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NOTICE OF MEETING

Meeting	Corporate Parenting Board
Date and Time	Thursday, 28th January, 2021 at 2.00 pm
Place	Remote meeting
Enquiries to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting is being held remotely and will be recorded and broadcast live via the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING (Pages 3 - 6)

To confirm the minutes of the previous meeting held on 16 October 2020.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. BOARD MEMBERS FEEDBACK - ENGAGEMENT AND RECENT ACTIVITIES

An opportunity for Board members to provide a verbal update on their recent engagement activities.

7. MODERNISING PLACEMENT PROGRAMME (Pages 7 - 14)

To consider a report of the Director of Children's Services with information on the Modernising Placements Programme.

8. HCC ANNUAL REPORT CARE LEAVERS (Pages 15 - 86)

To consider a report of the Director of Children's Services with an annual report on the activity of the Care Leavers Service from January 2020 to December 2020.

9. ANNUAL REPORT FROM THE HAMPSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICE, SUSSEX PARTNERSHIP NHS FOUNDATION TRUST (Pages 87 - 130)

To consider a report of the Hampshire Child and Adolescent Mental Health Service with an update on the work priorities of the Service in relation to Children in Care.

10. FOSTERING ANNUAL REPORT (Pages 131 - 160)

To consider a report of the Director of Children's Services providing an overview of fostering activity, detailing performance data and highlighting focus areas for 2020/2021.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to observe the public sessions of the meeting via the webcast.

Agenda Item 3

AT A VIRTUAL MEETING of the Corporate Parenting Board of HAMPSHIRE
COUNTY COUNCIL held on Friday, 16th October, 2020

Chairman:

* Councillor Ann Briggs

* Councillor Fran Carpenter	Councillor Robert Taylor
* Councillor Roz Chadd	* Councillor Malcolm Wade
* Councillor Stephen Philpott	Councillor Peter Edgar MBE
Councillor Jackie Porter	* Councillor Pal Hayre
* Councillor Patricia Stallard	Councillor Dominic Hiscock
* Councillor Elaine Still	* Councillor Wayne Irish

*Present

1. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Robert Taylor and Councillor Pal Hayre was present as the Conservative deputy member. Apologies were received from Councillor Jackie Porter and Councillor Wayne Irish was present as the Liberal Democrat deputy member.

2. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Personal Interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

3. **DEPUTATIONS**

There were no deputations.

4. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman noted that this was the first meeting of the Corporate Parenting Board since it's remit and membership had been revised following agreement at County Council at its meeting on 13 February 2020. The Chairman welcomed new members to the Board and highlighted the valuable opportunity that being involved in Board matters would bring in terms of listening and engaging with children and young people in care, as well as care givers, across Hampshire.

The Chairman thanked Councillor Roz Chadd who had been the previous Chairman of the Board and also thanked Councillors Fran Carpenter and Malcolm Wade who had comprised the previous Board.

The Chairman welcomed observers to the meeting who would be working closely with the Board in the future. Those observers present included:

- Sue Coleman - Hampshire High Sheriff
- Ruth Hillman - Operational Director, CAMHS
- Chief Inspector Melanie Golding - Hampshire Constabulary
- Naomi Black - Designated Nurse for Children in Care

5. BOARD MEMBERS FEEDBACK - ENGAGEMENT AND RECENT ACTIVITIES

The Chairman invited Members to present any feedback from recent engagement activities that they had been involved in.

Councillor Carpenter noted that she had visited Tile Barn for the Big Activity Week and had also been involved in regular care ambassadors meetings with care leavers. Councillor Carpenter had also attended a foster carers group in Ringwood.

Councillor Wade noted that he had visited children's homes, had been a judge in a Got Talent competition and engaged with care ambassadors.

6. ROLES AND RESPONSIBILITIES OF THE CORPORATE PARENTING BOARD

The Board received a presentation of the Director of Children's Services setting out the roles and responsibilities of the Corporate Parenting Board and the ways in which corporate parenting happens in Hampshire.

RESOLVED:

That the Corporate Parenting Board notes the presentation.

7. CHILDREN'S SOCIAL CARE - RESPONSE TO COVID AND THE IMPACT GOING FORWARD

The Board received a presentation of the Director of Children's Services outlining how children and families services had responded to the Covid-19 pandemic and the steps being taken to overcome associated challenges.

In response to Members' questions, it was confirmed that:

- Since August the number of referrals had plateaued at about 15% higher than expected and in comparison to 2019.
- Children's Services staff were initially all based working from home but that some staff had returned to offices – particularly Multi Agency Safeguarding Hub (MASH) social workers.

- More social workers and two additional managers had been recruited into the MASH.
- Unaccompanied asylum seeking children are often placed into foster care upon arrival into the country.
- 53% of vulnerable children had returned to school during the summer term. The remaining 47% were regularly contacted to ensure their wellbeing and to encourage return to schools where suitable aside from those isolating or shielding families. Attendance since September, through the early autumn term, had been very good.
- The majority of contact centres had re-opened to enable face to face contact with appropriate health and safety measures in place.
- Feedback from children in care regarding the increased use of virtual and IT software, such as WhatsApp and MS Teams, had been very positive.

RESOLVED:

That the Corporate Parenting Board notes the presentation.

8. **THE BIG ACTIVITY WEEK 2020**

The Board received a report of the Director of Children's Services with an update on the Big Activity Week 2020.

RESOLVED:

That the Corporate Parenting Board notes the content of the report and supports the promotion of The Big Activity Week 2021 with a thorough programme of activities throughout the year for children and carers to get outdoors, engaged in exciting and accessible activities.

9. **VIRTUAL SCHOOL UPDATE**

The Board received a presentation of the Director of Children's Services with an update on the Virtual School.

RESOLVED:

That the Corporate Parenting Board note the presentation.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Corporate Parenting Board
Date:	28 January 2021
Title:	Modernising Placement Programme
Report From:	Director of Children's Services

Contact name: Amber James

Tel: 07595 495728

Email: amber.james@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to inform the Corporate Parenting Board about the Children & Families transformational programme of work, the Modernising Placements Programme (MPP).

Recommendations

1. That the Board notes the work being undertaken in the Modernising Placements Programme.
2. That an update is provided to the Board in July 2021.

Executive Summary

3. This report seeks to provide the background to Modernising Placements Programme, setting out the context within which it sits within the Children & Families branch, the current progress achieved and describing the key objectives and milestones of the work to be undertaken.

Contextual information

4. The Modernising Placements Programme (MPP) commenced in October 2019. The programme is working in partnership with the Children & Families Transforming Social Care Programme (TSC) to help realise the Hampshire County Council (HCC) vision for ensuring that children and young people have the best possible start in life. The focus of TSC is to ensure that more children

can remain safely at home. The focus for MPP is to ensure that when children and young people do come into care, they are provided with the most appropriate placement and support that will meet their needs. Working together, TSC and MPP can ensure that only the right children come into care, and when they do, we are able to provide them with an environment which will give them the best possible care and support that they need to move into adult life.

5. Children in care are one of the most vulnerable groups in society with national and local data showing that their needs are becoming more complex as societal influences change. The cost of care is also the most significant expenditure to Hampshire County Council's (HCC) Children's Services, influenced by market forces including high demand and limited supply in the national 'market' for external provider placements. Placements in Hampshire are a mixed economy between in-house provision and external, usually private, providers. It is a statutory requirement for Children's Services to ensure sufficient placements that meets the needs of its children¹.
6. Nationally, there continues to be a shortage of placements particularly for children with complex needs and in Hampshire, this challenge is no different. Foster carer approvals in Hampshire have not increased and in parallel, matching complex children alongside each other has led to lower bed occupancy within our residential homes.
7. Over the past 12 months, the programme has undertaken extensive research to capture the challenges we are facing and design and plan services and responses that will help us overcome these. This has included national and international research as well as conversations with other local authorities. A strong driver of MPP is to have the voice of children and families in the development of the new approach. The programme commenced work with a group of care experienced young people in February 2020 as paid 'Expert by Experience' researchers who would design and deliver consultation with young people in care and care leavers. Unfortunately, soon after they commenced their training, the COVID 19 lockdown commenced and this work had to be postponed. The work has recently resumed but will need to be delivered differently from the original plan to ensure that the COVID restrictions can be adhered to. In addition to the voice of children, the programme will also be commissioning research from The Rees Centre to ensure that the voice of families is also part of the development work. This will be beginning in April 2021.
8. MPP has identified the following issues that we need to focus on:
 - Meeting the needs of children with complex needs
 - Increasing the number of HCC foster carers

¹ Section 22G Children Act 1989

- Increasing the number of children placed in our residential children's homes
 - The need to make improvements for staff recruitment and retention in our residential homes
 - Improving placement stability
 - Responding to the needs of children who require urgent placements
9. The aim of the Modernising Placements Programme is to develop a continuum of care which can provide the right accommodation and support at the right time for our looked after children in Hampshire. Approaches to care need to be more fluid, offering different pathways to children at various points in their childhood that pull on the different skills and experiences of carers and staff in all settings who share a common understanding and language around trauma. This focus will ensure that we have sufficient placement opportunities that are able to offer high quality, flexible, stable and local support to meet the needs of our young people.
10. The programme has secured funding through the Department for Education's (DfE) Partners in Practice Understanding Excellence, a grant given to support innovation and creativity whilst contributing to wider local authority learning. This funding has been used to start some of the work in the programme whilst a business case has been developed for corporate funding. Following detailed discussions alongside the business case, agreement has been reached for MPP to be incorporated into the annual budget report at Cabinet on 9 February 2021, to seek corporate investment from 1 April 2021, based on a case of cost avoidance.
11. The work of the programme is broad and wide ranging with a focus on attracting foster carers to come to Hampshire through an evidence-based, renewed marketing strategy and stay with Hampshire through providing wrap around support and finances to foster carers. There is a strong commitment to increasing the skills and resilience of residential staff through specialist provision, better work life balance and training. Overall, there is a whole department drive to ensure a culture of respect and value across all placement types and services.
12. The specific four service developments proposed in the business case are:
- To simplify foster carer payments
 - To implement Hampshire Hive foster carer networks
 - To deliver trauma informed parenting to all our looked after children
 - To implement an Urgent and Extended Care Service.

Foster Carer Payments

13. This area of work aims to:

- Attract more foster carers with a wider range of experience
- Ensure sufficient recompense for foster carers
- Increase the number of fostering households in Hampshire
- Support carers to care for children with higher needs (older children and children with challenging behaviours)

Hampshire Hive Foster Carer Networks



14. MPP is developing a support network for HCC fostering families that is based around an extended family model for children in care. The bespoke Hampshire Hive model will bring together 6 – 8 fostering households offering mutual support in a natural extended family environment. Each Hive of fostering families will be supported by a Hive carer (an experienced foster carer) who in conjunction with support from the fostering service social workers, will provide coaching, training, social events, flexible telephone support and sleepovers. The aim of the fostering network is to increase the support available to foster carers resulting in increased placement stability, and an increase in foster carers' confidence to support children presenting with challenging behaviours.

The Psychological Service and Trauma Informed Parenting

15. A new psychological service, led by a clinical psychologist, will enhance how looked after children are parented by foster carers and residential care staff. It will support the implementation of trauma informed and therapeutically minded parenting and will provide a consultation service to those involved in caring for children. This will lead to an increase in staff and carers' resilience, confidence and capability to support children with more challenging behaviour.

16. Trauma informed parenting will build on the foundation of the Hampshire Approach that has been successfully rolled out in our social work teams. It is an evidence-based approach that enables carers to:
- Understand the impact of trauma on a child
 - Recognise the signs and symptoms of trauma
 - Respond in a way that supports the child without causing further trauma

It will be rolled out to all children and families' staff so everyone speaks the same language and provides consistency in how our children are parented.

The Urgent and Extended Care Service

17. The Urgent and Extended Care Service has been designed to support young people with very complex needs. The service will deliver urgent care in the form of a 12-week assessment placement, repurposing a children's home, seeking to stabilise children through providing the opportunity to effectively assess their needs and plan a move to a permanent placement. This will be a multi-agency resource and initial discussions with the Clinical Commissioning Group (CCG), CAMHS and Police have been very positive with a clear commitment to support the development.
18. Extended care will be delivered as an outreach service which will support the transition to a permanent placement - including transition back to family (where appropriate) and time-unlimited support to prevent the placement breaking down. The extended care service will also provide support to HCC's other children's homes to prevent placements breaking down, and transition to fostering or supporting living placements where appropriate.
19. The Urgent and Extended Care Service will benefit from the Psychological Service (see above) which will provide consultations and training for staff to help them support, understand and respond to the behaviour of children and their families in a trauma informed way.

Finance

20. A business case has been developed which is supported by the Director of Corporate Resources and due to be presented to Cabinet on 9 February 2021.

Performance

21. A full set of key performance indicators have been established to measure each aspect of the programme. These are being monitored and reviewed with the support of a dashboard. Governance is through the monthly MPP Board, the Children & Families Departmental Management Team (CSDMT) and the Children & Families financial resilience meetings.

Consultation and Equalities

22. No consultation has been carried out to date. A consultation regarding foster carer payments will be undertaken if the proposal to make changes to payments is agreed.

Conclusions

23. The Modernising Placements Programme is a substantial three year transformation programme of change building on positive changes already achieved and embedded through the Hampshire Approach and is based on evidence and research. Its aim is to improve the choice and sufficiency of placements available to children in Hampshire's care through increasing the capability and skills of staff and carers, thus creating better stability and outcomes locally.

24. The delivery phase of the programme will commence from 1 April 2021.

25. It is suggested that an update is provided to the Board in July 2021.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

See guidance at <http://intranet.hants.gov.uk/equality/equality-assessments.htm>

Insert in full your **Equality Statement** which will either state:

- (a) why you consider that the project/proposal will have a low or no impact on groups with protected characteristics or
- (b) will give details of the identified impacts and potential mitigating actions

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Corporate Parenting Board
Date:	28 January 2021
Title:	HCC Annual Report Care Leavers
Report From:	Director of Children's Services

Contact name: Kim Gardner

Tel: 07741262121 **Email:** kim.gardner@hants.gov.uk

Purpose of this Report

The purpose of this report is to provide Hampshire County Council's Corporate Parenting Board with an annual report on the activity of the Care Leavers Service from January 2020 to December 2020 inclusive. This is the first report that has been commissioned and will ensure that the Board has an overview of the achievements, progress, and challenges in meeting the needs of Hampshire's Care Leavers in 2020.

Recommendations

- i) That the Board notes the good outcomes that are being achieved by Hampshire's Care Leavers and the plans to continue to improve those outcomes further in 2021.
- ii) That the Board endorses the ambition to have more Care Leavers accessing University, as a result of the enhanced Higher Education (HE) offer.
- iii) That the number of young people in Education, Employment and Training (EET) increases as a result of joint working between children's social care services, with the virtual college, Hampshire Futures and the Department of Work and Pensions.
- iv) That the Board notes the aim of retaining specialist housing knowledge within the Care Leavers service after the funding from Ministry of Housing, Communities and Local Government for the Homelessness Prevention Personal Advisor roles finishes in March 2021.
- v) That the Board endorses the aim of the Care Leavers service to achieve the 'journey to independence' workstream the end of 2021 aiding further the successful transition to adulthood for our care leavers.

Executive Summary

Looking after and protecting children and young people is one of the most important jobs that councils do and when a child and/or young person, for whatever reason, cannot safely stay at home or with relatives or friends, it is for the local authority to step in and give them the care, support, and stability that they deserve. Being a corporate parent means doing everything that can be done for every care experienced child and young person to give them the opportunities that other children and young people get. Currently, children who are care experienced achieve poorer outcomes compared to their peers. For example, Care Leavers are less likely to be in employment, education, or training post 18, four times more likely to be involved in the youth justice system and four times more likely to have a mental health condition.

Like any parent, the responsibilities towards our 'looked after' children and young people do not stop when they reach 18 years old and legally become adults. Societal changes overall have resulted in delayed transitions to independence for many young adults – with young people requiring ongoing accommodation with their family past 18 years of age with the family home remaining a base for many young people as they complete further education and training. But what does this mean for those young people whose journey within care must eventually cease?

This report will seek to outline the work that Hampshire's Care Leaver service does, to ensure that all HCC Care Leavers feel truly cared for by us as a council.

Who are our 'Care Leavers'?

Care Leavers are young people aged 18 years to 25 years of age who have been in care as a child. There are four different categories, and each category has an associated entitlement status:

- Eligible child - 16 or 17 years old in care and have been in care for at least 13 weeks since the age of 14, will meet the criteria as an 'eligible child'
- Relevant child - 16 or 17 years old, have left care, but were in care on or after their 16th birthday and have been in care for at least 13 weeks since the age of 14. This applies if they have been part of the youth justice system or hospitalised on or after their 16th birthday
- Former relevant child - 18 to 21 years old and if they were previously either an eligible or relevant child
- Qualifying child - 16 to 21 years old and have been in care or, if disabled, have been privately fostered after reaching 16, but do not qualify as eligible, relevant, or former relevant (have spent less than 13 weeks in care). May also qualify if subject to a special guardianship order (SGO) and

were looked after immediately before the SGO was made, or, if previously an eligible child, but returned to live with someone with parental responsibility (PR) for more than six months before your 18th birthday

- From April 2018 The Children & Social Work Act 2017 introduced a new duty on local authorities, to provide Personal Advisor (PA) support to all Care Leavers up to age 25, if they want this support. Under previous legislation, local authorities were required to only provide Care Leavers with support from a PA until they reach age 21, with that support continuing up to age 25 only if a Care Leaver was engaged in education or training.

Hampshire Demographic

There are currently **758** Care Leavers (18+) open to Hampshire Children's Services.

Age and Gender

477 Males (63%)

279 Females (37%)

2 Other

Ethnic background

White 67%

Mixed 3%

Asian or Asian British 3%

Black or Black British 15%

Other Ethnic group 11%

Eligibility Category

Relevant (YP aged 16-17 no longer looked after and eligible for leaving care services):14

Former relevant (YP aged 18-25 eligible for leaving care services): 720

Qualifying (YP aged 18-25 in receipt of support but not eligible for full leaving care services): 24

Corporate Parenting and Statutory Responsibilities to Care Leavers

Hampshire County Council (HCC) believes that it is everyone's responsibility to help those who have been in care to overcome the difficulties that they experienced in their childhoods so that they can lead successful adult lives.

However, as a council we have statutory responsibilities set out in the Children Act 1989, the Children (Leaving Care) Act 2000 and the Children and Families Act 2014 and the Children and Social Work Act 2017 to Care Leavers that we are legally required to meet.

Hampshire County Council have developed a 'Pledge to Care Leavers'. The Pledge is our promise to all our young people leaving care based on what we

recognise are the additional challenges faced by care experienced people. Our pledge can be accessed at Appendix A.

As a local authority we have also consulted with Care Leavers and stakeholders to develop a 'local offer' which provides detailed information about all the services and support that are available to Care Leavers, including information about both their statutory entitlements as well as any discretionary support we provide, for example our Higher Education financial support package (discussed below).

The HCC local offer is centred on the below principles (and attached at Appendix B):

- My Pathway Plan to independence and a successful future
- My health and wellbeing
- My relationships
- My education and training
- My employment, including my money
- My accommodation (experiencing stability and feeling safe and secure)
- My participation in society, including getting my voice heard

Means of Delivery

The activity of the HCC leaving care service is critical to enabling Care Leavers to make the transition from care to independence successfully. HCC have four leaving care teams:

- North West (Test Valley, Basingstoke and Deane)
- North East (Hart, Rushmoor and East Hants)
- South East (Havant, Fareham and Gosport)
- South West (Eastleigh, Winchester, Totton and New Forest)

Hampshire Care Leavers benefit from a stable, committed, and creative staff team who have offered consistency over time. Each team consists of an experienced Team Manager, Senior Practitioner, Personal Advisors (PA) and Admin staff. Care Leavers are supported by the team closest to where they lived upon entering care. They are allocated a PA whose role is to work alongside the young person and the allocated 'children in care' social worker until the young person reaches the age of 18. Strong communication loops exist across the Care Leaver Teams and Children in Care Teams resulting in, on the whole, well planned transitions across these services. The early input of the Care Leaver Service encourages a greater focus on the adults the young people will become. The role of senior practitioners has been particularly effective for more complex cases whereby the young people are receiving extremely high levels of support within residential accommodation prior to 18.

Role of Care Leaver teams and PAs:

- Pathway planning is timely, co-produced with young people and reviewed every 6 months or more frequently depending on need. HCC has adopted a strength-based methodology (the Hampshire Approach) and as part of this has reviewed and rewritten the pathway plan which is now called 'My Life My Future plan'. This aspect of service development means that children and young people have one plan that will see them through their journey in and through into adulthood.
- Keep in touch with our care leaving young people. 85% of care leavers 19-21 were deemed to be 'in touch' in quarter 2 2020-21.
- Support our Care Leavers to access other services e.g., Health Services.
- Assist Care Leavers in preparing for adulthood and independent living.
- Support Care Leavers to access suitable housing.
- Support Care Leavers in accessing Education, Employment or Training including finances where appropriate.
- HCC promotes its offer of extended support for Care Leavers up to the age of 25 by writing to all young people who are closed to make them aware that they can request further support, advice, and guidance until their 25th birthday.

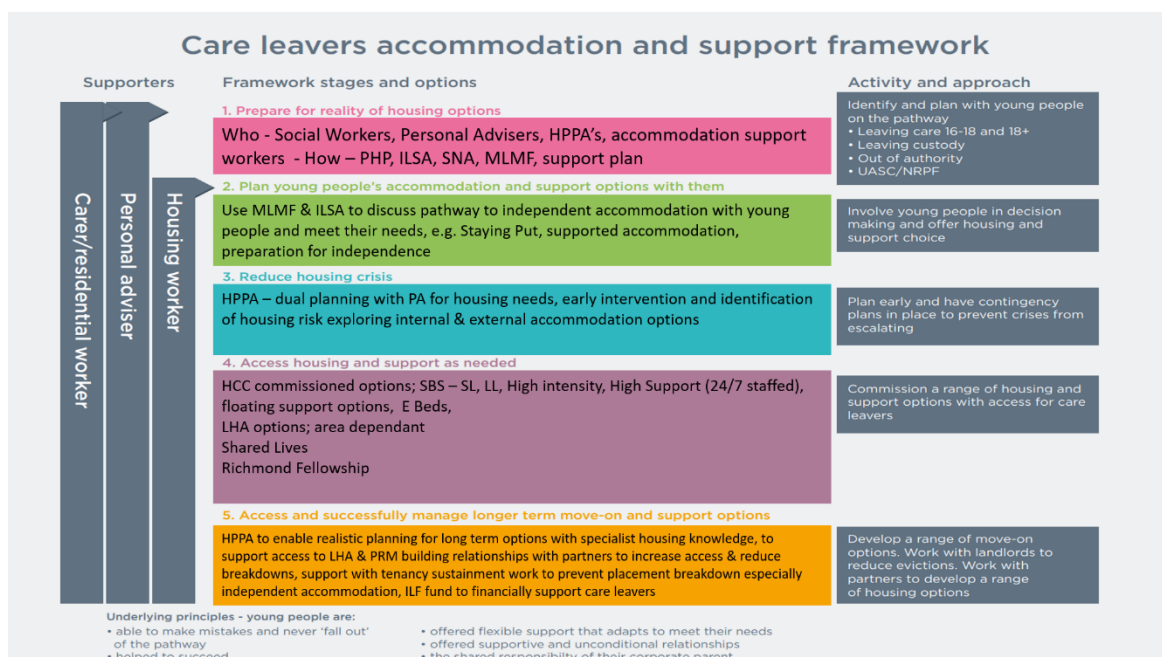
Care Leavers continue to provide very positive feedback regarding the support provided by PA's.

Accommodation stability / suitability

Young people leaving care need somewhere safe, stable, and suitable to live to help them make a positive transition into adulthood. Research tells us that suitable accommodation, support around emotional well-being and life skills underpins success in other areas of life (https://stbasils.org.uk/wp-content/uploads/2020/01/Finalframework2a_CareLeavers_A4.pdf).

HCC have developed a joint housing protocol in line with Government guidance which sets out our commitment as corporate parents, and how these will be delivered in practice. Our Hampshire Joint Working Protocol is attached at Appendix C.

Post 16 framework



Staying Put

Staying Put arrangements are where a Former Relevant child, after ceasing to be Looked After, remains living in the former foster home where they were placed immediately before they ceased to be Looked After. The intention of Staying Put arrangements is to ensure that young people can remain with their former foster carers until they are prepared for adulthood and can experience a transition akin to their peers. Staying put is heavily promoted by the Care Leaver Teams however this is not a straightforward option for young people and their foster carers for multiple reasons. HCC staying put arrangements are being reviewed as part of the Modernising Placement Agenda at the beginning of 2021 and we are excited about the potential learning and opportunities for development this might bring.

Staying Put Data

	Total staying put arrangements
December 2017	66
November 2018	84
December 2019	62
Q1 20/21	72
Q2 20/21	71

Homelessness Prevention Personal Advisor

As a direct result of a government initiative and funding (Ministry of Housing, Communities and Local Government), HCC have created four specialist posts focused on promoting accommodation stability for young people – Homelessness Prevention Personal Advisors (HPPA). These posts will run from September 2019 to March 2021 inclusive. The HPPAs since being in post have worked to develop processes and procedures for joint working with partners especially accommodation providers, as well as processes to enable early intervention in terms of risk of homelessness. We have also recognised the importance of utilising the Private Rental Market (PRM) to its full potential for those Care Leavers who are ready for a move to the PRM, this will enable a better through flow for our internal accommodation options and enable us to target the young people who we feel will most benefit from LHA housing and avoid accommodation bottlenecks.

HCC Suitable Accommodation Data

Age	Suitable accommodation			
	2017	2018	2019	2020
18	70%	61%	63%	63%
19	74%	79%	72%	77%
20	78%	66%	73%	77%
21	64%	71%	57%	72%

Journey to independence

HCC are seeking to develop a robust learning package to support Care Leavers independence skills. HCC have developed and piloted a group work programme for Care Leavers (Project I) focused on developing resilience and it is anticipated that this will become part of the offer to Care Leavers aged 16 to 18 years who are facing the least secure transition to independence (identified as more at risk of EET / housing). Sadly, the project stream has been impacted by COVID-19 however consideration is being given to how elements of the programme may be able to progress virtually recognising also that part of the power of groupwork is in the interaction of the young people themselves.

An adult learning programme is also being piloted, focused on the journey to independence for 19-to-21-year olds in January 2021. The programme will consist of courses themed on personal development, staying safe, citizenship and aspirations and skills for the future.

The HPPAs have also developed a tool to assess young peoples' independence skills to inform appropriate and successful move-ons and enhance placement stability overall. HPPAs have also undertaken targeted tenancy sustainment work however it is recognised this responsibility extends beyond the Carer Leaver

teams themselves especially as the funding of these roles is only until March 2021 from the DFE.

It was been recognised that there is a lack of knowledge around the specific needs of care experienced young people with partners and the service has sought to address this to enable better outcomes for young people- see partnership working below.

Education, Employment and Training

HCC is committed to helping Care Leavers realise their potential. Central to this is Care Leavers ability to engage and succeed within education, employment, and training. Sadly, despite continued focus within government policy for over 20 years Care Leavers continue to experience poorer outcomes in these areas compared to their non-care experienced peers. This can be for a number of reasons, including poorer academic success within school due to disrupted education prior to becoming looked after, self-esteem and mental health needs, a lack of skills or experience to find and maintain employment.

HCC Virtual College and Hampshire Futures

The Care Leaver teams work closely with HCC Virtual College and Hampshire Futures (careers service) with there being an allocated carers advisor being allocated to each District CL team. There is an active workstream within the virtual college regarding post 16 Personal Education Plans and the college bursary CLs receive.

Department of Work and Pension (DWP) joint working

The Care Leaver service is also working closely with the DWP who recognise that Care Leavers have additional support needs when transitioning into adulthood. Our joint aim is to promote more integrated support for young people who leave care, by developing collaborative local relationships between HCC and the DWP and the result is looking positive in terms of the projects that will be taken forward next year (2021):

- DWP Intensive Support for young people
- Kickstart – this programme launches on 2.11.20 and will provide 16 – 24-year olds with a 25 hour per week work placement for six months at the minimum wage. Employers are currently signing up for the scheme.
- Sector Based Work Academy Programme - this programme has three elements, pre-employment training, work experience, in whatever form Covid-19 arrangements will allow, and the opportunity to apply for work with the associated employer. An example of what is on offer is the work DWP has done to join up with the Construction Skills Fund to secure opportunities for individuals to move into the construction sector. We are working to offer a care sector course for your young people.
- Work and Health Programme – is DWP contracted support that provides individuals with a personal assistant who can work with them to develop a

plan to help them overcome their health difficulties and move closer to the labour market and ultimately into work.

- Barrier Removal Fund – work coaches have a small budget that can provide financial support for example, provision of interview clothes, help with fare to work for the first month, help to get on-line to search for work. Whatever the barrier is that is inhibiting progress we would encourage a conversation.
- Low Value Procurement – LVP this typically helps individuals secure specialist training that would enable them to move into employment. The applicant needs to identify the job and obtain estimates for the training.

The table below shows care leavers NEET (Not in Employment, Education or Training) during their birthday window by age band as at December 2019, 2018 and 2017 and to October 2020.

Age	NEET			
	2017	2018	2019	2020
18	32%	29%	21%	28%
19	44%	28%	31%	29%
20	33%	37%	26%	34%

HCC High Education (university) offer

As of December 2020, 57 Care Leavers were attending university. This is an increase of 15 from last year.

At the end of 2019 HCC completed a review of its financial support to Care Leavers accessing university as result of one Care Leaver sharing with the Assistant Director of Children’s Services, some of the challenges of accessing higher education as a Care Leaver. In response to this and following a review of our previous support, further financial investment has been awarded to Care Leavers in the aim that this will increase the numbers of those attending university and provide the best environment for success during study. The ethos behind the policy is to reduce the levels of student debt acquired during study with Care Leavers no longer being dependent on a maintenance loan to meet weekly living costs. Care Leavers will continue to be required to pay for their tuition fees via the student loans system.

- Payment of weekly living costs. Payments will be based on the recommendations of the university that the Care Leaver is attending while living in student accommodation (this includes halls of residence or private shared accommodation) during term time and studying. If the Care Leaver student remains living in their student accommodation during the holiday period, the payments will continue during the holiday period (52 weeks)
- Personal Allowance. In addition to the university recommended weekly living costs Care Leaver students will receive an additional £57.90 each week as a top up for additional expenses that might be incurred while they are studying in higher education. This will be paid to every student for 52

weeks per year for the duration of their course regardless of whether they are returning home or remain in student accommodation during the holiday periods

- Hampshire Children's services will offer up to a maximum of £1500 towards writing off any credit card debt prior to a Care Leaver attending university so that the Care Leaver student can start their university course free of debt. Any remaining money from the £1500.00 will be held over and provided to the Care Leaver student when required or for emergencies. This is not a guaranteed payment. It is discretionary based on the assessment of the Personal Advisor with agreement of the Care Leaver Team Manager
- All these financial measures were backdated to September 2019

Council Tax

Hampshire County Council Children's Services have continually encouraged District Councils in light of their new corporate parenting responsibilities, to consider using their discretionary powers as the billing authority to apply Council Tax exemptions for all Care Leavers living within Hampshire, as part of the local offer. Several District Councils have implemented Council Tax exemption/discounted rates specific to Care Leavers these include:

- Basingstoke
- East Hampshire
- Havant
- Test Valley
- Winchester
- Fareham
- Eastleigh
- New Forest

Rushmoor, Hart and Gosport have a discount for all YP who may be in financial difficulty and this needs to be assessed on an individual basis – it is not specific to Care Leavers.

Care Leavers at risk of exploitation:

The Care Leavers Service Plan supports that for all Care Leavers for whom there are concerns about any form of exploitation a CERAF (Child Exploitation Risk Assessment Form) is considered and completed. Consideration for the need for a CERAF is required at each Care Leaver Contact/Visit and this is reinforced by the CL Contact/Visit template. These assessments are shared with Adult Services Safeguarding and for all High-Risk Cases a High-Risk Strategy Meeting is chaired by District Manager. Care Leavers also have access to support via the Willow Team.

Health Passport:

Young people have told us that they have varying understanding of their family's health history and what that may mean for them and would like the information they need in a simple way. Hampshire in collaboration with young people in care, Care Leavers, carers, our Health partners and workers from our Children in Care and Care Leavers team have worked to create a consistent format for sharing health histories with Care Leavers to enable them to understand their health history and manage their own health in future.

This feedback, alongside our research into best practice in other local authorities has led us to develop our own proposed solution that:

- Makes health information meaningful and accessible to young people
- Avoids duplication – for young people, carers, Social Workers and PAs
- Sits alongside direct work, life story work and their health assessments that play a vital role in enabling them to manage their health in the future
- Is supplemented by their GP record and other online information, that remains 'live', that we encourage care leavers to access
- Will continue to evolve as we learn from experience, improve our joint processes with health and rollout our new case management system.

The first version of this Health Passport is expected to be in use with children in care and care leavers at the beginning of 2021.

Engagement with partners

The Homelessness Prevention Personal Advisors (HPPAs) facilitated an engagement event with partners in November 2020 regarding the Care Leaver journey into independence. Following on from this, we have engaged stakeholders to join focus groups on keys areas of independence for Care Leavers such as housing/health and wellbeing/independence/financial stability and EET, with the view that services will be able to strengthen their offers of support and learning to Care Leavers.

The journey of Care Leavers Moving into Independence Engagement event identified the following desired outcomes:

- Raise awareness of Care Leavers and the challenges they face
- Raise awareness of Corporate Parenting and responsibilities
- Start to share professional knowledge through discussion and learning
- Start to build an understanding of the support currently available
- Introduce the concept of the series of themed workshops with key partners
- Agree next steps for further engagement with partners through the themed workshops

The engagement event was well received by partners and we have moved on the next stage of focused workshops.

