

Minutes of the meeting of Children and Young People Scrutiny Committee held at Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Tuesday 14 November 2023 at 2.00 pm

Present: Councillor Toni Fagan (chairperson)
Councillor Liz Harvey (vice-chairperson)

Councillors: Ben Proctor, Frank Cornthwaite (substitute), Clare Davies, Jim Kenyon.

Co-Optees: Stuart Mitchell, Anna Eccleston (online), Sam Pratley (online) Kate Joiner

In attendance: Councillor Ivan Powell (Cabinet Member Children and Young People), Simon Cann (Clerk), Liz Farr (Service Director, Education, Skills and Learning), Darryl Freeman (Corporate Director - Children & Young People), Maria Hardy (Lead Commissioner Children, Young People & Maternity), Debbie Hobbs (Parent Carer Voice) Rosalind Pither (Head of Additional Needs), Dr Katie Powell (Consultant child and Adolescent Psychiatrist H&W NHS Health and Care Trust), Sonya Upton (Associate Director of children's services and specialist primary care H&W NHS Health and Care Trust), (Danial Webb (Statutory Scrutiny Officer).

Officers:

162. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Robert Highfield and Jan Frances (Co-opted Families Representative).

163. NAMED SUBSTITUTES

Councillor Frank Cornthwaite substituted for Councillor Robert Highfield.

164. DECLARATIONS OF INTEREST

Councillor Ben Proctor explained to the committee that in relation to item 7 (Special Educational Needs and/or Disability (SEND) Action Plan) on the agenda, he was married to the executive principle of the Royal National College of the Blind. The committee acknowledged this and felt it did not constitute a pecuniary interest and that Councillor Proctor could remain in the meeting during the item.

165. MINUTES

The minutes of the meeting held on 26 September 2023 were agreed as a correct record and signed by the Chairperson.

166. QUESTIONS FROM MEMBERS OF THE PUBLIC

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

167. QUESTIONS FROM MEMBERS OF THE COUNCIL

No questions were received from members of the council.

168. CO-OPTED MEMBER RECRUITMENT UPDATE

The statutory scrutiny officer introduced and gave an overview of the report.

The Statutory scrutiny officer explained that the chair's intent was that the co-opted members should become full participating members of the Committee and receive all of the support - in terms briefings and opportunities for personal development - that elected members would have within the context of the Committee.

The Committee voted unanimously in favour of the following recommendations:

Resolved

That the Committee:

a) Notes the recent activity to recruit co-opted members to the Children and Young People Scrutiny Committee; and

b) Recommends to full Council that the candidates in paragraphs 12 to 18 of this report should be appointed to the Committee; and

c) Agrees the suggested amendments and recommend to full Council to change the Constitution with regard to the recruitment of co-opted members.

169. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

The Associate Director of Children's Services and Specialist Primary Care Herefordshire and & Worcestershire Health and Care NHS Trust introduced the report and gave a slide presentation to the Committee. The key considerations included:

- Understanding of children's emotional and mental health needs and services provided to meet these needs in our community
- Understanding of children's neurodiversity needs and services provided to meet these needs in our community
- Child and Adolescent Mental Health Services (CAMHS) including current waiting times, demand, work with partner agencies and use of specialist inpatient hospital resource (Tier 4 beds)

Following the presentation the report was opened up to the Committee, the principle points of the discussion are summarised below.

1. The Cabinet Member for Children and Young People gave an assurance about the connectivity to the work that was taking place within the Children and Young People's Partnership Board and the Herefordshire and Worcestershire Health and Care NHS Trust. A meeting had been arranged between the Cabinet Member for Children and Young People, and Elaine Cook-Tippins and Dr Katie Powell of the NHS Trust to discuss a range of issues.

2. The Cabinet Member for Children and Young People explained that they would like to hear more about support for children and families on waiting lists. A request to share more information about ACE (Adverse Childhood Experience) was made, with a view to opening up discussion about how trauma informed responses should be handled in future.
3. In response to a question from the Committee, the Consultant Child and Adolescent Psychiatrist from Herefordshire and Worcestershire Health and Care NHS Trust explained that if a child was undertaken for a CAMHS appointment, the clinicians there were trained and skilled in what to screen for in terms of ACEs. The clinician team were also trained in how to put in a MARF (multi-agency referral form). If concerns about a child hit a threshold the team would communicate (with parental or child consent) with social care and other primary care services, but would not routinely link in with other services unless asked to.
4. In response to a question asked by the committee it was explained that mechanisms were in place to stop children falling through the gaps during long periods when they weren't at school and that CAMHS continued to promote its services at the end of school terms. The largest number of referrals came from GPs and it was noted that data demonstrated that the mental health and wellbeing of some children improved when they were away from school - as they were removed from bullying/hostile environments and had less anxiety around school work. However, many children with neurodiversity-related needs were found to struggle with the lack of routine.
5. The Associate Director confirmed to the Committee that Herefordshire had shorter waiting lists for referrals than Worcestershire.
6. The Committee discussed and highlighted the importance of pastoral care and good nutrition in relation to the mental wellbeing of young people.
7. The Consultant Child and Adolescent Psychiatrist highlighted the distinction between mental health and mental illness. A separate cohort of individuals with learning disabilities and neurodevelopmental needs was identified, these had specific needs that were not related to mental illness. It was pointed out that there was a general misunderstanding that those with mental health or neurodevelopmental difficulties needed to seek assistance from CAMHS and that changing this narrative would be extremely helpful. It was also noted that there was a lot that schools and universal providers could do to encourage good mental health/wellbeing to prevent people reaching the stage of mental illness.
8. The Committee raised concerns about people not knowing where to turn for support with their issues, especially the growing cohort of children with autism and ADHD who were on waiting lists for a diagnosis.
9. In response to a question from the Committee, the Assistant Director explained that the national target for assessment treatment was 18 weeks and that this figure was set by government. The Assistant Director pointed out whilst waiting, people were sent a letter with emergency contacts and signposting for online counselling and forums such as Kooth, which were accessible immediately.
10. It was explained that all referrals that came in were reviewed by a specialist mental health clinician and prioritised in relation to urgency. If urgent factors were identified then a child could be seen or parent contacted on the same day.
11. The Committee heard about the WEST (Wellbeing Education Support Teams) pilot scheme and the timelines, selection criteria and funding involved. It was

