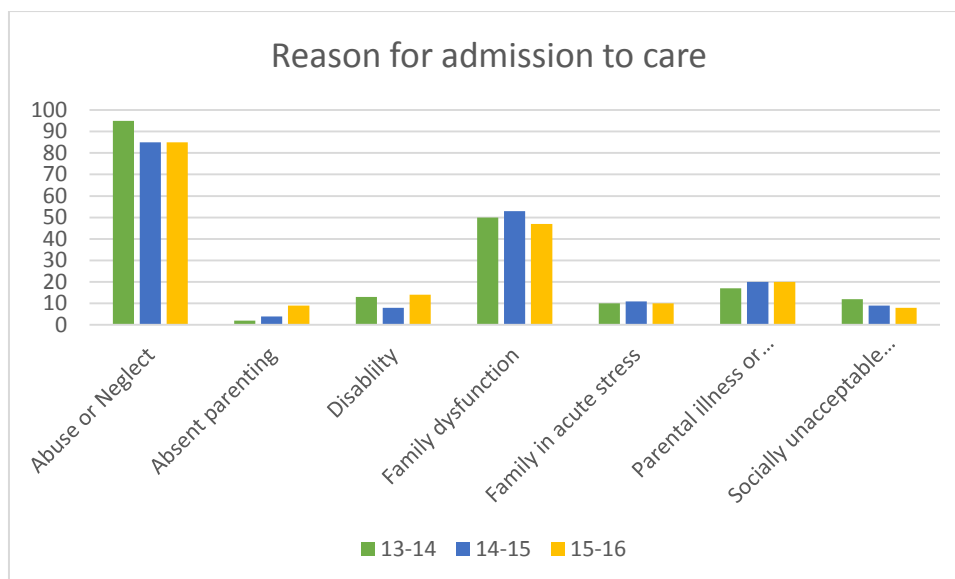
In Herefordshire the number of children admitted to care each year has remained relatively consistent with 126 admissions in 2013/14, 124 in 2014/15 and 121 in 2015/16. In 2016 the proportions of children admitted to care at different age groups do not differ significantly to those reflected nationally.

If the first 3 quarters of 2016/17 are used as a predictor to forecast admissions during quarter 4 then a total of 96 children would be admitted to care during the year which is a significant reduction on previous years. As overall numbers of children in care have not decreased this would indicate that fewer children are leaving care proportionately and so further focus on permanency planning for children is required to ensure that children do not remain in care longer than is necessary.



Reason for admission to care

As would be expected the principal reason for admissions to care are abuse or neglect. There is no evidence of any change in patterns to reasons for admission to care except in the increase of children admitted to care due to absent parents. This primarily relates to the increasing numbers of unaccompanied asylum seeking children and is expected to continue to rise over the next couple of years.



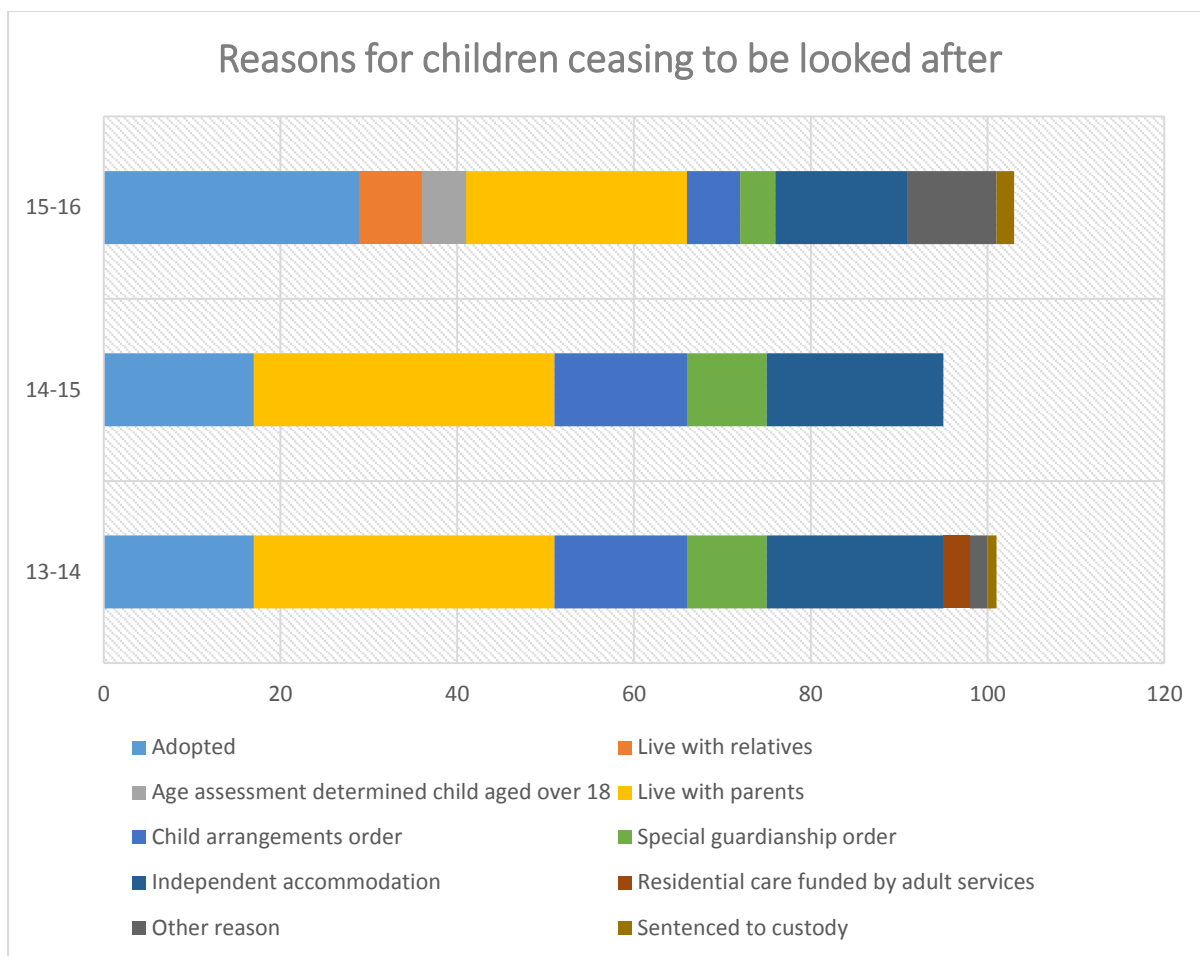
Reason for children ceasing to be looked after

Nationally in 2016, 2,480 children aged under 1 year ceased to be looked after. The percentage of under 1's ceasing to be looked after has increased from 5% in 2012 to 8% in 2014 where it remained stable to 2016. The proportion of children aged 1 to 4 ceasing to be looked after increased from 25% in 2012 to 28% in 2014, likely to reflect the large rise in adoptions during this period, but has since fallen steadily, back to 25% in 2016. In Herefordshire 28% of children ceased to be looked after due to having been adopted in 2016 which was higher than 17% in 2014 and 18% in 2015.

7,970 (25%) children ceased to be looked after on their 18th birthday which compares with just 10% in Herefordshire.

Of the 31,710 children ceasing to be looked after in 2016, 10,880 (34%) returned home to their parents or relatives. This compares with 31% who returned to live with parents or relatives in Herefordshire.

Nationally 3,830 children ceased care due to a special guardianship order (12%). This is an increase of 8% on 2015 and an increase of 78% on 2012. This compares with 4% of children who ceased care due to a special guardianship order in Herefordshire in 2016 which had decreased from 9% in 2014 and 2015. Further work is required to encourage and support carers who are long-term matched with children to pursue an application for a Special Guardianship Order where this is in the best interests of children.



Placements

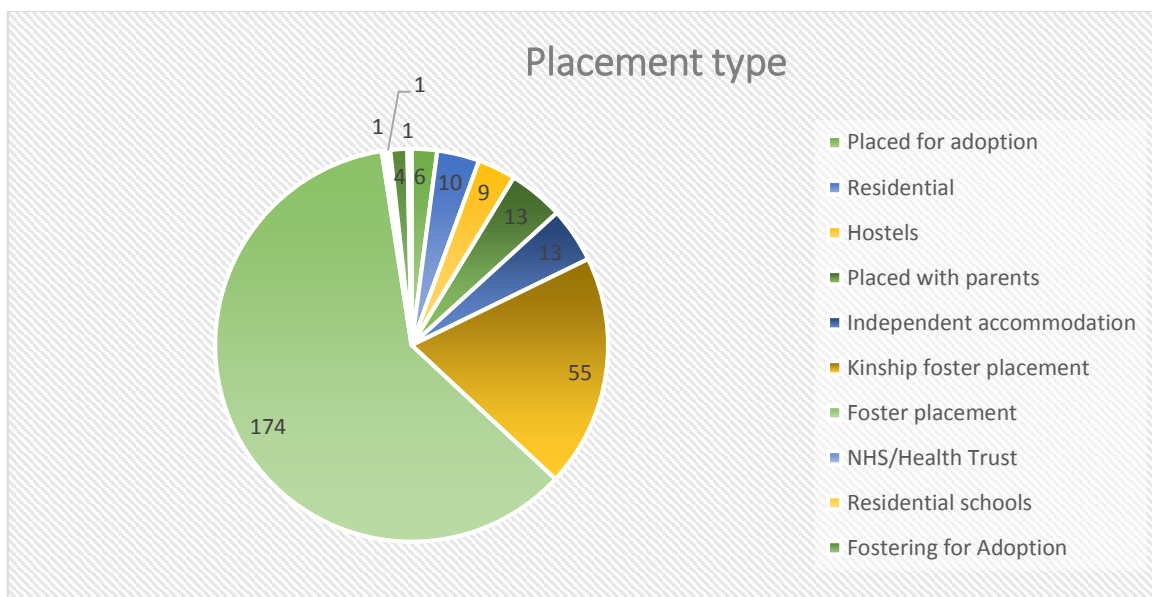
Placement type

Nationally 74% of looked after children were cared for in foster placements in 2016. This compares with 81% in Herefordshire. Of the looked after children who were in a foster placement nationally almost one in six (16%) were being fostered by a relative or friend as compared to 24% in Herefordshire. This demonstrates that Herefordshire is performing well in enabling children to live with families and with their own family where this is possible. The high numbers of children placed with relatives in comparison to national data is likely to relate to the low numbers of SGO's in comparison with other areas.

320 children (1%) were in placements where the carer is also an approved adopter (fostering to adopt) or where they were subject to concurrent planning and Herefordshire also had 1% of looked after children in foster to adopt placements.

In 2016, 5% of looked after children were placed with parents and this has remained stable over the last five years. Herefordshire also had 5% of looked after children placed with their parents.

Nationally 14% of children were living more than 20 miles from their local authority boundary. In Herefordshire this percentage has reduced from 23% in 2014 to 11% in 2016.



Placement stability

Nationally of all looked after children at 31 March 2016, 68% (48,200) had one placement during the year, 21% had two placements and 10% had three or more placements. In Herefordshire the number of children with three or more placements has reduced from 6% in 2014 to 3% in 2016.

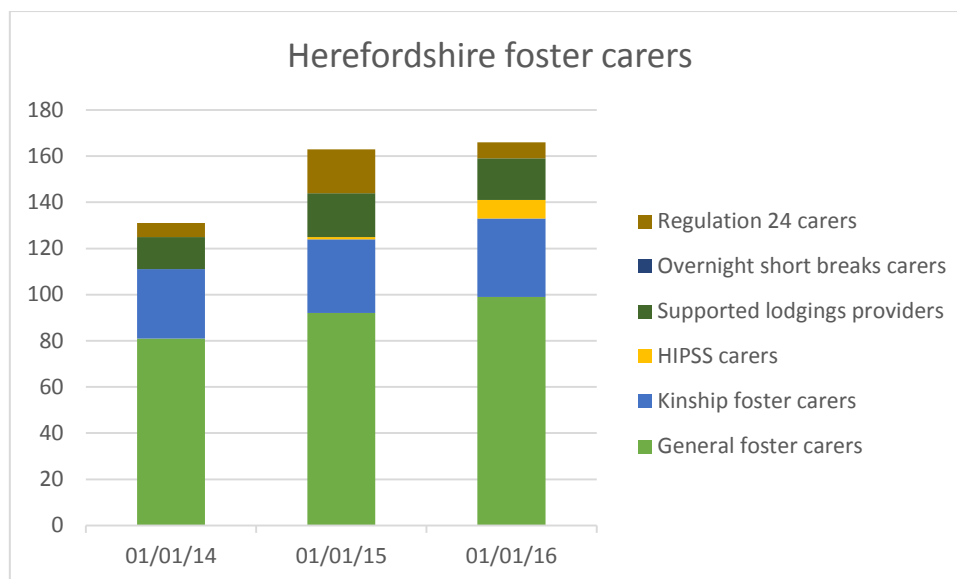
Children in stable placements of at least 2.5 years has improved significantly from 35% in 2013/14 to 70% in 2015/16. This compares with a national average in 2015/16 of 68%.

Approved foster carers

The number of Herefordshire foster carers and supported lodging providers has increased from 131 to 166 between 2014 and 2016. There has been a particular growth in the number of general foster carers from 81 to 99 during the period with the number of kinship carers remaining relatively stable. The number of Regulation 24 carers increased during 2014 but reduced again during 2015 indicating that a more planned approach to placements with family and friends is being achieved.

The Herefordshire Intensive Placement Support Service (HIPSS) commenced in September 2014 to provide placements for children and young people with the most complex needs as an alternative to residential care. The model supports carers and children and young people to help achieve long term placement stability within Herefordshire.

The overnight short break service was brought in-house from the 1st April 2016 and has been successful in recruiting carers.



HIPSS and TISS

Herefordshire Intensive Placement Support Service (HIPSS) and the Therapeutic Intervention and Support Service (TISS) were commissioned in 2014 to work jointly with our fostering service to recruit and support specific foster carers to provide placements as an alternative to residential care; to provide consultations for staff and foster carers and direct work services for children and young people. Since April 2015 HIPSS have worked with a total of 22 young people. Of these 5 have been supported to return to live with their birth family; 3 to live independently; 6 stepped down to foster placements of which 2 were kinship placements; 2 are in residential care and 5 young people are placed with HIPSS carers currently.

TISS has provided 74 consultations during 2016 regarding individual children, 35 consultations to the Edge of Care team and 1 to the 16+ team. A programme of regular consultations for 16+ team has been planned to continue into 2017. Evaluation forms completed by those attending consultations indicate that the service is highly valued by professionals particularly in understanding the behaviour of children and young people and planning approaches to support and manage their behaviour. TISS has also delivered training on a wide range of topics to Social Workers, foster carers, family support workers, independent reviewing officers, a training provider and SENCO team. Again evaluation shows this training to be highly valued by participants.

Children's views

As part of the LAC review process children are asked to complete a consultation form and/or participate in the review meeting. Although this enables children's views to be understood and responded to on an individual basis at the moment this information is not collected in a way that enables it to be collated or reported upon across our looked after population.

The Children in Care Council repeatedly state that they dislike consultation forms and so more effective methods of consultation that children and young people like need to be developed.

Currently very few children contribute to reviews of their foster carers.

Disruption of foster, SGO, adoption, re-admissions to care

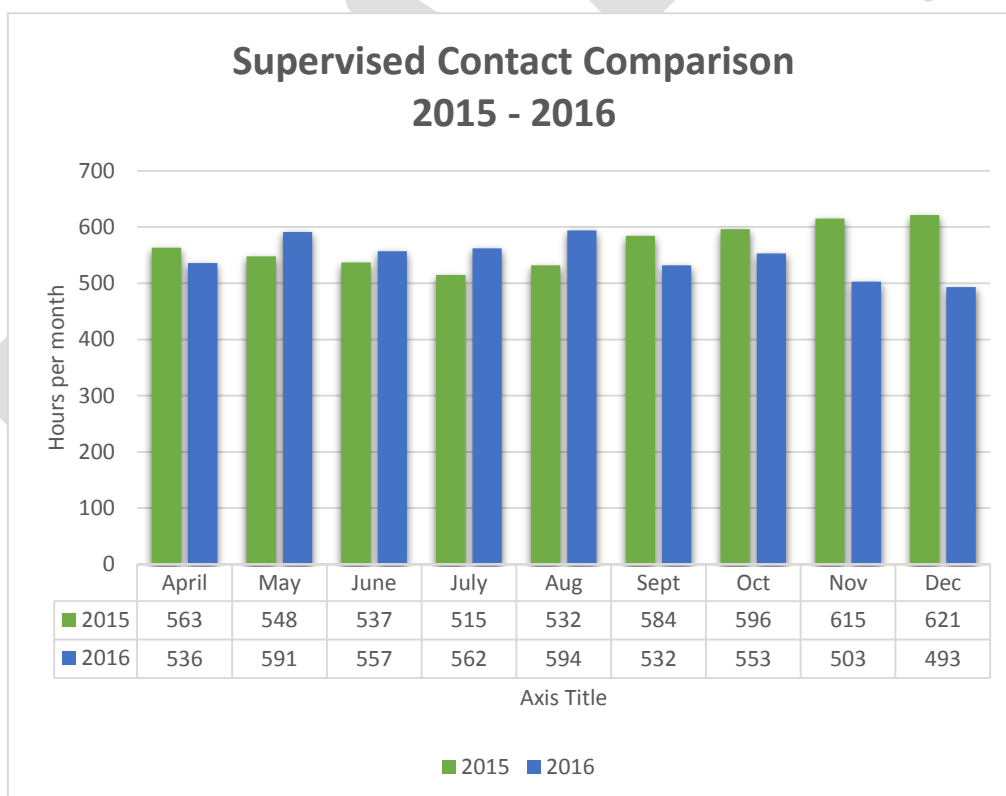
Herefordshire is performing well in relation to placement stability but more needs to be done to embed the process of consolidation meetings into practice to minimise the risk of placement disruptions.

During 2015 and 2016 there were 7 children from 4 families who were admitted to care due to a disruption in their SGO. The children varied in age at which the SGO's were made and ages that they disrupted.

No children experienced an adoption disruption during 2015/16 or in 2016/17 to date.

Contact

The bar chart below shows the contact figures for a 9 month period in 2015 compared with 2016. There has been a decrease in the number of contact hours provided compared with 2015, averaging out at 21 hours less contact per month in 2016. However, the service is a flexible one with obvious peaks and dips in referrals when the service has to respond to requests, especially when cases are in proceedings. The reduction in contact hours has been achieved through active challenge by the contact team in relation to ensuring that contact is at levels that are in the best interests of children; several long term cases coming to an end in 2016 and non-LAC cases being directed to private organisations if they need support in managing family contact.



In 2015 there were 12.5 FTE staff providing supervised contact within the service, this has now reduced to 8.4 FTE staff so the service is now working more efficiently. Transporting of children to and from contact sessions has drastically reduced as this was taking up valuable time when staff were not available to be supervising contacts. Also administrative processes have been reviewed and amended to ensure efficient use of time.

Views of service users

The Contact service regularly seeks feedback from children, young people, birth families, foster carers and social workers regarding the quality of the service provided. Feedback from children and young people is very mixed reflecting the emotional impact that contact has for them whilst feedback from adults is generally quite positive.

Workforce in Children's Social Care

Five teams are principally responsible for supporting looked after children: two Child Protection and court teams; the Looked after Children Team; the 16+ Team and the Safeguarding & Review Service. The Child Protection and Court teams have 23 full-time equivalent (FTE) social workers; LAC team has 9.8 FTE social workers; the 16+ Team has 5 FTE social workers and 7 personal advisors; the Safeguarding and Review Unit has 6.8 FTE Independent Reviewing Officers. The Child Protection and Court teams have experienced a lot of instability over the last couple of years with high numbers of agency staff and a high number of relatively newly qualified permanent Social Workers. Recruitment and retention is gradually improving. There are no vacancies in any of the other teams. Looked after Children can also be supported by the Children with Disability team. There are vacancies in this team which are currently the subject of an ongoing recruitment exercise. Across the social work workforce we have 80% of our posts filled with permanent staff, 11% occupied by agency staff and 9% unfilled.

Education

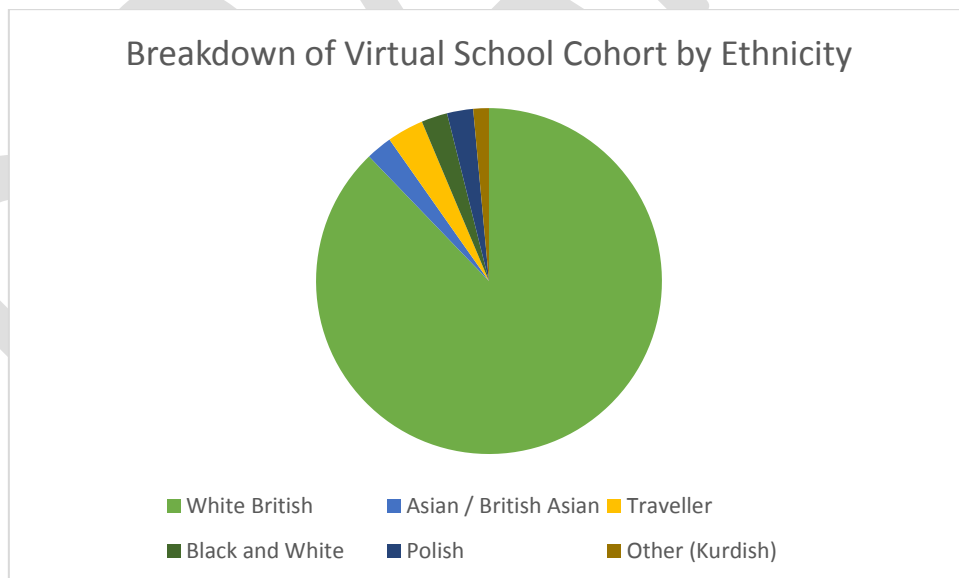
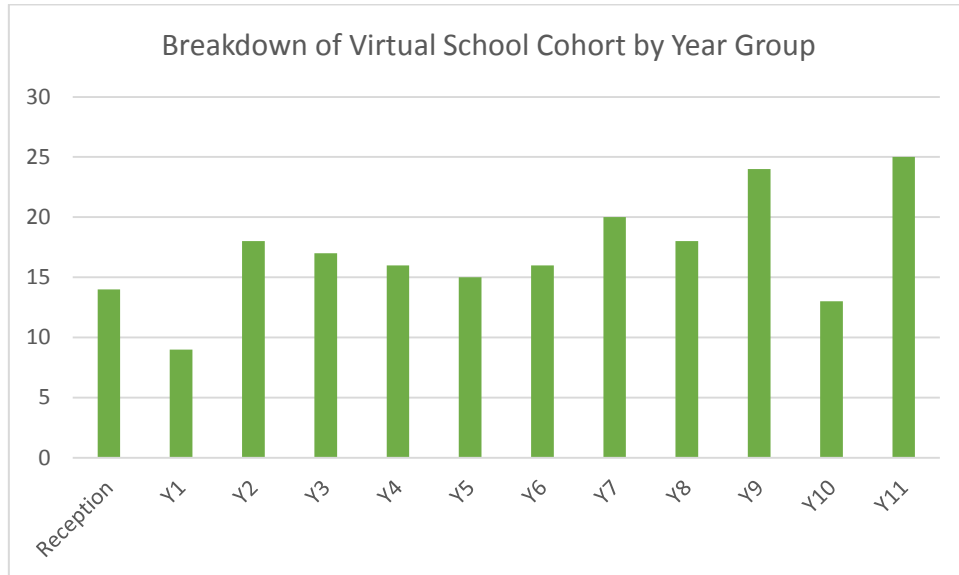
Virtual School roll and characteristics

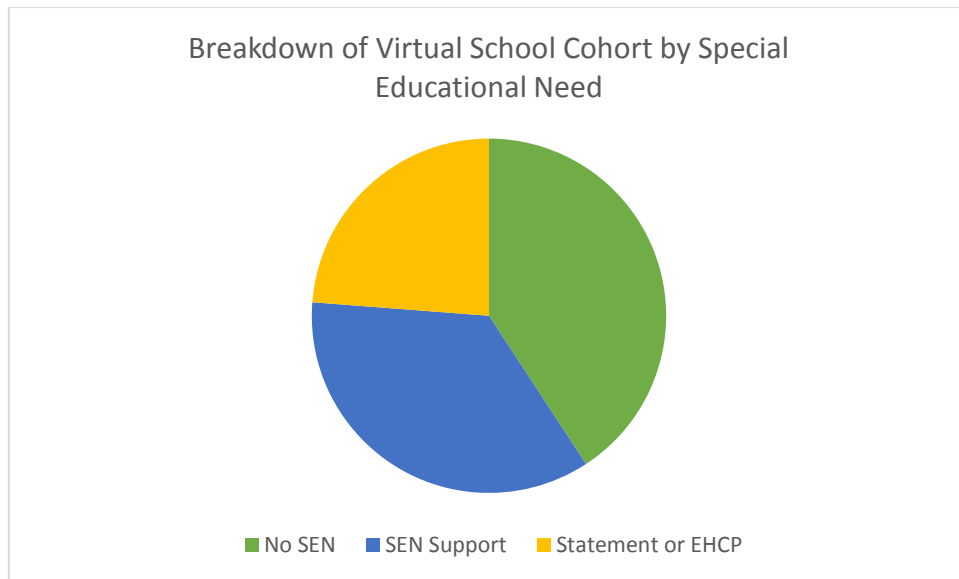
During 2015/16 there were 205 children supported by the Virtual School in Reception Year to Year 11. This is the highest number of children the Virtual School has ever supported. The number of pupils forming the cohort of having been looked after for 12 months as at 31 March in line with the Outcomes for Looked after Children Statistical First Release published each December was 124. A further 39 children in young people were supported by the Virtual school in either Early Years settings (19) or further education / training (20). There were 15 young people who were attending education in alternative provision.