Participation and Direct Work with Care Leavers

Participation across the council has three main features:

- Participation in the everyday interaction of social care staff with young people to understand the lived experience of the child is reflected in their care plans, assessments, and records.
- Countywide participation with all care leaving teams having a responsibility to introduce its own participation events. These events build trust and deepen understanding allowing the worker to respond more easily to the needs of the Care Leaver. Examples: One of the four Care Leaver teams facilitated weekly challenges online – including toilet roll ‘keepy uppies’ and Tik Tok videos (14yp) with the winning entry receiving a £10.00 gift card
- Care Ambassadors Projects: 17 meetings for 7 projects with 57 young people attending (one of these was an 8-week project involving 6 – 12 young people). Achievements of the care ambassadors include their contribution to a podcast focused on young people’s experience of lockdown (13 yp), Voices audio library – audio clips from young people to be used in training for social care staff and foster carers – (13 yp) and We’ve Got Talent – County wide arts project (120yp contributed and 7 yp judged)

HCC continues to consult and collaborate with Care Leavers in all aspects of service development. We regularly seek feedback from our Care Leavers and all Care Leavers are encouraged to complete a survey upon their involvement with the service ending.

COVID-19

Covid-19 is recognised as having a significant impact on Care Leavers considering their resilience and support networks having been impacted by early trauma and the disruptions of key relationships. In recognition of this the Care Leavers Teams have been working hard throughout 2020 to stay connected with young people. The feedback in relation to the use of technology has been in the main positive – it appears that young people see social media and video communication as part of their daily lives and appear to have enjoyed their PAs becoming more engaged with this. PAs and managers are using their judgement to assess the level of type and level of contact required in consultation with each young person – face to face visits are still taking place however are risk assessed with social distancing measures adhered to. In addition to the DFE providing laptops/tablets to care leavers HCC have purchased mobiles, internet data and 40 laptops for Care Leavers to enhance communication.

The Care Leaver Teams were sensitive and responsive to the challenges for staying put hosts as well as other supportive living accommodation providers. Contacts with young people were increased for those placements that became pressurised. HCC are taking into the account COVID-19 in all decision making in relation to Care Leavers and have ensured as per Government recommendations that no young person should have to 'leave care' during the pandemic without suitable accommodation and the relevant support required. HCC have gone one step still considering the timing off all moves at this time resulting in 34 Care Leavers within HCC having their HCC funded placements extended (this includes YPs living in a range of accommodation as funded by HCC including foster care, supported accommodation etc). The data relates to Care Leavers aged between 18 and 21 with extensions lasting on average 12 weeks but up to 6 months in some cases. HCC continue to be committed to ensuring appropriate move on plans directed by need. The HPPA's have been heavily involved in preventing accommodation breakdown and supporting positive moves for young people.

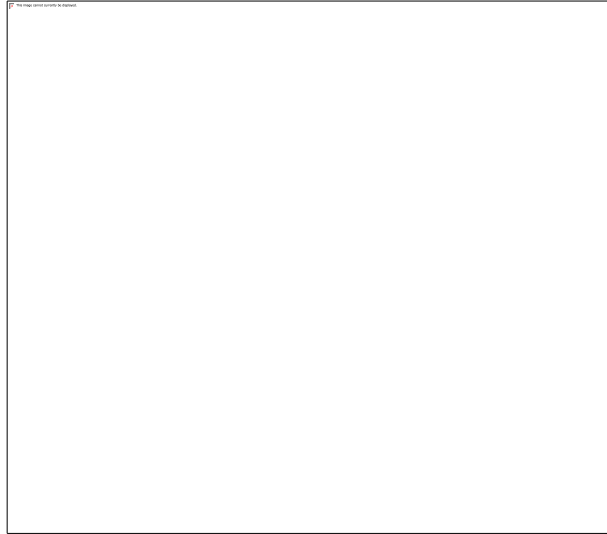
HCC have also increased the personal allowance rate to match the rate for universal credit post 18 while claims are being processed and for those young people who are no Recourse to Public funds while awaiting an outcome of their claim for asylum.

HCC's share of the COVID Winter Grant will enable us to provide a broad range of support across all Children's Services Departments however will include £20 food or fuel voucher for Care Leavers to be provided to them in January.

We continue to stress to our young people the importance of everyone following the latest NHS guidelines on Covid-19. This has understandably been quite a challenge for our young people at points whose contact with friends is a primary support and driver for them. Another element of this support concentrates on planning and preparation should a young person develop symptoms and be required to self-isolate for example ensuring that access to food and utilities is maintained.

Christmas

Hampshire Children's Services provide all Care Leavers with a Christmas gift in the form of a gift voucher to the value of £30.00 every year. Additionally, through the generous donations of Hampshire colleagues and local charities and businesses, Care Leavers receive a wrapped and personally chosen gift based on their interests and likes as well as a selection of tasty food treats. Care Leavers who are living semi independently and likely to be in most need, will also receive a personal contact over the Christmas period and in person visiting. Karen Pressey and John Egan (SWCL Team) just two of our HCC Xmas elves!



Conclusions

As a Care Leaver service, a significant amount of progress has been made in 2020 despite the unprecedented times of Covid-19, however this is exactly what our corporate parenting requires of us – if anything, the drive to equalise the playing field is even more important in terms of the possibility that Covid-19 in the long term will have the most negative financial impact on those who are already marginalised in society.

Our desire to continue to develop our Care Leaver service to a level whereby all of our Care Leavers feel truly cared for by us as a multi-agency partnership remains, and we will continue to seek and listen to the young people who are at the centre of our work.

Consultation and Equalities

1. *Where a consultation has been undertaken insert an analysis of the consultation responses and refer to further details of the consultation which should be included in a separate appendix.*
2. *If equality impacts have been identified in the Equality Statement in integral Appendix B highlight any particular issues, explain any proposed mitigation and consider any other relevant factors that have been taken into consideration in formulating the recommendation. See the Report Writing Guide for more information.*

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
People in Hampshire live safe, healthy, and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	Yes
People in Hampshire enjoy being part of strong, inclusive communities:	Yes
OR	
This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because: <i>NB: Only complete this section if you have not completed any of the Strategic Plan tick boxes above. Whichever section is not applicable, please delete.</i>	

NB: If the 'Other significant links' section below is not applicable, please delete it.

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation).
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation) and those who do not share it.
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

See guidance at <http://intranet.hants.gov.uk/equality/equality-assessments.htm>

Insert in full your **Equality Statement** which will either state:

- why you consider that the project/proposal will have a low or no impact on groups with protected characteristics or*
- will give details of the identified impacts and potential mitigating actions*

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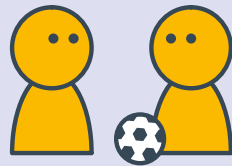
Hampshire's Pledge to children in care and care leavers



Your Health and Wellbeing

We will support you to

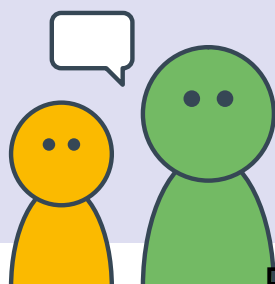
- Access Health Services – this includes your mental and physical well-being
- Maintain healthy and happy relationships
- Identify and access positive activities, interests and hobbies



Where you live

We will

- Be open and honest about your care especially when changes are happening or where we can see that they are likely to happen for you
- Help you to move smoothly to a new place to live, should you need to
- Inform you about how you will keep in touch with your own family, if appropriate



Your Voice

We will

- Actively involve you in your own care plans
- Make time for you to talk one to one with us
- Be contactable through a variety of ways and get back to you within 3 working days
- Involve you in different ways so that together we can improve what we do
- Let you know what you are entitled to as well as what you have responsibility for
- Make you aware of our compliments and complaints procedure and support you through this if needed





Your Education Training and Employment



We will support you to

- Access academic and non-academic opportunities – not just school or college
- Be involved about decisions made about your education
- Access additional support for school or college if this is necessary
- Access college or university if you would like that help



Moving On



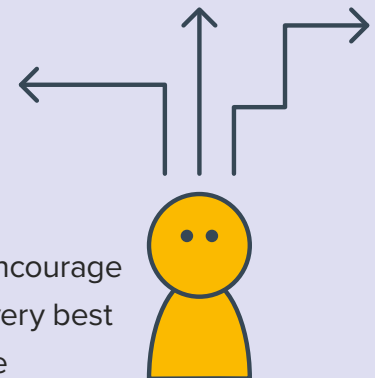
We will support you to

- Find somewhere to live
- Build necessary skills to maintain your accommodation
- Become the successful young adult that you can become
- This offer of support will be there until you are 25
- Access the services relevant to your needs as an older young person

Your Future

We will

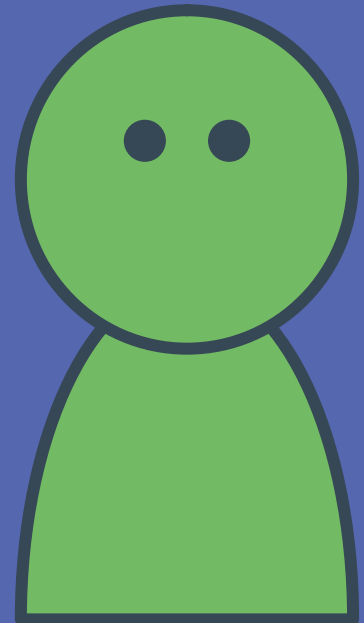
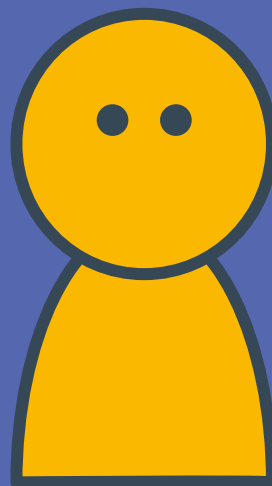
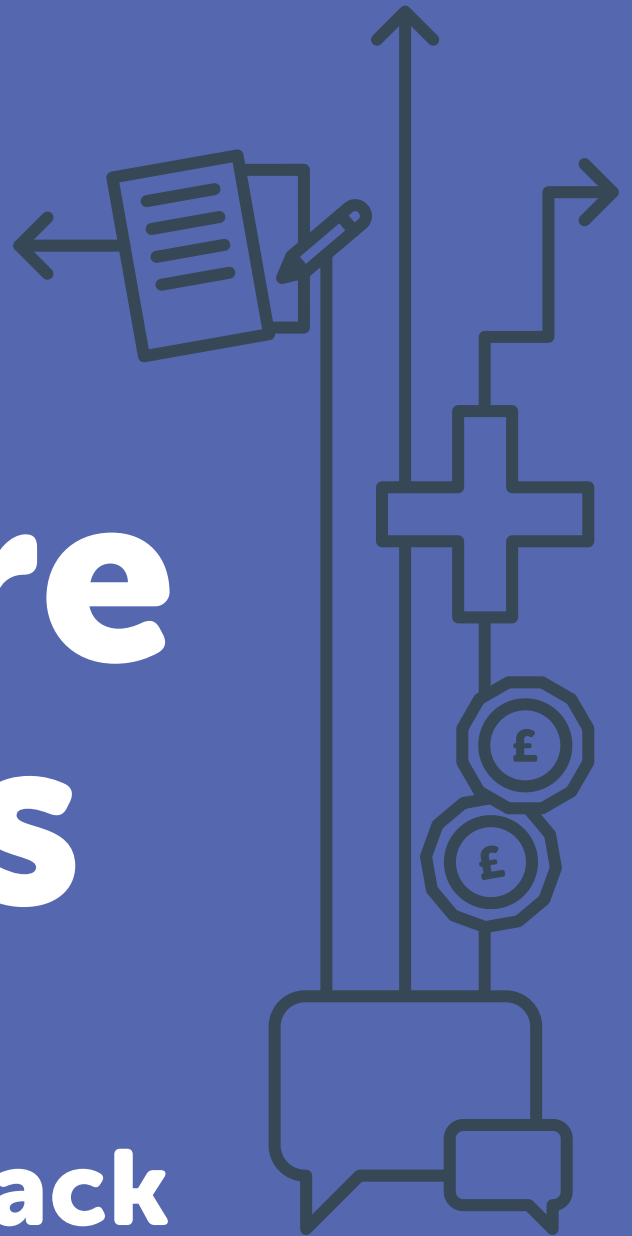
- Help you plan your future
- Support and encourage you to be the very best that you can be



To find out more, speak to your social worker, or search 'Hampshire Local Offer to Care Leavers'.

Local offer for care leavers

Care leavers information pack



This document is to ensure that you know what services are on offer to Hampshire care leavers and what support you have to access these services, as you begin your journey into adulthood and independent living.

All care leavers in Hampshire in January 2018 were given an opportunity to tell Hampshire County Council what they need in terms of services to help them transition into adulthood and independent living. Their feedback has shaped this local offer and we would like to thank them all for their participation in providing their views. We will continue to listen to your views to make sure the services we offer meet your needs, rather than our views of what you need.



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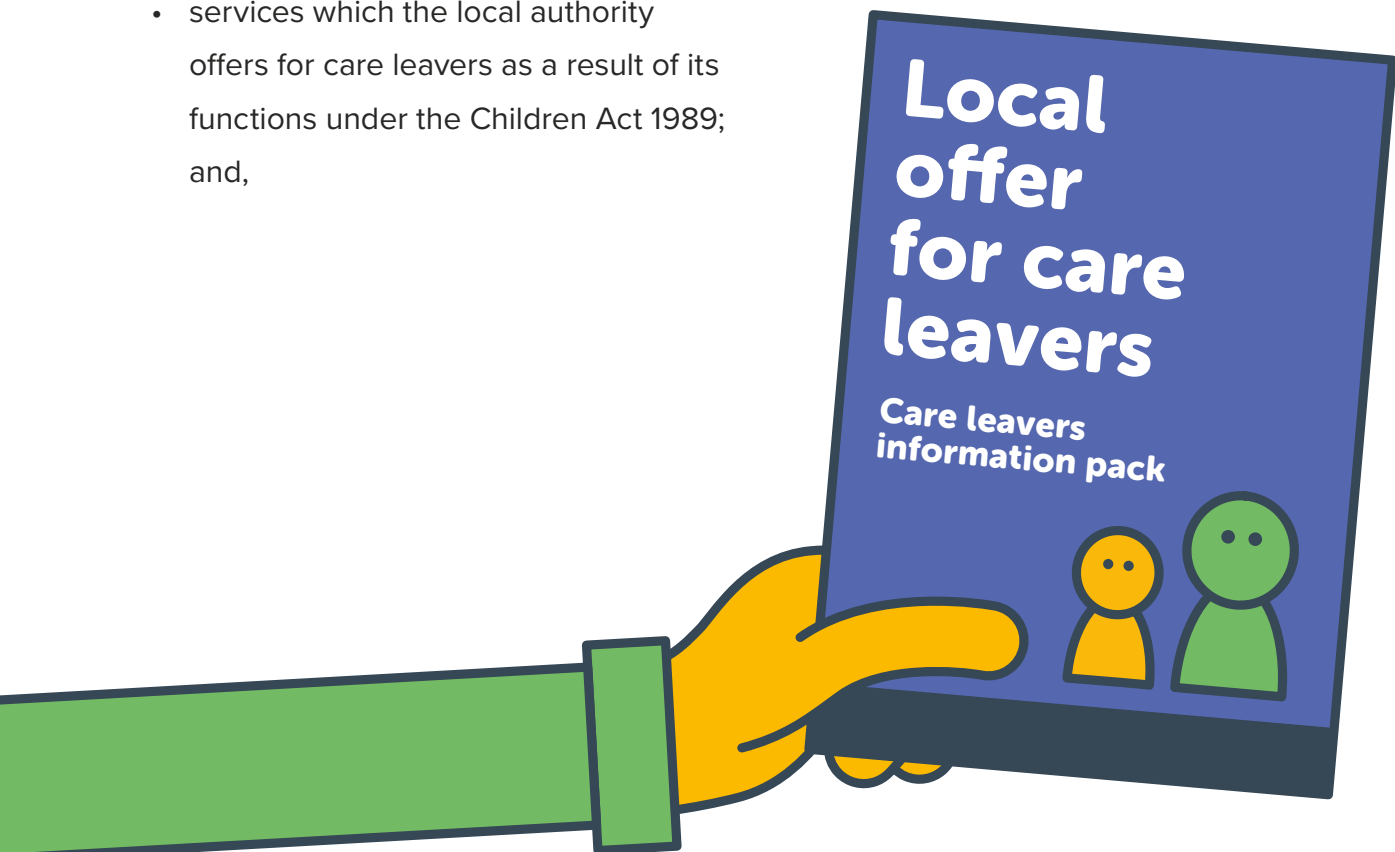
1. What is the local offer for care leavers?

The Children and Social Work Act 2017 ensures that all local authorities establish a Corporate Parenting Board, and publish a 'local offer for care leavers', setting out the services on offer from both the local authority and other agencies.

The local authority must publish information about:

- services which the local authority offers for care leavers as a result of its functions under the Children Act 1989; and,

- other services which the local authority offers that may assist care leavers in, or in preparing for, adulthood and independent living and,
- where considered appropriate, information about services offered by others which the local authority has power to offer as a result of its functions under the Children Act 1989/ 2004.



There are seven corporate parenting principles for local authorities to follow to ensure that they are the best corporate parents to the children in care and care leavers they support, and to ensure that you remain the focus [Children and Social Work Act 2017, s1 (1)]:

1. to act in the best interests, and promote the physical and mental health and well-being, of those children and young people;
2. to encourage those children and young people to express their views, wishes and feelings;
3. to take into account the views, wishes and feelings of those children and young people;
4. 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;
5. to promote high aspirations, and seek to secure best outcomes, for those children and young people;
6. for those children and young people to be safe, and for stability in their home lives, relationships and education or work; and,
7. to prepare those children and young people for adulthood and independent living.

The local offer for care leavers should relate to six areas, as well as ensuring that the seven corporate parenting principles apply. These are:

1. health and wellbeing;
2. relationships;
3. education and training;
4. employment;
5. accommodation; and,
6. participation in society.

The local offer must be updated 'from time to time, as appropriate' but only after consultation with relevant persons, including care leavers. It must reflect what you tell us you need, and not what we think you need.

As your corporate parent, it is our responsibility to make sure you know what services are available to you, and what you can expect to receive when you are a care leaver. For former relevant care leavers, you are now able to request support and advice between the ages of 21-24 and a PA will be allocated to you either until you reach your 25th birthday, or until you decide you no longer want this support. You are a former relevant care leaver if you are aged 18-25 and were in care for a total of at least 13 weeks from the age of 14.

If you ask for support and advice at any time once you are aged 21-24, your PA will carry out an assessment of needs, and work with you to create a pathway plan which is proportionate to your needs, taking into account the issues identified by you and what you are requesting support with; a full pathway plan may not be necessary, but all plans will state how the PA and you plan to keep in touch.

Local authorities have a legal duty to support you in making the transition from

care into adulthood and independent living. You are a care leaver if you are aged 16-25 and were in care for at least 13 weeks in total between the ages of 14 and 16 (including your 16th birthday). This includes young people who were in care immediately prior to being detained in a Youth Offending Institution, or hospital, when you turned 16. You are known as a care leaver when you leave care, however the care leavers service will start working with you from the age of 16, even if you remain in care.

This local offer for care leavers aims to clearly set out in one document what our offer is to you, in terms of entitlements and services available. In addition, we will contact you once every 12 months until your 25th birthday to remind you that you can access the care leavers service by asking for support and a PA will be allocated to you.

We are proud to be your corporate parent and hope that we can support you making the transition from care into adulthood and independent living.

2. What does Hampshire's care leavers' service do?

When you are in care, we act as a 'good parent' to ensure your needs are met and that you can progress and achieve. Even when you leave care, this role does not end – we continue to be your corporate parent.

Being a good corporate parent means that we want to keep you safe, support and advise you as you make the transition into adulthood and independent living. This can be a difficult time for you, especially if you have spent a long time in care, as it may mean leaving behind everything you are familiar with. We also know from speaking to our care leavers that it can be a lonely and isolating time.

There are lots of things the care leaver service does. This includes having a Corporate Parenting Board, which is a group of people within Hampshire County Council who ensure that your voice is heard, and they promote the seven corporate principles.

As a care leaver, you are provided with a Personal Advisor (PA) who can support



and advise you in accessing housing, education, employment, training, health services, finances and can provide a shoulder to lean on, if and when needed. Your relationship with your PA will play a vital role in supporting you. The care leaver service is here for you and we want you to succeed and be the best you can be – we want to watch you grow and transition into adulthood and independent living, with as much support as you need to do so.

We will be by your side every step of the way, and will be there to pick you up if you fall down, or to celebrate with you when you reach your goals.

The care leaver service is currently divided into four teams and these teams contain a Team Manager, Personal Advisors and admin. You will be allocated to the team closest to where you lived prior to entering care. You can, however, choose to move out of area, but the team and Personal Advisor will continue to support you wherever you are, and can even support you in finding accommodation in your chosen area. We will continue to support you until you reach your 21st birthday, or your 25th birthday if you are in full-time education. In addition, if you are a former relevant care leaver and ask for support between the ages of 21-25, you will be allocated a PA to support and advise you until you reach your 25th birthday, or until you ask for this support to end.



3. What does a Personal Advisor (PA) do?

When you enter care, you are allocated a social worker. Once you turn 16, you will be introduced to a Personal Advisor, or PA, who will work alongside you and your social worker until you reach the age of 18, at which stage the PA will become your key worker and you will no longer have an allocated social worker.

As a young adult, you are able to make your own decisions and choices, however your PA is there to support and advise you in making the best decisions for you as you make the transition into adulthood and independent living.

As a care leaver, you are entitled to: an assessment of your needs (at 16 and 21); a pathway plan; a Personal Advisor; accommodation; and maintenance.

It is the PA's role to support and advise you and to ensure that you are aware of what you are entitled to.

Your PA will continue working with you at least until you turn 21, or up to the age of 25 if you are in full-time education, or if you are a former relevant care leaver who

has requested support and advice. From the age of 21 until your 25th birthday, the PA must see you a minimum of once a year, however there may be times when you wish for advice and support, or have greater need, and therefore the frequency will depend on the assessment of your needs and what the Pathway Plan states in relation to visiting and keeping in touch. Never hesitate to contact your PA if you need more support, or need to see them.

For care leavers aged 18 until their 21st birthday, the PA has a duty to see you every two months and to also see where you are living to ensure that you are OK and managing with independent living. They will also keep in touch with you, as agreed by you, in-between visits. The PA needs to record and monitor your progress, and will offer you support and advice every step of the way.



4. What is an assessment of needs, and a pathway plan?

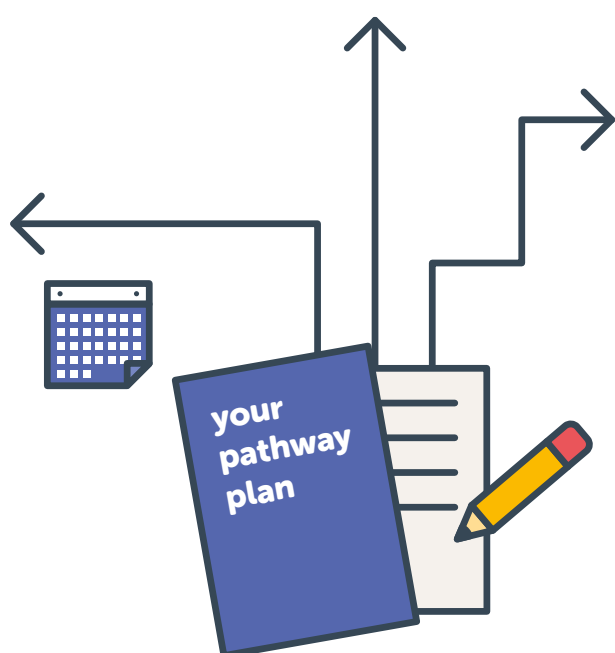
Every young person between the ages of 16-21 in care or a care leaver has a pathway plan.

The law states that you will have an assessment of needs when you are 16, and again when you are 21, to find out what you need support with. Your pathway plan is to ensure these needs are met and it is written by the PA in consultation with you and important people/services in your life.

It sets out your needs, views and future goals, and what support you will receive from us.

In Hampshire, our Pathway Plan is also the assessment of needs, so every time your Pathway Plan is reviewed (at least 6 monthly), a new assessment of needs is undertaken to help create the plan. Between the age of 16 and 20, your Pathway Plan will consider your education, employment, health, finances, social needs, relationships and accommodation. If you request advice and support post 21, up until your 25th birthday, the assessment of needs and Pathway Plan will concentrate on the areas you feel you need support with.

The Personal Advisor is responsible for ensuring you have a relevant, up-to-date Pathway Plan which considers your current needs and what needs to happen to aid your transition into adulthood and independent living. The Pathway Plan must state how you wish to stay in touch with the PA in-between visits, and the



frequency of this. The Pathway Plan needs to be clear on its goals and how these will be achieved, by whom, and by when – these will then be reviewed at least every 6 months. A Pathway plan should be created with you present to look at where you are currently at, and where you wish to get to, to create a plan specific to you. The Pathway Plan must also be reviewed

if there is a significant event or change for you. If you move home, for instance, you must be visited within 8 days and a Pathway Plan review held within 28 days of this move.

The Pathway Plan will include your views and should be shaped around these – after all, it is your plan.

5. Important documents for me

You will need documents to prove who you are and to access educational courses, employment, social benefits or to open a bank account.



We will support you to ensure that you have the important documents you need, such as a passport and birth certificate, however you will be responsible for ensuring you look after these and keep them safe – we will not repurchase documents if you lose them. If you agree, we will keep copies of your important documents safely on your record.

Whilst we will fund your first passport and birth certificate, you are responsible for ensuring you keep this safe, and for funding any subsequent documents, or replacements.

National insurance (N.I) number

national insurance number

A A 0 0 0 0 0 0 A

At 15 years and 9 months, your social worker should apply for your national insurance number (N.I Number). Your PA will ensure that you have this. **You need this number, if you wish to work, so you must keep it safe.** If you lose it, the PA can support and advise you on how to obtain another one, but you will have to pay any costs towards receiving a replacement. More information can be found at <https://www.gov.uk/national-insurance/your-national-insurance-number>

Provisional driving licence



This provides you with photo I.D., as does a passport. If you intend to learn to drive, you will need a license. To show your commitment towards learning to drive, we expect you to fund half the cost of the license, and we will match this. Again, if you do not keep your license safe and require another one, you will have to fund this yourself. Please also remember that if you move address, you must update the DVLA. You can find more information and apply at <https://www.gov.uk/renew-driving-licence>.

Passport



Your PA will support you with an application for a passport, and we will cover the cost of applying for and purchasing your first passport. Your passport is your main source of I.D. and can be used to open a bank account, or travel. If you lose this, you will have to fund a new one and they are not cheap, so please keep it in a safe place. You can find out more information and apply at <https://www.gov.uk/apply-renew-passport>.

Birth certificate



If you do not have a birth certificate, the PA can support you to apply for yours. This can be used, alongside photo I.D., to open a bank account. You may also need it if you intend to get married. It proves your identity and is therefore extremely important. We will pay for you to apply for this. More information can be found at <https://www.gov.uk/order-copy-birth-death-marriage-certificate>.

British citizenship



If you are entitled to apply for British Citizenship, the PA will support you to do this. More information can be found at <https://www.gov.uk/becoming-a-british-citizen>.

Biometric residence permit (often called a biometric card)



If you are an unaccompanied asylum seeker, you will not be able to apply for a passport, but can apply for a biometric residence permit which will provide you with a source of I.D. We will pay for you to apply for this. More information can be found at <https://www.gov.uk/biometric-residence-permits>.

Access to your records



Once you turn 18, you have a right to see the information we hold about you, including the records written about you when you were in care. If you would like to see your file, please speak to your PA. More information can be found at <https://www.hants.gov.uk/aboutthecouncil/strategiesplansandpolicies/dataprotection/subjectaccessrequest>.

Any request to access records is processed by the Children's Services Subject Access Request Team (SAR). Your PA can advise and support you to complete the **Subject Access Request Form**. Your Records will explain more about the process, but you will need to provide supporting evidence of your identity and a £10 fee, to be sent to:

**Children's Services Subject Access Request Team,
Floor 2,
Elizabeth II Court North,
Winchester,
SO23 8UQ**

6. My health and wellbeing



As your corporate parent, we want you to be healthy and stay safe.

To help you do this, your PA can advise and support you with:

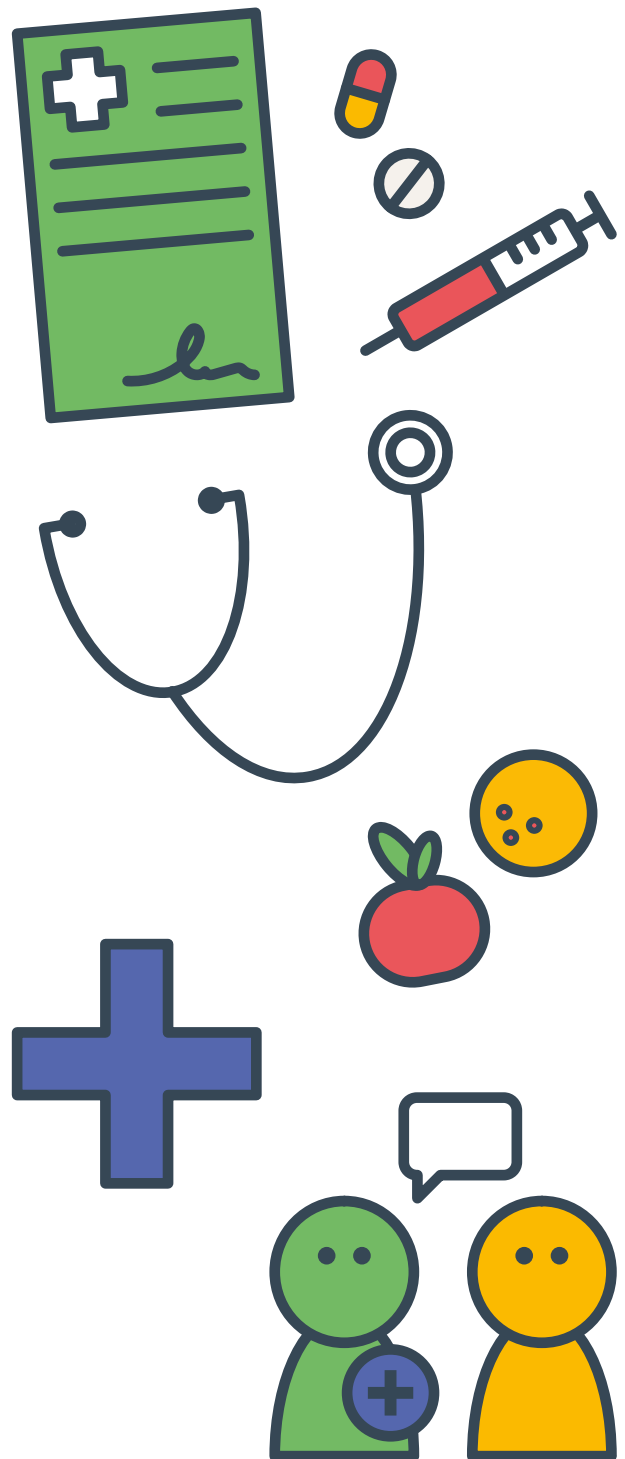
- information on healthy living
- information on getting help to pay for prescriptions
- registering with a GP
- transitioning from CAMHS to adult services
- accessing other mental health support in your area, if you are not eligible for a service from adult services
- information about counselling services that are available locally
- information about health drop-in centres; sexual health clinics, or other testing/ screening facilities

Remember that you can speak to your PA about how you are feeling or anything you need help with. They are there for you and want to support you.

My safety

Your safety is our responsibility, as your corporate parent. We want you to be safe and to ensure you have somewhere suitable to live. If things go wrong, we will work with you to address the problem and help you be safe. If you go missing and we have concerns for your wellbeing, we will report you as missing to the police. If we believe that you are being exploited, or 'used' by others, we will carry out a Sexual Exploitation Risk Assessment (SERAF). We may hold a High Risk Strategy Meeting, inviting all involved professionals to help make a plan to support you to stay safe. As an adult, you will be able to make choices, however not all choices are safe – your PA can advise you on your options and help you make informed decisions, even if they are not ones we agree with.

We report you missing, and carry out risk assessments and hold meetings to ensure your safety and wellbeing. We do this because we care.



Please speak to your PA about other support services you can contact or access in relation to your health, safety and wellbeing.

7. My relationships

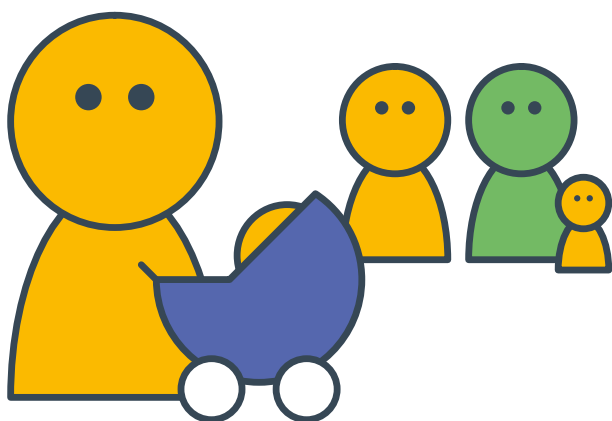
If you have entered care, it is likely that you have experienced some level of loss during your early childhood, and possibly trauma and/or abuse.

It may be that you are only starting to come to terms with this as you enter adulthood, or that you realise this still affects you today. In addition to this, your own experiences may well impact on your adult relationships, both with professionals, friends, and intimate partners. You may fear if you are about to become a parent that your child will have similar experiences and be taken into care, and this can be a very scary time for you. You may also want to 'get it right' to make sure your history is not repeated in your own relationships.

This may place you under an immense amount of pressure, as you begin taking responsibility for your actions as an adult.

Hampshire County Council can offer you a safe, trustworthy PA to talk to. The PA will support and advise you as you transition into adulthood. If other needs are identified, your PA will support you to access appropriate support.

