

Public Document Pack



Briefing Corporate Parenting Board

Date and Time Monday, 21st June, 2021 at 1.00 pm

Place Remote

Enquiries to members.services@hants.gov.uk

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Chief Executive
The Castle, Winchester SO23 8UJ

AGENDA

- 1. APOLOGIES FOR ABSENCE**
- 2. MINUTES OF THE PREVIOUS MEETING HELD ON 28 JANUARY 2021**
(Pages 3 - 8)

To note the minutes of a meeting of the Corporate Parenting Board Held on 28 January 2021.
- 3. INTRODUCTION TO THE CORPORATE PARENTING BOARD** (Pages 9 - 18)

A short presentation by Stuart Ashley and Laura Mallinson to introduce members to the role of the Corporate Parenting Board as well as an overview of its objectives and focus.
- 4. PROTOCOL ON THE WORKING ARRANGEMENTS BETWEEN THE HAMPSHIRE CORPORATE PARENTING BOARD AND THE HAMPSHIRE SAFEGUARDING CHILDREN PARTNERSHIP** (Pages 19 - 24)

The purpose of this report is for the Corporate Parenting Board to note and approve the updated Protocol on the Working Arrangements Between the Hampshire Corporate Parenting Board and the Hampshire Safeguarding Children Partnership
- 5. ANNUAL REPORT FOR CHILDREN IN CARE (TO INCLUDE GATEWAY TO CARE PROJECT)** (Pages 25 - 78)

The purpose of these reports is to provide an overview of recent Transforming Social Care (TSC) projects which impact on children in care.

This item also includes an overview on improving health assessments of Children in care.

6. ANNUAL REPORT FROM HEALTH (Pages 79 - 86)

The purpose of this report is to update the Corporate Parenting Board on the current work plan to improve the health of children and young people in care supported by the Hampshire Clinical Commissioning Groups

7. ANNUAL REPORT FROM POLICE (Pages 87 - 92)

A presentation by Superintendent Karen McManus reporting on Child centred Policing.

This informal briefing is being held remotely to enable County Councillors to receive important updates on County Council services whilst observing Covid related social distancing. Items which are not exempt or confidential will be webcast in the interests of public access and transparency.

AT A MEETING of the Corporate Parenting Board of HAMPSHIRE COUNTY
COUNCIL held as a remote meeting on Thursday, 28th January, 2021:

Chairman:

* Councillor Ann Briggs

* Councillor Fran Carpenter
* Councillor Roz Chadd
* Councillor Stephen Philpott
* Councillor Jackie Porter
* Councillor Patricia Stallard
* Councillor Elaine Still

Councillor Robert Taylor
* Councillor Malcolm Wade
* Councillor Pal Hayre

* Present

10. APOLOGIES FOR ABSENCE

No apologies were received.

11. 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 5 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.

12. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 16 October 2020 were agreed as a correct record.

13. DEPUTATIONS

There were no deputations.

14. CHAIRMAN'S ANNOUNCEMENTS

The Chairman noted that she had been contacted by Middlesbrough Council to seek advice and to develop partnership working to develop the Corporate Parenting approach in Middlesbrough. The Chairman noted that partnership working in this way with other local authorities would ultimately help ensure the best outcomes for children.

The Chairman also informed the Board that she had recently attended a virtual Supported Lodges meeting and a virtual Hampshire Fostering Network meeting.

15. BOARD MEMBERS FEEDBACK - ENGAGEMENT AND RECENT ACTIVITIES

Councillor Carpenter noted that she had undertaken a virtual tour of the Swanwick Lodge facility. She had also attended a children in care managers' meeting to receive information about activities in the different areas of Hampshire.

Councillor Wade updated the Board on his Sportfit accommodation virtual visit where he had viewed a facility designed for an individual with specialist requirements. Councillor Wade noted the positive work being undertaken despite some of the impacts of the pandemic.

Councillor Philpott noted that he had attended a Hampshire Fostering Network meeting and has been grateful for the opportunity to meet foster carers and learn about the different roles involved.

Councillor Porter had also attended the children in care managers' county meeting.

The Chairman encouraged all Board members to undertake as many engagement activities outside of the formal Board meetings as much as possible.

16. MODERNISING PLACEMENT PROGRAMME

The Board received the report of the Director of Children's Services providing an overview of the Modernising Placements Programme.

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

- In reference to section 17 of the report, recruitment for the Urgent and Extended Care Service was expected to be challenging, reflecting national recruitment challenges in the sector, and that officers had been working with HR and with CAMHS to promote the new and attractive role offer.
- Payment benchmarking had been undertaken for foster carer roles alongside other local authorities and private providers to ensure that allowances were competitive.
- One of the main aims of the programme was to build resilience within the workforce and that recruiting staff was one step towards this.
- There were currently approximately 120 children in 'out of county' placements and that this could be for a number of reasons such as for the young person's own safety or to access particularly specialist facilities. This number had reduced during lockdown.
- With reference to section 17 of the report and the repurposing of a Children's Home to support young people with complex needs, the

occupancy levels in Children's Homes were not overly high and no adverse impact was generally anticipated.

RESOLVED:

That the Corporate Parenting Board:

- i) Notes the work being undertaken in the Modernising Placements Programme.
- ii) Requests a further update to the June 2021 meeting.

17. **HCC ANNUAL REPORT CARE LEAVERS**

The Board received the report of the Director of Children's Services presenting the annual activity of the Care Leavers Service.

In response to Members' questions it was confirmed that:

- In regard to Homelessness Prevention Personal Adviser roles and the funding due to end in March 2021, officers were already employed by the County Council and therefore the knowledge and aspects of the valuable work would be retained (also referred to in recommendation iv below).
- That the examples of educational successes and achievements by care leavers were significant. Furthermore, there were currently 70% of 17-18 year old care leavers, and 68% of 19-21 year old care leavers, in either education, employment or training.
- That briefings and training opportunities had been offered to District and Borough Authorities to inform and offer guidance to local councillors regarding their responsibilities as corporate parents.
- That from the age of 16, young people in care receive a personal allowance and can access a bank account to develop financial independence. Virtual events and training sessions to discuss financial management were also offered to complement the advice and guidance given by carers and Personal Advisors.

There was discussion involving the Council Tax exemptions for care leavers by District and Borough Authorities and it was noted that three Authorities, namely Rushmoor Borough Council, Hart District Council and Gosport Borough Council, were not offering this exemption. In relation to this, Councillor Carpenter, seconded by Councillor Wade, proposed the following additional recommendation:

"That the report be sent to the Leaders of all District and Borough Councils to draw their attention to the excellent report and show what is being done but also that the three remaining Councils are specifically requested to waive Council Tax for their care leavers."

Councillor Philpott declared an interest as a Member of Gosport Borough Council and did not participate in the vote on this proposal. The remaining Board

Members voted in agreement to add this as a further recommendation to those already contained within the report.

RESOLVED:

That the Corporate Parenting Board:

- i) 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) Endorses the ambition to have more Care Leavers accessing University, as a result of the enhanced Higher Education (HE) offer.
- iii) Notes the desire to increase the number of young people in Education, Employment and Training (EET) 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) 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) Endorses the aim of the Care Leavers service to achieve the 'journey to independence' workstream in 2021 aiding the successful transition to adulthood for our care leavers.
- vi) Requests that this report be sent to the Leaders of all District and Borough Councils to draw their attention to the excellent report and show what is being done but also that the three remaining Councils are specifically requested to waive Council Tax for their care leavers.

18. **ANNUAL REPORT FROM THE HAMPSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICE, SUSSEX PARTNERSHIP NHS FOUNDATION TRUST**

The Board received the report of the Hampshire Child and Adolescent Mental Health Service (CAMHS) with an annual update and statistics.

In response to Members questions it was confirmed that:

- Children in care were prioritised by CAMHS but that there were rising levels of demand across the service for all groups and that balancing these pressures was an ongoing challenge.
- The current average waiting time for an initial assessment was 20 weeks and for those who had not yet started treatment the current average waiting time was 40 weeks. To address the waiting times, a significant 12-18 month project was ongoing, looking initially at recruitment into the service, to make the necessary improvements.

- That there were national targets for CAMHS to record outcomes specifically for children in care.

RESOLVED:

- i) That the Corporate Parenting Board notes the priorities for the Hampshire Child and Adolescent Mental Health Service in relation to Children in Care.

19. **FOSTERING ANNUAL REPORT**

The Board received the report of the Director of Children's Services with the fostering annual update providing an overview of fostering activity, detailing statistical performance data and highlighting some focus areas for 2020/2021.

In response to Members' questions it was confirmed that:

- The conversion rate for potential foster carers from enquiry to becoming an approved foster carer was 6% for 2019/20 and that this matched the national rate. The national shortage of foster carers was noted by the Board as was the fact that the County Council were in continuous competition with private providers. Targeted County Council advertising campaigns were regularly run and that innovative recruitment strategies were being explored as part of the Modernising Placements Programme.
- That the use of unregistered placements was an illegal practice. At times when emergency accommodation was required, the County Council analysed every available option to ensure the safest and most suitable solution for all involved.

RESOLVED:

That the Corporate Parenting Board notes the annual report.

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Corporate Parenting Introduction June 2021

corporate parent: *to promote the best outcomes for our Children in Care and Care Leavers*

Looking after and protecting children and young people is one of the most important jobs that councils do and when a child, for whatever reason, can't safely stay at home, it is up to us as the local authority to step in and give them the care, support and stability that they deserve.

This isn't just up to the Lead Member or Director of Children's Services – we need everyone looking out for our most vulnerable children and young people, and every councillor has a role to play.

Being a corporate parent means doing everything we can for every child in the council's care – and every care leaver – to give them the opportunities that other children get. This covers everything from keeping an eye on their progress at school, to looking after their health and wellbeing, to preparing them for life as independent adults – and supporting them when they get there. We need to be ambitious for the children in our care, encouraging them to dream big and take chances even if they don't feel like that's been an option in the past. (LGA)

Role of the Corporate Parenting Board;

The role of the Corporate Parenting Board (CPB) is to ensure that all services to Children in Care (CIC) and Care Leavers are of a high standard and ensure that they are being well supported in all aspects of their life including;

- Support and encouragement to achieve in school
- Support and encouragement to look after their mental health and wellbeing
- Having opportunities for positive social integration
- Enabling the most vulnerable children and young people in society to flourish into the successful adults they can become

What needs to improve?

The Corporate Parenting Board's rigour in holding partners, including health providers and district councils, to account to ensure that they prioritise services for children and young people more effectively

So...