Research completed by the Rees Centre regarding the key factors contributing to the low educational outcomes of young people in care in secondary schools in England reveals that controlling for all factors, the following contribute to the educational progress of young people in care:

- Time in care. Young people who have been in longer-term care do better than those 'in need' but not in care, and better than those who have only been in short term care – so it appears that care may protect them educationally.
- Placement changes. Each additional change of care placement after age 11 is associated with one-third of a grade less at GCSE.
- School changes. Young people in care who changed school in Years 10 or 11 scored over five grades less than those who did not.
- School absence. For every 5% of possible school sessions missed due to unauthorised school absences, young people in care scored over two grades less at GCSE.
- School exclusions. For every additional day of school missed due to fixed-term exclusions, young people in care scored one-sixth of a grade less at GCSE.
- Placement type. Young people living in residential or another form of care at age 16 scored over six grades less than those who were in kinship or foster care.

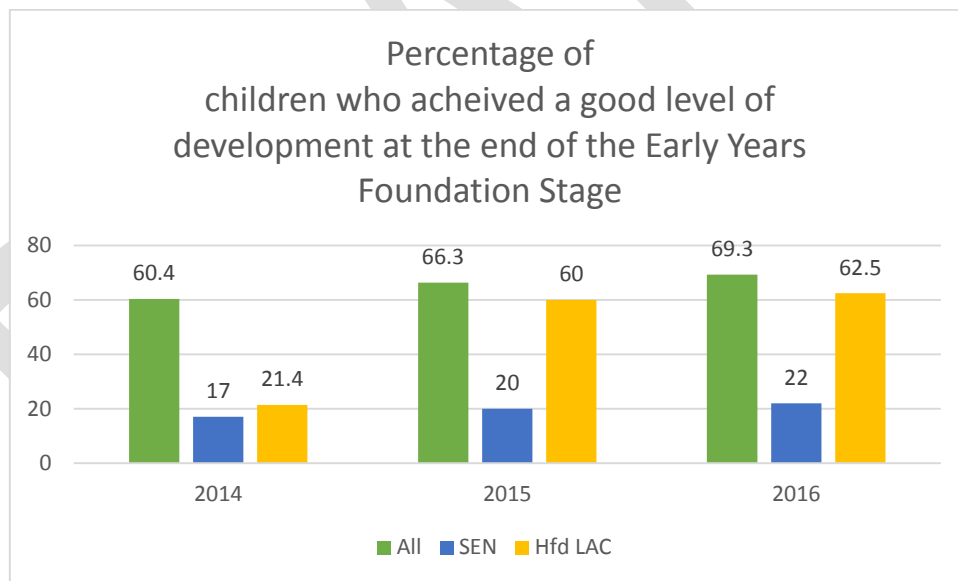
- School type. Young people who were in special schools at age 16 scored over 14 grades lower in their GCSEs compared to those with the same characteristics who were in mainstream schools. Those in pupil referral units with the same characteristics scored almost 14 grades lower.
- Educational support. Young people report that teachers provide the most significant educational support for them but teachers suggest that they need more training to do this effectively.



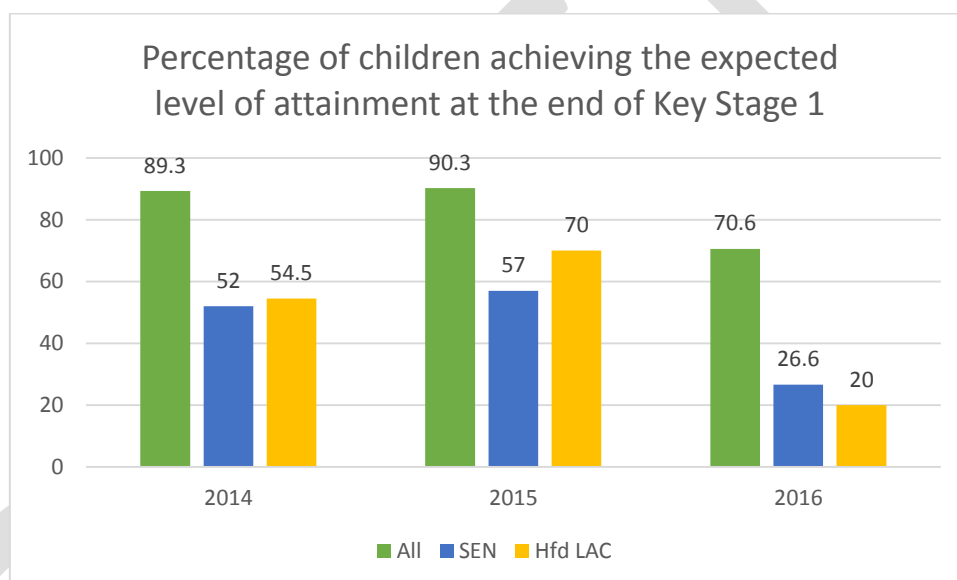
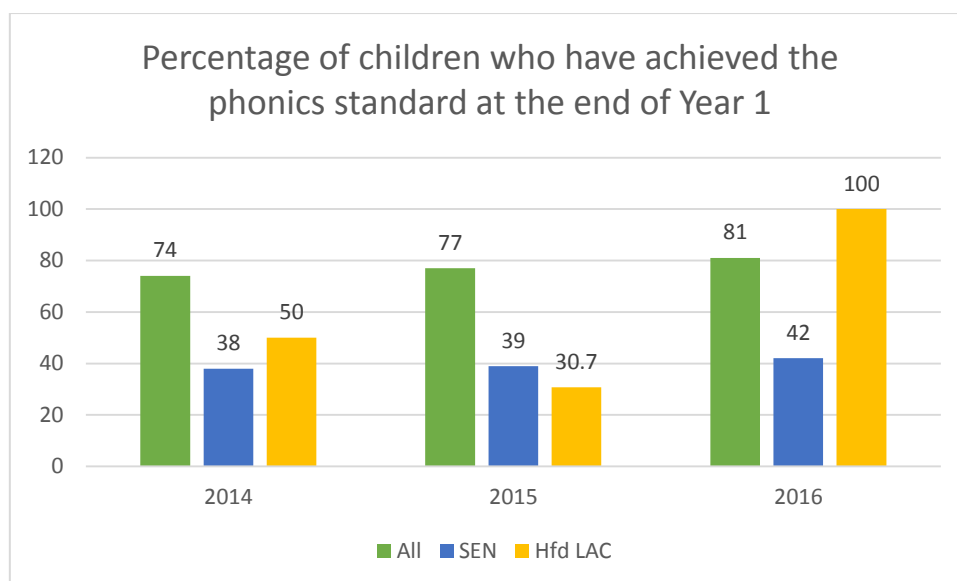


Educational achievement

There remains a significant gap in achievement between looked after children in Herefordshire and the general population. The graphs below indicate that although progress is narrowing across most key stages there is still a large gap. Achievements at Key Stage 4 are only slightly above those children with Special Educational Needs.



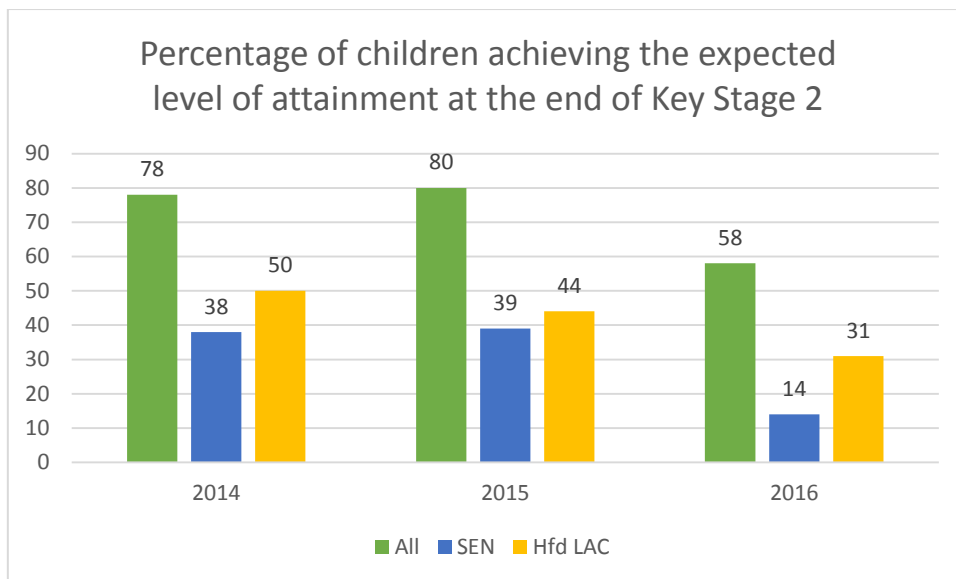
It is encouraging to see that looked after children out performed their peers in achieving the phonic standard at the end of Year 1 in 2016 although in levels of attainment they were significantly poorer.



At Key Stage 2 the 2016 cohort contained 13 children who had been looked after for 12 months at the 31st March 2016. Measures for 2 of these children was unavailable as they were educated in Wales. These children still count in our data as outlined below.

Table showing percentage of children achieving expected level in reading, writing and maths at the end of KS2

	Herefordshire LAC cohort size	All non-LAC (England)	All non-LAC Herefordshire pupils	Herefordshire LAC	Gap nationally (% points)	Gap locally (% points)
2015	14	80%	80%	44%	36	36
2016	13	53%	52%	31%	22	21



At Key Stage 4 the difference between Herefordshire LAC and all non-LAC nationally has reduced from 38.4 percentage points to 29.8 percentage points.

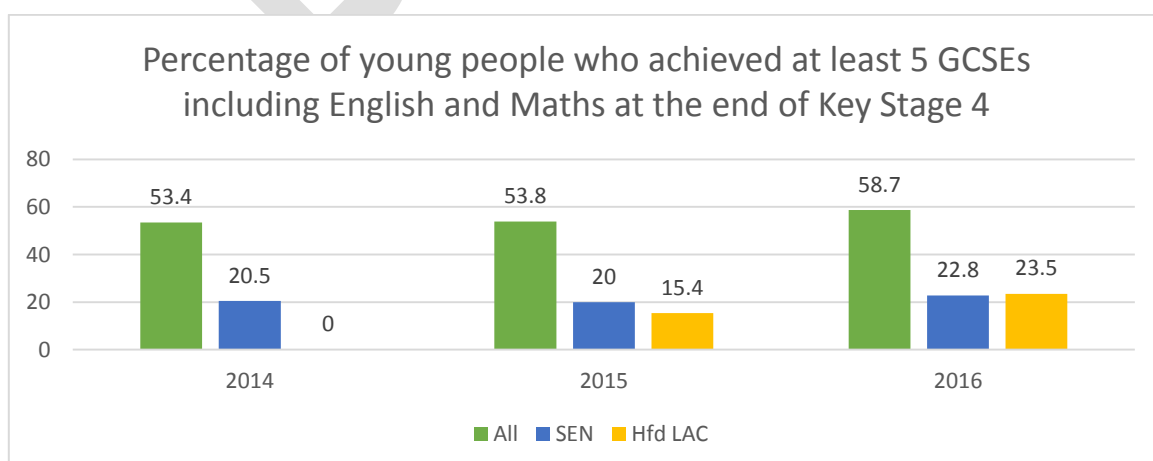
The difference between Herefordshire LAC and Herefordshire non-LAC is larger than the gap between Herefordshire LAC and non-LAC children nationally.

This may be accounted for as 8 (47.1%) of the cohort were not educated in Herefordshire schools.

This would indicate that Herefordshire’s looked after children have diminished the gap this year.

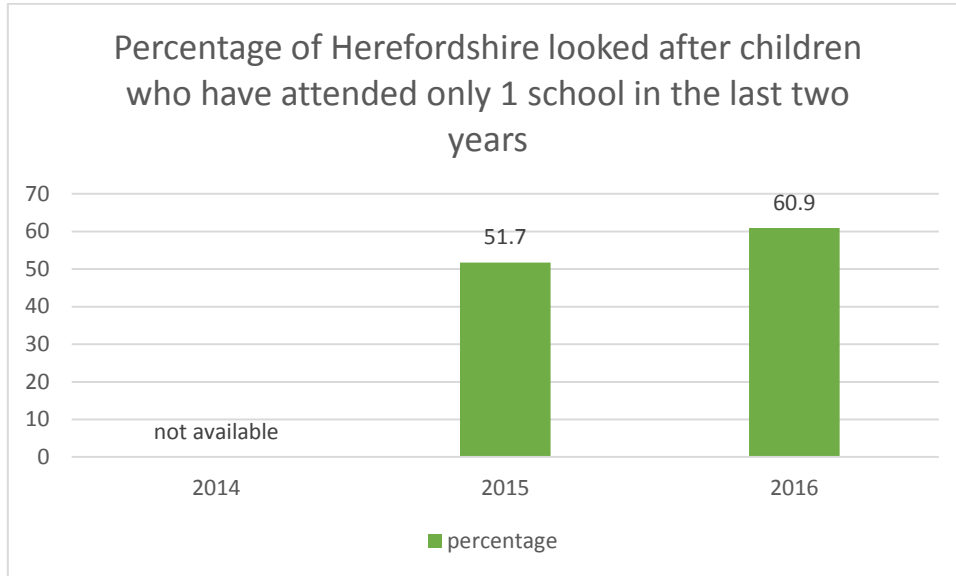
Table showing percentage of children achieving 5 GCSES grade C or above including English and maths at the end of KS4

	Herefordshire LAC Cohort Size	All non-LAC (England)	All non-LAC Herefordshire children	Herefordshire LAC	Gap nationally (% points)	Gap locally (% points)
2015	18	53.2%	57.5%	15.4%	38.4	42.1
2016	17	52.8%	57%	23%	29.8	34

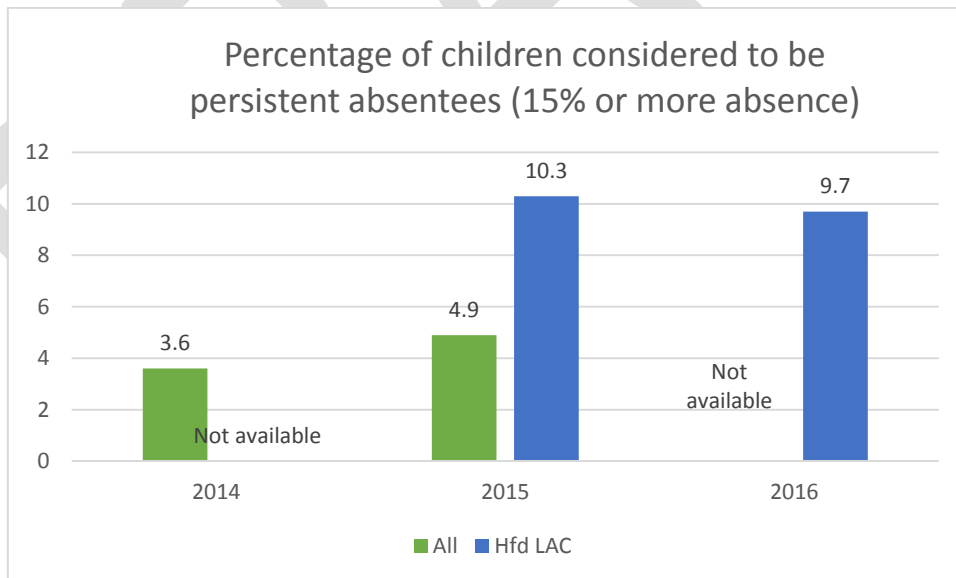


School moves

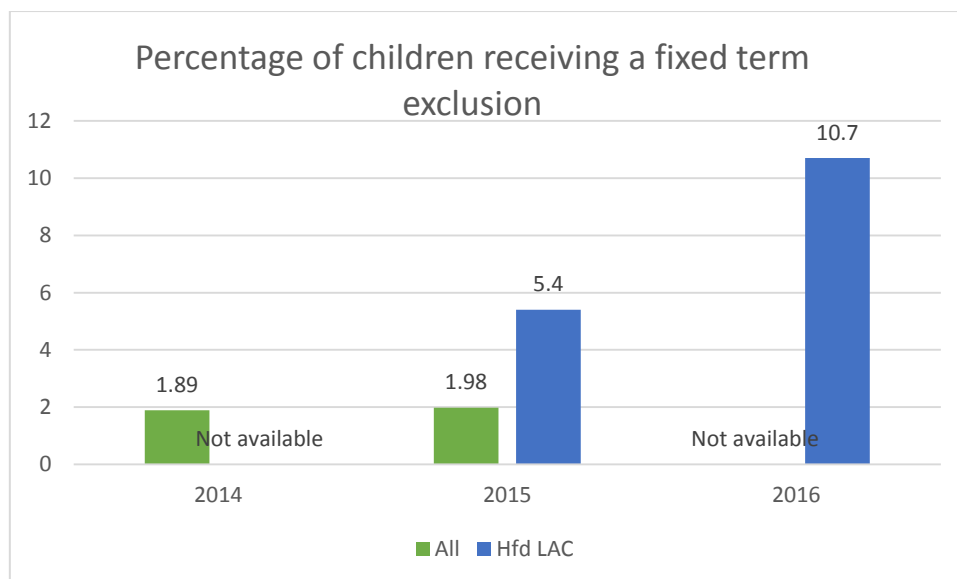
The number of looked after children who had a school move in the last two years has reduced. School moves are almost always as a direct result of a placement move. Therefore if placement stability improves the number of school moves will decrease. Stability in education is directly related to an improvement in attainment.



School attendance & exclusion data



Although this data is incomplete there is evidence of a significant rise in fixed term exclusions for looked after children during 2016 although this is thought to be due to having more accurate data.



Health

Health assessments and routine health care

The LAC health team commit to completing health assessments for children placed in neighbouring local authorities wherever possible to ensure continuity. Compliance with timescales for completion of health assessments is poor whether children are placed in our outside of County. For Initial Health Assessments this is largely due to delays in notification by Social Care. Additionally there are inaccuracies in the quality of the data reporting which has been prioritised for improvement.

The numbers of children registered at GP's, having all relevant immunisations and dental checks increases between the initial and review health assessments indicating an improved attention to healthcare of children once they become looked after.

Targeted work to improve access to 'hard to reach- high risk' young people, particularly those in the 16+ age group has been effective, with a substantial reduction in the numbers of young people declining a health assessment.

Health issues

During 2015/16 there were 23 young people who were identified as abusing alcohol, tobacco and/or other substances. Health promotion work is undertaken during each Health Assessment as appropriate, with referral or signposting to relevant agencies when needed.

Nationally 4% of looked after children were identified as having a substance misuse problem during the year.

A snapshot survey of young people open to the 16+ team was completed in July 2016. Out of the 136 young people there were 25 who were pregnant and/or parents.

Currently systems do not enable us to have an understanding of the interventions offered or the impact that they have across our looked after children population.

The LAC health team has targeted completion of SDQs in 2015-16 resulting in an improvement in return rate for SDQs from 66% in 2014-15 to 77% in 2015-16. Although focus to date has been on improving completion there is little evidence of the SDQ's being used effectively to inform care planning.

On 31st March 2016 one looked after child was placed in a hospital.

A report prepared by CAMHS in March 2017 stated that the total number of LAC on CAMHS caseload was 31 including 5 with Learning Disabilities. CAMHS were unable to differentiate the data between Herefordshire looked after children and those placed from out of County although about 25% were placed by other local authorities. The data does not include Herefordshire children placed out of County.

- The caseload has an even split between male and female
- Most LAC (26) are White British or White other background
- 79% of the LAC caseload has been with CAMHS for a year or less
- The 13% who have been on caseload for more than 3 years are likely to be for regular medication reviews
- Of the discharges between April 2016 and February 2017 (74) most LAC had been on the caseload for 7 – 12 months
- The pattern of referrals for LAC is unpredictable with 10 in April 2016, 12 in July 2016 and 6 in February 2017; there are fewer referrals in September (3) and December 2016 (1).
- 85.5% of LAC initial referrals are seen within 4 weeks (CAMHS KPI); there can be delays as social workers cannot always provide essential information or attend key appointments
- 96% of LAC waiting for treatment are seen within 18 weeks (CAMHS KPI) with 74% seen within 8 weeks.

Health Key Performance Indicators 2015-16

Children in Care Team WVT	2015-16
Total Statutory Health Assessments Completed on Herefordshire CYP	288
Refused Medical	2
SHA all Hfd Children including those placed OOC done elsewhere	331
SHA Hfd Children placed OOC completed by Hfd	6
SHA Hfd Children placed OOC completed externally	35
IHA's Attended	92
IHA's in timescale	24 (26%)
RHA's Attended	196
RHA within timescales	60 (31%)
DNA Rate Overall	Not available
Immunisation up to date total	247 (86%)
Immunisation up to date IHA	71

Immunisation up to date RHA	176
Compliant dental KPI total	211 (73%)
dental compliant IHA	52
Dental compliant RHA	159
Compliant Registered with G.P. Total	268 (93%)
GP Registration IHA	80
GP registration RHA	188
Substance misuse identified in over 9 years	23
SDQ recorded (RHA only)	108 / 140 77%
Need for CAMHS identified	Not available
Developmental delay identified in under 5 year old	15
Abbreviations:-	
SHA - Statutory Health Assessment	DNA - Did not Attend
IHA - Initial Health Assessment	KPI - Key Performance Indicators
RHA - Review Health Assessment	SDQ's - Strengths and Difficulties Questionnaire
OOC - Out of County	

Offending

"In Care, Out of Trouble" an independent review chaired by Lord Laming published in 2016 found that 94% of looked after children in England and Wales do not get into trouble with the law. However children in care are significantly over-represented within the criminal justice system.

Nationally 5% of looked after children (aged 10+) were convicted or subject to a final warning or reprimand during 2015/16.

The Youth Offending Team monitor and report on the numbers of looked after children that are on orders to them within their performance reports. This data includes children who are placed by other Local Authorities in Herefordshire and Herefordshire's looked after children placed in County. It does not include Herefordshire looked after children who are placed outside of the County. On the 31st March 2016 there were 3 Herefordshire looked after children who were open to the Youth Offending team which when reviewed again in January 2017 had risen to 8.

Children's social care do not currently have a system that enables monitoring and reporting of looked after children who offend.

It has been agreed that the Youth Offending team will complete a more detailed analysis of offending within this small group so that an understanding of how a child's care status and offending behaviour are linked for our own children. It is planned that this will be presented to the Corporate Parenting Panel early in 2017.

A regional protocol to reduce offending and criminalisation of children in care has recently been agreed based on restorative justice principles. The impact of this protocol will need to be monitored and will require training for foster carers and children's social care staff if the full potential of the protocol is to be realised.

Participation

In Herefordshire 60% of children and young people participated in their reviews during 2015/2016. Participation includes children and young people attending and/or contributing to their review, either themselves and/or with the support of an advocate. Of the 40% who did not participate in their review, 23% were aged under 4. The remaining cohort of 17% are reported not to have attended or contributed to their review, however it is not possible from data reporting to understand the age range of this group or the reasons for their non-participation.

A part-time participation worker is employed to support all children and young people's participation across Herefordshire. This worker facilitates the Children in Care Council (CICC) that meets monthly and is regularly attended by a committed group of children and young people. The CICC is regularly attended by 10 young people which represents approximately 3% of the LAC population. The CICC is represented at the Corporate Parenting panel.

The CICC have completed a self-assessment of the effectiveness of themselves and have an action plan to address areas that they would like to improve upon.

A survey of views of all looked after children is planned to take place during March 2017. The findings will help inform priorities for the Corporate Parenting strategy.