explained that 48% of schools in Herefordshire were involved in the scheme and that selection criteria had included areas of deprivation, education factors and sign up from schools. The initial aim was to target the most vulnerable children and young people and areas of need first. An announcement on extension funding for the pilot was anticipated after the next election.

12. In response to a question from the Committee the Consultant Child and Adolescent Psychiatrist explained that children with lower level depression and anxiety who attended schools where WEST wasn't in place would be referred by GPs, schools or CAMHS to [the CLD Trust](#). For children who were homebound there was an assessment service for mental illness, which would link up with social care to assist with family support and intervention where required.
13. A sharp and disproportionate (compared to boys) rise in the percentage of girls being recorded as having a probable mental disorder between the year 2017 and 2021 was largely attributed to an almost 400% increase in reported eating disorders over that period and these types of disorders tended to impact girls more than boys.
14. The general rise in recorded mental disorders during the period 2017-2021 was put down to factors around Covid, such as children being exposed to increased domestic violence and alcohol abuse, along with reduced access to traditional support networks such as friends, teachers, teaching assistants, youth centres and wider family care.
15. The Committee highlighted concerns about the general lack (especially in rural areas) of wider support networks, such as youth clubs and youth centres, available to children. It was noted that these had historically provided a 'pressure valve' for young people to speak with other young people and adults outside of the family and system.
16. The Committee highlighted the importance of ensuring the working partnership was utilising the strong family relationship and day-to-day connections that schools had with parents and children.
17. The Assistant Director explained that there was a mental health lead in each school and they worked very closely with social care in relation to the most vulnerable children.
18. The Lead Commissioner Children, Young People & Maternity NHS Herefordshire and Worcestershire ICB explained to the Committee that each school had a public health school nurse, who was permanently attached to the school and was required to respond to needs identified in the school by young people, family members or teachers. The nurses provided one-to-one support to pupils and advice for teachers and parents in dealing with lower level anxiety and depression that might be influencing attendance and other areas of performance.
19. The Lead Commissioner Children, Young People & Maternity NHS Herefordshire and Worcestershire Integrated Care Board explained to the Committee that an all-age autism strategy was currently being consulted on, which contained significant recommendations on redesigning the pathway to services.
20. The strategy would aim join up local authorities with health, education and voluntary sectors to support the delivery of the things those with neurodiversity related needs were saying were most important. In broad terms the strategy had six key priorities, it was all-age and covered areas including employment, housing and managing long term health needs rather than focusing on diagnosis. It was

noted that there were clearly times when an individual would require a diagnosis, but that a diagnosis alone would not help the individual to cope with autism. Therefore the strategy would focus on individuals developing skills that they would need to manage their lifelong circumstances, access to education, employment and leisure facilities.

21. The Committee heard that data relating to outcomes had been impacted and compromised by a recent cyber-attack on the NHS system, but going forward more detailed information would be available on outcomes.
22. It was explained that the assessment paperwork for the CAMHS service had been reviewed and developed so that at the point of assessment the young person could say what they want, why they were there and what their expected outcomes were.
23. It was explained local provisions had not changed specifically in relation to the needs of children experiencing gender dysphoria, although this could change as part of a newly commissioned under 19s national service.
24. The Corporate Director Children & Young People, stated that they would be happy to work with the Committee in terms of exploring how the strong relationships between schools and families could be fully utilised by the Council and agencies within the wider partnership.
25. The Statutory Scrutiny Officer suggested that a training session for the Committee members be put in place to sharpen their understanding in regards to youth provision and what the Council and the partnership could and were required to provide.

At the end of the discussion the Committee note a number of actions:

Action: To add the Autism Strategy and associated action plan to the Committee's work programme.

Action: For a training session around youth provision to be arranged.

170. SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITY (SEND) ACTION PLAN

The Service Director, Education, Skills and Learning introduced and gave an overview of the report, identifying a number of key issues.

The Service Director explained that the number of children with EHCPs was increasing at both a national and local level. Herefordshire's increase was slightly below the national average, but nevertheless EHCPs had risen by 10% in the last twelve months and 50% since 2017, with there now being approximately 1,400 children with EHCPs in the county.

It was explained that demand for specialist places had increased in Herefordshire. A number of specialist hubs in mainstream schools had recently been opened to increase the number of places available and plans were ongoing to open more of these hubs.

Following the presentation the report was opened up to the Committee, the principle points of the discussion are summarised below.

