

Agenda

Cabinet

Date: Thursday 18 October 2018

Time: 10.00 am

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.

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Agenda for the meeting of Cabinet

Membership

Chairperson	Councillor JG Lester, Leader of the Council
Vice-Chairperson	Councillor NE Shaw, Deputy Leader of the Council
	Councillor H Bramer
	Councillor BA Durkin
	Councillor DG Harlow
	Councillor PD Price
	Councillor P Rone
	Councillor EJ Swinglehurst

Agenda

	Pages
1. APOLOGIES FOR ABSENCE To receive any apologies for absence.	
2. DECLARATIONS OF INTEREST To receive any declarations of interest by Members in respect of items on the Agenda.	
3. MINUTES To approve and sign the minutes of the meeting held on 27 September 2018.	11 - 18
4. QUESTIONS FROM MEMBERS OF THE PUBLIC To receive questions from members of the public. <i>Deadline for receipt of questions is 5:00pm on Friday 12 October 2018.</i> <i>Accepted questions will be published as a supplement prior to the meeting.</i> <i>Please see https://www.herefordshire.gov.uk/getinvolved for information on how to submit a question.</i>	
5. QUESTIONS FROM COUNCILLORS To receive questions from councillors. <i>Deadline for receipt of questions is 5:00pm on Friday 12 October 2018.</i> <i>Accepted questions will be published as a supplement prior to the meeting.</i>	
6. RECOMMISSIONING OF DOMESTIC ABUSE SUPPORT SERVICE FOR HEREFORDSHIRE To approve the approach to recommissioning of a domestic abuse support service and the outline of a new Domestic Abuse Strategy for Herefordshire.	19 - 58
7. OUTCOME OF CHILDREN'S OFSTED INSPECTION OF LOCAL AUTHORITY CHILDREN'S SERVICES (ILACS) INSPECTION AND ACTION PLAN To receive the outcome of the Ofsted inspection of services under the new Inspection of Local Authority Children Services (ILACS) framework, which was conducted between 4 June 2018 and 22 June 2018. To consider the council's response to areas for improvement identified and to make any recommendations regarding the council's proposed submission to Ofsted and proposed actions to address the areas of improvement that have been identified.	59 - 96
8. CORPORATE PARENTING ANNUAL UPDATE To review the progress of the corporate parenting strategy.	97 - 132
9. AUTISM STRATEGY FOR HEREFORDSHIRE 2018-2021 To approve the Herefordshire Autism Strategy 2019 – 2022.	133 - 194

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The Chairperson 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 JG Lester (Leader) (Conservative)	Corporate Strategy and Budget
Councillor NE Shaw (Deputy Leader) (Conservative)	Finance and Corporate Services
Councillor H Bramer (Conservative)	Contracts and Assets
Councillor BA Durkin (Conservative)	Transport and Regulatory Services
Councillor DG Harlow (Conservative)	Economy and Communications
Councillor PD Price (Conservative)	Infrastructure
Councillor P Rone (Conservative)	Health and Wellbeing
Councillor E Swinglehurst (Conservative)	Children and Families

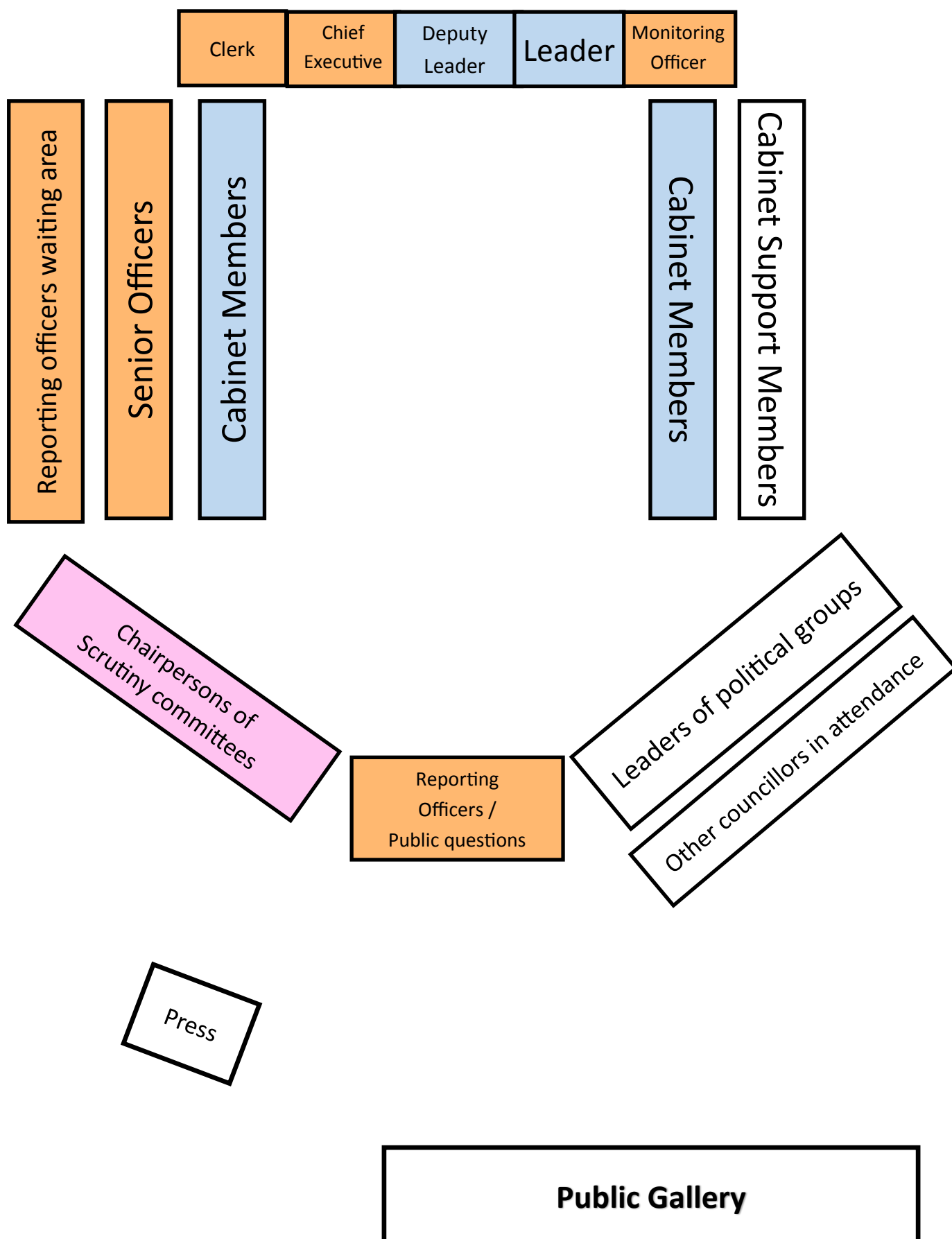
The Cabinet's roles are:

- 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	Chairpersons 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 27 September 2018 at 10.00 am

Present: Councillor JG Lester, Leader of the Council (Chairman)
Councillor NE Shaw, Deputy Leader of the Council (Vice-Chairman)

Councillors H Bramer, BA Durkin, DG Harlow, PD Price, P Rone and EJ Swinglehurst

Cabinet support members in attendance Councillors JA Hyde, AW Johnson and JF Johnson

Group leaders in attendance Councillors TM James, PP Marsh and AJW Powers

Scrutiny chairpersons in attendance Councillors PA Andrews, WLS Bowen and CA Gandy

Other councillors in attendance: Councillors EPJ Harvey and D Summers

Officers in attendance: Alistair Neill, Chris Baird, Claire Ward, Andrew Lovegrove, Stephen Vickers and Richard Ball

7. APOLOGIES FOR ABSENCE

There were no apologies from members of the cabinet.

8. DECLARATIONS OF INTEREST

None.

9. MINUTES

Resolved: That the minutes of the meeting held on 27 July 2018 be approved as a correct record and signed by the Chairman.

10. QUESTIONS FROM MEMBERS OF THE PUBLIC (Pages 7 - 8)

Questions received and responses given are attached as appendix 1 to the minutes.

11. QUESTIONS FROM COUNCILLORS

There were no questions from councillors.

12. YOUTH JUSTICE PLAN 2018-2019

The cabinet member children and families introduced the item, supported by the head of service, West Mercia Youth Justice Service. It was highlighted that:

- it was a requirement of national government to produce an annual Youth Justice Plan, the plan covered the whole of the West Mercia area but included specific data on Herefordshire;
- the report had been considered by the children and young people's scrutiny committee and subject to the decision of cabinet would progress to full council for final approval in October 2018;

- there had been a decrease in the number of first time entrants and while the actual number of young people offending was very small it was still important to reduce this figure;
- the use of custodial sentences was reducing;
- the data showed that there was a higher level of reoffending in Herefordshire than in West Mercia as a whole but that those young people who did reoffend did so with less frequency;
- the service had been subject to a pilot join inspection at the end of 2017/18, no inspection report was published as the main purpose of the pilot was to test the new inspection methodology and framework but commentary on the inspection findings was included in the plan;
- the service was judged as requiring improvement overall but was rated as good in seven of the 12 inspection standards, an improvement plan had been agreed to address the findings of the inspection and the actions included in the delivery plan on pages 15 to 17 of the Youth Justice Plan.

In discussion of the item it was noted:

- that appropriate staff training was required and this was planned as part of the delivery plan;
- that through care for young people receiving custodial sentences was generally good although there were sometimes issues with accommodation;
- the clinical commissioning groups (CCGs) were a statutory consultee on the plan as they contributed to the funding of the youth justice service.

The chair of the children and young people's scrutiny committee gave feedback from the committee's consideration of the draft report. She explained that the committee had questions about figures in the report which were not able to be answered on the day as representatives of partner agencies were not present. They would be invited to attend when the 2019/20 plan was scrutinised. The committee welcomed the progress that had been made in reducing first time entrants and supported the increase in the use of informal responses but expressed concern about the level of reoffending. It was noted that the committee had struggled to understand what the plan did, what it achieved and who it was aimed at. It was noted that the presentation of figures in a high level plan when actual numbers were very small was difficult.

Group leaders were invited to give the views of their group. The concerns regarding reoffending were generally shared and it was noted that as the plan was a service plan it was not a particularly engaging document.

It was agreed that:

- a) the Youth Justice Plan 2018/19 (appendix a) be recommended for approval by full Council.**

13. FOSTERING AND ADOPTION SERVICE ANNUAL REPORTS 2017/18

The cabinet member children and families introduced the item. She highlighted that:

- the adoption service performed well, as recognised in the recent Ofsted inspection;
- the service had had success in placing older children and sibling groups;
- the service was required to join a regional adoption agency (RAA) by 2020 or to have delegated their adoption function to a RAA, Herefordshire planned to join Adoption Central England (ACE) which covered Coventry, Warwickshire, Solihull and Worcestershire;
- the key priorities of the adoption service were summarised in section 11 of the annual report;
- the fostering service was staffed by experienced and committee team members;

- the service had been successful in recruiting foster carers but an increase in demand meant there was still a shortage of in-house placements;
- both services were outperforming statistical neighbours and regional averages in some key areas;
- the work of the teams and of the foster carers and adopters was commended.

The chair of the children and young people scrutiny committee gave feedback from the committee's consideration of the draft report. At a subsequent meeting of the committee it was agreed that the committee should write to various cultural organisations to encourage schemes to improve access for young people in care to cultural activities. This would be an expansion of current schemes to promote access to sport and leisure activities. Councillors were requested to forward on any suggestions of organisations that could be approached.

Group leaders were invited to give the views of their respective groups. There was widespread admiration and gratitude for the work of foster carers and adopters. It was also stated that:

- the increase in the number of looked after children was a concern;
- transition from care was a vulnerable time for young people and required focus;
- there was concern about the impact of universal credit rollout and pressures on families, there should be focus on edge of care support;
- there was a range of services which had potential impact on children in care which were interrelated and the success of each depended on the others.

In discussion of the report cabinet members noted that:

- those foster carers who had been recruited were of high quality, including some excellent respite care being offered;
- costs for a looked after child stemmed from a wide range of services that had to be provided and included staffing costs, placement costs and legal costs associated with court orders;
- the whole council had a duty to looked after children as corporate parents.

All those present put on record their thanks to foster carers and adopters for their care, work and support to looked after children in Herefordshire.

It was resolved that:

- (a) the performance of the adoption service as outlined at appendix 1 to this report be reviewed, any risks to achievement of objectives noted and relevant mitigating actions approved;**
- (b) the statement of purpose for the adoption service (appendix 2) be approved;**
- (c) the performance of the fostering service as outlined at appendix 3 to this report be reviewed, any risks to achievement of objectives noted and relevant mitigating actions approved;**
- (d) the statement of purpose for the fostering service (appendix 4) be approved; and**
- (e) approve the executive's response to the recommendations of the children and young peoples' scrutiny committee as per appendix 5.**

14. **END OF JUNE 2018 CORPORATE BUDGET AND PERFORMANCE REPORT**

The cabinet member finance and corporate services introduced the report. He noted that the focus from this quarter was on the latest budget forecast position and that the commentary in the report was now aligned to the corporate priorities rather than given by directorate.

The following key points were noted from the report:

- there was a forecast budget overspend which was predominantly due to an increase in residential placements for adults and a net increase in looked after children;
- pressures were being experienced nationwide and in this context Herefordshire was in a good position, however there was great uncertainty regarding council funding post 2020;
- 55.6% of measures showed a positive shift in performance, two additional measures were proposed regarding housing claims which reflected an area of concern identified in the last end of year report;
- work was progressing on achieving permanency for a number of looked after children;
- a key milestone from the corporate delivery plan had been achieved in identifying the preferred route for the Hereford bypass;
- the Fastershire project had recently won a national prize, recognising the progress made in delivering optimum full fibre provision.

In discussion of the report cabinet members noted that:

- resurfacing funded by the Challenge Fund grant was progressing, with the final part to be delivered in 2019, this would help secure a benefit to the council's economy of £143m;
- the council had used additional funding from revenue reserves to deliver a jet-patcher, with the latest count of pot holes filled standing at over 9,000;
- refurbishment of Hereford high town was progressing well and would be completed in 2019;
- improvements continued to the enterprise zone with work having commenced on the cycleway along the straight mile;
- the project to convert the recently closed Hillside community hospital into a nursing care facility had evolved as options had been identified to increase the number of beds and provide an element of future proofing, this would require additional funding and a decision would be sought on this once the feasibility study had been completed;
- despite the increase in looked after children all other areas of children's wellbeing services were spending according to plan;
- the increase in looked after children was a nation issue but Herefordshire had a traditionally high level so were starting from a high point anyway, the costs of care had also increased as there were fewer placement options;
- additional funds had been allocated to legal services to support the preparation of court documents for LAC cases, this had reduced the external spend on legal services and there was evidence of better case work due to improved engagement between legal and children's services;
- the Fastershire project had been successful in delivering full fibre access but there was a need for innovative solutions to connect hard to reach properties, of which Herefordshire had many, work was progressing on 10 dispersed clusters across the county using a hybrid solution called rural optic;
- the enterprise zone continued to develop with a host of new buildings under construction or recently completed, a further 26 acres were under negotiation, the Rotherwas link road was now 10 years old and had been a success.

Group leaders were invited to express the views of their group. It was stated that:

- there was ongoing concern about the costs in children's wellbeing services;
- despite successes in improving broadband connections there were areas of the county with very poor mobile phone coverage and the council should lobby for the major telecommunications companies to do more;
- the target for reduction in the number of looked after children needed review to ensure that it was still appropriate, it was noted that decisions on children needing care would continue to be made on a case by case basis;
- the strengths based approach from adults social care was welcomed, however it was worrying that the delayed transfer of care was below target;
- there was a reported increase in the number of staff absent through stress and the council should look at what support was offered to staff.

It was resolved that:

- a) **the projected financial outturn and performance for the first three months of 2018/19 were reviewed and cabinet determined any additional actions required to achieve improvement; and**
- b) **The following measures be added to the corporate delivery plan 2018/19:**
 - **time taken to process housing benefit change of circumstances; and**
 - **time taken to process housing benefit new claims.**

The meeting ended at 11.31 am

Chairman

PUBLIC QUESTIONS TO CABINET – 27 September 2018**Question 1****Mrs Wegg-Prosser, Breinton****To: cabinet member, infrastructure**

It's good to note the publication this August of the combined 2016/17 and 2017/18 'Annual' Progress Report on the Local Transport Plan with its reference to 'significantly improved access to the Hereford railway station', but there is much more to be done in this area for which around £7M is available from the remaining budget for the City Centre Transport Package. Is it the building design requirements for the new University that are delaying the roll-out of the current plans for a transport hub at the station, improved safe cycling and walking routes throughout the City, and a realistic Master Plan for Hereford?

Response

There is no delay to our plans to improve Hereford's infrastructure. The Hereford City Centre Transport Package includes a range of public realm projects which will regenerate the areas of Commercial Road, Blueschool and Newmarket Street as well as the provision of a new high quality transport hub at the train station. These public realm improvements will build on the improvements delivered on Newmarket Street to ensure improvements to the public realm consistent with Widemarsh Street and High Street and the works currently ongoing in Commercial Street. Consultation on the proposals for a transport hub and improvements from there to the city centre on Commercial Road and Blueschool Street are due to be consulted on in the New Year. In addition we have been supporting the work of the Hereford BID team who have implemented a programme of events and promotions and are developing wayfinding signage, bringing people into the in the city centre.

Work is currently underway on Commercial Street to improve the city centre public realm for visitors. This follows similar investment and improvements in High Street. Further improvements are planned in coming years as part of the overall plan for High Town improvements consulted on in 2016. Additionally, following consultation carried out in 2017, improvements in St Owen Street to provide a key link for cyclists into the city centre from the east of Hereford will, subject to due legal process, be delivered next spring.

The Hereford Area Plan, currently in development, will include policies and proposals for growth in the historic city of Hereford including specific proposals for housing, employment and urban regeneration. In doing so, the plan must also protect and enhance its attractive built and natural environment, providing for its current and future community needs. The consultation on housing and employment site options for inclusion in the plan is underway and closes on 8 October; the plan is currently scheduled for adoption in the summer of 2020.

The council is helping to facilitate the development of NMiTE, the new university, in Hereford by supporting the planning process, transport, property, economic, and urban/city planning, ensuring the city is as fit as possible to support a university which will increase the range of higher education provision for our young people, improve the balance between business demand and the supply of skills and qualifications locally, and make a significant contribution to the wider Herefordshire economy.

Question 2**Mr A Morawiecki, Breinton****To: cabinet member, infrastructure**

The Cabinet meeting in July approved spend of up to £2.45million in respect of further developing the proposed Hereford “Bypass” project. Would the cabinet member please confirm how much money was spent on the cost of expert witnesses attending and giving advice at various committee and cabinet meetings in 2017 and 2018?

Response

The £2.45m approved in the Hereford Transport Package July cabinet will fund the further development of the red route approved by cabinet as the preferred route at that meeting subsequent to that decision.

Cabinet meetings have not been attended by ‘expert witnesses’. In accordance with normal practice, officers of the council and contracted consultants have been in attendance to provide any technical detail cabinet members may have required to support the reports being considered. Attending these meetings forms part of officers’ duties and the service we procure from our partner contractors BBLP and WSP; it is not an additional cost to the project.

Question 3**Mrs E Morawiecka, Breinton****To: cabinet member, infrastructure**

In Appendix B - the Capital Budget forecast for 2018/19, the South Wye Transport Package budget for 2018/19 is £15.5million with £4.5million spent in the period to the end of May 2018. I calculate that this would bring the total project spend to date to £9.5million. Would the Cabinet member please explain how much of this spend has been funded by the Department for Transport over the whole project to date?

Response

The figures as represented in the question do not accurately reflect those set out in Appendix B. The £4.5m quoted in the question as being spent in the first two months of this year is the forecast spend on the South Wye Transport Package for the financial year 2018/2019. Total spend to date on the project is £5.014m. The council receives no funding direct from the Department for Transport but from the Marches Local Enterprise Partnership, which has to date released £3.844m.



Meeting:	Cabinet
Meeting date:	Thursday 18 October 2018
Title of report:	Recommissioning of a domestic abuse support service and an outline approach for a domestic abuse strategy for Herefordshire
Report by:	Cabinet member health and wellbeing

Classification

Open

Decision type

Key

This is a key decision because it is likely to be significant having regard to:

- the strategic nature of the decision, and
- the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

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

All wards

Purpose and summary

To approve the approach to recommissioning of a domestic abuse support service and the outline of a new Domestic Abuse Strategy for Herefordshire.

The commissioned domestic abuse support service provided by West Mercia Women's Aid is due to conclude in March 2019. This report details the intention to commission a redesigned domestic abuse service from April 2019 and provides an outline of the revised domestic abuse strategy for Herefordshire.

A shared strategic vision and set of priorities across agencies is required to tackle the root

causes and consequences of domestic abuse, which is a complex, pan-organisational challenge. Within this, specialist services for victims and their children who seek support is vital to minimise harm and maximise positive outcomes, focussed on safety, building resilience and empowerment. A commissioned service is required which prevents the needs of victims and their children from escalating. The service will provide a single point of contact and access to experienced professionals who understand the risks and challenges faced by victims, assisting them to locate the right services and information to meet their needs.

Prevention, early intervention and co-ordination of support is key to prevent the risk and level of need from escalating and ultimately costing more to organisations across the system.

Recommendation(s)

That:

- (a) the proposed outline Joint Strategy for Domestic Abuse at appendix C be approved for the purposes of informing commissioning intentions;**
- (b) a domestic abuse support service be commissioned for a period of up to five years from 1 April 2019 at a maximum value of £1.3m; and**
- (c) the Director for Adults and Communities be authorised finalise the service specification and award contracts for domestic abuse support services within the agreed budget.**

Alternative options

1. The option not to re-commission a domestic abuse support service for Herefordshire. This option is not recommended. Victims of domestic abuse and their children require urgent specialist assistance once they seek support to reduce risk, assist them to navigate a complex system and reduce the chance of returning to the perpetrator.
2. The option not to develop an updated Domestic Abuse Strategy for Herefordshire. This option is not recommended. Domestic abuse is a challenge which cuts across many organisations, sectors and professional roles. A shared strategic approach which provides clear priorities, roles, responsibilities and pathways is therefore crucial to ensure domestic abuse can be prevented and victims receive a coherent service from the point of disclosure.
3. The option to delay re-commissioning whilst a Domestic Abuse Strategy is finalised. This is not recommended. There is no option to extend the current contract with West Mercia Women's Aid. An open tender process is required in order to comply with procurement regulations. Additionally, the domestic abuse support service specification is a 'core' offer and has limited flexibility; therefore no significant changes will be required as a result of the development of a local strategy.

Key considerations

4. The financial cost of domestic abuse in Herefordshire in 2016/17 is estimated to have been £10.8 million (national estimates of cost, Järvinen et al 2008). These include:
 - £2.3 million in physical and mental health costs
 - £1.5 million in criminal justice costs
 - £277k in social services costs

- £6.8 million in 'other' costs, including housing, civil legal costs and employment costs.

Due to under-reporting, the costs of domestic abuse are likely to be much higher.

The total figure does not include additional costs from stalking, female genital mutilation, honour based violence and forced marriage.

5. It is recognised that domestic abuse is under-reported and therefore prevalence is best captured through self-reported data. The Crime Survey for England and Wales for the year ending March 2017 estimated 1.9 million adults aged 16 to 59 years experienced domestic abuse in the last year, equating to a prevalence rate of approximately 6 in 100 adults. Women were more likely to have experienced domestic abuse than men. On average approximately seven women and two men are killed by their current or former partner every month in England and Wales.
6. In Herefordshire 3,071 victims made disclosures to the police in the year ending March 2017 with approximately two thirds being female. However, if national, self-reported prevalence rates are applied, the number of victims of domestic violence and abuse is likely to be closer to 5,900.
7. The latest data between April 2017 and March 2018 supplied by West Mercia Women's Aid shows that the service received a total of -
 - 1,294 referrals; including self-referrals e.g. through the helpline and professional referrals such as the police, local authority, health services etc.
 - 3,877 calls made to the helpline. These can include calls from the victims themselves, family & friends, members of the public, referring agencies/organisations.
 - 887 service users.
8. 70 per cent of service users were referred on to a particular service such as group work, helpline, safety planning support, 1-2-1 support and refuge. Monitoring of the existing contract with the current domestic abuse service shows that the service is meeting the requirements of the specification. Engagement with service users shows that the service is valued and viewed as a lifeline to those victims in crisis.
9. Domestic violence and abuse can occur within any familial, partner or ex-partner relationship, at any adult age and in any culture. These factors are captured within the scope of the revised strategy. The commissioned service is provided to victims exposed to domestic abuse from current or ex partners, including their children, and will provide advice and signposting where the victim has been exposed to abuse from family members.
10. Nationally there is a drive towards a 'whole family' approach to domestic abuse, including specific work with the victim, perpetrator and any children. As this is a relatively new approach, there is not yet conclusive evidence of long-range impact. This approach is costly given its limited evidence base and therefore sits outside of the scope of commissioning which is focussed on a required core offer. There is a project aimed at the whole family approach in Herefordshire, detailed in Appendix B.
11. There are fewer known cases of male victims reporting domestic abuse than female. It is unclear whether this is because there are fewer male than female victims of domestic abuse, males are less likely to report abuse, or whether both of these may be true. Support for male victims of domestic abuse cannot simply be a replication of services to females as the needs are different and must be reflected. Locally there is one-to-one

support for male victims deemed at high risk of domestic violence and abuse in the form of Independent Domestic Violence Advisors which are funded by the Police and Crime Commissioner. Additionally within the scope of the re-commissioned service, there will be signposting for male victims who contact the local helpline.

12. Services funded outside of the council for male victims are detailed in Appendix B. These will continue to be promoted and funding opportunities to extend support available to male victims will be pursued. The new joint strategy will discuss the needs of and support to male victims more specifically.
13. In relation to children, the current service has a focus on safeguarding and sharing of information. While information sharing will continue, the revised service focusses on education and early intervention. Data shows that children who have adverse childhood experiences, including witnessing domestic abuse, are at increased likelihood of developing mental health illness and developing unhealthy relationships. Early intervention is key to ensure domestic abuse is not perpetuated.
14. The overall purpose of the commissioned service remains relevant to the council's approach to preventing escalation of need and is therefore unchanged. The service will reduce the risk of harm to victims of domestic abuse, offer access to emergency accommodation and provide information, advice and support which assists victims to meet their individual outcomes while focussing on empowerment and building resilience to break the cycle of abuse. The current service specification has been scrutinised, including a review of models of delivery, to see whether the newly commissioned service accords with best practice, minimises risk, maximises positive outcomes for victims of abuse and their children and offers value for money. A detailed service specification will focus on outcomes for victims and will not prescribe details of how services will be delivered. The procurement process will evaluate different models of delivery offered by providers. The key elements of the proposed commissioned service are outlined in appendix A. There are also a number of other domestic abuse services funded externally across Herefordshire which are summarised in appendix B. The commissioned service will complement this offer.

The service will be monitored on a quarterly basis against performance indicators and outcomes. Effectiveness of the service will be scrutinised through the Community Safety Partnership and the Strategic Prevention Group.

15. The new service will connect in the most effective way to other organisations, including adult and children's safeguarding and the Multi-Agency Risk Assessment Conference (MARAC), which provides a response for those at the highest risk of harm.
16. The timetable for the proposed procurement of the commissioned service is detailed below.

October 2018	<ul style="list-style-type: none"> • Cabinet decision • Open procurement process commenced following call-in period
November - December 2018	<ul style="list-style-type: none"> • Closing date for submission of tenders (Anticipated 19th November) • Evaluation of bids and decision to award a contract approved
January 2019 – March 2019	<ul style="list-style-type: none"> • Transition period – transfer of the current service at the end of March, exit and communication strategies.

April 2019	<ul style="list-style-type: none"> • Mobilisation of new domestic abuse support service
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17. The various factors which culminate in domestic abuse in all its forms are complex and unpredictable and cannot simply be mitigated by a commissioned service. Responsibility also lies with emergency and public sector organisations to identify adults and children at risk of and experiencing domestic abuse and invoke a co-ordinated response. A revised joint domestic abuse strategy and action plan is therefore required which builds on the learning from the previous strategy, connects all organisations in shared priorities and aligns to the latest research. The strategy will be jointly developed with the emergency services, health services, probation, Herefordshire Safeguarding Adults Board, Herefordshire Safeguarding Children's Board, housing, the Community Safety Partnership and service providers who support victims of domestic abuse. More detail about learning from the former domestic abuse strategy for Herefordshire and an outline of the revised local strategy is provided in appendix C.
18. The national strategic vision for domestic abuse is within the Ending Violence Against Women and Girls (VAWG) Strategy 2016-2020, which acknowledges that any person can be a victim of domestic abuse but it is disproportionately skewed towards women. The revised local strategy is aligned to scope and priorities within the VAWG Strategy.
19. Engagement with key stakeholders to inform the revised joint strategy commenced in May 2018. It included service users, professionals within the current domestic abuse support service, elected members, health, social care, emergency services, probation and housing. The feedback has informed a skeleton strategy and action plan which focusses on realising the priorities across organisations. These will continue to be developed over the coming months through ongoing engagement and a further workshop. The draft strategy will be completed by December 2018 and is scheduled for consideration by Cabinet in March 2019.

Community impact

20. The council's corporate plan includes a commitment to enabling people to live safe, healthy and independent lives. Re-commissioning of an effective domestic abuse support service is therefore key to ensuring victims of domestic abuse and their children are safe, able to access good quality advice and support, and enabled to build their resilience to avoid the cycle of abuse being perpetuated.
21. It is that re-commissioning the domestic abuse service would have a positive impact upon the role of the council as 'corporate parent' to 'looked after children'. The revised service provides a new focus on early identification of children exposed to domestic abuse and interventions which reduce the impact. Care leavers may become victims or perpetrators of abuse and the strategy must take into account the responsibility of the council and partner agencies to prioritise early intervention and connect care leavers to sources of support.
22. The revised domestic abuse strategy and re-commissioned service will support the achievement of the Health and Wellbeing Strategy, the Adults Wellbeing Plan 2017-2020 and Children and Young People's Plan 2015-2018 by:

- enabling people affected by domestic abuse to lead fulfilling lives, to be emotionally and physically healthy and to feel safe and secure through prevention, education and services which enable them to cope and manage the risks;
 - offering children and families affected by domestic abuse access to early help and the troubled families programme;
 - ensuring intelligence is shared promptly between agencies where children and their families are in need of safeguarding.
23. The commissioned service will be required to demonstrate how it will meet the needs of Herefordshire residents, including making services accessible to those who live rurally. The revised strategy will similarly consider the challenges associated with the rurality of Herefordshire.

Equality duty

24. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

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

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
25. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Domestic abuse is experienced by people across all parts of the population including those with protected characteristics.
26. Research for the commissioned service and the revised strategy includes the domestic abuse needs assessment undertaken in 2013 and subsequently updated in 2016. The assessment includes specific demographic data around victims and perpetrators of abuse in Herefordshire. Both the commissioned service and revised strategy will be required to demonstrate meeting the needs of domestic abuse victims with protected characteristics based upon the specific demography of Herefordshire, including:
- older people affected by domestic abuse. Herefordshire has an older age structure than England and Wales, with 24 per cent of the population aged 65 years or above compared to 18 per cent nationally. This is likely to be reflected in instances of domestic abuse in Herefordshire. Recent local domestic homicide reviews have included dementia as a feature.
 - Herefordshire's Black and Minority Ethnic (BAME) population (6.4% compared to 19.5% nationally)
 - Pregnant women and new mothers, who can be at increased risk due to a sense of loss of control or jealousy from current or ex partners

- same-sex couples
- advice and signposting for male victims
- disabled people, who can be at additional risk as a result of a reliance upon their partner for support

Resource implications

27. The provision of a domestic abuse service in Herefordshire from April 2019 will be delivered within the existing budget of £227k from Adults Wellbeing and £32k from Childrens Wellbeing.
28. There are no direct financial implications arising directly from the recommendations as this budget is built into the current Medium Term Financial Strategy.