Complaints and compliments

Children's Social Care received a total of 36 complaints between April 2015 and December 2016 that related to the LAC team or 16+ team. Currently it's not possible to analyse data based on children's legal status so it is likely that other complaints regarding looked after children were received by other teams. Of the complaints received 11 were directly from children or young people. The main themes within complaints were about the quality of service received and/or poor communication.

Compliments have only been collated since July 2016 and again do not include looked after children who are allocated to teams other than LAC and 16+. In this period 22 compliments were received – 19 relating to the 16+ team.

Advocacy and Independent Visitor service

NYAS are commissioned to provide issue based advocacy, support with complaints and an independent visitor service for looked after children.

Their 2015/16 report stated that 21 children and young people supported by them were looked after and 17 were care leavers. Since July 2016 quarterly reports from NYAS includes specific reporting on looked after children which will enable a better understanding of any themes or learning arising from the input of NYAS. Based on the one quarter's data available the main issues that looked after children and young people requested support with were regarding contact with family, issues with their placement, concerns about support for leaving care, concerns about the relationship with their Social Worker and promotion of their general views and feelings.

In the last quarter 20 children and young people had the support of an independent visitor. Five of these were children and young people living out of County. Feedback from children and young people using this service is very positive.

Safeguarding

A monthly audit programme is completed by managers in Children's Social care. During 2015/16 case file audits were completed for 44 looked after children. The audit format used for looked after children not in the 16+ team specifically asks if the child is safe. 33 of these audits were completed during the year and in 30 the child was assessed to be safe, in 1 case this section had not been completed and in a further 2 the young people were presenting with high risk behaviours but carers were assessed to be managing risks well with support from the professional network.

A further 11 case file audits were completed during the period on young people within the 16+ service. This audit tool does not specifically ask about safety. General comments within the audits indicate the difficulties of working with this age group who often make decisions that place themselves at risk. It is evident that the lack of a coherent risk management tool is impacting upon the team's ability to consistently assess and manage risky behaviours.

Children who go missing

Nationally there were 8,670 children who were recorded as missing at least once in 2016. This corresponds to 9% of the cohort of 100,810 children who were looked after at some point during the year. These children had 43,000 missing incidents which is an average of 5 missing incidents per child who went missing. 4,430 children were away from their placement without authorisation in the year. There were 17,560 incidents of children being away without authorisation, an average of 4 per child.

Most missing incidents were short, 89% lasted two days or less and the median number of days per missing incident was 1 day. However we need to be cautious interpreting this figure as the duration of missing incidents is collected in days so a child who went missing for a short period late one evening, but was found early the next morning would be counted as being missing for 1 day even if they were only missing for a few hours. Half of missing incidents were by children who were placed in children's homes or hostels, and a further 35% of incidents were by children in foster placements.

In Herefordshire during the 12 month period October 2015 to October 2016 there were a total of 412 missing episodes recorded of which 106 related to Herefordshire looked after children. Of these, 67 return from missing interviews were completed for Herefordshire's looked after children. During the early part of the year interviews were only offered on "eligible" children. The approach has now changed and all children are offered a return interview. On some occasions a child may refuse an interview or be missing so regularly that interviews are not completed prior to them being missing again. One looked after child accounted for 16 missing episodes between April and July 2016.

This data does not include Herefordshire's looked after children placed out of County. The numbers of children placed out of County that go missing is likely to be significantly under reported as we are reliant upon the host Local Authority informing us. Although the child's Social Worker would be informed the methods of recording this information are inconsistent. In these cases the child's Social Worker is responsible for completing the return from missing interview. The system does not yet enable collation and analysis of data for this cohort of looked after children.

Further work is required to develop consistent recording practices for children placed out of County so that reliable data can be collated and themes addressed. Reducing the number of children placed out of County would further reduce the risk.

Children at risk of sexual exploitation

Child sexual exploitation (CSE) risk assessments were completed on a total of 85 children between October 2015 and October 2016. Of these children 20 were looked after. In addition to these the CSE

co-ordinator is aware of 3 looked after children placed out of County who are at medium or high risk of CSE. However, similarly to the data on missing episodes for children placed out of County this data is unreliable.

There is a need for further work to develop data collection so that it is possible to reliably report on the extent to which children in care are at risk of CSE and to ensure appropriate action is taken regarding the particular needs of looked after children.

Children subject to child protection processes

In the last 12 months 31 looked after children were the subject of a strategy meeting after their admission to care. Of these a Section 47 investigation was completed for 11 children. 10 of the strategy meetings took place within a few days of the child being admitted to care. This is a likely indicator that the reason for the strategy discussion was in response to events prior to their admission to care rather than due to events after they became looked after. Of the 11 children who were the subject of a Section 47 investigation 4 were completed within a few days of their admission to care.

Preparing for independence

Keeping In Touch

Nationally 23,000 (87%) of 19, 20 and 21 year old care leavers were in touch with the local authority, up from 86% in 2015 and up from 82% in 2014. A further 8% were not in touch, for 3% the young person no longer required services and for 2% the young person refused contact. The percentage 'in touch' varies by age; 90% of 19 year olds were in touch, compared to 88% of 20 year olds and 83% of 21 year olds.

In Herefordshire 69% of care leavers were "in touch" at the age of 19. This data was reported manually as data was not recorded in a way that enabled it to be extracted from Mosaic at that time. Clearly this is significantly below that achieved nationally. At this point it is difficult to be certain whether this is an accurate reflection of performance or not.

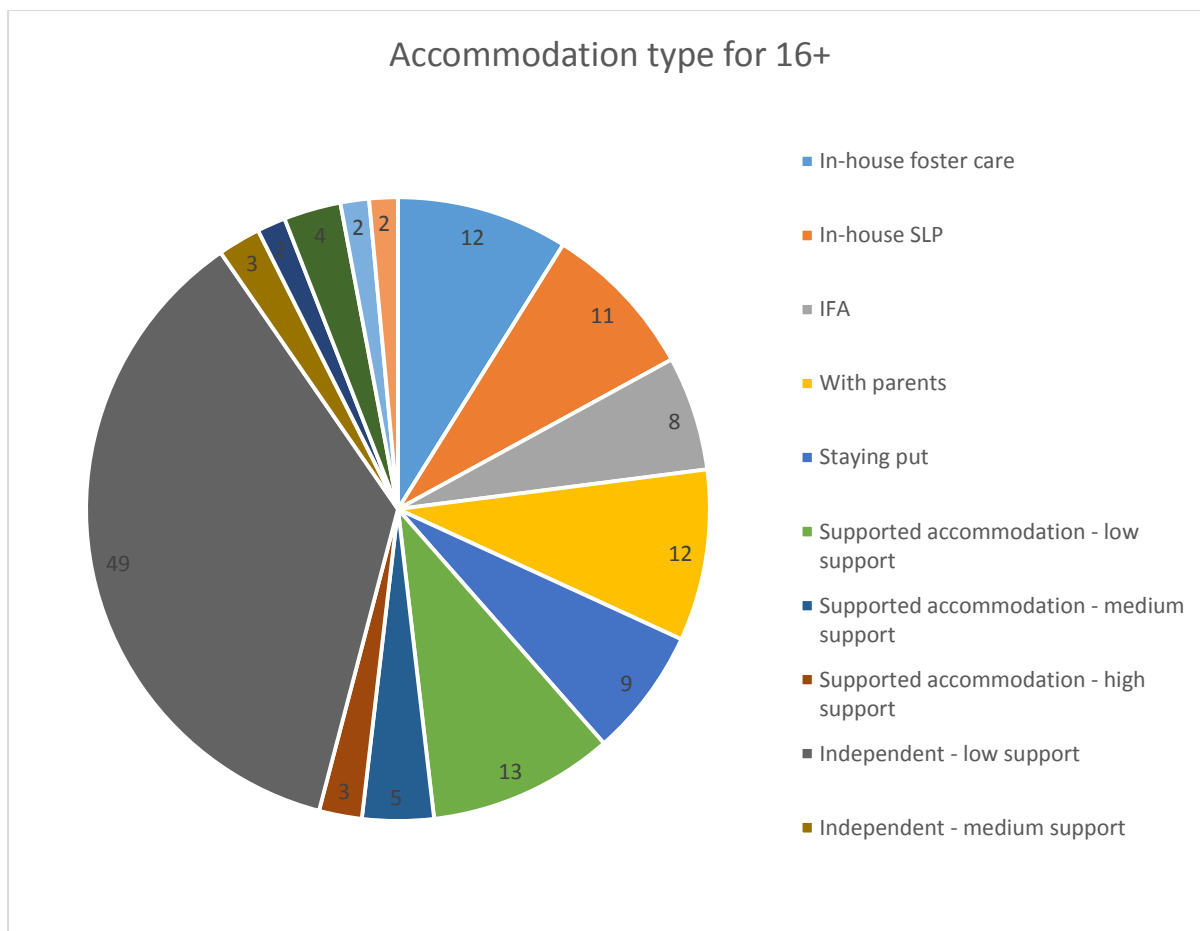
At the end of 2016 90% of care leavers had a Pathway plan in Herefordshire which was the same as 2015.

Accommodation

Nationally 21,500 of former care leavers (83%) aged 19, 20 or 21 years were in accommodation considered suitable, a further 1,780 (7%) were in accommodation considered unsuitable and for 2,770 (11%) the accommodation suitability wasn't known. The most common type of accommodation was living independently – 9,830 (37%) were living independently in 2016, down from 10,310 (39%) in 2015 and down from 10,640 (40%) in 2014. Over the same time period the proportion living with parents or relatives increased from 10% to 12%, the proportion living with former foster carers increased from 4% to 6% and the proportion in semi-independent transitional accommodation rose slightly from 9% to 10%. Based on data collected for the first time in 2016 and released as experimental statistics, 10% of 17 year old care leavers were recorded as being in custody, higher than for older care leavers where the figure was 3% for 18 year olds, and 4% for 19, 20 and 21 year olds.

A snapshot survey of need was completed in July 2016 for all cases open within Herefordshire's 16+ team. Of the 136 young people being supported at the time it was assessed that their current accommodation provision was not meeting the need for 26 young people. However none of these young people required a higher level of support than what they were already receiving, except for two young people who were of no fixed abode.

The diagram below shows the type of accommodation young people were currently living in.



Of the 136 young people:

- 32 were assessed to have mental health needs
- 31 were assessed to have substance misuse problems
- 18 were assessed to have difficulties due to domestic abuse
- 28 were at risk of offending and/or anti-social behaviour
- 25 were pregnant and/or parents
- 62 were NEET
- 34 were assessed to be socially isolated
- 17 had some form of disability or disorder e.g. ADHD

16+ education, training and employment

Based on 2016 national data, of the 26,340 former care leavers aged 19, 20 and 21 years old 40% were not in employment, education or training (NEET), compared with 14% of all 19 to 21 year olds. The percentage of care leavers who are NEET has risen by one percentage point in each of the last 2 years. The increase is seen in the categories for NEET due to illness or disability, and NEET due to pregnancy or parenting. NEET due to other reasons has decreased, from 27% in 2014, to 25% in 2015, to 23% in 2016.

However, as well as an increase in the percentage of 19 to 21 year old care leavers who are NEET, there has also been a rise in the percentage of those who are in training and employment. The rise in

both categories is a result of having information about a greater proportion of the population. In 2016 24% of former care leavers aged 19 to 21 years old were in training and employment, an increase from 23% in 2015 and up from 20% in 2014.

In Herefordshire data relating to whether care leavers are NEET has been recorded manually last year and prior to that was not recorded or reported accurately at all. At the end of March 2016 there were 50% of care leavers who were NEET – significantly higher than the national average.

Currently Herefordshire has 167 Eligible, Relevant, Former Relevant and Qualifying care leavers.

60.5% are in education, employment or training. 39.5% of the total number of care leavers are attending further education, the remaining 21% of care leavers are in training or employment

The general NEET figure for Herefordshire is 3.3%.

University

Thirteen care leavers are attending University. This is a higher number than has previously been achieved.

Apprenticeships

It is not known how many young people who hold an apprenticeship are looked after or care leavers. This is a gap in our knowledge and will be addressed in the strategy.

Care leavers who are parents

There are 25 care leavers who are also parents. Of these:

- 3 have children currently on child protection plans
- 5 have had children accommodated and subsequently adopted
- 1 has had a S47 investigation that was concluded with no further action
- 5 have children who were historically on child protection plans
- 10 have had social care involvement at a child in need level
- 1 has a child with no Social Care involvement at all

Leadership

In 2003 the DfES published 'If this were my child... A councillor's guide to being a good corporate parent' and all elected members in Herefordshire should receive a copy. An e-learning module regarding corporate parenting was available and completion was expected by all Councillors following the last elections however feedback indicates that the training was poor.

There is an established Corporate Parenting Panel which meets bi-monthly. The Panel is well attended by a committed group of Councillors, Officers and relevant partners. However the Panel does not have a Terms of Reference and has tended to focus upon receiving reports and information relating to Corporate Parenting responsibilities. The Panel is not able to evidence its impact in driving change and improvement.

As a broader Council there is good will and support for Corporate Parenting however it is difficult to see how this translates into action that delivers change and there are no initiatives in place currently that demonstrate commitment to supporting looked after children and care leavers e.g. work experience, apprenticeships or employment schemes.

References

Children looked after in England (including adoption) year ending 31 March 2016, Department for Education, SFR 41/2016, 29 September 2016

Local Authority Data Matrix 2016

The Educational Progress of Looked After Children in England: Linking Care and Educational Data
Judy Sebba, David Berridge, Nikki Luke, John Fletcher, Karen Bell, Steve Strand, Sally Thomas, Ian Sinclair, Aoife O'Higgins, 2015

DRAFT



Meeting:	Cabinet
Meeting date:	20 July 2017
Title of report:	Adoption Service annual report 2016-17
Report by:	Cabinet member young people and children's wellbeing

Classification

Open

Key decision

This is not a key decision.

Wards affected

Countywide

Purpose

To review adoption service performance and approve related documents.

Recommendation(s)

THAT:

- (a) the performance of the adoption service as outlined at appendix a to this report be reviewed, any risks to achievement of objectives noted and relevant mitigating actions approved;**
- (b) that the statement of purpose attached at appendix b to this report be approved; and**
- (c) that the children's guides attached at appendix c to this report be approved.**

Alternative options

- 1 Under the National Minimum Standards for Adoption 2014 (NMS), Cabinet should receive updates on the management, outcomes and financial state of Herefordshire Council's adoption service; it is open to Cabinet to identify additional or alternative actions to improve performance, but in doing so regard must be had to the resource implications of additional actions.

Further information on the subject of this report is available from
Gill Cox, Head of looked after children Tel (01432) 383738

Reasons for recommendations-

- 2 The NMS are issued by the Secretary of State under sections 23 and 49 of the Care Standards Act 2000 and detail the conduct and standards required for Adoption Services and as such are taken into account during inspections by Ofsted.
- 3 Standard 25.6 states that the executive of the council:
 - receive written reports on the management, outcomes and financial state of the agency every six months;
 - monitor the management and outcomes of the service in order to satisfy themselves that the agency is effective and is achieving good outcomes for children and/or service users;
 - satisfies itself that the agency is complying with the conditions of registration.
- 4 Standard 18.3 states that:
 - the executive of the council formally approves the statement of purpose and children's guides and reviews them at least annually.

Key considerations

- 5 The annual report sets out the activity and performance for the Adoption Service during 2016-17. The adoption service has successfully placed 18 children with adopters including sibling groups, older children and some with complex needs. There has been an increase in Placement Orders granted from 11 in 2015/16 to 24 in 2016/17 which will enable more children to enjoy the love and security of a forever family without the stigma of being a looked after child.
- 6 The Department for Education published 'Regionalising adoption' in June 2015 and 'Adoption: A vision for change' in March 2016, outlining plans to radically redesign the whole adoption system- the structures, systems and workforce. In order to deliver their vision new service models were proposed, delivered through Regional Adoption Agencies (RAAs) and voluntary adoption agencies (VAAs) working together to deliver adoption services. By 2017 local authorities are expected to have effective plans and proposals in place and by 2020 all local authorities are to be part of a RAA, or will have delegated their adoption functions to a RAA. Herefordshire is currently in discussions about joining Adopt Central England (ACE) currently comprising of Warwickshire, Coventry, Solihull and Worcestershire. A formal decision report will be presented to Cabinet in due course.
- 7 The statement of purpose has been updated to reflect changes within the staffing structure and service.

Community impact

- 8 Protecting children and giving them a great start in life and promoting their mental health and emotional wellbeing are priorities for the council and the Children and Young People's Plan. It is accepted that the sooner a child is placed for adoption, the better the outcome, hence the imperative to avoid delay in securing placements for children. The government published an 'Action plan for adoption: tackling delay' in

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March 2012 and several later initiatives have promoted adoption as the optimum permanence option for children unable to be brought up within their original families.

Equality duty

- 9 The adoption service welcomes applications from those wishing to adopt, from all sectors of the community and is ambitious in seeking adoptive placements for children whatever their level of need. This is reflected in the statement of purpose and recruitment strategy. We have successfully recruited and placed children with single adopters, same sex couples, adopters who are registered disabled and adopters from the Black and minority ethnic (BME) community. We prioritise applications from those hoping to adopt children who are considered harder to place such as sibling groups, older children and children with additional needs.
- 10 Under Section 149, the "General Duty" on public authorities is set out thus:
- "A public authority must, in the exercise of its functions, have due regard to the need to -
 - eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

Financial implications

- 11 The financial performance of the service was included in the directorate's out-turn report for 2016/17. For this period the adoption service budget was £663k and reported an overspend of £176k as a result of purchasing inter-agency placements and facing a loss of income as a result of the wider changes to adoption services which has reduced the market for purchasing adoptive placements. The use of inter-agency placements enables the service to meet national expectations regarding the adoption of older children or those with more complex needs, including sibling groups. The Council has been able to submit a claim to be able to recoup £54k costs from a central government fund. Although it is expected that this will be agreed confirmation has not yet been received and therefore this income would be set against 2017/18 budget.
- 12 The adoption service has, for some years, had an income target of £74k on the basis that the service will be able to sell placements to other authorities. As noted above, over recent years it has been very challenging to achieve this target. The service did sell 2 placements during the year realising an income of £45k. Further consideration of this income target will form part of future budget planning.
- 13 As part of the application to join Adoption Central England (ACE), we expect to be asked to accept a funding formula which will determine our financial contribution to ACE and reflect the likely true cost of providing a service within the new organisational climate which is designed to reduce the use of inter-agency placements.

Legal implications

- 14 Under the National Minimum Standards for Adoption 2014, Standard 25.6, Cabinet must receive written reports on the management, outcomes and financial state of the agency every six months. Cabinet is to monitor the management and outcomes of the service to satisfy itself that the agency is effective and achieving good outcomes and complying with conditions of registration. They must also consider if any follow up actions from the previous six months report have been complied with. The statement of purpose and children's guides should be formally approved and reviewed at least annually, it is therefore not required at this time but is good practice to review it at the same time.

Risk management

- 15 Without an effective adoption service, looked after children would spend longer in the care of the local council. This would be detrimental to their wellbeing and life chances and would not support the objective of 'protecting children and giving them a great start in life'. If the support needs of adoptive families are not met, children may return to the care system. An effective adoption and looked after children's service is important to ensure that we are able to offer a robust and timely approach to securing permanence for children unable to be brought up safely within their own families and to ensure access to services that will best support their individual needs.
- 16 The recent trend of fewer orders being granted by the court to permit children to be placed for adoption is likely to impact upon the numbers of children leaving the care system via adoption.
- 17 The adoption service has consistently been judged 'Good' by Ofsted. If the service is not effective, this will affect the overall judgement of children's wellbeing and thus the reputation of the council. We need to ensure that the service maintains this judgement and minimise any reputational risk by ensuring children's social workers are equipped to provide well evidenced assessments and permanence plans that are accepted by the courts. The service continually seeks to improve the quality of practice and service. We must carefully consider how the prospect of regional adoption agencies would impact on outcomes for Herefordshire children and families and we will ensure that these are kept central during service planning.

Consultees

- 18 The adoption service annual report was discussed at the children's scrutiny committee on 5 July 2017; they are supportive of the annual report and acknowledged that it is a statutory requirement.
- 19 The committee have requested that the annual report for 2017/18 is presented to them as a draft; to enable them to give the report due consideration and make any recommendations to the cabinet member young people and children's wellbeing for consideration.

Appendices

Appendix A: Annual adoption report 2016-17

Appendix B: Statement of purpose May 2017

Further information on the subject of this report is available from
Gill Cox, Head of looked after children Tel (01432) 383738

Background papers

- None identified

Adoption Service Annual Report 2016-17

OFSTED Registration:

1. Introduction

Under the National Minimum Standards for Adoption 2014 (NMS), cabinet should receive updates on the management, outcomes and financial state of the adoption service; it is open to cabinet to identify additional or alternative actions to improve performance but in doing so regard must be had to the resource implications of additional actions.

The NMS are issued by the Secretary of State under sections 23 and 49 of the Care Standards Act 2000 and are issued for use by Ofsted who take them into account in their inspections.

Standard 25.6 states that:

The executive side of the local authority

- receive written reports on the management, outcomes and financial state of the agency every six months;
- monitor the management and outcomes of the service in order to satisfy themselves that the agency is effective and is achieving good outcomes for children and/or service users;
- satisfies itself that the agency is complying with the conditions of registration.

Standard 18.3 states that:

- The executive side of the local authority formally approves the statement of purpose and children's guides and reviews them at least annually

The Department for Education published 'Regionalising adoption' in June 2015 and 'Adoption: A vision for change' in March 2016, outlining plans to radically redesign the whole adoption system- the structures, systems and workforce. In order to deliver their vision new service models were proposed, delivered through Regional Adoption Agencies (RAAs) and voluntary adoption agencies (VAAs) working together to deliver adoption services. By 2017 local authorities are expected to have effective plans and proposals in place and by 2020 all local authorities are to be part of a RAA, or will have delegated their adoption functions to a RAA.

During 2016 Herefordshire and Birmingham City Council explored the potential of jointly becoming a RAA, alongside partners from voluntary adoption agencies. This proved not to be viable and Herefordshire have now expressed a formal interest in joining Adoption Central England (ACE), currently comprising Coventry, Warwickshire, Solihull and Worcestershire. ACE's plans to 'go live' as a RAA are well advanced and as a late entrant Herefordshire will be expected to accept plans already agreed by their board.

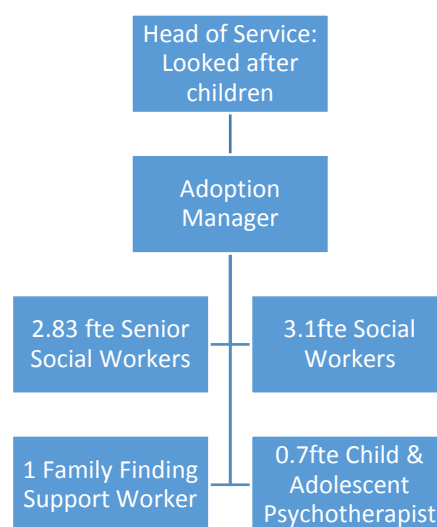
A provisional draft plan has been presented to the ACE Executive Group which proposed a separate but aligned project to consider Herefordshire, and Birmingham who have also expressed interest, joining after the RAA goes live. Given that this would double the size of the RAA, discussions took place with the DFE regarding funding this project. The DFE has indicated that this seemed to be a sensible approach and that they would be receptive to a request for funding the work necessary for Herefordshire to make the transition, but unfortunately the announcement of a general election has resulted in a period of purdah and delay in signing off any further monies until September.

2. Establishment

In January 2017 a consultation on proposed changes to the management structure within the Children's Wellbeing Directorate was announced, resulting in a new post of children's social work manager (CSWM), combining elements of the previous team manager and service manager roles and deletion of both previous roles. A senior practitioner role was introduced to offer advice and support to social workers and to give managers more time to focus on the core aspects of the new role. Each CSWM will have responsibility for a social work team and some strategic duties. In the adoption service this has resulted in the loss of the previous service manager post and from March 1st 2017, confirmation of the previous team manager Gill Smith as CSWM for adoption. A decision was made that rather than introduce a senior practitioner role into the adoption team, the senior social worker posts (who are a grade below senior practitioners) would be retained; minimising change given the likely future changes which will be required when we join a regional adoption agency.

The posts of Letterbox co-ordinator and Panel co-ordinator have been removed from the adoption team establishment and some of their administrative functions are now undertaken by business support. Social workers in the team have taken on other tasks previously undertaken by these post holders to ensure the service provided to adoptive and birth families is not compromised.

The adoption team currently has no vacancies.