1. The Committee heard that additional demands had placed SEND case workers and educational psychologists under increased pressure, but they had prioritised workloads to ensure that families were not kept waiting for plans. The SEND team continued to perform well regarding issuing plans within the statutory 20 week timescale. Nationally the figure for hitting this target was approximately 49%, whereas Herefordshire consistently sat somewhere between 78-95 % month-on-month.
2. It was explained that all children in Herefordshire with significant needs had an offer of a school place, which wasn't always the case in other authorities, where some children with plans could wait years to secure an offer of a school place that met their needs.
3. The Head of Additional Needs explained that in order to mitigate against pressure from rising demands, the SEND team had restructured internally, looked at role descriptions, and worked more tightly on the triage systems with health partners and social care colleagues.
4. It was explained that one casualty of the increased demand was a reduction in some of the early intervention and prevention work that educational psychologists had historically done with schools, such as whole school relational practice and trauma response strategies. However, they were still involved in emotionally-based school avoidance training and the virtual school was still active in that space.
5. The Service Director, Education, Skills and Learning explained that it was too early to measure the impact of cuts to early interventions, but they had been noted as a risk. However different ways of maximising resources and working with schools were being implemented to mitigate the impact. Herefordshire was also part of a programme, working with regional colleagues, to test DFE (Department for Education) reforms over the next few years.
6. The Committee heard that head teacher termly conferences provided insight about what worked well in schools and the directorate had been working with colleagues in Bedford, which had enabled them to focus on the network of specialist needs coordinators. Furthermore a network of three schools had been set up to peer review one another.
7. The Corporate Director, Children & Young People pointed out that significant work had been done as a partnership to embrace the peer review from last year. It was also suggested that scrutiny could achieve a lot through working with agencies and political supporters to reduce the need for EHCPs and make it easier for families to access services without having to go through what was a lengthy process.
8. In response to a question from the Committee the Lead Commissioner Children, Young People & Maternity stated that one of the most effective way to support families was to get to them very early on in family life. Providing and signposting support during the first thousand and one days of childhood would reap great benefits for children and parents in relation to positive mental wellbeing. It was important to set a direction where families would be empowered to help themselves, but that additional targeted support was available when required.
9. The Committee heard that government reforms introduced in 2014 had had the unintended effect of increasing the number of EHCPs being put in place. It was hoped that a child readiness project encouraging multi-agency working with

families to provide intense support in early years would help meet needs and stop them from escalating to a point where an EHCP was required.

10. The Committee stressed the importance of pastoral care in schools and it was explained that recruitment in these relatively low paid roles was proving problematic.
11. The Committee praised the report, but expressed disappointment at the omission of detailed dashboard information within it. It was acknowledged that detailed data may not sit well in public information documents, but was vitally important for scrutiny to be able to carry out its role properly. More detailed information was promised in future reports of this nature.
12. The Committee stressed the importance of working on ways to enable and encourage people to access services, support and advice. It was noted that providing families with the tools to support themselves and their children would potentially lead to a reduction in requests for EHCPs.
13. The online Parent Carer Voice Early Years information booklet that had been coproduced with input from Herefordshire Council and other agencies was praised by the Committee.
14. A discussion around funding for early intervention remaining a council priority took place and the Committee voted by majority to make the following recommendation to the executive:

Recommendation

That:

- a) **The executive ensure that early intervention in schools is funded adequately in Herefordshire Council's 2024-2025 budget.**

171. CHAIR'S UPDATE

The chair thanked co-opted member Kate Joiner for attending the LGA webinar on youth vaping.

The chair explained that the service director for improvement had advised that a briefing on restorative practice was being prepared and that elected members had had a briefing on the latest Ofsted monitoring visit.

A request had been made to the Scrutiny Management Board for a task and finish group to consider the forecast overspend and escalating costs of children's services and the potential risks they posed to the 2024/25 budget.

172. WORK PROGRAMME

No changes or updates. The statutory scrutiny officer pointed out that any issues regarding the work programme could be picked up and discussed during scheduled pre meetings.

173. DATE OF THE NEXT MEETING

Tuesday 23 January 2024 2pm.

174. APPENDIX 1 - PUBLIC QUESTIONS (Pages 9 - 30)

The meeting ended at Time Not Specified

Chairperson

SUPPLEMENT TO THE AGENDA FOR

Children and Young People Scrutiny Committee

Tuesday 14 November 2023

2.00 pm

**Herefordshire Council Offices, Plough Lane, Hereford, HR4
0LE**

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

Pages

3 - 4

Questioner:	Ms Hannah Currie
Scrutiny Meeting:	14 November 2023
Question:	
<p>The below are quotes from the Family Rights Group:</p> <ul style="list-style-type: none"> • “Lifelong Links is an innovative approach developed by Family Rights Group, in which a coordinator works with a child in care to identify people who are important to them, such as relatives, former foster carers or teachers.” • “Multiple evaluations show that this approach can make a significant positive impact on outcomes for children and young people.” • “The Government ... has already committed to making sure that every care-experienced child and young person will feel they have strong, loving relationships in place by 2027.” <p>How many young people left the care of Herefordshire Council during 1st April 2022 to 31st March 2023 and how many of them benefited from Lifelong Links?</p>	
Response:	
<p>Thank you for your question.</p> <p>Between April 2022 and March 2023, 105 children and young people left our care. We are taking actions to ensure that all young people in our care, and those leaving our care, understand their life story although we recognise we have more to do in respect of this. Life-story work within the Children with Disabilities Team was described by Ofsted in the most recent monitoring visit as being completed “...to a very high standard...” We are sharing this work and methods across our wider service so that all our children and young people understand why they are in our care (or were for those having left care) and to support them to build and maintain strong connections with their birth families</p> <p>Lifelong Links is part of the Family Rights Group and offers a commissioned service to Local Authorities; Herefordshire does not at this time have a contract with Lifelong Links. The Council does not hold details of Herefordshire young people and their family members who contact or self-refer to the Family Rights Group.</p>	