If you are a young parent and you wish to access support with parenting, you can speak to your health visitor (if your child is under 5 years old). If you have more than one need, you can ask your health visitor, or other involved professional, to complete an Early Help Assessment which can be discussed at a multi-agency meeting to offer you and your family support. You are able to access parenting courses and other support through the Early Help Hub, and it may benefit you socially too. Anyone, not just care leavers, can access these services, so you are not alone in needing support with parenting.



8. My education and training

We wish to support you with your education, and the law says we must provide you with assistance for expenses linked with employment, education and training.

As a child in care, you will have had a Personal Education Plan (PEP) within your school to ensure your educational needs were identified and support was offered to meet these. In Hampshire, we also offer a PEP at Key stage 5.

Hampshire County Council has a Virtual School which works with you up until you are 16, and a Virtual College which works with young people up until they are 18.



The Virtual School:

- **Ensures** schools receive appropriate training, guidance and support to be able to identify and meet individual needs
- **Ensures** everyone works together effectively so that each young person receives a high quality education
- Is **responsible** for the arrangements in place to allocate pupil premium to schools
- **Tracks** and monitors each young person's progress towards achieving their potential as described on their Personal Education Plan
- **Monitors** and tracks the attendance, progress and attainment of CiC and puts in place support or targeted and personalised interventions where needed
- **Shares effective practice** with colleagues, for example to improve behaviour and attendance, reduce exclusions, promote improved outcomes and school stability, and identify any address barriers to learning.

The Virtual College

- Extends the Virtual School's approach by providing personalised support and guidance to young people as they transition to education, employment and training at age 16.
- Ensures each young person receives consistent, high quality support (including individualised careers guidance and personal development) to achieve their goals
- Works with others to increase the number of CIC and care leavers who progress to sustainable post 16 destinations, including traineeships, apprenticeships and university

Apprenticeships and training schemes are popular options and can be a good way for young people to gain work experience and practical work skills whilst earning money.

If you remain in education, we can help support you with the travel costs to get to college, and advise and support you in purchasing tools, equipment, essential clothing, and books for your course. We can access the HOIRST fund for educational equipment which would benefit your studies, such as a lap top. Please speak to your PA about what support they can offer.



Bursaries for Education

For higher education (HE), there is a £2,000 bursary which the care leavers service will fund, and for full-time Further Education, the college will provide a £1,200 bursary. For more information, please speak with your PA.

University

If you wish to pursue a course at university, we can support and advise you on how to obtain tuition fees and maintenance loans. **We can offer support with travel costs at the start and end of term, and make sure you have somewhere to live during the holidays.** We can also support and advise you on what might be the right course for you given your talents and interests. Your PA can support you in applying, and also advise you if there are any bursaries, or discretionary funds which can be accessed through the university to aid you in your studies. In addition, all universities have student unions which will support you with any questions you may have and ensure you are accessing the support that is available for you.

9. My employment, including my money

The Virtual College staff will support you to actively engage in Education, Employment & Training (EET).

The Job Centre Plus will support you to look and apply for work if you are not in education or employment.

Apprenticeships

If you get an apprenticeship or traineeship, we will ensure you are able to get there through funding your travel.

Finding Work/Interview Allowance

We can support and advise you on seeking monies towards job interview clothes from the Job Centre Plus, creating your own cv and writing a personal statement.

My money

It is expected that once you turn 18 you will immediately claim Universal Credit/ benefits. Up until that point, you would have received a weekly personal allowance from Hampshire County Council, a bit like pocket money. However, once you turn 18, you are officially an adult and therefore



are entitled to social benefits to meet you day-to-day expenses. Because we know that it does not always run smoothly claiming benefits, we can provide the equivalent of the lower rate weekly allowance you will receive from claiming benefits, which is currently £34.74, or the higher rate of £57.90 if you are living independently, for a maximum of four weeks – we expect you to pay this back, once you receive your benefits. After four weeks, you are expected to access advanced payments through the social benefits system if you are still waiting for social benefits to be paid.

If you are an unaccompanied asylum seeking care leaver, your personal allowance payments will continue whilst you are awaiting the outcome of your asylum claim and you are therefore unable to claim social benefits, or work. However, if you are deemed 'All Rights Exhausted', the support offered to you will be reviewed in line with the Immigration Act 2016 and you will be referred to the Home Office.

Universal Credit is quite new and is replacing other forms of social benefit. The full roll-out of this in Hampshire is expected to have been completed by the end of 2018. It is important that you speak to your PA about what you need to claim in your area, as each district may be

at a different stage of changing over to Universal Credit at this time.

It is important that you think about how much money you have and budget so that you do not end up in debt.

There are various agencies, including the Citizen's Advice Bureau, and some local charities who will work with you to create a budgeting plan if you run into difficulties. They can also write to any companies you have debt with to explain how much money you are living on and to set up a realistic repayment plan. As an adult, you cannot ignore debt, as this will simply make matters worse. **Please speak to your PA if you have any questions about debt, or about social benefits.**



We will:

- Support you to open a bank account.
- Support you to gain important identification documents, such as a passport
- Support you to obtain your National Insurance number.
- Offer discretionary financial support in emergencies
- Provide a financial gift to you on your birthday, or special occasions [Christmas, Eid etc.] until you reach your 21st birthday
- Advise and support you in completing a cv, and applying for jobs. This may be through sign posting you to another service who can support with this

Other Payments

There may be times when you hit crisis, or have an unexpected bill, such as for dental treatment. Whilst we do not have to pay for these, please speak to your PA and it will be considered whether we should financially support you with whatever issue has arisen. It is important to remember that our role is also to prepare you for adulthood and, as such, we are not simply

here to 'bail you out' every time you hit a crisis, therefore support and advice may not mean financial support. We can often sign post you to the right agency to help resolve issues.

As we want you to gain independent skills, we will contribute £200 towards driving lessons if you wish to learn to drive.



10. My accommodation

We have a duty to ensure that you have suitable accommodation between the ages of 18-21.



We will support with accommodation costs, if this is required to ensure the accommodation meets your needs. Whilst you can claim housing benefit/Universal Credit, there may be staff support offered in some types of accommodation which will not be covered – we will ensure that this is paid. There are different types of housing with support, and you will be made aware of the types of accommodation available.

Your PA will visit you at your accommodation, as part of the legal requirements, to check that you are OK.

We know from our feedback from care leavers in Hampshire that leaving care and moving into more independent accommodation can be lonely and isolating. **Please remember that we are here to support you and want to do so. We never want you to feel you are on your own, so contact your PA and discuss how you feel so we can address any issues.**

If you are at university and need help with the cost of accommodation during the holidays, we will help you with this.

Staying Put

Staying with your foster carers beyond the age of 18 is called 'Staying Put'. If you are currently with a foster carer, you have the option to remain in their care, if everyone agrees, and you have the option to remain there until you turn 21 years old. Rather than being a child in foster care, this arrangement is viewed as a lodger with a host and paid as such. This will not affect you getting a permanent tenancy, but enables you to choose when you feel ready to move onto independent living. You will be expected to obtain housing benefit/Universal Credit and make a financial contribution towards the cost of 'Staying Put', if you are working.

Supported Accommodation/Semi-independent Living

This is accommodation where you are provided with independent accommodation but are able to get extra help and support from staff. Depending on the type of supported accommodation, the staff might only be there for certain parts of the day. As with any adult accommodation, you will be expected to abide by the rules or risk losing the accommodation.

Supported Lodgings

You can choose to rent a room in a house of a 'host'. Similar to Staying Put, this means that you would be a lodger in the home.

Shared accommodation

If you decide to live in shared accommodation, as a care leaver 18-21 years old, you will be able to claim the higher-rate one-bedroom rate housing benefit to help cover the cost.

Private accommodation

If you choose to enter privately rented accommodation, you will be solely responsible for managing the tenancy and paying the bills, including gas, electric, phones, water etc. This is a huge jump from living with a foster carer, so often supported accommodation is better initially to prepare you for this as a next step.



Setting Up Home Allowance

We will support you with a Setting Up Home Allowance, if you move to independent living. You may hear your PA calling this an 'Independent Living Fund' or 'ILF'. This can be quite exciting and scary at the same time, as it means you are about to take a huge step to live independently. **When you are ready to move on to independent living, we will pay up to £2,000 for essential items, based on a single young person moving into a one-bedroom flat.** This money will not be offered as one lump sum, and we will not replace essential items once they are purchased; we will only purchase them once.

Everyone has to budget and therefore setting up home is an opportunity to really explore what is available 'out there', from free items, to upcycling, or purchasing new. The PAs are aware of what is classed as an essential item and can share this with you. We will pay for your first TV license, however you will need to fund this after the first year and will need to budget for this. You are able to pay your TV license in monthly instalments, although this will be slightly more expensive. You can pay your TV license online at <https://www.tvlicensing.co.uk/cs/pay-for-your-tv-licence/index.app>.



11. My participation in society, including getting my voice heard

We want you to feel part of society, and to feel you make a positive contribution to it.

We can help you participate in society in the following ways:

- Providing information about groups and activities in your area
- Supporting you to access education, training and/ or employment in your area
- Supporting you to enrol on the electoral register, so that you can vote
- Supporting you to access local leisure activities

Getting my voice heard

We want to ensure that your voice is heard. You are the expert on your experiences and how these impact on you. You are the expert of how services helped, or hindered, you. We want to hear from you

about your experiences and what we can do, as corporate parents, to improve services for others.



We will listen to your views, but will not tolerate abuse or aggression. We will treat you with respect and expect the same from you.

If there are exceptional circumstances and you wish to change your PA, we will listen to your views and consider if this is necessary. We will speak with you about this and ensure we all agree what is best.

Hampshire County Council has a number of experienced young people who act as care ambassadors – they are able to ensure their views on various topics are heard and this shapes services for all

children and young people in Hampshire. Care ambassadors also get involved in interviewing new staff who will work directly with children and families. They get involved in various events that happen across the county and country to ensure the voices of Hampshire's youth are heard loud and clear. If you would like to become involved, please speak to your PA.

If there has been an issue which you have not been able to resolve, you have the right to complain to Hampshire Children's

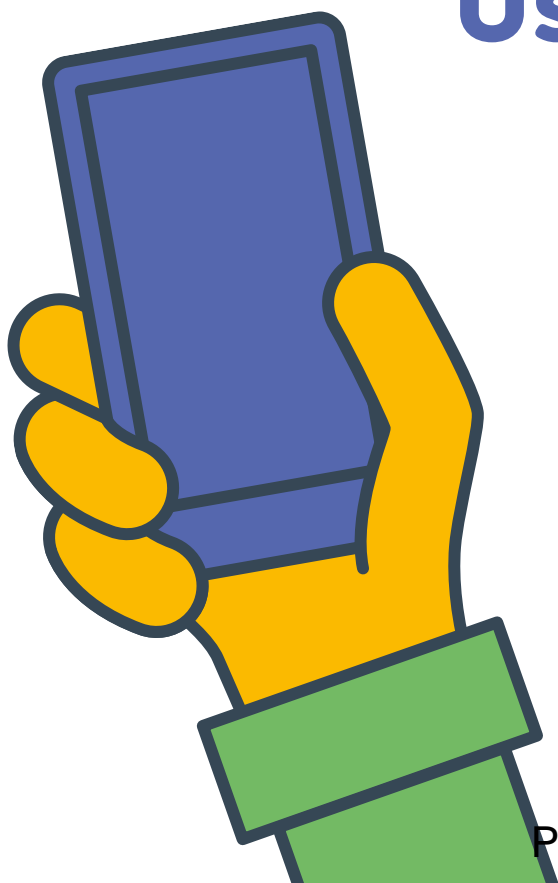
Services Department.

You can contact the complaints team by writing to them at the

**Children's Services Complaints Team,
Elizabeth II Court North,
The Castle,
Winchester, SO23 8UG**

or send an email to
childrens.services.complaints@hants.gov.uk

12. Who can help? Useful contacts



There are lots of services available which offer advice and support. Here are just a few that you may find useful, but if you are looking for other support, please speak to your PA.



Bullying

Bullying UK

w <https://www.bullying.co.uk>

t 0808 800 2222

Is a national organisation offering confidential, non-judgemental free advice.

Children in care and care leavers specific sites

Become

w <http://www.becomecharity.org.uk>

t 0800 023 2033 Freephone number
(lines open Monday-Friday 10.30am-3pm)

e advice@becomecharity.org.uk

Is a national charity which works to improve the care system and support young people. Their mission is to provide help, support and advice to children in care and young care leavers so that they can take control of their lives and unleash their potential. They want you to reach your dreams through recognising your abilities.

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Capstone care leavers trust (CCLT)

w www.capstonecareleaverstrust.org

t 0121 374 2601

Awards grants to people aged 17-25 years who have been in local authority care in England or Wales and are in need. The CCLT also offers advice and guidance to young people to help reduce

their experience of social exclusion and enhance their life chances. They will consider awarding grants for:

- Further Education courses
 - Higher Education courses
 - Training courses
 - Laptop
 - Travel costs to place of study/training
 - Driving lessons - subject to meeting criteria
 - Practical Driving Test
 - Household goods – Sofa, chairs, cooker, fridge, freezer, washing machine bed, wardrobe, drawers.
-

Catch 22

w <http://www.catch-22.org.uk/expertise/care-leavers/>

Supports care leavers in the transition from care to independence. They can support with:

- alternative education provision
 - support for children who go missing and/or experience sexual exploitation
 - skills development programmes such as the National Citizen Service
 - housing support and a peer landlord scheme
 - apprenticeships and employability services, including Care2Work
 - engagement within prison or youth offenders institutes.
-

Coram Voice

w <http://www.coramvoice.org.uk/young-peoples-zone/are-you-care-leaver>.

t **0808 800 5792** Freephone number (lines open Monday-Friday 9.30am-6pm, Saturday 10am-4pm)

t **WhatsApp +44 (0)7758 670369**

e help@coramvoice.org.uk

Coram Voice can ensure that you know your rights. They can offer an advocacy services, ensuring that your voice is heard and acted upon. You can download a PDF copy of **Sorted and Supported: Your Guide to Leaving Care Entitlements** at http://www.coramvoice.org.uk/sites/default/files/Sorted_Supported_Full.pdf.

Rees, the care leavers foundation

w <https://www.reesfoundation.org/contact>

If you're looking for information, advice, financial support, or to find a community of people who are care experienced, Rees can help. Rees provides a range of useful extra services that anyone with care experience can take advantage of including a peer network, opportunities, sign posting, a crisis fund, and various other things. It is worth checking out their website to see if they can support you.

The Care Leavers' Association

w <https://www.careleavers.com>

t **0161 236 5665**

e info@careleavers.com

Is a national user-led charity aimed at improving the lives of care leavers of all ages. They bring together the voices and experiences of care leavers to support care leavers of all ages, improve the current care system and change for the better society's perception of people in care.

Crisis support

Local Welfare Assistance Scheme (LWA)

w www.connecttosupporthampshire.org.uk/financesupport

Is a scheme offering local help and support for people who are facing unexpected financial or housing related crisis. The scheme uses the limited funding to practical information, advice and assistance to help those experiencing periods of short-term crisis. They run food banks; their locations in Hampshire can be found online.

Drugs and alcohol support

iHear

w www.ihearpartnership.org

Offers a range of services for drug and alcohol recovery.

National Drugs Helpline

t 0800 77 6600

Education

Migrant Children's Project

t 0207 636 8505

e mcp@coramclc.org.uk

Asylum seeking care leavers with indefinite leave to remain may be entitled to home fees and student finance for university.

Propel

w www.propel.org.uk/UK

If you are considering entering higher Education, this website can take you to the right pages of your chosen college/ university to see what they have on offer for care leavers.

Unite Foundation

w <http://www.unitefoundation.co.uk/get-a-scholarship>

Offers a scholarship to ensure you have a place to live whilst at university leaving you free to study, meet new people and plan your career. They will help you settle in, keep in touch with you and offer you extra opportunities for enjoyment or employment throughout your studies. The eligibility criteria is:

- Aged 25 or under
- A care leaver or estranged from your family
- Starting or studying your first undergraduate degree
- Holding UK home fee status
- Applying to/studying at a partner university

Emotional issues

Childline

t 0800 1111

Offers 24-hours support

italk

t 023 8038 3920

e info@italk.org.uk

Offers a wide range of treatment options including educational workshops and groups which teach patients how to manage stress, anxiety, insomnia and depression. They also have a number of one to one options available including Guided Self Help, Interpersonal Therapy, computerised Cognitive Behavioural Therapy (CBT), Dynamic Interpersonal Therapy and Couples Therapy for Depression. italk has many different treatment options available but it is not a counselling service. Your PA can help you refer, or you can self-refer.

Employment

Drive Forward Foundation

W www.driveforwardfoundation.com

Supports young people in education, employment and training.

The Prince's Trust

W <https://www.princes-trust.org.uk/help-for-young-people/get-job>

Offers support to prepare you for work, and to help you get the job you want. They can help you develop your skills and confidence, get a taste of a new industry or gain some solid work experience. They can offer development awards to fund you to train.

Housing and homelessness

Shelter

W https://england.shelter.org.uk/get_help

Can support with any issues you are having with housing or homelessness. They can offer legal advice and help you challenge housing authorities.

Legal advice

Coram Children's Legal Centre

W <http://www.childrenslegalcentre.com>

The Child Law Advice Service provide legal advice and information on areas of child,

family and education law. They also provide a range of factsheets and how to guides.

The Mix

W <http://www.themix.org.uk>

t 0808 808 4994

Can provide non-judgemental legal advice and support for young people under 25 years old.

The National Youth Advocacy Service (NYAS)

W <https://www.nyas.net>

t 0808 808 1001

Is a rights based charity offering a variety of services including advocacy, independent visitors for children in care, legal representation for children and advocacy to in-patients in mental health settings.

Mental health issues

The Samaritans

t 116 123 Freephone number 24/7

e jo@samaritans.org.

The Samaritans can support you, whatever you are going through. They can be contacted 24/7 for free on 116 123. They are open every day of the year and are there to listen and support.

Turn2me

W <https://turn2me.org>

Hosts online support groups on anxiety, suicidal thoughts & feelings, depression, stress management and general mental health issues. You need to book to join the sessions online. The online support groups are completely free and are run by qualified professionals who ensure every member is respected and heard. Once you select to join a group, your registration will be approved for the group and you will receive an email confirmation. Once the group is scheduled to start, you simply log on to Turn2me and the chat window will appear on the site.

Out of Hours

Hampshire Children's Services have their own Out of Hours Service who can be contacted on **0300 555 1373** at any time outside of office hours, including weekends and bank holidays.

Parenthood

Care to learn

W <https://www.gov.uk/care-to-learn>

For young parents aged 19 years and under. Funding is available to support with child care costs.

Family Lives

W <http://familylives.org.uk>

t **0808 800 2222** – Parentline

(lines open Monday-Friday 9am-9pm, Weekends 10am-3pm)

Offers support to anyone in a parenting role for any parenting problem.

Family Rights Group

W <http://www.frg.org.uk>

t **0808 801 0366**

(lines open Monday-Friday 9.30am-3pm)

e advice@frg.org.uk

Offers legal advice to families whose children are involved with local authority children's services.

Relationships

If you are in a relationship, there are various sources of support, including Relate.

Relate

W <https://www.relate.org.uk>

t **0300 100 1234**

Offer counselling relating to relationships, sex life, parenthood, and family life.

Published May 2018

HAMPSHIRE JOINT WORKING HOUSING PROTOCOL

Hampshire joint working protocol between Housing & Children's Services for 16- & 17-year olds in housing need.

Owner: Hampshire County Council Children's Services

First Issued: April 2015
Second Issue: April 2019

This issue: May 2019

Approved by: The Hampshire Partnership

1. PURPOSE

- 1.1 The purpose of this protocol is to ensure that no young person is homeless or faces homelessness unsupported, and to facilitate a fast, effective, joined up response to meet the needs of homeless 16 & 17 year olds (and those who may be at risk of homelessness) through an integrated partnership approach.
- 1.2 The protocol outlines the agreed practices, responsibilities and roles within a framework of services for young people who are identified as being homeless or threatened with homelessness and has been developed with due regard to statutory guidance on operational joint working in the context of homeless 16- & 17-year olds. It has been designed to support both managers and front-line officers to deliver services lawfully and in the best interests of young people who are homeless and considers actions that can be taken when a young person is identified as at risk of homelessness.
- 1.3 The protocol provides a series of definitions and procedures to be followed to ensure the responsibilities for homeless 16 & 17 year olds under the [Children Act 1989](#) (as amended by Sections 17(6) and 22(1)), the [Children Act 2004](#), the [Children \(Leaving Care\) Act 2000](#) and the Housing Act 1996 [Housing Act 1996](#) and as amended by the [Homelessness Act 2002](#) and the [Homelessness Reduction Act 2017](#) are appropriately fulfilled.

2. PRINCIPLES

- 2.1 Hampshire and the Isle of Wight Children's Services Department will be the lead authority for dealing with accommodation and support for 16 and 17-year-old homeless young people. In most cases, where a young person is homeless, a duty under s20 Children Act 1989 will apply. In cases where a young person requires immediate assistance, this can be provided while further assessment of need is undertaken.
- 2.2 Hampshire and the Isle of Wight Children's Services and District Housing Authorities will provide a seamless and child centred response to the needs of homeless young people. They will be proactive in trying to prevent young people becoming homeless through the provision of advice, assistance and support. However, where homelessness cannot be prevented, a young person will be provided with appropriate accommodation and support.
- 2.3 The Hampshire Joint Housing Protocol emphasises the complementary roles of Children's Services and District Housing Authorities in implementing their separate statutory roles. A fundamental principle of the Hampshire Joint Working Housing Protocol is that all 16 and 17 year olds who approach either the local Housing or Children's Services Department, and where there is a reason to believe they may be homeless, should be assessed by Children's Services under the Children Act 1989 to determine whether they are a child in need and, if so, whether a duty exists to offer accommodation under s20 of that Act.
- 2.4 Hampshire and the Isle of Wight Children's Services Department and the District Housing Authorities will work together to:

- provide clear process and guidance for the identification and assessment of a young person's housing and support needs;
- ensure that homeless young people receive a seamless service from the first approach;
- ensure staff and other agencies have a clear understanding of the procedures to follow, and the steps to take, when a young person approaches as homeless or threatened with homelessness;
- ensure effective case recording and reporting where required.

2.5 Children's Services is the lead agency regarding assessing and meeting the needs of 16/17 year olds who seek help because of homelessness. Although the Children Act 1989 is the primary legislation over the Housing Act 1996, Part 7 (as amended), both services are responsible for meeting the needs of these young people.

2.6 The young person's right to choose which statutory agency leads in terms of statutory functions applies. All agencies shall provide locally agreed, clear and accurate information to help them make an informed choice for example see [16+ Supported Accommodation Young Persons Information Pack](#)

- Homelessness can be prevented through active intervention;
- We will always endeavour to support children remaining with their families;
- Young people who are homeless or at risk of homelessness are entitled to have their needs assessed;
- A home visit should be undertaken in every case of a potentially homeless 16/17-year-old;
- Homelessness should be prevented whenever it can;
- Preventing homelessness is the responsibility of all agencies working with young people.

3. PREVENTION

3.1 This protocol recognises that homelessness is damaging to young people's personal, social and economic development and well-being. Where possible, homelessness should be prevented, and young people supported to remain at home (where it is safe to do so) or leave in a planned and supported manner.

3.2 In this context, the primary objective of agencies is to respond to all young people's enquiries with the aim of preventing homelessness and supporting the young person to remain in the parental home, where it is safe and reasonable to do so.

3.3 A secondary objective for agencies is to support the young person to achieve a planned move to suitable accommodation with appropriate support to meet the young person's assessed need. (See [Joint Working Housing Protocol Flow Chart](#))

- 3.4 The partnership aspires to ensure that a non-statutory front line service (a Gateway Service) operates in every district to offer information and advice to young people aged 16/17 years and assessed as being at level 3 requiring Targeted Early Help and in housing need. For further guidance about thresholds see [Hampshire Safeguarding Children Board and Children's Trust Thresholds Chart](#)
- 3.5 The front-line service has the following purpose:
- To undertake non-statutory assessment (Early Help Assessments) of the young person's accommodation and welfare needs, which must include local authority checks to assess any risk issues;
 - To provide direct support, or ensure the provision of support by others, to the young person;
 - To be directly responsible, or ensure that another agency is holding responsibility, for the young person's move-on plan and any referral and representation at the appropriate local Housing Panel;
 - To provide independent information and advice for the young person to enable them to make informed choices [16+ Supported Accommodation Young Persons Information Pack](#) ;
 - Where prevention is not achievable (level 4 [Hampshire Safeguarding Children Board and Children's Trust Thresholds Chart](#)) or it is appropriate, to refer the young person to a statutory agency for assessment and assistance, including emergency accommodation.

4. LEGAL FRAMEWORK

- 4.1 In developing this protocol consideration has been given to relevant legislation and case law. This includes the [Children Act 1989](#), the [Children \(Leaving Care\) Act 2000](#) the [Children and Social Work Act 2017](#) and the [Housing Act 1996](#) (as amended including by the [Homelessness Act 2002](#) and the [Homelessness Reduction Act 2017](#)).
- 4.2 The Children and Social Work Act 2017 sets out corporate parenting principles that apply to all local authorities in England. In two tier areas like Hampshire, this includes both the County Council and the district and borough councils. Whilst associated statutory guidance notes that local authorities will need to determine the extent to which corporate parenting principles apply to specific service areas or functions, it actively encourages close working arrangements between the 2 tiers of local government, in the interests of supporting young people. This protocol supports such arrangements in Hampshire for young people affected by, or at risk of, homelessness, and has been developed with these corporate parenting principles in mind.

A local authority in England must, in carrying out functions in relation to the children and young people must have regard to the need;

- (a) to act in the best interests, and promote the physical and mental health and well-being, of those children and young people;

- (b) to encourage those children and young people to express their views, wishes and feelings;
- (c) to consider the views, wishes and feelings of those children and young people;
- (d) 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;
- (e) to promote high aspirations, and seek to secure the best outcomes, for those children and young people;
- (f) or those children and young people to be safe, and for stability in their home lives, relationships and education or work;
- (g) to prepare those children and young people for adulthood and independent living.

4.2 The Homelessness Reduction Act 2017 has made significant changes to Part 7 of the Housing Act 1996. Its main effect is to place increased duties on local authorities to assess an applicant's needs and to prevent and relieve homelessness.

4.3 The judgement in the House of Lords case, *G v Southwark*, clarified the responsibility of Children's Services for accommodating homeless young people aged 16 /17 years of age under the Children Act 1989. It made clear that Children's Services should:

- Presume that any lone, homeless child should be provided with accommodation under S.20 unless (based on an initial assessment) the child is not a 'child in need.'
- 'The Children Act has primacy over the Housing Act in providing for children in need'

The Southwark Judgement

4.4 The 'Southwark judgment' clearly affirms the responsibility of Children's Social Care to assess young people who present themselves as being homeless or at risk of homelessness. The ruling highlights that the needs of these young people are likely to be so complex that, as a rule, the outcome of the assessment should be that these young people should be looked after. The assessment itself is holistic, considering the totality of the child's needs and not focusing alone on housing issues. The Southwark judgment made clear that where the criteria are met under section 20 it is unlawful for Children's Social Care to provide accommodation under section 17 or make a referral to the housing department.

4.5 The court ruled that young people aged 18 plus who as children under the age of 18 years were not accommodated under section 20 where a finding is made that a young person should have been accommodated as a child, that decision has retrospective status from the date the child first presented as homeless.

4.6 The Guidance to children's services authorities and local housing authorities about their duties under Part 3 of the Children Act 1989 and Part 7 of the Housing Act 1996 to secure or provide accommodation for homeless 16 and 17 year old young

people Joint Statutory Guidance was subsequently issued in 2010 and updated in 2018, [Provision of accommodation for 16 and 17 year olds who may be homeless and/or require accommodation](#) highlighting the need for joint work amongst the different Departments within a Local Authority (mainly the Housing Department and Children's Services) to provide suitable accommodation to children and support.

4.7 The Guidance clearly stresses the responsibility of Children's Social Care - and not the Housing Department - to assess needs of children who are homeless or at risk of homelessness. It highlights the importance of a child-centred approach to assessment in which children are encouraged to fully participate, to enable them to make informed choices about the support they need. Local Authorities are required to provide or secure the provision of free services to give people in their area information and advice on:

- preventing homelessness,
- securing accommodation if homeless,
- the rights of people who are homeless or threatened with homelessness, and
- any help that is available for people who are homeless or likely to become homeless as well as how to access that help.

This requires those conducting the assessment to give children and young people full and realistic information about their rights and what they can expect as a looked after child and as a subsequent care leaver at 18.

4.8 The Joint Statutory Guidance also highlights the importance of giving information about independent advocacy support at the start of the assessment process and facilitating access to such support to help children make informed decisions for further information see [Hampshire Advocacy](#) . It is acknowledged that while these children should not be asked to decide about their legal status, equally they cannot become a looked after child against their will.

4.9 Where Children's Services assess that they must provide accommodation under s 20 Children Act 1989, and have notified the District Housing Authority, Children's Services will arrange suitable accommodation. The young person will no longer be considered as homeless or threatened with homelessness for the purposes of the Housing Act 1996 and no further housing duty will be owed. At this stage, Children's Services will take over responsibility for the accommodation placement and associated costs.

4.10 The determining factors in making a decision with regard to accommodation of young people are laid out in the legislation under [Section 20 of the Children Act 1989](#)

4.11 The definition of Section 20 of The Children's Act 1989 is as follows:
Every local authority shall provide accommodation for any child in need in their area who appears to them to require accommodation because of:

- a) There being no person who has parental responsibility for him;
- b) His being lost or having been abandoned; or

- c) The person who has been caring for him being prevented (whether permanently, and for whatever reason) from providing him with suitable accommodation or care.

4.12 If the criteria in section 20(1) does not apply, section 20 (3) requires that:

‘Every local authority shall provide accommodation for any child in need within their area who has reached the age of sixteen and whose welfare the authority considers is likely to be seriously prejudiced if they do not provide him/her with accommodation’.

4.13 In addition, section 20(4), provides that

‘A local authority may provide accommodation for any child within their area (even though a person who has parental responsibility for him is able to provide him with accommodation) if they consider that to do so would safeguard or promote the child’s welfare’.

4.14 The only exception to these criteria should be if a young person refuses to become ‘looked after’ by Children’s Services after having been given appropriate advice and information about the impact of refusing the provision of accommodation under s.20 Children Act 1989.

4.10 The definition of a child in need under Section 17 [Children Act 1989](#) is as follows:

- a) He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him of services by a local authority under this part;
- b) His health or development is likely to be significantly impaired or further impaired without the provision for him of such services; or
- c) He is disabled.

4.11 Under Section 17, children and young people are entitled to an assessment as a child in need. Any services may be provided by or facilitated through the local authority Children’s Services Department.

5. HOUSING LEGISLATION

5.1 The Homelessness Act 2002 specifies that local housing authorities must carry out a homelessness review for their district and formulate and publish a homelessness strategy based on the results of that review within a maximum timeframe of not more than every 5 years. The Act prescribes that the social services authority shall give assistance as may reasonably be required in the review of homelessness and in both the formulation *and delivery* of the local homelessness strategy. This duty includes the social services authority considering the homelessness strategy in the exercise of its functions.

5.2 The [Homelessness Reduction Act 2017](#) specifies that:

Everyone in a local housing authority's district should be able to access free information and advice on:

- preventing homelessness,
- securing accommodation when homeless,
- the rights of people who are homeless or threatened with homelessness, and the duties of the authority to help people in those circumstances,
- the help that is available from the authority or any other relevant agencies in the district,
- How to access that help.

5.3 The advice and information must be designed to meet the needs of particular groups in the authority's district, for example care leavers, people being released from prison or youth detention centre, former members of the armed forces, victims of domestic abuse, people leaving hospital, people suffering with a mental illness or impairment and groups identified by the local housing authority as being at particular risk of homelessness.

5.4 A person is 'threatened with homelessness' if they are likely to become homeless within 56 days. A person is also threatened with homelessness if a valid notice under section 21 of the [Housing Act 1988](#) has been issued in respect of the only accommodation available for their occupation, and the notice will expire within 56 days. Where applicants are threatened with homelessness and eligible for assistance, housing authorities must take reasonable steps to help prevent their homelessness.

5.5 Support to prevent homelessness will be made available to everyone regardless of local connection.

5.6 Local Housing Authorities are also under a duty to relieve homelessness which lasts up to a further 56 days (although this can be extended with agreement from the applicant). *The duty to relieve homelessness does not include a duty to provide accommodation for any person who is not in priority need.* All young people aged 16/17 years will be a priority need.

5.7 All young people found to be homeless and in priority need must be provided with interim accommodation under the duty to relieve homelessness; and a duty to provide temporary accommodation continues for those ultimately owed the main housing duty who remain homeless at the end of the relief duty.

5.8 In determining who is in priority need, housing authorities will need to be aware that 'an applicant may be considered vulnerable because of a combination of factors which taken alone may not necessarily lead to a decision that they are vulnerable (e.g. drug and alcohol problems, common mental health problems, a history of sleeping rough, no previous experience of managing a tenancy).

5.9 In the context of young people aged 16/17 years old, they must be in priority need, *unless* they are a relevant child or a child in need who is owed the accommodation duty under section 20 of the Children Act 1989.