Legal implications

29. Under the Crime and Disorder Act 1998 councils have a statutory duty to work with other agencies to reduce crime and disorder in their local area. Domestic abuse constitutes a significant proportion of all recorded crime in the UK.
30. The report proposes that any commissioned service would be subject to a competitive procurement process, which would need to be compliant with the requirements of the Public Contracts Regulations 2015.
31. Any service strategy should take account of the needs of different groups of the community in accordance with the requirements of the Equality Act 2010.
32. There are no other significant legal implications identified from this report.

Risk management

33. In recommissioning the domestic abuse service, the main risks are:
 - The market is unable to meet the entirety of the revised specification. **Mitigation:** Research into innovative commissioning, partnership working and models of domestic abuse services in comparative areas outside of Herefordshire will enable the council to assess what is feasible and likely to generate a response to an open procurement process. A soft market test to explore interest in delivering a service in Herefordshire, including details of the scope of the service and proposed budget, received a response from eight providers, indicating the service is deliverable within the budget.
 - Following the award of contract to a provider, the revised domestic abuse strategy identifies requirements for the domestic abuse service which fall outside of the specification. **Mitigation:** Similar research is required to inform both the new service specification and strategy. It is not envisaged that the strategy will generate any unanticipated requirements for the new service. The commissioned provider will be included within engagement activity to develop the strategy.

34. Revising the strategy relies upon a commitment from stakeholders to actively engage in its development and implementation which could be impacted by conflicting demands placed on resources. **Mitigation:** Initial engagement with stakeholders has secured a commitment to developing a strategy and implementing the priorities. A pragmatic approach has been taken to minimise demand upon resources. Oversight of implementation of the domestic abuse strategy will be overseen by the Community Safety Partnership and Safeguarding Boards, including relevant sub-groups.

Consultees

35. West Mercia Women's Aid service users were invited to offer their experiences of the commissioned and wider services. Ten service users attended, offering insight including:
- the value of the commissioned service as a single place for advice and information
 - the importance of the helpline and access to refuge
 - the importance of access to a service which helps to navigate a complex system
 - wider mixed feedback about universal services and specific domestic abuse services funded outside of the council

The feedback has been used to inform stakeholder workshops, commissioning and the revised strategy.

36. An informal workshop for joint Scrutiny Committee members was completed in July 2018 to provide background into the national and local context and invite comments on the commissioned service and the approach to developing the strategy. Members generally approved the approach, offering specific comments around the importance of education for professionals and children, and creating the environment for victims to disclose abuse. The suggestions will be incorporated into the domestic abuse strategy action plan. The draft strategy will be formally considered by Adults and Children and Young People Scrutiny Committee members in January 2019.
37. A stakeholder workshop including the police, probation, fire and rescue, housing, social care and health services was completed in July 2018. This informed the four draft priorities and an outline action plan. Engagement will be a continuous process to shape a draft joint strategy by December 2018.
38. Political groups have been consulted on the proposed recommissioning and strategy. A comment was received from the Herefordshire Independents supporting the value of the domestic abuse support service.
39. A soft market exercise was completed in May 2018 to test the appetite of the market to deliver a domestic abuse service in Herefordshire. Eight responses were received from a variety of organisations. However, this is not always indicative of the number of bids received and may not necessarily translate into a competitive procurement.

Appendices

Appendix A: Overview of the proposed commissioned service.

Appendix B: Summary of domestic abuse services funded outside of the Council

Appendix C: Outline of the joint Domestic Abuse Strategy for Herefordshire

Appendix D: Equality Impact Assessment

Appendix E: Data Privacy Impact Assessment

Background papers

None identified.

Appendix A - Proposed Commissioned Service

The overall purpose of the commissioned service is reduce the risk of harm to victims of domestic abuse, offer access to emergency accommodation and to provide information, advice and support which assists victims to meet their individual outcomes.

Service	Details
Helpline	<ul style="list-style-type: none"> Acts as single point of contact for advice and signposting for victims, family and friends, referring agencies and members of the public. Offers triage, risk assessment, safety planning, advice and signposting for male and female victims and their children.
Access to refuge/housing support	Housing related support, including retaining accommodation where appropriate, managing and ensuring access to local and out of county refuge/emergency accommodation with the aim that service users will secure sustainable long term provision.
Support within the Hereford Refuge	Information, advice, support and signposting
Outreach support	Information, advice, support and signposting
One to one support	For adults in complex cases
Group work	Evidence based group work which focusses upon understanding domestic abuse, empowerment and peer support.
Information and advice	Assistance with navigating 'the system', including: <ul style="list-style-type: none"> Housing Benefits Adults and children's social care The criminal justice system The civil legal system, including access legal advice and restraining orders Connecting victims to health and wellbeing services including sexual health, substance misuse, mental health, the Sexual Assault referral Centre (SARC) and a wide range of informal, community based organisations.,
Education	Awareness raising of domestic abuse for professionals and pupils in schools
Support for children	Providing support to children who have witnessed abuse and connecting them to early help and the Troubled Families Programme
Intelligence sharing	Sharing information with other agencies where safeguarding applies
Strategic influence	Contribute to partnership working

Appendix B – Summary of Domestic Abuse Services Funded Outside of the Council

- **Independent Domestic Violence Advisors**

Provided to male and female victims of domestic violence and abuse in high risk cases by West Mercia Women's Aid across Herefordshire and the wider West Mercia policing area. The IDVAs provide specialist 1-2-1 advice and support.

- **The EDNA project**

Additional housing and a 1-2-1 specialist advice and support service for women with additional complex needs, such as disability, mental health and substance misuse. Funded until March 2019. Provided in Herefordshire only by West Mercia Women's Aid.

- **West Mercia Women's Aid Children and Young Persons worker**

Provides 1-2-1 support for children with additional complex needs.

- **West Mercia Police Integrated Offender Management Team**

A team of specialist officers who engage with, disrupt and deter high risk offenders, including repeat perpetrators of domestic abuse.

- **Building Better Relationships**

A behaviour-change programme for perpetrators by court-order on conviction, provided by the Community Rehabilitation Company (the low and medium risk arm of probation).

- **Inspiring Families**

Mobilised in July 2018 and funded by Community Safety Partnership. Offers a 'whole family' approach through support for victims and a programme of behaviour-change for offenders, plus support for children. Provided for those at high risk where couples wish to stay together. Funded by the Community Safety Partnership.

- **Sexual Assault Referral Centre**

Appendix B – Summary of Domestic Abuse Services Funded Outside of the Council

A centre for those who have been sexually assaulted to receive confidential advice and health support, including a facility to take and store forensic evidence should the victim wish to make a future complaint to the police and referral to counselling services.

- **West Mercia Rape and Sexual Abuse Support Centre**

Offers information, support, advice and counselling for adults and children who have experienced sexual abuse.

- **The Drive Programme**

Nationally recognised as the leading approach to behaviour change with perpetrators, the Drive programme is being piloted in North Worcestershire with a view to potential roll out across the West Mercia policing area in 2020.

- **Helping Hands and Crush Programmes**

Helping Hands is delivered to primary school children at key stages 2 and 3 with the aim of increasing children's understanding of feeling safe and to explore and promote behaviours which will contribute to a safe environment.

Crush is delivered to children aged 13-19 years aims to support young people to:

- avoid abusive relationships
- give them the knowledge and tools on how to exit an abusive relationship safely
- better manage their exposure to domestic abuse within the home

Appendix C – Outline of the Joint Domestic Abuse Strategy for Herefordshire

1. Learning from the Former Herefordshire Domestic Abuse Strategy

The 2014-2017 Domestic Abuse Strategy for Herefordshire contained **four outcomes** and **four objectives**:

Outcomes	Objectives
Prevention: to raise awareness of domestic violence and abuse and to provide advice and guidance on healthy, respectful relationships	Victims of domestic violence and abuse are protected and live in safety
Provision of Service: to ensure that people affected by domestic violence and abuse have access to appropriate advice and services	Fewer children and young people experience domestic violence and abuse
Partnership Working: to ensure that partner agencies work together, taking a whole system and family centred approach to dealing with domestic violence and abuse	Perpetrators of domestic violence and abuse control their behaviour
Criminal Justice: to ensure effective use of the criminal justice system in bringing perpetrators to account, as well as to ensure that victims are given the support they need on their journey through the criminal justice system.	Increased awareness of domestic violence and abuse, which leads to a culture where it is not accepted.

In the broadest sense, the outcomes detailed in the 2014-17 strategy remain current and aligned to national priorities. This is not indicative of any failures but recognition that the four outcomes are ongoing 'golden threads' to tackling domestic abuse.

When the learning is considered in more detail, analysis of the local action plan in relation to domestic abuse provides a fuller picture. The action plan was informed by both the former Domestic Abuse Strategy and a local domestic abuse needs assessment completed in 2013 (updated in 2017) and resulted in the following new or increased services:

- A new refuge building (9 self-contained units)
- Helping Hands and CRUSH programmes delivered to children
- Improved domestic abuse data recording across agencies
- A triage worker in the Multi-Agency Safeguarding Hub to support the flow of information

Appendix C – Outline of the Joint Domestic Abuse Strategy for Herefordshire

- Ongoing support for families through Early Help and the Troubled Families Programme
- Amendments to the Housing Allocations Policy to ensure domestic abuse victims have higher priority
- A specific worker within the Housing Solutions Team with specialist knowledge around domestic abuse
- A perpetrator programme, trialled in Herefordshire
- A draft multi-agency domestic abuse risk and referral pathway was created
- The creation of a Domestic Abuse Delivery Group to drive forward partnership working
- Implementation of 'Operation Encompass' where the police inform the MASH about domestic abuse cases and the MASH alerts the school.
- Multi-Agency Risk Assessment Conference (MARAC) training has been rolled out to professionals.

The following actions remain outstanding:

- A specific local domestic abuse service for males.
The level of need for male victims remains poorly understood nationally. In Herefordshire the current local domestic abuse helpline provides initial advice to male victims and signposting to relevant local or national organisations. All organisations working jointly on developing the revised strategy will be expected to raise the profile of male victims in order to encourage disclosures and build a more accurate picture of demand. The re-commissioned service will be required to demonstrate how they ensuring there is an adequate service for male victims in Herefordshire.
- Awareness raising and education for professionals and in the full diversity of Herefordshire communities.
Herefordshire Council are part of two joint funding bids with a focus on education and awareness raising around the identifying and responding to domestic abuse across Black and Minority Ethnic (BAME) communities and in schools. Additionally the commissioned domestic abuse support service will be expected to promote and make their services available to people of all ages and communities across Herefordshire. The revised strategy will consider which tools are required to enable professionals to identify and respond to disclosures of domestic abuse.

Appendix C – Outline of the Joint Domestic Abuse Strategy for Herefordshire

- Clarity around various assessments used and how they translate between services.

There is recognition that different assessment tools are used across which is sometimes unhelpful in terms of understanding thresholds. The revised strategy will examine this in more detail.

- Better information sharing arrangements between key agencies (substance misuse services, sexual health services, general health services, social care, schools etc.), including data protection considerations.

Improvements are already underway with compulsory joint working across commissioned health services being written into service specifications.

However, there is a recognition that information sharing becomes challenging where safeguarding does not apply and the revised strategy will explore how information can be shared legally and proportionately.

The revised strategy will consider the actions which remain outstanding set-against the current national and local context. Since the former strategy was written in 2014, there has been a significant change to the way partners such as the police and health services deliver their services both strategically and operationally. Revising the strategy will provide the opportunity to review the way partners deliver services, ensuring there is a shared sense of purpose.

2. Outline of the Proposed Strategy

- a. The local strategy has **four priorities** which are aligned to the national priorities:

Prevention

- Education and empowerment to prevent domestic abuse and encourage disclosures
- Early intervention
- Stimulating culture change
- Practical interventions and solutions which encourage identification of domestic abuse such as safe places in communities
- Whole family approach – effective, evidenced-based interventions with the victim, perpetrator and any children

Partnership working

- Training and toolkits for professionals to prevent and identify abuse
- Coordinated response
- Clear pathways
- Information sharing arrangements
- Clear roles and responsibilities

Appendix C – Outline of the Joint Domestic Abuse Strategy for Herefordshire

Provision of services

- Providing effective, timely services
- Empowering victims through partnership working
- Wrapping services around the victim
- Good quality advice and information suited to individual and cultural needs

Pursuing perpetrators

- Using evidence based interventions to support perpetrators to change
- A partnership approach to deter and bring perpetrators to justice
- Effectively using all tools available to disrupt perpetrators, including civil orders
- A criminal justice system which supports the victim while bringing perpetrators to justice

b. Scope

The strategy will include cultural challenges associated with domestic abuse, including:

- forced marriage
- sexual exploitation
- honour based violence
- female genital mutilation

It will also consider the local context, including delivering services to those with protected characteristics in Herefordshire. There are nine protected characteristics under the council's equality duty:

- **Age** – Herefordshire has an older age structure than England and Wales, with rates of dementia increasing and featuring in recent local domestic homicide reviews.
- **Disability** – Those with a disability are particularly vulnerable to domestic abuse and isolation where there is a reliance on the perpetrator to access to support.
- **Gender reassignment, sex and sexual orientation, marriage or civil partner status** – domestic abuse can happen in any relationship. Organisations must take steps to understand the challenges and make services accessible to those from LGBT communities.
- **Pregnancy and maternity** – Pregnancy can elevate risk to victims and can be a method of control.
- **Race and religion or belief** – Domestic abuse can happen in any ethnicity or culture. Services should understand the BAME communities in Herefordshire and adapt their services to prevent, identify and respond to domestic abuse.

Appendix C – Outline of the Joint Domestic Abuse Strategy for Herefordshire

The strategy will also consider the challenges associated with delivering services in rural Herefordshire.

Appendix D – Equality Impact Assessment



Equality Analysis (EIA) Form

A) Description

Name of service, function, policy (or other) being assessed

Domestic Abuse Support Service for Herefordshire

Directorate or organisation responsible (and service, if it is a policy)

Adults Wellbeing

Date of assessment

9 August 2018

Names and job titles of people carrying out the assessment

Danielle Mussell – Senior Commissioning Officer

Accountable person

Danielle Mussell – Senior Commissioning Officer

What are the aims or main purpose of the service, function or policy? What does it provide and how does it provide it?

The main purpose of the service is to provide information, support and signposting to victims of domestic abuse to help minimise the impact and risk, including access to refuge accommodation.

The service will provide a point of contact through a helpline which offers initial advice, safety planning and triage.

It will also provide:

- Access to refuge/housing support
- Support, information and advice within the refuge
- Outreach support
- One to one support in complex cases
- Group work to explore domestic abuse, build resilience, offer tools for moving on and provide peer support
- Information and advice
- Education for professionals in schools to identify domestic abuse
- Educations and support for children who have witnesses domestic abuse
- Intelligence sharing where safeguarding applies and/or consent is obtained
- Strategic influence

Location or any other relevant information

Appendix D – Equality Impact Assessment

The service is based in Hereford but offers outreach.

Victims requiring refuge can access accommodation throughout the UK – coordinated by the domestic abuse service via the helpline.

List any key policies or procedures to be reviewed as part of this assessment.

Who is intended to benefit from the service, function or policy?

Any person who has experienced domestic abuse, including children.

Who are the stakeholders? What is their interest?

Victims of domestic abuse – require accessible services to meet their individual outcomes and minimise the risk of further abuse

Children who have experienced domestic abuse – require education to understand domestic abuse, to feel safe and prevent the risk of perpetuation or mental illness as they progress into adulthood.

Partner organisations, including the emergency services, housing, social care, Department for Work and Pensions, Probation and health services – require the domestic abuse support service to understand their roles and responsibilities in respect of domestic abuse victims and their children in order to provide appropriate information, advice and signposting.

B) Partnerships and Procurement

If you contract out services or work in partnership with other organisations, Herefordshire Council remains responsible for ensuring that the quality of provision/delivery meets the requirements of the Equality Act 2010, ie.

- Eliminates unlawful discrimination, harassment and victimisation
- Advances equality of opportunity between different groups
- Fosters good relations between different groups

What information do you give to the partner/contractor in order to ensure that they meet the requirements of the Act? What information do you monitor from the partner/contractor in order to ensure that they meet the requirements of the Act?

When the tender opportunity goes live and invites providers to bid to provide the service, copy of the contract is included. The contract states that the provider must comply with the Equality Act 2010 in promoting equality of treatment, including that they shall –

- Not discriminate in the provision of their services on the grounds of any protected or non-medical characteristic (except as permitted by law)
- Make reasonable adjustments for those with additional communication needs
- To promote equality or opportunity, foster good relations and eliminate discrimination, harassment and victimisation
- Provide reasonable information to the commissioner to monitor the service and ensure the commissioner's obligations under the Equality Act are fulfilled
- To notify the commissioner of any complaints brought under Equalities Acts or any other legislation relation to non-discrimination in employment and to comply with any investigation.

Information is monitored from the provider to ensure that their service is individualised, accessible and positively promoted to those with protected characteristics, to ensure that any complaints are thoroughly investigated and any learning is implemented.

Appendix D – Equality Impact Assessment

Are there any concerns at this stage that indicate the possibility of inequalities/negative impacts? For example: complaints, comments, research, and outcomes of a scrutiny review. Please describe:

The current domestic abuse support service provider offers a limited service provision to male victims of domestic violence and abuse (DVA) under the council's contract. Data relating to DVA indicates it is locally and nationally disproportionately skewed towards female victims with limited demand from males for the service. It is unclear whether there are fewer male victims, whether males are less likely to report DVA, or whether both are true.

Currently in Herefordshire under the council's contract, men experiencing DVA can contact the local helpline for information, advice and signposting to local and national sources of support, including specific domestic abuse helplines and services for male victims. There are no local refuge places for male victims of DVA but the helpline will assist them to access refuges with spaces for men and other sources of support outside of Herefordshire. There are additional services for male victims of DVA in Herefordshire outside of the council contract, including 1-to-1 advice from specialist Independent Domestic Violence Advisors in high risk cases.

There is a limited budget for the provision of the domestic abuse support service and it will be the responsibility of the successful bidder to demonstrate that they will offer the current provision as a minimum to ensure there is an offer to male victims of DVA in Herefordshire. Monitoring data will also capture demand from male victims in order to inform future commissioning.

C) Information

What information (monitoring or consultation data) have you got and what is it telling you?

Monitoring Data:

The current provider records the number of service users accessing the various elements of their service, including the following data:

- Ethnicity
- Age
- Gender
- Disability
- Sexuality

Capturing monitoring data can be challenging given that victims of DVA sometimes make contact with the service in crisis.

The data from March 2017-18 shows that:

- The highest number of service users are aged between 31-35.
- Most service users define themselves as 'white:British' (631 service users), with the next highest user group being 'white:any other white background' (22 service users). 181 services users were recorded as 'unknown' ethnicity. It is difficult to calculate whether this is representative of the Black and Minority Ethnic (BAME) community in Herefordshire due to the number of service users recorded as unknown. However, the provider is required to positively engage with all communities and provide an individualised service without prejudice and with due regard to ethnicity and culture.
- 668 service users stated they did not have a disability, 237 service users stated they had a disability, of which 141 people stated that had mental health illness.
- 331 service users defined their sexuality as 'heterosexual', with 557 recorded as 'unknown'. 1 person defined their sexuality as 'lesbian' and one as 'bisexual'. This is

Appendix D – Equality Impact Assessment

indicative of a necessity to more widely positively promote the domestic abuse support services amongst the LGBT community.

D) Assessment/Analysis

Describe your key findings (eg. negative, positive or neutral impacts - actual or potential). Also your assessment of risk.

Strand/community	Impact
Sex (gender)	There will be no negative impact as a result of the recommissioned service as the current offer will be maintained as a minimum.
Disability	There will be no negative impact as a result of the recommissioned service
Gender reassignment	The impact will be neutral or potentially positive as the provider will be expected to demonstrate how they understand meet the diversity of all service users
Marriage and civil partnership and sexual orientation	The impact will be neutral or potentially positive as the provider will be expected to demonstrate how they understand meet the diversity of all service users
Pregnancy and maternity	There will be no negative impact as a result of the recommissioned service
Race	The impact will be neutral or potentially positive as the provider will be expected to demonstrate how they understand meet the diversity of all service users
Religion or belief	The impact will be neutral or potentially positive as the provider will be expected to demonstrate how they understand meet the diversity of all service users
Age	The impact will be neutral or potentially positive as the provider will be expected to demonstrate how they understand meet the diversity of all service users

E) Consultation

Did you carry out any consultation?

Yes X No ☐

Who was consulted?

Service users
Partner organisations including the police, probation, fire and rescue, housing, social care, health services.
Elected members.

Describe other research, studies or information used to assist with the assessment and your key findings.

Research of national data and strategy:

- Ending Violence Against Women and Girls Strategy
- NICE Guidance on Partnership Working for Domestic Abuse
- Crime Survey for England and Wales.

Research of local data:

Appendix D – Equality Impact Assessment

- 'Understanding Herefordshire'
- Domestic Violence Needs Assessment 2013 (and local response evaluation report 2017).
- Reporting data for Herefordshire from West Mercia Police.

Do you use diversity monitoring categories? Yes ☒ No ☐

(if No you should use this as an action as we are required by law to monitor diversity categories)

If yes, which categories?

X Age

X Disability

☐ Gender Reassignment

X Marriage & Civil Partnership

☐ Pregnancy & Maternity

X Race

☐ Religion & Belief

X Sex

X Sexual Orientation

The recommissioned service will be required to monitor all categories

What do you do with the diversity monitoring data you gather? Is this information published? And if so, where?

Information is anonymised by the service provider and stored securely on provider and council systems. It is used to inform commissioning and bids to other funding streams. Monitoring data for domestic abuse support services is included in varying council reports and data analysis which is in the public domain via the Herefordshire Council website and 'Understanding Herefordshire'.

F) Conclusions

	Action/objective/target OR justification	Resources required	Timescale	I/R/S/J
a)	Ensure all diversity categories are monitored under the new contract	Commissioner (written into the service specification)	From March 2019	S
b)	Ensure the provider offering the commissioned service actively promotes the domestic abuse support service across all communities	Commissioner (written into the service specification)	From March 2019	S
c)				
d)				

(I) Taking immediate effect.

(R) Recommended to Council/Directors through a Committee or other Report*.

(S) Added to the Service Plan.

(J) To be brought to the attention of the Equality Manager.

Appendix D – Equality Impact Assessment

*Summarise your findings in the report. Make the full assessment available for further information.

NB: Make sure your final document is suitable for publishing in the public domain.

Appendix E – Data Privacy Impact Assessment

<i>Classification</i>	Official
<i>Distribution</i>	Internal
<i>Status</i>	Issued
<i>Filename</i>	DPIA Domestic Abuse Support Service
<i>Version</i>	1.0
<i>Date</i>	14/09/2018

DATA PRIVACY IMPACT ASSESSMENT DOCUMENT

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Screening Questions

These questions are intended to help you decide whether a DPIA is necessary. Answering 'yes' to any of these questions is an indication that a DPIA would be a useful exercise. You can expand on your answers as the project develops if you need to.

Question	Response
Will the project involve the collection of new information about individuals?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will the project compel individuals to provide information about themselves?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the project involve you using new technology that might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the project result in you making decisions or taking action against individuals in ways that can have a significant impact on them?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example, health records, criminal records or other information that people would consider to be private.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will the project require you to contact individuals in ways	

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that they may find intrusive?

☐ Yes

☒ No

Data Privacy Impact Assessment

The template follows the process that is used in the ICO's PIA code of practice.

Step One - Identify the need for a DPIA

Explain what the project aims to achieve, what the benefits will be to the organisation, to individuals and to other parties. You may find it helpful to link to other relevant documents related to the project, for example a project proposal. Also summarise why the need for a PIA was identified (this can draw on your answers to the screening questions).

Aims

The risks to those experiencing domestic abuse are well-recognised. On average approximately seven women and two men are killed by their current or former partner every month in England and Wales. Domestic abuse is estimated to cost the UK £16 billion (Walby, 2009). In Herefordshire, there was estimated to be 5,900 people affected by domestic abuse in 2017 alone.

A specialist services for victims and their children who seek support is vital to minimise harm and maximise positive outcomes, focussed on safety, building resilience and empowerment. A commissioned service is required which provides a single place to contact, understands the risks and challenges faced by victims and assists them to locate the right services and information to meet their needs.

Prevention, early intervention and co-ordination of support is key to prevent the risk and level of need from escalating and ultimately costing more to organisations across the system. Therefore information sharing with consent from the victim is key to delivering this service in order to ensure organisations are connecting in the most effective way to benefit the victim. In some cases (where an adult or child is at risk of harm and safeguarding applies), information may be shared without the victim's consent.

The Need for a Privacy Impact Assessment

It is by exception where victim's information will be shared with or gathered from other organisations without the victim's consent, and only in cases where safeguarding may apply in order to reduce the likelihood of an adult or child experiencing significant harm. However, there is a chance that a person (service user's) privacy will be impacted under such circumstances and hence why this DPIA is required.

Step Two – Describe the Information Flows

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You should describe the collection, use and deletion of personal data here and it may also be useful to refer to a flow diagram or another way of data flows. You should also state how many individuals are likely to be affected by the project.

Information will be collected in the first instance from the person contacting the domestic abuse support service in order to provide triage which includes establishing the risks and their needs. It will be explained to each service user how their information will be used, including who it will be shared with and why information from other organisations might be gathered. This will enable the service user to provide informed consent to information sharing.

The circumstances under which the domestic abuse support service may share their personal information with other organisations will also be made clear to the service user.

The domestic abuse support service will have information sharing agreements in place with partner organisations, such as adults and children's social care and the police to ensure information shared is necessary, proportionate and exchanged securely.

Data from the current provider of the Herefordshire domestic abuse support service may give a sense of the number of service users affected by the newly commissioned service.

	16/17	17/18
Number of referrals to the DASS	970	1294
Number of calls to Herefordshire Helpline	5387	3877
No of online referrals	No data	752

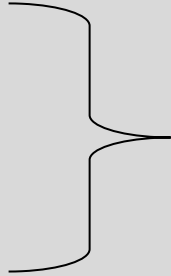
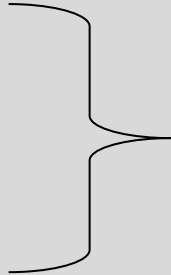
Step Three – Identify the Privacy and related risks

Principle 1 – Information shall be processed fairly, lawfully and in a transparent manner

Privacy issue	Comments
Have you identified the purpose of the project?	Yes – see above under aims
How will you tell individuals about the use of their personal data?	The commissioned service will explain how their personal data will be used/shared, including why and which personal information may be gathered about them from other organisations,
Do you have a Privacy Notice in place to cover the processing of this data? If so does it need to be updated?	The commissioned service must provide a current privacy notice to all service users.
Please tick the data items	

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<p>collected.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>Personal</p>  </div> <div style="text-align: center;"> <p>Sensitive</p>  </div> </div>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p>✓ Name</p> <p>✓ Date of Birth</p> <p>✓ Address</p> <p>✓ Post Code</p> <p>✓ Sexual Orientation</p> <p>✓ Religion</p> <p>✓ Ethnic Origin</p> <p><input type="checkbox"/> Genetic / Biometric</p> </div> <div style="width: 50%;"> <p>✓ Next of Kin</p> <p>✓ Sex</p> <p><input type="checkbox"/> National Insurance Number</p> <p><input type="checkbox"/> Political Opinions</p> <p>✓ Physical or Mental Health</p> <p><input type="checkbox"/> Union Membership</p> <p>Other (please state):</p> </div> </div> <p>Information about their children</p>
<p>Who provides the information?</p>	<p>The service user/victim</p>
<p>Have you established which schedule 2 conditions for processing apply? (The conditions can be found here.)</p>	<p>Consent: the individual has given clear consent for you to process their personal data for a specific purpose.</p> <p>Vital interests: the processing is necessary to protect someone's life.</p> <p>Public task: (in respect of the Council only, not the commissioned service) the processing is necessary to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law. Specifically data monitoring to ensure the Council and any commissioned service is accessible to all members of the community, including those with protected characteristics as defined by the Equality Act 2010.</p>

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<p>If sensitive personal data is involved, have you established which schedule 3 conditions for processing apply? (The conditions can be found here.)</p>	<p>The domestic abuse support service user will provide explicit consent to the processing of their personal data for one or more specified purposes.</p> <p>Processing of data will be necessary to protect the vital interests of the service user, or of another service user where they are legally incapable of giving consent (children of the service user or any adult for which they provide care who lacks mental capacity to provide consent)</p> <p>The processing of the data is also necessary for:</p> <ul style="list-style-type: none"> • Informing the provision of health or social care • Achieving purposes in the public interest • Achieving statistical purposes. <p>Data gathered shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the service user.</p>
<p>If you are relying on consent to process personal data, how will this be collected and recorded?</p>	<p>Signed consent will be obtained from the service user and recorded on their file.</p>
<p>Do you need to validate the age of the data subject and if so how will this be done?</p>	<p>No</p>
<p>Have you checked and confirmed that the data subject has capacity to give consent?</p>	<p>Any doubts about the capacity for a service user to give consent will be raised with adult social care for further advice.</p>

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Principle 2 – Information shall be collected for specified, explicit and legitimate purposes and not further processed for other purposes incompatible with the original purpose

Privacy issue	Comments
Please state the purpose for the processing of the data: <i>for example research, audit, service provision</i>	1. Identifiable personal data will be used for the purpose of assessing risk to service users and any children), as well as ensuring organisations are joined up in responding to the needs of the individual. 2. Sensitive personal information will be gathered from service users for two purposes – a) to ensure the service is accessible, takes into account all of their circumstances and meets all of their needs/beliefs b) to ensure equity of service to all service users and that the service continually responds, improves and shares
Which personal data could you not use without compromising the needs of the project?	All personal data is required and will be used. It is the discretion of the service user what they choose to disclose but on the understanding that the domestic abuse support service may be limited in their ability to provide a risk assessment and response.

Principle 3 – Adequate, relevant and limited to what is necessary in relation to the purposes

Privacy issue	Comments
Is the quality of information good enough for the purpose it is used?	Yes

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Principle 4 – Accurate and kept up to date

Privacy issue	Comments
How are you ensuring that the personal data obtained from individuals or other organisations is accurate?	<p>Personal information will be obtained directly from service users and recorded. Any change of circumstances must be reported to the domestic abuse support service to ensure the risk assessment and any service user needs are adequately met.</p> <p>Organisations contacted for additional information will be checked against information provided by the service user and any discrepancies will be investigated.</p>
How will the information be kept up to date and checked for accuracy and completeness?	The domestic abuse support service will ensure their records are regularly checked and updated with the service user for accuracy and completeness.
If the data subject withdraws their consent how will this be actioned and recorded?	The domestic abuse support service will make note of the withdrawal of consent, including the date, and take any required action, including notifying other organisations involved in the case.
Is there a documented process to amend and/or delete data when necessary?	The domestic abuse support service will have a documented process to amend and/or delete data when necessary.

Principle 5 - Kept in a form that permits identification no longer than is necessary

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Privacy issue	Comments
What are the retention periods for the data?	The domestic abuse support service will have in place and adhere to a data retention policy which is aligned to the retention of records in relation to both adults and children, including where safeguarding or a police investigation may apply.
Are you procuring software that will allow you to delete information in line with your retention periods?	This will be a decision for the commissioned service aligned to their data retention policy and process.
How will the data be destroyed when it is no longer required?	This will be a decision for the commissioned service aligned to their data retention policy and process.

Principle 6 - Processed in a way that ensures appropriate security of the personal data

Privacy issue	Comments
Do the systems provide protection against the security risks identified?	<p>The largest security risk for this service is the disclosure of information about the service user to the perpetrator. The domestic abuse support service will understand this risk and take all reasonable steps to mitigate.</p> <p>It is the responsibility of the commissioned service to ensure their systems are secure and aligned to their data protection policy.</p>
What training and /or guidance is in place to ensure that staff know how to operate the system securely?	It is the responsibility of the commissioned service to ensure their staff know how to operate their system securely.