Questioner:	Ms Reid, Hereford
Scrutiny Meeting:	14 November 2023
Question:	
<p>On 31 October 2023, Ofsted wrote to the county's Director of Children's Services about the monitoring visit on 26 and 27 September 2023. The letter included:</p> <p style="padding-left: 40px;">“Very few special guardianship order (SGO) applications have been made. The potential for special guardianship is not considered for children sufficiently well when this would enable them to achieve a stronger sense of family identity and belonging. As a consequence, some children continue to be looked after subject to a statutory order unnecessarily or for too long.”</p> <p>“A special guardianship order secures a child's long-term home with someone who is not their parent. It lasts until the child turns 18 (FRG).”</p> <p>SGOs were <u>not</u> mentioned the latest Improvement Plan (7/6/2023) that was presented to the Committee (18/7/2023).</p> <p>How and by when will the number special guardianship orders be increased to the highest possible number?</p>	
Response:	
<p>Thank you for your question.</p> <p>The Herefordshire's Children's Improvement Plan is a high level document which incorporates a number of underlying programmes and initiatives. Special Guardianship Orders are incorporated in the permanency activities in section 6.5 of our Improvement Plan.</p> <p>Permanency decisions, including Special Guardianship Orders are specific to each child, family and carer and it would not be appropriate to put targets in place in respect of this. We have recently reviewed and relaunched our Permanency Strategy which clearly sets out that the preferred option for permanency for children in our care is for them to return or remain in the care of their parents where this is safe and meets children's needs. The second preference, as set out in the Permanency Strategy is for a child to be cared for by a member of the child's family which might include the use of court orders such as a Special Guardianship Order or Child Arrangements Order.</p> <p>Whilst we recognise that previously more Special Guardianship Orders could have been applied for we believe that our current approach and the recently relaunch of our Permanency Strategy is having an impact. During the last Monitoring Visit, Ofsted have recognised this and noted that an improved approach to permanence is being implemented, which has benefited children who entered care more recently.</p>	

SUPPLEMENT TO THE AGENDA FOR

Children and Young People Scrutiny Committee

Tuesday 14 November 2023

2.00 pm

**Herefordshire Council Offices, Plough Lane, Hereford, HR4
0LE**

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

Pages

3 - 18

Questioner:	Ms Hannah Currie
Scrutiny Meeting:	November 2023
Supplementary Question:	
<p>"Life-story work is different from Lifelong Links which involves people other than the birth family.</p> <p>You have not definitively answered:</p> <p style="padding-left: 40px;">“... how many [care-leavers] benefited from Lifelong Links?”</p> <p>However, I gather that none of 105 children and young people who left care in 2022-23 benefited from Lifelong Links.</p> <p>Webpage:</p> <p>https://www.leeds.gov.uk/one-minute-guides/lifelong-links</p> <p>stresses the importance of Lifelong Links and includes:</p> <p style="padding-left: 40px;">‘The Children Act (1989) states (Schedule 2, paragraph 15) “The Local Authority has a duty to promote contact between a child and their parents, plus any important people in their lives”.</p> <p style="padding-left: 40px;">Lifelong Links helps Children Looked After to connect with their extended network, not just blood relatives, promoting these relationships and building a stronger sense of identity.’</p> <p>With the support of the improvement-partner (Leeds Council) and commissioning the Family Rights Group, when will children in care and care-leavers benefit from Lifelong Links?”</p>	
Response:	
<p>Councillor Powell gave a verbal response, but suggested an additional written response would be required and provided.</p>	

[Councillor Powell's verbal response during the meeting, for reference]

"Thanks to Ms Currie for the supplementary question. There will be a written response.

Ms Currie's view is that we haven't definitively answered the first leg of the question, which was the how many care leavers. I think we've actually answered that, but I will go back and directly clarify that with her. The answer was 105.

The second leg of the question, which is why we need to provide a written response, is to do with the fact that currently the Lifelong Links is not commissioned by Herefordshire and therefore is not available to families locally. So obviously we need to have a discussion to be able to provide that written response."

NB in the meeting Cllr Harvey asked from Cllr Powell if the response could be wider than just focussing on Lifelong Links and should include what we are doing in respect of broader relationships and not just immediate family.

Response (provided 24/11/23):

We do not currently commission Lifelong Links and this is not available to our children and young people; there are currently no plans to commission Lifelong Links for the foreseeable future.

We recognise that it is important for our children in care to understand, build and maintain networks of people who are important to them. This might include family, extended family, friends or other significant individuals; these extended networks will be distinct to each young person.

Our recently revised Corporate Parenting Strategy has relationships, identity and belonging as one of the priority outcomes for our young people. What this looks like in practice will be tailored for each of our young person but could include:

- that we undertake direct work;
- that we ensure Family Time is promoted;
- that we undertake Life Story work with the young person;
- that we celebrate achievements, events and key milestones;
- that we support young people to build and maintain good relationships with birth, extended families and other significant people who are important to the young person as appropriate;
- that we ensure young people have access to support whether this is through their allocated Social Worker, through other professionals or through Independent Visitors where applicable.
- Additionally for children whose care plan is one of adoption, both the child(ren) and family receive support from our Regional Adoption Agency.