- 5.10 Housing authorities will conduct an assessment with all eligible applicants who are homeless or threatened with homelessness and develop with them a personalised housing plan. The assessment should include:
- the circumstances that caused the applicant to become homeless or threatened with homelessness,
 - what housing the applicant needs, and what accommodation would be suitable, and
 - whether the applicant needs support to obtain and keep accommodation.
- 5.11 The Act specifies public bodies in England, including Children’s Services, who are under a duty to refer any person including a young person (with consent) to a housing authority for further guidance regarding referrals see [Flow Chart](#). The person may decide which local housing authority they wish to be referred to, but when discussing the referral, it is important that the person is made aware that local housing authorities owe more duties to people with a local connection to their area. Should they ask to be referred to an area with which they have no connection, the local housing authority might subsequently refer them to an area where they do have a local connection.
- 5.12 Hampshire have a [Sufficiency Duty Strategy](#) that sets out a common approach across the 11 district housing authorities.
- 5.13 For further guidance on Part 7 of the Housing Act 1996 (as amended) see [Guidance on how local authorities should exercise their homelessness functions in accordance with the Homelessness Reduction Act 2017](#) .
- 5.14 Where a district housing authority accommodates a young person, or the young person requests an Assessment of Need under Section 17 Children’s Act 1989, the district housing authority shall continue to accommodate pending that statutory determination.
- 5.15 Where Children’s Services accommodate a young person, or the young person chooses to progress under homelessness provisions rather than be accommodated under Section 20 Children Act 1989, Children’s Services shall refer the young person to the district housing authority but accommodate and fund the placement for five working days after referral has been made. However, it should be noted that a referral to the Housing Department must be made at the earliest opportunity. The joint handover process will ensure that information is shared with the consent of the young person. The joint handover process will also explore how ongoing support will continue to address the young person’s needs.

6. STATUTORY INTERVENTIONS

- 6.1 Where the Children’s Service becomes aware of a young person or their dependent who is under 18 years of age who may be at risk of homelessness, they will refer the individual or household to the relevant local housing authority using the Hampshire Duty to Refer Protocol.
- 6.2 Where the young person requires emergency accommodation (Tier 4) the statutory agency receiving the approach shall accommodate pending any statutory determination of duties owed.

- 6.3 If the initial contact is with Hampshire Children's Services Department, the duty rests with Hampshire Children's Services Department to provide accommodation. Hampshire Children's Services Department may request support from the local housing authority in sourcing and securing accommodation, but the rendering of such assistance by the district or borough council does not transfer any statutory duty.
- 6.4 Joint assessments are required by statutory guidance and in the interests of best practice. Wherever practicably possible, the expectation is that the Child and Family assessment will be completed jointly and will inform the Personal Housing Plan for further guidance [Homelessness code of guidance for local authorities](#) Chapter 11: Assessments and Personalised Plans.
- 6.5 Where information is held by either Children's Services or the Local Housing Authority relating to other assessments that may have taken place, information sharing may be appropriate with the consent of the young person or where to do so is in the interests of safeguarding the young person.
- 6.6 In the exceptional circumstance that a joint assessment has not been possible:
- The Child and Family assessment that has been completed will accompany all referrals.
 - In all cases where accommodation is secured a Child and Family Assessment under [Section 17 of the Children Act 1989](#) will be completed and shared with the involved partner agencies.
- 6.7 Referrals from district housing authorities to Children's Services should be made through the Children's Referral Team (CRT). The Family Support Service will provide information, advice and case management to young people aged 16/17 years old who are at risk of homelessness (those identified at level 3 requiring Targeted Early Help. For further guidance see the [Hampshire Safeguarding Children Board and Children's Trust Thresholds Chart](#)).
- 6.8 Young people 16 years of age should not be in statutory education at the time when housing gateway is being sought.
- 6.9 The Family Support Service will
- complete an early help assessment, if appropriate, to determine their needs and to ascertain a move on plan if necessary,
 - provide mediation to those who can remain at home,
 - signpost onto agencies for additional needs if required,
 - Complete referrals to alternative accommodation if deemed necessary.

7. CONTACT / REFERRAL INFORMATION

- 7.1 Access to the Gateway agency will be made via Children's Reception Team (CRT) Phone 0300 555 1384. Professionals should complete the [Inter-Agency Referral Form \(IARF\)](#) . The referral will be processed to the Family Support Service (FSS) if identified as level 3 or will be processed to a CAST Team for the area that the young person would normally live within Children's Services if identified as level 4

(those who are homeless) to ensure an emergency placement is found and a Child and Family Assessment can be completed.

- 7.2 The Family Support Service will also process referrals of young people aged 18 to 21 years of age via the district team inbox, regarding transition between supported lodgings and other contracted accommodation options.
- 7.3 All referrals shall be screened at CRT, referred to the Multi Agency Safeguarding Hub (MASH) where the case will be triaged and referred onto the local Children's Services CAST TEAM for a Child & Family Assessment (Section 17 Children Act 1989).
- 7.4 The Placement Commissioning Team can be contacted on 01489 587047, e-mail sw.family.placement.team@hants.gov.uk .

8. TARGETS

- 8.1 The agreed timescales are as follows:
- Children's Services Child and Family assessment = 15 working days.
 - Children's Services decision regarding meeting the criteria under s 20 Children Act 1989 = 15 working days.
 - Housing Authority/ Children's Services interim accommodation duty = the same day as required.
- 8.2 The transfer of a young person from Children's Services to housing accommodation under the Local or District Housing Authority will take place within 5 working days from the completion of the Child and Family Assessment , where it is the young person's decision to progress under the homelessness route or where it is clear that no duties under section 20 or section 17 Children Act 1989 apply this must be clearly recorded. Evidence of what information and advice has been provided to the young person to support them in understanding their situation and the options that are open to them must be recorded. For further guidance on service criteria please see [Hampshire Safeguarding Children Board and Children's Trust Thresholds Chart](#) . The transfer process should ensure that a full discussion and information sharing (with the young person's consent) takes place between agencies. There must be a clear record of how the young person's needs will continue to be met and what ongoing support will be required.

9. CARE LEAVERS

- 9.1 **Eligible:** Aged 16/17 years who have been looked after for at least 13 weeks since the age of 14 years and is still looked after.

Relevant: Aged 16/17 years who have been in care at least 13 weeks since the age of 14 years and who has left care.

Former Relevant: Aged 18 to 25 who were eligible or relevant.

Qualifying: A "person qualifying for advice and assistance" is a young person who:

- Is aged at least 16 and under the age of 21 and who was Looked After immediately prior to the making of a Special Guardianship Order.
- Was subject to a private fostering arrangement until their 16th birthday.
- Was successfully returned home for 6 months or more (aged 16/17) and was previously eligible or relevant.
- Looked After for less than 13 weeks between the ages of 14 to 18 but including at least 24 hours aged 16 or 17.
- Is aged 16, and under 21 who was Looked After in a series of pre-planned short breaks.

Category	Profile	Entitled to
Eligible Child Schedule 2, Paragraph 19B CA 1989	Aged 16 or 17 Looked after by children's services for a period of 13 weeks since the age of 14 Currently looked after	A Personal Advisor A Needs Assessment A Pathway Plan Receive all the care and support they normally receive until they leave care
Relevant Child Section 23A CA 1989 Section 23B CA 1989	Aged 16 or 17 Looked after by children's services for a period of 13 weeks since the age of 14 Looked after for a period after their 16th birthday No longer looked after	A Personal Advisor A Needs Assessment A Pathway Plan Accommodation and maintenance financial support to meet education, training and employment needs
Former Relevant Child Section 23C CA 1989 Section 23CZA CA 1989 Section 23CA CA 1989	Aged between 18 and 21 OR between 18 and 25 if still in full-time education Previously an eligible child and/or a relevant child	A Personal Advisor A Pathway Plan kept under regular review Assistance with employment, education and training Assistance with accommodation Help with living costs
Qualifying Care Leaver Section 24 CA 1989	Young people who are accommodated under Section 20 Children Act 1989 by Children's Services for any period whilst aged 16 or 17 years old will become a qualifying care leaver.	A Qualifying care leaver will be entitled to a limited range of leaving care services. Qualifying young people will revert to their local housing department at 18 years. The duty to provide accommodation under section 20 Children Act 1989 ceases upon the young person's 18 th birthday and they can refer themselves to the local housing department under priority need category.

9.2 Young people who are accommodated under Section 20 Children Act 1989 by Children's Services for any period whilst aged 16 or 17 years old will become a qualifying care leaver and will be entitled to a limited range of leaving care services from Children's Services. If the young person was looked after for longer than 13 weeks, they will have full care leaver status. Qualifying young people will revert to their local housing department at 18 years. The duty to provide accommodation under section 20 Children Act 1989 ceases upon the young person's 18th birthday and they can refer themselves to the local housing department under priority need category.

- 9.3 For those care leavers who will require housing after they are 18 years old it is essential that partners work together to achieve a planned handover of statutory responsibility prior to the young person's 18th birthday for example via a handover meeting with supporting professionals and the young person. District Housing Authorities and Children's Services shall jointly oversee or ensure another agreed agency shall oversee on their behalf, the move-on for a young person to suitable accommodation as well as ensuring any ongoing welfare needs are addressed. (see [Joint Working Housing Protocol Flow Chart](#))

10. PROVISION OF ACCOMMODATION

- 10.1 Children's Services will provide accommodation for young people that is suitable to meet their needs. The range of options is likely to include foster care, children's homes, supported lodgings or other types of accommodation.
- 10.2 Children's Services will work with Housing Services to provide a range of options. The choice of placement will be dependent upon the outcome of the assessment of the young person's needs. The determination of the kind of accommodation the young person requires will be dependent on a range of factors including the young person's emotional and behavioural needs, availability of the support of peers and/or the family network, the young person's practical capacity to manage their own needs, and the determination as to whether a young person is involved in substance misuse or has mental health difficulties which require normal support.

11. SUITABILITY OF TEMPORARY ACCOMMODATION

- 11.1 The Homelessness (Suitability of Accommodation) (England) Order 2012, set out some generic considerations for local housing authorities associated with the suitability of accommodation offered in discharge of homelessness duties, alongside specific requirements for local housing authorities when seeking to end the main housing duty through compulsory private rented sector offers. In terms of the generic factors requiring consideration in every case:
- Where placements are being made outside the district of the local housing authority making the placement, the distance of that accommodation from the district of the local housing authority.
 - The significance of any disruption which would be caused by the location of the accommodation to the employment, caring responsibilities or education of the person or members of the person's households.
 - The proximity and accessibility of the accommodation to medical facilities and other support which are currently used by the or provided to the person or members of their household or which are essential to the wellbeing of the person or members of their households,
 - The proximity and accessibility of the accommodation to local services, amenities and transport.
- 11.2 Guidance on the suitability of temporary accommodation is set out in the Local Authorities Homelessness Code of Guidance which was reissued in April 2018 to consider the practical changes to the Housing Act 1996, Part 7 resulting from commencement of the Homelessness Reduction Act 2017. [Homelessness code of guidance for local authorities](#)

- 11.3 Further guidance for both local housing authorities and children’s social care authorities considers suitability in the context of offering accommodation to 16- and 17-year olds who are homeless. [Prevention of homelessness and provision of accommodation for 16 and 17-year-old young people who may be homeless and/or require accommodation](#)
- 11.4 There is no situation in which bed and breakfast accommodation can be considered suitable for 16 and 17-year-old applicants, even on an emergency basis. This is established in statutory guidance issued by the Ministry for Housing, Communities and Local Government and in joint guidance issued by the Ministry for Housing, Communities and Local Government and Department for Education, on the provision of accommodation for 16& 17year olds who may be homeless.
- 11.5 When referencing bed and breakfast, the joint guidance states that “Children’s and housing services are reminded that **bed and breakfast accommodation, including hotels and nightly let accommodation with shared facilities, is not considered suitable for any 16 or 17-year-old.**”
- 11.6 Bed and breakfast accommodation is also unsuitable for any households with dependent children and/or a pregnant household member. This will apply to any young person who has a child themselves or who is expecting a child. The government regulated to make it unlawful to accommodate young people or children in bed and breakfast under the provisions of homelessness legislation who fall into this category, unless in an emergency and then for a period not exceeding 6 weeks. The [Homelessness \(Suitability of Accommodation\) \(England\) Order 2003](#) enshrines these requirements. The detail of the Order effectively makes the placement of anyone who is pregnant or who has dependent children into temporary bed and breakfast accommodation unlawful, although there may be occasions when demand pressure result in the use of B&B. Local housing authorities are required to notify anyone being placed within scope of this Order, about the Order and its meaning (including the 6-week threshold for emergency placements).
- 11.7 The joint guidance issued by Ministry for Housing, Communities and Local Government and Department for Education guidance also advises housing and children’s services to be alert to the risks associated with placing vulnerable young people in mixed age hostel settings with people who are considerably older than they are. Young people should not be placed in all-ages night shelter provision, even in an emergency. It goes on to emphasise that 16 & 17year olds are still children, and it would not usually be appropriate for them to be placed in temporary accommodation without on-site support.
- 11.8 In any case where a young person is placed into temporary accommodation, arrangements should be in place so that the person has the support they need to make a positive transition towards independence.
- 11.9 In accordance with this protocol, in cases where the Children Act 1989 accommodation duty does not apply, the District Housing Authority will undertake to provide suitable accommodation as soon as an appropriate vacancy arises. The children’s services authority will work in partnership with the local housing authority to ensure a planned move into suitable accommodation can be achieved to ensure

that vulnerable young people are not placed into unsuitable accommodation arrangements.

12. PROVISION OF SUPPORT

- 12.1 All 16- & 17-year olds who are accommodated under section 20 Children Act 1989 will have a Needs Assessment undertaken which will feed into a Pathway Plan. The Pathway Plan will be reviewed every 6 months. The Pathway Plan should include details about the kind of support that the young person will receive to achieve the best outcomes. In situations where it is determined the young person is not homeless and does not require accommodation under section 20 Children Act 1989 consideration should still be given as to whether the young person is a Child in Need and whether they require services under Section 17 of the Children Act 1989. The conclusion of the assessment process in this instance should include a Child in Need Plan.
- 12.2 Where emergency accommodation is not required under section 20 of the Children Act 1989, Children's Services will actively consider whether there may be a future housing need arising for the young person and liaise with the District Housing Authority accordingly and with due regard to this protocol. This is in the interests of preventing any future incidences of homelessness that may be sensibly predicted based on the circumstances at that time. Support may include assistance to join the local authority housing register and the provision of bespoke advice and assistance relating to securing accommodation for themselves in future.

13. FUNDING OF TEMPORARY ACCOMMODATION

- 13.1 Where the young person approaches the local housing authority for emergency accommodation pending a joint assessment, housing costs relating to the placement will be the responsibility of the young person pending the decision of the Child and Family Assessment. The local housing authority will provide advice and support to assist the young person to claim relevant housing related benefits but will not be under a duty to cover the housing costs. The local housing authority will be under a duty to ensure any accommodation it offers is suitable, and these considerations include the affordability of the accommodation that is being secured.
- 13.2 Where appropriate, the joint funding of placements can be determined at a local level, on agreement of the District /Service Manager within Children's Services and a manager within the Local Authority Housing Department.
- 13.2 Emergency and Assessment beds are available to 16-21-year olds however, 16-17year olds are prioritised. Access to these beds will be via the Placement Commissioning Team (PCT) within Children's Services.
- 13.3 Emergency and Assessment beds are available in various locations across Hampshire.

14. MONITORING

- 14.1 The Hampshire Joint Working Housing Protocol will be reviewed at least annually to ensure any change in legislative standards and/or training safeguards are fully

incorporated.

- 14.2 The annual review will also seek to identify areas for improvement and examples of best practice in the operational application of the protocol.
- 14.3 Further amendments to the protocol may be agreed by the partnership to take on board the learning from each review, and/or further action taken such as the delivery of workshops to ensure front line staff across children's services and housing services are aware of and understand the protocol and its implications for the way they work together in the interests of 16 and 17 year olds who are homeless or at risk of homelessness.

15. DISPUTE RESOLUTION

- 15.1 In situations where there is a dispute, efforts should be made by managers to resolve this on an informal and local level. Where this is not possible then the dispute resolution pathway should be followed:

1st Stage

The Local or District Housing Authority, Children's Services or the Gateway Agency will write to the other setting out the reason for dispute and what action is requested;

2nd Stage

The Heads of Service for the Local or District Housing Authority, Children's Services or the Gateway Agency will write to the other, setting out the unresolved dispute, why the 1st stage response is not accepted and what action is requested.

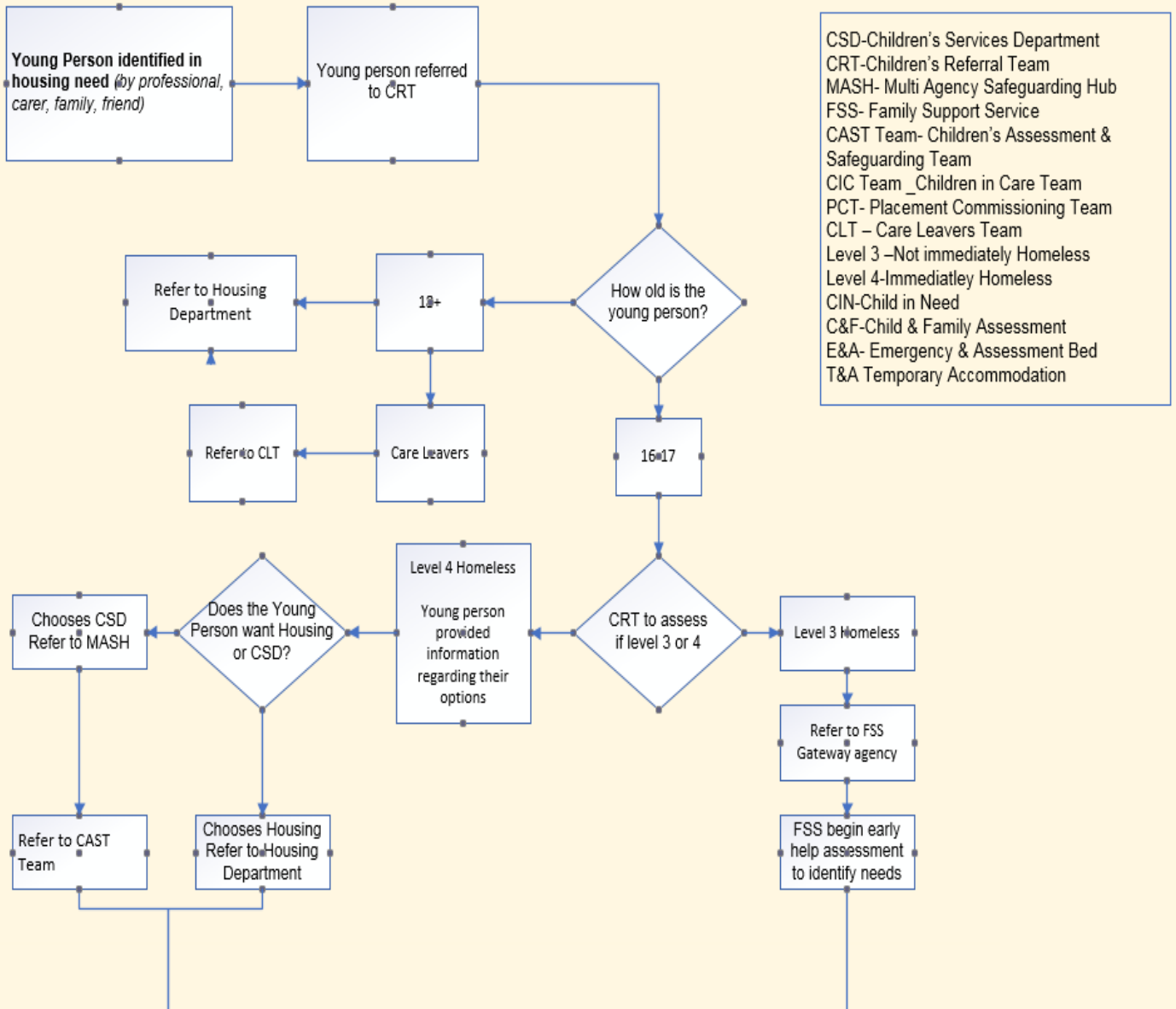
3rd Stage

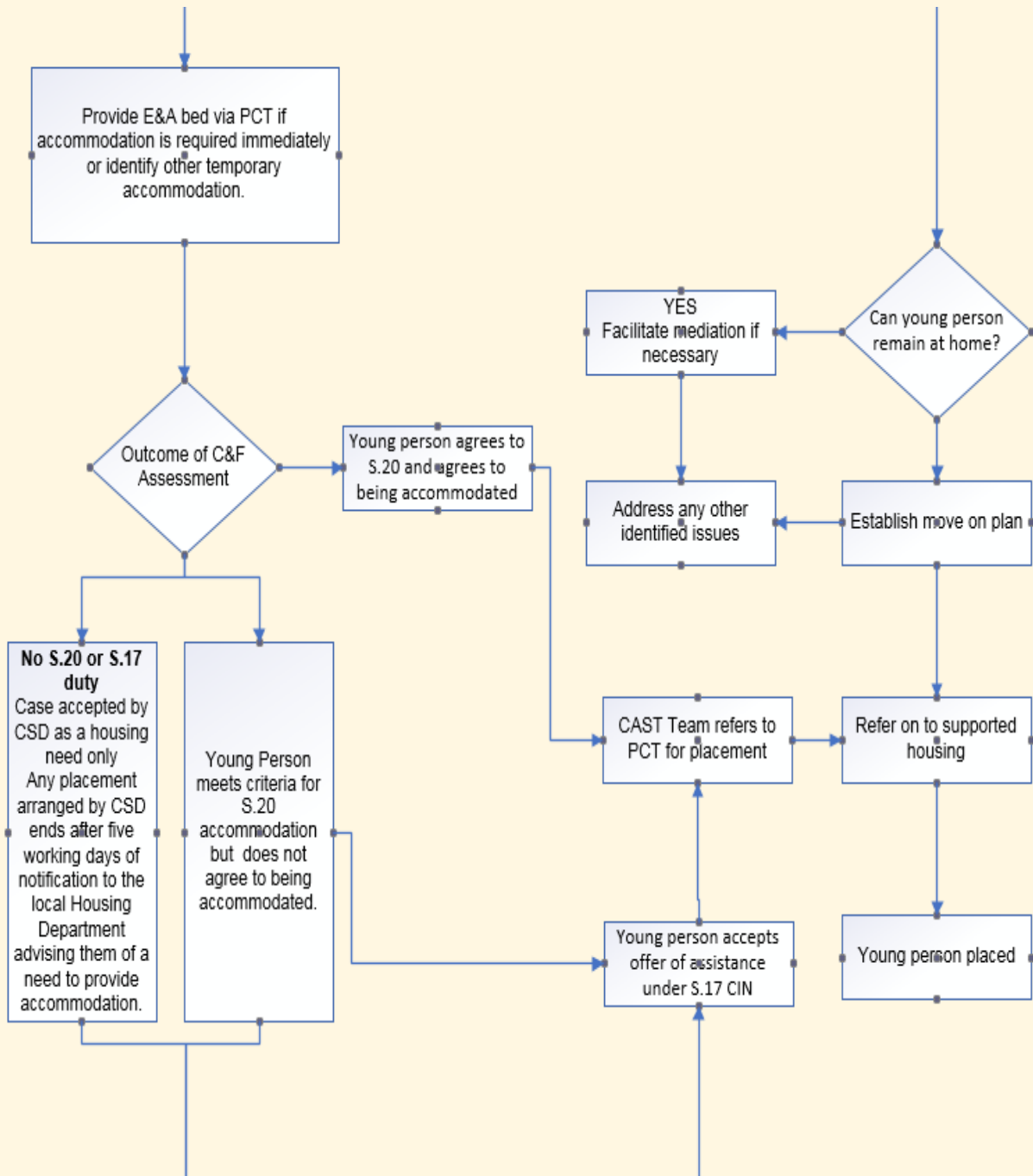
Any party can refer an unresolved 2nd stage dispute to the County Steering Group. The County Steering Group will give written guidance to the parties.

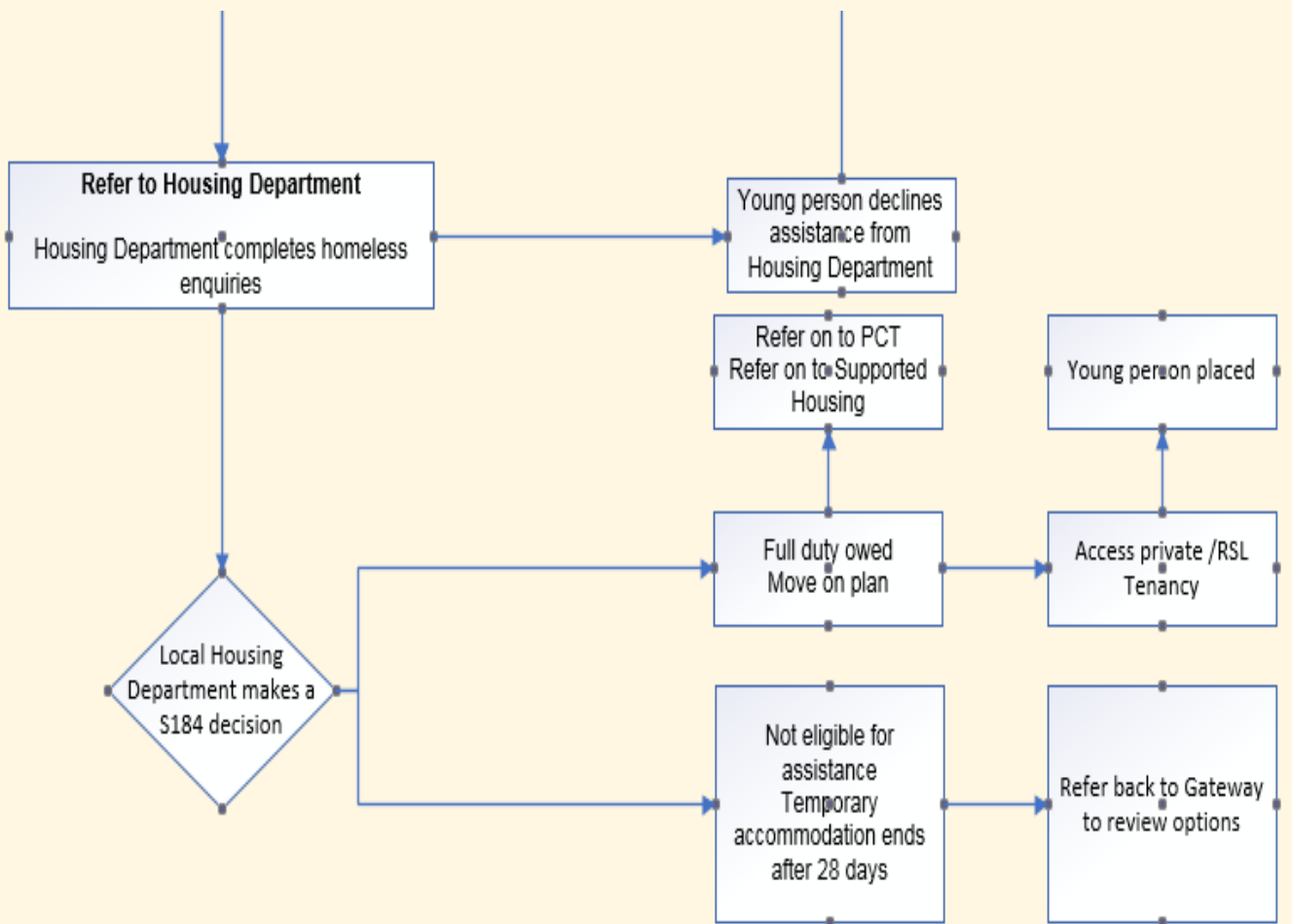
4th Stage

Judicial review is considered the last resort; however, the County Housing Steering group would recommend this as the next course of action if the dispute is not resolved.

Joint Working Protocol 16-17 year olds Flow chart







HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Corporate Parenting Board
Date:	28 January 2021
Title:	Annual Report from the Hampshire Child and Adolescent Mental Health Service, Sussex Partnership NHS Foundation Trust
Report From:	<i>Ruth Hillman</i> , Operational Director ChYPS and Learning Disabilities/ND Services

Contact name: Lao Cooper

Tel: 0300 304 1091

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Purpose of this Report

1. The purpose of this report is to update the Corporate Parenting Board of the work priorities of the Hampshire Child and Adolescent Mental Health Service in relation to Children in Care.

Recommendations

2. That the Corporate Parenting Board consider the report and note the priorities for the Hampshire Child and Adolescent Mental Health Service in relation to Children in Care.

Executive Summary

3. This report seeks to highlight the priorities of the Hampshire Child and Adolescent Mental Health Service in relation to Children in Care.
4. The annual internal reporting period for the work of the children in care virtual team runs from April to March. This report has been compiled from the annual children in care report, which was presented to the Hampshire CAMHS Leadership Team in May 2020 covering the 2019/2020 reporting period.
5. The Virtual Children in Care Team in Hampshire work from within the 8 CAMHS team bases to ensure that the mental health needs of Children who have a Care Experience, are best supported locally to where the young person lives.

6. The purpose of the Child and Adolescent Mental Health Services for Children in Care (CIC) is to provide the best possible service to Hampshire's children and young people in the care system, their Carers and extended network, in order to enhance their placement stability, to promote good mental health and support them in fulfilling their potential. We aim to work in partnership with the young person, their parents/carers and professional network actively involved in the young person's life.
7. The Hampshire CAMHS Children in Care team use a trauma informed approach. The framework used to understand presenting difficulties in the young people referred is "what has (and still often is) happened to you" rather than "what is wrong with you". This is the starting point of any assessment and consultation.
8. The clinical model adopted by the Hampshire CAMHS children in care virtual team means we continue to focus on increasing understanding, knowledge, skills and confidence of the professional network. The work programme highlights the progress over the past year, as well as highlighting the priorities for 2020/21.

Contextual information

9. Across Aldershot, Basingstoke, Winchester and Test Valley, New Forest, Eastleigh, Fareham and Havant, the Service employees 6.11 whole time equivalent Children in Care Clinicians (11). This figure consists of 5.3 whole time equivalent Children in Care Therapists Band 7 (Band 8 0.4 clinical) and 1.33 whole time equivalent (0.63 and 0.6) newly created Band 6 Children in Care Practitioner development posts, where we have recruited 2 Social Workers. Some CIC Clinicians also hold other roles in teams including Art Psychotherapist, Mental Health Practitioner and YOT Lead.
10. The need to collaborate across agencies is paramount; particularly carers, social workers and education, to be able to build a working assessment about the needs of the young person and how they are best met. Whilst often the presentations are very risky and include self-harm, low mood, anxiety and challenging behaviours for carers, the umbrella behind all these is usually developmental trauma. It is important that this is recognised and understood in the assessment, risk and care plan, so as to best help the young person begin to feel safe again and begin to recover. To approach Children in Care assessments based on symptoms only, would be failing to understand what is really going on for the young person. It would likely only provide a treatment that would be ineffective at best and leave them feeling that something is wrong with them.

11. The trauma model adopted by the virtual Children in Care team is based on rethinking specialist and liaison services for young people who have experienced adversity or trauma. (Dr Nick Hindley and Dr Carmen Chan)
12. It is highly unlikely when working with young people with complex difficulties who may have experienced significant adversity, that a single intervention or agency will provide a single solution. In general, complex situations require complex solutions and good cross-agency collaboration focussed on achieving consensus is likely to have the most productive results. This requires a specialist service to recognise and consider the dynamic interplay between a young person, their family, and their social environment. Such an approach is frequently referred to as 'ecological' and planning should include assessment of risks/vulnerabilities and protective factors on each level.
13. Equally, grounded in the first phase of any trauma-informed intervention with young people, should be the development of a sense of safeness and stability that clearly takes into account the child's hierarchy of need. The importance of joint consideration of ecology and hierarchy of need is fundamental and underlines how important more general consideration of factors such as physiology, safety and social needs may be before more complex needs such as self-esteem and self-actualisation can be addressed.
14. As a result, it is often the case that recommendations involve a focus on core needs and strengths which can be provided by professionals already involved with the child (as long as they are reassured that a specialist service will continue to support them and will become more directly involved if needed). This is a key issue for the credibility and perceived usefulness of a specialist service: a service which provides advice and consultation alone without demonstrating a willingness to become more directly involved in cases when the need arises is unlikely to foster confidence or contain anxiety within professional systems.
15. In support of the above clinical model the children in care priorities for the Hampshire CAMHS children in care virtual team continue to focus on increasing understanding, knowledge and confidence.

Finance

16. There are no financial implications arising as a result of this report.

Performance

17. The Service received 136 Children in Care referrals in 2019/2020.

18. The total number of contacts offered by Children in Care Clinicians was 3722. 1538 were for Children in Care. The majority of generic contacts in these teams resulted from duty contacts and the trauma care group. There were also a further 2110 contacts provided for children in care, where the contact was not provided by a children in care clinician.
19. The average waiting time at the end of March 2020 for those waiting for an assessment was 18.9 weeks.
20. The average waiting time at the end of March 2020 for those waiting for treatment/specialist assessment was 36 weeks.
21. Waiting times for initial assessment and treatment continue to be a significant challenge for the Service. These indicators are monitored on a monthly basis. All cases, including for children in care, are prioritised following clinical triage. Young people presenting with significant risks are prioritised. When there is not enough capacity this leads to routine cases waiting longer.
22. A £6.6m investment from Hampshire Commissioners has recently been agreed, covering a range of areas including Psychiatric Liaison, enhancing crisis care in the Community, Eating Disorders, increased capacity to respond to increasing demand and a range of prevention services. Whilst this additional resource is not specifically allocated for children in care, it is anticipated that this will have an indirect impact on reducing waiting times for some young people in care, as a number of children in care tend to wait longer for specialist assessment, such as ADHD, which will be a priority area in addressing the unacceptably long waiting times for all young people.
23. Children in care will also benefit from the expanding services above, in line with our model of not creating dedicated resources for children in care. This model ensures that children in care have access to the full range of interventions, not those just provided by children in care therapists.

Consultation and Equalities

24. In preparing this report, due consideration has been given to the statutory Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, as set out in Section 149(1) of the Equality Act 2010. No adverse impacts have been identified as a result of the information contained within this report.
25. No consultations have been undertaken and none are planned as a result of the information contained within this report.

Other Key Issues

26. There are no other key issues identified.

Conclusions

27. Adopting a trauma informed clinical model enables the team to use available resources effectively to target the widest audience of professionals in a systematic way.

28. The virtual team continue to offer a model which focuses on the first steps of the care pathway and the provision of information, advice, consultation and training.