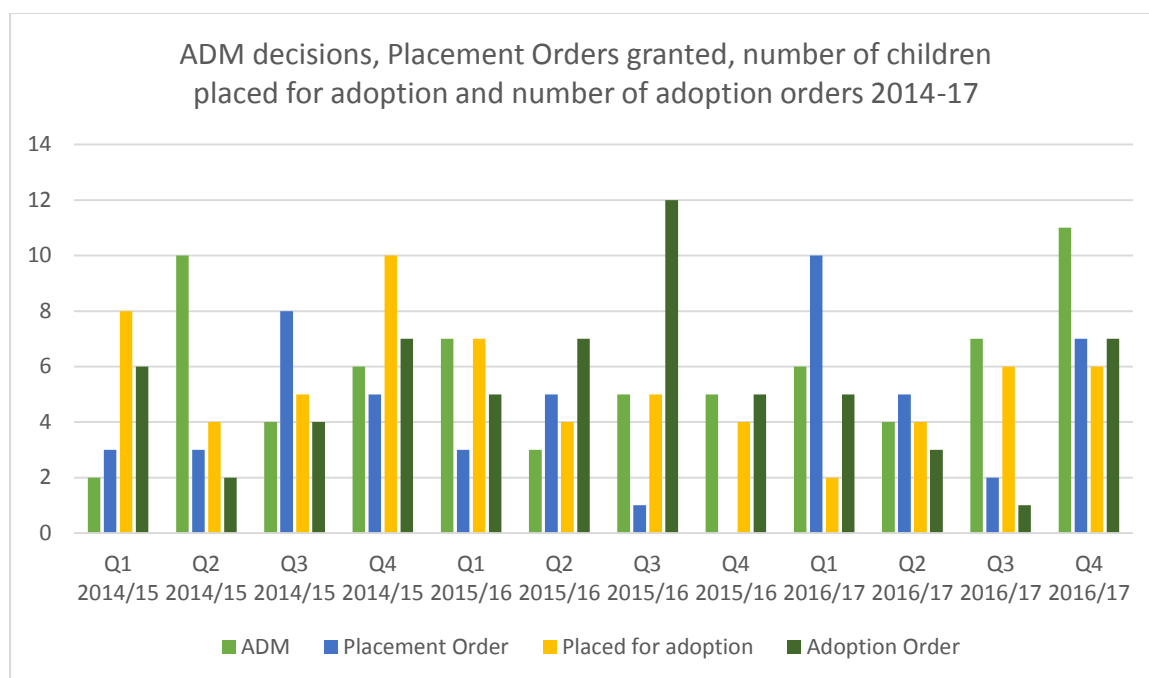
3. Children

After four months of being looked after, all children should have a plan for permanence ratified at their second LAC review. When the plan is for adoption, a child's permanence report (CPR) outlining the family history, the child's needs and why adoption is the intended plan is prepared by the child's social worker and presented to the agency decision maker (ADM). When the ADM decides adoption is the appropriate plan, this will become the care plan put to the court.

A child can only be placed for adoption if a court has granted a Placement Order or the parents have requested this and given their permission.

It is accepted that the younger a child is when placed for adoption, the better the outcome and local authorities are urged to consider placing children with foster carers who are also approved adopters so that the child does not have a change of carers.

If this is not possible, an appropriate match with prospective adopters should be identified as soon as possible, ideally by the time permission to place the child for adoption has been obtained.



The ADM decided that adoption should be the plan for 28 children in 2016/17; plans for 5 of these children have since changed. In one case concerning two siblings the court did not grant the required placement orders. In another a special guardianship order has secured the child's placement with a connected person and in two other cases the children are expected to stay with carers known to them, with their situation secured by legal orders at a later date.

24 placement orders were granted and 2 birth mothers gave consent to their children being placed for adoption. This contrasts with permission given to place 11 (9 placement orders and 2 relinquished) children in 2015/16 and a corresponding reduction from 29 adoption orders granted in 2015/16 to 16 in 2016/17.

18 children were placed with adoptive families, 2 of these joined siblings previously adopted.

4 children were matched for adoption with their foster carers and all had lived with their foster carers since discharge from hospital following their birth. 2 were placed on a fostering for adoption basis with approved adopters who were approved as foster carers for these specific children, the foster carers of the 2 other children were assessed as adopters when this became the care plan for the child after extended periods in care.

We were successful in placing two children over six years of age at time of placement, one of whom has a particularly complex history and attends a special school. We also placed a younger child thought to be affected by foetal alcohol spectrum disorder.

Placement orders

We have the court's permission to place 12 children for adoption. Two of these have been subject to placement orders since 2008 and their care plan changed from adoption some years ago, but the orders have not yet been revoked. Prospective adopters have been identified for the remaining 10 children.

4. Recruitment and assessment

The assessment process for adopters is in two stages with the expectation that the first stage is completed within two months and the second stage within four months, though prospective adopters can take up to 6 months between the two stages if they choose. During Stage 1 prospective adopters attend an intensive 3 day 'preparing to adopt' training course, with a further one day training in Stage 2. We provide this training in collaboration with Worcestershire adoption service, which enables us to offer Stage 1 and Stage 2 training on a monthly basis, in line with the timescales for each stage.

We had 72 enquiries over the year. 27% of those came via the website with all but one subsequently not responding to attempts to contact them, suggesting they were in the very early stages of seeking out information. Reasons for not proceeding with an expression of interest included families who had very recently finished fertility treatments, second time adopters whose children had not been placed with them for very long and couples who were in the early stages of a new relationship – all of whom were advised to take more time before commencing the adoption process.

We held an information event in the autumn of 2016 which was attended by 4 families, 2 of whom expressed interest in proceeding. One needed to complete building works on their home and the other was advised to take more time given they had only recently completed IVF treatment. We have a further event planned for June 2017.

During the year we accepted 14 Registration of interests (ROI), all of whom progressed to a Stage 2 assessment, with a further 2 ROI's issued to families who had previously been approved by Herefordshire but have not yet been returned. A further 3 families will be commencing Stage 1 within the month.

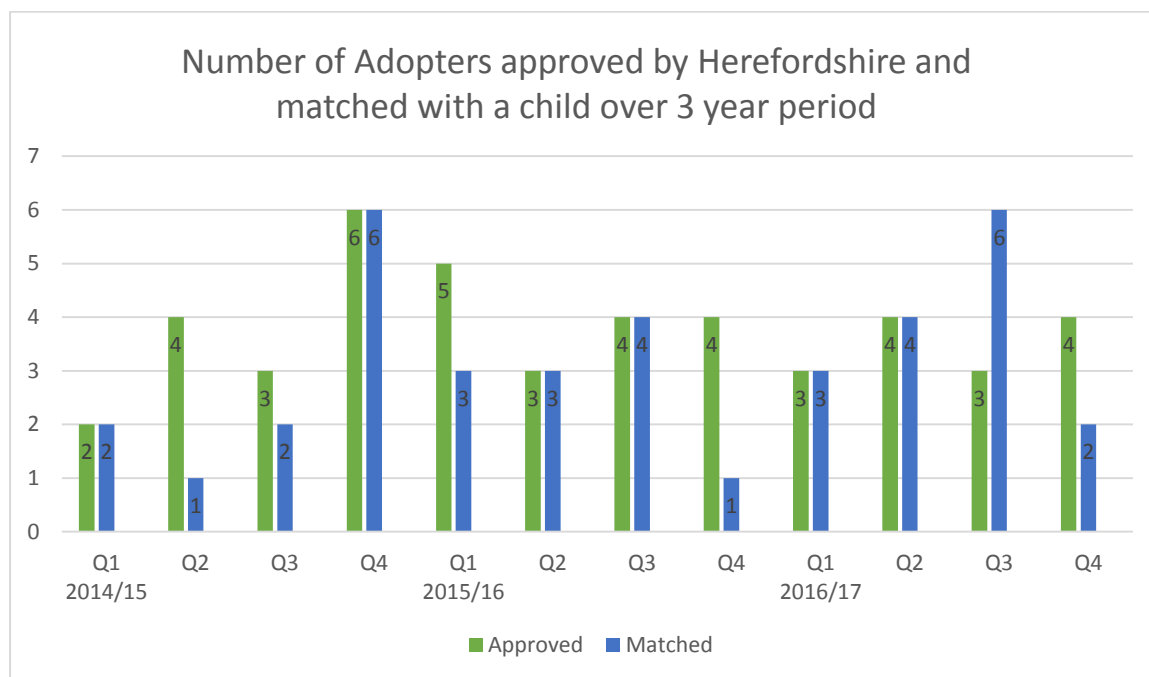
6 of the 14 were 'fast track assessments', a process whereby certain previous adopters and foster carers bypass Stage 1 and enter the process directly at Stage 2. Four of these were previously approved adopters (3 previously approved by Herefordshire and 1 from a neighbouring authority) and 2 were foster carers wishing to adopt the child they were caring for.

At the end of the year we had 6 families in stage 1 and 2 families in Stage 2.

In 2016-17 14 families were approved as adopters (compared to 15 in 2014/15 and 16 in 2015/16) and at the end of the year we had 6 families with children placed but adoption order not yet granted and one family providing a foster for adoption placement. 6 families were still waiting for a match although 2 are due to go to Panel in May and June and one is actively being explored as a potential match for a Herefordshire child.

During this year 4 families left the process. 2 withdrew from their Stage 2 assessment following concerns regarding their suitability to adopt being raised by the assessing social worker and 2 families withdrew following their approval, having decided that adoption was not the right way forward for them as a family.

Of the 15 matches made with Herefordshire approved adopters over the last year, 13 were with Herefordshire children, 2 of which were with their former foster carers. 3 Herefordshire adoptive families were temporarily approved as foster carers to enable them to provide a fostering for adoption placement and 2 children from other LA's were placed with Herefordshire approved families, which will provide income of £54,000.



5. Adoption panel

Report from Panel Chair, Avriel Reader.

As in previous years the panel consider reports regarding approvals of prospective adopters and for matches are of a consistently high standard. Child Permanence Reports (CPR) on children are generally well completed, in the main they contain a good level of information about the child's family background. These are vital documents for the child/young person and the adopters in enabling them as much understanding as possible about the adoption journey.

Herefordshire continue to recognise the importance of bringing timely matches to panel and this is reflected in their performance against other adoption agencies.

Excellent matches continue to be made for children and there continues to be a very low disruption rate. A recent example was the impressive matching of five children from one family which included children with additional needs. The birth family consistently failed to meet the needs of several of the children over a long period of time, leaving them confused and traumatised. Considerable efforts were made to secure adoptive families who would support direct contact in the future.

Additional members of the panel have been recruited recently including an adopted person, experienced social worker and adoptive parent. Panel members continue to be very committed to attending panels which are always quorate. We need to continue to attempt to recruit further

members to increase the diversity of the membership and would particularly welcome expressions of interest from those from the minority ethnic communities in Herefordshire.

Feedback to panel by attendees is regularly sought and remains positive.

By way of constructive comment to aid continuous development the panel have noted the following concerns at times:

- Given recent changes in management arrangements the panel is concerned that the quality assurance role of supervisors to all reports may not be seen as a priority given the pressures the roles bring. As mentioned earlier the quality and accuracy of reports is essential in the long term for all parties in the adoption process.
- Of particular concern are the changes in the coordination and administration of the panel. In the past the adoption service had a dedicated and an experienced coordinator and minute taker (this included back up for occasional emergencies or very long panels). More recently we have seen several different minute takers who have very little knowledge or experience of the context or regulations relating to this important function (it is on the basis of accurate minutes and the panel paperwork that the Agency Decision Maker makes the important decision to approve adopters or matches, to defer or to not approve). At present with several minute takers the chair has to spend considerable time amending/changing the minutes. To address this issue in a positive way the chair of the fostering panel (where the same issues apply) and myself have offered to assist all potential minute takers with some additional specific training with support from the agency advisors.
- Previous comments to the panel directly have highlighted the lateness of 'Lifestory Books' which along with the CPR and the 'later life letter' are the key elements in a child/young person's growing understanding of their adoption journey. Getting this right is essential for a child's future self-esteem and mental health given the trauma and complexity of their early life experiences. We hope that social workers will be allocated sufficient capacity to complete these important tasks which are inevitably time consuming. This is particularly critical where older children are placed as they will be asking questions of their adoptive parents at an early stage in their placement.
- The panel have noted a trend recently where children having plans for adoption have been at home with birth parents and were subject to Local Authority safeguarding scrutiny processes but continued to be subject to 'significant harm' prior to becoming looked after e.g. the previously mentioned large sibling group.

6. Post adoption support

11 applications have been made to the adoption support fund (ASF) this year, resulting in adoptive families receiving specialist therapeutic support to the value of £25,497.76. Since its implementation in May 2015 Herefordshire families have benefitted from £89,345.46 worth of therapeutic support through the ASF.

The adoption support worker has completed five adoption support assessments and has provided intensive ongoing support to 12 adoptive families over the year. In addition to this there have been many contacts with families where brief interventions, often just the opportunity to talk through particular issues, has helped them through a difficult period, preventing the need for more intensive involvement/services.

Two 'Family Fun' days have again provided the opportunity for adopted children and their families to get together in an informal setting, with the summer event being held at Hampton Court Castle, near Leominster, who kindly gave our families free admission to the grounds.

Regular workshops for adopters have been held covering subjects such as the Secure Base model, understanding children's behaviour and an introduction to therapeutic parenting using the Dyadic Developmental Psychotherapy (DDP) approach.

Monthly support groups were offered up until December 2016 but given dwindling numbers we are consulting with adopters as to future frequency and format.

Two adopters accompanied members of the adoption team on a training day, 'Why can't my child behave?' provided by AdoptWestMids.

The Letterbox system is currently supporting the adopters of 150 children to maintain contact with members of their birth families, involving approximately 500 exchanges per year. We have also facilitated, and supervised, direct contact between 2 adopted children and their birth families.

The agency also has a statutory duty to make available support for anyone living in Herefordshire who have been affected by adoption. This includes

- Counselling, seeking and sharing birth record information with adopted adults
- Counselling and supporting birth family members who have lost/are likely to lose a child through adoption
- Counselling and assessing those wishing to adopt through the non-agency route- usually step-parents.

We received 19 enquiries from adopted adults wishing to access their birth records, 13 of which progressed to a referral. Locating and securing adoption files from across the country can be a time consuming activity and we have experienced a lot of delay with some agencies providing records.

The team has provided counselling and support to 3 pregnant women who expressed a wish to relinquish the care of their child at birth. 2 progressed with the babies being placed in foster for adoption placements and one child returned home.

We received 9 referrals to provide support birth parents whose children were in proceedings – 3 of whom engaged with adoption social workers. This is an area we need to promote, with social workers advising birth parents of the service, and encouraging them to make use of it, as early as possible in proceedings.

We received 25 non-agency adoption enquiries - all from step parents. The team have made a concerted effort to encourage people to consider alternative ways of obtaining parental responsibility and initial discussions with families focus on the lifelong implication of adoption for the child and of the need to focus on the child's needs, not the adults. If families decide to pursue an application to the court they have to give us 3 months' notice. 4 such 'notifications of intent to apply' have been received this year but only 2 have progressed to an assessment to date.

7. Training

Monthly preparation training for prospective adopters for Stage 1 and Stage 2 has been possible through working collaboratively with colleagues from Worcestershire adoption service.

Adoption workers regularly present training to foster carers on the process of family finding and moving children on to adoption.

Three members of the team undertook training in level 1 Dyadic Developmental Psychotherapy (DDP) through AdoptWestMids and one also completed further training to enable them to train others in the techniques. Level 2 DDP training will be available in July 2017.

Two members of the team providing support to adoptive families attended a day's course in therapeutic parenting for troubled teenagers.

Social workers from the LAC team and CP/Court teams attended training in therapeutic lifestory work.

Training on inter-country adoption has also been provided by AdoptWestMids and a very successful conference was organised by them in October 2016 for prospective adopters awaiting placements. It is planned that this will be repeated in 2017.

Workshops on planning for adoption and the preparation of Child Permanence Reports (CPRs) have been provided to the Child Protection and Court teams and AdoptWestMids will be providing training in June 2017 on CPRs, sibling assessments and the Social Work Evidence Template.

A 'buddying' system has been introduced whereby adoption social workers support children's social workers without adoption experience through the process.

Performance and quality assurance

Regional and national data for 2016/17 is not available for comparison at the time of writing. Draft adoption scorecards for 2015/16, which include three year averages, have been circulated and were due to be published in May 2017 but with the recent announcement of a general election this will be delayed. It is reported that 29% of Herefordshire LAC children were adopted in 2015/16, which is an improvement on the preceding two years and on the England average of 15%. The 3 year average was 21% with the England average at 16%.

56% of Herefordshire's children (3 year average) are reported as waiting less than 16 months between becoming looked after and moving in with their adoptive family, compared to the England average of 55%.

The target for 2016/17 is 14 months.

No of days	14/15	15/16	16/17	Target	3yr average
Becoming LAC to placement for adoption	515	706	467	426	561
Permission to place to match with adopters	245	333	132	121	238

As reported in the annual report for 2015/16, the cohort of children placed for adoption included two sibling pairs, one of which had been in foster care for more than six years and the other had previously been placed for adoption but had returned to foster care before being successfully placed the second time. This resulted in an average of 706 days between coming into care and being placed for adoption. The length of time between coming into care and moving in with their adoptive families and between having permission to place and match for these four children will impact on

the adoption scorecard for the next two years, creating poor 'headlines' for what are very positive outcomes for these children.

The average for 2016/17 is similarly affected by the placement of a six year old with additional needs who had been in care for almost three years; the original plan had been to place for adoption with a sibling and time was taken to assess the effect of placing the children separately and then testing this out before seeking separate adoptive placements.

Complaints, compliments, comments

Feedback is sought from prospective adopters, adoptive parents and social workers from within the council and from other agencies at various times throughout the adoption process. The preparation training for adopters is universally praised in terms of content and presentation and social workers involved in introductions of Herefordshire children to their adopters report very favourably on the thoroughness of the planning and the support provided during the transition from foster family to adoptive family, with the intervention of the child and adolescent therapist very much appreciated. Adopters overwhelmingly express their satisfaction with the service they have received from the adoption team and many compliments are received about individual social workers and the joy brought to them by becoming adoptive families.

No formal complaints or LADO's have been received, but there continue to be frustrations about the time taken for life story books and later life letters to be provided for children placed for adoption. To meet regulatory requirements these should be provided within ten days of the celebration hearing following the granting of the adoption order.

8. Key achievements during 2016-17

- Placement of 2 children over 6 years of age, 2 children placed with siblings already adopted, 2 relinquished children placed from birth
- 2 children were adopted by their foster carers
- Placements found for 4 siblings from a BME background
- 24 placement orders granted
- 18 children placed for adoption
- 3 fostering for adoption placements made for infants under 8 weeks old.
- Applications to the adoption support fund enabling Herefordshire adoptive families to benefit from specialist therapeutic support worth £25,497.76

9. Key priorities for development during 2017-18

- Acceptance into a Regional Adoption Agency
- Whole system approach to fostering for adoption and its consideration for all children
- Training for CP/Court workers in planning for permanence and adoption
- Improve timeliness between becoming looked after and placed in adoptive families

**HEREFORDSHIRE COUNCIL
ADOPTION AGENCY**

**STATEMENT OF PURPOSE
May 2017**

URN: SC057941

CONTENTS

1. Aims and objectives of the local authority in relation to the adoption service.
2. Number, qualification and experience of the staff employed to deliver its specialist adoption service.
3. Systems in place to monitor and evaluate provision of services to ensure adoption services are effective and the quality of service provision is of an appropriate standard.
4. The procedures for recruiting, preparing and assessing, approving and supporting prospective adopters.
5. Appendix 1 – Herefordshire Council’s complaints procedure
(Full procedures can be accessed through Herefordshire Council’s website)

1. Aims and objectives of the local authority in respect of its adoption service

The authority aims to provide a service to all its customers that is welcoming, user friendly and non discriminatory.

The adoption service endorses the values underpinning the National Minimum Standards in setting service objectives and strives to promote the following principles within the timescales laid down by regulation:

- All children should be protected from emotional, physical and sexual harm and neglect.
- All looked after and adopted children should be placed as soon as possible with carers who can provide safe and appropriate care.
- In preparing children for an adoptive family we will listen to their views and provide age appropriate information.
- All service provision will be sensitive to the needs and diversity of the individual children, their birth parents and adoptive parents.
- All service provision will be flexible, responsive and supportive of carers and children.
- Adoptive parents require access to specialist preparation and ongoing support to carry out the additional parenting tasks of adoption.
- Adopted children and their parents require additional tools to process their unique histories and to understand their permanent separation from birth families.
- The adoption service will act as a mediator and consultant with universal services to ensure sensitive inclusion.
- We acknowledge that adoption has lifelong implications for those adopted and their families.
- Partnership between all those involved in adoption is essential to deliver the best possible outcomes for children.

Based on these principles Herefordshire Children's Wellbeing directorate aims to provide a comprehensive adoption service to all those who require it. The service is consistent with Adoption Regulations and National Minimum Standards which are reflected in comprehensive policies and procedures.

Services provided by Herefordshire adoption service:

- Recruitment, assessment, preparation and support of a wide range of prospective adoptive parents to meet the placement needs of children locally and nationally.
- Counselling, information and support for birth parents who have lost or are at risk of losing their children to adoption.
- Counselling, information and support for pregnant women and parents who are considering placing their child/ren for adoption.
- Counselling for adopted adults in accordance with Schedule 2 of the Adoption and Children Act 2002. Those wanting intermediary services to trace birth relatives are signposted elsewhere.

- Advice and consultancy for social work practitioners and others who are working with children and families affected by adoption.
- Counselling, assessment and court reports in step parent and other non-agency adoption proceedings.
- A secure 'Letterbox' system to enable information to be safely exchanged between adoptive and birth families.
- Preparation of reports and attendance at other local authority panels when a match has been recommended for a Herefordshire approved family.
- Assessment of the support needs of adoptive families and provision of services before and after an adoption order has been made. This will include adoptive families unknown to the agency who reside in the county and request adoption support assessments 3 years post adoption order.
- Signposting, provision or commission of therapeutic services for children and their parents to ameliorate the impact of early trauma and abuse.
- Provision of adoptive families for children identified locally and nationally.
- Secure storage of adoption case records with appropriate measures taken to prevent theft, unauthorised disclosure, loss or destruction.

2. Adoption service staff

- Gill Cox, Head of Service for looked after children and adoption has been the registered manager for the adoption service since May 2017.
- In the absence of the registered manager, the adoption team manager Gill Smith will deputise. Responsibility for the service rests with the head of service for looked after children and young people.
- Nichola Leighton has been the adoption support services advisor (ASSA) since May 2017.
- Social workers preparing reports in relation to prospective adopters, adoption placements and other adoption specific reports are required to have three years post qualifying experience in child care social work (including direct experience of adoption work). The 5.84 full time equivalent adoption social workers meet this requirement and all are registered with the Health and Care Professions Council.
- Through supervision, annual performance appraisal and development interviews and specialist training Herefordshire Children's Services ensures that staff have the skills and knowledge to work effectively in the complex field of adoption practice whilst keeping up to date with safeguarding and legislative developments.
- The team have a stable core staff group with a wide range of experience in the field of child care and family placement, including a play therapist/child and adolescent psychotherapist who provides

consultations to social workers, carers and parents and works directly with children, young people and adopters.

- Written procedural and practice guidance, including safeguarding procedures are available to staff and this is updated regularly in light of practice and legislative changes.
- All members of the adoption service undertake regular safeguarding and data protection training.
- The adoption panel has a rolling programme of training with bi-annual half-day workshops in conjunction with the adoption service staff group.

3. The systems in place to monitor and evaluate the provision of services to ensure that services provided are effective and the quality of all aspects of service is of an appropriate standard.

Feedback is regularly sought from service users and used to improve services provided. The adoption panel provides independent quality assurance on practice and reports presented. Quarterly reports on adoption performance are presented to senior manager and elected members. Adoption services are inspected and rated by Ofsted as part of their inspections of services for children in need of help and protection, looked after children and care leavers.

Service planning information

- The adoption panel takes a proactive role in meeting its obligations to monitor the service's performance against national minimum standards.
- Annual reports of the adoption service's activities, management and performance are presented to the senior management team and executive of the council and to key stakeholders.
- Protecting children and giving them a great start in life is a council priority. The timeliness of permanence planning for children is demonstrated through the numbers of children placed for adoption and the DfE adoption scorecards.
- The adoption service maintains records of its work and ensures that legislative requirements governing the use and retention of information are adhered to. All members of the service undertake data protection training.
- The assistant accountant for children's wellbeing meets regularly with the nominated manager to ensure the financial viability of the service.
- Records are kept of any serious incidents, allegations or complaints about the adoption service and policy and practice are updated to improve the service.
- Adoption service staff attend regional events and training to keep informed about adoption practice development for the benefit of its diverse customers.