Questioner:	Ms Reid, Hereford
Scrutiny Meeting:	November 2023
Supplementary Question:	
<p>The response states:</p> <p style="padding-left: 40px;">“our current approach and the recently relaunch of our Permanency Strategy is having an impact”</p> <p>Please provide the number of Special Guardianship Orders issued for Quarter 2 of 2023-24 compared to Quarter 1 of 2023-24?</p> <p>As the rate of children in care in Herefordshire was about twice the Statistical Neighbours’ average rate and Ofsted want more Special Guardianship Orders to reduce the number, I hope the number of SGOs will increase.</p> <p>I would be interested in reading the Permanency Strategy and knowing its webpage.</p> <p>Finally, the latest Improvement Plan (7/6/2023) that was presented to the Committee (18/7/2023) is still <u>not</u> linked to the webpage:</p> <p>https://www.herefordshire.gov.uk/social-care-support/childrens-services-improvements</p> <p>but an earlier version (12/12/2022). This is despite I recall a response to a previous public question that the current version would be soon linked.</p>	
Response:	
<p>Councillor Powell gave a verbal response, but suggested an additional written response would be required and provided.</p>	

[Councillor Powell's verbal response during the meeting, for reference]

"Thank you for the supplementary question,

There are a number of legs to the question, so I will provide a written response to it. It is important to say that you've identified some housekeeping issues - so a commitment to things being published on websites in a timely fashion. So as well as providing a written response to those legs, I will also take an action away to have a discussion about making sure that we do, as a system, provide in a timely fashion to those commitments."

Response (provided 24/11/23):

During Q1 2023/24, 1 Special Guardianship Order (SGO) was granted by the Courts this is in respect of 1 child. During Q2 2023/24, 2 SGOs were granted by the Courts (in respect of 3 children).

A copy of our Permanency Strategy can be found at Appendix 1 - Permanence Strategy:



Permanence
Strategy.pdf

The [Herefordshire Children's Services Improvement Plan](#) was published on the council's [website](#) following endorsement by Cabinet in December 2022. Progress updates to the Improvement Plan are not routinely published. Where the Improvement Plan is a substantive item on the agenda of council Committee meetings, updates are provided and published as part of the respective Committee papers; most recently an update was provided to [Children and Young People Scrutiny Committee on 18th July 2023](#).

Permanency Strategy

Operational From:

Agreed by:

Practitioner Reference Group
DLT

Version: 1

Author: Permanence Champion

Service Area: Children and Young People's Services

Review Date: September 2024

Herefordshire Council is committed to ensuring that every child in its care has a permanent home that meets their needs. This strategy sets out Herefordshire Council's commitment to permanence for children and young people in its care. This strategy defines permanence and the key points in decision making with children, young people and their families to ensure that children and young people have the best possible care that provides them with security, stability and love through their childhood and beyond.

This strategy should be considered alongside Herefordshire Council's Children and Families Plan, Sufficiency Strategy and Corporate Parenting Strategy. This strategy and its impact should be considered and reviewed annually.

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1. Background to the Permanence Strategy

Herefordshire's Permanency planning is based on the philosophy that every child has the right to a permanent, caring and stable home, preferably with their own family. The primary focus of permanency planning is to ensure that children have a permanent home.

Herefordshire Council, as Corporate Parent for children and young people in our care, will work diligently to find permanent, safe homes and in a timely manner. For children and young people, this means the best possible care that provides them with security, stability and love through their childhood and beyond. This is the golden thread that will run through all our permanence work.

We are determined to ensure that the voices and lived experiences of children, young people and their families is at the core of our permanence work. We have emerging good practice which we will draw on to ensure the best possible outcomes for children, and young people considering the three core components of permanency. We will strive to develop our permanency work and learn from best practice and have processes in place for continuous improvement and development.

This strategy should be read alongside the Children and Young People's Services Plan, the Corporate Parenting Plan and the Sufficiency Strategy. The impact of this strategy will be reviewed and updated on an annual basis with learning from the preceding year.

2. Definition of Permanency

Permanency is about creating a home where a child or young person's relational, physical and legal conditions allow them to feel secure; where they have commitment from their carers and their identity and development is supported, they feel safe to strive and thrive in their childhood. That is where children and young people feel secure, cared for and stable consistently throughout their childhood and into adult life.

Permanence for children has three aspects as outlined in Care Planning guidance:

1. Relational permanence - refers to emotional permanency and the experience of having positive, loving, trusting and nurturing relationships with people important to the child. These relationships ensure a sense of belonging for the child. These relationships are usually provided by significant family attachments but also include friendships and community relationships. Where children are not able to live with their family of origin, the identification and strengthening of connections that a child has with their family and people of significance will be sought, supported and advocated wherever it is safe to do so.

2. Physical or environmental - a stable home environment within a familiar neighbourhood and community. Children's living arrangements should meet the child's developmental, educational, emotional, health, intellectual and physical needs. Physical permanence supports continuity of relationships with family, friends and community and enhance safety, belonging and wellbeing. Herefordshire Children's Services has clear plans in place to maintain stability and continuity to reduce the risk of changes for children and young people. Support will be provided where there are risks to this stability in maintaining key relationships for children.

3. Legal permanency refers to legal arrangements for a child that provides a sense of permanence and long-term stability. The first preference will always be for a child to be cared for by the child's family. This can be achieved by supporting the child's family where possible, or, if

the child is to be removed from the family, support must be given to the child and their family to consider a return where this is in their best interests. The first preference for permanence for children and young people will be to remain in the care of their parents where this is safe and meets children's needs.