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Is there a useable audit trail in place for the system/asset?	It is the responsibility of the commissioned service to have audit trails in place.
Where will the information be kept/stored/accessed?	It is the responsibility of the commissioned service to ensure all data is stored securely.
Will any information be set off site? If yes where will it be sent and how will it be transferred?	As above. Additionally, the commissioned service must ensure that any information sent elsewhere is done so securely.
Is there an access policy in place which covers the data referred to in the DPIA?	The commissioned provider will have in place controls to ensure that access levels are in accordance with necessity for staff to view records. The commissioned provider must also ensure they are able to respond to any subject access requests.
Is there a contingency plan/back up policy in place to manage the effect of an unforeseen event?	The commissioned provider will have contingency plans in place in case of an unforeseen event.
Are there procedures in place to recover data (both electronic and paper) which may be damaged through human error, computer virus, network failure, theft, fire or flood?	The commissioned provider will have procedures in place to recover data.

Rights of the individuals

Privacy issue	Comments
What process is in place to support answering Subject Access Requests?	The commissioned provider must ensure they are able to respond to any subject access requests.

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Do you intend to send direct marketing messages by electronic means?	No
If applicable are there any procedures in place for an individual to prevent processing for purpose of direct marketing.	There will be no direct marketing as part of this service.
Is automated decision making used? If yes how will you notify individuals?	No
Have you assessed that the processing of personal/sensitive data will not cause any unwarranted damage or distress to the individuals concerned?	<p>The domestic abuse support service will be gathering sensitive and personal information from service users which, by virtue of the type of service, may be distressing but how much they choose to disclose is under the control of the service user.</p> <p>The circumstances under which personal information may be shared without consent will be made clear to the service user. In the event of information sharing for the purposes of safeguarding or child protection, this may cause distress to the individual but this is superseded by the both the Council's and any commissioned service's responsibility to protect any person from the risk of significant harm.</p>
What procedures are in place for the rectifying/blocking of data by individual request or a court order?	The commissioned service will be have such procedures in place.
Will the information be shared with any other organisation or third parties?	It may be depending on the circumstances of the service user, with consent unless safeguarding applies.

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Step 4 – Completion of Risk Assessment

Application / Software Name.....

Information Asset Owner Title.....

Directorate.....

****This risk assessment will be completed by the domestic abuse support service provider****

<u>Risks Identified</u>	<u>Solutions</u>	<u>Evaluation</u> (would the risk eliminated, reduced or accepted?)

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Step 5 – Sign off and record of DPIA outcomes

****This risk assessment will be completed by the domestic abuse support service provider****

<u>Risks</u>	<u>Approved Solution</u>	<u>Approved by</u>	<u>Date Approved</u>

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Meeting:	Cabinet
Meeting date:	18 October 2018
Title of report:	Outcome of children's Ofsted Inspection of Local Authority Children's Services (ILACS) inspection and action plan
Report by:	Cabinet member children and families

Classification

Open

Decision

Non-key

Wards affected

All Wards

Purpose and summary

To receive the outcome of the Ofsted inspection of services under the new Inspection of Local Authority Children Services (ILACS) framework, which was conducted between 4 June 2018 and 22 June 2018.

To consider the council's response to areas for improvement identified and to make any recommendations regarding the council's proposed submission to Ofsted and proposed actions to address the areas of improvement that have been identified.

The council is required to submit an action plan to Ofsted within 70 days of the publication of their report (which is 25 October 2018), outlining how the council intends to address each of the areas for improvement, the timescales for action to be undertaken, and the monitoring arrangements.

Recommendation(s)

That:

- (a) **cabinet determine any additional actions it wishes to be taken to strengthen the draft action plan attached as appendix 2; and**
- (b) **subject to any revisions, the action plan be approved for submission to Ofsted by 25 October 2018.**

Alternative options

1. There are no alternative options to the above recommendations.

Key considerations

2. The previous Ofsted inspection of children's safeguarding took place in April and May 2014, at which time services were found to be requiring improvement overall. The 2014 inspection was used as a baseline to assess what was taking place in Herefordshire in 2018.

The inspection

3. The Ofsted inspection team contacted Herefordshire on 4 June 2018 and were in Herefordshire from 11 to 22 June 2018. The inspection was carried out under the new Inspection of Local Authority Children's Services (ILACS) framework, implemented in November 2017. The new inspection framework focuses much more on the experience and outcomes for children as the basis for its judgements. The inspection does this by looking at case records and speaking to social workers and other front line workers directly. The old inspection framework was wider in scope and spent more time considering processes, other agencies and the views from a wider range of staff, partners and elected members.
4. The inspection focused on the effectiveness of local authority services and arrangements in place to help and protect children; the experiences and progress of children in care wherever they live including those children who return home; the arrangements for permanence for children who are looked after (including adoption); and the experiences and progress of care leavers. In addition Ofsted evaluated the effectiveness of leaders and managers and the impact they have on the lives of children and young people and the quality of professional practice.
5. Herefordshire Council has to submit an action plan by 25 October 2018, 70 days after receiving the final inspection report. This is a standard requirement of the Ofsted inspection framework.
6. The outcome of the inspection was that Herefordshire has been judged as requires improvement overall. The judgements contributing to this outcome are set out below:

Judgement	Grade
The impact of leaders on social work practice with children and families	Inadequate
The experiences and progress of children who need help and protection	Requires Improvement
The experiences and progress of children in care and care leavers	Requires Improvement
Overall effectiveness	Requires Improvement

7. Ofsted reported that there were no children seen during the inspection who were found to be at risk of immediate harm and that the Multi-agency Safeguarding Hub (MASH) is responsive in its approach and ensures that children who need immediate help or protection have their needs met. Children who are looked after who were seen by Ofsted are in appropriate placements and the majority are developing well and their outcomes are improving. There were positive comments about a number of different areas, including early help, care leavers, children with disabilities, children at risk of sexual exploitation or wider

exploitation, the council's approach to elective home education, and for children who go missing.

8. However, Herefordshire was judged as inadequate in the impact of leaders on social work practice with children and families. This is a significant judgement and one that reflects that a number of areas for improvement from the last inspection in 2014 still require attention. Ofsted noted throughout the inspection that the council's own self-assessment had identified the areas for improvement and also recognised that the 2017/18 year had been an extremely challenging one for leaders and managers. This in itself does not provide a full explanation for why there are still areas for improvement.
9. Some areas, including caseloads for social workers had improved over the four years but had also then deteriorated in some teams. Reductions in staffing numbers, including management posts has stretched capacity. Herefordshire continues to have difficulties in recruitment of social workers, especially experienced social workers and has done over a number of years. This is also a challenge regionally and nationally.
10. There has not been sufficient improvement in the consistency and quality of practice in some areas, in the use of performance management over a number of years, with a significant development to the casework system over the period presenting additional challenges to improvement. As the high court judgement on section 20 cases in 2018 noted, there has been drift and delay in social work practice in a number of areas for a significant period of time in Herefordshire. The range of preventative services and the resources available to support this area has reduced over this period. All agencies in Herefordshire including council services, police, health services, early years settings, schools and colleges, community and voluntary services have struggled to achieve consistent application of Herefordshire Safeguarding Children Board's thresholds of need for children over the past four years. The inspection therefore provides an opportunity for Herefordshire to focus on improvement and to commit to doing so consistently for a number of years to achieve embedded and sustained good quality services and an environment for good social work to flourish.
11. Inspectors did see evidence of leaders and managers capacity to implement improvements in the children with disabilities service and in the care leavers and 16+ team. They also noted that the management team's response to section 20 Children Act 1989 cases had also been effective. Actions, including linking with other local authority areas of good practice and those set out following the local government association peer review that took place in February had not had time to take effect.
12. The areas for improvement are detailed in appendix 1 as well as those areas that Ofsted recognised as strengths. The inspection summarised what needs to improve as follows:
 - Senior leadership urgency in implementing a robust and timely action plan to deliver improvements and to address deficits in social work practice;
 - The sufficiency of social workers and managers with capacity to cope with the need for services and the volume of social worker caseloads;
 - Senior managers' interaction with social workers to enable staff to feel listened to;
 - The pace of progressing child protection and child in need plans and the quality of practice with children in need;
 - The regularity and quality of social work supervision;

- The quality and purposefulness of management oversight and decision making and the existing quality assurance and performance management system;
- The quality of life-story work for all children.

13. As part of the inspection, Ofsted identified some strengths including the following:

- Children identified at risk or immediate harm receive an appropriate prompt and responsive intervention, which ensures that they are safeguarded;
- Early help family support services that is received by families is responsive and there are good intense packages of support that are being provided; with good quality plans that clearly identify ongoing actions to sustain change;
- Multi-agency risk assessment conferences (MARAC) clearly identify risks to adults and children; the quality of actions plans are good;
- There is an effective out of hours service in place that provides timely and appropriate responses to children and families;
- The strengthening of assessment for children with disabilities through strong effective work results in effective support to children and their families;
- There is effective management of child sexual exploitation and other child exploitation; appropriate support and information is provided to parents and carers that enables them to understand their key role;
- The local authority are making appropriate decisions when children need to come into care; and where the risk increases and children are no longer able to remain at home we are making increasingly good use of our legal powers to safeguard and protect children;
- The majority of children in care live in good placements that facilitate the improvement in their individual outcomes;
- Where children and young people are unable to return to their birth families we are supporting them to live with connected persons;
- The local authority ensure where possible that siblings are placed together if this is appropriate and good assessments inform the contact plans.
- Where adoption is identified as the permanence decision this is achieved in a timely manner with families being carefully matched to children; introductions are managed well;
- Skilled work with unaccompanied asylum seeking children is taking place; the needs of these young people are well understood; where necessary we are placing them out of county to ensure that we meet their cultural and religious inclusion needs;
- The young people in care and care leavers are positive about their engagement with senior managers and the corporate parenting board;
- Care leavers are aware of their entitlement to services and they are provided with the support that they need to access information, legal rights and the benefits and financial help that they can receive;

- The council has made significant financial investment to support the development and improvement of children's social care services.

The council's action plan and performance monitoring

14. The draft action plan, attached at appendix 2 will continue to be refreshed and updated. The initial focus has been on short term actions to address key areas for improvement and these will be refreshed and renewed on at least a 3 monthly basis. Cabinet will be kept informed of progress against the action plan as part of the performance reporting process. The draft plan includes clear responsibilities and a process for monitoring.
15. Herefordshire is working closely with the Department for Education's (DfE) regional improvement and support lead for the West Midlands and making links with local authorities to aid our improvement. The DfE under-secretary of state for children and families will expect an update on progress in six months time.
16. Ofsted colleagues meet regularly with the director of children's wellbeing and the assistant director safeguarding and family support where progress will be reviewed. Ofsted will also undertake a focused visit sometime within the next 12 months and will critically evaluate what progress has been made on key areas of the ILACS inspection. The expectation is that this visit will happen soon.
17. Since the Ofsted inspection in June 2018, work has already commenced as follows:
 - We have established a new approach within the Multi-Agency Safeguarding Hub (MASH) to address how contacts and referrals are being processed has been put in place from the beginning of October 2018;
 - We now have an Early Help Coordinator in MASH to ensure that children are managed in the correct part of the system and stepped up and down appropriately according to their identified needs;
 - We have reviewed 181 Child in Need (CIN) cases; 89 have been closed and a further 132 are being reviewed. 42 are being stepped down to Early Help;
 - We have systematically reviewed all Section 20 cases and taken the relevant action required on all of them, and have put in a system to stop this reoccurring which was acknowledged as good by Ofsted;
 - We identified that some cases were in the wrong teams, we are in the process of transferring these cases to the correct teams and will keep this under review;
 - We have not been consistently completing supervision for workers and have implemented a supervision tracker from week commencing 30th July 2018. This is monitored weekly by heads of service and fortnightly by the assistant director;
 - We are improving our performance data for managers to use. A data book has been circulated from the 1 October 2018 to enable managers to more effectively manage their service areas and be able to plan work.
 - We have increased management capacity and have an additional Head of Service to concentrate on MASH/Assessment. We have increased team manager capacity and have an additional team manager in both the assessment and children protection court teams.

- We have recruited additional family support workers to provide capacity and take some tasks from social workers.
 - We are actively recruiting social workers and are part of a regional approach which at the time of writing has secured 4 social workers;
 - We have increased business support capacity to increase the availability of business support for convening and minuting of meeting releasing social work time from these tasks;
 - We are recruiting additional contact workers to clear the back log of life story book work and maintain completion of life story book work, particularly for children who are going to be adopted;
 - We have run a 3 month assessment improvement project in the assessment team to improve the quality of children and family assessments. This will be rolled out across all social work teams;
 - We have revised panel arrangements and a new panel commenced on the 25th September 2018 which will provide a much more robust challenge to requests for children to enter the looked after system;
 - We are revising our quality assurance approach to enable greater learning and improvement in practice by revising our audit tool and establishing a framework which closes the loop of learning.
18. Every social work service area has a clear action plan to drive forward improvement and will be monitored on a monthly basis by the directorate leadership team. The council has been clear that its ambition and expectation is for safeguarding services to be good. The Ofsted report and these action plans are important staging posts in monitoring progress to achieve this expectation and ensure that where child protection services are needed, they are of high quality.
19. The council has established its longer term strategy to secure good child protection services within an environment of reducing resources. The priorities for change are to build independence and self-support within families and communities; to target support services proactively in areas of need; and to change the models of delivery.
20. Council oversight and governance will be through the performance framework, specifically the children's performance monitoring and the cross council quarterly performance reviews. Final challenge and assurance will occur through Cabinet and the Children and Young People's Scrutiny committee as appropriate. Service management is reviewing the progress on specific work areas on a weekly and fortnightly basis. Individual service area action plans are being reviewed on a monthly basis. The Children and Young People's Partnership Plan will be an important vehicle to deliver multi agency change, including providing a focal point for developing Herefordshire's approach to early help. The Herefordshire Safeguarding Children's Board will be important in promoting multi agency practice and review the quality of it, thereby supporting improvement.

Community impact

21. In accordance with the adopted code of corporate governance Herefordshire Council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review. To support effective accountability the council is committed to reporting on actions completed and outcomes achieved, and ensuring stakeholders are able to understand and respond as the council plans and carries out its activities in an open and transparent manner.
22. The successful implementation of the action plan will bring about further improvement towards achieving the council's priorities of keeping children and young people safe and giving them a great start in life and enabling residents to live safe, healthy and independent lives; improving access to learning opportunities at all levels and improved outcomes for all children and young people.
23. Vulnerable children and young people, their families and carers, will experience different and improved approaches to service delivery as a consequence of the implementation of the actions set out in the plan and in the context of the plan's status within the wider children's development plan. This includes looked after children and care leavers up to the age of 25.

Equality duty

24. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

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

 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
25. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. We will make sure that as action plan is implemented will pay due regard to equality legislation.
26. The action plan will support the council in its overall duty to promote equality. In particular, the plan makes proposals to improve the outcomes of children and young people, by ensuring their diversity factors are assessed and assisting children and young people and their families to access services that meet their needs.

Resource implications

27. The action plan appended to this report in appendix 2 will require additional resources and these are being considered as part of the council's budget setting process, including what can be done in terms of prevention and edge of care.

28. Within the 2018/19 financial year the cabinet has agreed £1.6m of resource to support the increase in capacity of social workers, social work managers, and family support and business support to undertake work that will reduce the demands on social workers themselves. There is also some investment being used to support further development of performance management reports and systems and to address life story book work.

Legal implications

29. The Education and Inspections Act 2006 (Inspection of Local Authorities) Regulations 2007 sets out the requirements on the Council following an inspection report. The council is required to prepare a written statement of the action and the period which they propose to take that action. The appended action plan complies with this.
30. The action plan must be published within 70 working days of receiving an inspection report and a copy must be made available by either inspection at Council offices or by providing a copy upon payment of a reasonable fee.

Risk management

31. The risks associated with the failure to implement the action plan are:
- The council does not deliver sustained improvement. Too many children and young people receive a poor service, there is drift and delay and children and young people receive high threshold services that are reactive. There is not sufficient capacity for good social work to flourish and there are not the range of effective preventative and edge of care services to support children and young people safely in families. The council then runs the risk of being judged as inadequate under subsequent Ofsted ILACSS.
 - Reputational. The council does not make progress quickly enough and this diversely affects the recruitment and retention of social work staff. This can have the knock on effect of increasing caseloads, which in turn has the potential to negatively impact on performance and quality of services for children and families. As a consequence the council would have to invest significant resources to then rectify the situation.
32. The risks to successful delivery of the plan are:
- Insufficient resource is identified in the 2019/20 budget to implement the action plan in full. If this occurs there is the risk that the council does not deliver sustained improvement, with the consequences as outlined in paragraphs 31 and 32.
 - Change in culture and practice does not take place quickly or robustly enough and is not sustained. Accurate performance management information that is used at least weekly to manage and improve service delivery is a critical part of culture change, alongside capacity, training and development, audit work and changing practice as a result.

Consultees

33. A meeting of partners took place on the 25th September 2018. This included representatives from the police, clinical commissioning group, Wye Valley NHS Trust, 2gether Foundation Trust, West Mercia Youth Justice, and the voluntary sector. The group reviewed the inspection report and proposed actions to address areas such as early help, the understanding and application of thresholds, referrals into MASH, multi agency responses to child protection plans. Partners are represented within the different working groups that are either established or will be established under the Children and Young People's

Partnership or Herefordshire Safeguarding Children's Board to address specific areas of work. The group will review progress every three months.

34. The children and young people's scrutiny committee received the report and the associated appendices and action plan on the 1 October 2018 and resolved that the committee:
- endorses the action plan;
 - allocates a quarterly item to its work programme to assess progress against the action plan; and
 - welcomes those positive elements emerging from the inspection including: safeguarding arrangements; looked after children and early help; care leavers; children with disabilities; children at risk of sexual exploitation or wider exploitation; the council's approach to elective home education; and children who go missing.

Appendices

Appendix 1 - Ofsted Inspection of Local Authority Children's Services (ILACS) report.

Appendix 2 - Ofsted ILACS inspection June 2018 action plan

Background papers

None identified

Herefordshire

Inspection of children's social care services

Inspection dates: 11 June 2018 to 22 June 2018

Lead inspector: Pauline Higham
Her Majesty's Inspector

Judgement	Grade
The impact of leaders on social work practice with children and families	Inadequate
The experiences and progress of children who need help and protection	Requires improvement
The experiences and progress of children in care and care leavers	Requires improvement
Overall effectiveness	Requires improvement

Leaders and managers have not secured an environment in which good-quality social work practice can flourish, and the majority of core practice requires improvement. Senior leaders acknowledge that insufficient progress has been made in key aspects of their service, and many weaknesses found during this inspection mirror many of those identified in 2014. The pace of planning and action to remedy some long-standing deficits has been too slow. This had led to drift and delay for children before, during and after care proceedings, and means that outcomes have not improved for children in a timely way.

Since the last inspection in 2014, senior leaders have made some progress and have improved practice in some areas, for example in strengthening assessments for disabled children and in ensuring that information about children who go missing is shared effectively and is robustly analysed by partner agencies. The vast majority of children in care live in good placements, where their outcomes improve.

Children identified as at risk of immediate harm receive prompt and responsive intervention, ensuring that they are safeguarded. When risks increase, and children are no longer able to live safely at home, the local authority is making increasingly good use of its legal powers to safeguard and protect children. Decisions about whether some children who experience neglect need to become looked after are not taken swiftly enough. The quality of management oversight and decision-making across the wider service is too variable.

What needs to improve

- Senior leadership urgency in implementing a robust and timely action plan to deliver improvements and to address deficits in social work practice.
- The sufficiency of social workers and managers with capacity to cope with the need for services and the volume of social worker caseloads.
- Senior managers' interaction with social workers to enable staff to feel listened to.
- The pace of progressing child protection and child in need plans and the quality of practice with children in need.
- The regularity and quality of social worker supervision.
- The quality and purposefulness of management oversight and decision-making and the existing quality assurance and performance management system.
- The quality of life-story work for all children

The experiences and progress of children who need help and protection requires improvement

1. No children seen during the inspection were found to be at risk of immediate harm. The Multi-agency Safeguarding Hub (MASH) is responsive and ensures that good-quality information sharing results in strong decision-making. Children who need immediate help or protection receive appropriate interventions.
2. A significant number of contacts are signposted away from children's social care, which means that too many children are being referred who do not need this level of support. A number of children who would benefit from early help services experience delay because thresholds are not appropriately applied or understood. This is an area that needs to be strengthened so that children and families who might benefit from early help are quickly identified and do not experience any delays in receiving the help they need.
3. Despite this, early help family support services received by families are responsive and an intense package of support is provided. Early help plans are of good quality and detail clearly ongoing actions that are required in order to make and sustain change. These plans are reviewed

regularly and changes in needs are quickly responded to, resulting in demonstrable positive change for children and their families. When concerns escalate, thresholds for stepping cases up to statutory social care are well understood.

4. The majority of contacts into the MASH are progressed within 24 hours. Children identified as at risk of immediate harm receive a timely and responsive intervention, ensuring that they are safeguarded. Strategy discussions in the MASH involving the appropriate range of partner agencies take place promptly. Subsequent strategy meetings are well attended by professionals who know the children well, and planning for children is appropriate and well informed.
5. Similarly, section 47 child protection investigations are carried out in a timely way and appropriate decisions are reached. Poor recording in some cases means that there is not always evidence in children's records that they have been seen or the extent of direct work that has been undertaken with children.
6. The current arrangements within the MASH are not fully collaborative. Domestic abuse notifications are not triaged prior to them arriving in the MASH, which places additional burden upon the MASH manager. Police notifications classed as medium or standard risk (other than domestic abuse) are reviewed by police development officers appropriately and on a daily basis. However, there is no social care oversight of these cases, and, currently, there are no agreed timescales for ensuring that all notifications are reviewed. The consequence of this is that any risks to children might not be identified in a timely way, or they might be missed entirely. When alerted to this deficit, the local authority responded immediately to ensure thorough and timely management oversight of such cases.
7. Multi-agency risk assessment conferences (MARAC) are effective in identifying risks to adults and children. Information is relevant and specific. The quality of action plans is good, addressing risks by identifying actions for relevant agencies.
8. An effective out-of-hours emergency duty service (EDS) provides timely and appropriate responses to children and families. Information sharing, contact with daytime services and access to the electronic database enables EDS staff to make informed decisions and take any immediate actions to protect or help children.
9. Some children and family assessments are thorough, child centred and robust, and result in the provision of services and evident progress for children. However, this is not consistent. In poorer assessments, and particularly where neglect is a long-standing issue, social workers do not routinely consider historic concerns and their analysis can be over-

optimistic. Children are not routinely spoken to alone by social workers as part of their own assessments, and so subsequent plans are not informed by a child's view of their lived experience. In some cases, assessments are overly focused on the needs of adults.

10. Social workers across this service have high caseloads. In addition, and because of delays in transferring to other teams, they are also holding a mixed caseload. This means that social workers are struggling with competing demands and are prioritising their work with child protection and court cases taking precedence. In best case examples seen, social workers are tenacious and responsive. Evidence showed that there is effective child-centred practice that improves children's circumstances, but this is not consistent for all children.
11. The quality of services and practice for children in need is poor in many cases. Responses to their needs are too slow and lack the focus required to make meaningful changes to their situations. Current arrangements do not provide effective oversight, and while senior managers have developed an action plan to improve this situation, they do not ensure that all children in need are receiving the services they need in a timely way or that their needs are prevented from escalating.
12. The local authority has invested in graded care profile training to support social workers in dealing with cases of neglect. Despite staff speaking positively about this, no evidence of this training was seen being used with individual children.
13. Initial child protection conferences are held in a timely way. There is good multi-agency attendance, which ensures a holistic contribution to the child's plan. The quality of child protection plans is too variable and is poor in some cases. The plans for some children result in good multi-agency support that improves their circumstances and achieves sustainable change. Weaker plans lack sufficient details for families to see clearly what services are going to be offered, who will provide them, their responsibilities and the timescale for them to take particular actions. This makes it difficult for families to understand what needs to change and by when.
14. Children in need and children subject to child protection plans do not always receive timely visits. Over half of children who are the subject of a child protection plan are not visited the locally defined minimum amount or visited enough times to meet their needs in line with their plans. Children are not always seen alone when social workers visit. This means that children are not always able to develop meaningful and trusting relationships with their social workers. Further social workers do not always have a sufficiently full understanding of children's current

circumstances to mitigate risk and to effectively progress the child's plan.

15. Fewer children are the subject of repeated referrals to children's social care and fewer children are subject to repeat child protection plans. This means that, for some children, intervention is effective and their improved outcomes are sustained.
16. Some children benefit from good direct work by social workers they know and trust, but this is not a consistent feature of social work practice. Children in this service experience too many changes of managers and social workers.
17. Management oversight of frontline practice is not consistently effective. It is not evident in all cases and does not provide the robust challenge and direction needed to urgently progress plans and avoid drift and delay. Social workers do not receive regular supervision, and when it does take place, it does not provide the necessary support and direction to ensure that all children's cases progress without delay.
18. The quality of help and protection offered to children by the disabled children's team is a strength. Strong and effective work with partner agencies results in effective support to children and their families. Workers know the children they are working with very well and they ensure that children's views are evident in their reviews and assessments. Assessments are updated regularly and provide a good analysis of the needs of children.
19. When children live in households where multiple risks are present, these risks are identified well. However, this identification of risk is not then routinely followed up by well-coordinated and focused intervention, with the result that there are delays in progress for children. Often, there is too much focus on single issues, rather than understanding how risks relate to each other and then formulating an overarching plan to address this. The impact on children who are living in such circumstances is not well understood by senior managers, and assertive and timely action is not always well coordinated to improve their circumstances.
20. Work with families is not always consistently child-centred. Following an initial public law outline (PLO) meeting, in some cases the significance of what happens to a child is lost as the focus shifts on to the adults. Some letters before proceedings are too long and do not assist parents to understand what they need to prioritise and how they are going to be supported to change. Some children experience drift and delay at this stage, and review PLO meetings are not taking place in a timely way.

21. For children at risk of exploitation, effective multi-agency working results in risks being identified and appropriately assessed. Robust risk assessments result in children being supported at the right thresholds to mitigate risk. Where concerns increase and where it is appropriate, children come into care without delay to ensure that they are safeguarded.
22. Child sexual exploitation and other child exploitation is effectively managed. Timely information sharing between professionals enables effective mapping to take place, identifying potential adults of concern and other children at risk of exploitation. Appropriate support and information is provided to parents and carers to enable them to develop a better understanding of child exploitation and the key role that they play in safety planning.
23. The local authority's designated officer ensures that prompt and effective action is taken when allegations are made against professionals or persons in positions of trust. Position of trust meetings are timely and well attended, ensuring that appropriate actions are taken to effectively safeguard children.
24. For children who go missing from home or care, return home interviews are completed in a timely manner. The recordings of discussions with children lack analysis, with the result that it is not always clear how the information gathered informs safety planning for children. The local authority is aware of this deficit and has taken action to improve the way that staff can record their findings that supports more effective analysis and data collection.
25. There has been concerted work to get children who have been reported missing from education back into school. Schools report any concerns promptly and officers follow up cases effectively, working in partnership with other agencies and local authority teams. Officers keep detailed records of their work and cross-check any emerging concerns with social care colleagues.
26. Local authority officers know which pupils are being electively home educated. The elective home education officer works effectively with families to make checks on the quality of education that pupils receive. Any safeguarding concerns are promptly acted on.
27. The arrangements for children in private foster care are not well managed. Children do not receive a timely and responsive assessment of their needs or of their carers' abilities to meet their needs. Not all required checks are carried out and not all children have been seen in a timely way. The local authority responded immediately to concerns

raised by inspectors for the very few children living in these arrangements and has taken appropriate steps.

The experiences and progress of children in care and care leavers requires improvement

28. Appropriate decisions are made when children need to come into care. When risks increase, and children are no longer able to live safely at home, the local authority is making increasingly good use of its legal powers to safeguard and protect children.
29. Decisions for children to become looked after are not always based on up-to-date assessments. Assessments are not routinely updated to reflect changes in a child's circumstances and needs. Historical concerns are not always fully considered, and this means that some children whose circumstances had not changed should have come into care sooner. Better assessments take good account of historical concerns effectively, using research and analysis to inform planning.
30. When children and young people become accommodated under s20 Children Act 1989, the initial decision-making is appropriate. The planning that follows is not always sufficiently robust or purposeful, and, as a result, several children have remained subject to these arrangements for too long. This has resulted in prolonged drift in progressing their care.
31. As a consequence of a recent court judgement, it was recommended that the local authority should review all cases where children were subject of s20 Children Act 1989 arrangements. As a result, a targeted and effective action plan has led to more recent assertive decision-making and the progression of plans for some children.
32. Children's care plans are of variable quality. Some are specific and clear, while others are overly long. In these plans, outcomes are not measurable and actions and timescales are recorded as 'ongoing'. In some cases, this has contributed to drift and delay for children.
33. Where appropriate, children and young people who are unable to return to their birth families are being supported to live with connected persons. Family group conferences are used well to facilitate the exploration of family-based solutions.
34. The local authority is succeeding in ensuring that brothers and sisters are placed together where possible and where it is appropriate. Good assessments inform contact plans, and any changes to contact

arrangements meet the needs of the children and support family relationships.

35. Children are actively encouraged to attend their reviews, and advocacy is used appropriately. Children are routinely seen alone. In most cases, recording of visits is thorough. Social workers know children well and are able to clearly articulate their needs, identify risks and vulnerabilities and describe their personalities. However, this knowledge is not always fully reflected in case records. Views of parents and other family members are well recorded and are reflected in children's care planning.
36. Despite this good work, the quality and progress of care planning is compromised for some children because of too many changes in social worker. This also means that it is difficult for children to build trusting relationships with their social workers.
37. Children's views are well recorded within review minutes. Child-centred letters are written to children by independent reviewing officers (IROs), informing them of outcomes and decisions of their reviews, and this helps children understand what is happening. IRO visits to children are not always recorded on their case files, and so the IRO footprint is not consistently evident. IRO scrutiny and challenge to progressing plans and addressing drift is not always sufficiently robust.
38. Children seen are in appropriate placements, and are having their needs met, with the majority developing well and their outcomes improving. The process for supporting stability of placements is effective and help is available early to prevent concerns from escalating further. Access to Herefordshire intensive placement support service therapeutic support is a strength. Case records do not demonstrate that matching takes place at the point of children coming into care, and for some children permanence is not achieved within their timescales.
39. The authority's arrangements for delegating authority to carers is not sufficiently clear and has not been for some time, despite the issue being raised by young people previously. This is an important issue for young people and means that some foster carers are still unable to make appropriate day-to-day decisions on their behalf. Senior managers have acknowledged this and have agreed to take immediate action to remedy the situation.
40. Foster carers go through an appropriate approval process and receive the right range of training to meet the needs of children placed with them. The local authority is struggling to provide a sufficient number of foster families, and in particular those that meet the needs of sibling groups and teenagers.

41. Too many children do not have life-story work completed and this means that carers do not have a comprehensive and accessible account of a child's life history to enable them to fully support children.
42. Educational outcomes for children in care are variable across the local authority. The attainment of key stage 4 children in care has been in line with, or above, national levels for the last two years. The attainment of children in care in key stages 1 and 2 has been variable for the last two years. The local authority is aware of this variability and is committed to raising standards further. The electronic system that has been introduced to record children's outcomes does not provide the virtual school with sufficiently detailed information about the children's attainment and progress. As a result, it is not yet possible to fully track outcomes and respond accordingly to any identified issues or trends.
43. The virtual school headteacher has a clear view of the strengths and priorities of the local authority provision. The virtual school does not have sufficiently detailed information about the attainment of children in care, and schools report that children in care achieve mixed levels of progress. Targets within personal education plans are not specific or measurable enough to allow professionals to make an accurate judgement about the progress of children in care. This is particularly the case for looked after children and care leavers in secondary and 16–19 provision. Personal education plans do include the views and feelings of children in care.
44. For the majority of children for whom the permanence decision is adoption, adoption is achieved in a timely manner. Family finding and matching are strong areas of practice. Families are carefully matched to children, and information sharing is good. Introductions are well managed, with input from the adoption social worker as well as the child's social worker.
45. Arrangements for adoptive families to access post-adoption support are good, enabling help and support to be available without delay. The service keeps in touch with adopters, sending out emails and flyers to invite them to tailored training and social events. All adopters have access to a play therapist based in the service if children require this type of support. This is good practice.
46. Care leavers have timely effective pathway plans that address their needs. Plans are individual, aspirational and reflect young people's hopes for the future. Young people clearly contribute to their plans and they focus on what is important to them. Care leavers have trusted relationships with their personal assistants.
47. While young people at 18 years old have a meeting with the child looked after nurse, not all young people have access to their health

information. Inspectors identified this as an important issue for young people and the local authority has agreed to take this forward as an area for immediate improvement.