In order to achieve this;

A little background about how children come into the care of the local authority and how they are supported and looked after and where you can support as Corporate Parents;

A Child in Care can be aged 0 – 18 years

Care Leavers are aged 18 years to 25 years of age who have been in care (there is a set criteria and eligibility as to what level of support they are offered)

How?

There will be a programme of business which will be reviewed and amended by the CPB as required – led by priorities identified by Children in Care and Care Leavers, these will;

Reviewing the outcomes for children in care and care leavers

Ensure that the voice of Children in Care and Care Leavers is listened to, acted upon and incorporated into key plans, policies and strategies for children in care and care leavers

Ensuring sufficient resources are available for the Care Ambassadors to directly engage with children in care and care leavers, and to commission and deliver agreed projects on behalf of the Hampshire County Council

Raise the profile of children in care and care leavers by promoting the role of Elected Members as corporate parents with key responsibilities

Hold partner agencies to account in respect of their responsibility as corporate parents

Ensure that children and young people are clear about what they can expect from the County Council as corporate parents

The CPB will meet with Children in Care and Care Leavers, frontline staff and foster carers / residential homes to enable them to inform the Board of the standards of care offered to our children and young people.

The focus of work will remain in line with the priorities of the Children in Care and Care Leaver Pledge and the Local Offer for Care Leavers which will be reviewed on an annual basis

There will be a joint working protocol between the Corporate Parenting Board and Hampshire Safeguarding Children's Partnership(HSCP) where an annual report on the CPB will be shared with HSCP.

The CPB will make recommendations to the Executive Lead Member on matters relating to Children in Care and Care Leavers

Reasons why a child may become looked after by the Local Authority;

Some will have had **harmful experiences**, including **neglect, physical and sexual abuse**, while others may be in care because of the illness or death of a parent

The significant majority of **children are in care because of parental difficulties** – not the child's. They are separated from their family because it is unable to provide the quality of care needed.

How can a child become looked after by the Local Authority;

Consent of the parent - this is generally when the parent identifies that at that time, they can not care for their child, and no support will enable them to do this. (more commonly referred to as **voluntary S20**)

Court Order - the Local Authority have applied to the Court seeking legal powers to remove a child from parental care due to significant risk of harm. (more commonly referred to as **Interim or Care Order**)

Children in Care (data provided is correct as of 30 March 2021)

Unaccompanied Asylum Seeking Children (UASC) will become looked after children by the Local Authority on arrival in UK, there are 56 UASC in the care of Hampshire

There are 1649 children in the care of Hampshire Children's Services

Children in Care are **usually cared for by foster carers**, with 482 children in in house foster carers, and 463 in independent foster placements

Extended **family members sometimes** look after a child, which is often a preferable arrangement so they are not then placed with strangers, there are 256 children placed with **Connected Carers**

193 children are placed in children's homes, either in-house or through independent providers

There are 126 children placed with their parents, but remained looked after due to a Court Order

The average cost for each child in care is £60k per year

There are currently **758** Care Leavers (18+)

Once a child in care reaches **16 years of age**, they are introduced to their Care Leaver Personal Adviser (CLPA)

At **18 years of age** their support comes directly from the **care leavers service**

4 Care Leaver teams offer **practical, emotional and some financial support** to ensure young people have suitable accommodation, contact with their families and previous foster carers, access to education, training and employment and access to health services

Local authorities support care leavers **up to the age of 25**

Some care leavers go on to **university**, some find **employment**, but for some adulthood is exceptionally difficult and they require **intensive support** from the teams

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Panel:	Corporate Parenting Board
Date:	21 June 2021
Title:	Protocol on the Working Arrangements Between the Hampshire Corporate Parenting Board and the Hampshire Safeguarding Children Partnership
Report From:	Director of Children's Services

Contact name:**Tel:** Tim Sandle**Email:** tim.sandle@hants.gov.uk**Purpose of this Report**

1. The purpose of this report is for the Corporate Parenting Board to note and approve the updated Protocol on the Working Arrangements Between the Hampshire Corporate Parenting Board and the Hampshire Safeguarding Children Partnership.
2. **Recommendation(s)**
The recommendation is for the Panel to note and approve the updated Protocol on the Working Arrangements Between the Hampshire Corporate Parenting Board and the Hampshire Safeguarding Children Partnership

Executive Summary

3. The attached Protocol on the Working Arrangements Between the Hampshire Corporate Parenting Board and the Hampshire Safeguarding Children Partnership has been reviewed and amended to bring it up to date highlighting the Corporate Parenting Board is now a full committee of the County Council.
4. The revised protocol states that the Hampshire Corporate Parenting Board will produce an annual report and this report will be submitted to the Hampshire Safeguarding Children Partnership. The Hampshire Safeguarding Children Partnership Annual Report will equally be presented to the Corporate Parenting Board for relevant matters relating to Looked after Children and Care Leavers (para 2.1).

Contextual information

5. In 2018/19 there were significant changes to the Children and Social Work Act 2017, which created new duties for three key agencies, police, health and the local authority, to lead arrangements locally to safeguard and promote the welfare of children in their area. Working Together to Safeguard Children 2018 outlined the replacement of Local Safeguarding Children's Boards with Local Safeguarding Partnerships. The Hampshire Local Safeguarding Board formally moved to the Hampshire Safeguarding Children Partnership (HSCP).

The Hampshire Safeguarding Children Partnership and Hampshire Corporate Parenting Board are equal partners with a joint responsibility to ensure that the needs of Looked After Children are prioritised at a strategic level and delivered effectively at an operational level. This protocol will support the Hampshire Safeguarding Children Partnership and Hampshire Corporate Parenting Board to operate effectively in relation to one another in terms of safeguarding and the means to secure effective co-ordination of matters relating to the safeguarding of Looked After Children and Care Leavers.

Finance

6. Not Applicable

Performance

7. The Hampshire Safeguarding Children Partnership is a statutory partnership, and the Hampshire Corporate Parenting Board, a full committee of the County Council, with the remit to scrutinise and ensure that Children in Care and Care Leavers are provided with the highest standard of care.

Consultation and Equalities

8. No equality impacts have been identified in the development of this report.

Other Key Issues

9. In addition to note that it is recommended that the Hampshire Corporate Parenting Board and the Hampshire Safeguarding Children Partnership should undertake to review the implementation of this protocol bi-annually.

Conclusions

10. The Protocol on the Working Arrangements Between the Hampshire Corporate Parenting Board and the Hampshire Safeguarding Children Partnership has been reviewed and amended to bring it up to date regarding organisational changes and the joint areas of interest for Looked After Children and Care Leavers.
11. The Hampshire Corporate parenting Board produces an Annual report, and this will be submitted to the Hampshire Safeguarding Children Partnership. The Hampshire Safeguarding Children Partnership Annual report will equally be presented to the Corporate Parenting Board and will ensure that Looked After Children receive good quality services, have their welfare promoted, reach their potential and are safeguarded from harm.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No
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

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.)

<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:

Not Applicable

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HAMPSHIRE COUNTY COUNCIL

Report

Decision Maker/Committee/Panel:	The Corporate Parenting Board
Date:	21 June 2021
Title:	Annual Children in Care Report
Report From:	Stuart Ashley

Contact name: Laura Mallinson

Email Laura.mallinson@hants.gov
.uk

1. Purpose of this Report

The purpose of this report is to provide the Corporate Parenting Board with an overview of the achievements, progress and challenges of the services provided by Hampshire Children's Services to children in the care of Hampshire County Council. This report will focus on the work of the statutory social work teams.

This report will not duplicate information already shared within reports presented to the Corporate Parenting Board this year but will refer to such reports / presentations.

2. Recommendation(s)

The Corporate Parenting Board support the priority areas for Children's Services, Children in Care Team as being:

- Improving the timeliness of all Health Assessments
- Increasing the number of children who can safely be reunified to the care of family
- Increasing the number of children who are cared for by family and friends via Special Guardianship Orders
- Having a greater understanding of the emotional and wellbeing needs of children in care and ensuring timely access to support

3. Executive Summary

Children in the care of the local authority are one of the most vulnerable groups in society. It is vital that the care we provided to children in care is of the highest standard and that everyone involved in supporting and providing that care is aspirational for all our children.

This report aims to assure the Corporate Parenting Board that Hampshire's children in care are well supported and the needs of our children are known, and plans are reflective of need to achieve positive outcomes for children and young people.

The report will provide the Board with the characteristics of Hampshire's children in care, the age and length of time in care, where children are currently living, the number of children in foster care, children's homes or other settings, the number of unaccompanied asylum-seeking children and placement stability.

The report will also provide information about social worker caseloads to reassure the Board that these are manageable and social workers are able to dedicate sufficient time to children, regardless of their needs.

The report will detail the departments strategy around children who go missing and are at risk of child exploitation.

The report will detail how children and young people have are able to express their views, wishes and feelings and how Children's Services know this.

The report incorporates two presentations which will provide the Board with an overview of the work to improve the timeliness of children's statutory health assessments and the transformation work on the Gateway to Care project. Both significant priorities for Children's Services to improve the quality of care that is provided, and crucially, that it is the right children, in care at the right time.

The report will outline the key areas of focus over the next twelve months.

4. Who are our "Children in Care"?

Children in the care of the local authority is any child / young person between the age of 0 -18 years that have been in the care of the local authority for more than 24 hours. This generally means any child or young person that has been unable to remain living at home and there is a need to be looked after by foster carers, in residential homes or other relatives, this sometimes includes children living with their parents.

Children can become looked after because of a voluntary agreement by their parents, or because of a Care Order made by a Court.

Young people between the ages of 16 – 18 years old can provide their own consent to come into care and do not require the agreement from those with parental responsibility.

A significant change in practice has meant that children are in care for as long as needed, opposed to previously practice which saw a plan being made for long term care, this meant until they reached the age of 18 years. This is reflective of the changing needs of children and their families and in recognition to the importance of family life and living at home being the right place for children and young people, if it is safe.

5. Hampshire Demographic

Hampshire Public Health have published the starting well summary, ([Starting well - Children and young people | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://hants.gov.uk/starting-well)) which looks at all children in Hampshire aged 0 -19 years and how well they do living in this area. The summary highlights:

There are just over 322,000 children and young people aged 0 to 19 years living in Hampshire. This makes up nearly a quarter of the County's total population (23%) which is slightly less than in England as a whole (24%).

Overall, Hampshire children and young people have good health and good life chances, with low levels of infant and child mortality and good educational attainment. However, this masks some significant inequalities.