The second preference is for a child to be cared under an Order with a member of the child's family. This includes Special Guardianship Orders (SGO) and Child Arrangements Orders (CAO). The stability that a child and young person has from living in within a wider family and friends' group is very important to Herefordshire and every effort will be made to ensure that a child or young person has the opportunity to do so.

The third preference for the child is to be cared for by the local authority. For some children, adoption may also be considered as the appropriate option by considering where there is no one in the child's family or friends' network that can care for them and taking into account *Re B (A Child)* (2013) where a Court concludes "nothing else will do".

3. Aims of the Permanence Strategy

In Herefordshire, we want to ensure that all children and young people of all abilities, genders, sexuality, religion, ethnicity and class have a stable and caring home environment as soon as possible and, within a maximum timeframe of 12 months from them needing our intervention.

We pledge that we will hear and take into account the views of children and young people and work with them towards them achieving their ideal stable home life.

Not all children we engage with will need to be in Herefordshire Council's care. However, all the children we work with will need to have their permanence needs considered and addressed. This may be in staying with or returning to their family; living with extended family, friends or connected persons through a SGO or CAO; long term foster care; adoption; or residential care (if this is necessary to meet the child's needs).

Our strategic plan helps to equip our social workers, practitioners, carers, Independent Reviewing Officers, supervising social workers and other professionals to work together to find stable, safe, caring and sustainable permanent homes for our children in timely manner.

This Permanency Strategy will have a direct impact on how we ensure we have safe and appropriate homes for children and young people who need our care. It will support the Sufficiency Strategy and Improvement Plan. This will ensure that Herefordshire Council understands the needs of our children and young people and the types of care and support they need. These strategies and plans will also provide a benchmark for the local authority, social workers, partners and the community about our processes and expectations for good social worker practice and; how children, young people and their families will be supported.

Herefordshire Council uses a blended restorative, relationship-based approach as our Practice Model and seeks to build on strengths within families and their networks. We focus on the strengths families have and they will be supported to find their own solutions to difficulties in the first instance by using Family Group Conferencing. We have Family Network meetings at the earliest opportunity to support families to care for their children or, in some cases to provide an alternative, permanent home.

Herefordshire Council will prioritise permanency for children through regular planning meetings for all children who have not achieved or, are at risk of not achieving their plan for permanence. Senior Managers across the service will have oversight of permanency planning through Legal Gateway and through the Permanence Panel. A Permanence Tracker is in place to enable shared information from our different information systems, Legal Gateway Meetings and Permanence Panels. Other meetings that contribute to tracking Permanency are Children in Care reviews and care planning meetings. The detail within the permanence trackers is held by the Case Progression Officers and the Permanence Champion. All these processes will be carried out with the voice and lived experience of the child at its core. We will seek feedback from children and young People to test this at regular intervals through our participation work.

The information that we gather around children and young people's needs, or where there are gaps in provision, will be considered and reviewed as part of our duties towards placement sufficiency and the impact of this strategy.

4. Herefordshire's Priorities

- Ensuring every child in the care of Herefordshire Council has a clear permanence plan within 4 months of coming into care. This includes all information being placed on the tracker to ensure all children have a plan in place and that arrangements are meeting children's needs.
- That permanence planning is child centred considering of the child's needs, their wishes, their history, their family and the things that matter.
- Refreshed and relaunched weekly Permanence Planning Forum
- Regular Care Planning Meetings to ensure children and young people's plans stay on track
- Development of data around permanence for children and young people
- Ensuring and strengthening the role of the Independent Reviewing Officer and Corporate Parenting Board
- Reviewing the offer to Special Guardians and those holding Child Arrangement Orders
- Ensuring most children live within 20 miles of their home by strategically working with our partners to ensure that children, where they cannot remain with parents or extended family, can continue to live in Herefordshire by building relationships with local providers to ensure children and young people stay close to home.

5. Considerations for Permanence Planning

Permanence Planning

Our permanence planning map supports us to consider permanence and *'how will stability be achieved?'* Stability can be understood by ensuring continuity of care for children who are going to be in care for a brief period before going home and, for children who are going to need a more permanent arrangement (short- or medium-term stability); and providing a sense of a permanent home (long term stability).

An assessment of a child's needs in relation to their Permanence Plan must consider stability and continuity, considering the child and families need for long-term support and maintaining links,

including contact with their parents, siblings and wider family network. This will be based on the principle of stable home based on love. To support in achieving this, children and young people should have their child and family assessment updated each year unless there is a need for an update assessment as outlined in a care planning meeting or review.

The assessment will include:

- Outcomes for the child.
- Their wishes and feelings.
- The child's and family's support needs.
- How the child and family, friends/ connected persons remain in contact when it is in their best interests; and
- Evidence that the plan is clearly linked to previous assessments.

Family and Restorative approach

If it has been identified in a child's care plan that they are able to return to their family home, it is important to:

- Clearly communicate with the family: what needs to happen to enable the child to return home, and the timescales;
- Understand family ties and long-term relationships with family, school, and the wider community; and use Family Group Conferencing (where appropriate) to help facilitate the above.
- Working restoratively, drawing on relationship-based approaches, drawing upon strengths, identifying worries and planning what needs to happen and who is around this child and their support using genograms and ecomaps.

Family group conferencing

Family Group Conferencing (FGC) is a child centred, family focused approach to build relationships and support networks. FGC focuses on bringing together members of the family to take part in voluntary sessions to find their own solutions and formulate a '*family plan*' to resolve issues. Family Group Conferencing is referral led. All families should be referred to Family Group Conferencing as part of the safeguarding process (ideally prior to an Initial Child Protection Conference). Where children have been in care for a period of time and permanence has not been achieved, a Family Group Conference or Family Network Meeting convened the child's social worker should be convened to consider options.