Monitoring of recruitment and assessment of prospective adopters

- All prospective adopters are directed to/given written information about the council's complaints procedure and about their right to apply to the independent review mechanism (IRM).
- All prospective adopters are required to attend 'Preparing to Adopt' training which is provided in partnership with Worcestershire adoption service. Evaluation forms are provided at each session and direct feedback is sought by the adoption panel. Feedback is used to inform course development.
- Timeliness of response to enquirers and throughout the approval process is measured and reported nationally.
- An evaluation questionnaire about panel attendance and experience is provided to all attendees including social workers and feedback from these is presented to panel to review its practices.
- On the granting of an adoption order all adopters are asked to complete a comprehensive questionnaire on their experience of the service offered by the agency.

Monitoring of child's adoption plan

- Children with a plan for adoption are monitored through the LAC review system by independent reviewing officers and regular auditing.
- Close liaison between children's teams and the professional advisor ensure sufficient time for consideration of adoption plans by the agency decision maker (ADM).
- Should a placement disrupt prior to an adoption order being granted, a meeting is convened to investigate and learn and reports are shared with the adoption panel and agency decision maker.
- The need for birth parents to receive independent counselling and support is emphasised to independent reviewing officers and children's social workers.
- Child permanence reports (CPRs) and adoption support plans are prepared by suitably qualified social workers, endorsed by their supervisors and quality assured by the professional advisor to ensure consistent quality.
- Comments by panel members on the quality of reports and presentation of social workers are collated and fed back to supervisors to improve practice and feed into staff appraisals.
- Training is periodically undertaken with the children's teams to emphasise the multipurpose and explicit requirements of high quality CPR's and adoption support plans that acknowledge the lifelong impact of early trauma and neglect.

Monitoring of adopter activities

- Timescales for responding to initial enquirers, accepting registrations of interest and completion of the two stages of the assessment process are collated and reported in nationally published data.
- All approved adopters are referred to AdoptionMatch (formerly known as the national adoption register) if no potential match has been identified within three months of approval.
- Where an adopter has been approved for over twelve months and has not been matched with a child, a review of their approval takes place with the adoption manager. If there is a significant change of circumstance the review report is considered by the adoption panel and the adopter/s invited to attend.
- Monitoring is in place to ensure that DBS checks and medical assessments remain valid for all approved and waiting prospective adopter/s.
- Quality assurance comments by adoption panel members on each case presented are collated and fed back to supervisors.

4. Procedures for recruiting, preparing, assessing, approving and supporting prospective adopters.

The agreed policies and procedures governing the functioning of the adoption service are available on the Intranet and Internet.

The key features covered by the policies and procedures are highlighted below.

Recruitment, assessment and training

- In accordance with the Children Act 1989 and Adoption and Children Act 2002 the needs of the child throughout their life are paramount when seeking adoptive family placements and the child's welfare, safety and needs are at the centre of the adoption process. The adoption system exists to serve vulnerable children, rather than adults who wish to adopt.
- The main aim of all aspects of preparation is to provide a lifelong family where a child will grow up in a secure and positive environment and reach their potential in all aspects of their lives.
- The needs of children who require adoptive placements are diverse and complex. In order to meet these needs, the adoption service will be creative and flexible and will be willing to consider all enquiries that offer the potential to provide a suitable adoptive home for a child.
- The adoption service will respond positively to applications to become adopters from people of all backgrounds, cultures, disability status, sexuality, marital status and religion in order to provide the maximum opportunity for children to be successfully adopted.

- Our responsibility to maintain a child's safety and confidentiality means that it is often not appropriate to place Herefordshire children for adoption within the county. We therefore welcome prospective applicants from neighbouring authorities to enable us to place Herefordshire children with families assessed and supported by Herefordshire adoption service.
- Where it is supported by the social work teams, applications from foster carers who are already caring for a child whose plan is adoption, will be welcomed. They will be offered counselling and training/information particular to their circumstances and their assessments will be 'fast-tracked' to panel as will those who have adopted previously.
- We recognise that there is a national need for adoptive families and welcome applications from those able to meet the more complex needs of children such as large sibling groups, children with disabilities, older children and those from Black and minority ethnic backgrounds. If we feel unable to prioritise a particular application we will signpost prospective applicants to other agencies.
- Enquirers who are still having investigations or treatment in the hope of achieving a pregnancy will be advised that we will not accept an application until the treatment has ceased and they have come to terms with this. Given the prevalence of loss issues for children where adoption is the plan it is essential that applicants are as emotionally robust as possible and have come to recognise and accept their infertility.
- Information about the particular needs of children requiring adoption will be used to recruit prospective adopters to ensure well prepared adoptive placements within a timescale that is suitable to the needs of the children waiting.
- Where a placement cannot be identified from within Herefordshire's resources we will seek adopters via family finding websites AdoptionMatch and AdoptionLink and other local authorities and voluntary adoption agencies. The payment of an inter agency fee will not be an impediment to the placement of children within the shortest possible timescale appropriate to their needs.
- Approved adopters are encouraged to be proactive in identifying potential matches and to attend regional and national 'exchange days' and adoption activity days.
- Specialist profiling is undertaken at an early stage for children where experience indicates there may be delays in identifying a placement e.g. older children, children with complex needs or sibling groups of 3 or more children.
- Herefordshire welcomes interagency placements with families assessed, approved and supported by other adoption agencies. Efforts are made to place Herefordshire children within two hours travelling distance to minimise difficulties during transitions and ensure support from known social workers. Adoption support service provision is carefully detailed in an adoption support plan when placing children outside the county and

multi agency commitment is required. Its provisions are reviewed at each statutory review or at the request of the adoptive parent/s.

- There is a legal requirement that anyone applying to the court for an adoption order must be at least 21 yrs of age. We welcome applications from those with previous parenting experience and those of any age with the physical and emotional energy to care for a child throughout their childhood and beyond.
- Time will be taken at the outset to inform the enquirer about the particular additional needs of children waiting for adoption to ensure they have an understanding of the children's backgrounds and experiences and the implications for their future.
- A decision on whether to accept a registration of interest from an enquirer in the pre assessment stage is made by the adoption team manager within 5 days.
- Within 5 working days of acceptance of the registration of interest and in partnership with a member of the adoption team, applicants will complete a stage 1 agreement to statutory checks, references, medicals and information/training to be provided. This is a 'sifting stage' led by the applicants, but guided by the adoption service. It is expected that stage 1 will be completed within 2 months, though acknowledged that longer may be needed by some applicants to complete their self evaluation.
- If as a result of information provided, the adoption manager considers applicants are unsuitable to proceed to stage 2, they will be informed of this in writing and advised of the complaints procedure.
- Applicants may take up to 6 months to decide whether they wish to proceed to stage 2, which is social worker led but guided by the prospective adopters. A further agreement will be completed with dates of training, assessment visits, and presentation of the prospective adopters report (PAR) to the adoption panel. It is expected that stage 2 will be completed within 4 months, but longer may be needed in some cases. The focus of the assessment will be the analysis of the strengths and capacities of the prospective adopters to meet the needs of children who have experienced trauma and loss and identification of potential vulnerabilities that may need additional support and training.
- Where any significant concerns arise during assessment, the adoption manager may decide that the social worker should present a brief report to the adoption panel. The applicant/s will be encouraged to attend and make their own representation to panel which will recommend whether the assessment should continue.
- The applicant/s will receive a copy of the PAR and be asked to sign it to confirm its accuracy and provide any comments.
- Applicants are invited to attend the adoption panel in order to address any questions themselves. Not all applicants may wish to attend and they are entitled to waive their right to do so without this affecting the panel's ability to make a recommendation as to their suitability to adopt.

Applicants will immediately be informed by the panel chair of the panel's recommendation to the agency.

- The agency's decision will be made within 7 working days of receipt of the panel's recommendation and final panel minutes and applicants will be informed orally within 2 working days and in writing within 5 working days.

Inter Country Adoption

- Many people believe they would not be able to adopt a young child in the UK and therefore seek to adopt a child from abroad. All enquirers will be asked whether they have considered adopting a looked after child in the UK and be given information about the children needing adoptive homes locally and nationally.
- The adoption duty social worker will provide initial information to enquirers living in Herefordshire and inform them of the difference between domestic adoption and adoption of a child from overseas and the costs involved. Applicants will be asked to identify from which country they wish to adopt.
- Where the service undertakes an assessment of applicants wishing to adopt a child from outside the United Kingdom a set charge is made for the work involved, half to be paid when an application is accepted and the remainder prior to presentation to the adoption panel. Where a subsequent match and supervision is required the agency will make additional charges to cover the costs to the adoption service.
- Where people are seeking to adopt a child who is a relative from overseas the set fee will usually apply.
- Intercountry adoptive applicants are encouraged to access specialist information relating to their situation but will be required to attend the 'Preparing to adopt' training.
- The process of assessment for those wishing to adopt from overseas is as outlined for prospective adopters above, but applicants will be expected to evidence how they will promote the cultural, racial and religious heritage of their child.

Support to placements pre and post adoption order

- During assessment and approval all prospective adoptive parents will have an allocated adoption social worker. Once a placement has been made the child's social worker will be involved in visiting the child in placement as required by regulations. The focus is to promote secure attachments for the child with guidance being provided from both social workers.
- Children placed for adoption are subject to statutory reviews under the Adoption Agencies Regulations/Care Planning Regulations. Independent reviewing officers ensure that all aspects of the child's welfare and care and support plans for his / her future are progressing satisfactorily.

- The education and achievement of children with a plan for adoption is actively promoted; all children of school age have a personal education plan (PEP) which is reviewed as required and at least 6 monthly. Children's views are sought and achievements recorded. Out of school activities and educational trips are promoted.
- Adopted children are identified as a vulnerable group in the schools admission protocol and thus given priority. Adopters are informed of their child's entitlement to an enhanced pupil premium to support their education.
- It is a requirement that the child's allocated social worker prepares or commissions the preparation for each child of a lifestory book, and later life letter that includes advice on how to access their adoption file and care records.
- In order to meet a child's needs throughout their life, adoptive parents must have access to the fullest information about the child's pre adoption history. The child's adoption case record will be made available to the adopters' social worker and arrangements will be made for the adopter/s to meet with those able to provide information about the child. This may be done on an individual basis i.e through a meeting with the agency medical advisor and birth family members and/or through a child appreciation event.
- Where an adoption placement ends in an unplanned way or there is imminent danger of it doing so, the service will convene a meeting to consider the circumstances and to help with planning for the future. Reports of the subsequent disruption meeting are considered by the adoption panel to ensure they inform future service development.
- The agency recognises the need to be flexible in arranging comprehensive support to adoption placements. In order to achieve this, an adoption support plan is compiled for each child placed, with details of the support to be provided, including financial support.
- Adoption support plans are routinely reviewed during the pre adoption order period and a review may be requested at any point by the adoptive parent/s.
- All adoptive parents eligible for adoption support services from Herefordshire who contact the agency requesting a service will be offered the opportunity to talk to an adoption social worker. Advice, information and signposting to other partners will be provided or a 'one-off' service may be provided by the adoption social worker.
- Where on-going specific adoption support is indicated, an assessment will be undertaken in consultation with the family and partner agencies and a draft plan drawn up. Notice of the proposed provision of services will be given in writing to the person assessed and they will be invited to make representations before a final decision is made. In some cases a multi agency adoption support meeting will be convened in order to facilitate and review the plan. The format and content of the review will

depend on the circumstances of the case and need not always necessitate direct contact between the local authority and the adoptive parent, but may be limited to an exchange of correspondence.

- Where unexpected challenges arise and adoptive parents request an adoption support assessment every effort will be made to maximise universal service provision through CAFs, Multi Agency Groups and 'Edge of Care' initiatives. The level of needs pathway enables specialist advice and guidance to be drawn in from the adoption service without the need for an additional assessment.
- If specialist therapeutic support is assessed as required and is not available through statutory services, an application for funding from the nationally funded Adoption Support Fund will be considered.
- Sometimes it will be necessary to sensitively support adoptive families in making separate daily living arrangements for their child or young person. Every effort is made to maintain a link between the adopted child or young person and their family.
- Comprehensive guidance and support is provided to assist all parties to engage in effective contact that meets the changing needs of children throughout their childhood and into adulthood.
- Particular attention is paid to contact arrangement when siblings are placed for adoption separately. Some direct contact arrangements are actively managed but wherever possible once face to face contact is progressing well the agency will withdraw.
- A newsletter is produced twice a year to keep adoptive families informed of adoption related topics or events.
- Opportunities for contact with other adopters and other adoptive children are provided through a range of events e.g. support groups, and family fun days.
- Adoptive families are provided with information and encouraged to access the resources provided by adoption organisations such as Adoption UK; the adoption service will provide free membership to a limited number of adoptive families each year.

Services for adopted adults

- The adoption service has considered the need to provide advice and guidance to young people approaching 18 years, including the opportunity to extend letterbox arrangements. The service has information available for adopted young adults about managing an approach from a birth family member and registering a veto.
- The adoption service provides counselling to adult adoptees who wish to seek information about their birth family in accordance with schedule 2 of the Adoption and Children Act 2002.

- Following initial counselling the adoptee/ adult affected by adoption is signposted to registered adoption support agencies for tracing and intermediary services.
- The adoption service has established processes to register veto requests from adopted adults.

Services for birth relatives

- Children's social workers and the adoption service provide information and counselling to birth family members about the adoption process and its implications for them and their child. Birth parents are encouraged to be involved in planning for their child's adoption through contributing to the child permanence report (CPR), commenting on what is written about them and recording their wishes for their child's upbringing.
- Birth parents are kept informed of the progress of plans for their children and decisions are conveyed to them in a timely and sensitive way.
- Birth parents are encouraged and supported to meet their child's adoptive parents where it is considered appropriate.
- The adoption service actively promotes the exchange of information through Letterbox agreements. Adopters and birth family members are reminded to forward news in a timely way and efforts are made to initiate new arrangements and review historic arrangements to meet the changing circumstances of all users, whilst maintaining the focus on the needs of the adopted child/young person.
 - Prompts are in place at every stage of the adoption process to remind birth relatives of available services.

Contacts:

Ofsted

Address: Piccadilly Gate, Store Street, Manchester. M1 2WD

Telephone: **0300 123 1231**

(for calls about children's services or any other aspect of Ofsted's work)

Email: enquiries@ofsted.gov.uk

Herefordshire Council Adoption Service
 Nelson House
 Whitecross Road
 Hereford
 HR4 0DG

01432 383241

adoption@herefordshire.gov.uk

Children's Guide Adoption Under 5

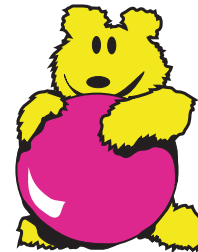
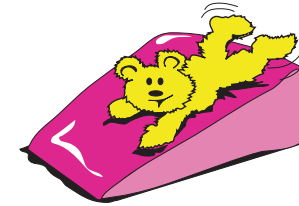
If you are not happy about what we are doing, ask a grown up to talk to your social worker. Their job is to listen to children in Herefordshire and try to help.

Maggie Atkinson
Children's Commissioner
020 7783 8830
National Advocacy Service
0808 8081001 or www.nyas.net.totalkonline

You can also ask someone to contact your Independent Reviewing Officer on 01432 260772.

You can also ask someone to contact Ofsted on 0300 123 1231.

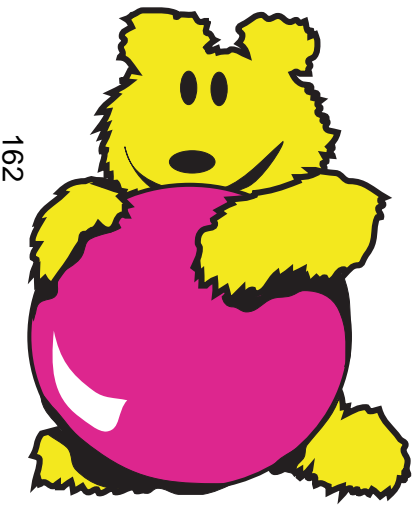
Herefordshire Adoption Team
Moor House
Widemarsh Common
Hereford, HR4 9NA
Telephone: 01432 383240 or
Email: adoption@herefordshire.gov.uk



What we will do for you

We try to help families look after their children and keep them safe and happy.

But sometimes children can't live with the family they were born to and are adopted into new families.



Adoption means you grow up in a new family where you are safe, loved and looked after. You belong in that family for the rest of your life.



They become your new family. Social workers make sure your new family know how to look after you and keep you safe.

Your new family adopt you and keep you in their family forever, even when you are grown up.



What we must do

Remember you are only small but are **VERY IMPORTANT**.

We will keep you safe and look really hard to find you the **BEST FAMILY** we can.



We will always make sure you are happy with your new family before you move to live with them.

We will make sure we do our best for you and will ask other people to make sure we are doing a good job.



We will keep safe all the special things we know about you.

We will tell you how we are doing and ask you how you feel about your new family.



Children's Guide Adoption Over 5

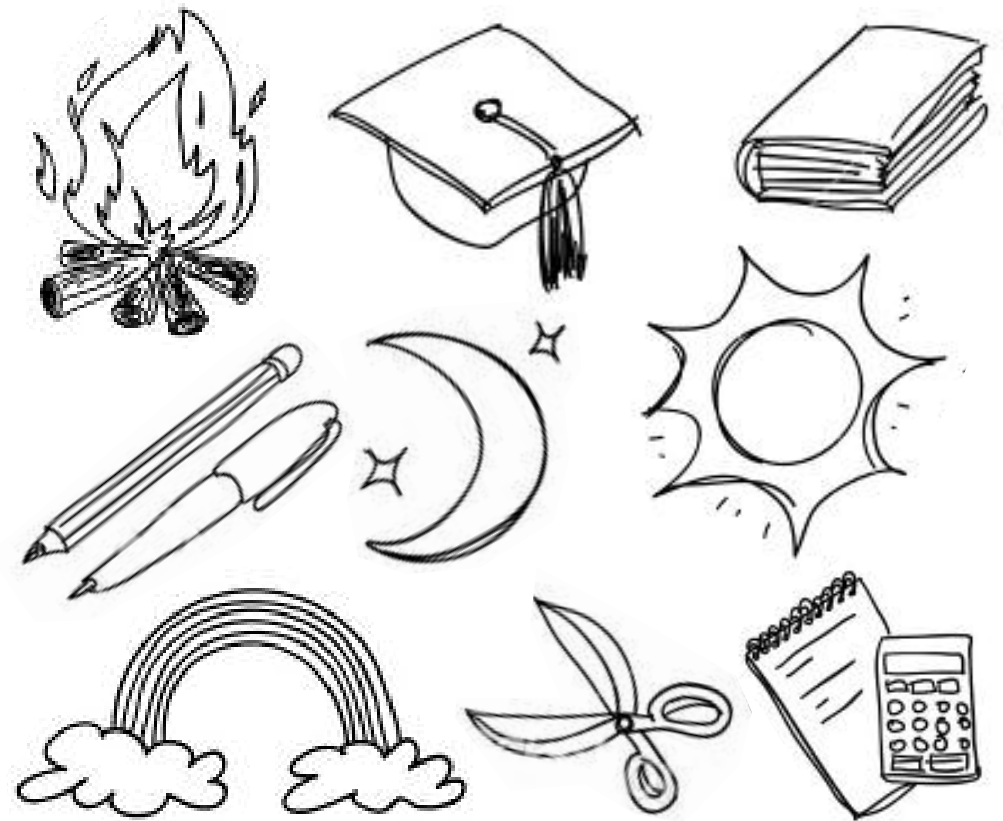
If you are not happy about how we are doing our job and want to talk to someone about it, please ask someone you trust - a teacher, your foster carer, social worker or a friend.

Maggie Atkinson
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National Advocacy Service
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Telephone: 01432 383240 or
Email: adoption@herefordshire.gov.uk



This tells you what we want to do for you

We try to help families look after their children and keep them safe.

Sometimes they can't do this and so the children go and stay with foster carers while social workers try to help families learn how to look after their children.

Sometimes families just can't learn to keep their children safe and so new families are needed.

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How will we find you a new family

We know lots of grownups who want to be mums and dads to children not born to them. Some would like to look after brothers and sisters together, some would like to look after just one child. We will make sure that we find the family that is right for you.

We will find out lots about you and the family you were born to and will ask people who know you well what sort of family you need to grow up healthy and happy.

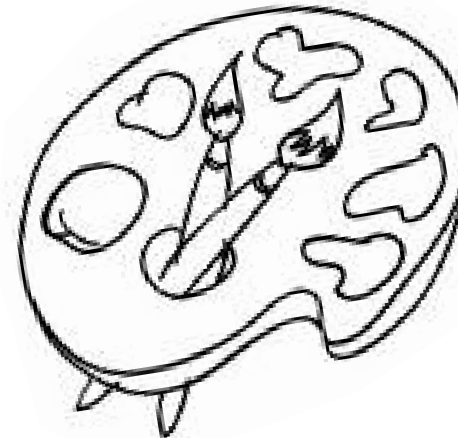
What we want to do

When we find the right family, we'll tell them about the family you were born into and why you can't live with them anymore.

We will make sure you get to know your new family before you go to live with them, by seeing photos or a DVD of them and where they live and by spending time with them.

We will make sure you are happy with your new family before you go to live with them.

We will do everything we can to make sure you and your new family care for each other and that they will look after you, take you places you like to go and help you with your school.



What we must do

1. You are the most important person. We want you to be happy and safe and will do everything we can to make sure this happens
2. We know it's hard to wait, so we will make sure you know how we are getting on. We will make sure you're ready to move to your new family. We know it's an exciting time, but a bit scary too, so we'll help you all we can.
3. We will tell your new family all about what has happened to you, to help them look after you. We won't tell other people unless they need to know, to help you. We will make sure all that we know about you is kept safe and private - when you are older, you can see all this.
4. We will talk to you about your new family, show you a DVD and photos and arrange visits to your new home before you move.
5. We will make sure we know how you are feeling about your new family.
6. We will ask other people who know about keeping children safe, to make sure we're doing a good job.

Meeting:	Cabinet
Meeting date:	20 July 2017
Title of report:	Fostering Service annual report 2016-17
Report by:	Cabinet member young people and children's wellbeing

Classification

Open

Key decision

This is not a key decision.

Wards affected

Countywide

Purpose

To review the fostering service performance and approve related documents.

Recommendation(s)

THAT:

- (a) the performance of the fostering service as outlined at appendix a to this report be reviewed, any risks to achievement of objectives noted and relevant mitigating actions approved;**
- (b) the guide for young people that are looked after (appendix b) be approved; and**
- (c) the statement of purpose (appendix c) be approved**

Alternative options

- 1 Under the National Minimum Standards for Fostering 2011 (NMS), Cabinet should receive updates on the management, outcomes and financial state of Herefordshire Council's fostering service; it is open to Cabinet to identify additional or alternative actions to improve performance, but in doing so regard must be had to the resource implications of additional actions. There are no alternative options to the recommendations.

Further information on the subject of this report is available from
Gill Cox, Head of looked after children on Tel (01432) 383738

Reasons for recommendations

- 2 The NMS are issued by the Secretary of State under the Care Standards Act 2000 and detail the conduct and standards required for Fostering Services and as such are taken into account during inspections by Ofsted.
- 3 Standard 25.7 states that the executive of the council
 - a. receive written reports on the management, outcomes and financial state of the fostering service every 3 months;
 - b. monitor the management and outcomes of the services in order to satisfy themselves that the service is effective and is achieving good outcomes for children;
 - c. satisfy themselves that the provider is complying with the conditions of registration.

Key considerations

- 4 The annual reports sets out the activity and performance for the Fostering Service during 2016-17. The Fostering Service has successfully grown the numbers of general foster carers, supported lodgings providers and overnight short break carers enabling more children and young people to be cared for within their local community.
- 5 The Service is required to produce a statement of purpose and young people's guide. The statement of purpose and young people's guide have both been updated to reflect changes in the service since last year.

Community impact

- 6 It is a council priority to safeguard children by ensuring they have a safe place to live. The fostering service, carers charter and looked after children's guide support the council achieving its ambitions in key strategies in the corporate plan, health and wellbeing strategy and children and young people's plan to keep children close to their existing networks.
- 7 Increasing in-house capacity will support children being placed with local carers, enabling them to remain in their current school and facilitate contact with family members. This will also meet objectives set above and within the children and young people's plan.