In Hampshire, our children are less likely to:

- live in poverty (1 in 10 compared to 1 in 5 nationally)
- be homeless (1 in 1,000 families compared to 1 in 500 families nationally)
- be born with low or very low birth weight (1 in 16 compared to 1 in 13 nationally)
- be born to teenage mothers (1 in 167 12-17 year olds compared to 1 in 110 nationally)

Our children are more likely to:

- a) attend school regularly (lower persistent absenteeism and lower permanent exclusions: 1 in 3,300 compared to 1 in 1,500 nationally)
 - be in education, employment or training. Only 3% of 16-18 years olds in Hampshire are not in education, employment or training (compared to 4.2% nationally)

- to be immunised against infectious diseases (most immunisations achieving 95% coverage)

In Hampshire, the level of educational attainment at all stages of development is good, with performance better than national comparators across all educational stages (January 2017). However, for different groups of pupils, variations in performance are evident. This is particularly the case for disadvantaged children and those with special educational needs or disabilities (SEND).

Given the right support, children with SEND and vulnerable children, including those with disabilities, can thrive and develop.

However:

- 1 in 10 of our dependent children under 20 years old lives in relative poverty
- 1 in 10 of our children under 16 years old lives in a low-income family
- 15% of 15 year olds have a long term illness, disability or medical condition
- One third of looked after children are affected by poor emotional wellbeing.
- Increasing numbers of children have complex health and social care needs.
- Children in care are less likely to be up to date with their immunisations
- It is estimated that in Hampshire between 7,864 and 14,156 children experience some form of disability and that 1 in 3 disabled children lives in poverty.

The main causes for concern in Hampshire are:

- Increasing obesity and overweight in 4–5-year-olds (22.8% up from 21.1% previous year (2014/15) and more than national figure of 22.1% nationally)
- Emotional wellbeing of our children and young people - there are [higher rates of hospital admissions](#) for self harm (10-24 year olds) in Hampshire than nationally (590.9 per 100,000 compared to England's rate of 430.5 per 100,000, 2015/16)
- Educational attainment in disadvantaged groups including SEND
- Small and decreasing proportion of young children achieving the daily physical activity levels

All the above is relevant when we consider the care we provide our children in care and this has also reflected on the priority areas for children in care.

There has been a significant project to improve the timeliness of Health Assessments for children such assessments consider the children's general

health as well as their emotional wellbeing. A presentation will follow this report on what has happened and the progress to date.

The emotional wellbeing of children and young people is of huge importance and this report will outline the research projects Hampshire are engaging with to support in the understanding of those needs better.

The Virtual School Annual report will provide the Board with an overview of how children in care are supported around their education and including those with SEND.

6. Data for Children in Care:

As of 31 March 2021, Hampshire had 1649 of its children in care, this being 0.51% of Hampshire's population.

The age, gender, and time of placement for children in care:

Latest type of main placement													
Gender	Age Group	With parents	Family centre	Indep. Living (not B+B)	Foster (rel or friend)	Foster (HCC)	Foster (IFA)	Placed for Adopn.	Res home	Sec ure unit	YOI or prison	oth er	Grand Total
Female	< 1	2	.	.	3	11	.	4	.	.	.		20
	1 - 4	15	.	.	19	28	6	6	.	.	.		74
	5 - 9	11	.	.	30	42	53	2	1	.	.		139
	10 - 15	22	.	.	49	121	82	.	42	3	.		320
	16 - 17	6	.	39	12	29	33	.	22	.	.	1	142
	U/b	.	.	.	1	.	.	.	.	.	.		1
Female Total		56	.	39	114	231	174	12	65	3	.		696
Male	< 1	2	4	.	3	16	5	2	.	.	.		32
	1 - 4	16	1	.	17	35	13	6	1	.	.		89
	5 - 9	22	.	.	50	60	75	3	3	.	.		213
	10 - 15	17	.	1	54	101	121	.	85	1	.	1	381
	16 - 17	13	.	47	18	39	74	.	38	1	4	1	235
	18			1									1
Male Total		70	5	48	142	251	288	11	128	2	4		951
Unknown		.	.	1	.	.	1	.	.	.	.		2
Grand Total		126	5	88	256	482	463	23	193	5	4		1,649

The above reflects where children and young people are currently placed and this shows our greatest proportion of children in care are between the ages of 10-15 years old, with significantly more males than females in care.

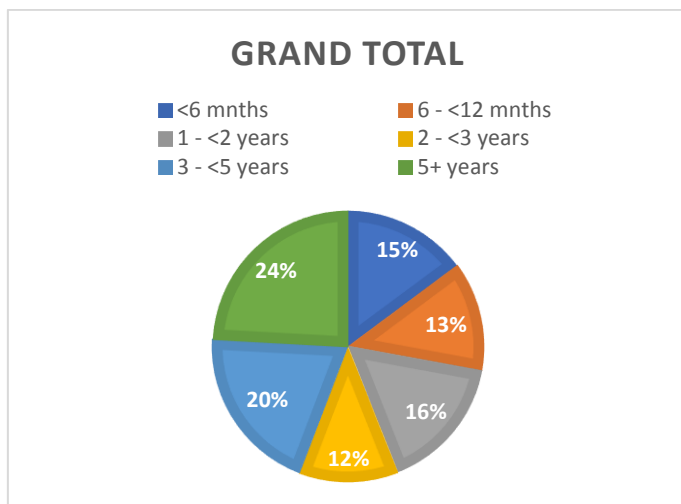
With regards to the main placement, it is positive to note that most children in care are placed with foster carers, with just over 50% being placed with Hampshire carers. The annual fostering report presented in January 2021 details the plans in respect of the ambitious targets to increase the number of in house foster carers.

What is also significant to note, is the number of children placed with parents, the data reflects 126 children which means they are children subject to a Court Order but in their parents care. There is further information regarding this within the reunification section of this report.

It is also of interest to note that 256 children are placed with family members or friends who have been approved as Connected Carers, the Gateway to Care presentation sets out the plans for Children's Services to reduce this number of children in care but continue to support the placement under an alternative legal order such as a Special Guardianship Order.

7. How long are children in care?

Time in care	Grand Total
<6 mnths	245
6 - <12 mnths	215
1 - <2 years	266
2 - <3 years	194
3 - <5 years	331
5+ years	398
Grand Total	1,649



The data shows that most children are in care for over five years, with 24% of children, the least number of children are in care between 2-3 years at 12%. This data cannot be taken in isolation, it serves to provide high level information and trends may change over time with the changes to practice meaning children are only in care for as long as needed, this should be seeing a reduction in the numbers of children in care over 5 years.

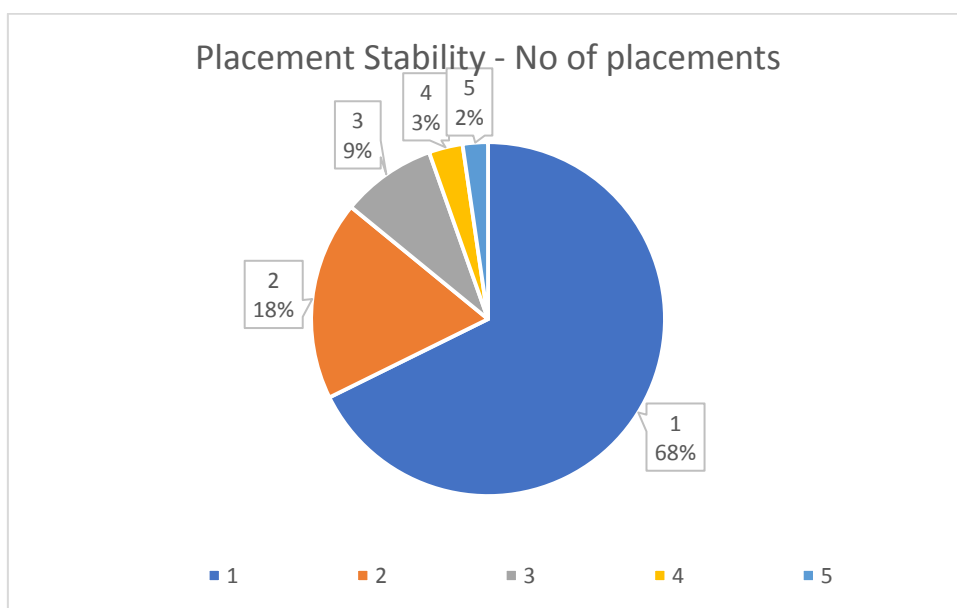
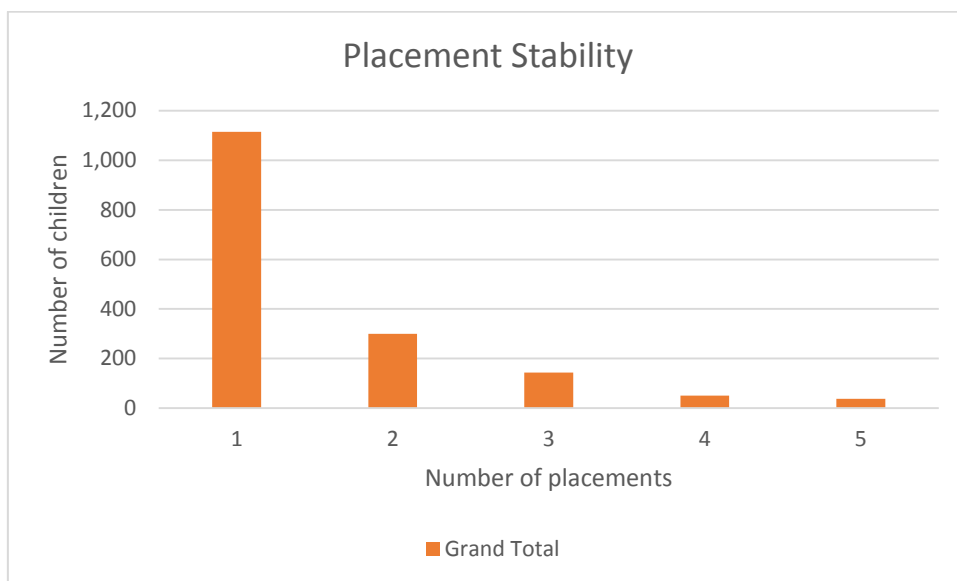
Within 12 months of being in care 28% of children exit the care system. This is to be expected as matters placed before the Court should be concluded within 26 weeks, by which time a long-term plan will be identified which could be for return home, to wider family under alternative orders, or a plan for adoption.

8. Placement Stability:

The below chart reflects the stability of children in care over the last 12 months. Positively most children remain in the same placement, 1115 children, with a very small number of children, 38 having had over 5 placement moves over the year.

Placement moves can be for positive reasons, that children are returned to family, that children are able to transition from residential care to foster care. Equally it can mean that children's needs are not being best met in the current placement and there is a need to move. The important factor is that we know the reasons for the move.