Family Group Conferencing:

- Enabling families to plan and take control of their lives;
- Puts the child at the heart of the decision;
- Gives the child a voice;
- Supports the sharing of honest information and concerns with the family;
- Making the family aware of the 'non-negotiable' and the 'bottom line';
- Clarifying the role & responsibilities of all involved;
- Identifying resources and shortfalls in resources;
- Focuses on solutions rather than problems

Sibling Groups

It is important to maintain sibling relationships within a permanence plan. More successful outcomes occur for children placed together with their siblings. To better understand sibling relationships, we will carry out a sibling assessment to inform our plan for the child and young person's permanence. It is harder to place a sibling group together in certain circumstances, such as:

- Where children come into care at different times or have different needs related to past experiences, current behavioural or emotional needs or there is a significant difference in age; and
- Children are part of a large sibling group. Where it is not possible to place siblings together children will be supported to understand the reasons for this and where it is in their best interests, arrange sibling contact.
- Where the plan is for adoption, the decision should be made early whether it is in the best interests of the children to be placed together or separately. Such decisions will be based on a balanced assessment of the needs of each child and the impact of the decision on each child.

Life story work

Life Story Work is crucial for children to understand their experiences. This includes the child's experience within their birth family, their history and supportive relationships. Life Story Work should include a narrative as well as pictures and other forms of information to help the child understand why they came into care and any subsequent changes.

The work should include the child; their birth parents and extended family where appropriate. It should include information collated by parents (where possible), carers, social workers and other key people. Life Story Work should start from the beginning of our interventions with the child and be updated alongside the child as they grow to help them process and form an accurate narrative of their life journey.

Life Story Work must be recorded sensitively using '*language that cares*' on the child's file using language which empathises with children's birth families and recognises the impact trauma can have on the challenges and decisions adults might face. In exceptional circumstances, where it is not appropriate to include the child, there must be a plan for sharing the child's life story with them.

In Herefordshire we will ensure that all children have meaningful Life Story Work and, for those children who require therapeutic support to understand their life story, they receive this in a timely way.

Family Relationships

Where a child is living with long-term carers it is important that the child has access to the friends, family or community in which they were brought up. Enabling ongoing contact with birth their family will remain a priority.

Where it is in their best interests, it is important that the child remains in contact with their family. This maintains their identity, gives reassurance, provides an on-going source of information, gives the child permission to live with alternative carers, minimises the sense of loss and assists adopters if the child is placed for adoption.

Direct family time would work most effectively if all parties agreed to the following:

- The plan for permanence;
- The parental role of the permanent carers and the benefits of family time;

Direct family time is less likely to be effective if a parent:

- Disagrees with the plan for permanence;
- Does not accept the parental role of the permanent carer;
- Does not accept their own role with the child;
- Is unreliable in their commitment to family time and
- Has no significant attachment to the family.

The views of the child, such as if they do not wish to have direct contact, must be considered and given considerable weight.

6. Routes to Permanence Planning

Ensuring best options

When deciding on a permanency option, we will work with the child and their family and our multi-agency partners to understand the child's needs and take the factors below into account within our child and family's assessment. Minutes of all meetings will be recorded on the child's file and will be within their care plan:

- The age of the child;
- How is stability going to be achieved?
- Short-term stability - the quality of the child's attachments and the impact of uncertainty; Educational experiences, links with extended family members, hobbies and friendships;
- Long-term stability - a permanent home with a sense of family, community, culture and continuity of relationships & identity. Understanding what a child needs from their carers, including supporting the development of a relationship between the child and their carer to create a family environment;
- Will it be possible to find permanence through adoption?

The use of genograms and ecomaps will support social workers understanding of key relationships for children. Where matters are before the court, Family Network Assessment Records are presented which outlines family members that have been approached to assessed whether they could care for child or children.

Concurrent Planning

Concurrent Planning is where a child moves from their birth parent(s) to their prospective permanent family while reunification is still being pursued. These arrangements can be made for a child of any age.

Parallel Planning

All efforts should be made to safely keep a child with, or return, the child to their parent. Where this may not be possible alternative plans will be made in parallel to support the children to live with extended family/ connected carers or within their communities.

Parallel planning is essential, especially when assessments of birth parents are being completed and the plan is not known. The child must not experience drift in achieving permanence. Where a child is unable to be cared for by their guardian or parent, or other family and friends, adoption, special guardianship or permanent fostering should be considered.

Permanency Planning Meetings

The service has a two Case Progression officers who facilitate permanence planning meetings and work closely with social work teams to ensure that the plans for children in pre-proceedings and care proceedings do not drift. The child's social worker, Team Manager and Service Manager will attend this. Fostering Social Workers will be invited where viability assessments of connected persons are taking place. The Early Permanence Manager will attend where there is a plan of adoption. The meeting should include the views of the child, their parents and significant others. Where children are in care, Care Planning Meetings will be scheduled as soon as care proceedings are issued. The Permanence Plan will then be reviewed and tracked on a regular basis by the Case Progression officer, the Team Manager and the Independent Reviewing Officer to monitor for drift and delay until permanence has been achieved with the best outcome for that child.

The initial PPM could be one of parallel planning. A second permanence planning meeting should be scheduled prior to the second Looked after Review to approve the final permanence plan. Where plans for permanence remain outstanding, PPMs should continue to take place every six weeks until the plan for permanence is agreed.