Equality duty

- 8 The fostering service welcomes enquiries from all ethnic, religious and cultural groups within Herefordshire. Increase in house fostering capacity will support sufficiency of choice and ensure appropriate matching of children to the right placements, with consideration to ethnicity, culture, religion and disability. Currently we do not have sufficient families able to care for children with complex disabilities, Muslim or Eastern European families. This risks requiring specialist placements out of county. At present we aim to mitigate these risks through specific support plans, training, using buddying or learning from those carers with children from other cultures. Note: Under Section 149, the "General Duty" on public authorities is set out thus:
- 9 "A public authority must, in the exercise of its functions, have due regard to the need to -

Further information on the subject of this report is available from
Gill Cox, Head of looked after children on Tel (01432) 383738

- eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

Financial implications

- 10 The financial performance of the service was included in the directorate's out-turn report for 2016/17. It is acknowledged the number of looked after children cared for by Herefordshire Council and their consequent placement cost is the single greatest pressure on the directorate's budget. Work is underway to reduce the number of looked after children and, at the same time, we are expanding our pool of council foster carers to ensure both the quality of placements and their cost effectiveness. For this period the fostering service had a budget of £3,754k with an outturn position of being overspent by £422k in 2016/17. The cause of this overspend is the success staff have had in recruiting carers. This will provide sustainable budget benefits in the long term, however this increase was not assumed when the budget was set. If the number of placements being provided in-house had not grown this would have resulted in an even greater spend for the external placements budget as we are required to provide placements for each of our looked after children and would therefore have purchased from independent fostering agencies.
- 11 The external fostering budget which is used to fund Herefordshire Intensive Placement Support Service (HIPSS), independent fostering agency and residential placements had a budget of £3,832k with an overspend of £566k. This budget is under pressure, as noted above, due to the very high numbers of looked after children in the service. This situation is being addressed through the directorate's safeguarding improvement plan and approach to the medium term financial strategy.
- 12 The financial modelling of the service and actions to support an appropriate reduction in Herefordshire's LAC population is currently being reviewed to provide an approach for the next three years, building on the work done for the medium term financial strategy.

Legal implications

- 13 The National Minimum Standards for fostering services are issued by the Secretary of State under section 23 of the CSA 2000.
- 14 Herefordshire Council must comply with Standard 25.7 of the National Minimum Standards and provide the executive with a written report on the management, outcomes and financial state of the fostering services every three months; this will allow the executive to monitor the management and outcomes of the service. The executive must satisfy themselves that the service is effective and achieving good outcomes for children, they must also satisfy themselves that the provider is complying with the conditions of registration.
- 15 The registered person must take action to address any issues of concern that they identify or which are raised with them.

Risk management

- 16 Without an effective fostering service children who need to be looked after by the council may be placed away from their own community. This can cause disruption to their education and relationships with their families and friends.
- 17 If recruitment targets are not met, there is a risk of increased dependence on independent agencies and residential units located further away from a child's networks incurring higher costs and budget pressures. Currently we do not have sufficient families able to care for children with complex disabilities, Muslim or eastern European families. This may require specialist placements to be arranged out of county. We aim to mitigate these risks through specific support plans, training, using buddying or learning from those carers with children from other countries and cultures.

Consultees

- 18 The fostering service annual report was discussed at the children's scrutiny committee on 5 July 2017; they are supportive of the annual report and acknowledged that it is a statutory requirement.
- 19 The committee have requested that the annual report for 2017/18 is presented to them as a draft; to enable them to give the report due consideration and make any recommendations to the cabinet member young people and children's wellbeing for consideration.

Appendices

Appendix A - Fostering annual report 2016/17

Appendix B - The young people's guide

Appendix C – Statement of purpose.

Background papers

- None identified.

Fostering Service Annual Report 2016-17

OFSTED Registration: SCO56304

1. Introduction

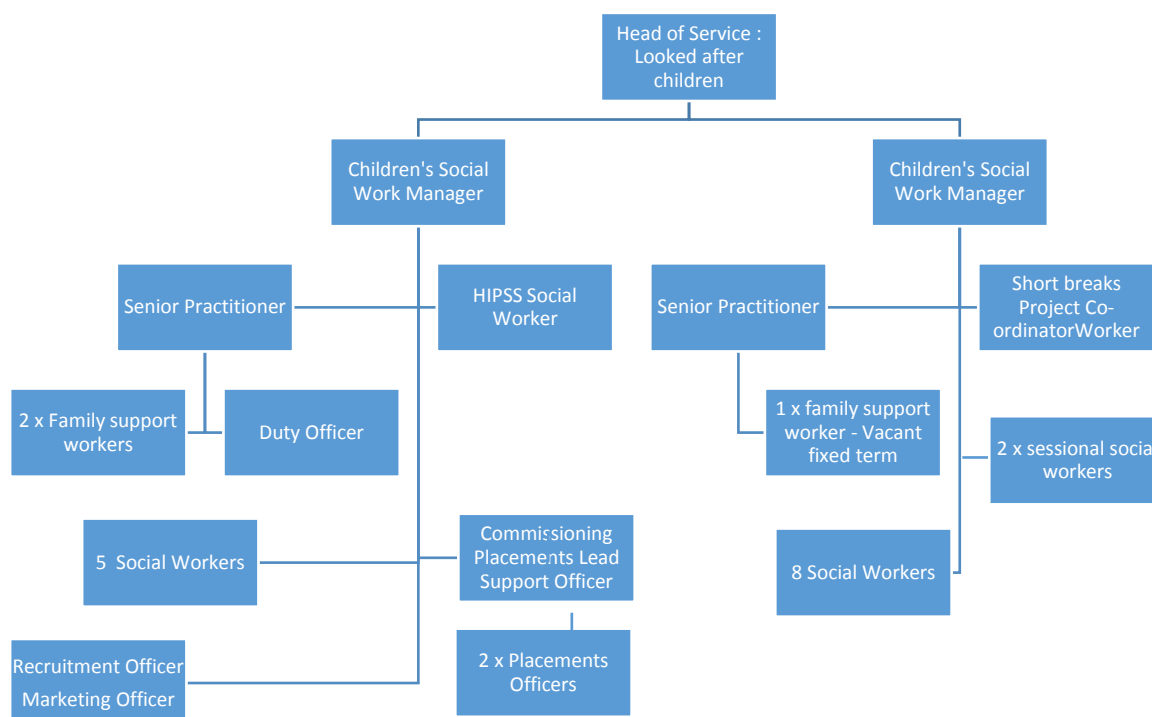
Report Owner –Carol Moreton (Registered Person) Childrens Social Work Manager, Fostering

Alison Forshaw – Childrens Social Work Manager, Fostering

Gill Cox (Responsible Person) – Head of Service for Looked After Children

This report complies with Standard 25.7 of the Fostering National Minimum Standards which sets out the condition that the Fostering Service Manager will monitor and report to board members and management members about the management, outcomes and financial state of the fostering service every three months.

2. Establishment



The fostering service has merged the general and kinship teams to ensure there is a fairer spread of social work supervisory responsibilities across the two managers as a result of the change to the senior practitioner supervision responsibilities. This is detailed in the structure chart above. At the same time the Placements Team joined the service to help provide greater continuity of placement searches and shared information about placements needed.

It was identified that the service would benefit from having a dedicated Duty Officer role to provide a single point of contact for foster carers and the children's teams. A vacant post was reconfigured to meet this need and has already resulted in more efficient gathering of information and searches which require a single point of contact - data sets are likely to improve next year.

The restructure created some anxieties within the staff teams however the changes are now in place and the teams are functioning well.

Vacancies as at 31st March 2017 are:-

- 1 x 30 hour fixed term family support worker to cover the kinship family support worker who is currently seconded to the short breaks social work assistant role until March 2018
- 1 x Placements Officer to replace the worker who left in March 2017

Social work vacancies during the year have been filled by the recruitment of two former Fostering team members returning and by increasing the hours of part time staff. Being able to fill the gaps with experienced staff has been really positive for the team.

3. Foster Carers

General Foster carers

Last year's (2015/16) performance of 15% overall growth was in dramatic contrast to the national rate with other local authorities generally varying between -1% to 1% growth. This year's overall growth is at 10% which continues to be positive. Overall we now have 144 households compared with last year's total of 131.

We have successfully recruited 21 new foster carers this year to the General, Herefordshire Intensive Placement Support Service (HIPSS) and Overnight Short Breaks (OSB) teams.

We have equalled last year's recruitment of 15 new general fostering households. Three carer households are joining us as respite carers. We have seen a reduction in the number of foster carers transferring to us from other agencies, this year we have had 2 transfer compared with 7 last year. This means that carers need additional support which we hope to mitigate with our model of family support, buddy plans via the Foster Carers Association (FCA) and continued recruitment of respite carers.

Over the year we have had three general foster carers also apply to be dual approved as supported lodgings providers (SLP) for mother and baby, unaccompanied asylum seeking children (UASC) or post 18 support.

This year there have been 12 resignations compared with previous years averages of 10. One resignation is due to a carer transferring to an Independent Fostering Agency (IFA), five due to

health reasons, one to retire, one limited capacity, two moved to other employment, two change of circumstances.

Over the year we have implemented new annual review forms to improve evidencing the quality of care young people receive and also to recognise the work undertaken by foster carers to make a difference to children's lives through feedback from children's social workers and other agencies. For example this is a nomination received from the Virtual school for the 2017 Foster Carer Forum:

"Julie has three placements with very differing needs.

She brought one extremely shy child out of her shell and encouraged her to join groups and have some independence which the young person had never done before. She is helping this young person to see that school isn't always the negative place she believes it to be and is giving her strategies to deal with issues as they arise.

She has supported another young person through a series of school exclusions, been supportive of the alternative curriculum that was put in place and has managed to get this young person to attend the school that he said he was NEVER going to go to (and now he's passing exams!!).

Thirdly, she has been the rock in the tumultuous life of another young person and tries to keep her grounded and picks up the pieces to help her have another go when things fall apart both in education and with her birth family."

Herefordshire Intensive Placement Support Scheme (HIPSS) carers

HIPSS carers provide therapeutic placements for our most challenging children who are either currently in residential care or at high risk of requiring a residential placement. We aim to be able to place these children locally in Herefordshire within a family based setting.

As at 31.3.17 we have 7 HIPSS carers providing 5 placements – one provides regular respite to others and one is between placements with introductions being planned. Over the year we have approved 1 new HIPSS carer and one assessment withdrew following checks and references. This is below the targets set of having 10 approved HIPSS carers to provide 10 placements. Two carers who converted from general fostering and kinship have reverted back. One of these carers had a successful period as a HIPSS carer then appropriately was stepped down back to a kinship arrangement. This carer has now applied to become dual approved to also provide respite for other HIPSS carers. The other carer's skill base matched more appropriately with general fostering.

We successfully recruited our new HIPSS Project Co-ordinator from our existing fostering team staff group. A HIPSS recruitment strategy is prepared and will be rolled out early June 2017.

Foster Carers now have access to Therapeutic Intervention Support Service (TISS) consultations via the monthly clinics that HIPSS have set up. This began in September and we have had 3 consultations per month since totalling 21 appointments.

Kinship carers

A Connected Person is defined as;

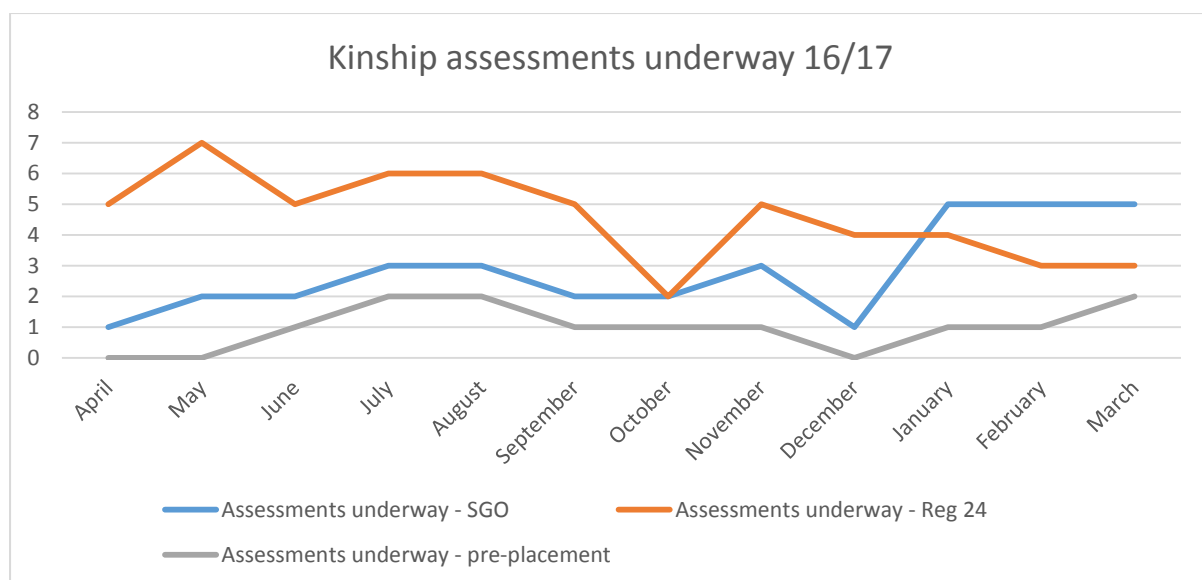
"A relative, friend or other person connected with a child. The latter is someone who would not fit the term 'relative or friend', but who has a pre-existing relationship with the child. It could be someone who knows the child in a more professional capacity such as (for example) a child-minder, a teacher or a youth worker.

Relative is defined as "a grandparent, brother, sister, uncle or aunt (whether of the full blood or half blood or by marriage or civil partnership) or step-parent."

In Herefordshire and other local authorities a connected person is referred to as a Kinship Carer. The term Friends and Family carer is sometimes used by other authorities. Locally the service can be directed by court to provide a 'kinship assessment' this can result in either a kinship fostering assessment or a Special Guardianship assessment depending upon the care plan.

As directed by Regulation 24 of the Care Planning, Placement and Case Review (England) Regulations 2010 if a decision has been made that a child needs to become looked after and needs to be placed immediately with alternative carers the child can be placed with a 'connected person' and a temporary approval of the connected person can be made following initial safeguarding checks. The temporary approval can last for up to 16 weeks (with an extension of up to 8 weeks to be used in exceptional circumstances). During this 16 week period a full assessment of the carers is made as for any other foster carer.

There are currently 35 approved kinship foster carers and 3 temporarily approved kinship carers. We have had 8 resignations within the Kinship cohort over the year. However four have moved to become Special Guardians and we have had two where the children have returned to parents, 1 carer became a staying put carer, and one where the child moved to General foster carers following an allegation.



The graph above shows a significant change, for the first time in the past three years the number of SGO assessments underway are greater than the number of assessments following temporary approval of foster carers ie. where children have been placed with a connected person in an emergency. The latest three month trend suggests pre placement assessment of prospective kinship foster carers will overtake temporarily approved foster carers also. Regulation 24 should only be

used in exceptional circumstances and so it is positive that there appears to be a reduction in the number of children placed in an emergency.

A Special Guardianship order (SGO) is a private Order whereby the Special Guardian shares parental responsibility (PR) with the parent(s) but can exercise PR to the exclusion of all others. A focus over the past year has been to develop better support for special guardians and this has included a dedicated support group that has been running for 6 months, giving special guardian's access to all fostering training, arranging consultations with TISS for special guardians, providing information via a quarterly newsletter, and the provision of an allowance policy that provides clarity and transparency.

Telephone support and advice is available to special guardians during the normal working week and we have provided mediation for 1 family where there have been contact difficulties.

We have enabled 1 special guardian to access our 12 week Solihull Course; and 2 special guardians to access the Dyadic Developmental Psychotherapy (DDP) taster day – they will now be invited to attend a 3 day workshop on DDP – Foundations for Attachment.

Our family support workers have worked directly with 7 special guardianship families. This has included helping carers to understand the impact of trauma on brain development and presenting behaviours; working with a special guardian to assess need for an Adoption Support Fund application; understanding the impact of trauma on a child with learning difficulties. The SGO support group have engaged speakers on specific topics e.g. Pupil Premium.

Where a special guardianship order is made for a former looked after child then access to funding for therapeutic services is now possible through the Adoption Support Fund (ASF). To date applications to the fund total £5,699 for special guardianship arrangements this includes 1 successful application and 1 where we are awaiting a decision. In comparison with neighbouring local authorities we have been successful at obtaining funds for carers through the ASF.

Overnight Short break carers

As a new addition to the Fostering Service the overnight short break service provides overnight care to disabled children living at home with parents. We now have 5 carers providing breaks to 6 children for a total of 238 nights per year. Unfortunately we had one couple resign at the beginning of service development - it appeared that the impact of caring for children with complex needs had not been fully recognised by the couple. We are currently assessing 2 additional carers, unfortunately one assessment has stopped for a while due to the serious ill health of the applicant's parent. We are also in the process of dual approving a general foster carer who has an interest in providing respite placements for looked after children and children with disability. In addition we also have new applicants who will attend preparation to foster training in May prior to the start of the full assessment. So potential for a further 4 OSB carers in the coming months.

The OSB have formed their own support group facilitated by either the OSB project co-ordinator or family support worker. Additional health training is provided for OSB carers. More challenging has been the securing of OT service should we need it in the future. It may be that the OT services within Adult services can support this and this is being considered against service level agreements with child health services by commissioning (however we have been advised that children's OT service cannot support us).

Feedback for the service is good as evidenced by comments from a parent:-

Feedback from Nigel Gilboy, father of Jack

(Mr Gilboy has confirmed that he's happy for his family's details to be shared)

I was aware that the Ledbury Road respite care unit was shutting down and at first wanted to stick with this as I was worried about what else might be on offer for Jack. Once I was aware of the new family based overnight short break service being set up by Herefordshire Council, I was keen to find out more. I wanted to look earlier rather than later and became anxious not to leave it too long to take a look at what was on offer. I knew we would need an alternative respite care option.

After meeting Stuart and Sue from the new service, everything sounded okay and I was happy to see what happened next.

When a match was found for Jack with an overnight short break carer, I went to meet Ian, the prospective new carer, with support from Stuart and Sue. We immediately hit it off.

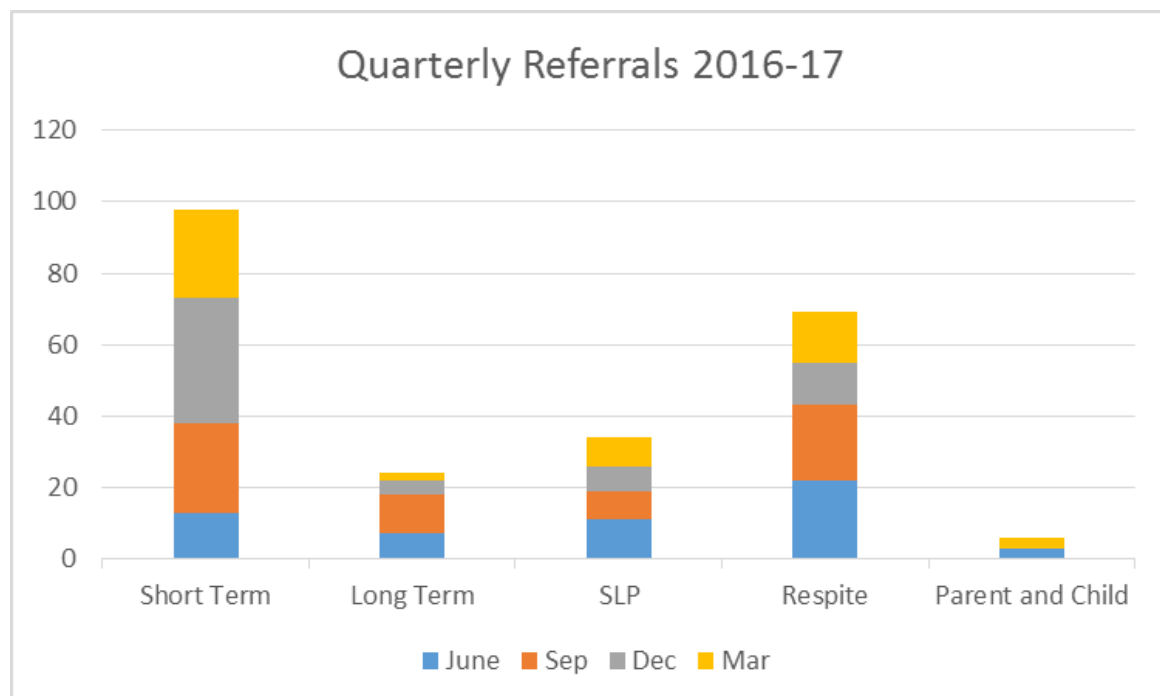
I feel that Ian has given Jack a new dimension to his life, he has new people that he spends time with, people that he likes. Jack is no longer afraid of dogs, he likes Ian's dogs and he likes Ian's children and gets on with his wider family really well.

I no longer have to force Jack to go to respite. In the past, I had to really encourage him to go to the previous respite unit. Jack still says "no Ledbury Road".

Overall, I feel the respite care provided by his overnight short breaks carer has done Jack the world of good and it's a shame there aren't enough carers like Ian. The new service has been brilliant for Jack and our family; we all talk together and that's important, we solve issues together and we are very happy with the way things are arranged.

4. Placement activity

Referrals



The levels of referral activity remain high as last year. There has been a reduction in the number of requests for long term placements through shared learning with referring teams. The levels of respite remain high in order to meet the demands of complex placements and older children in teens.

Children in placement

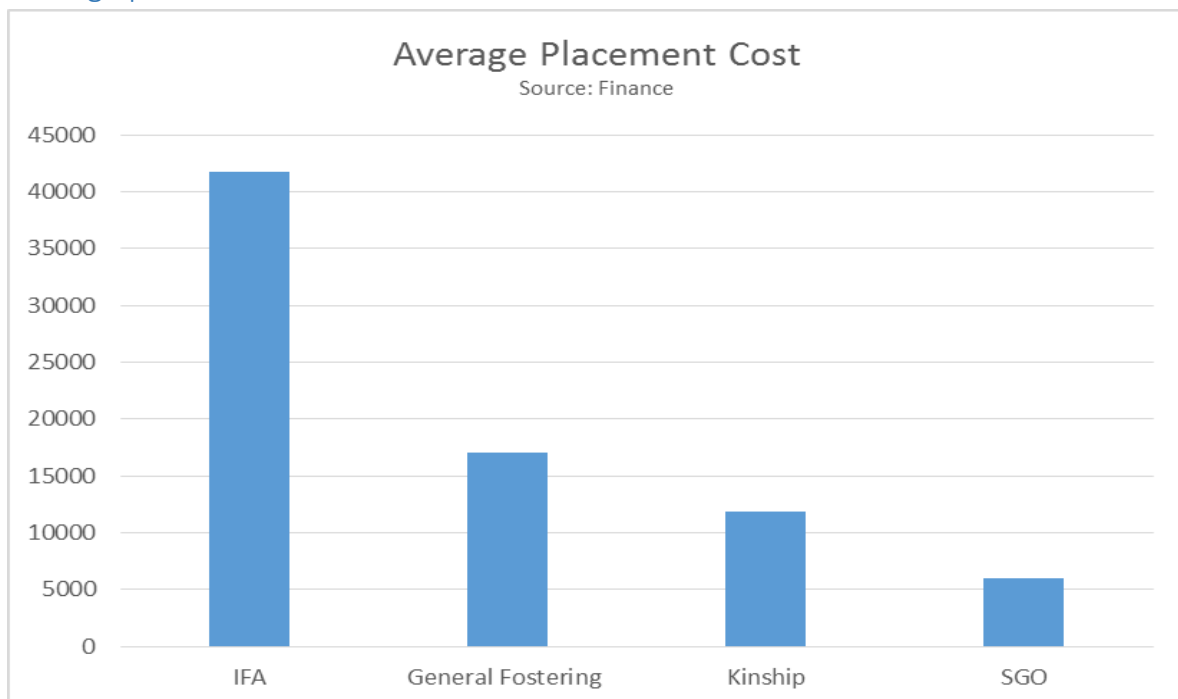
Through improvements within Mosaic and improved data gathering methods quarterly statistical data relating to children in different types of placements will be available over the next year.

LAC numbers have continued to grow and are at 303 children and young people.

Herefordshire figures are high compared with statistical neighbours. We need to improve planning and supporting arrangements to enable children to return to live with family members where this is safe and where appropriate support carers to apply for SGO's.

Proportionately by type national figures are similar to last year at 67% in house, 33% IFA and 8 % residential.