48. Skilled work with unaccompanied asylum-seeking children takes place. The diverse needs of these young people are well understood, and it is recognised that their needs cannot always be met within the Herefordshire area. Out-of-county placements are sourced and meet children's cultural religious and inclusion needs. Staff proactively seek to further develop their skills in this area to appropriately support young people.
49. Young people in care and care leavers are positive about their engagement with senior managers and the corporate parenting board. They spoke positively about the recent council 'take over day' in November, which also included other agencies.
50. Care leavers live in good-quality placements and accommodation, including supported living and staying put arrangements. Care leavers are aware of the advocacy service, although they feel that their voices are not always heard or taken account of. Access to mental health services for care leavers is difficult, and to date there is no strategy to improve this situation. Care leavers know about their entitlement to services and they receive good support to access information, legal rights, and the benefits and financial help that they can receive.

The impact of leaders on social work practice with children and families is inadequate

51. The last year has been extremely challenging for leaders and managers. A very specific set of circumstances occurred from September last year that included restrictions on the range of functions some senior managers have been able to undertake and challenging personal circumstances that have resulted in a leadership team with constrained capacity, lack of stability and, in some areas, poor performance.
52. A number of areas for improvement from the last inspection in 2014 still require attention and this is a concern. These include caseloads that are too large, ineffective quality assurance and performance management and continuing difficulties in recruiting good-quality social work staff and managers.

53. Senior leaders have sought and are receiving support from colleagues within the social care sector who lead children's social care effectively in the sector, but it is too early to evaluate this.
54. Leaders and managers have not been effective in overseeing and ensuring that social work practice flourishes. Their lack of grip and direction has resulted in a service where some decision-making is very poor, some staff do not receive supervision and workforce capacity is not at the level required to provide a good-quality service for children and families.
55. Social workers from various teams are prevented from providing the quality of service they know is required because of excessive caseloads and ineffective deployment of staff. This is further hampered by a lack of robust, clear and timely management oversight and case direction. Senior leaders acknowledge this and now have the early stages of an improvement strategy in place. However, it is too early to see any impact.
56. Too many children in need of help and protection and children in care are receiving a poor service. Practice is not consistently child focused. Planning for children is not always sufficiently robust or purposeful and this is compounded by management oversight that is not effective in addressing this. As a result, some children experience unnecessary drift and delay and their circumstances do not improve in a timely way.
57. Staff in some teams feel a strong disconnect from their senior managers, which is inhibiting improvement. If improvements are to be made securely, this needs immediate attention.
58. Sufficiency planning lacks effective strategic direction and future needs are not articulated clearly. This is compounded by the current commissioning strategy not being underpinned by a comprehensive assessment of future needs.
59. Senior managers acknowledge that their current performance and management information data is underdeveloped and does not provide sufficient accurate detail to support their understanding of what is happening in their service. This requires immediate and robust attention.
60. Quality assurance processes are undertaken routinely, but they are rendered ineffective because of a lack of follow-through on issues of concern. This is a missed opportunity to improve the quality of social-work practice and a failure of managers.
61. Leaders and managers are aware of deficits in practice and service provision, but currently there is a lack of timely action planning to remedy this. Inspectors have seen evidence of their capacity to

implement improvements in the children with disabilities service and in the care leavers and 16-plus team. The management team's response to s20 Children Act 1989 cases has also been effective.

62. Furthermore, the council has made a recent significant financial investment to support the development and improvement of children's social care services. This is supported by a recent appointment to the senior management team of an assistant director who brings a renewed focus to long-standing issues. The director of children's services is aware of the need to take robust and immediate measures to strengthen his management team and there is very recent evidence of assertive action.



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The improvement plan sets out the seven key areas for improvement as identified by Ofsted, further areas for improvement are then grouped according to the areas of the Safeguarding and Early Help Development Plan. This plan will be developed further with local authorities identified by the DfE to aid Herefordshire's improvement. Actions contributing to the delivery of the plan will be reviewed weekly, fortnightly and monthly within the service. Updates will be provided to management board and to Cabinet as part of performance and budget reporting. Children and Young People's Scrutiny Committee will regularly review progress against the plan.

RAGB Status	Indicator / Definition	Actions
Red	"Action" is behind schedule. Performance measure not yet achieved	Director / Assistant Director will review the "Action" to identify the root causes of the red status. Action Plan owners will produce plans to prevent further deterioration and ensure action is back on track – plans will be approved by Assistant Director.
Amber	"Action" has experienced some issues. Delays forecasted. Performance measure unlikely to be achieved on time	Director / Assistant Director will maintain a watching brief over amber "Action/s". Action Plan owners will produce plans to ensure action is back on track – plans will be approved by Assistant Director.
Green	"Action" is on track. Completion date and performance measure is expected to be achieved.	Director / Assistant Director need assurance the "Action" is truly green.
Blue	"Action" completion date and performance measure achieved. "Action" complete/closed.	

Ofsted Inspection of children's social care services 04/06/18 - 22/06/18 - What needs to improve

Ofsted No. 1	Senior leadership urgency in implementing a robust and timely action plan to deliver improvements and to address deficits in social work practice						
RP 51	A leadership team with constrained capacity, lack of stability and, in some areas, poor performance.						
RP 61	Leaders and managers are aware of deficits in practice and service provision, but currently there is a lack of timely action planning to remedy this.						
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
1.1	Establish specific Service Area Action Plans to address immediate areas for improvement, these to be refreshed at least every 3 months to ensure they drive improvement. These feed into the overall Ofsted Improvement Plan.	31/08/2018	Assistant director safeguarding and family support	Action plans agreed and actions taking place	Improvements in core quality of practice is evident through performance and audit reporting	Action plans in place and actions are being delivered. Monitoring process established.	B
1.2	Develop draft Ofsted Improvement Plan to address Ofsted areas for improvement, building on existing development plan, self assessment and peer review.	21/09/2018	Director for children and families	Draft action plan complete.	N/A	Plan drafted and sent to Ofsted for initial view.	B
1.3	Cabinet sign off Ofsted Improvement Plan following scrutiny by Children and Families Scrutiny Committee.	18/10/2018	Director for children and families	Ofsted Improvement Plan signed off	Scrutiny have reviewed and made their recommendations to Cabinet. Cabinet have agreed the action plan.		G
1.4	Formally share Improvement Plan with Ofsted.	25/10/2018	Director for children and families	N/A	N/A	N/A	G

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
1.5	Enhance management grip through weekly performance information, including timeliness of visits and assessments, to be used by team managers and heads of service.	from 10/09/2018	Assistant director safeguarding and family support	Visits completed within targets, assessments completed within 45 day timescale	Team managers are actively using the performance information, evidenced by improvements in performance within their teams.	Information produced and being shared. Performance booklet on track to be produced from 1/10/2018	G
1.6	Deliver and monitor Ofsted Improvement Plan and Service Area Action Plans using project management approach, fortnightly/monthly review meetings and reports. Quarterly updates to cabinet and children and families scrutiny.	from 10/09/2018	Assistant director safeguarding and family support	N/A	Change is evidenced	Monitoring process and procedure agreed and implemented.	G
1.7	Progress update sent to Department for Education (DfE) for 6 monthly review	01/04/2019	Director for children and families	N/A	N/A	N/A	G

Ofsted No. 2	The sufficiency of social workers and managers with capacity to cope with the need for services and the volume of social worker caseloads
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RP10	Social workers across this service have high caseloads. In addition, and because of delays in transferring to other teams, they are also holding a mixed caseload. This means that social workers are struggling with competing demands and are prioritising their work with child protection and court cases taking precedence. ... Evidence showed that there is effective child-centred practice that improves children's circumstances, but this is not consistent for all children.
RP 16	Some children benefit from good direct work by social workers they know and trust, but this is not a consistent feature of social work practice. Children in this service experience too many changes of managers and social workers.
RP 36	Despite this good work, the quality and progress of care planning is compromised for some children because of too many changes in social worker. This also means that it is difficult for children to build trusting relationships
RP 52	Caseloads are too large, ineffective quality assurance and performance management and continuing difficulties in recruiting good quality social work staff and managers.
RP 54	Despite this good work, the quality and progress of care planning is compromised for some children because of too many changes in social worker. This also means that it is difficult for children to build trusting relationships with their social workers.
RP 55	Social workers from various teams are prevented from providing the quality of service they know is required because of excessive caseloads and ineffective deployment of staff. This is further hampered by a lack of robust, clear and timely management oversight and case direction. Senior leaders acknowledge this and now have the early stages of an improvement strategy in place. However, it is too early to see any impact.

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
2.1	Cabinet to agree additional investment to support recruitment (£1.6m)	01/05/2018	Director for children and families	Cabinet agreed additional investment of £1.6m.		Achieved	B
2.2	Implement package of measures to support retention of experienced staff	01/08/18 - phase 1 (Market forces supplement, relocation, recommend a friend). 28/12/18 - phase 2 (learning accounts, retention payments). 29/03/19 - phase 3 (corporate employee benefits)	Organisational development business partner	Vacancies levels in Child Protection/Court Team	Child Protection/Court Team is fully staffed and internal movement other than for promotion is reduced to zero	Market forces supplement implemented across social worker roles. Increased relocation payment in place. Drop in sessions held to get staff views on next steps. Proposals drafted for consideration by mini-board	G
2.3	Develop and implement revised career pathways to support professional and personal development	31/10/2018	Organisational development business partner	Number of appointments to social worker from student placements, Step Up and apprenticeships.	We have developed and implemented clear career pathways that staff tell us they understand - via health check and employee opinion survey.	Consultation on career pathway undertaken and first draft produced.	G

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
2.4	Identify additional routes to recruit and retain permanent employees, including collaboration with the West Midlands region	31/10/2018	Organisational development business partner	A number of new permanent employees in place via agreed routes	We have agreed new routes to recruit experienced people, have a plan of action and have implemented it.	Agreed to develop proposals around overseas.	G
2.5	Recruit a team of 10 agency social workers into the Child Protection/Court Team to provide six months cover.	22/10/2018	Organisational development business partner	Social workers recruited and team in place no later than 22/10/18	Timely and high quality services are delivered to children and families (frequent change of social worker and drift/delay is avoided). Social work caseloads are reduced and case transfers across the service are enabled.	4 appointed, start dates confirmed. Further 7 interviews arranged	A
2.6	Recruit up to 8 newly qualified social workers to the Assessed and Supported Year of Employment programme and retain them within the organisation	from 01/09/2018	Principal social worker	8 Assessed Supported Year of Employment newly qualified social workers recruited		As of 20/09/2018 2 Assessed Supported Year of Employment newly qualified social workers have been recruited; with a further 2 candidates being interviewed on 08/10/2018	A

Ofsted No. 3	Senior manager's interaction with social workers to enable staff to feel listened to						
RP 57	Staff in some teams feel a strong disconnect from their senior managers, which is inhibiting improvement. If improvements are to be made securely, this needs immediate attention.						
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
3.1	Regular staff briefings on outcomes of Ofsted inspection and immediate steps.	31/07/2018	Director for children and families	Briefings complete and briefing materials distributed to all staff.	Staff surveys illustrate that staff feel engaged/informed/clear regarding areas for improvement and next steps. Staff feel more positive, their views are making a difference and a greater connect to Senior Management.	Briefings provided to staff at range of locations	B
3.2	Rolling programme of regular staff briefings regarding Children and Families Development Plan and underpinning philosophy regarding how to deliver services to children/families.	24/09/2018	Director for children and families/Assistant director safeguarding and family support	Briefings complete and briefing materials distributed to all staff.		Programme in place	G
3.3	Establish a variety of methods of communication, including monthly blog.	30/10/2018	Director for children and families/Assistant director safeguarding and family support	Staff access communication mediums			G
3.4	Assistant director Open Door session to all staff once a month.	28/08/2018	Assistant director safeguarding and family support	Staff attend sessions.		In place	B
3.5	Staff views requested and received on how to improve methods of communication/ engagement.	03/09/2018	Director for children and families/Heads of service	Views collated/established/ embedded.		Carried out during July/August. Review effectiveness Jan 2019. Suggestions implemented at staff conference, drop in sessions, and variety of communications	B

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
3.6	Implement Cascade Model of information sharing from Assistant director/ Head of service meetings to Head of service /Team manager meetings through to team meetings to embed information flow through the organisation.	10/09/2018	Assistant director safeguarding and family support	Model implemented/embedded.		In place	B
3.7	Senior manager's to increase level of interaction with staff/teams.	24/08/2018	Director for children and families/Assistant director safeguarding and family support and all Senior managers.	Positive feedback from staff at briefings.		Heads of service spending time working alongside staff in different buildings. Assistant director/director have programme of visits with teams. Director establishing programme of shadowing individual workers through the year.	B
3.8	Request staff views regarding changes required to improve social worker experience and implement outcomes.	06/08/2018	Director for children and families/Assistant director safeguarding and family support and all Senior managers.	Positive feedback from staff at briefings.		Business support have taken on additional work and social workers have reported this is helpful and making a difference.	B
3.9	Distribute Social Work Survey and encourage staff to complete.	30/11/2018	Director for children and families/Assistant director safeguarding and family support, Head of service, Principal social worker and Organisational development business partner.	50% of staff return survey results.		Staff survey launched	G

Ofsted No. 4	The pace of progressing child protection and child in need plans and the quality of practice with children in need
RP11	The quality of services and practice for children in need is poor in many cases. Responses to their needs are too slow and lack the focus required to make meaningful changes to their situations. Current arrangements do not provide effective oversight, and while senior managers have developed an action plan to improve this situation, they do not ensure that all children in need are receiving the services they need in a timely way or that their needs are prevented from escalating.
RP 13	The quality of child protection plans is too variable and is poor in some cases. ... Weaker plans lack sufficient details for families to see clearly what services are going to be offered, who will provide them, their responsibilities and the timescale for them to take particular actions. This makes it difficult for families to understand what needs to change and by when.
RP 14	Children in need and children subject to child protection plans do not always receive timely visits. Over half of children who are the subject of a child protection plan are not visited the locally defined minimum amount or visited enough times to meet their needs in line with their plans. Children are not always seen alone when social workers visit. This means that children are not always able to develop meaningful and trusting relationships with their social workers. Further social workers do not always have a sufficiently full understanding of children's current circumstances to mitigate risk and to effectively progress the child's plan.
RP 19	Identification of risk is not routinely followed up by well-coordinated and focused intervention, with the result that there are delays in progress for children. Often, there is too much focus on single issues, rather than understanding how risks relate to each other and then formulating an overarching plan to address this. The impact on children who are living in such circumstances is not well understood by senior managers, and assertive and timely action is not always well coordinated to improve their circumstances.
RP 56	Too many children in need of help and protection and children in care are receiving a poor service. Practice is not consistently child focused. Planning for children is not always sufficiently robust or purposeful and this is compounded by management oversight that is not effective in addressing this. As a result, some children experience unnecessary drift and delay and their circumstances do not improve in a timely way.

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
4.1	Establish accurate data of all open child in need cases	30/09/2018	Assistant director safeguarding and family support	Clear data set of Herefordshire child in need population established	Focused attention on reviewing child in need cases can take place	Data cleansing commenced in July 2018, to date over 200 cases categorised as child in need have been reviewed.	G
4.2	Review all open child in need cases	30/10/2018	Assistant director safeguarding and family support	All child in need cases have been reviewed by a Team manager or Head of service	Appropriate actions identified for children who's child in need plans have been subject to drift and delay	Once we have a clear data set of children in need with a child in need plan in place this will commence	G
4.3	Review, revise and implement Herefordshire Child in Need guidance	30/12/2018	Assistant director safeguarding and family support	Child in need guidance has been understood and accepted by all social work and family support workforce across the children and families directorate	Children who require a child in need plan receive a consistent, timely and child focused service	Negotiations have commenced to recruit additional capacity to undertake this work.	G
4.4	A comprehensive action plan will be implemented to raise the standard and quality of child protection plans	30/11/2018	Head of service safeguarding and review	All Independent Reviewing Officer's (IRO's) and Team managers understand and accept principles and practice of Specific, Measurable, Achievable, Realistic, Timebound (SMART) child protection plans	All children who require a child protection plan will have a robust child centred child protection plan	Action plan in place, to date achievements made against timescales including Head of service reviewing quality of child protection plans in every 1:1 on monthly basis.	G
4.5	Targets will be set to measure improvement in timeliness of visits to children in need and children with child protection plans. The performance information will be reviewed on a weekly basis by Team managers, Heads of service and Assistant director safeguarding and family support.	10/09/2018	Assistant director safeguarding and family support / Head of service	Timescales set end of Sept 65%; end Oct 80%; end Nov 90%	Children will receive the service they require and deserve and statutory timescale visits are completed	Targets set. September performance data will inform us if we have achieved these targets which is due to come to Assistant director / Head of service meeting on 08/10/2018	A

Ofsted No. 5	The regularity and quality of social worker supervision						
RP 17	Social workers do not receive regular supervision, and when it does take place, it does not provide the necessary support and direction to ensure that all children's cases progress without delay.						
RP 54	Leaders and managers have not been effective in overseeing and ensuring that social work practice flourishes. Their lack of grip and direction has resulted in a service where some decision-making is very poor, some staff do not receive supervision and workforce capacity is not at the level required to provide a good-quality service for children and families.						
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
5.1	Recruit additional managers to enable increase in frequency of Supervision.	31/07/2018	Organisational development business partner	Additional managers in post.	We see the supervision figures increase to target set at 80%	2 Team managers recruited to Child Protection /Court Team and 1 Team manager recruited to Assessment Service. 1 Managing Practitioner recruited to Multi-agency safeguarding hub (MASH) and 1 Managing Practitioner recruited to Looked After Children.	B

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
5.2	Establish fortnightly reporting on Supervision figures/numbers.	01/09/2018	Performance service manager	Figures available		Performance information on frequency of supervision is now being received and September figures will indicate if target of 80% is being achieved	B
5.3	Undertake an audit of the quality of Supervision provided to Social workers by Team managers	30/12/2018	Heads of service	Audit completed	When the quality of supervision is consistently good.		A

Ofsted No. 6	The quality and purposefulness of management oversight and decision making and the existing quality assurance and performance management system
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RP 6	The current arrangements within the MASH are not fully collaborative. Domestic abuse notifications are not triaged prior to them arriving in the MASH, which places additional burden upon the MASH manager. Police notifications classed as medium or standard risk are reviewed by police development officers appropriately and on a daily basis. However, there is no social care oversight of these cases, and, currently, there are no agreed timescales for ensuring that all notifications are reviewed. The consequences of this is that any risks to children might not be identified in a timely way, or they might be missed entirely.
RP 17	Management oversight of frontline practice is not consistently effective. It is not evident in all cases and does not provide the robust challenge and direction needed to urgently progress plans and avoid drift and delay. Social workers do not receive regular supervision, and when it does take place, it does not provide the necessary support and direction to ensure that all children's cases progress without delay.
RP 42	Educational outcomes for children in care are variable across the local authority. The attainment of key stage 4 children in care has been in line with, or above, national levels for the last two years. The attainment of children in care in key stages 1 and 2 has been variable for the last two years. The local authority is aware of this variability and is committed to raising standards further. The electronic system that has been introduced to record children's outcomes does not provide the virtual school with sufficiently detailed information about the children's attainment and progress. As a result, it is not yet possible to fully track outcomes and respond accordingly to any identified issues or trends.
RP 43	The virtual school does not have sufficiently detailed information about the attainment of children in care, and schools report that children in care achieve mixed levels of progress. Targets within personal education plans are not specific or measurable enough to allow professionals to make an accurate judgement about the progress of children in care. This is particularly the case for looked after children and care leavers in secondary and 16-19 provision. Personal education plans do include the views and feelings of children in care.
RP 54	Leaders and managers have not been effective in overseeing and ensuring that social work practice flourishes. Their lack of grip and direction has resulted in a service where some decision-making is very poor, some staff do not receive supervision and workforce capacity is not at the level required to provide a good-quality service for children and families.
RP 55	Social workers from various teams are prevented from providing the quality of service they know is required because of excessive caseloads and ineffective deployment of staff. This is further hampered by a lack of robust, clear and timely management oversight and case direction. Senior leaders acknowledge this and now have the early stages of an improvement strategy in place. However, it is too early to see any impact.
RP 59	Senior managers acknowledge that their current performance and management information data is underdeveloped and does not provide sufficient accurate detail to support their understanding of what is happening in their service. This requires immediate and robust attention.
RP 60	Quality assurance processes are undertaken routinely, but they are rendered ineffective because of a lack of follow-through on issues of concern. This is a missed opportunity to improve the quality of social-work practice and a failure of managers.

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
6.1	Improve the quality and detail of performance information to enable managers to have a grip on how their teams are performing and take appropriate action where required	31/12/2018	Performance team lead	Accurate performance information is available and practice standards are improved	Managers are using performance information as business as usual and performance measures are improved	Data book goes live 01/10/2018; reports on weekly visits and supervision in place. Local authority has worked with Staffordshire to determine offer of support via DfE	G
6.2	Recruit additional capacity into the performance team to improve the performance information and analysis	30/09/2018	Performance service manager	Additional posts are in place	Accurate timely performance data is available to all managers across the service and being used to drive up the quality of social work practice	Children's Service Performance team leader appointed. Further recruitment taking place to provide additional capacity	A
6.3	Review the development programme of Mosaic and establish further enhancements, plan and resources to deliver	31/12/2018	Assistant director safeguarding and family support	Mosaic supports the social work systems efficiently	Performance culture is embedded across the children and families directorate and enables us to take swift and appropriate action for areas that require improvement	Use the expertise from other local authorities via the DfE to support the development of the programme	G

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
6.4	Produce Performance Overview Report and review at Heads of service/Assistant Director meeting. Risks and highlights identified and reported to Senior management team (SMT) on monthly basis.	31/07/2018	Performance service manager and all Heads of service/Assistant Director safeguarding and family support	Report produced and discussed at monthly meetings.	Leaders at all levels have full understanding and grip of performance across the whole service. Appropriate/ timely actions/intervention is taken by leaders at all levels when performance levels decline.	Implemented on 13/08/18	B
6.5	Ensure schools are set appropriate and rigorous attainment targets for looked after children.	28/09/2018	Head of learning and achievement	Appropriate targets set.	Educational outcomes for children in care will be in line with national or above for looked after children at Early Years Foundation Stage (EYFS), phonics, Key Stage 1 (KS1), KS2, KS4 and KS5 for all external performance measures in 2019 and beyond;	Training for schools on 26/09/2018 will include Herefordshire Council expectations regarding: targets, interventions, ePEPs and effective use of pupil premium funding for looked after children.	G
6.6	Monitor progress towards targets schools set for looked after children.	30/08/2019	Head of learning and achievement	Targets achieved.		National data for external measures in 2018 not yet available.	G
6.7	Develop the Virtual School Team to enable robust conversations with schools regarding the progress pupils are making.	31/10/2018	Head of learning and achievement	Training completed	Gaps will reduce between Herefordshire looked after children and Herefordshire non looked after children	Training was delivered by Marlbrook Teaching School and Head of learning and achievement in the summer term on external progress and attainment measures. Further training booked for 18/10/18.	G
6.8	Ensure effective use of pupil premium for looked after children that enhances attainment and progress.	30/11/2018	Head of learning and achievement	Evidence of pupil premium being used appropriately.		The Virtual School Team is now risk (RAG) rating ePEPs for the quality of academic targets set. In July 238 ePEPs were RAG rated of which 10 were red (of which 7 were school issues) and 58 were amber. The seven schools who had a red risk rating ePEP did not receive pupil premium funding for that term	A
6.9	Scrutinise data to identify key issues/trends in schools for LAC.	28/09/2018	Head of learning and achievement	Trend analysis completed.			A
6.10	Provide training to school staff regarding effective ePEP writing / how to conduct an ePEP meeting.	28/09/2018	Head of learning and achievement	Training completed.	Meeting structure revised to ensure progress towards all targets is monitored and scrutiny of interventions are in place.	A reviewed ePEP that contains sufficiently detailed information about children's attainment and progress is in place by 01.10.2018.	G
6.11	Identify pupils at risk of not meeting targets early and ensure support in place from school's designated teacher for looked after children.	30/11/2018	Head of learning and achievement	Targets identified.	Adequate support is in place for pupils.	Evidence that the virtual school team routinely analyse the ePEPs in order that issues or trends are identified and recorded actions are taken to address any issues.	G
6.12	Ensure care leavers receive good support/careers guidance from 16+ Team.	30/10/2018	Head of learning and achievement	Analysis undertaken.	Pathway plans are more focused/reviewed more frequently.	All ePEPs have aspirational English and maths targets that are based on a child's prior attainment, as a minimum.	G
6.13	Report on ePEP targets	30/11/2018	Head of learning and achievement	Report produced and discussed.	Targets reached and attainment improved.	All ePEP meeting minutes and ePEPs demonstrate that staff from the virtual school review and challenge progress towards these targets.	A
6.14	Quality assure ePEPs and provide feedback.	31/08/2018	Head of learning and achievement	ePEPs audited and feedback provided.	Improved standard of ePEP.		B

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
6.15	Ensure each ePEP has minimum of English and maths attainment target.	30/11/2018	Head of learning and achievement	Targets in ePEP.	English and maths targets in ePEPs.	Resulting in educational outcomes for children in care that are in line with national or better. The virtual head will be able to respond to any issues or trends identified in the ePEP system.	G
6.16	Heads of service required to audit 2 cases a month and provide feedback and learning to close the learning loop with individual social workers.	From September 2018	Heads of service	2 cases audited per month. 100% compliance required for all adults completed.	Evidence of cases being audited per month and feedback being provided to individual social workers		G
6.17	Revise audit tool to measure evidence of management grip and oversight in each case that is audited	From September 2018	Head of service safeguarding and review	Audit tool revised and updated and communicated	Evidence proves that management oversight is taking place on each case that is audited	Audit tool in place	B
6.18	Quality assurance responsibilities of team managers made explicit with a quality assurance forward plan, requiring them to audit 2 cases per month.	From October 2018	Head of service safeguarding and review / Assistant director safeguarding and family support	Quality assurance forward plan in place. 100% completion rate required.	Evidence of cases being audited per month		G
6.19	Monthly learning briefing circulated from Assistant director safeguarding and family support and Heads of service meeting to all social workers to embed learning	From October 2018	Head of service safeguarding and review	Learning briefing being circulated	Social workers are in receipt of the learning briefing and are able to embed the lessons learnt from the audits undertaken		G
6.20	Quarterly workshops held to improve quality and consistency to audit approach across all Team managers and Heads of service.	From 11/10/2018	Assistant director/ safeguarding and family support	Workshops being held on a regular basis	Workshops have taken place and the quality and consistency of practice improves across the children and families directorate	First workshop scheduled for 11/10/18	G
6.21	Assistant director to lead quarterly learning event with relevant service area to close the learning loop from the Quality Assurance Team Manager audit activity in service area.	10/10/2018	Assistant director/ safeguarding and family support	Learning events are in place	We are able to evidence that the learning loop is being closed and that the learning is embedded		G
6.22	Establish a clear action plan to improve frequency and quality of quality assurance activity and establish a mechanism to evidence closure of the learning loop	From July 2018	Head of service safeguarding and review	Action plan in place with appropriate mechanism to close the loop	The frequency and quality of the audits improve and there is an appropriate mechanism in place to ensure closure of the learning loop	Quality assurance manager completed 3 month period of performance improvement activity in the assessment service, including auditing cases, providing feedback, following up on actions, provided workshops and best practice checklist	B

Ofsted No. 7	The quality of life story work for all children						
RP 41	Too many children do not have life-story work completed and this means that carers do not have a comprehensive and accessible account of a child's life history to enable them to fully support children.						
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
7.1	Recruit additional staff to carry out life story work	30/11/2018	Head of looked after children	Staff in post and backlog of life story work completed	Backlog of life story work is cleared	Business case approved for additional resource and recruitment underway	G
7.2	Life story work established as business as usual with resource in place to carry this out.	23/12/2018	Head of looked after children	Business plan signed off and recruitment of staff underway.	Life story work is carried out to a high standard and supports carers to share life story work with children	Business case approved for additional resource and recruitment underway	G

DP No.3	Delivering our Permanency Plan for looked after children						
RP 20	Work with families is not always consistently child-centred. Following an initial public law outline (PLO) meeting, in some cases the significance of what happens to a child is lost as the focus shifts on to the adults. Some letters before proceedings are too long and do not assist parents to understand what they need to prioritise and how they are going to be supported to change. Some children experience drift and delay at this stage, and review PLO meetings are not taking place in a timely way.						
RP 27	The arrangements for children in private foster care are not well managed. Children do not receive a timely and responsive assessment of their needs or of their carers' abilities to meet their needs. Not all required checks are carried out and not all children have been seen in a timely way.						
RP 30	The planning that follows is not always sufficiently robust or purposeful, and, as a result, several children have remained subject to these arrangements for too long. This has resulted in prolonged drift in progressing their care						
RP 32	Children's care plans are of variable quality. Some are specific and clear, while others are overly long. In these plans, outcomes are not measurable and actions and timescales are recorded as 'ongoing'. In some cases, this						
RP 37	IRO visits to children are not always recorded on their case files, and so the IRO footprint is not consistently evident. IRO scrutiny and challenge to progressing plans and addressing drift is not always sufficiently robust.						
RP 38	Case records do not demonstrate that matching takes place at the point of children coming into care, and for some children permanence is not achieved within their timescales.						
RP 39	The authority's arrangements for delegating authority to carers is not sufficiently clear and has not been for some time, despite the issue being raised by young people previously. This is an important issue for young people and means that some foster carers are still unable to make appropriate day-to-day decisions on their behalf.						
RP 40	The local authority is struggling to provide a sufficient number of foster families, and in particular those that meet the needs of sibling groups and teenagers.						
RP 47	Not all young people have access to their health information. Inspectors identified this as an important issue for young people and the local community has agreed to take this forward as an area for immediate improvement.						
RP 50	Care leavers are aware of the advocacy service, although they feel that their voices are not always heard or taken account of. Access to mental health services for care leavers is difficult, and to date there is no strategy to improve this situation.						
RP 58	Sufficiency planning lacks effective strategic direction and future needs are not articulated clearly. This is compounded by the current commissioning strategy not being underpinned by a comprehensive assessment of future needs.						