Where a permanence plan of adoption is an appropriate plan for the child, a PPM should take place before booking for an ADM decision. Where a Placement Order has been made, and statutory reviews under the regulations take place at 3 and 6 months, discussions should take place and consider why the child has not been placed and whether the plan meets the child's best interests.

Regular reviews of children subject to a placement order take place with the Case Progression Officers and Early Permanence Team and Adoption Central England (ACE) to minimise drift and delay. To ensure senior management oversight, Permanence Planning Panel will meet fortnightly to track those children with a placement order, ensuring that the permanence plan to maintain oversight of permanence plans and placement orders. This will be particularly important in situations where children have not found families within six months.

In the corporate parent service permanence panel meets fortnightly to consider all permanence plans including SGO, DCO and long-term fostering. Chaired by the Head of Service. The decisions of the panel are put on the child's file and the tracker updated at the meeting. A bimonthly report is produced for the Service Director and DCS.

Role of the IRO Service

The IRO service has a statutory responsibility to chair a looked after child's review and to monitor the child's case on an on-going basis. An IRO will be appointed to each child with 5 working days of a child becoming looked after and will chair their Looked after Reviews. The initial review will be within 20 working days of a child becoming looked after followed by a second review within 3 months, then by subsequent 6 monthly reviews.

As part of this process, at the second review the IRO must be satisfied that the local authority has explained to the child and their parents what the plan for permanence is. It is the IRO's role to review and agree the plan for permanence, ensuring that it is the most appropriate for the child. Where it is not possible to identify a single plan for permanence at the second review, a concurrent or multi-track plan will be identified, and time scales will be attributed to any pieces of work that are needed to formulate a single plan for permanence.

The IRO also has a statutory responsibility for monitoring the child's case to ensure that there is no drift in implementing the permanency plan. The IRO service will continue to provide an oversight at relevant and regular intervals for the child and young person.

Foster for Adoption

- This is where the child is placed with an approved adopter (early permanence carer) in a fostering placement whilst permanence plans are considered. Where the court decides that a child should be adopted, a placement order is normally granted or applied for. The local authority can then 'match' the child and the early permanence carer through Adoption Panel and their subsequent recommendations to the Agency Decision Maker. The early permanence carers can then seek to adopt the child. Decisions should return to the ADM at 6 and 12 months. An application can be made if the child has been in placement for 10 weeks.

7. Outcomes of Permanency Planning:

Reunification/Staying at Home: We will focus on supporting children to live with their birth family whenever it is safe to do so. We will enable families to be ambitious to achieve this plan. We understand that good relationships are crucial. In Herefordshire, this means ensuring the right support is available at the right time for sustainable change. Enabling support at the first instance means children are more likely to remain with their families. If this is not possible, we will initially look to the family and extended network for alternative care.

Placements with Family and Friends /Connected Carers:

If children are unable to live with their immediate family our priority is to identify a member of their extended family or network to care for them. Genograms and ecomaps are used as direct tools to help families and practitioners to better understand their strengths and systemic functioning.

Family Group Conferences or family network meetings are used at the earliest stage to identify what supports each member could offer to strengthen the family's functioning. These meetings will also work to identify who can provide either short, or long-term care depending on the need of the child and their family. Where family or connected persons want to look after children in their families, they can be considered as kinship/ connected carers. Our Fostering Recruitment undertake connected persons and SGO assessments with an aim of completion in 16 weeks.

Special Guardianship (SGO) / Child Arrangement Orders (CAO): Special Guardianship provides an alternative legal status for children and provides the child with permanency without taking away their parent's rights. A special guardian is usually a family member or family friend. SGO's can be granted as an outcome of Court proceedings initiated by Herefordshire Council or

through private law applications. SGO's are also an option for foster carers who have children settled in their care and who can meet their needs without state intervention.

Adoption: Adoption is a way of providing the security, permanency and love of a new family when it is not possible for a child to be raised by their birth parents or within the birth family. Adoption is a legal process which transfers parental responsibility from the child's birth parents to their adoptive parents.

Permanent Long Term Foster Care: Permanent foster care means that a child or young person lives with a committed foster carer until they reach adulthood. Being brought up by a consistent carer over time provides a greater sense of belonging within a family. We want our carers to provide lasting relationships to children and young people which extend into adulthood as part of their lifelong relationships. Where a child has been living with a fostering family for a period of two years and to secure permanency for a child, there will be discussions around whether a special guardianship order or a similar order may be in the child's best interests. Where children need to move to other carers, their family network will always be considered to see if it is safe and appropriate to achieve permanence with them.

Long Term Residential Care As part of our Corporate Parenting responsibilities a plan of long-term residential care would not normally be considered as a long-term permanence plan for a child under the age of 15. We will always look at family-based care for younger children, whilst appreciating that some older children manage relationships better within a residential setting but are mindful that this option does not provide permanence to children and young people.

Staying Put Arrangements: Staying Put arrangements are positive outcomes for our care experienced young people who are approaching 18 years old. Changes to the Leaving Care Act have enabled young people to remain with their carers longer. This means a young person has a stable home with their permanent foster carers who are their forever family.

Herefordshire Council will ensure that sustainable agreements for our children before the age of 18 years. The child in care review at age 16 should start the conversation and planning for Staying Put so that young people and carers are involved in the decision making. The increase in Staying Put arrangements has highlighted the need for more foster carers to be recruited who can meet the needs of older children entering care for the first time.