29. Resources for the Children in Care virtual team continues to be a challenge. The Service would like to offer a greater range of service provision. Our work programme highlights how the Service will continue to work with partners through projects such as the Child in Care Pledge and Local Transformation Plan in order to work towards achieving this ambition.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes/no
People in Hampshire live safe, healthy and independent lives:	yes/no
People in Hampshire enjoy a rich and diverse environment:	yes/no
People in Hampshire enjoy being part of strong, inclusive communities:	yes/no
OR	
<p>This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:</p> <p><i>NB: Only complete this section if you have not completed any of the Strategic Plan tick boxes above. Whichever section is not applicable, please delete.</i></p>	

NB: If the 'Other significant links' section below is not applicable, please delete it.

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

See guidance at <http://intranet.hants.gov.uk/equality/equality-assessments.htm>

Insert in full your **Equality Statement** which will either state:

- why you consider that the project/proposal will have a low or no impact on groups with protected characteristics or*
- will give details of the identified impacts and potential mitigating actions*



Sussex Partnership
NHS Foundation Trust

Children in Care Team Hampshire CAMHS

Annual Report 2019-20

2.1.

Author: Sarah Matthews, Lead Children in Care Therapist
Acknowledgements: Hampshire CAMHS Children in Care Clinicians

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Executive Summary

Overview

The Virtual Children in Care Team in Hampshire work from the 8 CAMHS team bases to ensure that the mental health needs of Children who have a Care Experience, are best supported. The purpose of the Child and Adolescent Mental Health Services for Children in Care (CIC) is to provide the best possible service to Hampshire's children and young people in the care system, their Carers and extended network, in order to enhance their placement stability, to promote good mental health and support them in fulfilling their potential. We aim to work in partnership with the young person, their Carers and professional network actively involved in the young person's life. This annual report looks at the current children in care provisions, service model and delivery and suggested priorities.

CAMHS Children in Care Team Priorities for 2018/9

- Ensure Single Point of Access (SPA) processes for Children in Care referrals are being used and tighter timescales kept for return of information for assessment.
- Continue to develop a clear trauma informed service model for Children in Care (CIC). This will include consultation, assessment, trauma group, interventions.
- Trauma informed workforce: Build on the existing 3 hour Attachment training that is delivered to Hampshire to make this a whole day on Attachment difficulties and Developmental Trauma. CAMHS to be able to access this training or repeat in house. Longer term view, to run trauma group as a training package for Hampshire Foster Carers, SGO, Adopters with funding.
- Childrens homes: Develop clear packages of support to **Hampshire** homes that includes training on Attachment, Development Trauma and PACE model. Training packages to be used as resources across all homes consistently.
- **Private children homes:** To identify and meet with Heads of the Children's Home Groups whom we have referrals from. This is to establish reasons for frequent referral and contract consultation where needed.
- Out of County referrals: to further embed and maintain charging processes that reflect work being undertaken. To start to contract work from the outset when they are identified as out of county by SPA, so we can be commissioned for specific work.
- To increase the recognition and monitoring of Special Guardianship and Adoption cases in the team. This will ensure that the Post adoption services are used in the first instance in and out of county and to recognise that the CIC therapists often take this work up due to the complexity.
- Staff Well-being and training: All CIC therapists to feel they have the adequate level of support to do their work including supervision. To have a clear framework of service delivery to reduce secondary trauma. To advocate training needs are met in a timely way so as to develop a clear model of what we can offer as a CIC service.

Results & Conclusions

Focus of 2019 to 2020

In addition to the above priorities at the end of 2018 we became aware of county wide extra commitments that would add to the team priorities for 2019. These included the Children in Care Campaign, the employment and induction of the CAMHS multidisciplinary workers in the Social Care hubs and the development and governance of a service model. It has been an incredibly busy year, with increasing

pressure on resources, but one where our increased delivery of training on attachment and trauma has continued in its impact.

Action plan

Going Forward 2020/21

- Ensure spa process are maintained, timescales met and new CAMHS form is used.
- Identify consistent administration support in each CAMHS team for CIC Clinicians, to free up more clinical time. This would assist with setting up CIC assessment, diary and out of county funding returns.
- Complete Dyadic Developmental Practice training level 2 for those attending, to have a DDP informed team approach.
- Continue to co-deliver commissioned training to Hampshire Local Authority with Educational Psychology. This will happen virtually in the immediate future.
- Train generic CAMHS workforce in trauma model and trauma informed skills.
- Continue to engage with stake holders to reshape children in care placements in Hampshire with a trauma informed approach.
- Increase engagement with Virtual school to look at how best to use resources
- To increase the clinical hours available to CIC team by reducing generic duty commitments to allow for more specialist work to be offered to teams
- Consistency across teams in how CIC cases are triaged, assessed and held in teams
- For the CIC team to be identified as a separate team on Carenotes. This will allow for more accurate data collection, clearer use of clinical hours and audit.
- To aim to have 2 identified Children in Care clinicians in each team.
- To look at alternative/innovative ways to engage and work flexibly with CIC. This is to include how we may extend virtual resources and training to further support referrers and the network as well as direct work with young people.
- To look at how the out of county funding can be used for the benefit of children in care

Section 1

1.1. Introduction

This report will give an overview of the Children in Care Team work for the year 2019-20 in line with Sussex and government priorities. It will show the clinical model used to deliver work and outcomes from training and groups and statistical data. The report will look at the strategic cross agencies plans and recommendation for priorities 2020-21.

1.2. Rationale of CAMHS Children in Care Team

In 2016/17 there were approximately 96,000 looked after children in the UK. In the last five years the population of looked after children in the UK has increased by 5%. (NSPCC 2019 statistics briefing: children in care). UK Children in Care (CIC) are more likely to suffer from a diagnosable mental health disorder (45%) than the general population (10%) (Meltzer et al. 2003). Psychiatric disorders are even more prevalent among CIC in residential settings (72%).

Research has demonstrated that Children in Care are 10 times more likely to be excluded from school, 12 times more likely to leave school without a qualification, 4 times more likely to be unemployed, 60 times more likely to be homeless, 50 times more likely to go to prison and 66 times more likely to require Social Care for their own children (Briefing Paper Looked After Children: Improving Psychological Wellbeing British Psychological Society 2004).

In **March 2018** we had **1600** Hampshire placed children and **1275** placed in Hampshire from other authorities. Out of county placements had increased significantly particularly from private Children Homes. In **December 2019** the number of Hampshire Children in Care was **1673**. The number of Hampshire children placed out of county was **566** and the number of other local authority children in care placed in Hampshire was **1163**. The number in the private children's homes is unavailable (Naomi Black Lead Children in Care Nurse)

The NSPCC statistical briefing 2019 states: The majority of looked after children are in care because of abuse or neglect. In England 63% of looked after children were looked after due to abuse or neglect in 2017/18; family dysfunction England: 15%; family in acute stress England: 8%; child's disability England: 3%; Wales: parent's illness or disability England: 3%; socially unacceptable behaviour England: 1% (Sources: DfE 2018). 10% had 3 or more placement recorded over the year.

This measure is important because for many looked after children their pre-care experiences continue to affect them long after they become looked after (Rahilly and Hendry, 2014 in NSPCC statistic briefing on children in care 2019).

1.3. Clinical Approach

These findings are implicit in the trauma informed approach that we practice in the Hampshire CAMHS Children in Care team. The framework used to understand presenting difficulties in the young people referred is "what has (and still often is) happened to you" rather than "what is wrong with you". This is the starting point of any assessment and consultation. The need to collaborate across agencies is paramount; particularly carers, social workers and education, to be able to build a working assessment about the needs of the young person and how they are best met. Whilst often the presentations are very risky and include self-harm, low mood, anxiety and a lot of challenging behaviours for carers, the umbrella behind all these is usually developmental trauma. It is important that this is recognised and understood in the assessment, risk and care plan, so as to best help the young person begin to feel safe again and begin to recover. To approach Children in Care assessments based on symptoms only, would be failing to understand what is really going on for the young person. It would likely only provide a treatment that would be ineffective at best and leave them feeling that something is wrong with them.

The Social Care Institute for Excellent published a report in November 2017 "Improving Mental Health Support for our Children and Young People", found that "some looked after children and young people are not accessing services when needed, or are being told that their mental health need does not meet service thresholds."

"Other evidence in this report highlights that we must change our approach to children and young people's mental health and ensure that services are accessible, flexible and child-centred. The report also highlights the urgent need to transform how we commission, collaborate and work together in local areas to give children in care the same level of support, care and opportunity that we would wish for our own children. We need to build a community both around the child and those caring for them, to ensure that this group of young people are supported to reach their potential."

2.1. CAMHS Children in Care Team

Across Aldershot, Basingstoke, Winchester and Test Valley, New Forest, Eastleigh, Fareham and Havant, we have **6.11** whole time equivalent Children in Care Clinicians (11). This is an increase of **0.11** of a post across Hampshire. This figure is made up of **5.3** whole time equivalent Children in Care Therapists Band 7 (Band 8 **0.4** clinical) and **1.33** whole time equivalent (0.63 and 0.6) newly created Band 6 Children in Care Practitioner development posts, where we have recruited 2 Social Workers. Some CIC Clinicians also hold other roles in teams including Art Psychotherapist, Mental Health Practitioner, YOT Lead, bank work. In what has been a very busy CAMHS year, with increasingly complex referrals, the stable team has seen a number of challenges and changes to staffing, due to maternity leave, sickness, moving and new recruits. This has been added to by the present COVID 19 lockdown, where learning new ways of reaching an already vulnerable group have ensued. The team have shown great experience, resilience and tenacity throughout the year in advocating for some of our most vulnerable young people and coming up with creative ways of engagement.

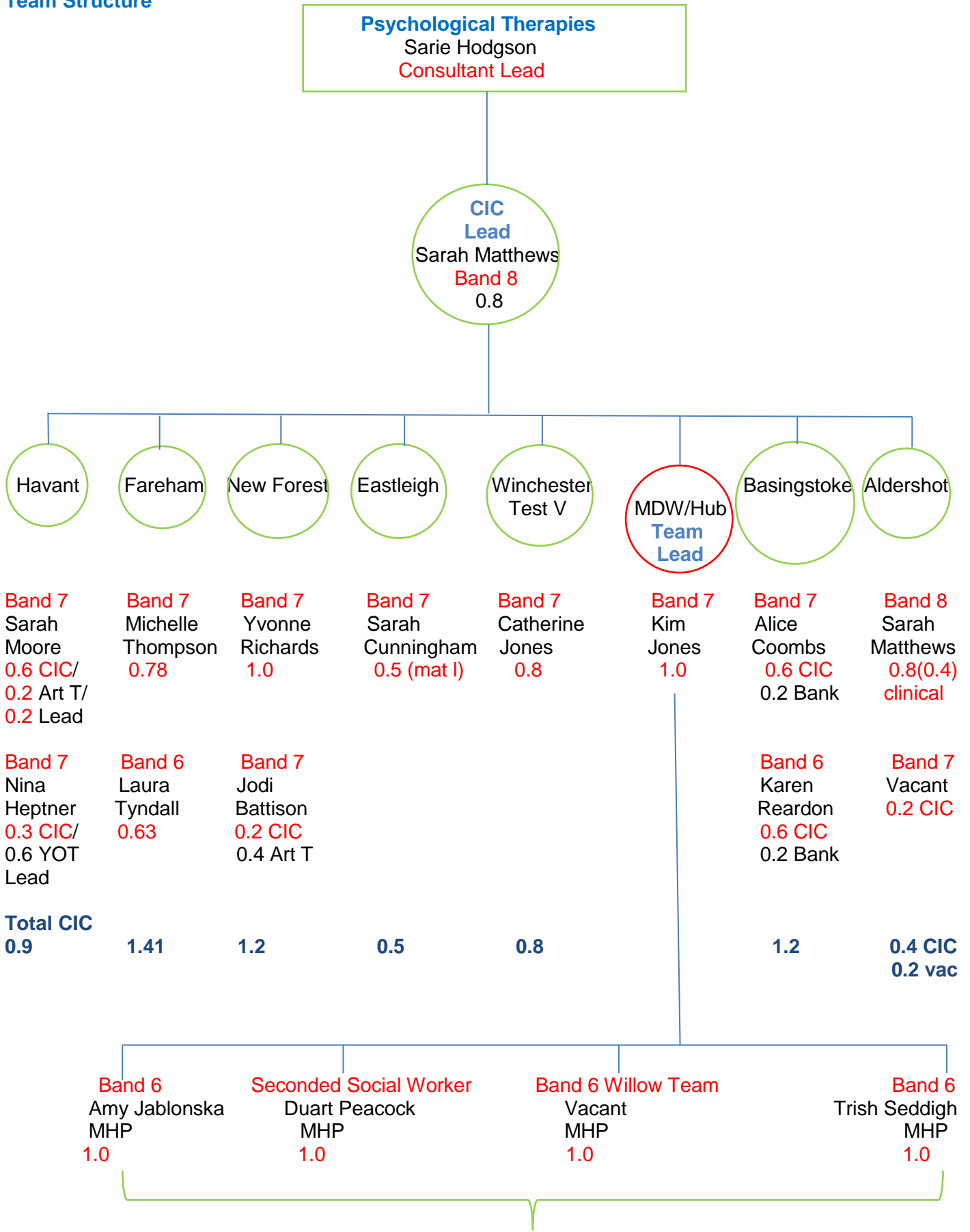
Whilst the interventions for Children in Care may not be limited to the Specialist Therapists, they still provide most of the Assessments, Therapeutic Intervention, Consultation and Training and also undertake generic CAMHS teams tasks including running trauma groups and duty. The remit of the team is to take Children in Care cases, however due to a number of factors including case complexity, skills set and managerial/team pressure, the CIC team often also see Special Guardianship cases, post adoption and hold a number of complex generic cases on duty.

Due to the volume of CIC referrals that rarely come in a steady flow, some CAMHS teams have designated clinicians who are able to do initial assessments of CIC cases to prevent them waiting so long, although this is not agreed by all managers county wide. In some teams all Children in Care cases have been asked to be case held by the CIC clinician as well as generic commitments. In other teams this has not be so firmly held particularly where the volume is untenable, the young person transitions into care, or the presentation is neuro developmental.

Neighbouring counties provide a Children in Care service through a completely separate team. Whilst this may allow for stronger identity and service delineation, I think the difficulty particularly of such teams is the lack of timely access to Psychiatric time and neurodevelopmental assessment. Given the risk and complexity of the referrals we have and the vast county we work in, we would not advocate the model of being a completely separate team. We would however seek to have the CAMHS Children in Care Team recorded as such on Carenotes. This would allow for clearer reporting measures particularly.

As the generic CAMHS experience increasingly complex cases referred, the clinical model that the children in care team have in terms of service delivery could be utilised well in the wider teams. Often referrals need work from partner agencies before any intervention from CAMHS may be beneficial. A consultation model may help agencies feel more equipped to work together more, for the benefit of the young person.

2.2 Team Structure



Supervised by Band 7 CIC Therapists

2.3 Clinical Model

The SCIE report in November 2017 "Improving Mental Health Support for our Children and Young People" reported findings from a DfE expert working group:

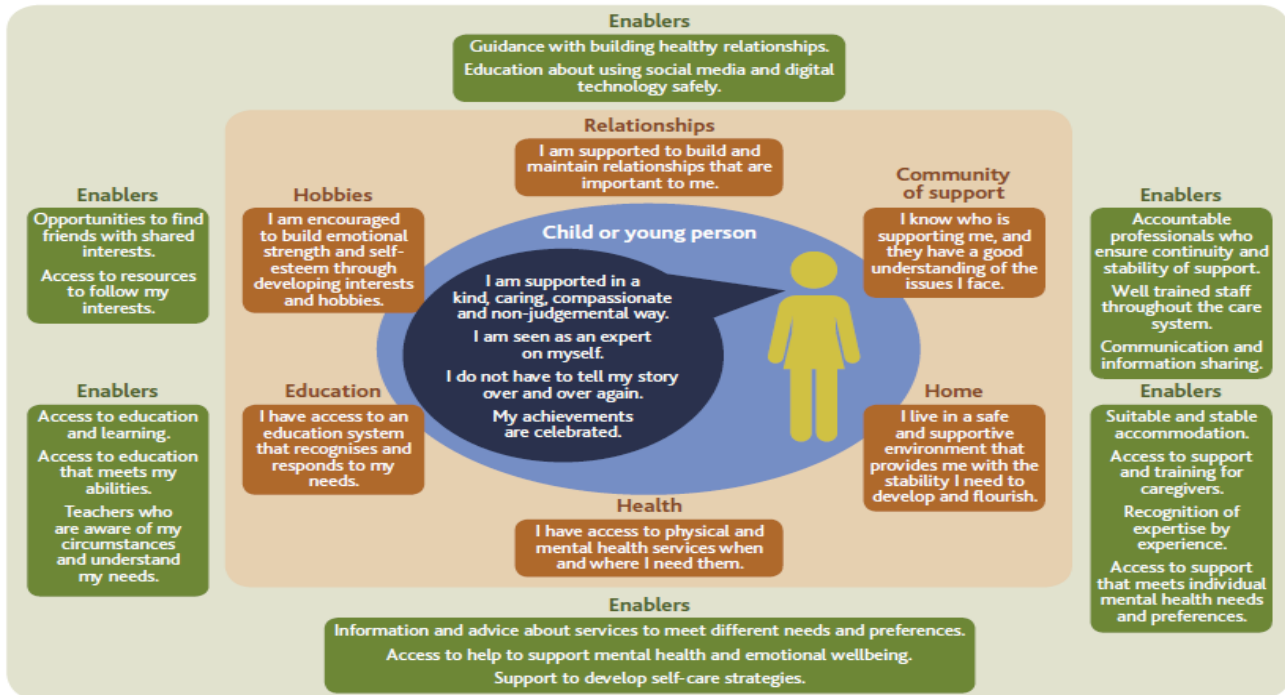
One of the key issues was that good quality ongoing assessment must be the foundation of a comprehensive strategy of support and services.... local areas need to be able to provide consistent care and support for a child, with an understanding that their diagnosis and therefore the type of support services they need can change. Therefore, assessment and services must be responsive and flexible. Mental health is a continuum and cannot be seen as a one-off diagnosis.

Recommendations

- 1. Building on the success of the virtual school head (VSH), a similar oversight role of a virtual mental health lead (VMHL) is established. This is to ensure that every child and young person in the system is getting the support they need for their mental health and emotional wellbeing.*
- 2. The Strengths and Difficulties Questionnaire should be supported by a broader set of measures which can trigger a comprehensive mental health assessment. There are a range of tools in use that could support the assessment depending on the need of the young person.*
- 3. Assessments should focus on understanding the individual's mental health and emotional wellbeing in the context of their current situation and past experiences, rather than solely focusing on the presenting symptoms. The young person, their caregivers, family (where appropriate) and professionals' viewpoints should be included. Young people should be able to share who they would like to accompany them to assessments, and where possible those wishes should be accommodated.*
- 4. Caregivers should receive support for their own mental health and wellbeing.*
- 5. Caregivers need to be informed of which statutory and non-statutory services are available when support is needed for the child or young person. This should be included in each area's local offer. It is crucial that services are funded to support caregivers' training and development.*
- 6. Everyone working directly with looked after children should receive training on children and young people's mental health so they are equipped with the appropriate skills.*
- 7. A needs-based model is the best way to support and respond to young people. This model places the young person at the centre of decision-making and where appropriate lets them exercise choice as to how and what support they access. This allows appropriate support to be generated by need, rather than diagnosis.*
- 8. Formal services should be more flexible in who they will allow to support the young person, acknowledging that support can come from a range of services and places. Health, education and social services need to work collaboratively to achieve this recommendation.*
- 9. Ministers at the Department for Education and Department of Health should work together to ensure children in care and leaving care have access to services provided for their mental health and wellbeing.*
- 10. Ofsted, the Care Quality Commission (CQC) and Her Majesty's Inspectorate of Prisons (HMIP) should review their regulatory frameworks linked to registration to ensure that equal weight and attention is being given to mental and physical health needs.*
- 11. The statutory review of a child's care plan by the independent reviewing officers (IROs) must include at each meeting a review of whether mental health needs have been met.*
- 12. Every school should have a designated teacher with the training and competence in identifying and understanding the mental health needs of all their pupils who are looked-after.*
- 13. Existing mechanisms for capturing direct views of young people should be integral to planning and commissioning arrangements. Local Health Watch services should monitor the effectiveness of mental health care arrangements for children and young people who are looked after, and report their findings to Health and Wellbeing Boards at least annually.*

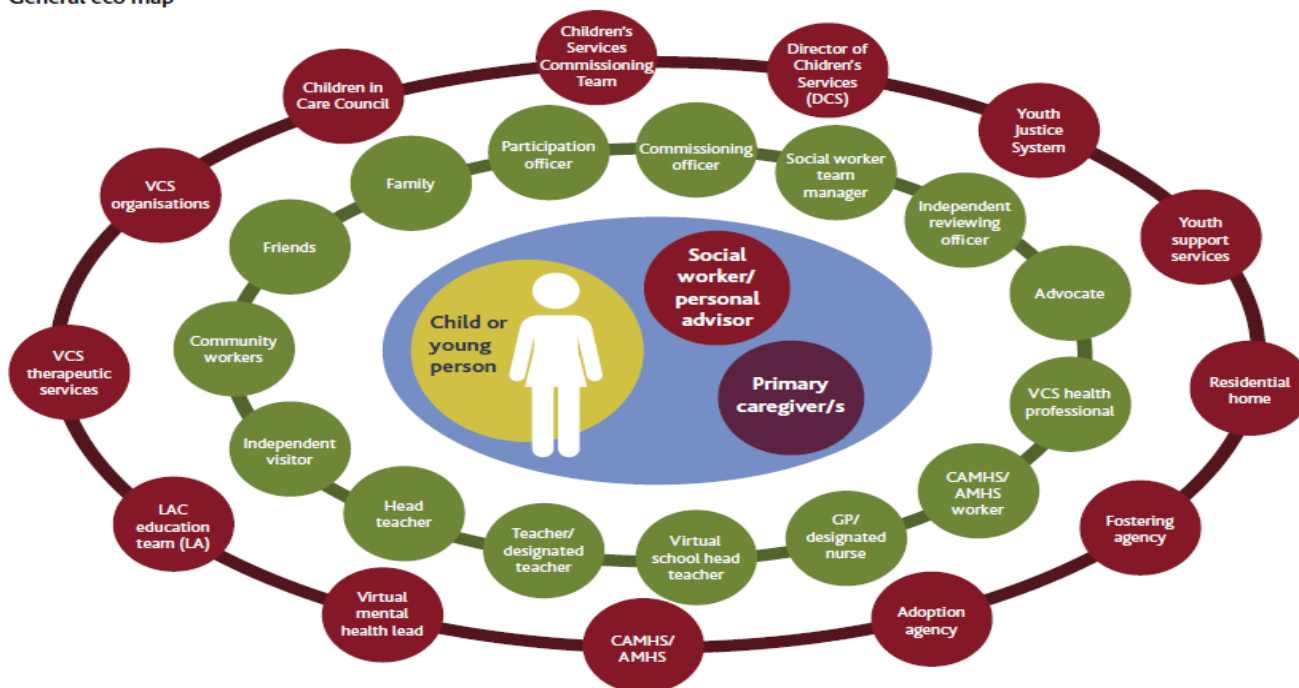
14. Self-help, peer mentoring and community initiatives should be considered (if a young person expresses this is their preference) before a referral to more formal child and adolescent mental health services.
15. Clinical Commissioning Groups should ensure commissioning is informed by a Joint Strategic Needs Assessment (JSNA) which addresses the mental health and wellbeing needs of looked after children and care leavers. This should be reflected in Local Transformation Plans.
16. The Local Safeguarding Children Board, Corporate Parent Board and Health and Wellbeing Board should give appropriate priority to ensuring that the mental health needs of children and young people in care and leaving care are met.

Expert Working Group model



The model highlights what good, holistic support for mental health and wellbeing looks like from the perspective of the young person, and what needs to be in place to make it happen. The ecomap is a representation of the choices that should be available to the young person and/or primary caregiver access the right support and resources.

General eco map



This report reflects our priorities in Hampshire CAMHS [where people are first](#). The young person is at the centre of all decision making rather than being system driven. The network of professionals that support a child in care, means that as a service we are constantly [working with partner agencies](#) and seek to support work that may be outside of a CAMHS setting. The report has highlighted a [need for change](#) of approach for this vulnerable group. The clinical model allows the fluidity of approach that facilitates this.

Whilst the changes are happening at a pace [the future goal](#) is outlined in the report, to have young people able to access support, but also to have all those who are involved in their care, supported and trained to help them. The approach is inclusive and the view that [everyone counts](#) for both the young person and those who can support them is implicit in the model of intervention.

2.4 Trauma Model

We continue to develop a Trauma Informed Model as a Children in Care Service, that is informed by the previous report and the **Young Minds “Addressing Adversity: Prioritising Adversity and Trauma Informed care for Children and Young People in England” 2017**. As a team we use the model shown below as a framework to underpin our service delivery.

[Rethinking specialist and liaison services for young people who have experienced adversity or trauma](#) Dr Nick Hindley and Dr Carmen Chan



It is highly unlikely when working with young people with complex difficulties who may have experienced significant adversity, that a single intervention or agency will provide a single solution. In general, complex situations require complex solutions and good cross-agency collaboration focussed on achieving consensus is likely to have the most productive results. This requires a specialist service to recognise and consider the dynamic interplay between a young person, their family, and their social environment (see Figure 1). Such an approach is frequently referred to as 'ecological' and planning should include assessment of risks/vulnerabilities and protective factors on each level.

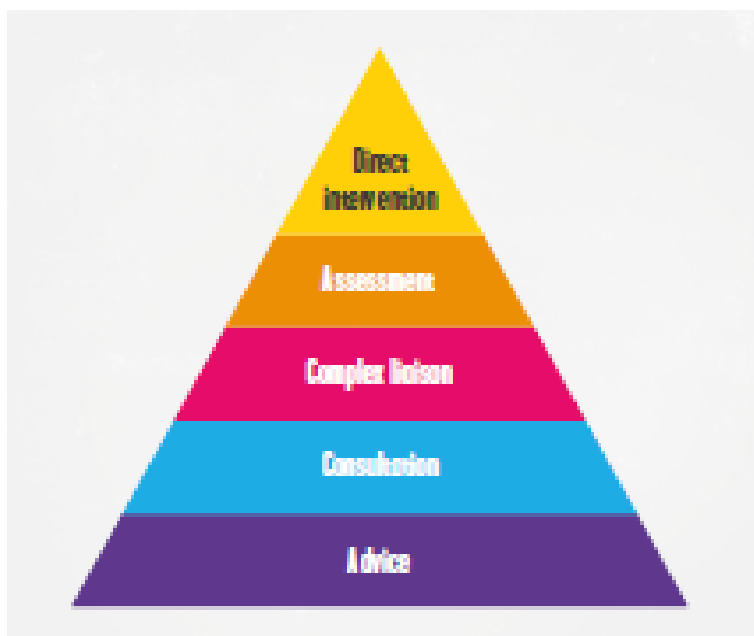
Equally, grounded in the first phase of any trauma-informed intervention with young people, should be the development of a sense of safeness and stability that clearly takes into account the child's hierarchy of need. Figures 1 and 2 highlight the importance of joint consideration of ecology and hierarchy of need and underlines how important more general consideration of factors such as physiology, safety and social needs may be before more complex needs such as self-esteem and self-actualisation can be addressed.



Thus, for example, in line with guidelines for working with complex trauma presentations, it is important to ensure that a young person is 'safe enough' to make use of specialist individual interventions (such as psychological therapy) before they are instigated. A specialist service, in such circumstances, is thus not defined by how specialist the interventions are that it can provide, but rather, by its ability to identify and recommend what may be the most useful intervention for a child given a specific set of circumstances.

Trauma Model of young person's needs. These can be flexible to ensure that the young person is getting the correct level or intervention

e



Often, such recommendations involve a focus on core needs and strengths which can be provided by professionals already involved with the child (as long as they are reassured that a specialist service will continue to support them and will become more directly involved if needed). This is a key issue for the credibility and perceived usefulness of a specialist service: a service which provides advice and consultation alone without demonstrating a willingness to become more directly involved in cases when the need arises is unlikely to foster confidence or contain anxiety within professional systems.

The diagrams allow all involved with the young person to have a shared understanding and clinical framework to be able to understand the young person's needs and the support required. The plans can range from complex multi-agency, to recommendations for basic needs of safety to be met consistently first.

With a layered/stepped approach in mind the CIC Team have delivered a number of different services related to the recommendation in the SCIE report, to support Children in Care, that follow the clinical framework outlined. The main focus throughout is physical and psychological safety. This is for the young person, carers, wider network and clinical staff involved.

2.5 Advice, Training and Consultation

This is quite rightly the largest part of the triangle in term of needs and service delivery both for children in care, whom we are often advocates for, and professionals involved. Without this, their presentation is often misunderstood and they receive misplaced support or are subject to plans that are often unhelpful and escalate the difficulties. The understanding often held is 'there is something wrong with them' that CAMHS need to fix, rather than 'what has happened to them'. When not effectively heard young people will often enforce this by increasing risk taking activity, that may achieve safety, but this will often be in a hospital or police setting. This year really has been about sharing the triangle of needs model about safety first. The team have been involved in a breadth of work over the last year that have sought to increase support and knowledge to those involved with Children in Care.

Hampshire Foster Carer network Annual Conference

The team were able to have a large stand with Trauma resources for carers, to enable support for the young people they look after. These focused on building psychological safety and emotional regulation, as well as the broader mental health issues. The team consulted individually to carers offering further advice and signposting where needed and liaised with other organisations delivering services for children in care.

Hampshire LGBT Children in Care Conference

We were invited to be part of the planning and delivery of a Hampshire Local Authority Event that was a follow up to the launch of working guidelines for staff working with LGBT Children in Care. The event in Ashburton Hall was on a similar design to the HCFN conference and the CIC team had a stand with resources and staff available for consultation.

Virtual School Mental Health Briefings

This is delivered to designated safeguarding lead teachers across Hampshire by a team of NHS and Education staff to ensure a sound knowledge of the mental health presentations in children in care, particularly developmental trauma and how to access services to support them. We are working with Rachel Allen the Education Officer, to look at how we better pool resource for schools in particular. The attendance/ updates at these briefings, facilitates better links with the right people responsible for CIC in schools. Currently, we are often asked to deliver more trauma training in schools individually. When young people are open to CAMHS we do include schools in the assessments. However what has emerged over the last year, is the growing need for schools to have a better understanding of how to support young people to achieve, who have a developmental trauma/attachment difficulty presentation. We are looking at how this might be most effectively delivered locally and Hampshire wide with the Virtual School and Educational Psychology. The newly recruited Mental Health Workers in schools joined the induction to CAMHS training we deliver (virtually on this occasion), that focused on attachment trauma and children in care. The need for more of this training was evidenced by the feedback which was excellent.

Hampshire Local Authority Staff Training on Attachment Difficulties/ Developmental Trauma

As part of the ongoing delivery of CAMHS training to Hampshire staff, we were successful in acquiring the paid contract to deliver 5 whole day trainings 2018-2019 with excellent feedback at each. In reviewing the training with Hampshire and to avoid duplication with exiting training, we negotiated delivery of a joint training with Educational Psychology over 2 days, 3 times a year. We negotiated being paid for 6 days training delivery and 6 days preparation time, where we combined resources. We stream lined our delivery of this in the CIC team to three clinicians, planning to deliver one training each. Unfortunately due to a clinicians leaving and sickness, we could not share this out as much. The plan for the future is again to have it shared, particularly if training staff in the CAMHS area to build relationships.

Each training was oversubscribed and we have been contacted through the year to deliver more. Whilst not in control of who attends, this year we have trained mainly family support workers and a growing number of Social Workers. Some foster carers are also returning to update training. There is a noticeable absence of supervising Social Workers, however some of the plans to transform Hampshire Children in Care placements may address this need. An example of the outcomes from the day are below, however we have seen the impact of the training particularly in how Children services staff are understanding the young

people's difficulties and in how many people still are wanting to be on the next trainings which will be delivered virtually in the new academic year.

The overall course content	9.7
Relevance of the course to my work	10
Presentation	9.7

Helpful Bits:

- "Tools/resources to use with children and families; Good interaction; Research informed practice, however, was very easy to understand and relatable; Tools-resilience ball; Signposting to books/materials".
- "Hearing examples of how other practitioners have supported families with trauma and attachment problems; Helpful to discuss examples; Interactive working; Practical activity to clarify e.g. sweets given to some not others. Group sharing experiences/situations".
- "Need to know things can improve after ACE in background; Hand model of the brain and repair of early trauma; Brain development re trauma; Understanding the importance of resilience".
- "You move between the different types of attachment; Concentrate on the foundations first when building a plan; Pyramid of need – fantastic".
- "Brene Brown 'Braving' video; YouTube videos – helped to unpick the complexities of attachment/trauma – enjoyed these a lot; Good videos."

What I will do differently...

- "Have open conversations with parents, carers and other professionals about attachment, trauma and behaviours that children may be expressing. What the meaning of this is".
- "Take the knowledge to future practice".
- "Think about starting from the bottom with trauma – children are trying to survive...".

Given this last session was delivered right at the outset of Covid, where the country was in a state of trauma, we were particularly pleased with the feedback. This was a consistent representation of all the training outcomes.

Trauma Training for CAMHS Staff

Many staff asked to come on the Hampshire training and whilst we have taken Social Work students on placement with us, this has been Hampshire staff only. The CIC team across the county have joined with other trauma specialists to deliver a trauma presentation within each CAMHS setting to help recognise and assess trauma. With the referrals becoming more complex there is a growing need of how to assess and work with trauma in the generic teams. This would help CAMHS take a more consultative role rather than direct involvement in a lot of cases on initial referral.

The nurses away day recently invited the CIC clinician Winchester and Test Valley to co-deliver training on attachment and trauma, which was reported to be one of the most informative trainings they have had (with video documentation) She was also asked to present at the Sussex Social worker forum the trauma training for use in the wider Trust.

The Partners in Practice/MDW CAMHS workers have also attended the training and CIC clinicians have co-delivered trauma workshops in frontline children services offices to help Social Care staff to think more holistically about the presentation of the young person they are assessing. All have particularly liked the triangle model and have looked at the need for safety first rather than the child needs fixing. This has meant that a lot more work is happening with parents and carers as a result.