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
DP 3.1	Head of Safeguarding and Review and case progression officer to review current PLO cases to identify any drift and delay and take appropriate actions to resolve.	09/10/2018	Head of Service Safeguarding and Review	No PLO cases subject to drift and delay.	Decisions on children's futures are taken in a more timely manner		G
DP 3.2	PLO letters to be revised regarding attendance/representation of parents and embedded in Mosaic	01/10/2018	Head of Looked After Children	Letters signed off.	Revised letters built into Mosaic and being used appropriately..	Letters revised by 10/09/18.	G
DP 3.3	Implement PLO Training	From July 18.	Principal Social Worker/Head of Fieldwork	Training implemented.	Drift/delay reduced. Timeliness in making decisions regarding children's futures improved.	Training commenced, delivered by legal services	B
DP 3.4	Head of service action plan established to improve IRO involvement in planning for children	01/09/2018	Head of Service Safeguarding and Review	Operational action plan is in progress and meeting its targets	Quality of children's care plan improves, every child has a SMART care plan and children are not subject to drift and delay.	Action plan in place and head of service progressing to timescales, including regular reviews of care plans in 1:1s	B
DP 3.5	Establish new panel arrangements which will review all s20 cases on a monthly basis	25/09/2018	Assistant director safeguarding and family support / Head of Looked After Children	Panel in place and operational	All children accommodated under s20 receive a review of their cases to ensure that there is no drift and delay in making appropriate plans for them.	New arrangements agreed and due to start 25/09/2018 chaired by Assistant Director Safeguarding and Family Support	B
DP 3.6	Undertake monthly audits to ensure delegation of authority to foster carers is completed at point of admission to care	13/08/2018	Head of Looked After Children	Monthly audits take place and after a period of 4 months compliance can be assured	Fosters carers feel empowered to make appropriate decisions for children/young people in their care.	First audit undertaken on the 13/08/18 and did not evidence full compliance. Head of Service following up with social workers on compliance to standards.	R
DP 3.7	Implement named lead links between NHS mental health services and the 16+ care leaver service	01/10/2018	CCG – Mental Health lead	There are named leads for care leavers within mental health services and improved communication between services.	The 16+ care leaver service is confident that it is able to escalate and resolve any difficulties regarding access to mental health services		G
DP 3.8	Ensure that the mental health needs of care leavers are addressed by: developing care pathways for assessment and treatment; developing access to self-referral help and support; and supporting young people to take-up help with their mental health.	01/05/2019	CCG – Mental Health lead	Information available for care leavers on where to go and how to access treatment. Agreed multi-agency care pathway in place. Service measures to be defined as part of the development of service delivery	Frontline services and teams are able to access appropriate support with care leavers. Care leavers report they know how to access support if required and that its delivered at the right time to make a positive difference.		G
DP 3.9	Establish and implement the LAC Permanency action plan to avoid delay in achieving Permanency for children.	31/08/2018	Head of Looked After Children	Improvement in timeliness of achieving permanency for looked after children.	Children's life chances are enhanced by achieving Permanency in their future placements in a timely manner.	action plan in place.	B

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
DP 3.10	Draft placement Sufficiency strategy informed by LAC population estimates	31/12/2018	Childrens Joint Commissioning Manager	Draft strategy approved through council governance	There are clear expectations on the number and type of bed nights required to meet expected demand, and action plans in place to secure sufficient provision		G
DP 3.11	In-house fostering recruitment targets and action plan in place as part of Sufficiency Strategy.	31/10/2018	Childrens Joint Commissioning Manager	Recruitment targets and action plan approved by DLT	Carer recruitment and retention rates increase to meet demand. Recruitment targets and performance is reported through CWB scorecard.		G
DP 3.12	Develop an appropriate format for the sharing of information with LAC health to ensure young people have access to their health records when they leave care.	21/12/2018	Head of Looked After Children	Format developed, signed off and implemented.	Health records are accessible to young people when they leave care.		G
DP 3.13	Social work academy to lead on embedding compliance with Private Fostering Guidance	31/10/2018	Head of Looked After Children	Guide embedded and practice is compliant with statutory responsibilities	Social workers and managers are able to identify private fostering arrangements and demonstrate understanding of statutory responsibilities. The needs of children living in private fostering arrangements are met.		G

DP 4 (i) Application and understanding of Herefordshire Safeguarding Children Board (HSCB) thresholds

RP 2 A significant number of contacts are signposted away from children's social care, which means that too many children are being referred who do not need this level of support. A number of children who would benefit from early help services experience delay because thresholds are not appropriately applied or understood. This is an area that needs to be strengthened so that children and families who might benefit from early help are quickly identified and do not experience any delays in receiving the help they need.

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
DP 4(i).1	Raise awareness at Safeguarding Board that too many children are referred to MASH who do not require this level of support - review thresholds.	21/09/2018	Assistant director safeguarding and family support	Issue raised/discussed at meeting on the 11/09/18.	There is an improved understanding of thresholds across the partnership and an improvement in the performance data that can be shared with partners. Contacts into MASH are decreased.	Assistant Director Safeguarding and Family Support has raised at Herefordshire Safeguarding Children's Board (HSCB) executive. Director for Children and Families and Assistant Director Safeguarding and Family Support met partner leads 21/09/2018 and established a partner improvement group.	B
DP 4(i).2	HSCB Policy and Procedures group revise Herefordshire Level of Need document to enhance understanding of thresholds across the partnership	30/11/2018	Principal Social Worker	Greater understanding of thresholds evidenced by decrease of contacts into MASH			G
DP 4(i).3	Reconfigure contact and referral process.	28/09/2018	Assistant director safeguarding and family support	Establish what percentage of contacts into MASH convert to referrals.		Process reconfigured, commencing on 01/10/2018	B

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
DP 4(i).4	Quality and appropriateness of referrals into MASH - improve process to feedback to referrers on quality of requests for service.	30/11/2018	Assistant director safeguarding and family support	Process established.			G
DP 4(i).5	Re-establish MASH Partnership Forum - meet monthly and ensure referral rates are a standing agenda item.	04/10/2018	Assistant director safeguarding and family support	Forum re-established.			G
DP 4(i).6	Early Help to be represented in MASH daily to ensure early identification of cases requiring this service.	13/08/2018	Assistant director safeguarding and family support	Early Help in MASH team.	There is no delay in providing early help and family support services to children.	Completed	B
DP 4(i).7	Develop Early Help Strategy 2018 - 2023 and delivery with partners and have in place from April 2019	01/04/2019	Early Help Manager	Strategy in place and owned across Herefordshire services	The Early Help offer is embedded and understood by all partners.	Initial proposals set out. Contact made with other local authority via the DfE to bring in learning from outside Herefordshire	A
DP 4(i).8	Deliver Early Help Assessment training to stakeholders on a monthly basis.	31/12/2018	Early Help Manager	400 Professionals trained.		364 Professionals trained by the 08/08/18.	G

DP4 (ii) Improving quality and consistency of practice

RP 5	Poor recording in some cases means there is not always evidence in children's records that they have been seen or the extent of the direct work that has been undertaken with children.
RP 9	In poorer assessments, and particularly where neglect is a long standing issue, social workers do not routinely consider historic concerns and their analysis can be over optimistic. Children are not routinely spoken to alone
RP 12	The local authority has invested in graded care profile training to support social workers in dealing with cases of neglect. Despite staff speaking positively about this, no evidence of this training was seen being used with individual children.
RP 24	The recordings of discussions with children lack analysis, with the result that it is not always clear how the information gathered informs safety planning for children.
RP 29	Decisions for children to become looked after are not always based on up-to-date assessments. Assessments are not routinely updated to reflect changes in a child's circumstances and needs. Historical concerns are not always fully considered, and this means that some children whose circumstances had not changed should have come into care sooner.

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
DP 4(ii).1	All operational Heads of Service will establish, implement and progress improvement action plans to drive the quality and consistency of practice in their service areas.	21/09/2018	Heads of service	Actions are signed off by Assistant Director Safeguarding and Family Support	Monthly review of action plans evidences progress against targets	Action plans have been developed and being quality assured by the Assistant Director Safeguarding and Family Support	B
DP 4(ii).2	Decision to be made on the most appropriate social work model to be implemented across Herefordshire Children and Families Directorate and appropriate implementation plan established	31/08/2018	Principal Social Worker/Assistant Director Safeguarding and Family Support	Social Work Practice Model implemented and training undertaken.	We can evidence consistency and quality of practice.	Social work model identified. Director establishing support from local authority that has experience of implementing Signs of Safety via DfE improvement lead	A
DP 4(ii).4	Establish clear workforce development and learning plan for the 2018/19.	08/10/2018	Head of Service Safeguarding and Review and Head of Looked after Children	Workforce development plan signed off at Assistant Director / Head of Service group and ready for implementation.	Social work skills will be enhanced across the directorate to improve the quality and consistency of practice		G

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
DP 4(ii).5	Design/develop and implement 2 year Quality assurance and learning framework (QALF).	31/01/2019	Head of Service Safeguarding and Review	QALF Strategy implemented by 31/10/19.	The authority will have a strong learning culture underpinned by focused, collaborative, quality assurance work. This will provide meaningful learning to enable the organisation to continuously improve.		G
DP 4(ii).6	Establish a comprehensive assessment improvement approach to be delivered in all areas across social work practice	From 16/07/2018	Head of Service Safeguarding and Review	All teams have undertaken assessment improvement training	All children who need an assessment will receive a timely child centred, high quality assessment service.	Quality Assurance Manager completed 3 month period of performance improvement activity in the assessment service, including auditing cases, providing feedback, following up on actions, provided workshops and best practice checklist.	G

DRAFT



Meeting:	Cabinet
Meeting date:	Thursday 18 October 2018
Title of report:	Corporate Parenting Annual Update
Report by:	Cabinet member children and families

Classification

Open

Decision type

Non-key

Wards affected

(All Wards);

Purpose and summary

To review the progress of the corporate parenting strategy.

The Children and Social Work Act 2017, introduced a new duty on councils to have regard to the following corporate parenting principles when exercising their functions in relation to looked after children and young people;

- to act in the best interests, and promote the physical and mental health and well-being, of those children and young people
- to encourage those children and young people to express their views, wishes and feelings
- to take into account the views, wishes and feelings of those children and young people
- to help those children and young people gain access to, and make the best use of services provided by the local authority and its relevant partners
- to promote high aspirations, and seek to secure the best outcomes, for those children and young people
- for those children and young people to be safe, and for stability in their home lives, relationships and education or work; and
- to prepare those children and young people for adulthood and independent living.

Recommendation(s)

That:

- (a) the progress of the corporate parenting strategy as outlined at appendix 1 to this report be considered and cabinet set out any further actions to improve the delivery of the strategy; and
- (b) the executive's response to the recommendation of the children and young peoples' scrutiny committee at appendix 2 be approved.

Alternative options

1. The cabinet could decide not to receive an update on the progress of the corporate parenting strategy action plan. As part of the role of all councillors being corporate parents it was agreed within the action plan that an annual update would be provided to the executive. If cabinet decided not to receive an update then this would be in contradiction to the previous decision when the strategy was adopted

Key considerations

2. Put simply, the term 'corporate parenting' 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.
3. On 5 July 2017 the children and young people scrutiny committee considered the draft corporate parenting strategy and action plan prior to presentation to cabinet for approval. The committee made a series of recommendations as below:

- The committee welcomes the strategy, supports the priorities identified and agrees to provide a summary of comments and recommendations to the cabinet member;

Update – support noted by the Cabinet.

- The committee requests annual performance reports relating to the action plan in the strategy;

Update – annual report to current meeting of Children and Young People Scrutiny Committee.

- The committee provides a forum, where appropriate, for children and young people in care and care leavers to hold their Corporate Parents to account;

Update – this represents an ongoing commitment by the committee which follows the involvement of two former Looked after Children at the meeting of the committee in July 2017.

- The members of the committee facilitate training, with officers, on corporate parenting to all members of Herefordshire Council;

Update – Training programme is currently being reviewed with further sessions to be delivered following elections in May 2019.

- The committee recommends that the cabinet member reviews the measures for success and outcomes sought in the action plan on a regular basis to see whether any measures need to be strengthened;

Update – Measures are contained in the action plan in the appendix.

- The committee recommends that procedures are introduced to ensure that significant decisions of the council take account formally of likely implications for looked after children;

Update – Decision reports have been amended and now include mandatory question regarding impact upon corporate parenting

- The committee recommends that members undertake a mentoring role, where appropriate, for looked after children to share skills and experience to help enhance personal development and there is consideration of how this is best facilitated and publicised; and

Update – A directory of interests and skills of members is being developed so that they can offer to support/mentor individual children and young people who wish to explore that field.

- The committee recommends that methods and strategies are investigated to engage partners and businesses in corporate parenting.

Update – Corporate parenting workshops will be offered to senior officers within the Council and partner organisations.

4. The corporate parenting strategy was approved by Cabinet on 20th July 2017. Within the action plan it was agreed that an annual report on progress of the strategy be presented to Cabinet to ensure oversight, leadership and appropriate challenge on progress. Cabinet agreed the response below to the committee's recommendations:

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.

5. Appendix 1 outlines the progress made during year one of a three year strategy. Key achievements during 2017/18 include:
 - Council decision reports have been amended and now include a mandatory question regarding impact upon corporate parenting
 - Number of children in stable placements (2 ½ years +) has increased significantly from 74 to 101 and the number experiencing more than 3 placement moves in a year has remained low
 - Looked after children in Herefordshire are achieving better than the national average and the gap between Herefordshire LAC and national all pupils has reduced
 - Six care leavers studying at University with 3 expected to graduate summer 2018
 - Your Voice Matters, children in care council, have clear priorities which are being supported by the Corporate Parenting panel
 - Children's social care is able to directly refer to 15 units of accommodation in SHYPP

Key areas that have been slower to progress are:

- offering work experience and apprenticeships to looked after children and care leavers
 - numbers of looked after children have continued to increase
 - placement disruptions result in some children having to move schools
 - high numbers of looked after children impact upon capacity of LAC health team
 - children and young people tell us that too often foster carers have not been given the authority to make day to day decisions delegated to them
 - turnover of staff in some teams remains quite high and so some children have had several changes in their Social Worker which means children and young people are unable to build trusting relationships
6. On the 31 March 2018 Herefordshire Council had 313 children in its care and were providing support for 173 care leavers.

Community impact

7. In accordance with the code of corporate governance Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.
8. It is a council priority to 'keep children and young people safe and give them a great start in life.' The delivery of the corporate parenting strategy contributes to the council achieving its ambitions in key strategies in the corporate plan, health and wellbeing strategy and children and young people's plan.
9. The corporate parenting strategy is the overarching plan that sets out how the council will meet its collective responsibility as a corporate parent. The progress of this strategy will directly impact upon the well-being of the council's looked after children and care leavers.

Equality duty

10. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:
- A public authority must, in the exercise of its functions, have due regard to the need to
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

11. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. The corporate parenting strategy is intended to promote equality of opportunity for all of our looked after children and care leavers and actively work to minimise any disadvantages that they may face especially those with a protected characteristic.

Resource implications

12. There are no direct resource implications arising from the corporate parenting strategy. The delivery of the strategy would achieve significant savings if the numbers of looked after children reduced to a level comparable to our statistical neighbours. However, the purpose of the strategy is to raise the quality of care and support provided to our looked after children and care leavers by working within current resource to promote opportunities and remove obstacles that may limit the ability of children and young people to meet their potential.

Legal implications

13. Cabinet agreed that it would receive an annual report on the progress of the action plan.

Risk management

14. Without an effective corporate parenting strategy improvements in the life chances of our looked after children and care leavers would not be achieved and in all likelihood would decline. In addition to the direct impact upon children and young people this is likely to damage the reputation of the council.

Consultees

15. The children and young people scrutiny committee received the annual update and resolved that they ask the executive to encourage all members to use local contacts to identify employment and work experience opportunities for looked after children. A response has been provided in appendix 2.

Appendices

Appendix 1 – Corporate parenting strategy action plan review 31 March 2018

Appendix 2 – Scrutiny recommendation response

Background papers

None identified

Herefordshire Council

Corporate Parenting Strategy – progress review 2017/18

2017-20

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

Progress

- Over half of all Councillors have attended a workshop on understanding Corporate Parenting responsibilities during the year
- Content and format of Corporate parenting workshop has been reviewed and co-designed with young people, Chair of Corporate Parenting panel, multi-agency partners and foster carers ready for roll out during 2018-19
- Council decision reports have been amended and now include a mandatory question regarding impact upon corporate parenting
- Some councillors and most management board members have contributed to the development of a directory of interests and skills
- A Councillor member of Corporate parenting panel attends Your Voice Matters (children in care council) to strengthen accountability to young people
- Cabinet are due to consider a proposal to exempt care leavers from Council tax in July 2018

Key challenges

- No progress on offering apprenticeships and work experience to looked after children and care leavers and unclear who will lead this area of work
- Engaging all councillors in understanding their corporate parenting responsibilities and contributing to a directory of interests and skills

Next steps

- Head of HR and Organisational Development will take proposals to Management Board regarding progressing apprenticeships and work experience for looked after children and care leavers
- Mandatory training on corporate parenting responsibilities will be delivered to all Councillors following elections in May 2019 and all councillors will be asked to contribute to the directory of interests and skills

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

Progress

- LAC reduction strategy is in place and 5 children had left care and are now subject of Special Guardianship orders (SGO) as a result. The rate of children leaving care has increased during 2017/18
- Leaflet explaining support available to existing and prospective SGO carers has been developed and a new online and telephone advice service commissioned
- Work has commenced to review referral pathways for young people who present as homeless

Key challenges

- Numbers of looked after children have continued to rise during the year and following a reduction in admissions to care this increased again during quarter 4
- Limited resource and capacity to support Early Help offer
- No capacity within Children's social care to focus upon 'edge of care' work
- Quality of pre-proceedings work needs to improve but has been difficult due to Social Work vacancy rate and workloads in some key teams

Next steps

- Further resource for Early Help has been agreed and a project proposal for an edge of care team developed
- Work to recruit and retain Social Workers is ongoing and has been supported by additional investment into Children's Social Care
- Improvement of pre-proceedings work is being supported by training and practice improvement measures

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

Progress

- Number of fostering households increased from 151 to 160
- Training co-ordinator post for foster carers has been created and recruited to
- Number of children in stable placements (2 ½ years +) has increased significantly from 74 to 101 and the number experiencing more than 3 placement moves in a year has remained low
- Herefordshire Intensive Placement Support Service (HIPSS) service has been recommissioned with a more flexible approach that enables support to be provided proactively where children are at risk of requiring a residential placement
- Consistent approach to recording children who go missing has been implemented

Key challenges

- Increase in numbers of looked after children means we do not have enough foster carers to meet need resulting in some children having to be placed outside of Herefordshire which makes it more likely that they have to move schools and have less contact with family and friends. This results in increased time taken for visits by social workers, disrupts relationships with other professionals and once children have settled makes it unlikely that they will move back to Herefordshire foster carers
- Some success in recruiting foster carers and supported lodgings providers from BME backgrounds but due to lack of educational opportunities and ability to meet religious and cultural needs UASC have chosen to move away from Herefordshire to more culturally diverse cities
- TISS contract ended reducing therapeutic advice and support available to foster carers, children and young people

Next steps

- Fostering team continue to focus upon recruitment and retention of foster carers to meet children's needs
- Work continues to deliver the LAC reduction strategy
- Options to meet gaps arising from TISS service ending are being explored

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

Progress

- Looked after children in Herefordshire are achieving better than the national average and the gap between Herefordshire LAC and national all pupils has reduced
- Six care leavers studying at University with 3 expected to graduate summer 2018
- E-PEP system successfully implemented releasing capacity within the virtual school

Key challenges

- Placement disruptions for children result in some children having to move schools disrupting their education
- High numbers of looked after children impact upon capacity within the virtual school which means minimal support is offered to young people outside of the PEP meeting
- Lack of funding for laptops means that some young people do not have a laptop to use for school and/or college work

Next steps

- LAC reduction strategy and increasing the number and choice of foster placements will help to mitigate these challenges

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

Progress

- Compliance with timescales for completing initial and review health assessments has improved
- Improved joint working between LAC health team and children's social care
- Work on a mental health pathway for looked after children has commenced

Key challenges

- Delays in notifying the LAC health team when children are admitted to care or move placements causes difficulties
- High numbers of looked after children impact upon capacity of the LAC health team which is very small

- Meeting health needs of children who are placed out of County

Next steps

- LAC health team are working on a business case to request further resource to expand their team
- Children's Social Care continue to improve on the quality of recording and data inputting

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

Progress

- Service have promoted availability of HALO vouchers to enable children and young people to take part in sport and leisure activities and scheme is now also available to care leavers
- Placement stability has improved enabling more children to enjoy continuity of friendships and attendance at clubs and activities

Key challenges

- Children and young people tell us that too often foster carers have not had the ability to make day to day decisions delegated to them
- A shortage of foster carers means that some children have to be placed out of County disrupting their friendships and ability to continue attending clubs and activities.

Next steps

- Action plan to ensure that delegated authority forms are completed when a child comes into care and is regularly reviewed
- LAC reduction strategy and increasing the number and choice of foster placements will help to achieve stability for children

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

Progress

- Your Voice Matters, children in care council, have clear priorities which are being supported by the Corporate Parenting panel
- Mind of my own (MOMO) app has been purchased and has been implemented successfully
- Training by the University of Salford on working with Gypsy, Roma and Traveller families was well attended and continuing professional development programme has been agreed which includes training on culturally competent social work practice

Key challenges

- Numbers of children and young people involved in YVM remain low despite efforts to encourage more to get involved

- Low numbers of children and young people have been supported to chair their own LAC review
- Turnover of staff in some teams remains quite high and so some children have had several changes in their Social Worker which means children and young people are unable to build trusting relationships

Key challenges

- YVM are working hard to raise awareness about their group and increase engagement of looked after children
- Work to recruit and retain Social Workers continues

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

Progress

- Children's social care is able to directly refer to 15 units of accommodation in SHYPP
- A clear finance policy for 16+ team has been developed and a protocol for working with DWP which will be finalised shortly

Key challenges

- Some young people struggle to maintain their tenancy. At times young people have had to be placed in bed and breakfast accommodation because no other safe alternative could be found
- No progress on offering work experience and employment opportunities to care leavers within the Council
- 16+ team need to move from their current venue by end of August 2018 and search is underway to find a suitable option
- Some young people are at risk due to the impact of "county lines" in Herefordshire

Next steps

- Work continues on delivering the Young People's accommodation strategy and every occasion that a young person is placed in bed and breakfast accommodation is now reported to Director of Children's Services
- A new venue for 16+ team has been identified and it is anticipated that the team will move by the end of 2018
- Multi-agency arrangements to identify and support young people at risk from county lines has been developed

Corporate Parenting Action Plan 2017-20

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
1	Increase awareness and understanding of corporate parenting responsibilities amongst elected members.	Include Corporate parenting workshops within mandatory induction programme for Councillors	Governance services with 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	28 of 53 (53%) elected members have attended corporate parenting training during 2017/18. Training programme is currently being reviewed with further sessions to be delivered following elections in May 2019.	0%	53%
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 with 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	Training programme has just been reviewed and workshops will be offered to senior Council officers and partners.	0%	0%
1	Councillors will have looked after children and care leavers at the forefront of	Ask the question "how does this support Herefordshire's	Elected members	Progress within action plan and against key	Decision reports have been amended and now include mandatory		

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
	their work and offer of support	<p>looked after children and care leavers?" in relation to all Council and community business</p> <p>Commit to a minimum percentage of all work experience placements and apprenticeships being made available to LAC and care leavers</p> <p>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</p>	<p>Cabinet</p> <p>Elected members including children's scrutiny</p>	<p>performance indicators</p> <p>% 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</p> <p>% 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</p>	<p>question regarding impact upon corporate parenting</p> <p>No progress</p> <p>Compilation of directory of interests and skills has commenced</p>	<p>29% EET (England 50%) 56% NEET (England 41%) 16% n/k (England 10%)</p>	<p>43% EET 37% NEET 20% n/k (no data for England yet)</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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
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	Council have completed this. No progress by WVT or CCG		
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	Annual report has been scheduled to be presented to Cabinet and children's scrutiny committee during 2018		
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	Head of service for looked after children and Participation Team Corporate parenting panel		Children and young people have prepared training resources in partnership with Children's Social Care in readiness for training dates. Reports are shared via email/ in person with YVM ahead of CPP meetings in order for		

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
		panel to the Children in Care Council	and Children in Care Council		YVM to discuss and comment on the content. Cllrs and senior leaders from CPP are attending YVM meetings in order to strengthen links with CPP.		
2	The rate of looked after children will gradually reduce	<p>Ensure families receive multi-agency support to enable them to meet their children's needs</p> <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>HSCB</p> <p>Children's Social Care</p> <p>Children's Social Care</p>	Rate of looked after children will reduce and be at or below national average	<p>Children are only admitted to care with HoS approval. Rate of admission to care has increased.</p> <p>LAC reduction strategy is being progressed with 5 children leaving care as a result of the strategy by 31st March.</p>	<p>Rate of LAC 84 per 10,000 England average 62 per 10,000</p> <p>Rate of LAC admissions 27 per 10,000 England average</p>	<p>Rate of LAC 87 per 10,000</p> <p>Rate of LAC admissions 31 per 10,000</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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
		Provide clear information on support available to Special Guardianship carers to enable prospective SGO carers to make informed decisions	Children's Social Care		Leaflet on SGO and support available has been produced New SGO support service has been commissioned providing on line, telephone advice including out of hours	28 per 10,000 Rate of LAC cessations 24 per 10,000 England average 27 per 10,000	Rate of LAC cessations 27 per 10,000
		Ensure that foster to adopt placements are considered in all cases	Children's Social Care and Legal Services		No progress		
		Ensure service demands are shared to inform the development of early help services	Children's Social Care				
		Early help strategy fully and effectively implemented	Children and young people's partnership				

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
		Ensure clear joint protocols are effective in preventing homelessness for young people aged 16+	Children's Well-being and Strategic housing team		Work to establish a clear pathway for preventing young people becoming homeless has commenced	Data not available	3 young people accommodated due to risk of homelessness
3	Continue to grow the fostering service to meet placement needs of looked after children and care leavers and improve placement stability	Review and revise recruitment strategy every year to focus on gaps in placement provision	Fostering service	Number of children placed and spend on children placed in independent fostering agencies and residential care	Recruitment strategy will be updated following review of sufficiency strategy	151 foster carer households	160 foster carer households
		Specifically target recruitment of foster carers to meet needs of BME children	Fostering service	Profile of foster carers in comparison with looked after children	Information systems are being developed to enable monitoring	22 supported lodgings providers	20 supported lodgings providers
		Further develop and improve training for foster carers to increase skill level and resilience of foster carers particularly for	Fostering service	Placement stability in comparison with national average and previous local performance	Placement stability has improved significantly since last year and is higher than national average rates for 2017.	74 children in placement for	101 children in placement for

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
		those caring for teenagers				2.5 years +	2.5 years +
		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	Children's Social care and Foster carers		Not yet progressed although Principal Social Worker and foster carers training co-ordinator posts now appointed to	15 children with 3+ moves in 12 months	10 children with 3+ moves in 12 months
		Ensure effective support is in place to enable children to step-down from residential care	HIPSS		HIPSS recommissioned but contract for TISS ended 31 st March 2018 due to budget cuts	33 children in residential care	23 children in residential care
		Ensure consistent practice in relation to minimising risk of placement disruption and learning lessons	Children's social care		Use of consolidation meetings to reduce risk of placement disruption has been embedded in		

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
		<p>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 and Commissioning</p> <p>Youth Justice service, foster carers and children's social care</p>		<p>house and efforts to use with IFA's is ongoing</p> <p>HIPSS has been re-commissioned for 3 (+1+1) years and TISS contract has ended</p> <p>Not yet progressed</p>	8 HIPSS carers	5 HIPSS carers
3	Develop effective adoption support services	Working with Regional Adoption agency and third sector	Adoption service	Number of adoption disruptions		0	0
	Continue focus upon recruitment of adopters for sibling groups, older children	Working with Regional Adoption agency	Adoption service	The average time between receiving court authority to place a child and	Previous performance affected by sibling group who had been in	255 days	200 days (England not

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
	and those with complex needs			the local authority deciding on a match to an adoptive family in comparison with national data and previous local performance	care for 6 years being adopted	(England 220 days)	yet available)
3	Understand numbers affected and levels of risk to looked after children who go missing and/or are at risk of child sexual exploitation Train Children's Social Care staff and foster carers to manage and reduce risk of CSE	Develop consistent recording methods to enable accurate monitoring and analysis of themes Complete multi-agency thematic audits Working with Barnardo's BASE project	Children's Social care and performance team HSCB Barnardo's BASE project and Social Work Academy	Data is accurate Outcomes from audits Levels of risk to individual children reduces over time	Recording process reviewed to ensure accurate recording including children placed out of County Multi-agency audit completed January 2018 on emotional and mental health and actions agreed No progress	33 children missing on 94 occasions	27 children missing on 84 occasions
4	Reduce the gap in educational achievement	Closer analysis of exclusion data and	Virtual school	Reduction in gap in achievement	Performance is better than national average	Attainment 8	Not available

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
	between looked after children and their peers	joint approach with schools to address inconsistencies in practice between schools		between looked after children and the general population as compared with national average and previous local performance	for looked after children and gap between Herefordshire LAC and national all pupils has reduced	score 23.2 (England 18.9)	e until January 2019
		Continue to implement virtual school plan	Virtual school	Numbers of young people choosing to go to University and successfully completing their course	6 young people at University with 3 due to graduate summer 2018	Progress 8 score - 1.01 (England -1.19)	
		Implementation of E-PEP and challenging schools on use of Pupil Premium	Virtual school		E-PEP system was implemented on 30 th October 2017	Gap between Herefordshire LAC and national all pupils - 21.0	
		Consider whether to introduce a Board of Governors for Virtual School to improve oversight and challenge	Children's Well-Being directorate and Cabinet member		Agreed on 21/11/17 that corporate parenting panel would act as governing body		

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
		<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>Virtual school, children's social care and foster carers</p> <p>Virtual school and Hoople</p> <p>Virtual school</p>		<p>Educational Psychologist and Virtual Head have delivered a wide variety of training over the last 12 months to carers, schools, and governors</p> <p>Decision that only new equipment should be provided however no funding available to implement so no progress</p> <p>No progress</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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
		Develop a clear offer of the practical, emotional and financial support available to care leavers who go to University	Children's social care		Financial support clarified in financial support policy for 16+ due for approval shortly. Additional support will be clarified in care leavers offer to be published by October 2018.		
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 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</p>	<p>LAC health team</p> <p>LAC health team</p> <p>CAMHS and Children's Social care</p>	Compliance with timescales for completion of health assessments	<p>Improved joint working and scrutiny has achieved a steady increase in IHA completion to 72% in Q4 from 40% in Q1. The RHA KPI falls slightly short of the national statutory timescale at 88.4% in Q4.</p> <p>The health team have increased assurance surrounding children placed out of county which involves monthly review at business</p>	67.5%	71.3%

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
		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. Ensuring accurate recording of disability on MOSAIC	Children's Social care and performance team		meeting. Some health assessments have been performed by the local team depending on risk factors. More work needs to be completed regarding the LA notifying the health team about placement moves. Data now recorded accurately and any gaps monitored and resolved swiftly.		
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	The process of collecting the SDQ and scoring it prior to health assessments have been successful and continues to be imbedded into practice. Commencement of a joint meeting with mental health, social workers and LAC nurses begins May 2018. This will better inform	158 children eligible – 112 completed – 70.8%	205 children eligible – 138 completed – 67.3%

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
					partner agencies of increasing risks / breakdowns of placement.		
5	Enable care leavers to understand their health needs and how to access additional support when they need it	Ensure all care leavers receive their health passport and a copy is kept on their file	LAC health team	Care leavers who are EET and in suitable accommodation	Work continues by the medical officer.	Suitable 70%	Suitable 72%
		Offer a regular drop-in advice service for children in care aged 16+ and care leavers	LAC health team		No progress due to capacity of the LAC health team.	Unsuitable 14%	Unsuitable 8%
		Train 16+ team in C-card scheme	Sexual health team and 16+	Care leavers who are parents	No progress	Unknown 16%	Unknown 20%
		Explore opportunities for CAMHS to be expanded to provide support for young people up to the age of 25	CCG		No progress	(England – Suitable 84%, Unsuitable 7% and U/k 10%)	(England data not available yet)
6	Commit to enabling children and young people being able to take part in the activities that are “normal” and	Develop guidance for practitioners and managers to support delegated authority	Children’s social care and Corporate Parenting panel		No progress		

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
	socially acceptable for their peers	for carers and a pragmatic approach to risk assessments					
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	<p>CICC is now formally known as Your Voice Matters in order to promote and encourage engagement.</p> <p>YVM are having regular events to encourage new members to join. HC have pledged additional finances to support the promotion of YVM.</p> <p>2018 priorities have been established and are being discussed and supported by CPP.</p>		
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	One day training delivered by Salford University was well attended	No data available	No data available