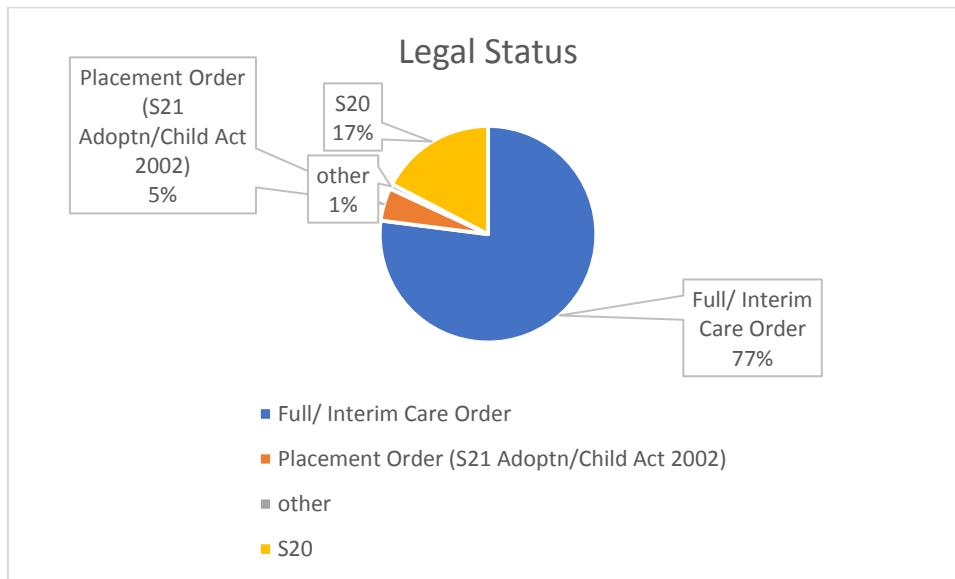
An example of a child's journey where changes of placements are for a positive outcome could be a 1-year-old placed in foster care, the matter is placed before the Court and the conclusion of Care Proceedings is that the child's needs will be best met via adoption. The child then moves to the adoptive placement but initially remains a child looked after. This would mean that the child's care journey consisted of two placements.



9. Legal Status of Children in Care

The legal status of a child in care is important, it specifies who has legal parental responsibility for a child in care enabling decisions to be made. In respect of children who are in care under S20 of the Children Act 1989, the responsibility rests solely with the parent and when a Care Order exists, this responsibility is shared between parents and the local authority.

All children who are in care, but living with a parent, will be subject to an interim or care order.



10. Ethnicity of Children in Care – excluding UASC

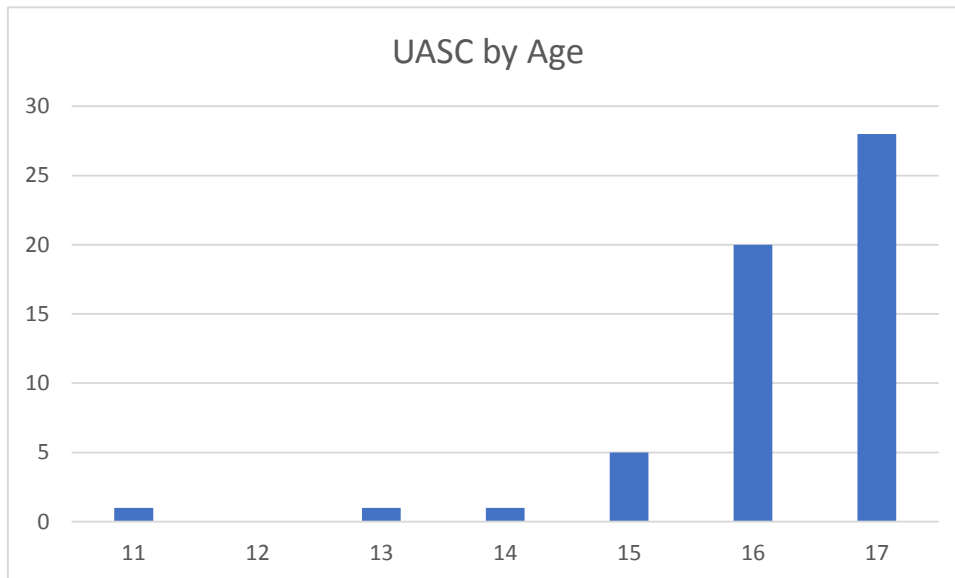
11.

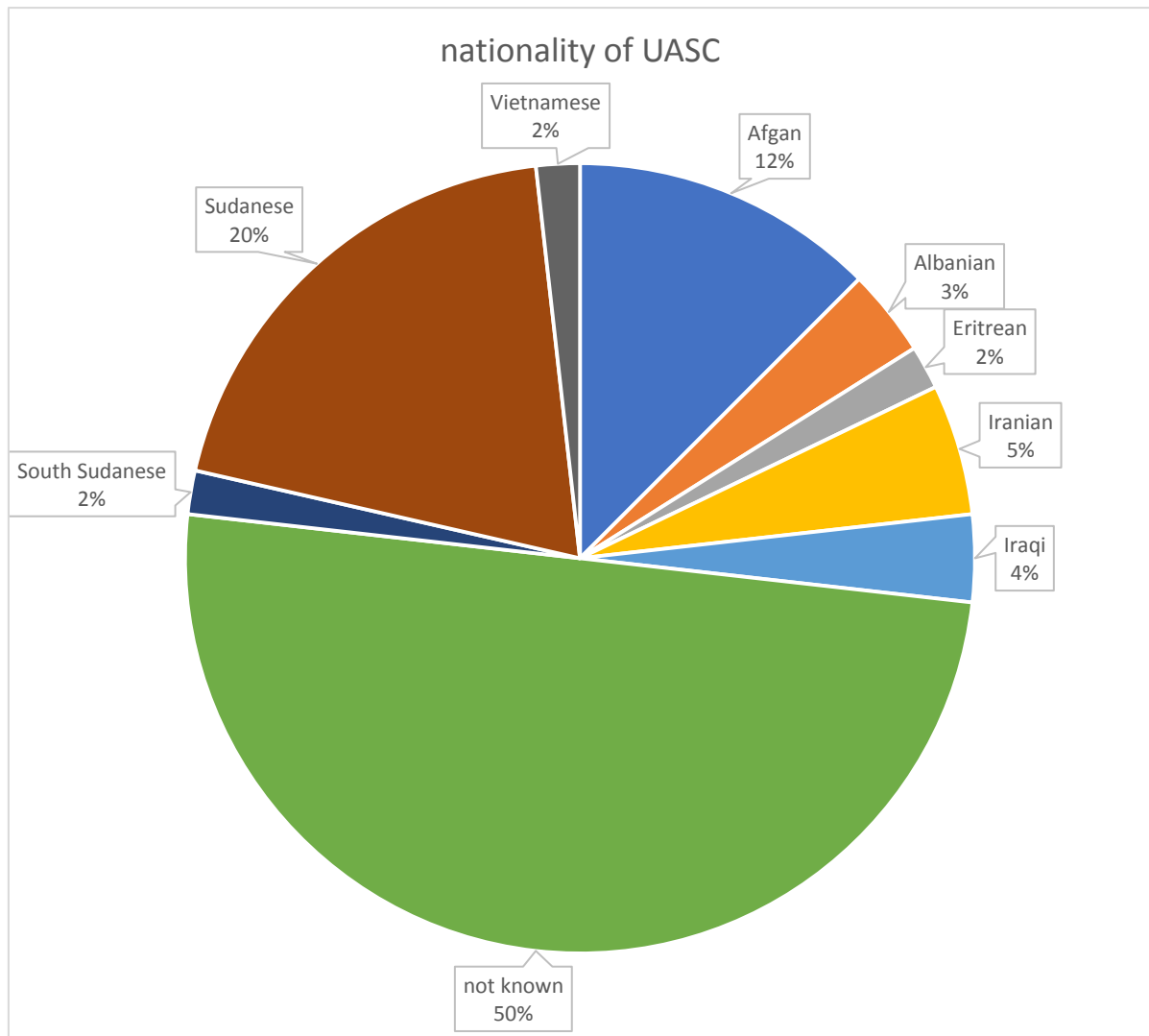
	%
White British	86.26%
Mixed: White & Black African	1.52%
White Other	1.52%
Was Not Asked - Temporary Option Only	1.39%
Mixed: White And Asian	1.20%
Mixed: White & Black Caribbean	0.95%
Mixed: Other	0.82%
Arab	0.76%
Black African	0.70%
Other Ethnic Group	0.63%
White East European	0.57%
Black British African	0.51%
Asian Other	0.38%
Req & Unable To Prov	0.38%
Gypsy/Romany	0.32%
Refused Information	0.32%
Black British Other	0.25%
Black Other	0.25%
Asian British Other	0.19%
Black British Caribbean	0.19%
Traveller Of Irish Heritage	0.19%
Asian Bangladeshi	0.13%