CAMHS induction training

The CIC and Art Therapy Lead delivered the attachment, trauma and Children in Care training on the introduction to CAMHS program. We are working on the need for this to be a whole day training that could be accessible to wider CAMHS as the feedback was very encouraging both face to face and virtually.

CIC Campaign 2019: Hear Me

The main activities in the campaign were the consultation at the theatre performances "Rum in the Gravy Boat" and the continued delivery of training through the Achieving Better Care free training for staff across the county. This was shared between the team and a particularly brave outcome from the Eastleigh presentation, was a video recording now on our CAMHS website on trauma. It is really helpful to have the digital format as we can direct people to this and use this to a wider audience. We have thought as a team how we would like to continue developing digital material that might be accessed by our young people who have similar experiences. The current pandemic has brought that decision forward and we plan to record more material on trauma to broaden the early intervention aspects of the service.

During the campaign the voice of young people with a care experience was sought. A lot of the young people we see or have contact with in the children's homes were reticent to participate in focus groups and questionnaires offered by the innovations team. A lot were in crisis or did not want to answer more questions. Others offered more creative pieces such as writing a song or picture of the experiences they wanted shared, which we would like to collate as an ongoing outcome of the project.

The final exhibition in Basingstoke produced by the Innovations team collated the voices of children in care that were mostly not accessing CAMHS.



What kind of support/services do young people experiencing living in care need and want in relation to their emotional and mental health ?

Access to Specialist Mental Health Support

- Crisis support
- Trauma Work
- Regular counselling not dependent on criteria to access a service
- Services that don't end when you become a care-leaver/ turn 18years old
- Having consistent care providers

Practical Help

- Support and skills training for independent living e.g. cooking, cleaning, budgeting, filling in forms, taxes and benefits
- Reduce 'red tape' so things are easier and quicker to sort out
- Financial assistance
- Being provided information and help to make decisions

Human Connection

- Someone who cares
- To have someone to talk to and to feel listened
- Having things explained to me rather than being expected to know things
- Being treated like a person not a case file- no more risk assessments

Help with My Care Journey

- Help understanding my journey into and out of care
- More humane, comfortable ways of having contact with biological families
- Support (emotional, practical and financial) when I become a care leaver

Environment & Employment

- Supportive and safe place to live
- Access to education
- Access to opportunities to better myself
- Support to find out who I am and what I want to do in life

HEAR ME

If you could say just one thing, what would it be?

- A child living in care didn't choose to be there
- Don't blame young people for being in care
- It's lonely being a child in care
- Education opens up possibilities
- You don't know what someone might be going through so be kind
- Thank you for believing in me
- Spent time with me
- I often feel that I'm on my own
- Just listen to us
- No one really cares about children in care
- Everyone has value
- Love must be at the heart of all services
- Life is hard
- Everyone can make a difference to someone
- Treat people how you would like to be treated
- Children in care need love. They need to feel important and safe and that they matter
- Please be my friend
- Well done for trying and surviving
- Please don't give up on me.
- A difficult start doesn't mean it will all be always be hard- sometimes it's alright in the end
- wish people my age knew how hard school and making friends is when I've got so much going on
- There needs to be more money and resources for children in care services
- Limit the paperwork carers need to complete
- Believe in yourself and dream big
- Children in care and still children, remember this!
- No one understands how it feels to be taken away from my family
- Do what you can to foster compassion and hope in yourself and others
- We need better access to specialist help and support

HEAR ME

Have you had a significant person in your life that has made a positive impact on you/ for you and what did they do?

My adoptive parents have been great

I had a few kind teachers - I always liked their classes

My grandma; she believed me and supported me to get help

My ex-partner was always supportive of me

A staff member from a university outreach team. They spoke to me at a UCAS fair (that I was attending with a friend) and made me feel like my opinions were worth listening to

My auntie and uncle because I can talk to them when I am upset

The police call handler who saved me from suicide when I was 15years old. It made me feel like there was one person who truly cared. She really listened

My neighbour used to bake cakes and give me one everyone now and then

Yes. I had a girlfriend at a critical time in my life when I had nobody and was homeless

My social worker tried to fight my corner

My foster carer; they look after and care for me, listen to me and comfort me

I had a manager at work who supported me to become qualified

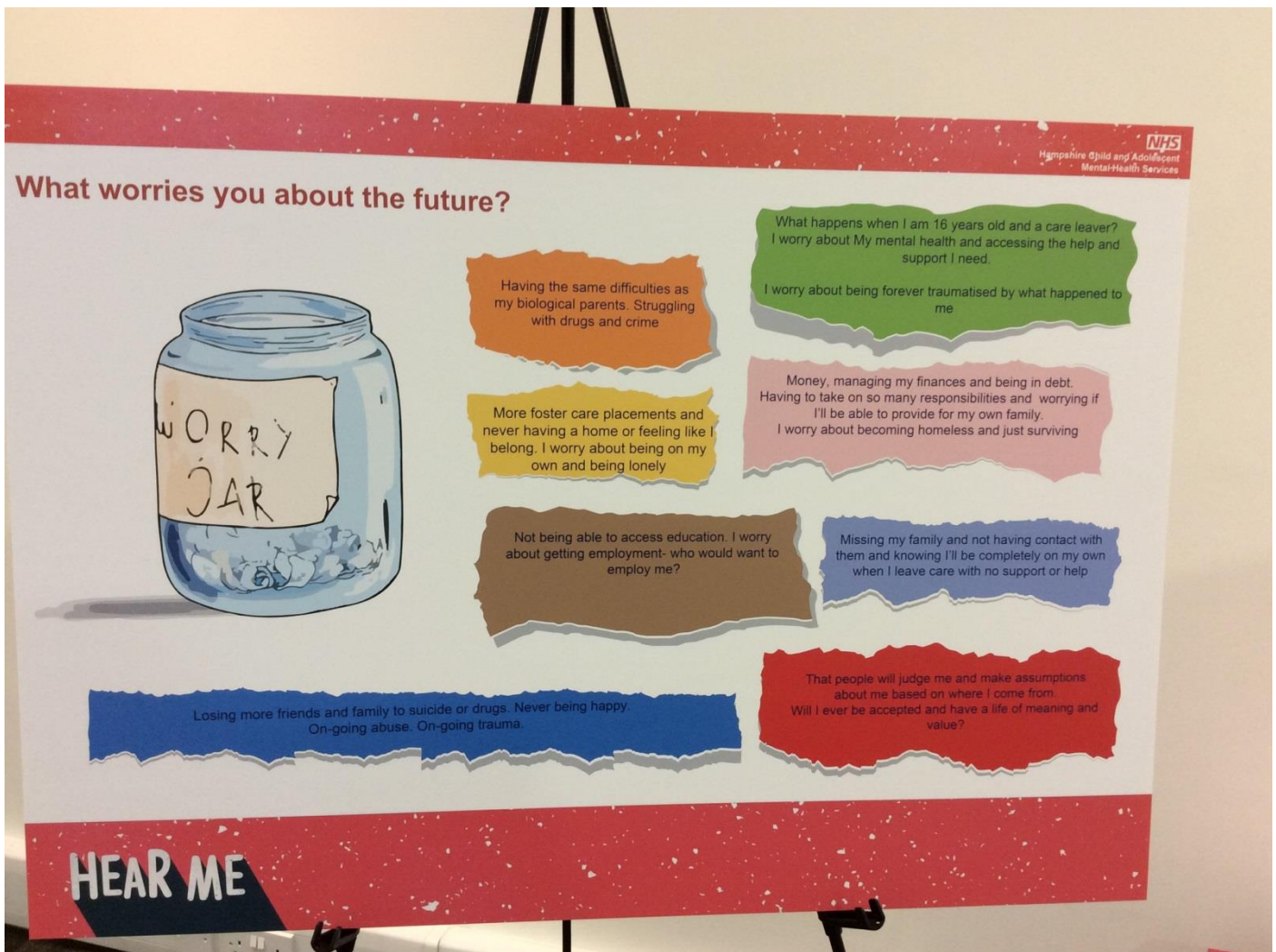
I had a tutor at college who tested me and brought out my best



Many people responded that they felt they had/ have no one significant in their life and that they are alone



HEAR ME



We have looked at how the feedback is being addressed in our service model. The multiagency, trauma informed approach fits with the needs voiced. It is often a service outside of CAMHS that is needed the most but to is the specialist assement that ofrne has to alert others to theor need to play a part. The biggest role that the chodren in care team often play is being the advocate for the young person's needs.

One of the areas of feedback from another part of the project was reported lack of support for young people with very difficult behaviour and difficulty getting into CAMHS. This was surprising as we take most referrals unless it is clear it is not a mental health issue. The referral then receives a very detailed consultation with advice of how to help. I think what it does highlight from our experience working with our partner agencies is the tendency to want to 'fix' the young person rather than look what is being the behaviour. The lack of knowledge of trauma and attachment in those supporting foster carer has been highlighted and will be addressed further in the report with the Hampshire transformation plans.

Consultations

Children Services Consultation:

The CIC team continue to build on working relationships with Children in Care Social Work teams, offering consultation where capacity allows and sharing information. This had been helpful in terms of understanding a young person's presentation of developmental trauma and knowing what other teams such as post adoption offer so we can be more collaborative in approach. The wider consultation is now offered by the Partners in Practice Clinicians, using the same model, which I will discuss further in the report.

Trauma Consultation in CAMHS

CIC clinicians work offer consultation to generic staff on trauma assessments and are part the design, establishment and delivery of the trauma pathway.

Multidisciplinary Team CAMHS Workers in Social Care (Partners in Practice)

As the early intervention part of the CIC team we now have a firmly established team of practitioners working in the Social Care multidisciplinary working hubs across the county. This has taken a team effort to establish both practically with two computers and recording systems needed by practitioners, shared governance, getting to know social care teams and model of service delivery. Kim Jones, Lead for the Team manages three other workers. The team use the same model as the CIC team and offer consultation, training assessment and intervention to a specific high risk cohort; specific to Camhs those on the edge of care or rehabilitating back home.

We meet quarterly with the Head of transformation in Children services monitoring outcome and future planning. This has allowed for the project to continue for a further year. The key emphasis from the last review was the need to involve the Camhs workers in planning for young people, so we get this right, from the outset. This should impact unnecessary referrals to Camhs, as there has been a tendency to see everything as mental health and refer in. The feedback from both Hub managers, family support workers and families has been really positive and the workers are established well in CAMHS teams, co- running the trauma group with both CAMHS and early intervention cohort in the Aldershot team.

The CIC clinicians supervise the CAMHS workers and will clinically supervise the Willow CAMHS post when the new recruit starts. This post now sits managerially in the multidisciplinary team with CIC clinical supervision.

Childrens Homes

Private Childrens Homes

We have a growing number of private children's home in Hampshire who mainly provide accommodation, to risky out of county children in care. Whilst being advertised as a therapeutic provision, the reality of this has often meant this is sought out from the local Camhs. This is particularly prevalent in the New Forest and Havant areas where private groups have a number of homes.

The CIC lead and Havant CIC Clinician met with the Hillcrest group manager and Therapy lead, as this group of home in Haling Island had been calling CAMHs on a daily basis. The meeting was productive and there is now a pathway for referral to come to CAMHS that has to go through their in house lead for therapy first. The Havant CIC clinician liaises regularly with her to establish which children actually do need a CAMHS service.

We will meet with the next big group this year to set up a similar process where there are particular companies frequently referring.

Hampshire Children Homes

The team continue to offer 4 hours a month to Hampshire Children's homes, which have been in the process of refurbishment and reopening over the past two years. This has now meant that in 2 CAMHS areas there are 2 homes to consult to which does put a strain on the existing CIC hours.

We have sought to have consistent approach based on the needs of the homes. The Lead CIC Therapist met with John Stacey, Hampshire County Service Manager for residential services at the residential manager's team in October 2019. The outcomes of the meeting at the time, were wanting a bite size training in some of the mental health presentation that they were being faced with and how to help therapeutically parent them. Following this meeting, training has been delivered in homes both individually

and jointly with Education psychologist on therapeutic parenting and the overwhelming response was they wanted more of this.

Modernising Placements Programme

At the beginning of March 2020 the CIC Lead joined a multiagency stakeholder meeting lead by Hampshire's Head of Resource and Partnership, Amber James to look provision of placement across Hampshire for Children in Care. It was recognised that the current placement planning was out of date and service led, rather than the needs of the young person. A pilot project was discussed that involved the Basingstoke Childrens home Cypress Lodge working differently with hard to place young people.

The meeting was extremely productive particularly as the evidence collated from children services suggested that 100% of the young people in the residential homes had a mental health diagnosis. Both CAMHS and Virtual school advocated assertively for a trauma informed model, with the need for training and consultation. We were clear that this would need extra resources to deliver.

The programme is now at the point of finalising the business case for the service developments which require funding to proceed. These are:

- Trauma Informed Parenting and the Psychological Service
- The Hampshire Hive (foster carer network model)
- The Cypress Lodge Urgent & Extended Care model
- Simplifying foster carer skills fee payments

The business case will be presented to the Children's Services Departmental Management Team (CSDMT) on 27 August and from there, with relevant approvals, in the near future will be taken to the County Treasurer for funding approval.

Subject Matter Expert Group

The Programme requires a group of professionals to call on who are invested in the vision and able to bring expertise, challenge and an ability to influence others to realise the vision. This group will support developments through evidence, knowledge and championing of the vision. The Children in Care Lead will represent Hampshire CAMHS on the group.

2.6 Complex Liaison and Assessment

SPA

The Children in Care Pathway in the SPA has allowed easier access to a CAMHS service so that we can offer services that range from advice and consultation, which can be delivered at first point of contact, to highly specialist interventions. We revised the pathway to include the CAMHS referral form that has a designated section for Children in Care. The form is now to be sent in by Social Workers only to both capture consent and also the background information at first contact.

Enhanced assessment

As stated in the clinical model, the children in care assessments review not just the presenting symptoms and behaviour, but the context that the young person is currently in and has come from. This involves initially a 2 session assessment, 1 with the network of professionals including school, social worker, carers and the second with the young person. The initial trauma informed assessment is a working hypothesis of what the issues may be. We have seen an increasing amount of young people involved in county lines, sexual exploitation and are out of school, or who are on full care orders at home, that need further planning with the network to ensure the safety if the child. We have also seen increasing risky presentations, often in private children's homes where staff are not trained to understand what is behind some of the behaviours.

We have also had a number of Hampshire children who have very complex backgrounds and who are frequently moving placements, in and out of Hampshire. These presentations mean that creating a shared understanding of the young person's fluctuating needs is paramount.

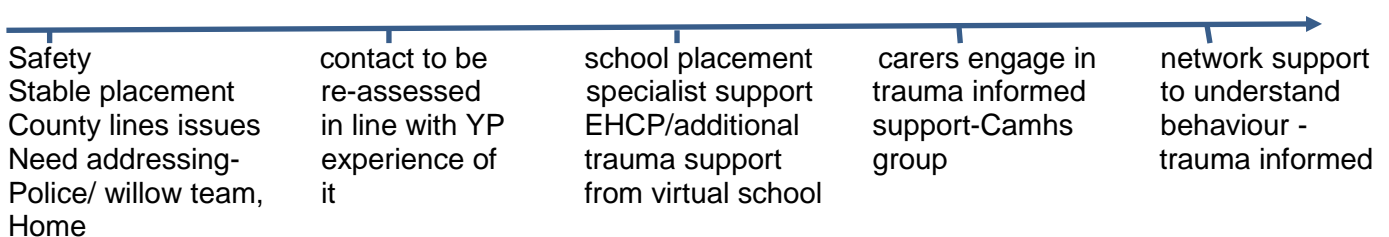
We have also started to see more referrals for refugees, and young people on section 20 placements at residential schools in the south and west of the county.

The work includes attendance and reports at children's services and school meetings to present an understanding of the young person's needs. As stated earlier in the report, the background the young people have before coming into care still impacts. The CIC therapist may often be assessing a child who has experienced high levels of neglect, abuse and trauma for a significant part of their childhood, so the work is complex. Yet it is often simpler solutions that may have the biggest impact eg. contact arrangements with family. More commonly are placement support issues where a young person is displaying behaviour that carers do not understand and feel unable to manage.

Time Line Approach

Whilst CAMHS pathways offer a framework for intervention, the children in care presentations are complex and often risky and take time to fully understand. This is not just from mental health perspective but also the risk of their placement or education breaking down, which will impact mental health. They also cannot be sat on a pathway waiting list, but need something to happen by someone straight away. Whilst most come under the umbrella of complex/developmental trauma, the pathway needs to be used to scaffold any intervention rather than dictate it. As we have discussed previously in the clinical model, the needs are often changing. It is important to think in the network what intervention by what agency will have the most impact first in order to bring the risk down and help a young person feel safe. This may well be children's services addressing unhelpful contact arrangements or communicating clearer plans to the young person; or school starting an EHCP or having virtual school involvement; carers needing therapeutic parenting training, or the young person needing help from their personal advisor due to anxiety about where they will live post 18.

Due to the multiagency complexity, the time line facilitates decisions and action to be made as part of a working care plan, where otherwise thinking gets stuck or seen as only one agency's responsibility. When a few areas of the timeline have been populated by what the highest needs are, then we can look at where Camhs need to sit in this order, much as the triangle in the clinical model shows a young person's needs: For example:



The multiagency planning is something we have seen an increasing need to be involved with due to less experienced staff in Hampshire and limited trauma informed thinking. The knowledge base is changing in the multidisciplinary hubs due to attendance on the Attachment and trauma training and the Camhs worker consultations, however the Social Workers involved in planning and decisions often have less knowledge about a trauma presentation. We are frequently sent referrals to 'fix the child', rather than understand what is behind the behaviour. Following a consultation/ assessment, we may offer a plan and resources for the network and close the case at that time if the support needed is not from a mental health provision. If open to CAMHS, generally they are seen under the trauma pathway. Any neuro- developmental assessment will be considered after we have assessed the trauma. Two thirds of ongoing children in care work is case holding and supporting the network as most often from a trauma perspective the issues of creating safety and stabilisation across the network are the most therapeutic intervention needed at the time.

CAMHS wide trauma pathway

We have contributed to the practical outworking of a CAMHS wide trauma pathway stepped model that addresses the need for a young person to feel safe before engaging in any intervention.

Step 0: The information about the young person context is gathered as part of the referral process to the SPA. We continue to monitor how we are able to consistently receive this in a timely way in order to be able to offer a trauma informed assessment.

Step 1: Trauma informed assessment using checklist to assess trauma symptoms. We are working hard as a virtual team to get this to be as consistent across the county, using CIC team meetings and supervision to review this.

Step 2: When a young person has been assessed as presenting with trauma symptoms, the first step for a young person is care is creating safety and stability in the network. They often out of education, involved in risky behaviour that is alarming the network so CAMHS is referred to as a recommended option often by the courts, or out of not knowing what to do. It is important to have a shared understanding of their presentation that is trauma informed. Supporting the network and addressing basic needs in paramount to recovery as a young person needs to feel safe. This task is also ongoing in case management and attendance at multiagency meetings.

Whilst the CIC team are very aware of this, waiting list in the wider CAMHS setting have meant that this task has not often been picked up in a timely way for those who are not CIC.

Recognising the need for psycho-education in stabilisation, a **workbook** about trauma has been created to help carers and young people feel safer by recognising and understanding their difficulties as a natural adaptation in order to survive. This has been used widely by the CIC team over the past year in training, with professionals, carers and young people. We use it help to stabilise a young person, both through psycho education about trauma and how to help regulate emotions. It helps a young person feel safer by understanding and normalising what is behind some of the feelings but also alerts carers to what they need to do to support them.

Step 3: Trauma Care Group: The outline for this 8-9 week group was adapted from Kim Goldings Nurturing Attachments training, that uses Dyadic Developmental Practice, to help young people feel safe and recover from trauma. This has been delivered in 5 CAMHS by CIC clinicians, mostly on a termly basis. Parent/Carers were asked to attend the group to help them learn about developmental/complex trauma and to actively engage in helping the young person to feel safer as they are more attuned to their needs. The outcomes for this group have continued to be positive. The carers felt they had a tool box of skills to use now with the young people rather than being reactive to their difficulties. They have recognised that they are an important part of their recovery rather than the young person being sent to CAMHS to be 'fixed'.

We continue to fine tune the format of the group across the county, to be able to have a consistent approach and train others in delivery. The group varies locally in its cohort in that smaller teams will offer a trauma group to both parents and carers, whilst larger teams will separate the cohorts. In Aldershot, we join both the CAMHS and PIP cohorts to allow the early intervention CAMHS worker to co run the group and keep it running on a termly basis.

As CAMHS referrals become more complex, the trauma group has become needed for generic cases. The groups have an increasing number of adults who have experience domestic violence, where the young person has been in the house at the time. The young people who are referred are often the most risky and using hospital as a place of safety. The group has been effective in teaching the impact of this but also in the group members continued support of each other.

Step 3: Intervention:

2.7 Direct Intervention (explore trauma)

This is a trauma specific intervention that can be delivered both by CIC therapists but also the wider CAMHS team. Often young people still feel unsafe and this often presents as very risky behaviour. Continued working with the network to stabilise the child is an important part of the continued work with complex cases. Where the young person is safer, DDP informed work with the young person and carer, psychotherapy-Child and Adolescent, Art, Play, Systemic, EMDR are approaches to dyadic and individual work. In the clinical model this is the higher end of the triangle, so the direct work is less often on CIC case-loads due to the need to support the network.

As a CIC team with differing clinical backgrounds, it has been important to develop a consistent trauma informed clinical approach. We have appreciated the funding support for Dyadic Developmental Practice level 1 and 2 trainings which have been partially completed by over half of the team (Covid delayed). The DDP training informs both the trauma care group and direct intervention. We have found that offering this intervention after or instead of the group positively impacts placement stability and the relationship with the carer. This has a positive impact on their mental health presentation and facilitates the carer continuing the work as they have a better understanding of the young person.

2.8 Transitions

Transitions are often a trigger in trauma presentations and as a CIC team we experience needing to support the young person and network in increasingly complex situations where often access to services is not timely. We have had a number of complex cases in Hampshire that have outside of the county, who have been on medication, but have not been able to access services due to funding issues, being on a waiting list, or the delivery of services is limited due to being out of county. We have continued to support the young person on these situations until a service has been provided, but it has entailed a large degree of case management.

We also have experienced discharge from hospital for children in care to be unequal to those who are not in care. They are often moved to a new placement on discharge or have no discharge summary, or no planned follow up. We have been left with risky cases that then come in from another county to be seen quickly to assess the risk, but with very little information. The time following these up is extensive.

We have also considered the provision of service for Care leavers in Hampshire. The transition to 18 is often the most risky for children in care often fearing being homeless. Their mental health presentation between 16-18 is the most risky often with exams and placement moves. Where enduring mental health difficulties have presented it has been difficult to get adult mental health support as their difficulties are often seen as behavioural or as personality disorder, rather than continuing to use a trauma informed approach. We are also aware that neighbouring counties have a post 18 provision for care leavers and would like to consider this further with commissioners for Hampshire.

2.9 Adoption and Children in Care Regulations 2020

As a response to Covid 19, these came into force on 24th April and are due to expire on 25th September. "These regulations make significant temporary changes to the protections given in law to some of the most vulnerable children in the country....Children in care are already vulnerable and this crisis is placing additional strain on them- as most are not in school, less able to have direct contact with family and other professionals and facing the challenges of lockdown and anxiety about illness- all on top of the trauma they have already experienced. If anything I would expect to see increased protections to ensure their needs are met during this time" (Childrens commissioner Aril 30th 2020 Statement in changes to regulations affecting children's social care).

We have experienced supporting the impact of this where young people in residential setting, already struggling are confused why some see their social worker, have calls from and others don't. The

consultation to one home has gone up 4 fold during the lockdown due to the impact of lockdown on young people and staff.

The timescales to review plans for children in care have been relaxed, so placement planning has experienced significant delay. Children who came into care during lockdown has to have 2 weeks of isolation- an already traumatic experience made more traumatic and have no idea of plans and timescales to move. The pressure has been shifted to CAMHS to work with the child during this time and the lack of face to face being questioned.

Foster placements have received less scrutiny in terms of assessment and in a county where placement are limited, the increased risk of placing children without proper assessment is incredibly worrying in terms of basic safety. Whilst the regulation amendments have been temporary, there is a drive for these to remain beyond the September date due to the positive impact on already stretched Social Work case load. We are already supporting carers to understand the young person's behaviour from a trauma informed perspective, but the growing number of private homes and unregulated placements impacts on the young person's sense of safety, but is only seen as their mental health problem that CAMHS needs work with. We have been, as a team over the past year, the strongest advocates for where the environmental context for the child, is what is behind the presentation.

2.10

Adapting work during Covid

We have experienced an increase in work during lockdown. Whilst it has been possible to use Attend Anywhere with some young people, particularly where less school pressure had increased placement stability, many have refused and preferred phone. Given the cases are all trauma presentations, to continue therapeutic trauma work in this way at this time would destabilise further. What has been happening is a lot of innovative ways of 'keeping a child in mind' and supporting the network. Where young people both due to risk or therapeutic need have required face to face, this has been offered in settings often outside of CAMHS. Some carers have favoured a less clinical setting and we have been able to discharge. Others where there has been disengagement, we have reviewed to see if CAMHS is actually what is needed. The most difficult to get adults to facilitate have been appointments virtually in the residential settings. The appointments have not been kept, or young person reminded as still in bed, IT equipment has not been set up or a phone has been removed and private space is not provided.

Some of the changes have been positive and will remain. Children in Care meetings will remain virtual, to reduce travel time and supervision which was by skype before Covid, will remain. We have also found the network meetings easier to organise through the social worker using 'Teams' and have been able to have better contact with the network by email. This has meant an increase in administration for CIC clinicians but a more timely response to multiagency work.

The increased pressure on the generic duty commitment in teams has seen CIC clinicians in some areas having less time to do CIC work. Whilst discussions have been had with team managers about easing the pressure of duty, the CIC clinicians remain caught between the demands of the CIC and generic work.

Section 3

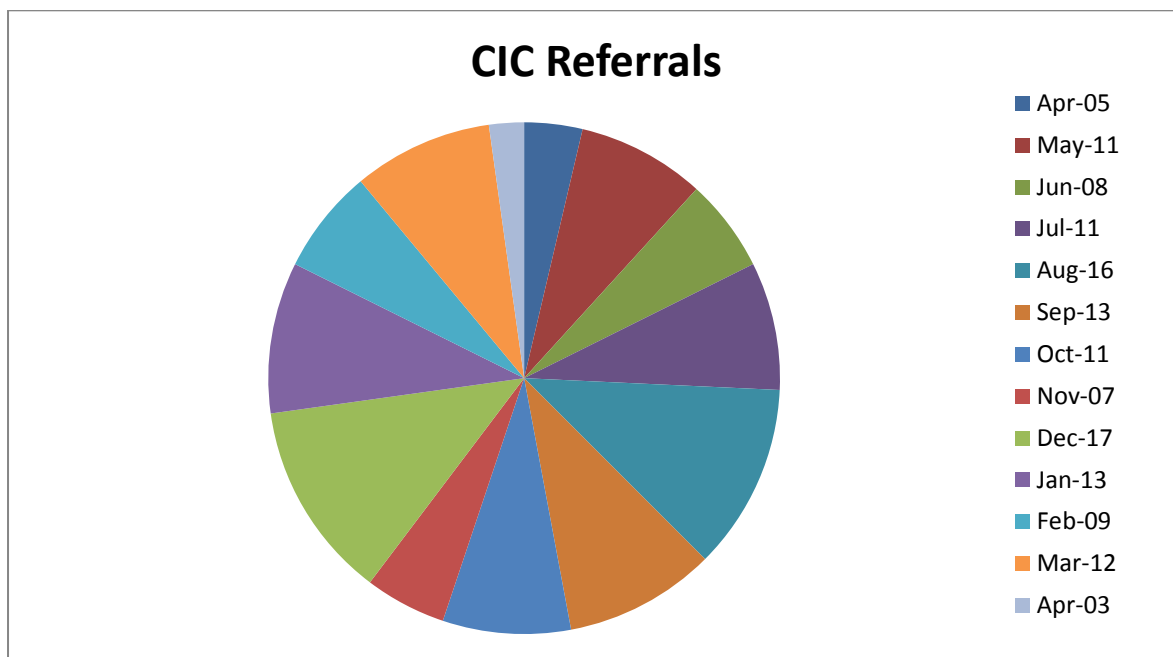
3.1. Statistical Reporting

This is particularly important both in terms of access to a service but also staff well-being and retention. In the proposal we identified the need for more than one CIC Clinician in each team so that the often complex risky work is not held in isolation.

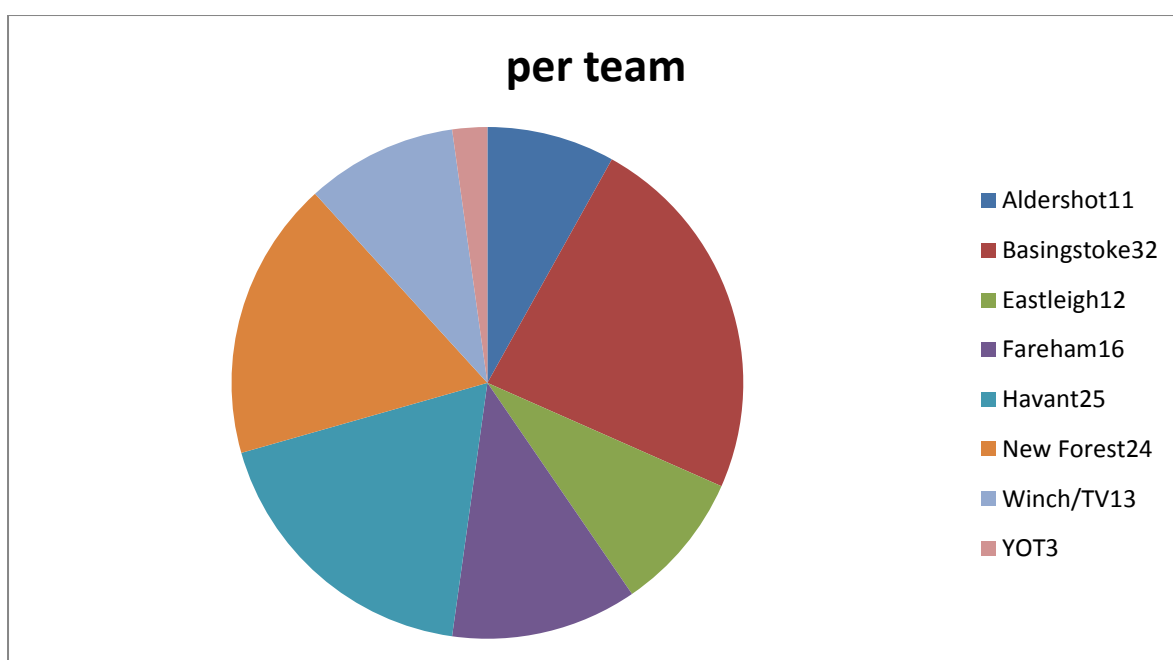
The figures do not include the increasing number of Special Guardianship and adoption cases which CIC Therapists are currently holding. We are seeking a way to pull these figures more easily from caseloads across CAMHS particularly as they are seen as a vulnerable group. CIC therapists are being asked to work

with these case post generic assessment as the skill set needed to work with them is not available in the wider CAMHS team or the wait means the placement is at risk of breaking down.

There were **136 CIC Referral April 2019-2020**. These figures include Section 20/31 only, not Adoption/SGO.



Looking at the trend in referrals, this does not always follow the generic CAMHS referral pattern with August being the second highest referral month. 40% of these were for Havant CAMHS. There are a large number of private Hillcrest homes in the area which often contribute to the figures in general. It is also a time of school holidays where carers may struggle more with a young person at home. It could also be the delay of an end of school referral asked for by school as they have concerns about the young person's welfare over summer holidays. September is also high but spread across the service as is December and January. Schools asking for referrals can often contribute to the term time figures, but there is a general steady flow across the service all year with spikes in individual teams that increase figures for the month.



If we compare the referrals per team to the amount of CIC hour available:

Basingstoke 32 referrals	1.2 CIC hours
Havant 25 referrals	0.9 CIC hours
New Forest 24 referrals	1.2 CIC hours
Fareham 16 referrals	1.41 CIC hours
Winchester/TV 13 referrals	0.8 CIC hours
Eastleigh 12 referrals	0.5 CIC hours
Aldershot 11 referrals	0.4 CIC hours (from 0.8 Lead role)0.2 vacant and time limited until April 2021

What is obvious is Basingstoke has significantly more referrals than other teams in Hampshire, yet the resource does not reflect the increasing work. Havant is significantly under resourced being the second highest in referrals. Both areas have been impacted by staff longer term sickness which has in part been made worse by the volume of work.

The hours also reported contribute to the generic team duty tasks and in Basingstoke which generally a day every other week and also taking some SGO and post Adoption work, post assessment, where teams have requested.

As referrals often come in groups then quiet, Children in Care are waiting longer than 2 week for assessment. This is often as a social worker is not available to meet before but also a capacity issue. In high referral teams, generic clinicians also assess CIC where skills have been identified, or if there is a vacant post. However this is not consistent in the management group so in some teams they are waiting much longer for assessment. This is particularly reflected in under resourced teams.