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
					Included within CPD programme		
7	Ensure that contact arrangements for children and young people are in their best interests	<p>Embed the use of contact assessment tool</p> <p>Regularly review contact arrangements including whether contact needs to be supervised</p>	<p>Children's social care</p> <p>Children's social care</p>	Placement stability data	No progress		
7	Improve understanding of children's wishes and feelings	<p>Analyse results of the voice of the child survey</p> <p>Offer "U chair" training on a regular basis and encourage children and young people to chair their own LAC reviews</p> <p>Purchase licenses for "mind of my own" (MOMO) app</p>	<p>Participation team</p> <p>Participation team and IRO service</p> <p>Children's social care</p>		<p>YVM have used the survey as a spring board to promote and encourage a conversation across Herefordshire with regards to challenging stereotypes and discrimination – "everyone is someone" conference will take place at the end of September 2018.</p> <p>U Chair information to be provided within</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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
		Analyse information provided through MOMO and other sources of information to inform service improvements	Children's social care		PACK ATTACK leaflet. Individual sessions to be offered as group sessions were not attended. Information collated through MOMO will be considered at Quality Assurance and Learning Forum		
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	CPD offer has been developed and is in process of being implemented	Turnover rate of 17.65% National rate of 17%	Turnover rate of 17.6%
8	Ensure that there is a range of accommodation available to care leavers that meets need and allows for a	Re-commission housing support to deliver accommodation with	Housing strategy and Children's Social care	100% of care leavers in suitable accommodation	Service will be re-commissioned in 2020. Continued joint working with current service	Suitable 70% Unsuitable 14%	Suitable 72% Unsuitable 8%

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
	gradual move to independence that is financially sustainable	support that meets the needs of care leavers			provider to develop and improve to meet service needs	Unknown 16% (England – Suitable 84%, Unsuitable 7% and U/k 10%)	Unknown 20% (England data not available yet)
		Work with housing providers (including private rented sector) to develop move on accommodation and shared housing options suitable for care leavers	Housing strategy and Children's social care	% of care leavers successfully sustaining a tenancy	Work continuing as part of strategy		
		Implement Young Person's accommodation strategy	Adults well-being and relevant partners	Number of care leavers who present as homeless	Early stage of progressing		
		Develop clear policy on financial support for care leavers	Children's Social care and Chief finance officer		Draft policy developed and consulted on and will be implemented from June 2018.		
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 (RMM)	No progress on HSCB shared approach	RMM held for 5 care leavers	RMM held for 3 care leavers

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
8	Reduce the number of looked after children and care leavers who are not in education, employment or training	Offer a minimum of 1 week's work experience to every looked after child within the Council, WVT or CCG	Council, WVT and CCG	% of looked after children and care leavers who are NEET at age 19 and 21 is better than national average and improves each year	No progress	29% (England 50%) EET 56% (England 41%) NEET 16% (England 10%) n/k	43% EET 37% NEET 20% n/k (no data for England yet)
		Establish a baseline of how many looked after children and care leavers undertake an apprenticeship and increase this each year	Council		No progress	0	0
		Ensure care leavers are supported to access supported internships and traineeships as opportunities develop as appropriate	Hoople and Council		No progress		

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
		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)	Hoople and Council		No progress		
		Require services contracted or commissioned by the Council or CCG to offer work experience and apprenticeships to looked after children and care leavers	Council and CCG		No progress		
		Have a business advisor linked to the Virtual School to help develop employment opportunities	Virtual school and Careers Enterprise co-ordinator		No progress		

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
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		Potential venues being explored		
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		Draft protocol with DWP and task and finish group established to develop a joint protocol with Housing Solutions		
8	Improve the quality and consistency of support provided to looked after children and care leavers to develop their independent living skills	Clear expectations for carers in placement plans and pathway plans about what they will do to support development of independent living skills Consider establishing a support group for carers of older young people	Children's social care, foster carers and SLP providers Foster carers and Fostering Team	Number and % of care leavers sustaining a tenancy	Method of measuring this has not yet been developed. Independent living skills support is part of 16+ improvement plan and young people's accommodation strategy work plan No progress		

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?	Progress	Performance indicators	
						31 st March 2017	31 st March 2018
		Develop a clear policy for foster carers on saving for looked after children	Fostering Team		No progress		
		Expand the Council Volunteer scheme to enable employees to provide support to looked after children and care leavers	Council		No progress		
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		No progress – to be published by October 2018		

Recommendation No. 1	RESOLVED: that the committee asks the executive to encourage all members to use local contacts to identify employment and work experience opportunities for Looked After Children.			
Executive Response	A letter will be sent to all Councillors who have not previously responded asking them to identify work experience and employment opportunities that they may be able to broker on behalf of looked after children and care leavers.			
Action	Owner	By When	Target/Success Criteria	Progress
Send letter to all councillors	Gill Cox	31 st October 2018	Responses received from all Councillors	



Meeting:	Cabinet
Meeting date:	Thursday 18 October 2018
Title of report:	Herefordshire Autism Strategy
Report by:	Cabinet member health and wellbeing

Classification

Open

Decision type

Non-key

Wards affected

(All Wards);

Purpose and summary

To approve the Herefordshire Autism Strategy 2019 - 2022

The autism strategy will:

- a. Set out the actions required to achieve improved life outcomes for people with autism by better access to services. Through strategic improvement the council and the Clinical Commissioning group (CCG) will make and or influence reasonable adjustments and workforce awareness, this will in turn lead to wider participation in the community and more fulfilling lives.
- b. Set out the outcomes required, resources and ownership against each priority. This will be supported by an action plan (appendix 1) which sets out the annual activity and the identified outcomes for children and adults with autism with the appropriate and available resources for groups of all ages.
- c. Act as a medium term framework for future delivery and alignment of universal services to ensure the needs of people with autism are appropriately met.
- d. Ensure that all commissioned activity across the council's directorates and the CCG is aligned to the health and wellbeing blueprint for adult social care and with the NHS long term commitment to ensure reasonable adjustments are made in both primary and acute health settings and services.

Recommendation(s)

That:

- (a) the Herefordshire Autism Strategy 2019 – 2022 be approved; and**
- (b) the executive's response to the recommendations of the children and young people scrutiny committee at appendix 4 be approved.**

Alternative options

- 1 The Herefordshire Autism Strategy is not approved. This is not recommended as there is a statutory duty on each council as outlined in the Autism Act 2009 and the national Adult Autism Strategy 2010, 'Fulfilling and Rewarding Lives' which places a legal duty on all local authorities to develop and implement a local autism plan in partnership with health.
- 2 That the council develops a separate Autism Strategy to the CCG that does not consider the primary health care needs of people with autism. This is not recommended because it would negatively impact on the opportunities to jointly plan and deliver better outcomes to people with autism, nor does it meet the legal duty.
- 3 The council does not consider the needs of children and young people and creates an adult only strategy, as the duty applies to adults only. This is not recommended as this limits the impact for people with autism and would miss opportunities to ensure that services are prioritised and coordinated from child to adulthood. This enables the issues identified by people in adulthood are addressed earlier in the future and the learning from this applied to children's services, resulting in better life outcomes.

Key considerations

- 4 The council, in partnership with the CCG and the Herefordshire Partnership Board, a multi-agency group who come together to influence strategic planning, have co-produced a comprehensive outcome focussed Autism Strategy. Agreement of the strategy will be through Cabinet; if agreed, commissioners will begin immediately in accordance with the implementation plan aligned to the strategy. The CCG will also consider adoption through its governing body.
- 5 The first autism strategy for Herefordshire was developed in 2014, and there is a need to build on this strategy and apply the learning which acted as a test bed for many of the themes in the new strategy, but now requires a more sophisticated and wider approach with stronger performance reporting. This will allow for further development across the system for people of all ages with autism. The strategy is required to ensure activity is targeted against the outcomes set out in the health and wellbeing blueprint and make it clear who is responsible for the delivery of key aspects of the strategy. The aim is to enable people with autism to have greater choice over how and by whom they are supported, how they are educated, where and with whom they live, access to paid work and training, have a social role, improved long-term health and have ordinary expectations about relationships, families and being part of a community.
- 6 As such, the strategy sets out a clear framework for improvements in relation to data, workforce training, awareness, reasonable adjustments, opportunities and improved health and quality of life outcomes for people with autism. The strategy aims to ensure that consideration is given across the system to the way people with autism encounter day to day services including education, college, GP practices, support services, the police and

the criminal justice system and build better support and awareness within the system to enable access to universal opportunities such as housing, employment, public transport.

- 7 Improvements are needed in relation to performance metrics across services, which will enable us to ensure that people with autism have access to the same opportunities as everyone else. National data is telling us that it is estimated that 1.1% of the national adult population have autism (the 2007 adult psychiatric morbidity survey) and the incidence of autism in children was estimated at 1% (Baron-Cohen et al 2018). For Herefordshire, this would mean that approximately 2,000 people would fall within the autism spectrum. However GP coding is demonstrating that currently only 0.4% of the adult population has autism, which is indicating that there is much room for improvement in how we collectively record instances of autism. The improvement plan considers baseline data and data collection throughout each of the priorities and will use this as a tool to measure improvements across the system.
- 8 Good practice, as defined by national National Institute for Health and Care Excellence (NICE) guidelines requires that local areas define the process of diagnosing autism by means of a multi-professional diagnostic pathway. For children up to the age of 10 (national curriculum year 5), a multi-disciplinary assessment is co-ordinated through the child development centre in Hereford. For children over the age of 10 (national curriculum year 6), the multi-disciplinary assessment is co-ordinated by the child and adolescent mental health service (CAMHS) in Hereford. The adult diagnostic pathway is co-ordinated through a regional centre in Bristol. The descriptions of these pathways have been drafted but now require multi-agency agreement.
- 9 The council and the CCG currently individually commission a number of different services for children and young people with autism as well as adults with learning disabilities and autism. These include specialist schools and resource bases attached to a school, outreach to mainstream schools, speech and language and occupational therapy, independent travel training and other specialised help. Services commissioned by adults include residential care homes, supported living, day opportunities as well as out-of-area special beds; nursing care and domiciliary care.
- 10 These services are commissioned from specialist providers across the education sector, the NHS and from the voluntary, independent and not-for-profit sectors as well as directly provided by the council. Services for adults primarily focus on those adults with a learning disability who may also have autism. Herefordshire has not historically commissioned specialist services for adults with autism. Services have focussed on those who have the greatest difficulty in living independently. Although people with autism may have significant impairments that require support in certain aspects of living, most do not require the same level or type of support as those with significant a learning disability.
- 11 The council has a duty to provide 'sufficient and suitable' educational provision to meet the needs of the population and to keep this under review. This includes provision to meet the needs of children and young people with autism.
- 12 The DH in April 2018 delivered the Think Autism refresh, which is an updated autism strategy, which is focussed on adults only, and sets out the national priority areas as:
 - Measuring, understanding and reporting the needs of people with autism
 - Workforce development
 - Health, care and wellbeing
 - Specific support
 - Participation in the local community
- 13 The proposed Herefordshire Autism Strategy has set out 5 local priorities:

- Priority 1 - Health and Wellbeing.
Key areas for development under the strategy include timely access to adult autism diagnosis, timely and appropriate mental health support and widespread use of tailored communication methods and recognition of sensory, communication and environmental needs as well as preventative support in line with Care Act 2014.
- Priority 2 – Education
The following aspirations will be achieved through the delivery plan to ensure improved awareness of autism amongst all education professionals, that Autism is considered within all Health, CCG and Council plans for children and young people and that young people aged 14 – 25, with a diagnosis of autism, and parent/ carers, have easier access to appropriate information, advice and support.
- Priority 3 - Training, Further Education, Employment and Housing
The aspirations of the strategy will be achieved through the delivery of improved awareness of autism amongst all professionals and partner organisations providing services to people. In addition, we need to ensure greater involvement of the autistic community in the planning and execution of decisions that directly affect them. A set of best practice standards will be shared with partner organisations to promote better ways of working which will benefit people with autism (as well as other vulnerable groups). Autism will be considered within the plans and strategies of partner organisations. Reasonable adjustments need to be standard practice to ensure housing, transport and employment are accessible to people with autism.
- Priority 4 - Keeping safe
The strategy will set out the vision to improve awareness within the autism community of community safety, both through supporting organisations to be autism friendly and via supporting people through self-help and building resilience. To seek improved awareness of autism amongst all professionals and partner organisations, with a key focus on the police service and the criminal justice system.
- Priority 5 - Support for families and unpaid carers
The strategy identifies the following outcomes. Clearer access and signposting to relevant information and advice so that the right support can be identified and provided effectively. Identifying technology and tools that can assist in providing the right type of support to make the right reasonable adjustments, as well as improving quality and consistency of information. Improved experiences of universal services through better understanding of what reasonable adjustments can be made through a wider awareness of the requirements of people with autism.

14 The model used to develop the Autism Strategy is outcome focused, meaning it looks at the aspirations for people with autism to ascertain the activity, timescales and resources required to meet the outcomes.

15 In recognition of the quick pace of change in the area of autism, the strategy has been written to span a three year cycle only. The strategy is supported by an implementation plan which describes the actions required, by whom and when to achieve the required outcomes. A second implementation plan will be developed the Autism Partnership Board

in partnership with the council and the CCG, which will set out the ambitions under the strategy and required actions to make these happen, which will be signed off by formal governance in both the council and the CCG.

- 16 The Autism Partnership Board will take the lead in reviewing the outcomes achieved as the Autism Strategy is implemented. Its membership is made up of people with autism, their families and carers, the CCG, the police, 2Gether mental health trust, service providers as well as council representation from both adults and children's directorates. Future consideration will be given to the autism partnership board developing an approved terms of reference to enable them to become a strategic partnership. This will also incorporate the autism champion role which will be a role supported by a delegated cabinet member, and allow representation from the council and CCG at quarterly partnership board meetings. The implementation plan identifies actions through information gained from joint strategic needs assessment, National strategy refresh and the children's integrated needs assessment and engagement with a range of service users, their families and practitioners.
- 17 Currently performance data is very limited across the whole system. This is a national challenge. The strategy will put in place local targets to improve data across all the five priorities. The implementation plan will establish clear baselines and metric targets across organisations to measure performance and also the impact in terms of outcomes to people with autism. The role of the autism partnership board will be key in ensuring engagement with people with autism to test how the strategy impacts upon them, and target initiatives for future implementation plans.
- 18 Whilst the strategy timescale spans 2019-2022, the implementation plan also captures and reflects the continual developments and progress across the system within its outcomes and targets.

Community impact

- 19 The recommendations in this report will enable the council and the CCG to ensure that services provided which include both specialist and universal services across the county are fit for purpose and able to develop their offer and expertise over time. Furthermore, the health and wellbeing outcomes will link to the wider strategic aims for the council and the CCG. The strategy will meet the ambitions of the health and wellbeing strategy to seek unified services for everyone through consistently good quality shared care and managed networks.
- 20 Successful delivery of the Autism Strategy will support the council's corporate plan (2017-2020) ensuring people with autism are "able to live safe, healthy and independent lives' and that commissioning organisations secure better services, quality of life and value for money across the sector. This will be possible by achieving a wide range of outcomes at an individual level around increased opportunities and inclusion in education, training, work, improved access to health care and healthy living and wider access to opportunities for social inclusion and social value for all."
- 21 The Autism Strategy sets the aspirations for positive impact on the wellbeing of people with autism in Herefordshire and their experience of universal commissioned services in line with the corporate plan priorities, the health and wellbeing strategy and the children and young people plan.
- 22 The recommendations in this report will ensure that all commissioned activity is aligned to the health and wellbeing blueprint (Adult Wellbeing Plan 2017-20) supporting the intention that Herefordshire citizens are resilient, lead fulfilling lives, are emotionally and physically happy and feel safe and secure.

- 23 The recommendations will support the NHS's long term commitment to service improvement in both primary health care and acute services in order to reduce health inequalities and patient experience for people with autism. Further to this, it will support the post-Winterbourne commitment in line with the national Transforming Care Programme and create better life outcomes. These are also evidenced by the council and the CCG working together across the sustainable transformation partnership (STP) which is a national directive.
- 24 There are inter-relationships with a number of Herefordshire's key strategies including Herefordshire Learning Disability Strategy (2018-28) for people with a learning disability who have autism as well, also Herefordshire Children and Young Peoples Plan (2015-18) and the CCG's Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan (2015 -20).

Equality duty

- 25 Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

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

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 26 The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation. In order to meet the requirements a-c the strategy will focus on raising awareness and understanding of autism, this will help to support people into employment, and accessing mainstream services.

Resource implications

- 27 There are no direct resource implications arising from this report. The strategy aims to align current resources and where appropriate ensuring reasonable adjustments are made across the system. The resource implications are across the system and detailed in both the outcomes table and the implementation plan, and will sit across existing roles and functions.

Legal implications

- 28 The council is under a legal duty to produce an autism strategy for adults. This requirement is detailed in the Adult Autism Strategy: Statutory Guidance (2015). With regard to children and young people the Children and Families Act 2014 provides that councils are under a duty to make educational provision for young people with special educational needs and disabilities up to age 25. The work of the council and the CCG in relation to adults is directed by a range of legislation such as the National Autism Plan for Children (2003), The Autism Act (2009), the National Autism Strategy 'Fulfilling and Rewarding Lives' (2010), the Equality Act 2010, National Autism Strategy (2010) and the Adult Autism

Strategy: Statutory Guidance (2015). The Special Education Needs and Disability Code of Practice (2014) provides statutory guidance in relation to Children and Young People aged 0-25 years).

- 29 The report recommends approval of the Autism Strategy. The strategy enables the council to meet its legal obligations under the Childrens and Families Act (2014), and the Autism Act (2009).
- 30 Section 2 Health act imposes a duty on councils to have regard to the NHS Constitution in performing their health service functions. The NHS establishes the principles and values of the NHS England, which is set within the context of the data protection act 2018.

Risk management

- 31 This strategy meets the council's requirement to fulfil its statutory duty under the Autism Act 2009 ensuring that the needs of people with autism are raised across areas including employment, welfare, criminal justice, transport and education services.

Risk / opportunity	Mitigation
Performance management could be focused on process measures that are not reflective of the wellbeing and experience of the person.	The committee seeks to focus its attention on matters of direct relevance to people with autism living in Herefordshire and ensure performance measures reflect these within the action plan.
There could be no shared planning or joined up thinking in place for commissioning of health and social care services, and missed opportunities to impact on wider universal services, leading to poorer life outcomes for people with autism in Herefordshire.	The council will seek to minimise the impact of the differing approaches by adopting the implementation strategy which embeds autism awareness, builds opportunity for cross department strategic approaches and sets data performance targets through and outcomes based approach.
Progress towards the delivery of the health and wellbeing blueprint and the Childrens and families plan could be compromised due to the absence of an autism strategy.	The council can show significant amount of work in progress to improve outcomes through the implementation of the Autism strategy.
The strategy is not implemented	The strategy will be co-owned by the council, CCG and the autism partnership board, who will meet quarterly to review the progress of the implementation plan hold partners to account.

Consultees

- 32 A wide range of partner organisations have been consulted on the development of the draft strategy:
 - Herefordshire CCG
 - West Mercia Police
 - Herefordshire Carers

- Hereford Disability United
- National Autistic Society – Hereford Branch
- Herefordshire Autism Partnership Board
- Herefordshire Health watch
- Herefordshire Council Childrens Wellbeing
- Herefordshire Council Adults Wellbeing

- 33 A public facing engagement exercise was conducted during the summer of 2017 and May 2018 to seek people's views on the services and supports they would wish to see in Herefordshire. This was aimed at people with autism and their families and carers, although it was open for anyone to respond to. It was available as a hard copy paper version or on line through the Herefordshire NAS website. In 2017 the engagement asked people a series of specific questions dealing with the priority areas to help the Autism Board identify which were the key areas of development needed to be addressed by the strategy and action plan. In total 60 responses were received. 49 were through the website, 11 were hard copy responses, further information can be found in appendix 3 of the strategy. In the 2018 survey 56 people responded and the key findings are as reported in the strategy and influence the implementation plan.
- 34 The Children and young people scrutiny committee reviewed the draft Autism Strategy in April 2018 and made a series of recommendations which have been incorporated into the revised strategy. The recommendations from scrutiny and the responses can be found in appendix 4.

Appendices

Appendix 1: Draft implementation plan.

Appendix 2: Draft Herefordshire Autism Strategy 2019-2022.

Appendix 3: Equality Impact Assessment.

Appendix 4: Childrens and Young Peoples Scrutiny Committee Recommendations, April 2018 and subsequent responses.

Background papers

None identified.

Implementation Plan 2019-2020- Herefordshire Autism Strategy



IMPLEMENTATION PLAN (appendix 1)

Governance – Lead will be accountable to the Autism Partnership Board

Priority 1 - Health and Wellbeing

Improved health and wellbeing by improving access to high quality services in Herefordshire.

Lead	What are we doing? Activity and Planned Output	Success Criteria	Date for completion	Project owner	Progress to date	RAG
1.1	CCG	<p>Review Of current adult diagnostic service, to include local and national indicators of volume and waiting lists.</p> <p>a) New adult diagnostic pathway developed that demonstrates improvement to accessing specialist assessments</p> <p>b) Specialist assessments are available closer to home</p>	<p>Review complete with clear recommendations</p> <p>Published pathway available</p> <p>Clinic is operational in Herefordshire and Worcestershire</p>	<p>Dec 2018</p> <p>Feb 2019</p> <p>June 2019</p>	Deputy Director of Operations (CCG)	
1.2	HC/CCG	<p>improve the children's diagnosis and support pathway</p> <p>a) Carry out a review of the current offer</p> <p>b) Information on the pathway document published, to embed pathway into local multi-disciplinary working</p>	<p>Pathway document created</p> <p>All professionals understand and adhere to pathways protocols</p>	<p>Dec 2018 (sign off)</p> <p>Dec 2019 (promotion)</p>	Children's joint Commissioning Manager (HC)	
1.3	HC	<p>MECC – Making Every Contact Count</p> <p>a) Roll out training across the healthy living network</p>	<p>40 participants training</p> <p>Figures agreed for roll out during lifetime of strategy</p>	<p>July 2019</p> <p>March 2019</p>	Director of Public Health (HC)	Training content and format developed over the last 12 months (face to face and e-learning)

		b) Development and agreement of local staff training in MECC for HC staff c) Development and agreement of local staff training in MECC for WVT staff	As above	March 2019		Accessibility issues being explored for staff outside HC network in regard to E-Learning	
1.4	CCG	Promoting healthy Lifestyles and prevention a) Identify health inequalities and address areas adding to future implementation plan for the autism strategy b) Delivery of diabetes prevention programme c) National screening programmes take up d) Annual health checks take up	Increased health and wellbeing of people with autism Increase in take up of programmes to include increased take up of people with autism	March 2021	Director of Primary Care (CCG)		
1.5	APB	Awareness campaign (phase 1) for 2019 to be developed which target key organisations and build on successes. Wider Awareness campaign (phase 2) to extend to partners and universal community services	Plan in place for 2019 Plan in place for 2020	Nov 2019 Nov 2020	Autism Partnership Board		
1.6	CCG	Adopting ICT systems such as Community EMIS to enable sharing of records between primary care and community health services	System in place	March 2019	Director of Corporate Development (CCG)	Agreement to use Community EMIS in Herefordshire	
1.7	CCG	Work with GP's to encourage coding of autism in patient records to raise awareness of reasonable adjustments required to improve the experience of people with autism attending surgeries	Check baseline Communication and info pack to all GP surgeries Increase from baseline	Nov 2018 Jan 2019 March 2019	Director of Primary Care (CCG)	Some coding is in place however the stats tell us that this is not standard practice (Herefordshire 0.4% National average1%).	

			Set annual targets and achieve increases	March 2020			
1.8	CCG	Review children's and young people's mental health services a) Clinical model agreed b) Commissioned the service	Review complete with clear recommendations New service in place	Sept 2018 March 2019 March 2020	Deputy Director of Operations (CCG)	Being led by Children and young people's mental health partnership. Next stage is engagement of children's, young people and their families.	
1.9	CCG	Improve take up and use of personal relapse/crisis plans for people with autism implemented by:- a) Social care b) Mental health service c) Community learning disability service	2018/19 Baseline established (Numbers with a plan;) 2019/20 – 60% people receiving services 2020/21 - 85% people receiving 100% of people undergoing community CTR have a crisis plan	March 2019 March 2020 March 2021 March 2022	Deputy Director of Operations and Deputy Director of Nursing (CCG)		
1.10	CCG/HC	Review and re-model children and young people's therapy services to include speech and language therapy and physiotherapy services.	Review completed and revised model and agree next steps	April 2019	Children's Joint Commissioning Manager (HC & CCG)		
1.11	APB	Scoping exercise to develop wider workforce links across all health practitioners in regard to receiving autism awareness training	Baseline data established	Sept 2018	APB		

Priority 2- Education

Making sure that everyone has access to appropriate educational provision. To provide educational provision which is available and sustainable in Herefordshire and also meet national criteria/guidelines.

Lead	What are we doing? Activity and Planned Output	Success Criteria	Date for completion	Project owner	Progress to date RAG rated	RAG
2.1	HC	Needs assessment and gap analysis aligned to the Herefordshire Council Capital Investment Strategy	Report which identifies needs and inform future provision	July 2019	Head of Additional Needs (HC) <i>(supported by head teachers)</i>	
2.2	HC	Review, agree and publish the entry criteria and operational procedures for specialist educational provision for autism (Hampton Dene Primary Learning and Communication Centre and the Bishop of Hereford School 'The Bridge').	Criteria available and used in practice	Dec 2018	Head of Additional Needs (HC) <i>(supported by head teachers)</i>	
2.3	HC	Scope the methodology and processes required to embed regular practices of seeking data from independent and private schools in regard to enrolled autistic pupils.	Data will be centrally captured and available	Dec 2019	Head of Additional Needs (HC)	
2.4	HC	Audit and review the training needs of educational staff in relation to autism. a) Encourage schools/working with to ensure autism awareness is included in their PDP	Report available per school & informs workforce planning. Baseline increased by 50%	Dec 2018 March 2021 March 2021	Head of Additional Needs (HC) <i>(supported by head teachers)</i>	

2.5	HC	Preparing for adulthood protocol a) Developed b) Implemented	Published document informing practice Becomes business as usual	July 2018 Jan 2019	Senior Post-16 Advisor (HC)		
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Priority 3 - Further Education, Employment and Housing

People with autism have more choice and control over their lives and have improved quality of life.

Lead	What are we doing? Activity and Planned Output	Resources	Date for completion	Project owner	Progress to date	RAG
3.1	HC	Housing needs to be identified though incorporating people with autism (including transitions into the Local Market Housing Assessment (LMHA). This will be in the form of an appendix to inform future need	Housing and research team	Jan 2019	HC Strategic Housing Team	
3.2	APB	Produce a set of good practice guidelines for developers and housing providers to design homes and buildings that are autism friendly.	HC commissioning support	March 2019	Autism Partnership Board	
3.3	HC	To start capturing the data about the numbers of people with autism who use telecare .	IT support Telecare team	April 2019	Assistive Living and Telecare Team	

3.4	HC	Explore additional opportunities for support to maintain tenancies using Enhanced Housing Benefit.	Housing team	March 2019	Housing Team		
3.5	HC	Establishment of an accommodation nomination panel MDT meeting to match vulnerable adults to housing options and opportunities	Regular panel meeting embedded into current practice	Nov 2019	Senior AWB commissioner	Operating model being piloted	
3.6	HC	Develop better Employment opportunities by:- Establishing an Employment Pathway to identify opportunities, services and support and gaps. Identify employment support opportunities following the gap analysis of the employment pathway. Create a project plan to expand education, training and supported employment opportunities including internships, work experience placements, supported employment and apprenticeships	Joint workshop to produce agreed pathway Gap analysis Project plan	Pathway March 2019 March 2019 March 2019	Senior AWB commissioner Senior Post-16 Advisor		
3.7	HC	Produce recommendations to the commission board about building social value into HC contracts to bring benefit and opportunities to people with autism	Senior commissioning officer		Senior commissioning officer		
3.8	APB	Produce an action plan to bring together a range of approaches (which may include good practice guidelines for providers, access to training, ID cards). Links to safeguarding board.	Action plan	Oct 2018	APB		
3.9	HC	Develop transport training programme for people with autism	Travel training programme developed Travel training to be delivered	Oct 2018 Apr 2019	Senior post 16 advisor		

Priority 4- Keeping Safe

People with autism feel and keep safe

	Lead	What are we doing? Activity and Planned Output	Success Criteria	Date for completion	Project owner	Progress to date	RAG
4.1	HC	Hate crime awareness training sessions (dealing with hate crime, being radicalised, controlling and coersive behaviour, being groomed or abused in other ways.) <ul style="list-style-type: none"> Develop content of training and literature to suit audience Hold awareness session Evaluate plan next stage of roll out of training 	Training package available 75% of invited audience attend 1 st session Feedback to inform stage 2 of training	Sept 2018 July 2019 Sept 2019	Community Cohesion Officer	Working with NAS to reach people for whom hate crime or the fear of hate crime is an issue and develop the content.	
4.2	HC	Hold public awareness raising sessions in relation to autism awareness and hate crime/safeguarding to be delivered in Ledbury, Leominster, Ross-on- Wye and Hereford	Sessions delivered county-wide 60% of families invited attend	Nov 2018 May 2019 Oct 2019 Jan 2020	Community cohesion officer, with support of NAS and local schools	NAS and local schools to provide details of people in this area who are supporting people living on the spectrum	
4.3	ABP	Hold awareness event in Plough Lane for National Autism Week (linked to the awareness campaign)	Event	April 2019	ABP and AWB Engagement lead		

4.4	LIAG	<p>Extend the autism awareness training sessions for Police Officers</p> <ul style="list-style-type: none"> Herefordshire Police officers New recruits New detectives General awareness- all ranks/civilian staff 	<p>Increase from ;</p> <p>48 pa</p> <p>26 pa</p> <p>38 pa</p> <p>45 pa</p>	Oct 2019	Local Independent Advisory Group (LIAG)		
4.5	HM	Promotion of the Safe Places scheme and to expand the number of Safe Places available across Herefordshire	2 marketing events held	Oct 2019	Herefordshire Mencap (HM)		
4.6	HC	Drop in/support service facility available to people with autism under the new St Owens hub contract	Drop in available	Jan 2020	AWB Senior Commissioner		
4.7	WMP	<p>Promotion and encouraging the take-up of the Herbert Protocol to be scoped:-</p> <ul style="list-style-type: none"> Identify opportunities and targets for the promotion of protocol to agencies Identify opportunities and targets for the promotion of protocol to carers 	Report from WMP to identify current activity and future plans	Oct 2018	West Mercia Police		
4.8	NAS	Scope opportunities to deliver autism awareness training for cabinet members and seek Cllr champion	80% Cllrs trained	Oct 2019	NAS and APB		

Priority 5 – Families and Carers

Development of systems and processes to improve quality of information provided to carers and families

	Lead	What are we doing? Activity and Planned Output	Success Criteria	Date for completion	Project owner	Progress to date	RAG
5.1	HC	Continue development of individually owned information record systems through use of a multi-media advocacy App (Wiki-ME). Evaluation of 2 year scheme	Evaluation of 2 year scheme	April 2019	Integrated Pathway Development Manager	Extend use of App to up to 250 users	
5.2	HC	Review the available information for Young Carers, and those families requiring Short Breaks and direct payments. Short breaks Direct Payments	Current information (web and hard copies) are updated and available	April 2019	Head of Additional Needs		
5.3	HC	<ul style="list-style-type: none"> Specification of the carers service to ensure coverage of all vulnerable adults including autism. 	New carers service in place	April 2019	AWB Senior Commissioner (community)	Tender open July 2018	
5.4	HC	Link information and advice to WISH to ensure consistency and quality of information available to all which will ensure: <ul style="list-style-type: none"> Raising awareness of what services are available and how to access them Signpost parents and carers to available sources of support and advice via autism features on WISH website 	Feedback from carers in relation to WISH is improved. Establish feedback from NAS survey	User experience is improved by 50% by Jan 2020	AWB Commissioning		

5.5	APB	<p>Strive to ensure all mainstream services ‘Think Carer’ (Family carers to be identified at the start of care pathways, involving them in decisions and offering support/signpost to specialist support.)</p> <ul style="list-style-type: none"> • Scope opportunities to seek best outcomes (e.g. good practice guidelines/awareness campaigns, MECC, and general autism awareness training) 	<p>Improved experiences by carers (NAS survey increase in satisfaction from baseline 2018 survey)</p> <p>Good practice guidelines</p>	March 2019	Carers Strategy Action Group Carers Support Service		
5.6	APB	<p>Identification of continual improvement via development of new and innovative services and reasonable adjustments to existing ones, for people with autism.</p> <p>Act as a reference group and resource for universal services and organisations (link to awareness campaigns)</p>	<p>Increase in organisations seeking advice from APB by 100%</p>	March 2019	Autism partnership board, NAS and WISH		

Herefordshire Autism Strategy



2019 to 2022

An all age strategy for Herefordshire

Author:	Collaboration
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Directorate / Team:	Adults and Wellbeing/Commissioning Team.
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Executive Summary

Welcome to **Herefordshire's Autism Strategy**, which is an **all age strategy**, meaning that it is relevant to children, young people as well as adults with autism and their families. This document sets out the long term plans of Herefordshire Council and Herefordshire Clinical Commissioning Group (CCG) and partners both with and on behalf of people with autism and their family carers. The Autism Partnership Board has played a key role in developing and co-producing this strategy.