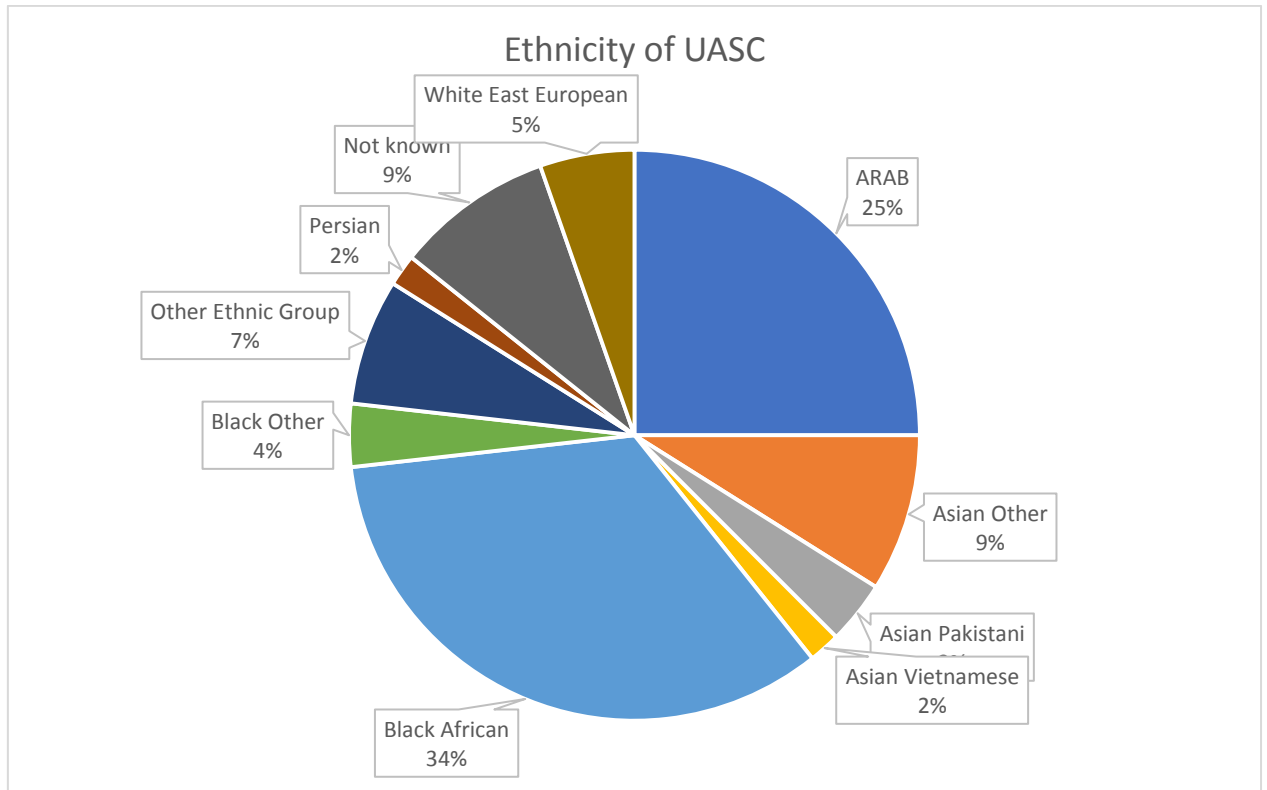
Asian British Bangladeshi	0.13%
Asian British Indian	0.13%
Asian Vietnamese	0.13%
Asian British Chinese	0.06%
Asian British Vietnamese	0.06%
Black Caribbean	0.06%

12. UASC – Unaccompanied Asylum-Seeking Children

Hampshire currently have 56 UASC, 5 are female and 51 are male.







UASC are supported in specialist foster placement or in supported accommodation.

13.Disabled Children:

There are currently 603 children open to the Disabled Children's Team, of which 56 children are in care, 30 of these children are subject to Interim/Care Orders with the remaining 26 children in care under a voluntary arrangement.

Of the 56 children, 10 children are in in-house foster care, 13 children are in IFA foster care, 2 in family and friend arrangements, 1 is in independent living and 30 are in Residential Care. The residential care usually incorporates the education provision specifically to meet the child's needs

14.Children in Care Teams:

Hampshire have 6 children in Care Teams, each having one Team Manager, one Assistant Team Manager and on average 9 social workers (slight variation reflective of case numbers). The average caseload for a CIC social worker is 19 children per full time social worker.

The Children in Care team has a stable workforce, those that work in the team are passionate and committed to children in care.

15. Outcome Based Placement Team:

The Children in Care teams work closely with Outcomes Based placements team, with the purpose of ensuring that children are in the right provision for their needs and that the provider is accountable for targeted support to meet the young person's needs, this ensuring that focus is on promoting the needs of young people and encouraging their development. A specific Support Needs Assessment is used to ensure progression is made throughout the course of placement, identifying clear SMART goals to inform the wider objective of the long-term care plan.

Through the child's placement, outcome planning meetings are held with providers who are supported and monitored to remain on track with the local authority care plan, this enables children to move on at a time that is right for them.

The Outcomes Based Placements team also guide transitions which are required to enable children to move from residential placements back to family, connected carers or foster care. Linking closely with fostering teams and the independent fostering agencies. Over the last year, the team have successfully supported 18 children to transition from residential placements to either post 16 accommodation or foster care. There was also an additional 7 young people reunified with family from residential care over the same period.

16. Reunification:

Hampshire introduced the Hampshire Approach in 2018 as a method of social work intervention, this is a strengths-based approach focusing on building positives relationships with families, identifying strengths and using this to support change in other areas. For children in care, this has a significant impact around their plans, as children in care, are in care for as long as needed. Previously a permanence decision would be made for a child to be placed in care and it would be the plan until they reached the age of 18 years.

In recognition that family situations can change, there has been significant progress around working with children and their families to enable children to be safely reunified to the care of family over time. This is carefully considered and uses the NSPCC Framework for Reunification to provide a robust assessment to progress plans.

Hampshire saw 355 children reunified to the care of their parent/s in 2020/2021 and aim to increase this to 400 children in 2021/2021.

17. Special Guardianship Orders:

It is recognised that children who remain placed within their family or with friends do better, they continue to remain within their family environment where their sense of belonging is maintained within the family.

There are currently 256 children who are living with their wider family or friends, but due to various reasons, the carers are seen to be Connected Carers and the children remain looked after.

Our transforming social care team have undertaken a significant review of the gateway into care process and how we can seek to increase the number of connected carers offering this vital support as a Special Guardian, this meaning that the child would no longer be looked after and provide the carers with parental responsibility to enable them to make decisions for the child.

A new team is being set up to support such type of arrangement with the introduction of a support team with the hope of increasing the number of Special Guardianship. In 2020/2021, 79 children who had been in care for 12 months or more, stopped being looked after as their carers become Special Guardians, it is hoped that this number will increase, with the additional support being offered to the carers. Carers have told us that they remain Connected Carers due to the level of support they receive, the allocation of a social worker to the carer and the child and access to training so this will all be considered as the new team is developed.

18. Children who go missing from care:

It is vital that we know the whereabouts of all children in care, this is closely tracked as it is known that children who go missing from care are at increased risk of child exploitation.

Exploitation includes.

- Child Sexual Exploitation (CSE)
- Child Criminal Exploitation (CCE)
- Modern Slavery
- Trafficking
- County Lines (drug running)

When a child is looked after and is missing, Children's Services will show the same concern as any good parent by taking the necessary steps to understand where children are going and why.

A risk assessment/safety plan will inform what support services and actions are required to prevent children and young people from running away, and to judge when it is appropriate to report them missing to the police, for some high-risk

young people, this would be immediately when out of visual sight of staff, for other's this would be if they have failed to return home by 10pm. For the month of March 2021, 54 children were reported as missing to the police, this equated to 102 episodes of missing.

There is a close working relationship with the Willow/MET teams who work with young people at risk of exploitation. This work is also supported by the 4LSCP (Local Safeguarding Children's Partnership). There is a need for all agencies to work together around exploitation to ensure that there is an effective response to the changing needs within the County.

For children who go missing from care they are offered a return from missing conversation and leaflets are provided to both children and their carers to provide further information which they read to increase their understanding of why we are worried when they are not where they are supposed to be.

There are a number of different strategies in place to ensure that children in care have effective plans and support with issues around exploitation, below is an indication of just some of the work in place:

- Training – There is access for staff to attend training to increase their understanding around current issues regarding child exploitation, the Willow Team are responsive and will deliver district sessions where the needs arise.
- There is currently a targeted piece of work by police under Child Centred Policing work where there is a review of all the 'safe and wells' interviews as there is a difference between the work that the police do when meeting children once returned, to that of social workers but to equally how the two agencies can effectively work together to support vulnerable children.
- The Missing People charity have just reviewed the Constabulary Safe and Well process and are embedded in their training and we are able to use their services to report missing children.
- Op Salvus – Is a Police project around High-Risk missing children who get an upgraded response from the police where MET issues are a concern.
- Op METs – County multi-agency meeting to looking at high risk missing as part of the overall review of each case and grading. Looks at emerging risk and disruption planning.
- District MET – local multi-agency meeting to consider the high and medium risk young people, looking at emerging risk and disruption planning at a local level.
- CERAF (risk assessment tool used by professional to determine a risk level) – upgraded to review and score risk around all forms of exploitation including Missing.

- UASC Collaboration – A multi-agency pan Hampshire review of UASC children including long-term missing and trafficked children.
- NRM – (National Review Mechanism) - Training about to be rolled out and we have Pan Hampshire response and upgrade to our NRM process.

19. Children's wishes and views:

As part of the Hampshire Approach the department have revised all recording in relation to children, all visits, assessments, plans are written to the child using strengths-based language that is appropriate to the understanding of the child.

Children are involved in developing their care plans, they do this directly with their social worker, some write it themselves. This has seen improved engagement from children around their care plan as they feel very much part of it. 94.9% of children in care participated in their review meeting in March 2021.

Children are spoken to alone by their social worker on visits and their Independent Review Officer also ensures their wishes are understood.

20. Research:

Hampshire are keen to fully understand the needs of its children and young people, as such there are important research studies in which we are participating in. This will influence and shape our services and support moving forward.

- Evidenced Based Research – The Modernising Placement Programme report presented in January 2021 has shared the important role of having care experienced young people, engaging children to support with the development of the programme.
- We have linked in with Bristol University to participate in a research study on the Long-Term Mental Health of Children in Care in England. This project aims to contribute to our understanding of how mental health of children in care varies over time. It also aims to explore how these patterns of mental health are influenced by children's care experiences, individual and school related factors. This study will seek information directly from children in care, the data will be obtained in three waves taking just over a year. We are currently in wave two with 150 completed surveys from Hampshire, which is a great response rate.
- The Virtual School have linked in and are participating in research with the University of Oxford and the Department of Education on Shared Training and Assessment for Well-Being (STRAWB). This study works with foster carers, social workers, young people, and mental health experts to develop a package, which aims to help the key adults in looked-after children's lives to support their well-being.

- The Voice of the Family is a research programme that the Rees Centre, Department of Education, University of Oxford are undertaking with Hampshire families to understand their experience of working with Hampshire and having a child removed from their care. It is recognised that parents are likely to have experienced adversity and the research aims to understand the parents' experience.
- Bright Spots is a national survey run by the charity Coram Voice which collates the voice of the child and their experience in care. This is a bi-annual survey, which in view of COVID, has been postponed from 2020 until this year. An evaluation of the 2018 survey completed in 2020 saw and evaluation highlight the positive response to children feeling bullied in school through the production of a video by children in care about their experience.

The 2018 survey identified that children did not understand their plans, the evaluation highlighted the positive change to the care plan which is written with the child and has increased children's understanding of why they are in care. This is positive feedback which has been published nationally.

21. Participation:

- Overview of participation in numbers –
("Engagements" refers to the cumulative total number of children/young people who engaged with each activity)

▪ Ambassador activities engagement	67
▪ County Activities (WGT and ICE ^[1])	139
▪ District activities engagement	482

- **Accommodation inspections**

The Care Ambassador group works with Commissioning to complete inspections of post-16 accommodation. Young people can give their own unique perspectives which are incorporated into the inspection report and fed back to the provider for action where required. Young people completed three accommodation inspections during 2020.