Children in Care Clinicians Case Load as Lead Practitioner April 2020

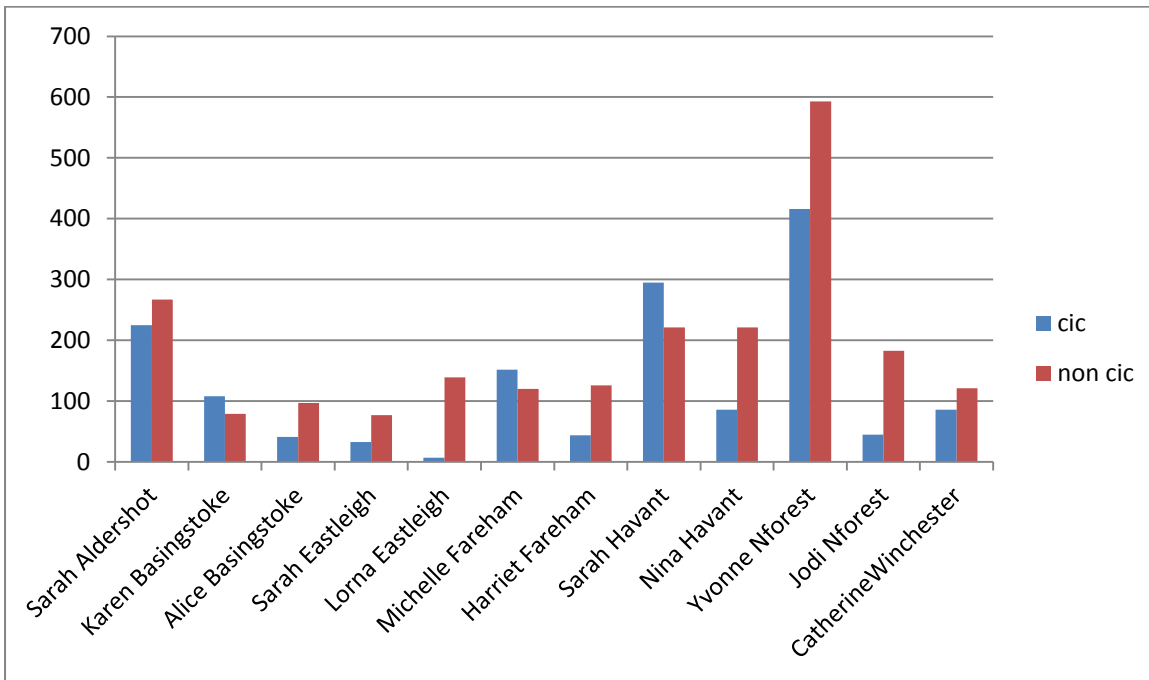
Count of CIS_ID	Stated as LAC					
Row Labels	No	Not Known	Yes	Yes - Out of Area	(blank)	Grand Total
Alice Coombs	2		4			6
Catherine Jones	4	1	8			13
Harriet Badman	7		3		2	12
Jodi Battison	15		1	1		17
Karen Reardon			18	1		19
Lorna Taylor	11					11
Michelle Thompson	5		22		1	28
Nina Heptner	8		2	1		11
Sarah Cunningham	1					1
Sarah Matthews	5		10	1	1	17
Sarah Moore	6	1	9	1	1	18
Yvonne Richards	14	1	20	1		36
Grand Total	78	3	97	6	5	189

The volume of non CIC varies across Hampshire. Some posts are split so there would be non CIC cases expected. The areas where there is the biggest percentage of non- CIC is in Aldershot, New Forest and Fareham. This would account for some of the post adoption and SGO work, but also where cases have been allocated from generic teams for the purposes of risk assessment.

The case load also varies according to hours worked:

Basingstoke	0.6 CIC	6	New staff member	
	0.6 CIC	13		
Winchester	0.8 CIC	13		Case is always a difficult subject and especially so with CIC. Job plans can help and hinder, but simplistically the work should fit in the hours employed.
Fareham	0.78 CIC	28		
	1.0 split post	12		What is noticeable is the range in volume of cases that does not fit in line with the hours employed. The large case load in Fareham is a reflection of a glut of referrals coming in but also holding non CIC cases for risk assessments.
Havant	1.0 split post	18		
	0.9 split post	11		A smaller case load is not always reflected in the hours or split post, but maybe due to complexity or leadership tasks in the role also. The general reflection, not matter the figure is the cases are becoming increasingly complex and time consuming in the multiagency component and risk, which often happens with little notice.
New Forest	1.0 CIC	36		
	0.6 split post	17		
Eastleigh	0.5 CIC	1	(mat leave)	
	0.6 split post	11		
Aldershot	0.4 CIC	17		

Total Team contacts for Children in Care Team Clinicians

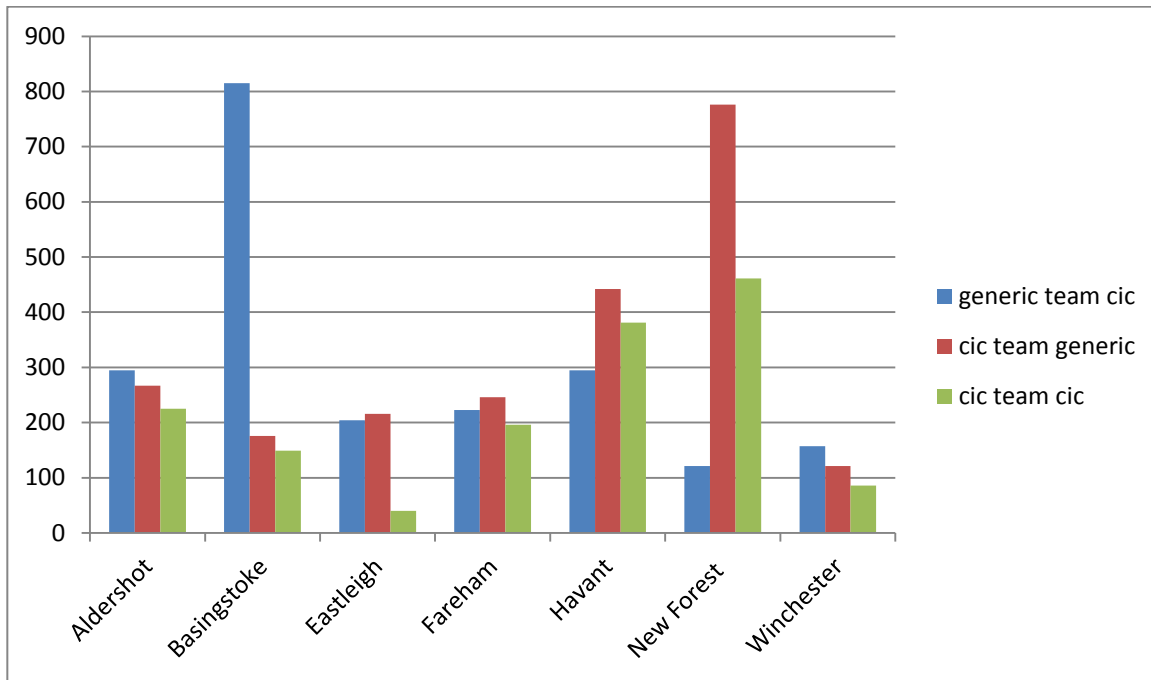


Total contacts for Children in Care Clinicians is 3722. 1538 are Children in Care Cases and 2244 are not children in care.

In some teams where therapists have split roles such as Sarah-Havant, Nina - Havant, Jodi- New Forest, Harriet-Fareham and Eastleigh where there had been maternity cover for Sarah, by a team member Lorna. In the other teams where the roles are not split, the generic contacts are mostly higher, or nearly as high as CIC contacts.

We can account for some of these in Special Guardianship cases and post adoption cases which we are currently trying to identify separately on Carenotes. There is a growing amount of referrals for SGO's whom are not eligible for other support.

The vast amount of generic contacts in these teams results from duty and trauma care group.

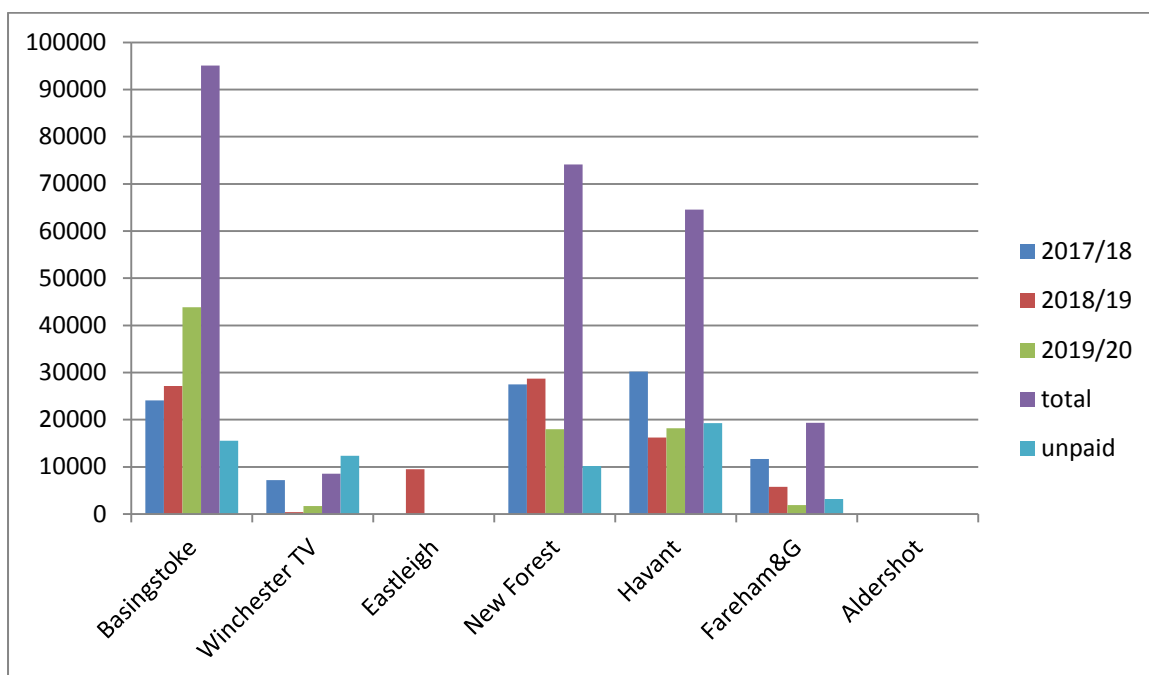


Generic CAHMS teams provided **2110** contacts for Children in Care cases. CIC team provided **1538** contacts for Children in Care cases. They also provided **2244** contacts for generic case

Some of the high generic team figured for children in care contact are due to gaps in staffing- recruitment and maternity. The other are where there are a high level if referrals into the team in addition to absence.

However the number of contact that the Children in Care Team provide for generic CAMHS is still vastly more that the CIC contacts and more than the generic team provide for CIC. A consideration would be that if CIC clinicians were removed from generic work, there would be more capacity for the children in care cases to be seen in a more quickly

Out of County Placement Invoicing



There has now been 3 years of evidence particularly in Basingstoke, New Forest and Havant of a large cohort of out of county work being invoiced. Aldershot has no out of county work invoiced but since the writing of the report had 4 out of county referrals.

Due to the placement being away from the placing authority- the needs are often complex with high levels of risk. We offer a service to out of county young people that is consistent to Hampshire children, which can place extreme pressure on resources. This is particularly difficult when young people move across counties or close by to Portsmouth and the same level of service is not available due to protection of resources for own young people.

Some managers have been looking into how we may access the money claimed back from other CCG's to support the CIC work. We understood that 3 years of evidence was needed for this to happen and may not support a substantive post but could be used in other support functions. This is a discussion we would like further as a team, particularly as CIC clinicians have used substantive amount of time filling in the claim forms for this purpose.

Section 4

4.1. Conclusion

It is clear that a clear trauma informed approach for the Children in Care team, allows us to offer a consistent, timely and sustainable service, that is in line with trust and government and Sussex Partnership priorities. By using a stepped/layered multiagency model, we are able to best use our specialist expertise to target the widest audience of professionals in a systematic way. The work is complex and clinicians and professionals need to feel safe in the delivery of this to enable the young person to be kept in mind. The trauma formed model 'makes sense' of the work we do and provides necessary boundaries to this.

The team have worked hard over the past year, maintaining a multiagency approach in consultation, assessment, training and direct work, often when others services, with equally limited resources, have a view that therapy from CAMHS is only what is needed. It has been the absolute advocacy of a child centred, flexible and accessible approach in the multi-agency plan that has brought about change in the lives of the young people we have seen.

Resources across the county have been stretched for a long time both in generic teams and Children in Care. The reality is that referrals for children in care are not seen as quickly as we would want them to be down to the extensive remit of the team both Hampshire Children and out of county placements. The trauma skills of the clinicians are also in high demand across CAMHS and other agencies, which is encouraging but also difficult to meet. An increase in funding for posts, particularly where clearly under resourced and the removal of generic duty tasks, would allow this vulnerable group to access support more quickly.

Despite the enduring and increased difficulties for children in care during Covid, the team have adapted ways of working, keeping the young person in mind, whilst managing high levels of risk and supporting placements. It has been particularly encouraging in the midst of this to be invited to contribute to the Modernising Placement Plans that are being proposed in Hampshire. Trauma informed placement support has been a major task in all referrals so far. Supporting carers to recognise what is behind the behaviour is paramount in helping a young person to feel safe and begin to recover. Our aim as a Children in Care Team has always been that wider workforce have a greater understanding about "what has happened to the young person, rather than what is wrong with them" as a starting point. Together we may then provide the support that will help them feel safe, and achieve their potential.

4.2. Recommendations

Going Forward 20/21 priorities

- Ensure spa process are maintained, timescales met and new CAMHS form is used.
- Identify consistent administration support in each CAMHS team for CIC Clinicians, to free up more clinical time. This would assist with setting up CIC assessment, diary and out of county funding returns.
- Complete Dyadic Developmental Practice training level 2 for those attending, to have a DDP informed team approach.
- Continue to co-deliver commissioned training to Hampshire Local Authority with Educational Psychology. This will happen virtually in the immediate future.
- Train generic CAMHS workforce in trauma model and trauma informed skills.
- Continue to contribute to Hampshire's Modernising Placements Programme, ensuring a trauma informed approach to CIC placements and planning.
- Increase engagement with Virtual school to look at how best to use resources
- To increase the clinical hours available to CIC team by reducing generic duty commitments to allow for more specialist work to be offered to teams
- Consistency across teams in how CIC cases are triaged, assessed and held in teams
- For the CIC team to be identified as a separate team on Carenotes. This will allow for more accurate data collection, clearer use of clinical hours and audit.
- To aim to have 2 identified Children in Care clinicians in each team.

- To look at alternative/innovative ways to engage and work flexibly with CIC. This is to include how we may extend virtual resources and training to further support referrers and the network as well as direct work with young people.
- To look at how the out of county funding can be used for the benefit of children in care

4.3. Expected Improvements to Service-User Experience

With the above priorities we would expect more timely access to support from a number of sources, with a shared trauma informed approach.

Those working with children in Care will be able to access training and support from to help better understand the young person they are caring for.

Young people will be able to have episodes of intervention from CAMHS when most needed and are able to access ongoing support trauma informed support from the wider network.

4.4. Action Planning

	Action	Lead Name	Deadline
1.	Discuss with SPA dissemination of new form prompt with local authority offices	Sarah Matthews	October 2020
2.	Meet with Andy Muskar: <ul style="list-style-type: none"> • to look at creating a separate team on Carenotes for CIC • out of county funding matter and process • Admin support for CIC 	Sarah Matthews	October 2020

3.	Complete DDP training Oct 2020 and set up supervision group to work toward accreditation	CIC team	November 2020
4.	Train teams in trauma assessment virtually and Hants training package to be made virtual	CIC Team	Starting October 2020
5.	Contact Virtual school to look at how to best use resources	Sarah Matthews	November 2020
6.	Attend Expert by Experience Steering group for Hampshire Modernising placements programme	Sarah Matthews	September 2020

Name: Sarah Matthews
Team: Children in Care Team
Tel: 01252 335600
Email: sarah.matthews22@nhs.net

Hampshire's Corporate Parenting Board Priorities and Progress Log

The overarching aim of the Corporate Parenting Board is to improve outcomes for children in care and narrow the gap between them and their peers, listening to the voice of the child enabling the participation of children in young people in the development and delivery of a care system that aspires to provide every child in Hampshire with a safe, happy, secure and loving childhood, whilst nurturing their aspirations and enabling them to fulfil their potential.

AGENCY:...Hampshire CAMHS, Sussex Partnership NHS Foundation Trust

Completed

On-Schedule

Outstanding

Date	Priorities	How will this be achieved	Progress	Timescales
May 2019	Continue to provide information, advice, guidance and training to a range of stakeholders.	The CiC Hampshire CAMHS virtual team will deliver this, in partnership with other CAMHS staff and agencies.	<p>Examples of this in 2019/2020 include:</p> <ul style="list-style-type: none"> An information stand at the annual Foster Care annual conference. Supporting the planning and delivery of the Hampshire LGBT CiC conference. Supporting Mental Health briefings with the virtual school. Offering trauma informed training to professionals, internal and external staff. Incorporating trauma training into the CAMHS induction. 	Completed

Date	Priorities	How will this be achieved	Progress	Timescales
			<p>Delivering the 'Hear Me Campaign' throughout 2019, which focused on children in care. An exhibition of all the activities throughout the year, including sharing the views of children in care, was in place in Basingstoke shopping centre.</p> <p>Embedding a consultation model with CAMHS Staff in the Partners in Practice Team, HCC.</p> <p>Continuing to offer consultation to HCC children's homes and providing bite size training sessions.</p>	
May 2019	Review referral pathways for children in care, to ensure the pathway is followed and there is proactive follow up where relevant information has not been received.	To be undertaken by leads within the Early Help Service in Children in Care virtual team	The referral pathway has been reviewed.	Completed
May 2020	Support the development of the Mental Health Local Transformation Plans, ensuring a focus on children in care.	Working collaboratively with commissioners and other stakeholders	The Service continues to contribute towards the development of the Local Transformation Plan.	On-Schedule
May 2020	To support the development of a regional pledge for CiC in relation to mental health and work towards achieving the ambitions established within the pledge.	Working collaboratively with commissioners and other stakeholders	A regional pledge for CiC has recently been agreed by all relevant parties.	Completed
May 2020	Complete Dyadic Developmental Psychotherapy (DDP) training for relevant CAMHS staff.	Through the provision of external training to CAMHS staff.	The training has started.	Completed

Date	Priorities	How will this be achieved	Progress	Timescales
May 2020	Support HCC in the development of new services in relation to the HCC Modernising Placements Programme.	Through representation at key meetings, providing advice as and when required.	The service continues to meet with professionals from HCC, offering advice and support as necessary.	On-Schedule

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HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Corporate Parenting Board
Date:	28 January 2021
Title:	Fostering Annual Report
Report From:	Director of Children's Services

Contact name: Sarah Smith

Tel: 01256 405982

Email: Sarah.smith2@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an overview of fostering activity, detailing statistical performance data and highlighting some focus areas for 2020/2021.

Recommendation

2. To note the annual report.

Executive Summary

3. The Fostering Annual report 2019/2020 provides an overview of fostering activity, detailing statistical performance data and highlighting some focus areas for 2020/2021

Contextual information

4. N/A

Finance

5. N/A

Performance

6. This report provides an overview of the fostering service performance 2019-2020

Consultation and Equalities

7. N/A

Main Report:

Introduction

8. This report provides an update on Hampshire County Council's fostering service in line with fostering services statutory regulations and guidance.
9. During 2019/2020 the service successfully recruited and approved 31 new fostering households.
10. At the end of June 2020 there were 483 registered foster carers in Hampshire.
11. The Fostering Service has a marketing strategy for 2020/2021; with a target to recruit 34 fostering households. The marketing strategy has been compiled using recommendations provided by research completed by the Insight and Engagement team as part of our Modernising Placements Programme which is focussing on increasing the number of fostering households.

The Fostering Service

12. Hampshire fostering service is comprised of four teams.
13. The Recruitment and Assessment Team is a team of social workers, support worker, a marketing officer, and a panel co-ordinator. The team is responsible for marketing activity to recruit new foster carers to meet the needs of Hampshire children, visiting potential foster carers, completing fostering assessments and supporting applicants through to fostering panel.
14. There are two Fostering Support teams, East and West. The teams support approved foster carers, providing supervision and training to ensure foster carers' practice continues to meet the National Minimum Standards.

15. The Connected Carers' Assessment Team carries out assessments for fostering applicants who have a pre-existing relationship with a specific child and supports these applicants through to fostering panel.

Recruitment of foster carers

16. In 2019/20, the fostering service rebranded and became 'Fostering Hampshire Children' updating its identity, digital presence, and information materials.

17. There have been varied recruitment events held over 2019/20 including large summer events and smaller drop events. We also trialled a number of supermarket information stands.

18. During 2019/20 we launched Foster Focus Week; our first regional awareness campaign. We increased radio and social media activity, distributed printed literature, and held information events each day across the county, resulting in 17 enquiries. This will now be an annual campaign.

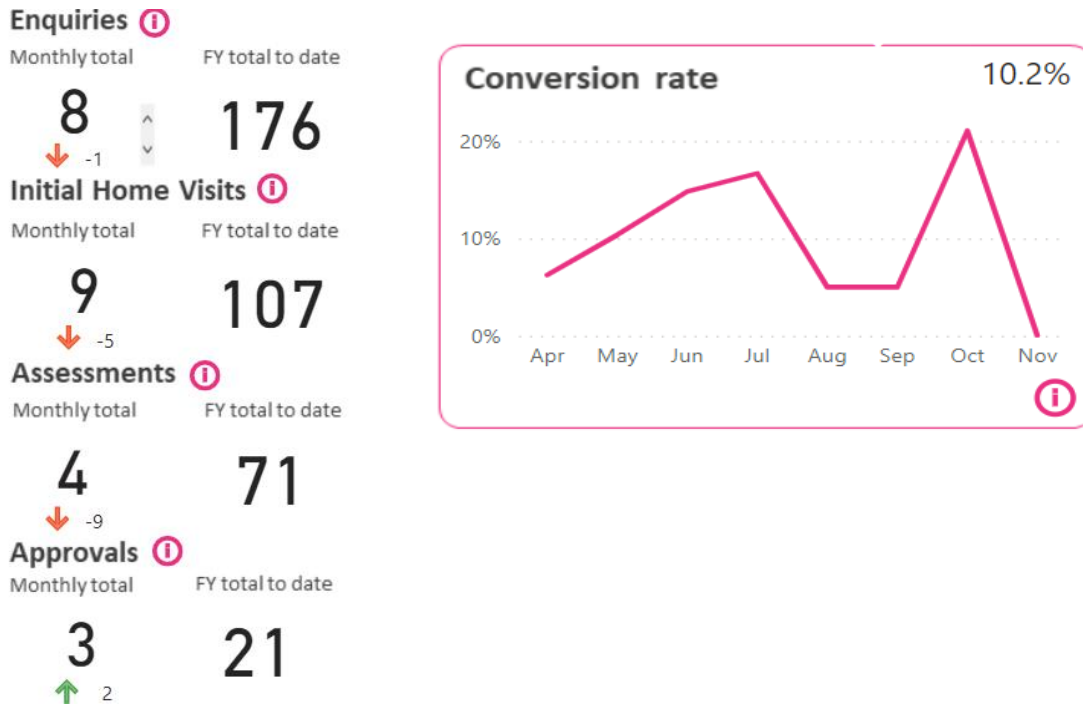
19. We have invested in our social media platforms, where engagement with potential foster carers has increased. Compared to 2018/19, our following on Facebook has increased by 33%, page actions +46% and impressions on Twitter have increased by 55%. On Google, our impression share increased by 55% throughout the year with a 3.2% click-through rate on average (1.9% is perceived as good on Google).

- Recruitment Data for 2019/20
 - Number of enquiries
493
- Number of Initial Home Visits
219
- Number of assessments initiated
64
- Number of approvals
31
- Conversion rate form enquiry to approval
6%

20. Data from April 2020 to December 2020 tells us that whilst enquiries and initial home visits have decreased in comparison to 19/20, the number of assessments initiated has increased and approvals are likely to be very similar to last year. Data also shows that the conversion rate is 10.2% which is a significant increase from 19/20 and would suggest that our

marketing messages are targeting the right people, so that people who make an enquiry are more likely to become approved foster carers.

15 Snapshot of data from December 2020:



Fostering support

16 In 2019/20 we introduced two new training courses which run four times per year: Child to Carer violence which supports de-escalation and understanding children’s behaviour and a Relationship and Sex education course for foster carers to help them feel confident in discussions with teenagers in their care.

17 Each year we undertake a fostering survey to gather the views and experiences of our foster carers to support and improve our service. The most recent survey took place in June 2020 and showed an increase in foster carer satisfaction in all areas.

18 Foster carers satisfaction levels in comparison to 19/20 for different areas of the service

Table 1: Comparison of Satisfaction Levels of Foster Carers

	Satisfied or very satisfied	Neutral	Dissatisfied or very dissatisfied
Recruitment	46% (43% 2019)	51% (52% 2019)	4% (5% 2019)
Assessment	58% (55% 2019)	38% (40% 2019)	3% (6% 2019)
PCT	55% (49% 2019)	37% (35% 2019)	9% (16% 2019)

Childrens SW	60% (37% 2019)	22% (22% 2019)	17% (28% 2019)
Family Placement	74% (64% 2019)	25% (26% 2019)	2% (11% 2019)
Payment	66% (50% 2019)	27% (24% 2019)	15% (27% 2019)
Being valued as a professional	49% (34% 2019)	20% (25% 2019)	30% (41% 2019)

19 In 2019, we held our first 'Foster Carer Get together', this was a social event for foster carers to come together and meet and talk to other foster carers. A range of managers were also present and engaged in social activities with foster carers. The feedback forms for this event were very positive and foster carers stated that they would like more events like this, which we plan to provide. However, currently plans for this have been on hold due to the disruption of Covid-19. Some alternative virtual events have been held but not on the same scale.

Connected Carers

20 In 2019, Connected Carers' Assessing Social Workers moved under the structure of the district teams to promote improved joint working. There have been some positives in this change of structure but also some challenges. Co-locating children's social workers and assessing social workers has improved joint working and sharing of fostering knowledge. There have been challenges in ensuring consistency across the county and difficulty with no central oversight.

Fostering Panel

21 The service has 6 fostering panels that are held each month. Each panel will hear a maximum of 5 cases.

22 The Service Manager meets with panel chairs on a quarterly basis to discuss any themes in panel, issues and training and development needs. An annual panel member training day was held in 19/20 which received positive comments from attendees. Further virtual training workshops are scheduled for January 2021.

Total Carers

23 The total number of carers is remaining stable, at the end of June 2020 there were 483 registered foster carers in Hampshire, down from 485 the year before. This does not include those carers only offering staying put as they are no longer registered foster carers.

Foster carers on hold

24 The average number of foster carer households on hold at any one time is 22.25. These have been for a variety of reasons, including foster carers choosing to take a break, other family or work commitments, and a small number due to complaint or allegation.

Timeliness of foster carers annual household reviews

Table 2: Household Reviews within Timescales

% of foster carers with HHR's recorded in time	Q1 2019-2020	Q2 2019-2020	Q3 2019-2020	Q4 2019-2020	Q1 2020-2021
	83%	83%	83%	74%	89%

25 There was a significant decrease in the number of foster carer households with a timely household review in Q4, this was a concern which has now been addressed.

Timeliness of supervision visits

Table 3: Supervision Visits within Timescales

% of foster carers with supervision recorded in time	Q1 2019-2020	Q2 2019-2020	Q3 2019-2020	Q4 2019-2020	Q1 2020-2021
	75%	72%	81%	78%	94%

26 Foster carer supervision has been an area of focus for the team Current data (June 2020) shows an improvement to 94% compliance in this area.

Timeliness of unannounced visits

Table 4: Timeliness of Unannounced Visits

% of foster carers with unannounced visits in time	Q1 2019-2020	Q2 2019-2020	Q3 2019-2020	Q4 2019-2020	Q1 2020-2021
	90	95	93	90	89%

27 The service has continued to ensure a high level of compliance in completing and timely recording of unannounced visits.

Foster Carer Medicals

Table 5: Foster Carer Medicals Overdue

Number of overdue Medical checks	Q1 2019-2020	Q2 2019-2020	Q3 2019-2020	Q4 2019-2020	Q1 2020-2021
	89	76	103	137	187

28 This number of overdue medicals represents 22% of those that require a medical which gives a 78% compliance rate in this area.

DBS checks

Table 6: Overdue DBS Checks

Number of overdue DBS checks	Q1 2019-2020	Q2 2019-2020	Q3 2019-2020	Q4 2019-2020	Q1 2020-2021
	128	119	119	181	131

29 This number of overdue DBS checks represents 12% of those that require a DBS check which gives an 88% compliance rate in this area.

30 There will always be a small number of overdue DBS checks due to young people within the household turning 18 years. It is not possible to complete a DBS check until a young person turns 18 years therefore this becomes overdue the day of the young person's 18th Birthday.

31 Overdue medicals and DBS checks are a continuing area of focus. There is a process in place to initiate these checks three months before they are due.

32 There has been a recent change in the way we process medical forms to comply with GDPR. The medical forms now go straight from the GP to the Medical advisor instead of coming back to the department first which makes it very difficult to check and monitor where any delay is being caused. The service will be exploring potential solutions to this issue which could include an IT/ electronic system solution.

33 There is a tracking spreadsheet for all DBS checks that evidences DBS checks are being initiated in a timely way. There is some delay with foster carers not responding to the electronic link they are sent in a timely way and this step needing to be repeated.

Deregistration

34 Over 19/20 there were 80 fostering households de-registered, 49 of these households were connected carers of which 39 were a result of positive

outcomes for the children through adoption, Special Guardianship, moving on to independent living and reunification.

35 Of the 31 county carers deregistered (including specialist respite care), the reasons were:

Table 7: Reason for County Carer Deregistration's

Reasons for deregistration	
Change of circumstances	17
Retired	2
Specialist respite care child moved on	1
Dissatisfaction	3
Death of one of the carers	1
Moved out of area	3
Ill health	2
Adoption	1
Staying put/shared lives	1

36 Of those where a change of circumstances was provided as a reason for deregistration, some of the following themes have been noted:

- 2 foster carer households struggled after taking their first placement with the impact on theirs and their children's lives
- Wanting to spend more time with family
- Change of employment
- Own family composition changed
- Family caring commitments

37 Of the 3 foster carers that felt dissatisfied with the department, two felt that they had a lack of placements, looking at both of these cases, one fostering household only cared for babies which limits who can be matched with them and the other had very limited availability. The third foster carer household was an SRC carer who felt dissatisfied with having to chase payments. The service is aware of some payment delays for foster carers and as an action from this a Rapid Improvement Event was held to work on plans to resolve this which are currently being worked on as part of the Retention workstream in the Modernising Placements Programme.

38 In 2019/2020 we initiated an exit interview process for foster carers where they give permission.

Complaints and allegations against foster carers

39 The Council has a Complaints and Allegations against Foster Carers procedure as required by the Fostering Services Regulations 2011.

40 In total there have been 123 concerns/complaints/allegations initiated within the 2019/20 period. These were concluded as the following:

Table 8: Concerns, Complaints and Allegations initiated in 2019/20

Concern	Complaint	Allegation
51	39	33

41 Of these concerns, complaints and allegations, the outcomes were:

Table 9: Outcomes of Concerns, Complaints and Allegations

Continued fostering	114
De-registration	7
Resignation	2

42 No cases were presented to the Independent Review Mechanism (IRM) in 19/20.

Modernising Placements Programme (MPP)

43 As mentioned above, there is a substantial transformation programme underway with the aim of ensuring that Hampshire children are provided with the right support at the right time. The needs of our children have increased over recent years, and with the success of our Transforming Social Care programme ensuring that children can remain at home wherever it is safe to do so, those children who are in our care have the most complex needs. We need to ensure that our foster carers have the skills, support and capability to respond to these needs and MPP is focussed on all aspects of the journey for a foster carer from enquiry right through to approval and support.

44 Foster carers have been involved in this programme of work and are helping to shape and develop new approaches. One of these new approaches is moving towards a Hampshire Hive model of support where a Hive Carer supports 6-10 other fostering families akin to the wider family support that many children receive from aunts, uncles, grandparents. This model will be launched in the summer for applications from foster carers to be Hive Carers and so far, has received very positive feedback. Additionally, we are considering other supports to foster carers in learning and training and changes to our skills fees model.

Hampshire Fostering Network (HFN)

45 The service continues to work closely with Hampshire Fostering Network. The service attends the monthly committee meetings and facilitates monthly operational meetings with the Fostering Service Manager, the CIC lead and HFN chair and vice chair. Although these meetings have not been held in recent months due to Covid-19, virtual meetings have been

offered. The Service continues to communicate information to HFN and work closely with members when reviewing practice and policies. The service has also started communication directly with foster carers via an opt in database which foster carers subscribe to, allowing the service to share information readily and deliver a monthly service newsletter.

Wider placement context:

- 46 Fostering is the main type of provision that the placement team search for. Of the referrals for young people requiring accommodation, the request for foster care make up 53 % of the referrals that Children and Families branch make. The average number of young people who are supported in IFA (Independent Fostering Association) placements at any one time is 439, this is 48% of the foster care placements, with the other 52% being supported by in house foster carers. Occasionally the placement team need to look at alternative placements to those that the social work teams have requested. The percentage of referrals not in line with the original request has been steadily decreasing. Currently only 4.7% are not in line, this includes young people requesting residential care but being found a foster placement and vice versa.
- 47 Over the last year there were 44 foster placement requests for new unaccompanied asylum seeking minors. In the autumn of 2020 HCC agreed to support 10 young people arriving into Dover's port as Kent had hit a crisis point with the volume of new entrants. This support is part of a national scheme. There was some really positive work with our foster care providers and out of hours team to support this as safely as possible for those young people.
- 48 Hampshire currently have two fostering frameworks which both expire in March 2022. The Procurement and Commissioning Team are in the process of reviewing the most effective option for these going forward linking with the Modernising Placements Programme. The specialist framework has seen a lot less than anticipated use, primarily because of the other initiatives that have been embedded by frontline staff as part of the Hampshire Approach. In terms of the retender the current proposal is for the two fostering frameworks to merge.

Conclusions

- 49 The Fostering Service has continued in its efforts to provide a high level of support and supervision to Hampshire foster carers. Further improvement has been made in some compliance data since April 2020.
- 50 31 new foster carer households were approved in 19/20, however 31 county foster carer household also deregistered. The focus for 20/21 is on recruitment and retention to increase our overall foster carer household numbers. Work within the Modernising Placements Programme has

supported the service to identify specific groups to target within foster carer recruitment which has enabled the service to tailor marketing messages.