Average placement cost

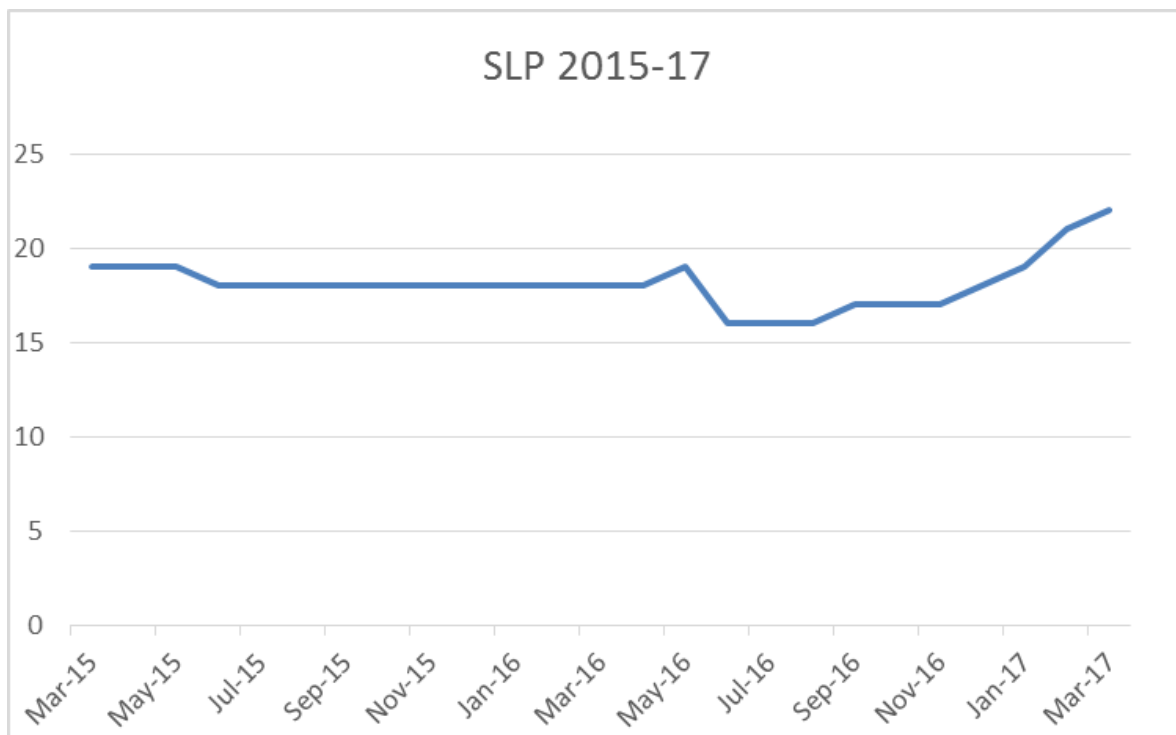


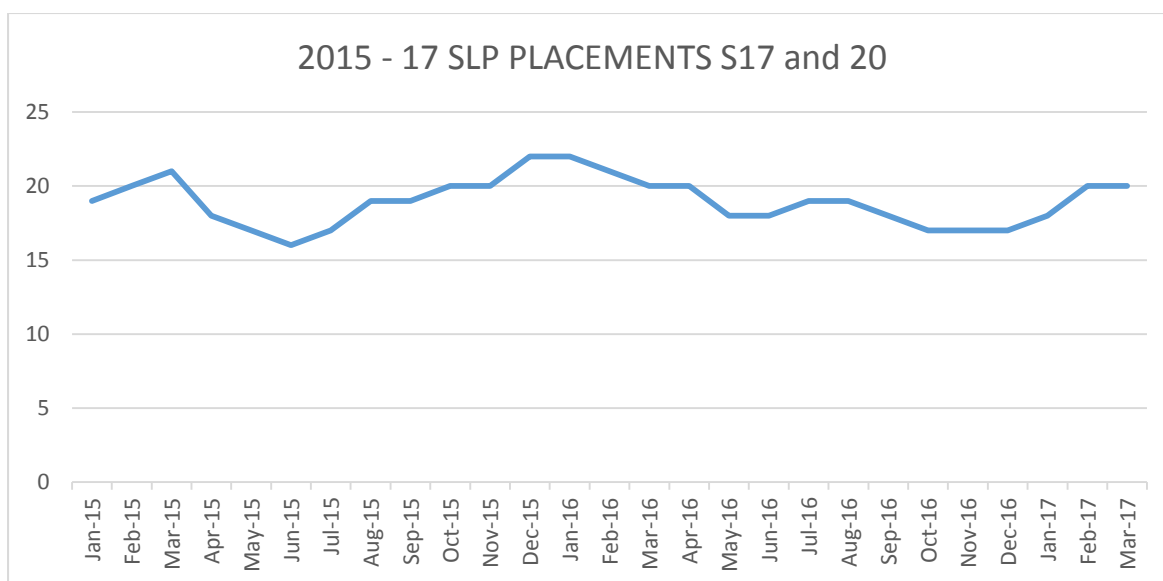
A greater number of looked after children are likely to move from a kinship fostering arrangement to an SGO arrangement more than any other care arrangement. Kinship care arrangements costs on average are £5k less than a general fostering arrangement. The number of kinship care arrangements vary across local authorities. Herefordshire currently has 32 approved households and 3 temporarily approved households, Somerset who is statistically similar has around the same number.

Supported lodgings provider (SLP) and Staying Put carers

Supported lodgings providers have a shorter assessment than General foster carers, but include independent references, health and safety checks and safer carer policy. They are approved by the Agency Decision Maker (ADM) outside of panel processes. Supported lodgings differ from foster placement in that they offer more 'long arm' support and advice and are expected to focus on independence skills and engaging young people in employment and education.

Prior to 2014 there had been no growth in this service and recruitment in 2015/16 just replaced and maintained carers available. In early 2016 some providers retired or ceased providing placements through lack of availability. In August 2016 we undertook a recruitment campaign on the back of the need for more UASC placements and national awareness of the need for placements. This has resulted in 8 new providers and sufficiency targets of 6 households have been surpassed. Three are dual approved foster carers offering SLP to foster placements and or SLP dependent on placement levels of need i.e. mother and baby or matching preference. Four new providers and one emergency resource for temporary homeless young people. This latter has particularly been as a direct response to last years reported needs of the 16 + team and young people's representation to Corporate Parenting panel. These young people have a higher than usual level of struggling to manage when they first move out of foster placements and, as for all our own children, often find 'leaving home' extremely difficult facing higher levels of risk around budgeting, substance misuse, unemployment and unstable relationships.





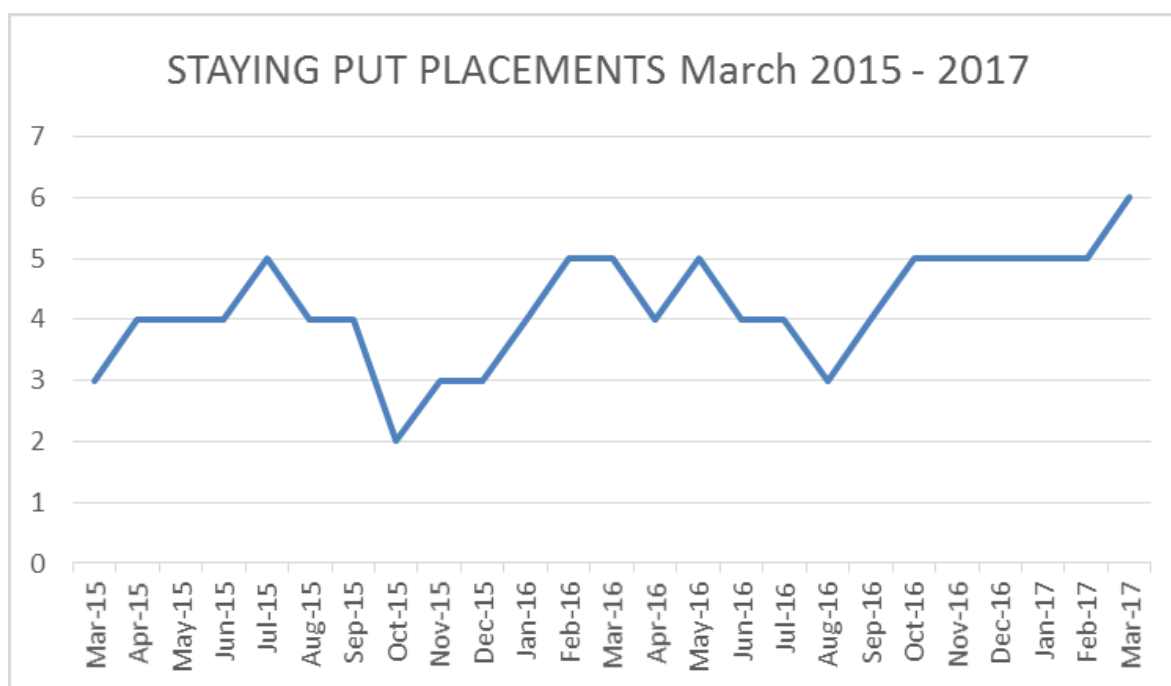
Note this is manual data.

Note this does not include those placements in separate supported accommodation i.e. 2 beds at Bobblestock and UASC shared accommodation.

The number of SLP placements as at March 2017 now includes 2 UASC SLP placements made through the National Transfer scheme with a third placement about to be made. Nationally 13% of LAC over 16 year olds are UASC placements and in Herefordshire this is 15% currently. Plus one young person in a general placement, 4 in an IFA and 3 in a shared house with support.

There has been huge learning around these placements: namely that there has been significant additional support required by providers to help settle young people in and support a high level of health and legal appointments regarding asylum status. One carer has required additional counselling as a direct result of the secondary trauma experienced from a female UASC's disclosures regarding her experiences. We need to review the finance and support arrangements in place due to the level of additional support anticipated. Further training for UASC placements is booked for July and October 2017.

Our SLP fostering social worker is working at full capacity with 17 providers to support, several with multiple placements.



Staying Put activity has shown gradual growth with an overall additional staying put each year (March '15 – 3; March '16 -5; and March '17 – 6 placements). There is an interesting dip in Staying Put placements emerging each summer, possibly because young people find this an easier time of year to move out or the end of college academic years.

Further development work is required with the Housing Benefit team and policy to set up Local tenancy agreements to claim Housing Benefit.

5. Recruitment and Assessments

Analysis of recruitment and assessment activity 2017:

- 184 enquiries received
- 40 applications received
- 17 withdrawn or counselled out
- 23 have gone onto assessment
- 7 of these already approved

There has been learning around our initial screening particularly focussing on health history and fitness to work. A long term difficulty has been trying to encourage GPs to prioritise foster carer medicals, a letter was sent out to GPs in relation to this over 12 months ago and the plan is to repeat this exercise.

6. Fostering panel

The Fostering Panel meets regularly twice a month on average. Since February 2017 Alison King has acted as Independent Chair, with Chris Cooke as Independent Vice Chair, both being social workers with many years' post qualification experience. A pattern has been established whereby Chris Cooke chairs the panel once every two months. Other members of the Central List include a registered

foster carer, County Councillor, representative from the virtual education team, representative from the LAC health team, and staff members from fostering and HIPSS teams.

The panel is independent of the Local Authority and as such its remit is to make recommendations on whether applicants are suitable to foster, and if current foster carers should be re-approved. It also has a quality assurance and monitoring role in terms of the work of the fostering service. The majority of cases heard by the panel are either new applications, including from 'connected persons' (relatives or friends of the child/ren), and first reviews of foster carers, but panel also considers reviews post allegation, brief reports (where a concern has arisen partway through an assessment) and a variety of other matters. During the year the panel has considered some highly complex and contentious situations, some of which have resulted in a request by the applicants/foster carers for an independent review by the Independent Review Mechanism.

Feedback is sought from all those whose cases are presented to panel and is generally positive. The implication of negative feedback is carefully considered, and panel adjusts its conduct where necessary. Panel provides feedback on assessment reports presented to it, and over the last year has found these to be overwhelmingly of a good or excellent standard. Other matters of concern relevant to the operation of the panel are fed back directly to the LAC Head of Service as Agency Decision Maker.

7. Training

- Managers training programme during 2016-17 is currently being reviewed and will recommence during 2017-18
- Managers, and the Senior Practitioner completed the NSPCC Safeguarding Supervision course
- Gypsy and Romani Traveller training
- Serious Case review child H training
- Mandatory on line training, including Mosaic update
- DDP training for 2 members of staff
- All foster carers undergo the Preparation to Foster training, and Induction. Mandatory training is monitored through formal supervision and the annual review process. However it is difficult at the moment to have clear numbers attending all of our courses due to loss of business support data gathering and co-ordination of course.
- Additions to the fostering programme have been PREVENT and HIPSS training including direct 1-1 consultations

8. Performance and quality assurance

Analysis regarding relevant KPI's i.e. placement stability

Approved Carers 2016-2017	Q4	Q1	Q2	Q3	Q4
General foster carers	99	102	101	107	104
Kinship foster carers	34	32	34	34	32
HIPSS carers	8	8	6	7	7
Supported lodgings providers	18	19	17	19	22
Overnight short breaks carers	0	3	5	5	5
Regulation 24 carers	7	5	3	2	3
TOTAL	166	169	166	174	173

Complaints

4 complaints were made by foster carers during the period. 1 upheld in relation to communication between the Fostering and LAC teams. 1 not upheld and responded to by another service. 2 related to confidentiality breaches made by foster carers.

3 were made by young people - 1 relating to respite arrangements, 1 relating to identifying an acceptable SLP placement, 1 relating to house rules. All were resolved with the young people at an informal level.

2 complaints made against the fostering service in relation to finance and nursery fees both not upheld.

2 complaints made by birth parents neither upheld.

Key learning from above is for example communication with the LAC team, joint learning lunches are now taking place.

LADO

Referrals to the Local Authority Designated Officer (LADO) – 4 during the period. 1 is serious with an ongoing police investigation. 1 substantiated – foster carer reported the incident, risk assessment completed; 1 unsubstantiated further support put in place around behaviour management; 1 substantiated – planned changes to care arrangement after a period of support and family support.

Fostering Approval Decision Appeals

2 Independent Review Mechanism (IRM) appeals made by Kinship Foster Carers – both recommended approval, both sets of carers were able to evidence positive change by the time the appeals were heard.

Special Guardianship Allowance Appeals

The SGO allowance policy was reviewed and there were a number of phone calls that came into the Fostering service in relation to the policy that were dealt with at the initial point of contact satisfactorily. There were 5 formal appeals and a query from an MP. One appeal may remain unresolved at this point as we are awaiting the completion of a Means Test form that was sent out in March this year.

Compliments

Below is a small sample of 17 compliments formally received during the period. Recognition of achievements and good practice is very important and alongside the formal recognition of social work good practice we have now introduced a better way of recognising and celebrating our foster carers work, for example celebration event to be held during the Foster Carer Forum in May.

“I was impressed with the way you supported the kinship carer (grandmother) at the LAC review”

“Thanks for all your time and support you have given us over the last few months. You have been an amazing Social Worker and appreciate the support during the SGO.”

“I just wanted to give some feedback to you regarding foster carer and wanted to let you know that the move was extremely positive and described by staff as “a joy to be a part of”. This was as a result of foster carer absolute professionalism and child led approach and the excellent rapport that was established with the adopters.”

“Legal are very happy with the Kinship Reports... he referred to them as ‘fabulous’ so well done you all”

“It has been a pleasure to complete an assessment visit with you because I have really valued your expertise and experienced eye for assessing potential carers emotional responses in addition to their verbal responses.”

“Thank you so much for family support workers help. She has been great this morning and given me some good strategies to try, and a better understanding of child's needs.”

9. Key achievements during 2016-17

- Having an overall 10% increase in the number of carers from 131 at 31.3.2016 period, we end this period 31.3.17 with an overall total of 144 carers despite restructuring, moving offices, some staff vacancy and the retirement and resignation of some carers (due to moving to SGO, Staying put, reunification of child(ren) change in family circumstances
- New model of family support – every newly approved carer has an allocated family support worker to help with the reality of having a first placement.
- Growth in over-night short break, Supported Lodgings (from 18 to 22 as a %), Homeless and UASC provision
- Increase in mother and baby provision
- Implementation of the Special Guardianship Allowance Policy
- Formation of SGO and SLP support groups
- Stability of staffing particularly following restructure, including management team
- Implementation of consolidation meetings to prevent placement disruption
- Better mechanisms for recognising and celebrating good practice from our foster carers
- Positive transition from Moor House

10. Key priorities for development during 2017-18

- Training – Solihull facilitators course for the 2 family support workers, DDP Level 1 & 2 for staff, joint training with HIPSS Impact of Trauma on Development, co-learning with LAC and Adoption
- Increasing the number of carers to meet demand for placements
- Increase in special guardianship arrangements for LAC
- Further improve placement stability and support carers to offer permanency to children
- Supporting increasingly challenging placements
- Recruitment campaign to continue to develop HIPSS provision
- Developing policies and procedures particularly the Foster Carer Handbook
- Improving placement data gathering/statistical data

Guide for Young People looked after by Herefordshire



HEREFORDSHIRE
COUNCIL

This leaflet is a guide for children and young people who are looked after by Herefordshire Council. It is the young people's version of our Statement of Purpose for the Fostering Service.

You can fill some of it in yourself.

The most important things you should know are that while you are being looked after, you should be:

- Provided with the help you need;
- Protected from harm;
- Treated with respect and dignity;
- Consulted on your views; and
- Helped to participate in decisions about you.

What do we Aim to do?



We aim to provide the best care possible for you.

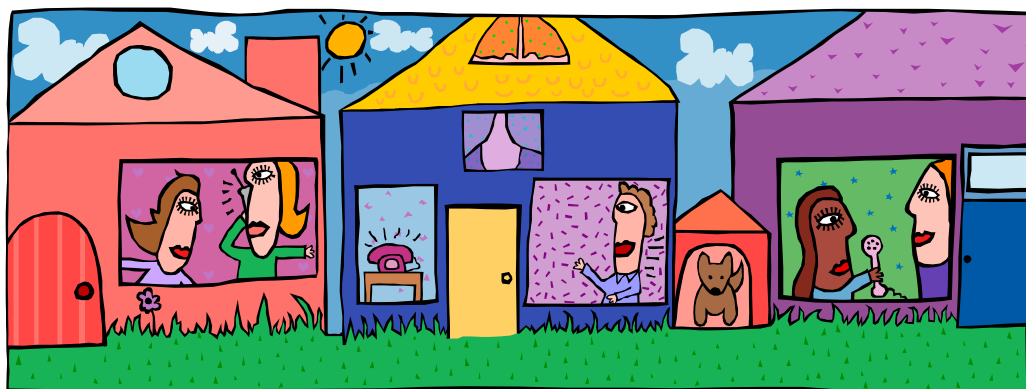
Some children need to be looked after for just a short while and some a longer time. Some need to be the only child in the family, others need to be with their brothers and sisters.

Some children need special help to sort out their problems, and when they are older, need help to get ready for living on their own or going off to college. It is our job to make sure a plan is made with you to meet all your needs however old you are.

We will always try our best to see that you are well looked after and that you are happy. Herefordshire Council works hard to find families who like fostering so we can choose the best family for you.

Who are foster carers?

Foster carers are single people or couples who are chosen especially to work with children and young people and look after them when they are not able to live at home with their family. Sometimes they have children of their own, sometimes their own children have grown up and have left home. What they all have in common is that they care about



making life better for children and helping them through the difficult times.

Our foster carers live in all sorts of places. Some are in the country, and some are in towns. We will do our best to make sure that your foster family is one that meets your needs. They cook you the food that you like, help you to buy the clothes you need, have fun with you, teach you new skills and help you when things go wrong.

Some of the things
Young people in care
have told us about

Foster carers



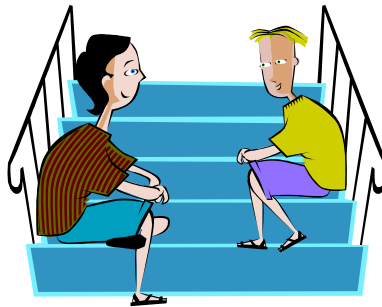
“They listen, talk to
you, help you
through
rough patches”.

“Let me have fun: play
snooker; help me
understand”.



**“Go out when my brother comes;
Kind to me”.**

**“Take me shopping; make me
happy when I am sad”.**



“Someone to talk to”.

**“Look after me and feed
me well”.**

Answers to some questions

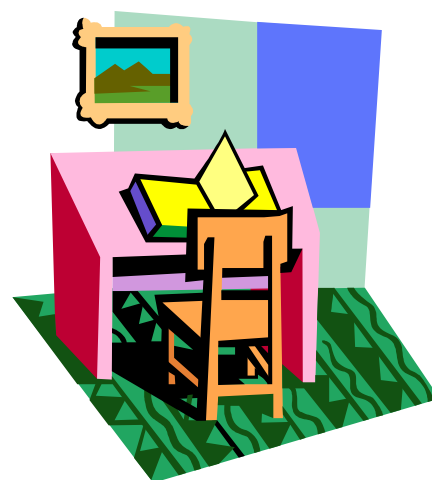


WILL I BE SAFE?

Everyone who works for Herefordshire Council, whether they are foster carers, social workers, teachers or managers, has a duty to protect and support children. We will do our very best to do this, and we all have special training to help us do our jobs well.

WHAT ABOUT MY EDUCATION?

We believe that your education is very important. We will work with your school to make sure you get all the help and support you need. In addition, there are teachers who have a special interest in the education of young people who are in care. They are part of the Education Liaison and Support Service (ELSS) and work closely with you and all those who are involved in your care.



WHAT ABOUT MY HEALTH?

We will make sure your health needs are met and you get all the advice you need to stay well.



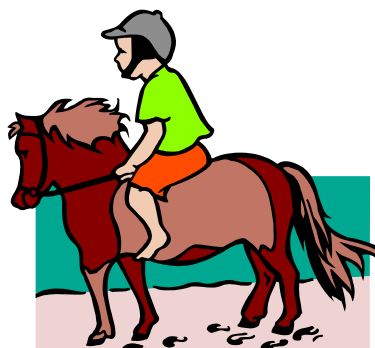
Some children and young people need special help because they have a disability. Whatever your needs, we will make sure you get the right support and help in your foster home and at school.



HAVING A GOOD TIME?

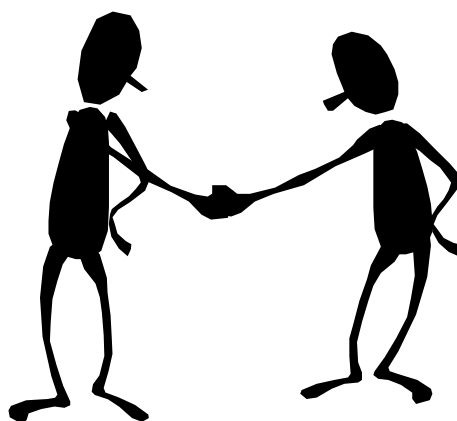
We also think that having a good time is important

We will help you to join clubs and do things you enjoy.



RESPECT

Everyone who is involved with your care should have respect for your views. If you have a different religion or culture from your foster family you will be supported in observing your own customs and beliefs.



BULLYING

All children and young people have a right to be protected from being bullied.

Remember bullying is not just about someone threatening to hurt you physically, but also being made fun of or being made to feel small in any way. If this happens to you we will make sure you are listened to and helped to make it stop. We have an Anti-Bullying Strategy, and everyone who works with you has a responsibility to make sure it is working well.

What can I do if I am not happy?



If you are not happy for any reason in your foster home there are always people you can talk to. Sometimes you may be worried about something you don't like in your care plan or about your foster home. You may be upset by something that is going on at school or somewhere else.

The most important thing to do is to talk to an adult you can trust. This might be your foster carer, your social worker or your teacher. Whoever you choose will listen to you and try to help you sort out the problem.

If you want to speak someone independent you can contact either Roger Morgan (Children's Rights Director) at www.rights4me.org or on 08005280731, or Ofsted on 030001231231

My social worker's name and telephone number is:

My foster carer's name and telephone number is:

My teacher's name and telephone number is:

Names and telephone numbers of people in my family are:

Space to write any other names, numbers or notes you might need.

Children's Rights & Advocacy Service

Any looked after child can ask at any time to see an advocate. This is an independent person who can help you if you have any problems you don't feel you can discuss with your social worker or if you would like help getting your views across at your review.

When you became looked after you will have received a Pack-Attack Box containing lots of useful information, including how to contact an advocate.

If you speak to an advocate everything you say to them will be kept confidential. They won't give their opinion or say what they think they will only say what you think on your behalf. An advocate will listen to you and make sure what you think and want is heard and listened to.

The only time an advocate will tell anyone else about what you say is if you or another child are being seriously harmed, or might be if nothing is done.

Contact number the Advocacy Team on Freephone 0300 330 3131

If you need to talk to someone out of office hours you can contact the Emergency Duty Team on 01905 358116. You can also make a Freephone call to Childline on 0800 11 11 - open 24/7.

Also if you wish to make a complaint about something an advocate will be able to help you to do this. However if you do wish to make a complaint directly you can contact the Customer Insight Unit on 01432 260535.