- **Meeting with the Children's Commissioner for England**

^[1] WGT - We've Got Talent - HCC's talent show for children in care.

ICE Project - This ambitious, innovative programme is a collaboration between Hampshire Cultural Trust and Hampshire Child and Adolescent Mental Health Service, provided by Sussex Partnership NHS Foundation Trust. We set out with the joint view that arts and cultural activities can have a positive impact on our psychological health and emotional wellbeing.

In June 2020 two young people had the opportunity to meet with the Children's Commissioner for England. The purpose of this meeting was for the Commissioner to explore young people's experiences of being away from school during lockdown, and how young people felt about returning to school after lockdown. The young people's views were used to inform central government policy and planning.

- **Interviews for the new Virtual School Head**

In June 2020, a young person was involved in the interview process for the new Virtual School head. Feedback from the panel showed that his contribution was valued and was useful in confirming their decisions.

- **Consultation on county policies and strategy**

Care Experienced young people have been consulted on three areas of service improvement – personal allowance payments, health passports, and the review of the IRS. In total eight young people were involved in these consultations.

- **ICE project**

The ICE project ran for 10 weeks between January and March 2020. This project is part of a wider county initiative by Hampshire CAMHS and Hampshire Cultural Trust. All ICE projects seek to enable young people to express feelings through the creative arts and improve their mental health and wellbeing. For 2020 we had the opportunity to work with Winnall rock school at their studios in Winchester. Six of our young people attended once a week over the 10-week period. In that time, they met with professional musicians and artists involved in the music industry. They wrote and produced a song which they presented at the celebration evening in December 2020 (which was attended by the Director of Childrens Services). You can see an interview with one of the young people and [listen to the song here](#). If you look closely at the video, you will see a photo of Hannah Williams who went on to the semi-finals in The Voice 2021. As well as creating and producing a song, young people in care were able to meet others who have had similar experiences, which is something often requested by care experienced young people.

- **Legends of Lockdown podcast**

The first lockdown offered the chance for us to explore online broadcasting methods and as a result the first podcast was produced. The idea for the podcast came from a meeting with the North West Care Ambassador group in March 2020. The podcast was split into three sections - interviews with the Corporate Parenting Board, Voices from lockdown – where 13 young people shared their thoughts and feelings around lockdown and it finished up with a brief interview with a young person involved with the ICE project and clip of the song. This was largely an engagement activity, at a time when staff and children were exploring new ways of keeping in touch and maintaining effective relationships. The podcast was created between March and June 2020, and you can [Listen to the podcast here](#)

- **Voices Library**

Building on the success of the podcast we decided to invest further in capturing this voice of the child. Between June and August 2020, 13 young people were recorded speaking about their reflections on what a good, home, or carer looks and feels like. These audio recordings are used in social worker training, available for staff to hear, and for use in training events. [You can listen to sample from the library here.](#)

- **We've Got Talent**

We've Got Talent took place between May and August 2020. The first round was district based – children and young people were invited to submit entries (by video, photograph, or other media) and districts chose local winners in each category to progress to the final. The winners of the final were selected by a panel comprising Corporate Parenting Board representatives, young people, and a foster carer, with prizes available. This event was inspired by an art competition held locally within a district, which received good feedback from care experienced young people who took part.

- Feedback from young people on We've Got Talent shows that they enjoyed the event because it was fun and gave them an opportunity showcase their talents. The competition concluded with a celebration event, which was attended by the Director of Children's Services. We've Got Talent will be run again in 2021.
- Samples of the We've Got Talent competition
 - [Turning tables - Ruby - singing](#)
 - [Anthony - Octopus - cake sculpture](#)

[Jamie - Tik Tok](#)
[Layne - Bits n Bobs -](#)

- **Introduction to Care**

- Introduction to Care is an animation aimed at 7–12-year-olds, to help them understand what has happened to them when they first come into care. The idea came from conversation between the Corporate Parenting Board and care experienced young people, who explained how hard it was to understand the information that was given to them at the point they come into the care of Hampshire County Council. The video was produced in consultation with more than 50 care experienced young people, and co-ordinated by the Participation Officer. The video is now available on the County's corporate YouTube channel.
- [Hampshire Children and Families - Introduction to Care - YouTube](#)

Examples of district-based activities –

- Big Art Awards – this was an art competition which was judged by other young people (East Hants). This event inspired We've Got Talent, which was run later in the year.
- Weekly challenges for Children in Care and Care Leavers, which were added to a running PowerPoint presentation (Eastleigh/Winchester CIC and CL teams)
- CIC online choir (Eastleigh/Winchester)
- Care Leavers Lockdown club. This was held weekly and included fun activities such as quizzes, baking, quizzes, 'keepy uppy' videos, meaningful photographs, and other activities suggested by young people. These happened weekly throughout lockdown and young people decided that it was no longer needed as lockdown eased (Hart & Rushmoor)
- Direct work event organised which sought feedback from children about their relationship with their social worker (Basingstoke, New Forest).
- Fun and Feedback sessions where staff organised activities for children (e.g. mini beauty treatments, making pizzas, "themed" events including Halloween) and consulted them on practice issues (New Forest)

22.COVID

March 2020 saw the nation in unprecedented times, the country was in lockdown, schools were closed, and social work responded to the changes remarkably quickly to ensure we maintained a service and children were safeguarded.

Children in care were a priority area, foster carers and residential homes all a key focus for the department. Business continued as usual but with a difference. Virtual ways of working have been introduced, visits, meetings, reviews, and schooling all taking place via conference calls. Children continued to be seen and spoken to, for some, there was better engagement, for other's it was not their preferred way to talk to people. On the whole children have adapted well to virtual social work.

Family time was reviewed and in line with Government guidelines, most of this was adapted to virtual contact which was then eased as guidance changed.

Everyone involved has been extremely accommodating and understanding, the Hampshire schools remained open to all children in care, some took up this offer, other's remained at home.

Responses have been positive and there is great learning to take from the past year around effective working in a virtual way which needs to be considered for the future.

As the lockdown eased, in person visits resumed, the long term impact of the last 12 months is yet to be seen, but it is hoped that the engagement in the Bristol research study will assist the department in planning for the coming 12-18 months and beyond.

23. Conclusions

This last 12 months has been extremely busy for children in care, the work has been completed through unprecedented times with children continuing to be seen.

There is a proactive transformation programme for children in care, the introduction of the Hampshire Approach and the strengths-based working has shifted social work practice for children in care significantly. Children are only in care for as long as needed, in recognition that families change.

The recording and development of children's plans is more engaging for children, they are part of this plan and understand what is happening as language is used that they understand.

There is a significant project on the health of children in care to improve the timeliness of the annual assessments which will ensure that children have appropriate health plans.

The Gateway to Care project has demonstrated how the department are supporting children living with family and friends without the need for them to be in care to do this.

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

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.)

<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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HAMPSHIRE COUNTY COUNCIL

Information report

Committee	Corporate Parenting Board
Date:	21 June 2021
Title:	Transforming Social Care Programme, Children In Care Projects: overview for Corporate Parenting Board
Report From:	Transforming Social Care Team, Children and Families Branch

Contact name: Sarah Plummer

Tel: 0370 779 3391

Email: Sarah.plummer@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an overview of recent Transforming Social Care (TSC) projects which impact on children in care.
2. The role of the Corporate Parenting Board in championing these projects is highlighted at the end of the report.

Executive Summary

1. The Transforming Social Care Programme (TSC) sits within the Children and Families Branch and leads on strategic change projects. We work in partnership with colleagues across District and County Services to identify and review areas for improvement, develop recommendations and implement change. TSC works together with the Service Development Team to embed improvements in practice and ensure that the intended outcomes of the project are achieved over time.
2. This paper provides an overview of three projects which have been running over the past 18 months. They have been grouped under the title 'gateway projects' because they all have an impact on 'the right children coming into care at the right time, for the right period of time'.
3. These projects are:
 - 3.1. Family meetings and plans
 - 3.2. Family and Friends Care

3.3. Embedding reunification across the service

4. It is striking that whilst they were separate pieces of work focusing on different points in time during a family/child journey – the most significant area of practice discussed was what happened with families prior to a child coming into care. More specifically we focused on how we involve the wider support networks in planning with children and families.
5. We recognised that this area of practice needs to be further developed and embedded so practitioners have the confidence, skills and resources to do it more consistently.
6. Whilst TSC's role in these projects is ramping down, the work required across C&F branch continues. The Service Development team are now taking the lead on the next phase which we've termed 'Family Connections'. This includes clearer messaging, resources and training for practitioners. It also includes reviewing our own processes, language and structure to remove any barriers to children returning safely home or to their wider networks.
7. A new Family Connections Service is also being launched from July 2021, this is an enhanced version of the existing Connected Carers Assessment Team (CCAT). We will be developing a support function so family and friends carers are better prepared and supported as they take on a caring role in the short and long term.
8. We conclude this report by identifying the role of the Corporate Parenting Board and partner agencies in promoting and enabling more children to stay or return to their homes and wider support networks.