- 51 New training for foster carers was facilitated to enable foster carers to meet the changing needs of our looked after children. The service is currently reviewing the foster carer training pathway with a view to increasing foster carer resilience and support to care for children with higher needs and more complex behaviours.
- 52 Foster carers have provided feedback about the service through the foster carer survey which saw increased satisfaction in all areas.
- 53 New initiatives including Foster Focus Week and a foster carer get together received positive feedback and will now become annual events.
- 54 There remains a need to improve the process for ensuring that foster carers have medical and DBS rechecks, and this remains a focus for 20/21.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes/no
People in Hampshire live safe, healthy and independent lives:	yes/no
People in Hampshire enjoy a rich and diverse environment:	yes/no
People in Hampshire enjoy being part of strong, inclusive communities:	yes/no
OR	
<p>This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:</p> <p><i>NB: Only complete this section if you have not completed any of the Strategic Plan tick boxes above. Whichever section is not applicable, please delete.</i></p>	

NB: If the 'Other significant links' section below is not applicable, please delete it.

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

See guidance at <http://intranet.hants.gov.uk/equality/equality-assessments.htm>

Insert in full your **Equality Statement** which will either state:

- (a) why you consider that the project/proposal will have a low or no impact on groups with protected characteristics or
- (b) will give details of the identified impacts and potential mitigating actions

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PCP report 2020

Overview of placement activity

PCT stats | Referral figures Period: 1st January – 22nd December 2020

The PCT received a total of 2,001 referrals for the year 2020 (up to December 22nd). A break down of the referrals by month are provided in the below table, showing the number of referrals from the Children & Families department and the Special Educational Needs department. The total C&F referrals were 1,595.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
C&F	141	141	150	118	151	134	136	126	156	131	121	90
SEN	19	27	30	18	33	63	31	17	33	39	36	26
Total	160	168	180	136	184	202	196	143	189	170	157	116

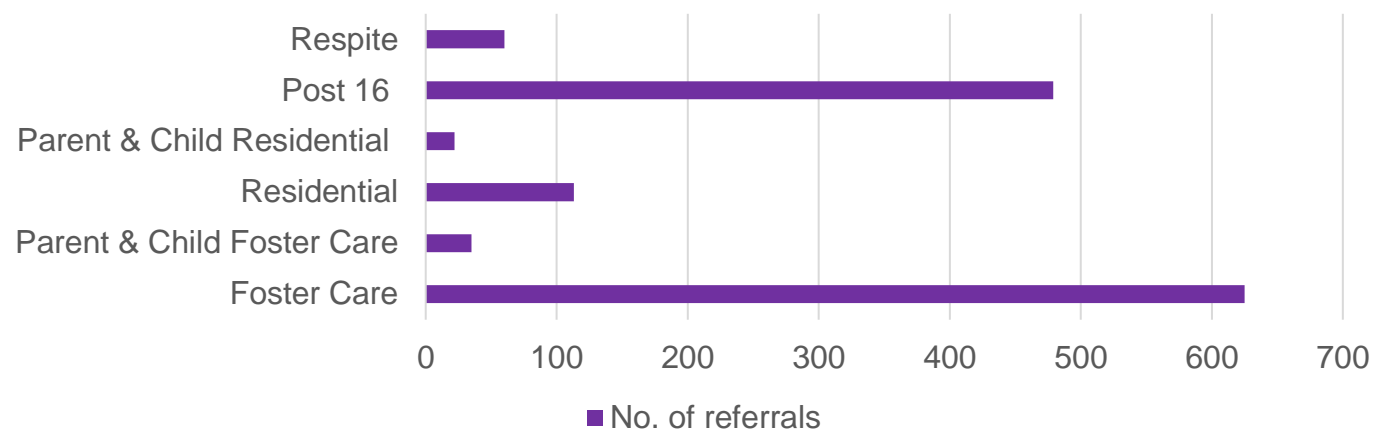
The highest referring months were June, July and September with SEN increasing the referral figures for June in particular. This is due to the school term timetables and the need to identify new school placements in line with start of new school year.

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The chart to the right provides an overview of those referrals received from C&F based on type of placement requested at point of referral.

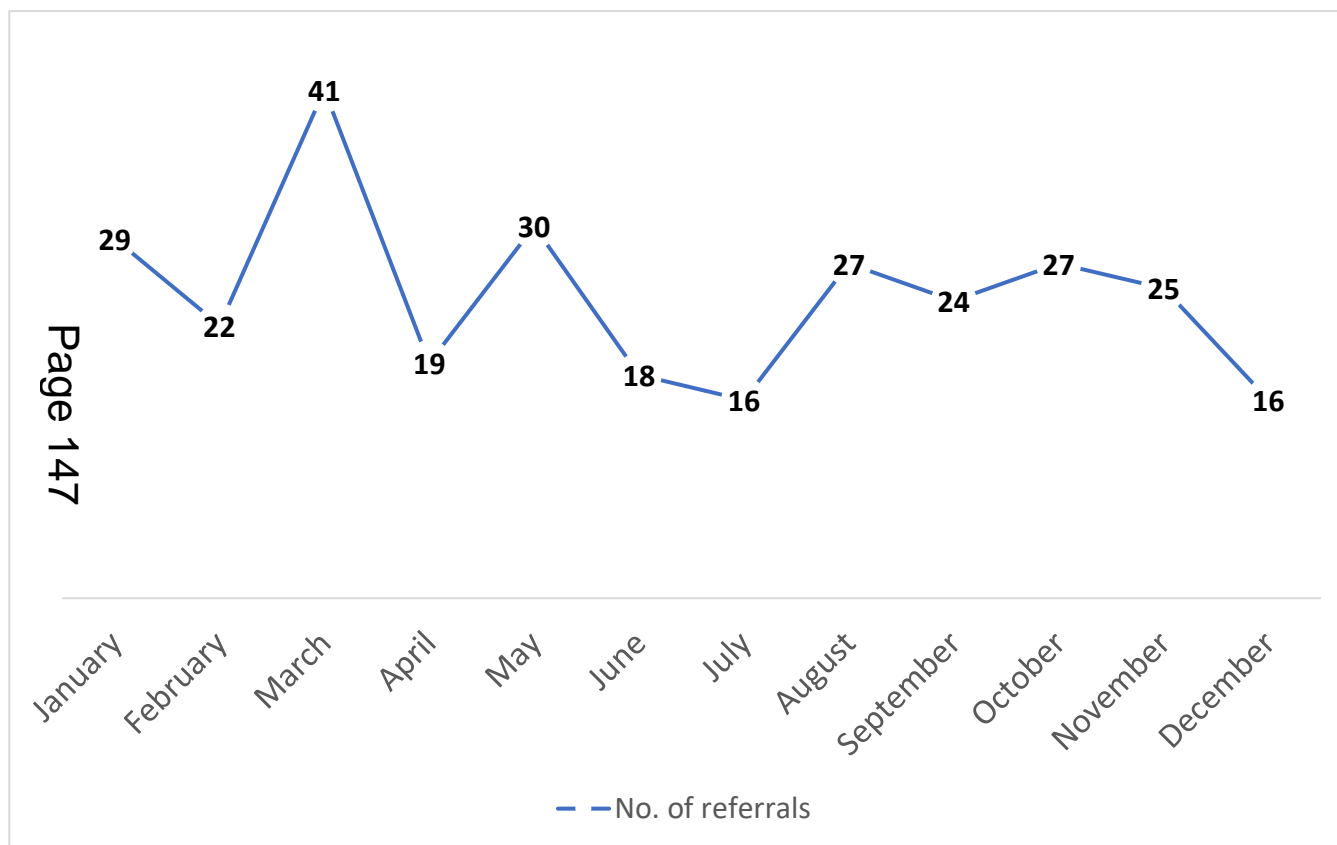
- The highest type of placement referred for is foster care, this is for children and young people from being unborn with plan of removal, to 17 years of age.
- Post 16 was the second highest type of placement requested, which includes young people aged 16 up to 21 years of age (care leavers).
- The respite figure is inclusive of those referred for Specialist Respite Care, Overnight Respite and those who are in a placement currently and require respite for a specific reason.

Referral figures for C&F referrals for the year 2020



PCT stats | Referral figures Period: 1st January – 22nd December 2020

As part of the referral document in to PCT the referrer is required to outline why the referral is being made, such as a placement break down or a change in care plan. The below chart outlines those referrals received for the year whereby the reason selected on the referral was due to a placement break down.



The chart captures all types of placement break downs, these are:

- In-house foster care break down
- Independent Fostering Agency (IFA) foster care break down
- In-house residential care break down
- Non County Placements (NCP) care break down
- Post 16 break down

The highest month for placement break downs was March. This is around the time that the pandemic was more widely known and can therefore link to the concerns raised in respect of young people absconding and/or the resilience of the carer(s) to support young people during a time of uncertainty and restrictions.

Whilst the referral reason is due to placement break down, there were still a number of young people who remained in placement due to the support and/or change in behaviour/circumstances that resulted in the break down of the placement.

In particular there has been an introduction of Placement Stability Workers with in-house fostering that has enabled work to take place with the foster carers to try and salvage the placement where that is in the best interest and appropriate to do so.

Where an agency is issuing notice, PCP ensure that this is inline with the contracted terms and conditions thus enabling a planned move to be secured.

PCT stats | Referral figures Period: 1st January – 22nd December 2020

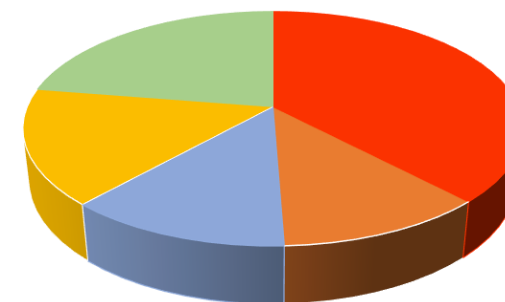
The below table outlines the timescale of placement required at point of referral. The timescale is broken down into the below categories on the handover and will then influence the allocation and prioritisation of work loads for the placement officers.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Same day	53	63	63	42	60	42	57	40	68	47	38	31	604
1-2 Days	19	13	18	16	15	17	13	16	18	15	16	7	183
3-5 Days	18	16	10	19	16	20	15	18	18	15	16	14	195
6-14 Days	29	19	23	15	24	28	14	26	19	19	26	11	253
15+ Days	23	29	34	26	33	27	37	29	33	36	24	27	358

Of those referred, 38% required a same day placement as per timescale on the referral form. A further 12% required a placement the 1-2 days which includes those referred out of office hours for the following day, therefore it is fair to include these figures as a same day need due to the time available to complete a placement search. This therefore equates to 50% of those referred during 2020 from C&F requiring a placement urgently.

The timescale to secure a placement does impact the prioritisation of work loads within the PCT. In order to manage this alongside the planned placement need, PCT have restructured the allocation of referrals to ensure there are placement officers searching for those urgent cases and those planned daily. Previously the placement officers were allocated referrals by districts. This has been a relatively new change, having implemented this in November 2020.

Timescale to identify placement from point of referral for year 2020

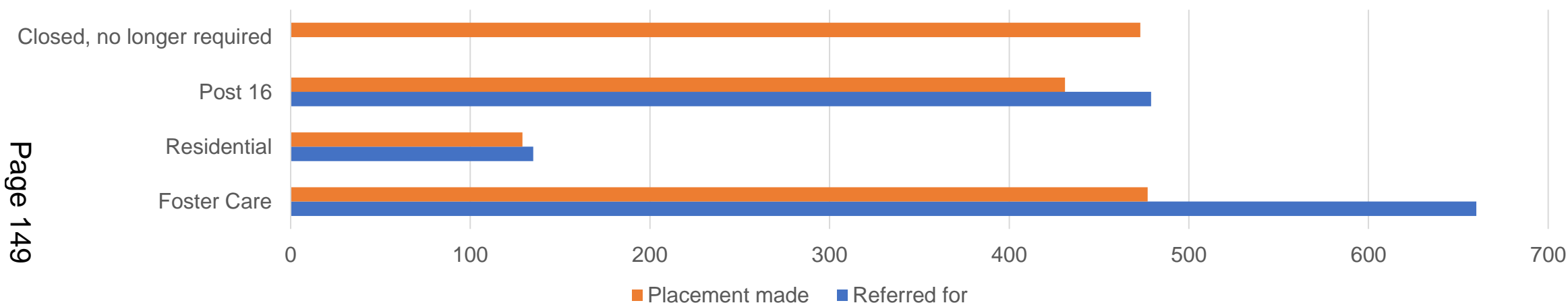


■ Same day ■ 1-2 days ■ 3-5 days ■ 6-14 days ■ 15+ days

PCT stats | Referral figures Period 1st January – 22nd December 2020

The below chart outlines the outcomes of the referrals received from C&F department, for those referred for foster care, residential, post 16 and respite (not including specialist respite care or overnight respite). This is in comparison to the type of placement requested at point of referral. The parent and child referrals have been included in the type of placement either under foster care or residential.

Type of placement requested at point of referral vs. placement made








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Of those referred for a placement, the main outcome was a placement identified with foster carers. This is to be expected when noting the highest type of placement requested was foster care. The outcomes mirror those types of placements requested. However 30% of those referred to PCT for a placement were closed no longer required. This can be due to a number of reasons such as a return home or to remain in their current placement.

Step Down Period: 1st January – 22nd December 2020

Placement Commissioning Team (PCT) and Outcomes Based Placements (OBP) team have been working together to secure foster care placements for children that are currently in a residential setting and are ready to move on to a family environment. This has been an ongoing piece of work, with the need to raise the profile of this type of need being high on the agenda.

There have been a total of 17 children identified and referred to PCT that are ready to move on to an appropriate foster care placement. Of those 17:

-  Two have been placed with in-house carers
-  Three have been placed with IFA's
-  Two have IFA placements identified with transition work underway
-  Four have in-house carers identified, of which two have transition work underway
-  Six referrals remain open with active placement searches.

In order to improve the response from our foster carers and IFA's, work has gone into promoting this need. In particular:

- A leaflet outlining what “step down” means and answering any queries/concerns from the outset has been produced and shared with in-house fostering
- Meetings have taken place and are ongoing with our IFA's
- Attendance at Hampshire Fostering Network (HFN) meeting to discuss this type of placement and promote the leaflet
- Attendance at Hampshire foster carer support groups

Outcomes Based Placements Period: 1st January- 22nd December 2020

OBP creates a link between Social Work teams and Commissioning and Procurement to enable continuous centralised monitoring and progression of placements within children and young peoples care planning.

- Focus on child's right to a family life and preparation for independence.
- Ensure that placement progression is enabled via commissioned placements.
- Liaison with providers to ensure placement progression is achieved:
 - Residential to Post 16
 - Post 16 to independence
 - Preparation towards planned reunification

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Rightsizing the packages in place for children and young people via direct negotiations with providers.

Developing and utilising the Support Needs Assessment (SNA)

An assessment and outcome planning tool to ensure appropriate placements are sourced and matched against the required needs of individual children.

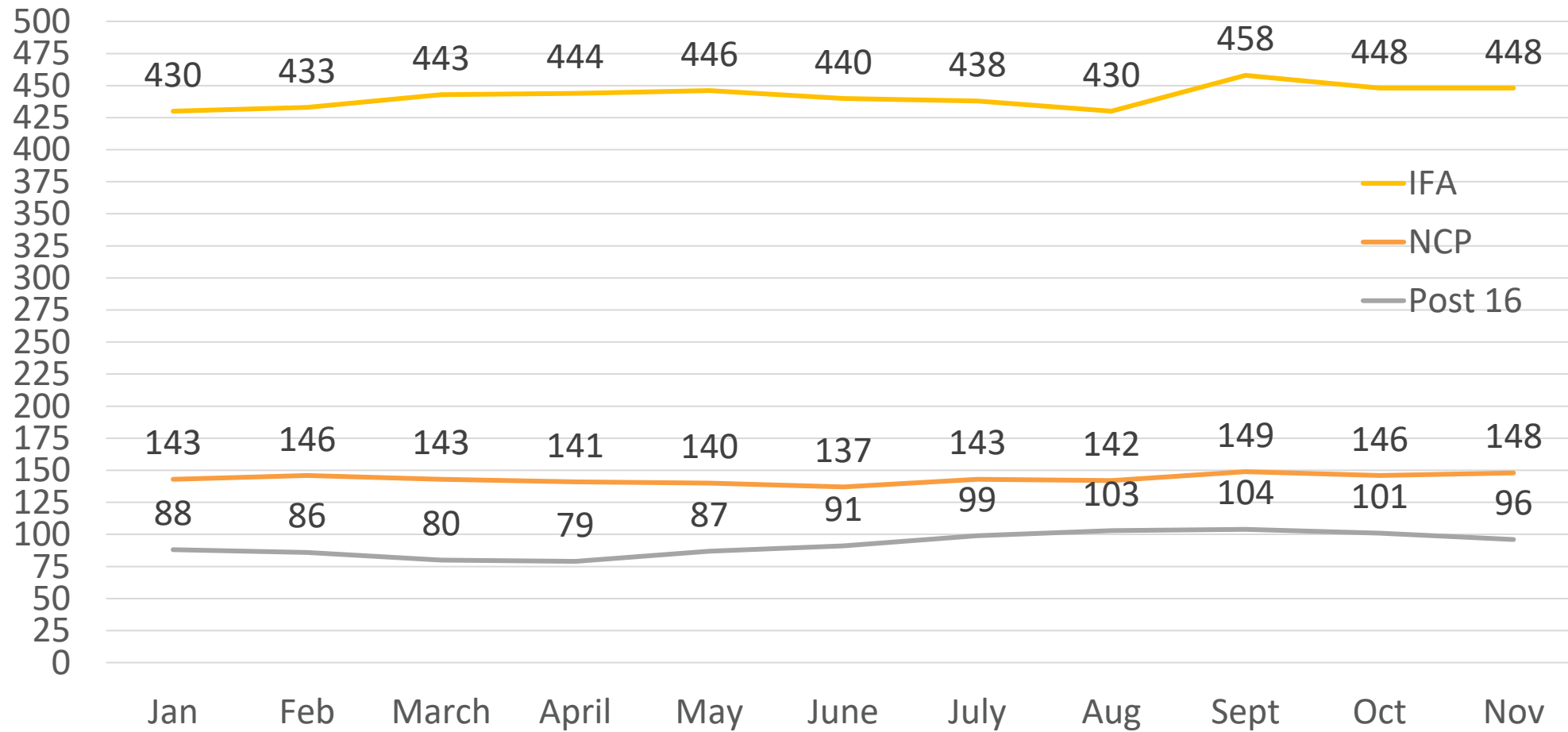
Through outcome planning, packages are refined and amended as progress is made against agreed goals, which enables providers/carers to ensure they are doing the right thing for children, and enables social workers to 'hold providers to account' in respect of a child's progress.

Positive outcomes and cost avoidance achieved via:

- Move on placements including residential to foster care and residential to post 16.
- Reunification
- Rightsizing within all placements.

Total placements for CLA in NCP, IFA, Post 16 Period: 1st January- 30th November 2020

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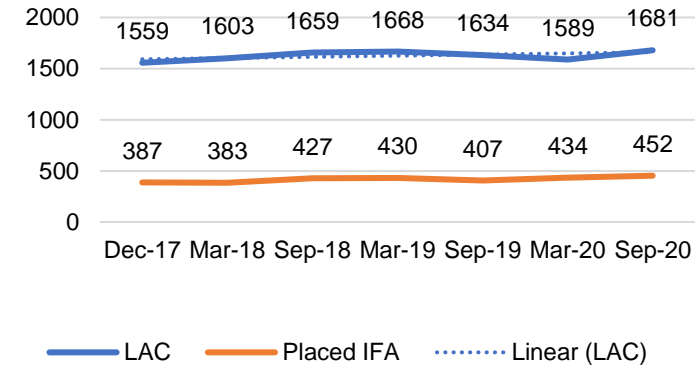


Looked After Children (LAC) and IFA vs. In House Split:

As at 30th September 2020 a total of 939 looked after children were a in foster placements (excluding connected carers). This is an increase of 33 children on the previous period when 906 were in foster placements.

A percentage split of 52% in house and 48% IFA has remained the same this period.

Hampshire LAC and children in IFA placements

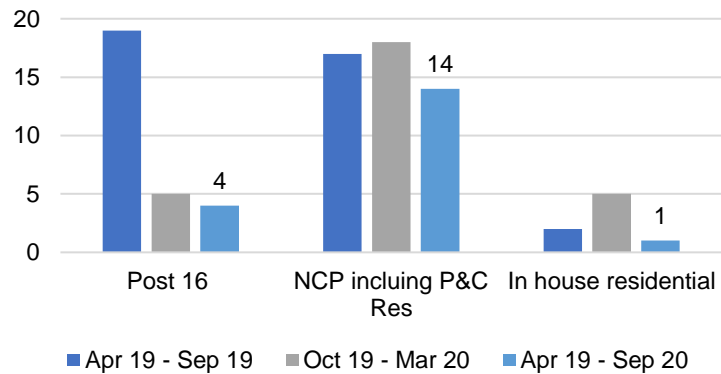


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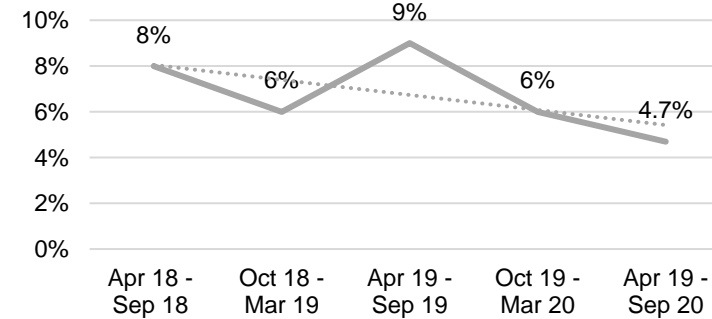
Placements made not in line with the original foster care request

Of the total number of referrals received for foster care only 19 placements were made not in line with the original request. It is positive that this is continuing to reduce each period as this means the majority of placements are being made in line with what the social workers felt would best fit the young persons needs.

Placements Made

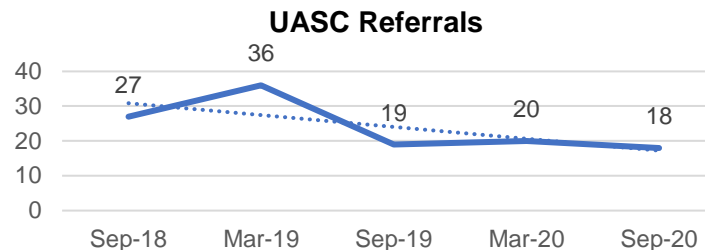


% of placements made not in line with original request



UASC Referrals

19 referrals received for UASC foster care placements. These referral statistics are intended to show new UASC entering the care of Hampshire County Council.

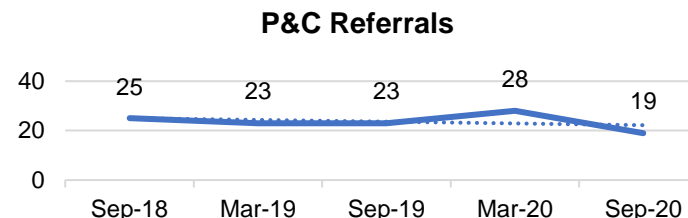


UASC Situation in Kent

In September 2020, Kent advised that due to the numbers of people arriving into the Dover port they were unable to support with these people. Hampshire County Council offered to take the next 10 arrivals that were children. Placements were identified and reserved for these children without knowing where they have come from or when they were even going to arrive. The placements were all made with one provider and they provided all the placement details upfront so that the duty social workers on the day could call the carers directly to say that it was needed that day and they were on their way to the placement. This joined up communication worked really well in the urgent situation.

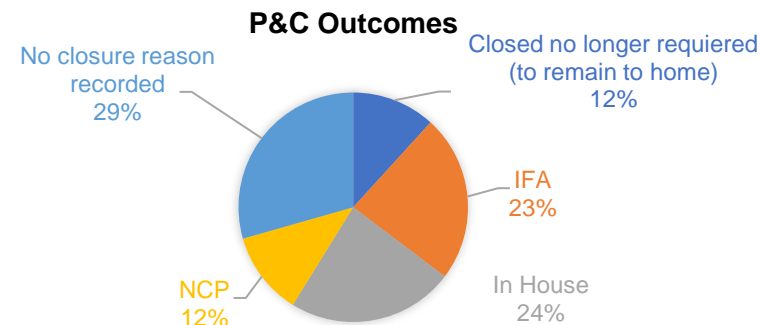
Lot 2 Parent & Child Referrals

Only 19 referrals were received requesting a parent and child foster placement. This equates to only 4% being for parent and child.



Placements

There is a relatively even split between IFA and In House placements being made. Only two placements were made not in line with the original request for parent and child foster care as they were placed in NCP Parent and Child Residential units.



IFA – Contracted vs. Off Contract Placements Period: 1st April – 30th September 2020

	On contract	Off contract
Total placements	276	107

IFA – Specialist Frameworks Period: 1st April – 30th September 2020

Lot 1 Complex/Challenging Behaviour

Only two placements were made in this period under this framework:

Lot 2 Children with Severe Disabilities and Complex Health Needs

No placements were made in this period under this framework.

Lot 3 Reunification

There continues to be no placements made under this framework. It is not concerning as social work teams are looking at stepping down, right sizing and reunification where appropriate. This work is being supported by tools such as SNA's and the outcomes based placement officers.

Part of the planning for the new framework involves the embedding of this lot across into all the other lots. The expectation from all providers that if the child's care plan is to be reunified they are expected to support with this. Therefore there is no longer a need for this as a separate lot.

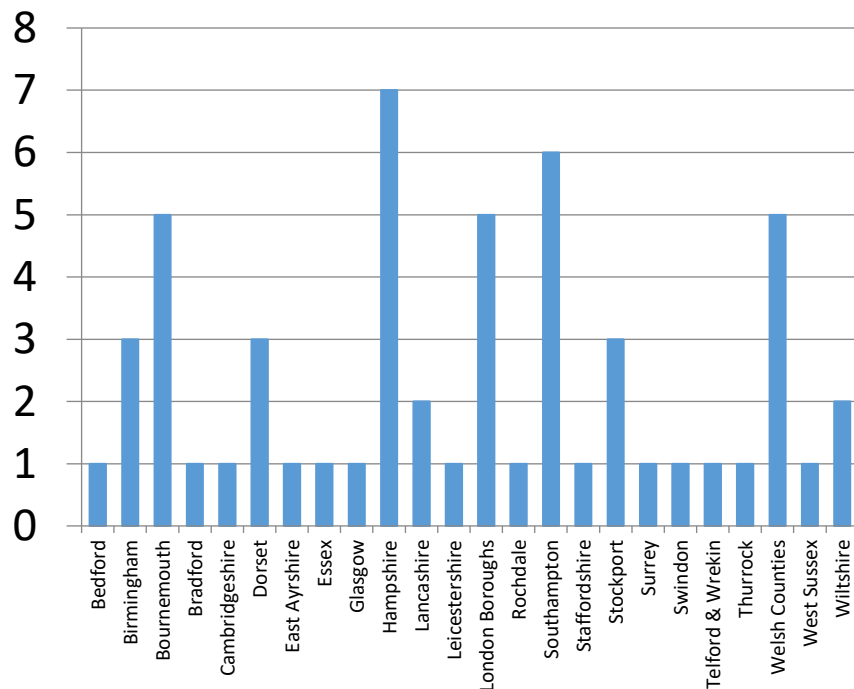
Placements

- There were 55 new Residential placements made during the period, for 48 separate children (8 more than the previous six months and one more than in in the same six month period). Seven young people had two residential placements within this six month window.
- Of the 55 new residential placements, 17 were within homes on the residential framework (31%) and 38 were with off contract homes.

A breakdown of the locations for the placements is provided below.

NCP Placement Locations

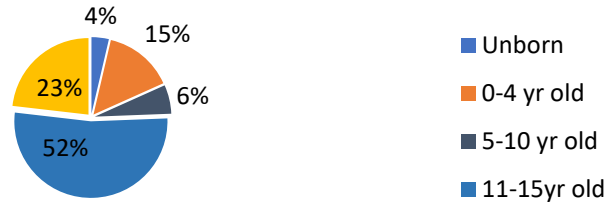
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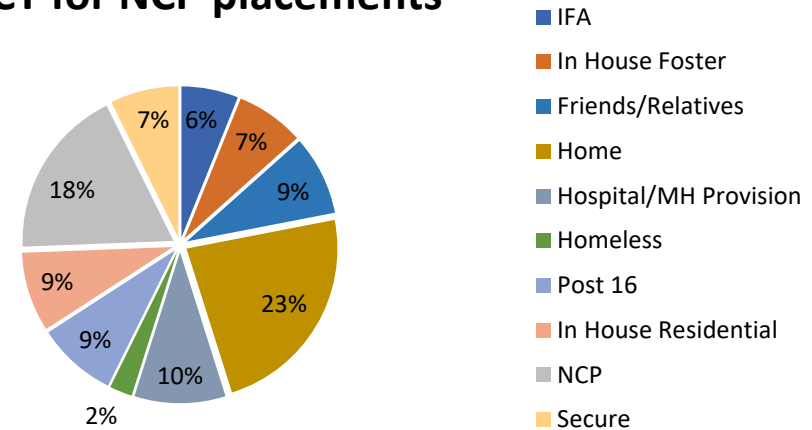
Key Points:

- 13% of the placements made were in Hampshire, the same percentage as reported in the previous 6 months.
- Placements in the framework region accounted for 56% of the placements made, however of the 31 placements, only 17 were made within contracted homes (55%)
- Placements outside the framework region were 44% of the placements made (a slight increase of 4% from the previous six months).
- This figure of placements made out of the contracted region is effected by parent and child residential placements made outside of the framework region.
- When analysing the data it does suggest young people with more challenging behaviour tend to have an increased chance of being placed outside of the framework region. Highlighting the need to build resilience within providers on our framework.

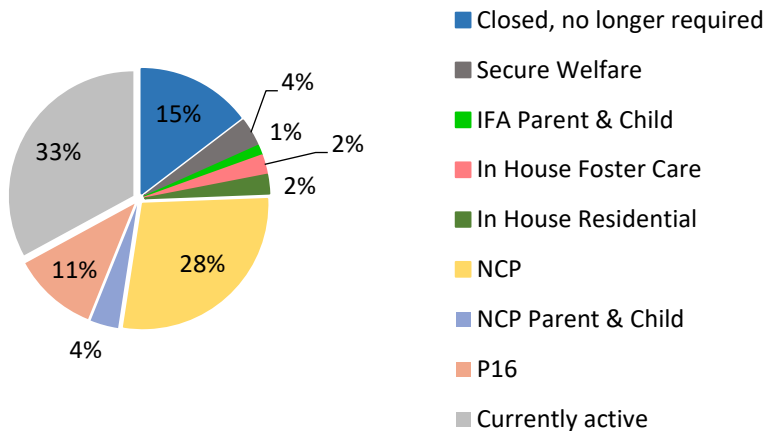
Ages of children referred to PCT for NCP and NCP P&C



Current placements of children referred to PCT for NCP placements



Outcome of NCP referrals to PCT



- 62% of no longer required referrals resulted in the child returning to home or their existing placement. This is a 30% increase from the last period.
- Currently 13% of all residential referrals result in a placement with IFA / Post 16 / In House carer, an increase of 36% from the previous period and 3% from the same time period last year.

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26 Providers on the residential Framework

Providers have displayed a willingness to look towards partnership working and market development to try to increase the number of homes in Hampshire and the surrounding areas.

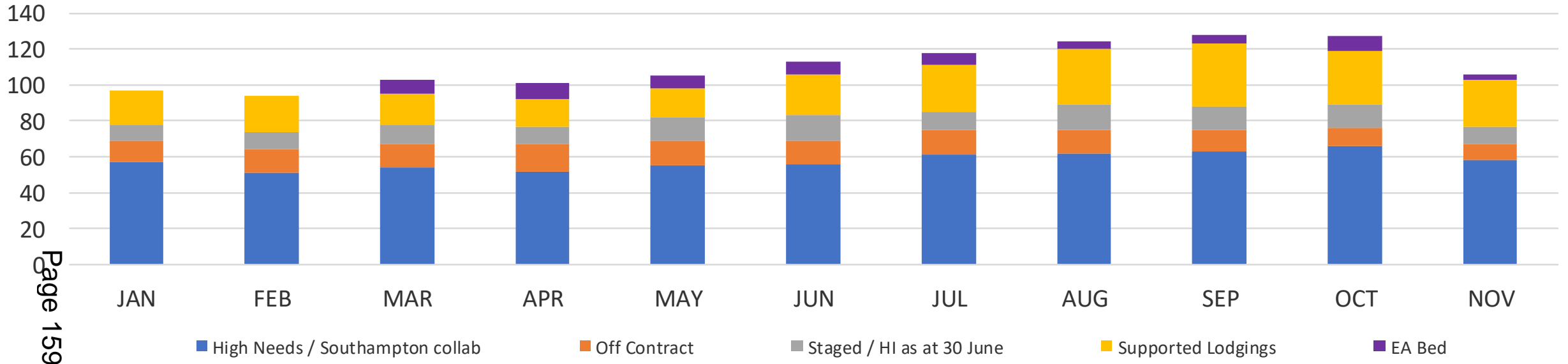
Ten new homes joined the Residential Framework in the July 2020 window.

41% of Framework placements were in Hampshire, 24% in Bournemouth, 18% in Dorset, 12% in Wiltshire and a further 6% in Surrey.

Providers are asked to explain any the placement breakdowns as part of quarterly monitoring. The info collated on 3 breakdowns was as follows.

Category of placement ending	No.	Reason for placement ending	No.
Placement Breakdown	3	Safeguarding issue caused by young person assaulting others within the home.	2
		Young person was arrested by police and had to move due to bail conditions	1

Two of these placements broke down due to safeguarding issues, in both cases the placement did not end immediately and therefore allowed for a notice period and some form of a transition to the young person’s next placement.



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PCP are proposing to re-tender the Post 16 High Support Needs Framework early next year.

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