The council has a statutory responsibility to ensure the well-being and safety of all vulnerable adults across a wide range of living activities and the CCG has a statutory responsibility to ensure the provision of universal and specialist health care in order to improve the health of the whole community. As part of these overarching responsibilities and as commissioning organisations committed to a healthier, wealthier and more inclusive Herefordshire, we want to work together to ensure that we help to support Herefordshire to be a place that universally welcomes and celebrates people with autism.

This strategy embraces the spirit of co-production which ensures that despite the context of very challenging public finances both nationally and locally, the strategy presents an opportunity for individuals and organisations to change their practices and “think autism”. Many of the required changes involve doing things differently and by doing this collectively this presents opportunities and energy. As providers and commissioners the challenge is to do more with less; to work with communities to support them to be more inclusive; to learn from others; use technology intelligently; make better use of universal services; working collaboratively across the independent and voluntary sectors; and, with the wider community wherever possible. This can only be done through increased awareness of the needs of people with autism and making reasonable adjustments part of our everyday business as usual.

Another key strand linked to raising awareness is recognition of the importance of a formal diagnosis. It is recognised that a diagnosis will not necessarily mean access to services, as this is dependent upon eligibility of social care need. One priority linked to awareness of autism is to ensure Herefordshire offers access to improved local diagnostic pathways for both children and adults.

The strategy recognises that we are at the start of a journey, and whilst progress has been made since the Autism Act and Herefordshire's first Autism Strategy in 2014, there is still some way to go to make the necessary and reasonable adjustments and to improve awareness across the sector. Commissioning is not exclusive to the council or the National Health Service, the approach set out in this strategy is intended to guide and support future actions at all levels and by organisations and communities.

Finally, recognising the role of the council and clinical commissioning group in enabling health and wellbeing for the whole population of Herefordshire, we want to make sure that we are accountable in our ambition to enable good quality services, opportunities and resources for all Herefordshire citizens now and in the future. The variability and the lack of reliability of baseline data sets a challenge in making sure that we can evidence that services are improving, and an ambition of the strategy is to ensure we start to capture data across the system to measure our progress. We currently recognise that the data available is variable depending upon the respective needs and conditions that individual residents have and it is the case that for those with autism that this is not fully understood. As such we need to establish and inform an evidence base of current and projected future

needs and this is an ambition of this strategy. This will inform how we develop services that are appropriate and relevant and equally provide a basis for how we can measure improvements for those with autism.

This strategy has been co-produced, and the fundamental ethos of engagement, feedback and co-production underpins many aspects of the strategy. This recognises the value of experts by experience and the insight carers can offer. We look forward to working with you all to make these outcomes a reality for people with autism across the county of Herefordshire.

Insert the signatures of sponsoring individuals from Council and CCG.

Include the Partnership board here



Introduction

There are a number of strategic themes underpinning the strategy that have been developed and agreed by the Autism Partnership Board, building on the successes of the **2014-2018 Autism Strategy for Herefordshire**, Herefordshire's first autism strategy.

Along with the Council's Preparing for Adulthood Protocol this strategy also includes young people aged 14 to 25 preparing for adulthood. The work in this phase of a young person's life is crucial in achieving successful outcomes and taking on the rights, opportunities and responsibilities of adult life.

This strategy describes the vision, aims and outcomes for people with autism who live in the county. The strategy seeks to shape the local approach in implementing the requirements of the National Autism Strategy '**Fulfilling and Rewarding Lives**' (2010), the **Think Autism Strategy** (2014), the **Adult Autism Strategy: Statutory Guidance** (2015) and the **Think Autism Strategy Government Refresh** (2018). This last one is an adult focussed strategy but applies to young people transitioning into adulthood. Locally there is also cross over with this strategy to recent strategies including **Herefordshire's Learning Disability Strategy** (2018-28) for people with a learning disability who have autism as well as **Herefordshire Children and Young Peoples Plan** (2015-18) and the CCG's **Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan** (2015 -20).

Definition:

Autism is a life-long disability which affects the lives of people with autism and their families. The following definition of autism is taken from NICE clinical guideline 170 issued in August 2013:

"The term autism describes qualitative differences and impairments in reciprocal social interaction and social communication, combined with restricted interests and rigid and repetitive behaviours, often with a lifelong impact. In addition to these features, children and young people with autism frequently experience a range of cognitive, learning, language, medical, emotional and behavioural problems, including: a need for routine; difficulty in understanding other people, including their intentions, feelings and perspectives; sleeping and eating disturbances; and mental health problems such as anxiety, depression, problems with attention, self-injurious behaviour and other challenging, sometimes aggressive behaviour. These features may substantially impact on the quality of life of the individual, and their family or carer, and lead to social vulnerability."

The guidance states:

"Autism spectrum disorders are diagnosed in children, young people and adults if these behaviours meet the criteria defined in the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders Fifth

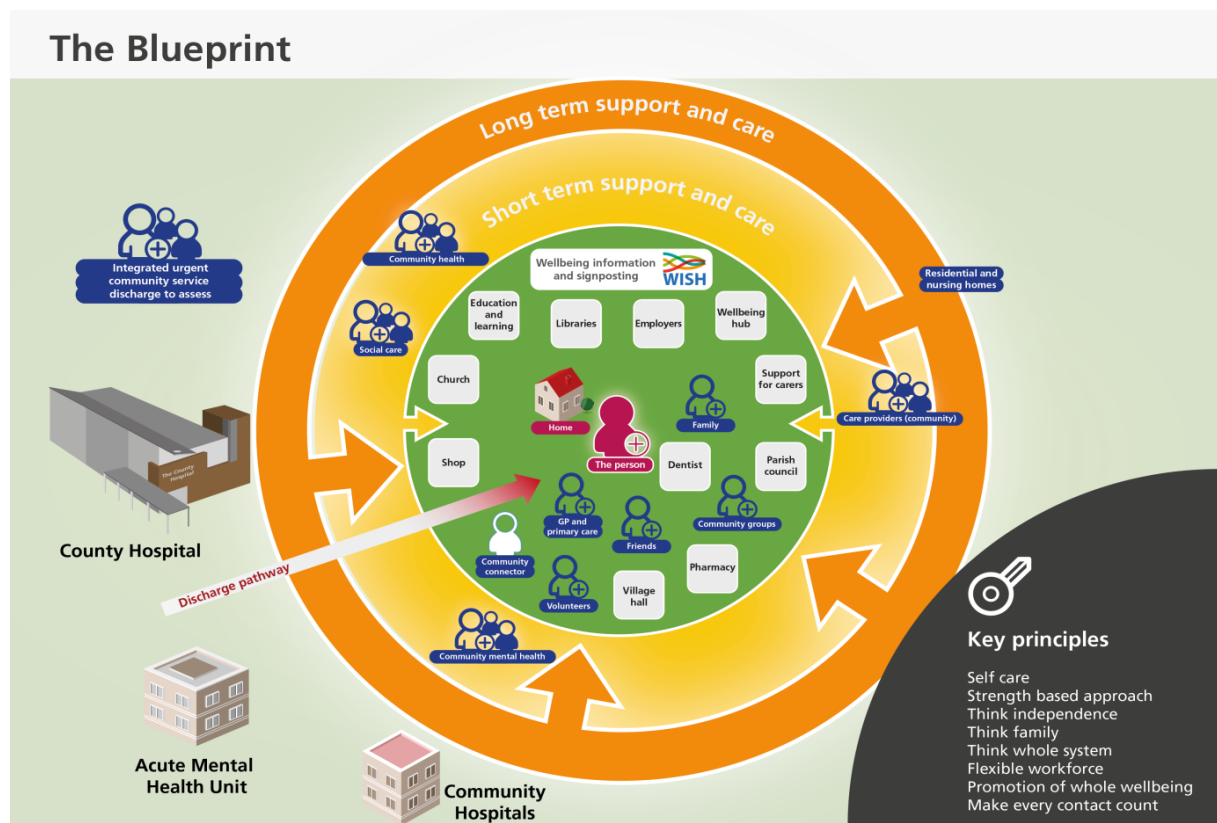
Edition (DSM-V) and have a significant impact on function. Both these diagnostic classification systems use the term 'pervasive developmental disorder', which encompasses autism, Asperger's syndrome and atypical autism (or 'pervasive developmental disorder not otherwise specified'). For a diagnosis of autism to be made, there must be impairments present and an impact on the person's adaptive function."

Autism is neither a learning disability nor a mental health problem, although mental health problems can be more common among people with autism and it is estimated that one in three adults with a learning disability also have autism.

We believe that people with autism have many skills, talents and aspirations, enabling them to have an active role in our shared communities. Through better understanding of each other's differences and actively seeking to make reasonable adjustments this will ensure all can contribute to economic growth through employment and training. We want to make sure that people with autism can live as independent a life as possible and remain as safe as possible with the best chance of long-term good health and wellbeing.

Delivering Locally:

Adults' Wellbeing, and Herefordshire CCG are working to the 'Blueprint' (see below diagram) which focuses on the key principles and a whole system of support networks surrounding each individual. This will include family and community and will not rely on formal services where they are not needed. Where eligible needs are unmet, statutory services will be available to meet assessed need to ensure that the person's health and wellbeing remains the central focus.



The local community has the capacity to assist people to meet their needs and aspirations. This will be achieved by seeking to ensure that services are focussed on maintaining the independence of the person, and their carer, whilst bolstering their strengths by:

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

Engaged and supportive communities enable people to stay healthy and actively involved for longer, reducing the need for targeted services.

The above approach has been adopted to enable people to receive appropriate information and support in a timely manner which enables them to retain/regain as much control over their lives as quickly as possible and avoid or delay the need for formal care.

1. The National Context

1.1 This strategy has been written in response to national policy developments relating to autism care, including the **National Autism Plan for Children (2003)**, **The Autism Act (2009)**, the **National Autism Strategy 'Fulfilling and Rewarding Lives' (2010)**, **National Autism Strategy (2009)** and the **Adult Autism Strategy: Statutory Guidance (2015)** and the **Think Autism Strategy Refresh (2018)**.

1.2 In addition the **Special Education Needs and Disability Code of Practice (2014)** provides statutory guidance in relation to Children and Young People aged 0-25 years and **guidelines published by NICE (The National Institute for Health and Care Excellence)**.

1.3 **The Autism Strategy (refresh in April 2018)** overarching objectives are to reducing the gap in life expectancy for people with autism and to enable them to play a full role in society. This is signified by the following 5 domains:-

The DOH 5 Domains

Domain 1: Lead: DH

Measuring, Understanding & Reporting needs of people with autism

- GPs aware of patient's condition (establishment of Autism Register)
- Awareness of diagnosis waiting times and post diagnostic outcomes (indicators in MHSDS), focus to include older people, under diagnosis of women & children)
- Widespread interpretation of social care return data to support autism strategy
- Research conducted into causes of life expectancy gap, and best interventions to address these, benchmarking what are effective mental health interventions for people with autism

Levers:

- Mental Health Services Data set
- Autism Act/Statutory Guidance
- NHS and Social Care outcomes frameworks

Domain 2: Lead: DH/HEE

Workforce Development

- Health and care staff, and staff in organisations with public facing responsibilities, who provide general support to autistic adults have appropriate knowledge of the condition
- Health and care staff, and staff in organisations with public facing responsibilities, who have a direct impact on, and make decisions about, the lives of autistic adults have appropriate specialist knowledge of the condition

Levers:

- 2014 Care Act
- Autism Act/Statutory Guidance
- DH workforce policy enacted through the 2012 Health and Social Care act
- NHS Mandate
- Equalities Act

Domain 3: Lead: NHSE

Health, Care and Wellbeing

- Timely access to adult autism diagnosis
- Timely and appropriate mental health support
- Widespread use of tailored communication methods and recognition of sensory, communication and environmental needs
- Preventative support in line with Care Act 2014

Levers:

- 2014 Care Act
- Autism Act/Statutory Guidance
- 2014 Child and Families Act
- 2012 Health and Social Care Act (NHSE's oversight of commissioning)
- NHS Mandate
- Equalities Act

Domain 4: Lead: DWP

Specific Support

- Specific support available to people within criminal justice system
- Appropriate support to identify and follow aspirations when transitioning from education
- Easy access to, and positive experience of, employment and benefits pathways
- Support is provided to people with Autism to help them retain employment, and support them in their work setting
- Easy access to public transport

Levers:

- 2014 Care Act
- Autism Act/Statutory Guidance
- 2014 Child and Families Act
- MoJ/HO statutory powers over CPS, Youth Justice Board, NOMS, NPCC
- DWP Autism Strategy Action Plan
- Equalities Act

Domain 5 Lead: ADASS

Participation in Local Community

- Reasonable adjustments enable people to access public services
- Participation in local planning and H&WB strategy implementation
- Access to an appropriate range of accommodation options
- Successful transition of people preparing for adulthood across education, health, employment and social care spheres (participation in employment considered in needs assessments and care and planning process takes account of work opportunities)

Levers:

- 2014 Care Act
- Autism Act/Statutory Guidance
- 2014 Child and Families Act
- HWBs and JSNA
- Equalities Act

1.4. **The National Autism Strategy** vision is for '***all adults with autism are able to live fulfilling and rewarding lives within a society that values and understands them. It believes that people can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.***' This vision is grounded firmly within an equality and human rights approach. It is based on the fundamental principle that adults and children on the autism spectrum have the same rights as everyone else, and that they should be able to access services and participate in society on an equal basis.

It is this approach and vision that Herefordshire Council and the Herefordshire CCG have used to develop this strategy for adults and children on the autism spectrum in Herefordshire.

1.5. The **Transforming Care Programme (TCP)** is a national programme which is focussed on improving health and care services for those people with a learning disability and/or autism who display behaviours that challenge and as a consequence may be at risk of being admitted to a specialist hospital.

The Transforming Care Programme aims to prevent unnecessary admissions to hospital by working together to find solutions that will enable people to remain in the community. Where a person with a learning disability and/or autism is admitted to a specialist hospital the admission will be kept under close scrutiny by way of Care and Treatment Reviews (CTR) or in the case of a child or young person with Care Education and Treatment Reviews (CETR). Agencies will work together to ensure any admission to specialist hospital to manage challenging behaviours will be kept as short as possible.

1.6. Since **the Children and Families Act 2014**, and the **Autism Act 2009**, successive Governments have charged local partnerships with improving awareness and understanding of autism, developing clear and consistent pathways for diagnosis and care, and supporting adults with autism into work. In April 2018, the Department of Health & Social Care refreshed arrangements overseeing the implementation of the autism strategy, creating five Task and Finish Groups to coordinate the delivery of relevant objectives and track progress.

1.7. Data collection and analysis is a national challenge due to limited capturing and recording of data of known people with autism, often data is also collated under differing parameters across agencies, and the lack of data sharing protocols compounds this issue. This is now becoming increasingly recognised as a barrier in understanding the scale of the issue and how best to approach and deliver changes, as well as monitoring performance and successes. This is signified by the DOH creating a working group around the domain of data.

1.8 Further progress is required to better identify, understand and meet the needs of people with autism. The latest self-assessment findings in June, 2017 reveal just 4% of councils rated themselves highest for the collection of data for planning and commissioning. Despite being crucial to underpinning independence, just over a third of councils rated themselves highest concerning the needs of young people during the transition process. Only 9% of councils rated themselves as high in making reasonable adjustments to general services to improve access and support for people with autism. This strategy recognises that in order to measure progress of the identified outcomes in Herefordshire we must start by capturing data in regard to what is happening now.

1.9. The **Learning Disabilities Mortality Review (LeDeR)** Programme is a national programme that focuses on both adults and children with a learning disability, and/or autism. It is recognised that often these individuals have poorer physical and mental health than other people. The Programme aims to review all deaths from the ages of four upwards to understand how people lived and what were the details leading up to their death.

Research tells us that people with autism die an average of 18 years earlier than the general population, and people with autism and a learning disability as much as 30 years earlier. Also autistic adults without a learning disability are nine times more likely to die from a suicide than the rest of the population (Autistica study 2015).

The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives. It is being implemented at the time of considerable spotlight on the deaths of patients in the NHS, and the introduction of the national Learning from Deaths framework in England in 2017.

2. Local Context

2.1. This strategy begins to explore the concept that for local government and the NHS the relationships with people with autism should be different. Unlike other vulnerable groups known who generally have shorter periods of need around specific issues, adults with autism and their families, have long term needs and need to enter into a different relationship to get the support they need. An exception to this can be found within childrens education provision for some groups e.g. SEND .It may be in the person's best interest to remain in close contact with services such as education, social care provision and the NHS for whole lifetimes, from childhood through to old age. People are more likely to require support across a wide range of life issues, such as education, housing, healthcare, and employment. Also people with autism have a role to play in helping services to learn and grow. This already extends to co-producing plans, raising awareness, working together to make improvements and to hold organisations to account. The role of the Autism Partnership Board is key to this.

2.2. The strategic themes underpinning the strategy were co-produced by commissioners and the Autism Partnership Board during the summer/autumn of 2017 and during 2018. They build on the themes within the first autism strategy for Herefordshire published in 2014.

2.3. **Key successes** of the **2014-18 Autism Strategy** include:-

- **Herefordshire Autism Partnership Board (APB)**
From 2014-18 the APB has been led by an independent Chair who is on the autistic spectrum. The Board continues to attract a wide membership including people with autism, carers, education, health and care professionals, commissioners, and a range of third sector partners. The strategic priorities reflect the existing local strategy position and the revised national strategy which have been adopted by members of the APB.

- **Production of an awareness raising film about autism**

The film was a result of a joint project between the Rural Media Company and the Autism Partnership Board. <https://www.ruralmedia.co.uk/charity/projects/action-autism>. The film has been shown around the county to a wide variety of audiences helping to raise awareness of autism amongst the wider population. Raising awareness amongst the population as a whole is an ongoing objective of this revised strategy.

- **Raised awareness to all ranks of local Police Officers**

The Partnership Board, through its chair, has worked very closely with West Mercia Police and the Local Independent Advisory Group (LIAG) to raise awareness of autism with all ranks of officers. To expand the knowledge within the Criminal Justice System is a key objective of this revised strategy.

- **Training sessions for GP's and health professionals**

In 2016 members of the Board, together with Healthwatch Herefordshire, presented a training and awareness session around the diagnostic pathway to GPs at an in-service training event. This led to a number of training sessions being held at individual GP surgeries across the county. The continued raising of awareness amongst health professionals is a key objective of this revised strategy.

- **Establishment of a Herefordshire branch of the National Autistic Society (NAS)**

The Partnership Board was supportive of and acted as an advisor in setting up the local branch of the National Autistic Society (NAS). The branch has been very active in promoting local and national initiatives. It has also played an important role in offering advice and support to parents of children with autism. Supporting parents and carers is a key objective of this revised strategy.

- **Improved information for parents and carers**

A body of information was created on the Council website for children, young people with Special Educational Needs and Disabilities (SEND) and their families (The Local Offer). https://www.herefordshire.gov.uk/info/200228/local_offer. This is currently being reviewed and transferred onto the Wellbeing, Information and Signposting (WISH) database in order to make it more accessible and used more frequently. <https://www.wisherefordshire.org/children-and-families/>. Also Herefordshire Carers Support assist carers to navigate the system for information.



2.4. In addition, a countywide engagement exercise on the draft priorities of the strategy was commissioned by the APB and conducted during the summer of 2017. The engagement was primarily aimed at people with autism and was conducted via an on line survey, a hard copy questionnaire and face to face meetings.

2.5. The National Autistic Society (NAS) have also conducted several surveys and engagement sessions during the lifetime of the original Herefordshire strategy including surveys on educational provision, the Herefordshire offer to people with autism, and wider engagement to inform the development of this strategy.

2.6. Throughout the development of the strategy the priorities were also consulted upon with a range of health professionals, Council and CCG commissioners and representative organisations from the voluntary sector. Their views and feedback are reflected in the principles that guide this strategy. Herefordshire's priorities also link to the national drivers and will be able to inform the future self-assessments surveys.

2.7. Herefordshire has an established and committed Autism Partnership Board and will build on the successes already achieved to continue to strive towards achieving the aspirations of the autism community in Herefordshire to build a cohesive inclusive community.

2.8. Autism will be reflected through the work programme of the Sustainable Transformation Programme (STP). This includes both the work programme for the TCP and the LeDeR review. The STP currently has an adult focus but Herefordshire and Worcestershire are extending their remit to include children and young people.

2.9. Herefordshire is engaged in the LeDeR programme and staff across both health and social care are trained to undertake local mortality reviews across all age groups, and take

appropriate action to apply learning and drive changes in practice across the Herefordshire and Worcestershire footprint.

2.10. Herefordshire is committed to the personalisation agenda and is actively promoting individualised support and personal budgets. Personalisation is seen as a positive way forward for people with autism as this will offer opportunities to shape the kind of support they need, empowering them to have more choice and control over how their needs are met. This is why the council responds to the needs of individuals and not their diagnosis ensuring that whoever they are they will be supported to build on what they can do for themselves and have support where needed. Schools across the county were offered training on person-centred planning in 2015 and as a result, a number of schools adopted this approach.

2.11. There is a very small number of children who the local authority supports that enter care under section 20 of the Children's Act 1989, This recognizes the extreme challenges families face in providing the high level of complex support and the role of the local authority to support the child and their families who retain parental responsibility but require essential support from the local authority.

2.12. Herefordshire is implementing Making Every Contact Count (MECC). This is an initiative that encourages health and social care staff to use the opportunities arising during their routine interactions with patients and customers to have brief conversations on how they might make positive improvements to their health or wellbeing. Evidence suggests that adoption of the MECC approaches across health and care could potentially have a significant impact on the health of our population.

2.13. Herefordshire retains a focus on eight high impact areas of change to support local health and care systems to reduce delayed transfers of care. These are set out as follows:-

Change 1 - Early Discharge Planning.

Change 2 - Systems to Monitor Patient Flow.

Change 3 - Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.

Change 4 - Home First/Discharge to Access.

Change 5 – Seven day services

Change 6 - Trusted Assessors.

Change 7 - Focus on Choice.

Change 8 - Enhancing Health in Care Homes.

2.14. Herefordshire captures limited data in relation to people with autism, this is indicative of a wider national issue. This is due to a number of reasons:-

- There is currently no national driver to capture this data, but indicators from the department of health suggest this will change in the near future.
- Not all people with autism are known to the local authority, as they do not seek support from the local authority or have eligible adult social care needs.
- Autism is often not the primary diagnosis within social care and so the council will not record the prevalence of autism in a reportable format.
- General Practitioners (GP) surgeries operate a system where the diagnosis of autism is captured on the patient record, but only 0.4% of patients are captured (where we know the national average is 1%).
- There is a low diagnosis rate in Herefordshire compared to the national average. The diagnosis rate in Children in Herefordshire is 0.81% of the population, in comparison to the national average of 1% of the population.

- Not all people with autism consent to this being an indicator on their primary health record.
- There are instances where some organisations are counting the similar data differently, leading to inaccurate data sets.

This means that there is a limited baseline with which to evidence changes and improvements.

In order to measure the success and impact of the strategy Herefordshire will need to make some changes across the whole system to capture key data and then evaluate performance to ensure better outcomes for people with autism.

3. Demographics

Adults

3.1. It is estimated that more than half a million people in England have autism. This is equivalent to more than one per cent of the population and similar to the number of people that have dementia. Historically, four times as many males as females are diagnosed with autism, however this is being challenged and it is thought that this ratio could be as little as 2:1. It is the statutory duty of Herefordshire Council and Herefordshire Clinical Commissioning Group, through the Health and Wellbeing Board, to produce a joint strategic needs assessment (JSNA) of the health and social care needs of the local area. The JSNA should provide the basis for service planning and commissioning decisions by the local authority and health organisations. (Herefordshire JSNA 2016).
https://factsandfigures.herefordshire.gov.uk/media/47888/understanding_herefordshire-jsna_2016.pdf

3.2. Autism is estimated to cost the UK economy £32 billion a year, more than cancer, stroke and heart disease combined, with the majority due to loss of earnings (Westminster Commission on autism, 2017). People with autism moreover face barriers in accessing appropriate and timely healthcare services. Indeed, 74% of people with autism feel that they receive worse healthcare than their neurotypical counterparts, whilst 88% do not think health professionals understand their needs.

3.3. The Office of National Statistics estimates that the UK population grew to 65.1 million in 2015. It is projected that the population will grow steadily, passing 70 million people in 2026. Therefore we can expect the population of people with autism to rise proportionately, which in turn will have an impact on the demand for support and services that people on the autism spectrum will require in the future.

3.4. There is currently no overall register of adults on the autism spectrum in the county. The National Autistic Society has published estimates of the prevalence of autism in the UK which note that although the figures for the prevalence of autism cannot be precisely fixed, it appears that a rate of around 1 in 100 is a best estimate of the prevalence in children. A prevalence rate of around 1% would mean that the number of people with autism in Herefordshire can be estimated at around 1,860 including approximately 380 children age 0-18. This though is only an estimate. Accurate figures have continued to be difficult to source and it is one of the ambitions of this strategy to engage with various

health professionals across the county to enable an accurate and reliable figure of the incidence and geographic location of the autistic population of Herefordshire.

Generally the incidence of diagnosis amongst males is higher than that in females, however, figures vary from study to study. For a detailed look at what studies have been conducted please see the National Autistic Society (NAS) website at: <https://www.autism.org.uk/about/what-is/gender.aspx>

3.5. NAS conducted a survey in May 2018 to seek people's views on the services and supports they would wish to see in Herefordshire.

Fifty six people responded to the survey and the key findings are as follows:-

- The majority of returns (52%) were from the 35-54 age group, the second largest cohort responding was the 18-24 years age group (22%).
- 78% of respondents thought the quality of support available for people with autism in Herefordshire was either poor, or very poor. Only 10% thought the quality of support was good or very good.
- 46% of respondents thought that Herefordshire offered poor or very poor choice of support, whilst only 6% thought that the choice of support was good or very good.
- Only 17% of respondents reported that they had used local services for people with autism in Herefordshire.
- When asked what services and support people with autism would like to see 84% said they would like social groups, followed by 58% looking for activity related groups.
- Qualitative data collected via the survey revealed that people would like to see specific support to assist people into employment, and also "drop ins" run by people with autism with the opportunity to increase social networks. Also appropriate health support and a local diagnostic pathway was a repeat theme.
- Carers reported difficulty in seeking the opportunity to connect with others, and would value support to do this.
- Evidence was that those people with high functioning autism didn't feel their support needs were recognized.
- Other considerations people would like to see were around their making reasonable adjustments to accommodate their sensory needs within universal services for example autism friendly shopping times which were quieter or had reduced sensory stimulations.

3.6. Data from Herefordshire GP practices indicate that in March 2017 there were 718 patients recorded as having autism (0.4 per cent of all patients, and 0.6 less than the national average).

3.7. The total adult social care adult wellbeing budget (net) for 2017/18 was £51,897 million. In 2017/18 there were 2,567 customers in receipt of long term support packages from a total of 7,221 people who were supported by adult social care in the year.

3.8. The collection of data relating to numbers of people with autism is not mandated, and as a result is not routinely centrally collected or held. This is nationally recognised and a key driver for Domain 1, in improving the quality of information available to ensure that we can recognise improvements made across the whole system by valid baseline data. This requires a whole system approach to improve and collect this information at source and share centrally.

3.9. It is important to acknowledge the challenges around data collection. The current estimate may be different from the actual number of people on the autism spectrum and many may not want to disclose their diagnosis for a number of reasons. Some people with autism may not come to the attention of the council or NHS due to:

- Ability to live independently without support of funded services with the support of natural networks, in particular those without accompanying learning disabilities.
- Not meeting the eligibility criteria for services such as those who have borderline learning disabilities.
- Inability to access services where there is no formal diagnosis of autism.
- Autism being a secondary diagnosis.
- Their wishing to be not 'labelled' as different to the rest of their peer group.
- Parent Carers continuing to look after their autistic offspring who still live at home.

Children

3.10. Data taken from the annual spring school census of the children in the local school system in Herefordshire demonstrates an increase in the number of children identified as having a primary special educational need (SEN) type of autism each year. Between 2015 and 2016 this number rose from 162 to 178, an increase of 9.8%. The following year 2016 to 2017 this figure increased to 201 which was a growth of 12.9%.

(Note: the school census data does not equate to the entire child population. It only currently counts children in maintained schools and academies. Pupils within the private or independent sector are not included nor are those who are elective home education.) The total number of electively home educated children is 173 (July 2018). The number with SEN is 26 children. Of these 26, eight have a diagnosis of autism and two more are suspected to be on the autism spectrum. Within the 26 children with SEN, the number of children with an Education, Health and Care Plan is 10. Of these, three have a primary need of autism.

3.11. In the spring 2017 school census 201 children were identified with a primary need of autism by their schools. A further 53 children were identified as having secondary SEN need type of autism. In total, this is 4.9% of children with special educational needs (SEN) in Herefordshire. There is no guarantee that all of those identified by the school census necessarily had a diagnosis. From those children identified with autism: 26% were attending special schools; 48% were in mainstream secondary schools; and; 26% were in primary schools. Of the 26% in special schools (52 children) 73% were primary age and 27% secondary age. Earlier diagnosis affects the age profile of the autism cohort.

3.12. In 2017 across England, 26.9% of children with an ECHP plan were identified with autism as a primary need compared to 15.5% in Herefordshire (source: DfE statistical first release Jan 2017). There is a threshold for a statutory assessment which for most children leads to an Education, Health and Care Plan (EHCP). This threshold is where children have 'significantly greater difficulty in learning than their peers'. A full account of eligibility for statutory assessment along with the process is included in the national SEND Code of Practice.

3.13. In primary schools the national average incidence of autism in England in 2017 was 6.7% of pupils compared 2.3% in Herefordshire (source: DfE statistical first release Jan 2017). This includes children and young people with an EHCP.

3.14. In secondary schools the national average incidence of autism in England in 2017 was 8.8% of pupils compared to 6.5% in Herefordshire (source: DfE statistical first release Jan 2017). This includes children and young people with an EHC Plan. These figures indicate that other areas diagnose earlier than Herefordshire given that there is less of a gap between local and national for the secondary age-range. It does not necessarily mean that there are fewer children with ASD in Herefordshire.

3.15. The Herefordshire **Joint Strategic Needs Assessment, JSNA (2018)**, found that children with autism are more likely to experience bullying, be excluded from school and have lower levels of educational attainment compared to their peers. Fewer than one in four school leavers with autism stay in further or higher education. Some access special support in mainstream school, and some attend specialist schools (see 4.5 below).

4. Resources

4.1. Given the expected rise in the size and age profile of the general population over the coming years it is clear that demand for services within the county will continue to grow across all sectors of care. As central government funding decreases this will present additional challenges for public bodies and commissioners, and so a different way of working is required to embed the values and ambitions of the strategy into community life.

4.2. One of the biggest assets are the people who make up the autism community, through their talents, ideas and abilities. Success is more likely to be achieved when all individuals and statutory bodies work together to highlight where there are gaps in provision and identify solutions, to make the best use of the resources across the system. External sources of funding will also be investigated to see whether funding through grants or other payments might be obtained.

4.3. Universal services and key partner organisations will need to join up their approach and work even smarter in delivering services which address the priorities and key issues facing people with autism and their families. It will be important that where funding does exist, everyone involved with delivering or commissioning services work together to ensure that services purchased are as efficient and effective as they can be and address universal needs and aspirations.

4.4. It will be for individual partners to identify and implement reasonable adjustments and awareness raising in order to support the autism community. Where appropriate, it will be for the APB and other local groups to help partners identify where these efforts might be best targeted.