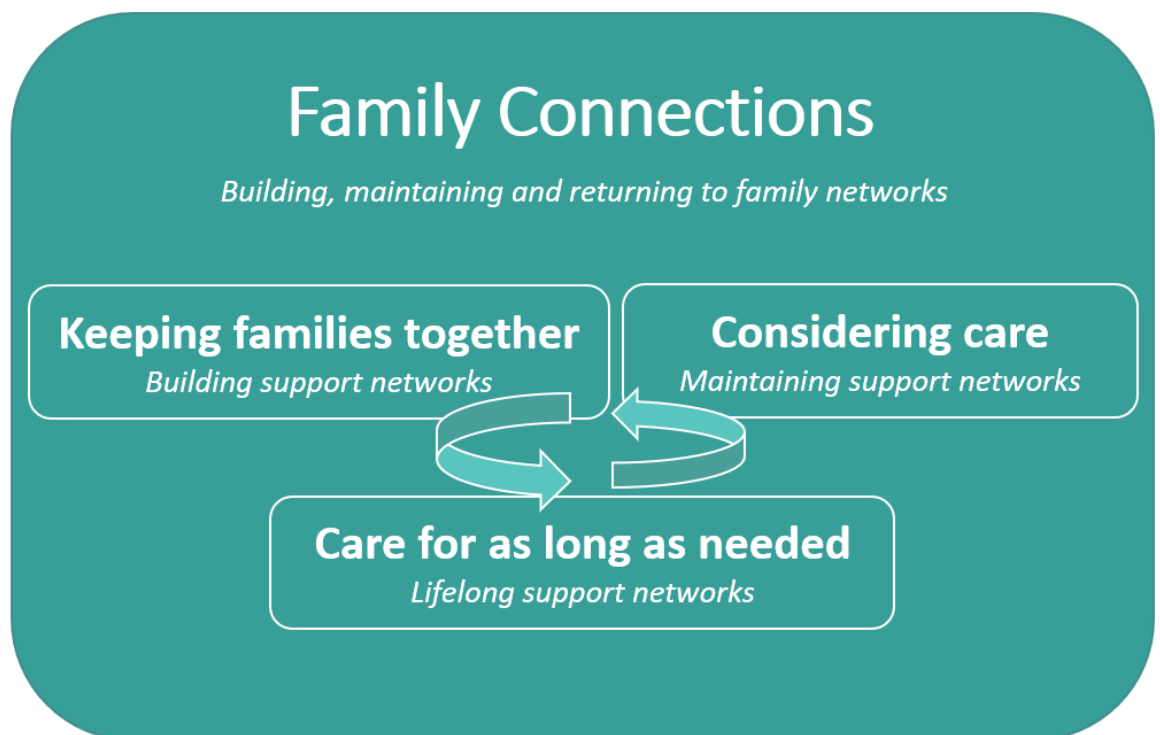
Projects overview

Project	Purpose	Deliverables / recommendations	Impact
Family meetings and plans	<ul style="list-style-type: none"> Further embedding of Hampshire Approach (family/child ownership and engagement in plan) Earlier and improved engagement of wider support network and potential carers 	<ul style="list-style-type: none"> Created one Family Plan template which is used across Early Help, CIN and CP planning Created one My Life My Future care plan used across CIC and CL teams Created family meeting recommendations to encourage more consistent practice 	<ul style="list-style-type: none"> Plans are more family/child friendly, building on strengths whilst recognising risks Improvement in plan quality demonstrated in audits Contributing towards more plans being achieved and sustained.
Family and Friends Care	<ul style="list-style-type: none"> More children to be placed with family and friends carers outside of the care system Improve support for family and friends carers 	<p>Communications</p> <ul style="list-style-type: none"> Clear comms and tools for practitioners – giving same message <p>Routes into care</p> <ul style="list-style-type: none"> Continue to promote earlier and continued engagement of wider family network Promote section 20, private arrangements and earlier planning for SGOs <p>Support package</p>	<p>We expect to demonstrate the following impact in the coming years</p> <ul style="list-style-type: none"> Appropriate route into family and friends care based on needs of child, not our own internal processes Increase in special guardianship, informal and section 20 placements and reductions in regulation 24 and Connected Carer placements Improved communication, preparation and support for connected carers

		<ul style="list-style-type: none"> • Grow a package of support as we better understand need and demand • Review SGO payments <p>Team structure</p> <ul style="list-style-type: none"> • Create enhanced Family Connections Service under new Team Manager sitting under Laura Mallinson's District • Team will develop support function over 15 months, after which business case will be made for long term offering. 	<ul style="list-style-type: none"> • Improved placement stability
Embedding reunification across the service	<ul style="list-style-type: none"> • Embed a reunification culture across the service • Flip our thinking from 'can this child go home?' to 'what needs to happen for this child to go home' 	<ul style="list-style-type: none"> • Clarify our key messages and language on reunification and permanence • Create resource pack for practitioners to give clarity and confidence • Review processes, policy and structure to remove barriers to children returning home 	<p>We expect to demonstrate the following impact in coming years</p> <ul style="list-style-type: none"> • Increased flexible and shared care arrangements • Improved relationships with birth families whilst child is in care • More children returning safely home or to their wider support networks

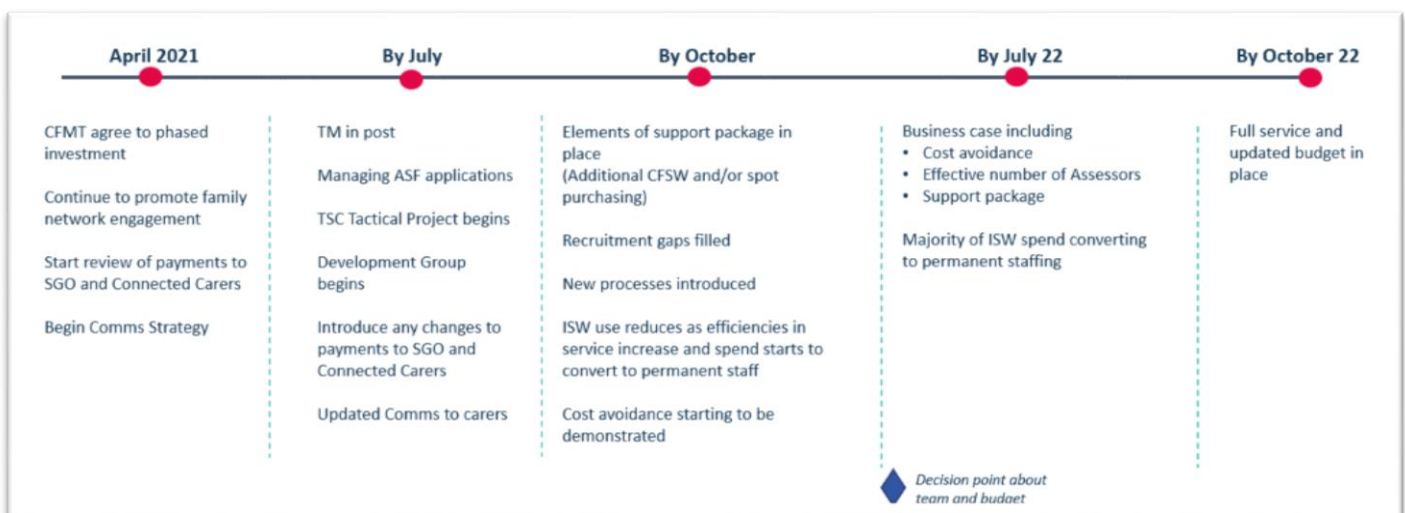
Next steps: embedding practice through 'Family Connections'

1. In recognition that the success of these projects rely on building and improving family networks, we are naming the next phase 'Family Connections'.
2. The Service Development Team will lead this phase, with project management support from TSC. The Project Lead for the gateway projects will also work together with Service Development to ensure a smooth handover and to maintain momentum.
3. Family Connections is about promoting our key messages and providing the resources and training so practitioners can confidentiality and consistently build and support family networks.



4. Family Connections deliverables will include:
 - Key messages visual
 - Resource pack for practitioners with
 - Case studies
 - How to guides

- Clear processes and policies
 - Tools to support practice
 - Updated training for practitioners and Foster Carers
 - A review of our structure and processes to ensure there are no barriers to this way of working.
5. Following the recommendations from the Family and Friends Care Project, we are enhancing our offer to family and friends carers. From July 2021 CCAT (Connected Carers Assessment Team) will be rebranded as the Family Connections Team. Assessors who previously worked within CAST teams will be brought together under a new Team Manager and the team will report to Laura Mallinson as strategic lead for CIC and reunification.
 6. The team will have an enhanced remit to help prepare and support family and friends carers, and they will be a key driver in increasing the number of Special Guardianships and informal or section 20 placements.
 7. The coming year will focus on developing a support function in response to evidence of need. TSC will support this new team by working with them to process map their new ways of working and building reports to evidence their impact.
 8. TSC will also work with the team to write a business case in the summer of 2022 to outline the impact of their work and propose how the service should be delivered in the long term.



Role of Corporate Parenting Board

1. Support and raise awareness
2. Prioritise reunification/family network housing
3. Consider how mental health support can best be provided to these families

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Children in care projects

Corporate Parenting Board update

June 2021



Projects overview



(January 2020 – present): Gateway projects led by TSC

Phase 2: Embedding practice, led by BA

Meeting and plans

Page 58

and Friends Care

Adding reunification across
service

To achieve

- Further embedding of Hampshire Approach
- Earlier and improved engagement of wider support network and potential carers
- More children placed with family and friends carers outside of the care system
- Improved support for family and friends carers
- Services to support reunification
- Removing barriers to reunification (language, policy, process)
- Developing a reunification culture

Family Connections

*Building, maintaining and
returning to family network*

- *Clarifying and promoting key messages*
- *Creating resources for practitioners, Foster Care and families*
- *Training and tools*
- *Developing the Family Connections Service*

Why review Family Meetings and Plans?



believe

Developing positive relationships with families is the heart of what we do

Everyone has strengths, and we get the best from each other when we recognise and build on those strengths

By listening, respecting and working together with the child, their family and those that have a responsibility to them

That working to support the whole family will achieve the best outcomes for the child in the long term

That working in this way enables us to identify, respond to and manage risk safely

We want

1. To move towards 'one plan' that travels with the family/child
2. Continue to embed Hampshire Approach
3. Further clarity about our approach to family meetings
4. To build on learning from Covid and flexible ways of working
5. Capture, share and articulate best practice
6. Improve the quality of plans and planning

We've done

Created a family meeting and planning model, supported by new templates, tools, guidance and training.