A Reminder:



If

- ☹ You're fed up or unhappy
- ☹ People aren't listening to you
- ☹ Someone is treating you badly

Talk to some you trust:

- ☺ The people who look after you
- ☺ Your social worker
- ☺ A member of your family or a friend
- ☺ Your teacher
- ☺ The Children's Right Officer

Herefordshire Council Fostering Service 2017

Statement of Purpose

OFSTED Registration: URN - SCO56304

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1. Introduction
2. What the fostering service aims to do
3. What are the objectives of the fostering service
4. Who makes up the fostering team
5. What types of fostering do we provide
6. Fostering panel and recruitment
7. Principles and standards of care
8. Complaints, Monitoring and Supervision

Introduction

This statement has been produced in accordance with the Fostering Services Regulations 2011. The statement outlines the aims and objectives of the Fostering Service and the services and facilities provided by the Fostering Service.

It is made available to staff of the organisation, foster carers, children and young people, parents and other professionals. It is reviewed on an annual basis and revised to reflect any changes as necessary.

What the fostering service aims to do (objectives)

Herefordshire council aims to develop and provide a high quality, comprehensive and integrated service that delivers excellent outcomes for children and young people in our care.

- To ensure that children are securely attached to carers capable of providing safe and effective care for the duration of their childhood.
- To ensure children are protected from emotional, physical and sexual abuse and neglect.
- To ensure children receive the education, health and social care they need to maximise their potential.
- To ensure that the services provided are flexible, responsive and supportive of carers.

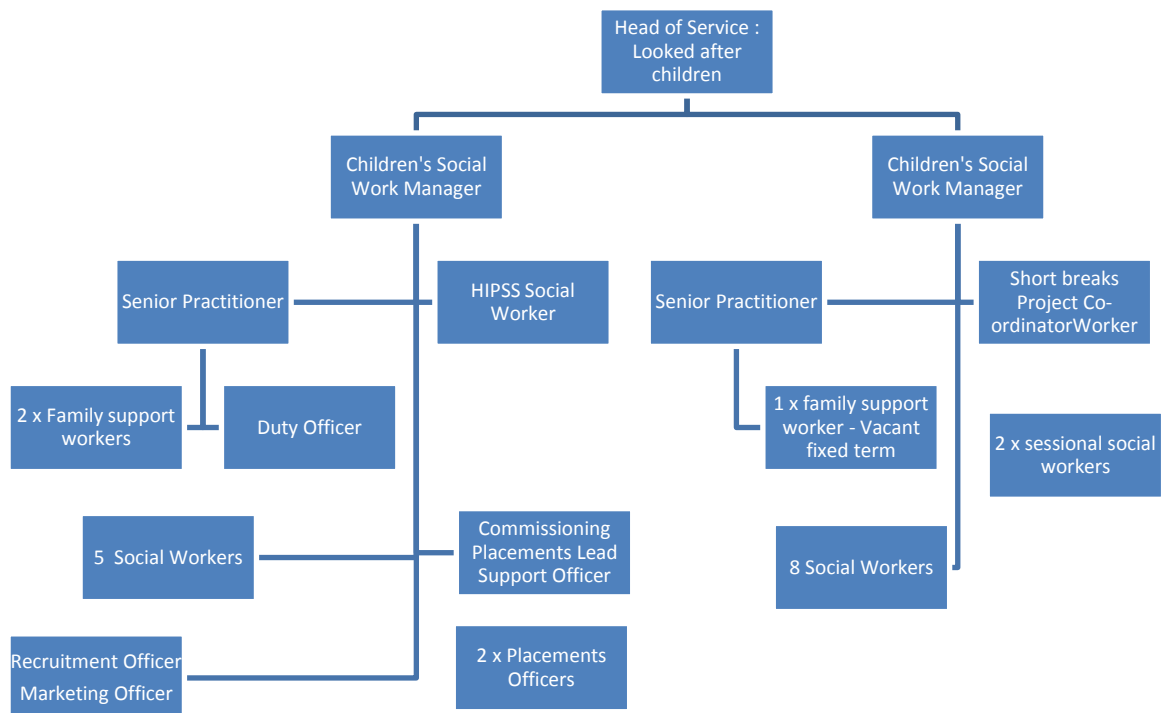
What the fostering service aims to do (objectives)

Our aims are underpinned by the National Minimum Standards for fostering to provide Herefordshire looked after children with appropriate foster placement provision primarily in Herefordshire.

- To ensure the views of children, parents and carers are sought and taken into account, having regard for their age and understanding, in the continuous development and improvement of the service.
- To take the wishes and views of children and young people seriously and to enable them to be part of any decision making process that affects them.
- To recognise the importance of and support appropriate levels of contact with family and community as is consistent with their welfare and care plan.
- To recognise and value the diverse nature of the community it serves and proactively engage with the local community to identify potential carers.
- To ensure there is a sufficient range of safe and appropriate placements available for the Looked After Children in Herefordshire.
- To actively monitor and supervise all placements to ensure children are safe, their needs are met and they are making progress to achieve positive outcomes.
- To contribute to and ensure effective multi-disciplinary and partnership working to meet the health, educational and social needs of children within placements.
- The service operates within the framework of equality of opportunity and anti-discriminatory practice. Children will not be discriminated against on the grounds of race, culture, religion, language, age, gender, sexuality, disability or social class in terms of service provision. Wherever possible children are matched within their own cultural, racial, linguistic and religious communities, and where this is not possible, plans must be put in place to keep the child's culture alive for them.
- Children with disabilities are to be placed in an environment that recognises and caters for their disability, and at the same time promotes their social inclusion.
- To ensure staff and carers are well trained and competent in delivering a quality Fostering Service, including opportunities for continued learning and professional development. To ensure all staff and carers have completed safeguarding checks and have a valid DBS.
- To provide all staff and carers support and supervision with clear lines of accountability and management.
- To provide each Foster Carer a named allocated Supervising Social Worker.
- To operate clear administrative records and financial management systems pertinent to the running of the service, including the maintenance of comprehensive and up-to-date records on all children placed.
- To ensure all complaints and allegations against carers/staff are investigated under departmental procedures in a timely fashion and lessons learned filter to improvements in future practice.

- The Fostering Service operates a Fostering Panel that provides a quality assurance role with regards to the recruitment and review of Foster Carers and Foster placements. The panel will ensure the welfare and safety of children is paramount in all decision making.
- Through the recruitment programme, specific training and supervision, foster carers are expected, with support, to give each child placed the best life chances available to them and an opportunity to be safe and secure, achieve in education, health, relationships and transitions to independence or moves back home to birth families.
- To meet the growing need for the fostering service to provide effective and prompt assessments of 'family and friend'.
- For those children who require external specialist placements (IFA or Residential placement), a referral is made to the commissioning team who aim to source and identify potential placements, working in collaboration with the child's social worker.
- A HIPSS (Herefordshire Intensive Support Scheme) has been commissioned from Action For Children and in-house fostering HIPSS project Co-ordinator to assess and meet regulatory requirements in relation to HIPSS carers to meet the needs of more challenging placements and reduce spend on IFA and Residential costs.
- We have continued to develop supported lodgings (16+ placements) and to recruit accordingly to provide placements for those young people who present to social care with needs that are additional to housing accommodation.
- To ensure assessment of carers seeking to provide permanency for children via special guardianship orders is completed effectively and efficiently.
- To ensure special guardians assessed support needs are met and to review at least annually.

Who makes up the fostering team



What types of fostering do we provide

Short term or long term care

A child might come into care because of an illness or accident or a serious incident at home. Whatever the reasons, social services will be working with the family to resolve the issues so that the child can return home as soon as possible.

Brothers and sisters

Wherever possible siblings should be placed together. For many foster children, the relationship with their brothers and sisters is what they value most when separated from their family and staying together is very important.

Disabled children

We need carers with experience of caring for children with physical or learning difficulties and other additional needs.

Parent and child

We need carers who can help to give extra support in their home to new parents and their babies, particularly teenage mums.

Long term fostering

Some children are unable to return to their families. They will require a stable, long term fostering placement until they reach the age of 18 or beyond.

Family and friends

Family and friends carers play a key role in allowing children to remain living with adults that they know and trust if, for whatever reason, they cannot live with their birth parents. In such cases Herefordshire Council is committed to ensuring that, where possible, a child or young person can remain living within their own family network.

The support that family and friends carers receive is critical to the success of any placement.

Herefordshire Intensive Placement Support Service (HIPSS)

Herefordshire Intensive Placement Support Service (HIPSS) is a new therapeutic fostering service to children and young people looked after by Herefordshire Council with the most complex needs that would normally need to be cared for in residential care, away from their local communities and networks.

Therapeutic foster care gives children and young people who have experienced significant trauma in their lives an opportunity to overcome adversity and have the chance to form stable and secure relationships with their carers and live appropriately ordinary lives.

HIPSS is a dedicated friendly, creative team of professionals from psychology, education, social care, fostering and youth work. We work with children and young people aged 7-18 years with complex needs.

Supported Lodgings Placements

Young people often need support with becoming independent. Especially those people who have lived in care or have been homeless. Supported lodgings provide a safe place for them to become confident and learn about living as an adult: Carers who can inspire and provide them with an environment to help them build independent living skills and help them build a positive future.

Unaccompanied asylum seeking minors

For young people who have experienced significant trauma on their journey to the UK.

Private fostering

Private fostering is when a child or young person under 16 (or 18 if disabled) goes to live for 28 days or more with someone who is not a:

- Parent (including step parent)
- Legal guardian or person with parental responsibility
- Close relative (like grandparent, brother or sister, aunt or uncle)

Fostering Panel and RecruitmentThe Fostering Panel

Hereford operates its own Fostering Panel for the approval, review, registration and deregistration of carers.

The Fostering Duty Service

A Duty Social Worker is available throughout office hours. The purpose of this service is to identify placements for looked after children and support carers in times of crisis when their own supervising social worker is not available.

Fostering Family Support Worker

Herefordshire Fostering service has developed a family support worker role, who is available to provide outcome focused, direct work with children, young people and their carers. Trained in the Solihull Parenting Approach she is able to further equip carers to meet the needs of the children in their care.

The Recruitment Service

The Marketing and recruitment officers are responsible for providing a recruitment strategy to respond to service needs and ensure we have sufficient placements for those children in need of Foster placements. This service involves marketing and advertising for foster carers at events and using websites and social media resources. The recruitment officer undertakes initial assessments, checks and references – known as Stage 1 checks - to determine if an applicant meets the criteria required. The fostering social workers complete Form F assessments of those applicants in preparation for presentation to the fostering panel.

16+ placement providers are recruited and are subject to an assessment by the Supported Lodgings social worker that is then verified and approved by the fostering service management team.

The Training Service

The fostering team provides training for foster carers both prior to and post their approval.

Preparation training is carried out over three full days and covers basic underpinning knowledge and experiential learning relevant to the task of fostering. The course is underpinned by the seven

Training Standards that carers are expected to meet in the first year of their approval, these standards are:

1. Understand Principles and Values
2. Understand your role as a foster carer
3. Health, Safety and Healthy care
4. Know how to communicate effectively
5. Understand the development of children and young people
6. Safeguard children and young people
7. Develop yourself

Carers are expected to meet with their supervising social worker within 6 weeks of approval and develop their Personal Development Plan in line with the Training, Support and Development Standards. It is at this stage that carers will discuss with their supervising social worker what they need to do to meet the standards within the first year of their approval.

There is a programme of training for carers who are engaged in the fee payment scheme and who wish to progress through from level 1 at approval to level 3.

The training programme currently offers the following workshops

- Diversity
- First Aid
- Safeguarding
- Induction
- Solihull 12 week
- Legal
- Healthy Matters – (age related)
- Education
- Attachment
- Record Keeping and Reflective practices
- Safe Caring
- Behaviour Management
- Working as part of a team
- Life story work and Memory box
- Contact
- Domestic Abuse
- Improved Economic Wellbeing for Looked After Children
- Drug awareness
- Foetal Alcohol Syndrome disorder
- ADHD and Autistic Spectrum – when available from partner agencies
- Social Networking
- Parent and Child Placements
- Alcohol Awareness
- Sexual Health Awareness
- Allegations
- Moving Children Onto Adoption
- Prevent
- Data Protection
- Family Finding
- SELFIE – Sexual Exploitation

- Foetal Alcohol Syndrome
- Appropriate Adult
- Positive Handling
- Impact of Domestic Violence
- Sexual Abuse.
- Pathway planning for older teens
- Attachment in teens & Trauma Attachment and Learning
- Dealing with Anger
- Appropriate adult training
- Hidden Minorities
- Unaccompanied Asylum Seeker Training
- Practice Issues Group
- Memory Box
- Gypsy and Traveller Children
- E safety and social media
- Self care and wellbeing for Foster carers
- Emotion Coaching
- Literacy Difficulties and Dyslexia
- Attention Concentration and ADHD
- TISS – bespoke training – working with families, sexualised behaviour, therapeutic play, self harm, child development and working with challenging behaviour
- NYAS advocacy
- Forum - annual

Carers are expected to undertake Safeguarding, Diversity and First Aid as Mandatory courses and will be expected to attend a refresher course at least once every three years for safeguarding and first aid.

The fostering service offers carers the opportunity to further their skills and knowledge by accessing Solihull training within the first three years of approval.

Any individual training identified for carers within their supervision will be considered by the fostering service manager and where appropriate to meet the needs of the placement, carers will be given the opportunity to attend individual training events.

Family and Friends carers equally have access to all training events and are actively encouraged to attend. Specific training for kinship carers is to be offered in recognition of the specific issues affecting them and their family.

Support Groups for Carers and Birth Children

The fostering team provides carers with the opportunity to attend support groups which is facilitated by a fostering social worker and provides a forum for debate, guest speakers and informal support.

A practice issues Group offers experienced carers a more intensive bi-monthly discussion group.

A Stay and Play group for carers with under fives also meets weekly to enable carers and young children have social interaction.

There is also a support group led by fostering social workers for birth children which is known as FISS, providing birth children with the opportunity to meet with other birth children and share their feelings and views about the impact that fostering has on them.

Support to Approved Carers

Approved carers are allocated to a supervising social worker who supports and supervises the carer and their family. This supervision is underpinned by relevant legislation, the standards and the Fostering Regulations.

Carers are supported and assisted by supervising social workers to manage the complexities of caring for a looked after child which includes support to attend any professional meetings, advice and guidance on attachment issues, managing difficult behaviour and placement issues. Supervising social workers will help carers to manage contact issues with birth families and support any contact where appropriate.

Formal supervision will take place with every approved carer at least three times a year and a record will be kept on their file, signed by the carer, social worker and team manager. Regulations require an unannounced visit is undertaken annually and the Fostering service strives to complete 2 per annum to improve Standards.

Throughout the carers' first year reports and progress is recorded: an annual report is prepared by the supervising social worker which is presented to panel for consideration. Subsequent years are undertaken as part of a home review with return to panel every 3-4 years or if areas of concern require Panel scrutiny. In all cases a recommendation is then made by the panel for the carer in relation to their approval status.

Children and Adolescent Mental Health Services

A Clinical Psychologist provides advice to foster carers and social work staff on all aspects of behaviour, attachment and mental well-being through the HIPSS team as part of the TISS Service. Herefordshire Children and Adolescent Mental Health Service may also be available for children in the care of the Herefordshire Fostering Service.

Education

All children Looked After by Herefordshire Council are encouraged to access educational opportunities and develop to their maximum potential. The Education Liaison Service provides advice, guidance and additional curriculum support to all foster carers and children. All children in foster care should have access to a home computer and relevant educational software. Foster carers have a special link to reading schemes such as 'Letterbox'.

Health

The physical health needs of children are monitored by the Medical Advisor to the Fostering Service. Each child placed is registered with a General Practitioner. The Wye Valley NHS Trust has employed 2 specialist LAC nurses (1.5 fte) to assist in meeting the health needs of Looked After Children.

Direct works Service

This service manages and supervises contact for many Looked After Children. Intensive support to support re-unification plans and prevent placement breakdown is also being developed.

STEPS

A number of sessional workers are available for specific pieces of work with a Looked After Child and can be accessed to provide support to young people to assist in maintaining placements.

Complaints, Monitoring

Complaints, Compliments and Comments

All Local Authorities are required to have complaint procedures under the National Health Service and Community Care Act 1990 and also, where children are involved, under the Children Act 1989.

We want everyone to be satisfied with the service they receive from Herefordshire Fostering Service and the complaints procedure in this authority can be instigated by anyone who is dissatisfied with the service they receive. Young people can also enlist the assistance of the Children's Rights and Advocacy Worker. NYAS

Herefordshire Council has a complaints procedure, which is communicated to all service users and to foster carers, Looked After children and their families.

Allegations

All allegations of abuse made by children against foster carers or members of a foster carer family will be thoroughly investigated. Hereford's Safeguarding Board procedures for handling allegations are followed in all cases. The investigation of allegations against foster carers will be evidence-based and the decision of how best to proceed will be made in the best interests of the child. An independent Advice and Conciliation worker from Fostering Network is made available to support foster carers throughout the process. All foster carers receive the ongoing support of a Fostering Social Worker. A clear distinction is made between an allegation of harm and a concern regarding standards of care.

Confidentiality and Conflicts of Interest

Foster carers are provided with information about the children placed with them and expected to observe high standards of confidentiality. As an agency we maintain records on both foster carers and Looked After Children who are subject to national standards and Data Protection legislation. Staff and foster carers are expected to declare any potential conflicts of interest.

Foster Carers Charter

Herefordshire Fostering Service is committed to providing and promoting safe, stable and nurturing placements where the outcomes and life chances are positive for looked after children. In order to achieve this it is important to have a working relationship which is based on trust and respect among all children services that are involved in the care of the child.

The service has worked in partnership with foster carers to achieve the charter which was launched in 2012. The charter explains what the roles and responsibilities of the service and the carers towards each other and the children we care for.

Foster Carer Representatives.

Over the last 3 years we have developed the election of Foster carer Representatives to meet with the Team Managers on a monthly basis to liaise over key issues and improve communication between the fostering service and all foster carers – general, HIPSS and kinship. A quarterly Newsletter is produced and support group activities planned.

Monitoring

Herefordshire Fostering Service produce quarterly and annual reports. These are presented to the lead member of the Council along with the Senior Management Team at the Corporate Parenting

Panel who act for the executive. Quarterly reports are also provided to the Looked After Children Practise Operational Group (LACPOG).

Other monitoring includes staff supervision linked to the appraisal system, 3 formal supervision a year to foster carers, annual reviews, the fostering panel, feedback from training sessions, case recording and practise audits.

Evaluating the Service

The information gathered through quarterly and annual reports, audit, inspections and customer feedback is evaluated by the managers of the fostering service, to judge its ongoing effectiveness and make changes where necessary.

The Fostering Service is also subject to formal inspection by Ofsted and inspections usually take place every three years.

Bullying

Bullying can disrupt an individual's personal, social and educational achievements. It is recognised that Looked After Children, because of their circumstances, are particularly vulnerable and the Fostering Service requires that steps are taken to prevent bullying by ensuring that foster carers and social workers understand what bullying is and the impact it can have on a child / young person's life. It provides advice and guidance on how best to deal with situations where bullying is occurring in order to help everyone involved with the child / young person remain alert to bullying behaviour both inside and outside the foster home.

Behaviour Management

Guidance on managing behaviour is made available to all foster carers through training, ongoing supervision and as part of the 'Discipline Sanctions and Rewards' section. No form of corporal punishment is permitted to be used on any child placed with a foster parent. No child placed with foster parents is subject to any measure of control, restraint or discipline which is excessive or unreasonable. Physical restraint is used on a child only when it is a last resort and is necessary to prevent likely injury to the child or other persons or likely serious damage to property. If such a risk is identified appropriate training in physical restraint is provided to the foster carer. All carers are to be trained in positive handling, care and control with an emphasis on de-escalation

Recruitment, Pre-Approval Training and Support of Prospective Foster Carers

The Fostering Service provides a range of services to local people who enquire about becoming foster carers.

The following is a summary of the recruitment, assessment and approval process:

- Publicity and promotion of foster care to attract new foster carers is continuous throughout the year.
- Prospective carers are provided with information about foster care within 48 hours of making the request.
- Prospective carers who wish to have further information will be visited by a Fostering Social Worker within 10 days. Stage 1 checks are completed and if concerns arise the

Team manager must respond within 10 days to inform prospective applicants their application will not progress to Stage2 assessment.

- Full statutory checks and references are undertaken on all applicants and CRB checks on any other adult in the household over the age of 16 years.
- All applicants complete a full medical questionnaire (British Agencies for Adoption and Fostering (BAAF) Form AH), which is made available to the agency Medical Advisor for comment.
- Applicants are enrolled in pre-approval training, which occurs prior to or concurrently with the Form F assessment, whichever provides the timeliest service. This training opportunity is also available to Kinship/family and friends carers. This is now planned for every two months throughout the next 2 years
- Assessments are undertaken by a qualified Social Worker in accordance with fostering service regulations and are completed using BAAF Form F.
- All applicants are invited to attend the Fostering Panel, which makes a recommendation to the Agency Decision Maker on the terms of their approval.

Support and Supervision

All foster carers are supervised by a Fostering/ supervising Social Worker. All new foster carers have an allocated family support worker.

All foster carers have access to support groups. There are currently three support groups in operation as described above including a Special Guardians support group.

A Duty Fostering Social Worker is available throughout office hours. This is the first point of contact for all enquiries for fostering and requirements for placements. Outside office hours, foster carers can access the Herefordshire and Worcestershire Emergency Duty Team.

- Foster carers have access to Herefordshire Education Liaison Support Service for advice and support to ensure children's educational opportunities are maximised.
- HALO leisure vouchers can be used for all Looked After Children and a discount service is available for foster carers and their families to use Herefordshire's leisure facilities.
- Foster carers who require respite on a planned basis can access respite services from other foster carers.
- A 'buddying' system is facilitated by Fostering Social Workers between experienced carers and newly approved carers.

- Foster carers are provided with the Foster Carers' Handbook covering all aspects of fostering, together with a diary and the equipment required to record and store confidential records about individual children.
- Annually, a Foster Carer Forum is convened to celebrate and inform the work of Herefordshire foster carers in partnership with elected members, officers and fellow professionals. The forum also provides a multi-disciplinary training event and a social opportunity for carers.

Ongoing Reviews of Foster Carers

All carers are reviewed annually and their continued registration is considered by the Fostering Panel, which makes recommendation to the agency decision maker as to the terms of their continued registration. Minutes of home reviews are noted at the fostering panel.

Approval and Review of Statement of Purpose

This Statement of Purpose has been formally reviewed and up dated as of July 2015. It has been distributed to the following agencies/departments:

- OFSTED.
- The Herefordshire Council Website.
- Foster Carers.
- A children's version has been produced for dissemination to all children using the service.

Contact Details of Ofsted:

Piccadilly Gate 4
Store Street
Manchester
M1 2WD

Tel: 0300123 1231

Email: enquiries@ofsted.gov.uk

APPENDIX A : Legislative and Regulatory background:**Principles and Standards of care**

The Fostering Service seeks to ensure that its policies, procedures and practice comply with the following:

- Children Act 2004.
- Children Act 1989.
- National Minimum Standards 2011 (Care Standards Act 2000).
- Fostering Services Regulations 2011
- U.K. National Standards for Foster Care (Fostering Network 1999).
- Care Planning Regulations 2010.
- Care Planning, Placement and Case Review and fostering Services (Misc amendments) Regulations 2013
- Code of Practice on the recruitment, training, management and support of foster carers (Fostering Network 1999).
- Training, Support and Development Standards (CWDC)
- Foster Carers Charter

Appendix B: Aims and Principles of the Fostering service:

The Fostering Service:

- Seeks to provide a sufficient choice of placements for all Looked After children wherever possible.
- Seeks to provide or commission placements with foster carers for all Looked After children who require placements in a family setting.
- Respects the ethnic origin, cultural background, religion and language of children and foster carers.
- Seeks to work in partnership with all those involved in the care of Looked After children, including children, their families, foster carers and Social Workers.
- Recognises that children with disabilities may have additional special needs for placement.
- Recognises and seeks resources and specialist provisions for those children who need it.

- The central importance of the child's relationship with their foster carer should be acknowledged and foster carers should be recognised as core members of the team working with the child.
- Children in foster care deserve to be treated as a good parent would treat their own child/ren and to have the opportunity for as full an experience of family life and childhood as possible without unnecessary restrictions.
- Seeks to ensure that the Fostering Service and the 16 plus Team work in partnership to maximise life chances for young people leaving care.
- Seeks the views and opinions of young people and carers when planning and reviewing services.
- Seeks to provide continuity through a placement service, which works in partnership with Herefordshire's Adoption Service.
- Seeks to recruit, train and assess carers to the highest standard in order to meet the needs of local children for local placements.
- Values the child as an individual and give personalised support in line with individual needs and background, in order to develop their identity, self-confidence and self-worth.