4.5. Education funding is provided from the Dedicated Schools Grant (DSG). All schools have a notional amount within their delegated funding to support lower levels of SEND including children with autism. For those with more severe needs, provision is funded from the High Needs Block of the DSG. This funds the following provision for children with Education, Health and Care Plans:

- top-up tariff funding for those attending mainstream schools;
- the specialist resource bases at Hampton Dene and The Bridge at the Bishop of Hereford Bluecoat School including specialist speech and language therapy support;
- local special school places for those children with severe and complex learning difficulties including autism;

- for a very small number of children where needs cannot be met locally, out of county placements are made (38 week day placements or 52 week residential placements).

4.6. The High Needs Block also funds autism outreach to mainstream schools provided on behalf of the Council by Hampton Dene Primary School, and speech and language therapy services which are autism specific.

4.7. Adults and children with eligible social care needs are identified following assessment and any individuals who meet the threshold for support will receive either a Direct Payment or commissioned services to meet their needs. The thresholds which determine eligibility are not determined by diagnosis of autism. It is important to note that eligible needs are identified through an assessment of need and a holistic approach is taken to delivering support through natural networks and communities. It is only then, that unmet needs are met through formal services.

4.8. To determine eligible needs for adults the Care Act 2014 sets out a list of statutory outcomes that need to be considered (in conjunction with the national eligibility criteria) and is ascertained through a social work assessment of individual eligible needs <http://www.legislation.gov.uk/ukdsi/2014/9780111124185>

4.9. Eligibility for social care needs for children is set by the standards in the Childrens Act 1989 and established by a social work assessment against referral criteria. <https://www.wisherefordshire.org/children-and-families/childrens-social-care/social-care-for-disabled-children/disabled-childrens-social-care-referral-criteria/>

4.10. To date recording of needs does not include any reference to autism in a reportable format. The strategy will help identify ways to improve this going forwards, so the numbers of children and adults receiving financial support to meet eligible social care needs with autism can be identified. The government are also looking to improve this activity nationally.

4.11. To address this effectively and equitably, the role of the council and the CCG will be to:

- ensure that the wider autism community is engaged in the ongoing process of shaping services and opportunities, rather than merely consulting them and their families at the beginning before telling them what we've done at the end. Each implementation plan will be developed in consultation with the Autism Partnership Board, who will advise on the level and method of engagement that is needed;
- co-produce plans that don't go rapidly out of date and that look at the longer term outcomes rather than what can be delivered within the lifetime of the current budget cycle. By engaging the wider communities skill, experience and imagination to create diverse, economically robust and high quality services that achieve excellent, well-directed outcomes over a lifetime;
- place greater emphasis on delivering changes that have a measurable and positive lifelong impact on people with autism, drawing on Herefordshire's blueprint for adult social care and on the framework of government policies affecting health and social care for people with autism. In doing so, commissioning organisations must also develop an understanding of the ways in which an empowered, engaged and

included autism population can add to the diversity, well-being and economy of the county.

5. Herefordshire's Priorities

Herefordshire's priorities have been co-produced to ensure that the themes identified through engagement and learning can be brought together to drive positive change.

Whilst the national priorities under the Government refresh use different headings for the five DOH domains (see page 8), it is recognised that there are three distinct differences:-

- Herefordshire has developed an all age strategy. The government strategy only relates to adults. This allows the local strategy to build in opportunities that support people with autism across an all age pathway and for opportunities for children to be considered across all priorities.
- The national strategy considers data as a separate domain. Herefordshire strategy considers data across all of its priorities in order to embed increased emphasis upon data collection to both establish a baseline, understand the story the data is telling us, and to measure progress.
- The national strategy considers workforce development as a separate domain. Herefordshire have opted to build workforce development across all priorities, as it considers that awareness is a key theme of each of the priorities and to delivering positive changes.

Priority 1: Health and Wellbeing

How does this Herefordshire priority relate to the Department of Health national domain?

The DOH **Domain 3 Health - Care and Wellbeing** lists the following as key outcomes:-

- a) timely access to adult autism diagnosis;
- b) timely and appropriate mental health support;
- c) widespread use of tailored communication methods and recognition of sensory, communication and environmental needs as well as preventative support in line with the Care Act 2014.

These outcomes are reflected within the outcomes identified by the Herefordshire Autism Partnership Board.

The current position in Herefordshire:

- a) A key issue for many people with autism in Herefordshire is the need for a local easily accessed diagnosis process. Currently a publically funded diagnosis is only available out of county. A locally based service would reduce the need for people to travel and make services more easily accessible.
- b) GP access is another issue that people have reported as often being difficult. Appointments need to be timed with consideration to the person's needs, to enable patients to access services as easily as possible. Some people have also reported that health services, including GP surgeries, could be made more autism friendly and this strategy will seek to increase the use of reasonable adjustments in the provision of services.
- c) Recording of data is not standard and in measuring any performance improvements this means measuring progress is more difficult.
- d) The provision of reliable information about health services and healthy lifestyles is another area that people have reported could be improved. Herefordshire does not currently have a unified or systematic approach in seeking best practice ways to deliver services or create environments which are autism friendly.
- e) Another area cited for improvement are mental health pathways for people with autism, where the treatments are targeted and appropriate and not generalised.

Herefordshire and Worcestershire are working together through the Sustainable Transformation Partnership (STP). The partnership is a collaborative between all local health and care organisations working across the area, supported by voluntary sector and Health watch representatives.

Current plans set out a direction of travel for the next three years. Priorities include:-

- doing more to prevent illness and encouraging people to live healthier lives;
- encouraging people to self-care or self-manage more of the routine aspects of their conditions;
- improving access to GP appointments;
- improving community services which care for people at home, including making better use of technology;
- changing the role of community hospitals so more care and treatment is available closer to home;
- easier access to emergency/urgent care;
- making acute and specialist services more sustainable.

There is a specific work stream under the STP that covers autism and learning disability with the aim of improving services for these cohorts to deliver the Transforming Care agenda. Aiming to create services which prevent hospital admissions, maintain health and wellbeing and promote and optimise independence.

In addition, over the last twelve months a new local Making Every Contact Count (MECC) training package has been developed, this includes both face to face and e-learning. MECC will be rolled out via the Healthy Living network, and will now move into implementation stages.

A local delivery plan links some of the key themes of this strategy, incorporating areas from the eight high impact areas and enables implementation to be cross cutting across health and social care to deliver greater impact.

What do we want to change?

During the co-production of the strategy the Autism Partnership Board undertook engagement where the following aspirations were identified:-

- *local diagnosis pathways in place to enable people to be diagnosed and, where appropriate, to access suitable services in a timely manner;*
- *a greater awareness amongst health professionals of the need to make reasonable adjustments in their services in a timely manner, for example adapting CBT, adapted services for depression and anxiety or providing behavioural activation to meet the needs of people with autism;*
- *autism is included within all relevant Health, CCG and Council plans;*
- *improved recording of autism within GP patient records;*
- *wider recognition of the relevant therapies to support autism with mental health concerns;*
- *ensure that feedback is captured and is used to both evaluate and inform future practices.*

Priority 2: Education

How does this relates to the national domain?

Education does not appear as a discrete Department of Health Domain. This is because the national autism strategy is for adults. Herefordshire's strategy is an all age strategy and sees the pathway from child to adulthood as crucial and wants to close any gaps which may exist as a result of transitioning from child to adult services. This is why education is also included as a priority.

The current position in Herefordshire:

Parents have told us that there is a continuing need for schools to be more aware of autism and how to help pupils attend and progress with their lessons. Although many people have expressed their satisfaction with the services provided for young people in education there is still room for improvement in making the process of getting support more easily and quicker. In addition, some people have said that the provision of information and support in general could be improved. The process of transitioning from school into adulthood is also seen as an important phase that needs to be fully supported and planned and there needs to be a range of choices and opportunities available for school leavers.

There are gaps in the data for independent and private schools in Herefordshire which impacts on the wider data set and, therefore, limits the understanding of children with autism.

What do we want to change?

The following aspirations are identified and will be achieved through the delivery plan linked to the strategy:-

- *improved awareness of autism amongst all education professionals;*
- *autism is considered within all Health, CCG and Council plans for children and young people;*
- *young people aged 14 – 25, with a diagnosis of autism, and parent/ carers, have easier access to appropriate information, advice and support.*

Priority 3: Training, Further Education, Employment and Housing

How does this relates to the national domain?

A number of our priorities taken together relate to meeting the requirements of these Department of Health domains. Within the national strategy this links well to **DOH Domain 5 - Participation in Local community and DOH Domain 4 - Specific Support**.

- Herefordshire's priorities for further education, housing, employment (and indirectly transport to enable access across the county), will enable us to ensure that through targeting the priority areas, we improve the opportunities available to people to promote ordinary life chances, support human rights and provide confidence and opportunities to support individuals to take steps towards building the lives they aspire to;
- we will also ensure that reasonable adjustments are made to enable people to access public services;
- that there is access to an appropriate range of accommodation options;
- that there is a successful transition of people preparing for adulthood across education, health, employment and social care spheres;
- that there is active participation in local planning and Health and Wellbeing strategy implementation.

The current position in Herefordshire:

Housing: the availability of autism friendly housing is an issue that was raised during engagement with people with autism. They told us that there needs to be a greater range of housing options across a wider geographic area and developments needs to consider creating autistic friendly environments.

Employment: people have told us that there are additional barriers into employment for people with autism. People would like more opportunities to enter the employment market and that the provision of advice and information by local agencies needs to be improved.

Transport: accessing public transport can be difficult for people with autism. More autism aware and autism friendly services need to be developed and provided across the county.

Further education: people have told us that there needs to be a greater range of choice for young people wishing to access further education opportunities within the county. This would allow them to remain living with their families whilst continuing their studies.

What do we want to change?

The following aspirations are identified and will be achieved through the delivery plan linked to the strategy:-

- *improved awareness of autism amongst all professionals and partner organisations providing services to people;*
- *greater involvement of the autistic community in the planning and execution of decisions that directly affect them;*
- *a set of best practice standards are shared with partner organisations to promote better ways of working which will benefit people with autism (as well as other vulnerable groups);*
- *autism is considered within the plans and strategies of partner organisations;*
- *reasonable adjustments, both existing and those yet to be developed and implemented, need to be standard practice to ensure housing, transport and employment are accessible to people with autism.*

Priority 4 :Keeping Safe

How this does relates to the national domain?

In order to achieve the **DOH national domain 5 - Participation in Local Communities**, we need to overcome the additional barriers in order to be capable of attending and able to participate. Many people with autism report they don't feel safe or confident, this is a national issue.

The current position in Herefordshire:

The number of Hate Crime offences and incidents recordings were up by 74% from April 2016 to April 2017. Within these figures were ten offences in relation to disability which is an increase of seven over the previous year. There are a number of approaches which have been adopted to tackle this issue.

- West Mercia Police have introduced the Herbert Protocol, which is a national scheme. The Herbert Protocol asks the next of kin of vulnerable people to compile useful information about that person in the event the vulnerable person goes missing. This information can be things such as phone numbers, medication, photographs and places where, if they had previously gone missing, they had been found. It is a simple risk reduction tool to be used in the event of a person with autism, dementia or other vulnerability going missing. It consists of a form that contains vital information about a person at risk that can be passed to the police if the person is reported missing.
- The Code of Arrest means that the police don't arrest a person if other options are more appropriate. As awareness of autism grows in Herefordshire, so will the responses from the Police service in the increased understanding of the impact of autism. The National Autistic Society have produced good practice guidelines for police staff, and local awareness training has been delivered to some staff in West Mercia Police (W.M.P).
- West Mercia Police have started to draw up new risk assessment plans to look at what support is needed for the victims of Hate Crimes.
- Prevent is one of the elements of the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. People with autism can be susceptible to this type of indoctrination. It has three specific strategic objectives to:-
 1. to respond to the ideological challenge of terrorism and the threat faced from those who promote it;
 2. to prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support;
 3. to work with sectors and institutions where there are risks of radicalisation that need to be addressed.

What do we want to change?

- *We need to improve awareness within the autism community of community safety.*
- *Improved awareness of autism amongst all professionals providing universal services to support them to make reasonable adjustments.*
- *Mechanism to enable the autistic community to influence and educate others in regard to planning and execution of decisions that directly affect them.*
- *Where appropriate, autism is included within the plans and strategies of partner organisations, with a key focus on the police service and the criminal justice system.*

Priority 5 : Support for Families and Unpaid Carers

How does this relates to the national domain?

Support for carers and families is not a specific Department of Health domain. However, the Herefordshire Autism Partnership Board has identified it as an important local priority. The Autism Partnership Board recognises the vital role many families and carers play in advocating and supporting their loved ones to achieve.

The current position in Herefordshire

The role played by families and unpaid carers is widely seen as a key support of local services. The provision of good quality reliable information is regarded as being an important help to carers to enable them to access support and services. Access to effective advocacy and support networks is also seen as important as is the provision of social opportunities to provide respite to parents and carers. Herefordshire is starting from a good place from the current carer services and supports in place from local organisations but recognises there is more it can do to ensure people have access to the information they need.

WISH Wellbeing Information and signposting for Herefordshire is an online resource to source information. The local National Autistic Sociality (NAS) branch also works on behalf of the autistic community in Herefordshire and provide signposting and resources, presentations and training as well as facilitating adult and youth groups. Herefordshire Carers Support also provide signposting and support for all carers who have a role to play in supporting a family member or loved one who is on the autism spectrum.

What do we want to change?

As a result of our engagement work we have identified the following outcomes:

- *clearer access and signposting to relevant information and advice so that the right support can be identified and provided effectively;*
- *identifying technology and tools that can assist in providing the right type of support to make the right reasonable adjustments, as well as improving quality and consistency of information;*
- *improved experiences of universal services through better understanding of what reasonable adjustments can be made through a wider awareness of the requirements of people with autism.*

6. OUTCOMES TABLE

The table below describes the outcomes which the strategy sets out as being required for people with autism in Herefordshire over the lifetime of the strategy, in both the short and medium term.

PRIORITY 1- HEALTH AND WELLBEING Improved health and wellbeing by improving access to high quality services in Herefordshire.

Lead	Ref no	PRIORITY 1 INPUTS	PRIORITY 1 ACTIVITIES	PLANNED OUTPUTS	SHORT-TERM OUTCOMES (Years 1 & 2)	MEDIUM-TERM OUTCOMES (Years 3 & 4)
CCG	1.1	Existing resources: The CCG provide commissioning resources via the Deputy Director of Operations and	New local adult diagnostic pathway and review of children's diagnostic pathway	Improved pathway and experience of health services	People with autism have their health needs & expectations understood	People with autism be and feel more valued and be better equipped to seek the support they need.
	1.2	Transforming care/LeDeR programme Lead	Making Every Contact Count (MECC)	Improved data quality and intelligence to inform future planning	Families contributions are respected	There will be a positive impact on life expectancy within the autistic community due to prevention, improved practice and healthier lifestyle.
	1.3	Director of Primary Care Director of Public Health STP	Increased promotion and awareness of autism		The time spent in receipt of health care services for people with autism is in line with the rest of the population.	

PRIORITY 2- EDUCATION - Making sure that everyone has access to appropriate educational provision.

Lead	Ref no	PRIORITY 1 INPUTS	PRIORITY 1 ACTIVITIES	PLANNED OUTPUTS	SHORT-TERM OUTCOMES (Years 1 & 2)	MEDIUM-TERM OUTCOMES (Years 3 & 4)
HC	2.1	CWB Joint commissioning Manager (HC and CCG)	Carry out review of therapy services	Therapy services	Families are able to access services relevant to their children's needs	More positive experiences for children in the education system providing the right support and better life chances
	2.2	Head of Additional Needs (HC)	Training and workforce plans	Market development plan (linked to the Learning Disability Market analysis)		
	2.3	Senior Post 16 advisor (HC)	Preparing for Adulthood protocol	Criteria for specialist provision Preparing for Adulthood protocol		

PRIORITY 3 - Training, Further Education, Employment and Housing - People with autism have more choice and control over their lives and

have improved quality of life.						
Lead	Ref no	PRIORITY 1 INPUTS	PRIORITY 1 ACTIVITIES	PLANNED OUTPUTS	SHORT-TERM OUTCOMES (Years 1 & 2)	MEDIUM-TERM OUTCOMES (Years 3 & 4)
HC	3.1	Existing resource: AWB project management time; AWB commissioning time. Joint work with both CWB, Housing & Providers	Identify best practice models and partners to build on existing services	A broader range of opportunities and support into employment, FE and housing options.	Greater expectations for young people with autism to be in settled accommodation, better training opportunities and in employment.	Better life chances and increased independence as more people with autism in settled accommodation, FE and work related opportunities
	3.2		Awareness Campaigns			
	3.3		Best practice guidance produced and owned locally			
	3.4		Building and environmental design) Engagement with FE colleges			

PRIORITY 4 - Keeping Safe- People with autism feel and keep safe

Lead	Ref no	PRIORITY 1 INPUTS	PRIORITY 1 ACTIVITIES	PLANNED OUTPUTS	SHORT-TERM OUTCOMES (Years 1 & 2)	MEDIUM-TERM OUTCOMES (Year 3 & 4)
L.I.A.G.	4.1	Local Independent Advisory Group (LIAG) Community Cohesion Officer (HC)	Increase safe places scheme Increased training across the system to include core services, universal and community services.	An increased range of support across a wider range of organisations and a broader geographical area	People with autism have increased confidence to access their own community	Increased independence leading to a better quality of life.
	4.2	Herefordshire Mencap West Mercia Police			The local community will be more welcoming supportive and aware of people with autism	Reduced number of people with autism entering the criminal justice system

PRIORITY 5 - Support for family and unpaid carers- Development of circular systems and processes to improve quality of information provided to carers and families

Lead	Ref no	PRIORITY 1 INPUTS	PRIORITY 1 ACTIVITIES	PLANNED OUTPUTS	SHORT-TERM OUTCOMES (Years 1 &2)	MEDIUM-TERM OUTCOMES (Years 3 & 4)
HC	5.1	Integrated Pathways Dev Manager (HC)	Wiki Me Pilot	Wiki Me support planning and information sharing tool	The development of improved communication systems all round will ensure all feel heard and well supported.	Families and unpaid carers will have better experiences, increased resilience through self-help and feel well supported by their communities
	5.2	Head of Additional Needs (HC)	Commissioning of carers services using best practice guidance			
		AWB Commissioners		Autism friendly universal services providing reasonable adjustments	Information will flow both ways and feedback will influence change.	
	5.3	NAS	Continuing development of WISH		Families and unpaid carers will feel more supported by services	
		HCS				

Acknowledgements

The authors of this strategy would like to thank the many organisations and individuals who have contributed to the development of this document. These include:

Members of the Herefordshire Autism Partnership Board

Herefordshire Carers Support

Herefordshire Disability United

ACSYL

National Autism Society (Herefordshire Branch)

National Autism Society (Central England)

Herefordshire Clinical Commissioning Group

Healthwatch

2gether

Herefordshire Council Adults Wellbeing Directorate

Herefordshire Council Childrens Wellbeing Directorate

West Mercia Police

Glossary of Terms

ADASS	The Association of Directors of Adult Social Services
APB	Autism Partnership Board
ASD	Autism Spectrum Disorder
AWB	Adult Wellbeing Directorate (Herefordshire Council)
CCG	Clinical Commissioning Group
CLDT	Community Learning Disability Team
CTR	Community Treatment and Review
CWB	Childrens Wellbeing Directorate (Herefordshire Council)
DFE	Department for Education
DPs	Direct Payments
DOH	Department of Health and Social Care
DSG	Dedicated Schools Grant
DWP	Department of Work and Pensions
EHF Plan	Education Health and Care Plan
EMIS	Web based system that allows the sharing of health information.
H&WB	Health and Wellbeing Board
HC	Herefordshire Council
HEE	Health Education England
Herbert Protocol	National scheme to compile useful information to be used in the event of a vulnerable person going missing.
HQIP	Healthcare Quality Improvement Partnership
JCB	Joint Commissioning Board
JSNA	Joint Strategic Needs Assessment
LD	Learning Disability
LeDeR	The Learning Disabilities Mortality Review Programme

LIAG	Local Independent Advisory Group
LMHA	Local Market Housing Assessment
MECC	Making every contact count
NAS	National Autistic Society
NHS Digital	The national information and technology partner to the health and social care system
NHSE	NHS England
NICE	The National Institute for Health and Care Excellence
Prevent	Prevent is one of the four elements of CONTEST, the Government's counter-terrorism strategy.
RAG	A RAG status uses the colour of traffic lights (Red, Amber, and Green) to identify progress. Green means no action required. Amber means action is required and red means this is a risk and needs to be escalated.
Section 20	Is the LA's duty to provide a child with somewhere to live if certain conditions are met, however parental responsibility is retained.
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
STP	Sustainability and Transformation Partnership
TCP	Transforming Care Programme
Wiki-ME	Family held information records system
WISH	Wellbeing Information and Signposting for Herefordshire – on line service
WVT	Wye Valley Hospital Trust

Equality Analysis (EIA) Form

A) Description

Name of service, function, policy (or other) being assessed

Autism Strategy

Directorate or organisation responsible (and service, if it is a policy)

Adults and Communities

Date of assessment

10th September 2018

Names and job titles of people carrying out the assessment

Laura Ferguson, Senior Commissioning Officer Laura Ferguson

Accountable person

Stephen Vickers, Director of Adults and Communities

What are the aims or main purpose of the service, function or policy? What does it provide and how does it provide it?

The autism strategy:

a. Impacts all people with autism who will be accessing education, health and social care and housing services in Herefordshire, because it affects how those services are currently provided and how they may be provided differently in the future.

b. Details the short, medium term outcomes for the wider autistic community, linking them to guidance, legislation and to the wider strategic aims of the council and the clinical commissioning group;

c. Details the commissioning inputs and/or actions required against each priority and by whom, in order to achieve the desired co-produced outcomes;

d. Is the framework for the ongoing delivery of the social aspirations for both children and adults as set out in fulfilling and rewarding lives (2009) and is a requirement as detailed in the Adult Autism Strategy: Statutory Guidance (2015). With regard to children and young people the Children and Families Act 2014 provides that councils are under a duty to make educational provision for young people with special educational needs and disabilities up to age 25. The work of the council and the CCG in relation to adults is directed by a range of legislation such as the National Autism Plan for Children (2003), The Autism Act (2009), the National Autism Strategy 'Fulfilling and Rewarding Lives' (2010), the Equality Act 2010, National Autism Strategy (2010) and the Adult Autism Strategy: Statutory Guidance (2015). The Special Education Needs and Disability Code of Practice (2014) provides statutory guidance in relation to Children and Young People aged 0-25 years.) It is reiterated through key policy documents and legislation such as the Mental Capacity Act (2005); Our Health, Our Care, Our Say (DH 2006); Disability and Equality Act (2010); Care Act (2014);

e. Ensures that all commissioned activity for and with adults with autism with eligible social care needs is aligned to the health and wellbeing blueprint for adult social care and with the NHS's long-term commitment to ensure 'reasonable adjustments' are made in both primary and acute health services.

f. Sets the foundations and aspirations across a range of statutory and universal services in line with the council's corporate plan (2017-2020) ensuring people with autism are "able to live safe, healthy and independent lives" and that commissioning organisations secure better services, quality of life and value for money across the sector.

Location or any other relevant information

The strategy's impact is countywide as it impacts upon any person with autism who is a resident of Herefordshire and accesses or will be accessing education, health and social care services commissioned by Herefordshire Council and Herefordshire Clinical Commissioning Group.

List any key policies or procedures to be reviewed as part of this assessment.

None

Who is intended to benefit from the service, function or policy?

All children and adults with autism accessing education, care and support, and community services

Families and informal carers of people with autism

Children and Families directorate

Adult and Communities directorate

Clinical Commissioning Group

Who are the stakeholders? What is their interest?

Children and adults with autism, their families, advocates and informal carers:

People with autism in Herefordshire can expect a growing strategic intent to translate to actions which make a difference and begin to meet the aspirations set out in Fulfilling and Rewarding Lives. This will mean that the workforce delivering services in Herefordshire have a greater understanding of autism and are able to make reasonable adjustments to ensure access to a range of services are appropriate to meet people's needs and therefore remove barriers to life opportunities for people with autism.

Adults with autism will, also, be more actively involved in the development, shaping and monitoring of the strategy through the partnership board as well as actively contributing to Herefordshire's communities.

B) Partnerships and Procurement

If you contract out services or work in partnership with other organisations, Herefordshire Council remains responsible for ensuring that the quality of provision/delivery meets the requirements of the Equality Act 2010, ie.

- Eliminates unlawful discrimination, harassment and victimisation
- Advances equality of opportunity between different groups
- Fosters good relations between different groups

What information do you give to the partner/contractor in order to ensure that they meet the requirements of the Act? What information do you monitor from the partner/contractor in order to ensure that they meet the requirements of the Act?

Where services for people with autism are delivered via contracts and service level agreements with the independent, private third sector, the council's providers will be made aware of the following contractual requirements in regards to equality legislation.

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 that is prohibited by or under this Act. Current and planned services for adults and children which may include those people with autism help to make this a reality in three ways;

- Firstly by improving wider community understanding and challenging myths of the needs and capabilities of people with autism;
- Secondly by removing barriers for people with autism to access to roles such as paid employment and to roles linked to civil participation;
- To promote positive ways of working through education to core services to include education, health, housing, social care, the police and universal services and promote reasonable adjustments for people with autism.
- To support people to recognise victimisation or discrimination; supporting them to collaborate, to be able to build personal resilience, better mental health, greater aspirations and better wellbeing for people with autism.

A public authority must, in the exercise of its functions, have due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. Current and planned services for people with autism help to make this a reality in several ways;

- By ensuring that for children with autism, they have equal access to educational opportunities.
- By ensuring that adults with autism have equal access to housing and employment opportunities;
- By making 'reasonable adjustments' to public services such as primary healthcare to ensure that people with autism are not excluded or adversely affected.
- By promoting a high expectation of good health and wellbeing for people with autism through routine access to health screening programmes; early regular cognitive function tests for dementia; an agreed standard of annual health check and effective health action plans.

A public authority must, in the exercise of its functions, have due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Current and planned services for people with autism help to make this a reality in two ways;

- Firstly, by encouraging use of universal services (leisure facilities, hobby clubs, sports etc.) with reasonable adjustments to support integration and to increase the perceived social value of people with learning disabilities;
- Secondly, by promoting diverse and integrated communities by ensuring there are multiple opportunities for people with autism to be supported in ways that allow them to choose ordinary places to live, ordinary places to work and to have ordinary lives that include loving relationships.

Are there any concerns at this stage that indicate the possibility of inequalities/negative impacts? For example: complaints, comments, research, and outcomes of a scrutiny review. Please describe:

None

C) Information

What information (monitoring or consultation data) have you got and what is it telling you?

Based on stakeholder engagement and statutory guidance, this Joint All Age Strategy for people with autism aims to support the full inclusion, embedding a county-wide culture of awareness and adapting practices and processes to build a more person centred approach by making appropriate reasonable adjustments.

We recognise that people with autism have many skills, talents and aspirations, enabling them to have an active and contributory role in shared communities through good integration and active contribution to economic growth through employment and training. Additionally, the strategy aims to ensure that people with autism are supported to live as independently and safely as possible, have the best chance of long-term good health and wellbeing.

D) Assessment/Analysis

Describe your key findings (eg. negative, positive or neutral impacts - actual or potential). Also your assessment of risk.

Strand/community	Impact
Children and adults with autism	Holistic positive impact (as identified in purpose/provision section on page 1)

E) Consultation

Did you carry out any consultation?

Yes x ☒ No ☐

Who was consulted?

People with autism via online survey conducted by NAS
Autism Partnership Board (and stakeholders)
Adult and Communities directorate
Herefordshire Clinical Commissioning Group
Children and families directorate
Support professionals

Describe other research, studies or information used to assist with the assessment and your key findings.



Herefordshire adult
services survey result

Do you use diversity monitoring categories? Yes x ☐ No ☐

(if No you should use this as an action as we are required by law to monitor diversity categories)

If yes, which categories?- all as below

- x** ☐ Age
- x** ☐ Disability
- x** ☐ Gender Reassignment
- x** ☐ Marriage & Civil Partnership
- x** ☐ Pregnancy & Maternity
- x** ☐ Race
- x** ☐ Religion & Belief
- x** ☐ Sex
- x** ☐ Sexual Orientation

What do you do with the diversity monitoring data you gather? Is this information published? And if so, where?

Not Published

F) Conclusions

	Action/objective/target OR justification	Resources required	Timescale	I/R/S/J
a)	Recommended implementation of Autism Strategy 2019 - 2022	As identified in autism strategy implementation plan	Phase 1 2019-2021	R
b)				
c)				
d)				

(I) *Taking immediate effect.*

(R) *Recommended to Council/Directors through a Committee or other Report*.*

(S) *Added to the Service Plan.*

(J) *To be brought to the attention of the Equality Manager.*

*Summarise your findings in the report. Make the full assessment available for further information.

NB: Make sure your final document is suitable for publishing in the public domain.

Feedback from the Childrens and young people scrutiny committee on the 16 April 2018 and subsequent actions taken and incorporated into the strategy and / or implementation plan.

	Feedback	Action taken
a.	The significant successes achieved in the first Herefordshire autism strategy published in 2014 be recognised;	The significant successes achieved in the first Herefordshire autism strategy published in 2014 are now incorporated into the 2019-2022 strategy;
b.	The outcomes identified by the strategy and the means in the action plan to achieve these ends be supported but noting that the committee would like to see more detailed milestones;	The outcomes identified by the strategy and the means in the action plan to achieve these ends are now supported by a detailed implementation plan with timescales for completion, the responsible organisation who will lead and the required performance measures;
c.	It be requested that as the action plan evolves, additional base line data is included in the action plan to ensure tangible and quantifiable measures of performance and success, particularly in respect of improving diagnosis rates;	Additional base line data is now included in the action plan to ensure tangible and quantifiable measures of performance and success where this is available. Where this is not available the action plan itemises the data required to be captured or processes required to be changed in order to facilitate this;
d.	The executive be asked to investigate the development of a system/process to ensure an accurate picture of the incidence of autism across Herefordshire can be produced;	The action plan outlines a review of diagnosis pathways in Herefordshire which will begin to address issues around formal diagnosis in Herefordshire and has been signed off by Joint Commissioning Board;
e.	Efforts to improve diagnosis rates and the recording of autism within GP patient records be supported and Herefordshire Clinical Commissioning Group asked to take this initiative forward as a matter of priority;	Initiatives to improve diagnosis rates and the recording of autism within GP patient records are itemised and supported by Herefordshire Clinical Commissioning Group;
f.	The executive be asked to take steps to work more closely with independent and private schools in Herefordshire to share data regarding enrolled autistic pupils to enable the production of comprehensive statistics of pupils in the county with autism;	Improved sharing of data with independent and private schools in Herefordshire regarding enrolled autistic pupils, which will enable the production of comprehensive statistics of pupils in the county with autism;
g.	The executive be asked to consider methods to promote employment at the council to people with autism;	The development of employment pathways are now an action within the implementation plan;

h.	The executive be asked to consider contacting key local organisations, such as Halo leisure, to ensure they promote autism-friendly service provision;	Universal services are included within the strategy and the plan outlines the promotion of autism-friendly service provision as a key activity for the local branch of the National Autistic Society and the Autism Partnership Board;
i.	The executive be asked to ensure that the Herefordshire branch of the National Autistic Society and the Hereford Autism Partnership are consultees during the planning process to ensure that new housing and public access buildings have autism-friendly design considerations;	The implementation plan outlines mechanisms for the Herefordshire Autism Partnership board to produce best practice guidelines for council buildings, new housing and public access buildings have autism-friendly design considerations;
j.	The executive be asked to investigate proposals to ensure that new and existing council buildings and facilities are autism-friendly;	As above
k.	The executive be asked to consider autistic-awareness training for new members of staff and elected members of the Council and ensure that all members are able to disseminate good practices within their local communities.	Autism awareness training is a key theme throughout all the priorities, and targets have been built into the plan to roll this out further, with key target workforces and metrics.