The journey



January - March: Form and model design

High level outline



Day 1, 27 January 10am – 4.30pm What's it about? Setting the scene Confirming the scope of what we're designing Thinking about the look, feel and facilitation of our meetings with families Reviewing all the feedback on our current forms and examples we've gathered Thinking about what the plan needs to capture from different perspectives What do we need to finish with Having discussed the feedback and examples of types of plans Agreed what we are going to design the next day	Day 2, 28 January 10am – 4.30pm What's it about? <ul style="list-style-type: none">Designing the formPracticing using itAssessing whether it works, what potential issues may be and resolvingPresenting to Senior Managers (Steve Crocker, Stuart Ashley, Sue Kocaman) What do we need to finish with <ul style="list-style-type: none">A draft templateA presentation to Senior ManagersClarity about what attendees are going back to their teams to ask	Day 3, 7 February 9.30am – 4pm What's it about? <ul style="list-style-type: none">Discussing feedback from teamsMaking changes and agreeing a final versionPresenting to Stuart AshleyDiscussing how the form should be tested and embeddedAgreeing what support practitioners and managers will need What do we need to finish with <ul style="list-style-type: none">A "testable" version of the formA plan for testing and implementationAgreed requirements for support required
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Gather feedbacks from teams / colleagues

April – June: Testing and refinement

- Feedback from across the service, updates made to final version
- Coordinating with Support Needs Assessment development to ensure alignment
- Development and sign off of Family Meeting Model recommendations

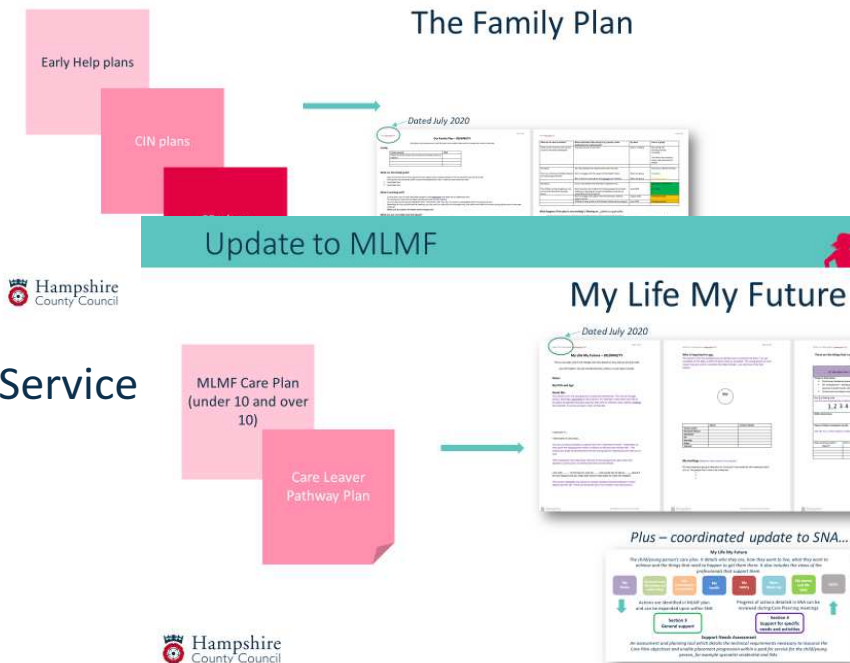
July: Form launch

September: follow-up workshops with over 100 attendees

Moving towards a Family Plan



- 3 days
- 30 attendees
- 11 parts of the Service represented



Our approach to the project



The opportunity

More children could
be placed with Family
and Friends carers
outside of the care
system

What we're going to do

1. Routes into care

- ✓ Increase conversion to Special Guardianship
- ✓ Increase private & planned placements
- ✓ Consider further alternatives to regulation 24

2. Improve package of support

- ✓ Focus on preparation
- ✓ Improvements to assessments & plans
- ✓ Access to ongoing support & guidance

3. Improve ways of working

- ✓ Update team structure.

Status

Recommendations
were approved on 31
March 2021

Currently in transition
phase with Family
Connections Service
due to launch from July
2021

Our recommendations



Communications

- ✓ Clear comms and tools for practitioners – giving same message
- ✓ Improved comms (leaflets, webpages) for families
- ✓ Updated Support Plan and Pre-Screening Tool (on toolkit now)

Routes into care

- ✓ Continue to promote earlier and continued engagement of wider family network
- ✓ Think about sec 20, private arrangements and earlier planning for SGOs
- ✓ Creative use of stranger Foster Carer to give time to upskill family carer who may not have been considered otherwise

Support package

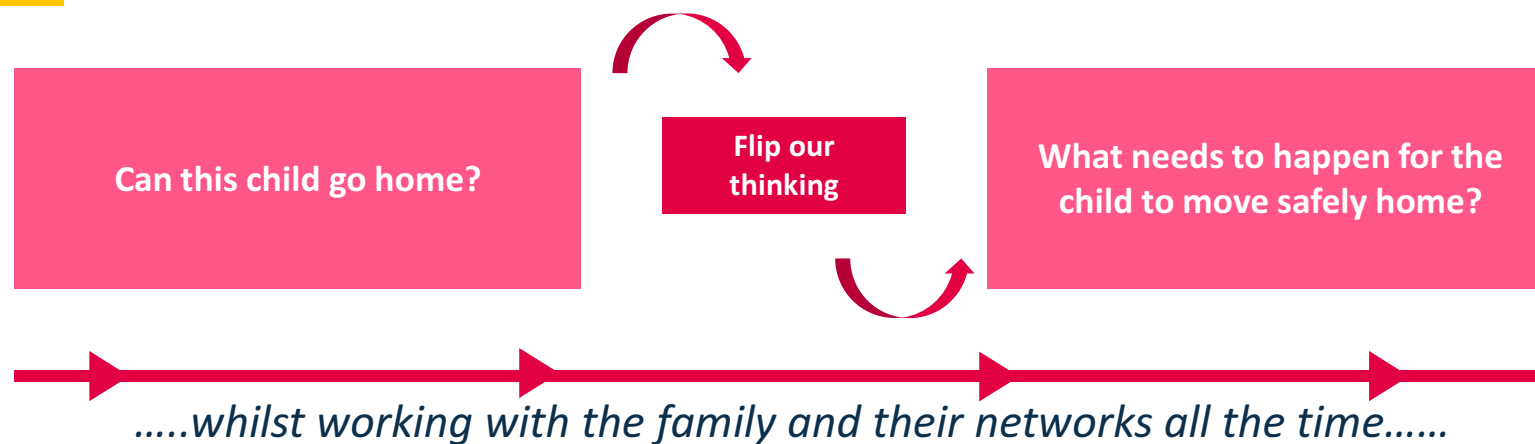
- ✓ Grow a package of support as we better understand need and demand
- ✓ Access to Family Time Service
- ✓ Contact line, signposting to universal or support services
- ✓ Access to tailored Fostering workshops relevant for SGs
- ✓ Developing Peer Support
- ✓ Taking on Adoption Support Fund applications
- ✓ Potential for specialist therapeutic programmes
- ✓ Reviewing SGO payments

A new Family Connections Service will launch from July. It will include our existing assessment function, and develop a support package for family and friends carers.

Embedding reunification across the service



objective



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Our role is to help build, maintain, and support children to return to their family and wider networks.

believe

Children have the best outcomes when living with their family networks

When we consider care, it should be flexible and draw on family networks whenever possible

A child should be in care *for as long as needed*. Families change and we'll always work with them to establish a lifelong support network for the child, and return them home if/when appropriate.

Reunification: initial findings



- We've held several workshops with staff discussing reunification
- When we think about 'reunification' we often default to thinking about children in long-term care re-establishing links with their families
- And yet...the practice we identified as important, was about what we do with families before the child even comes into care.

The same themes arose as in our previous gateway projects...

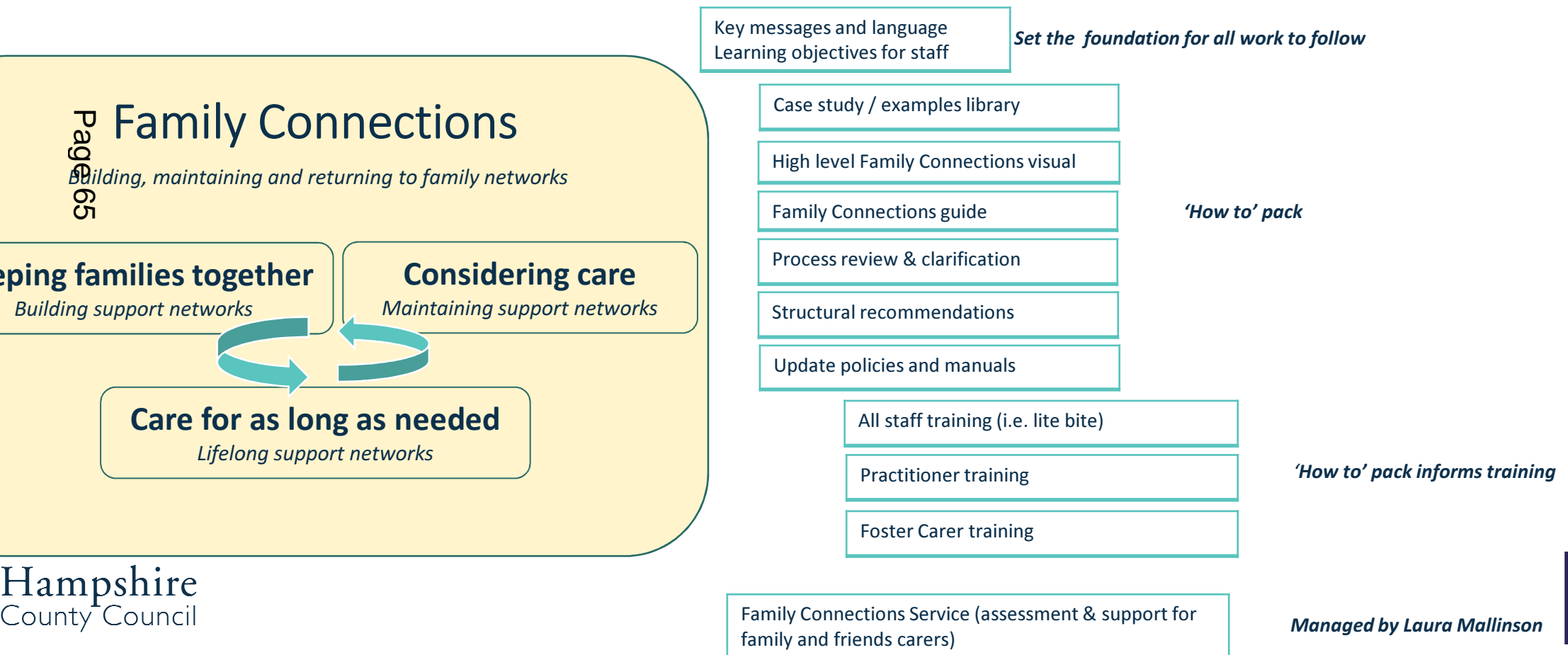
Earlier and more consistent engagement of the wider family network

Family Connections



We identified a series of resources which will clarify and embed better practice in how we engage the wider family network

The Service Development Team will lead the next phase of the project, with support from Transformation Social Care programme



The role of Corporate Parenting Board



Support and raise awareness

Prioritise reunification/family network housing

Consider how mental health support can best be provided to these families

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HAMPSHIRE COUNTY COUNCIL

Information Report

Committee	Corporate Parenting Board
Date:	21 June 2021
Title:	Improving Health Assessments for Children in Care
Report From:	Transforming Social Care Team, Children and Families Branch

Contact name: Ashley Burton

Tel: 0370 779 6328

Email: ashley.burton@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an overview of activity to improve how we understand and meet the health needs of children in care and support care leavers to manage their health independently.

Executive Summary

2. Children's Services and Health partners have long worked together to improve the health of children in care and care leavers. More recently, improving the value, uptake and timeliness of health assessments has been a key area of focus.
3. Following a series of multi-agency workshops held in September 2020, work has progressed on a joint action plan of improvements. This paper provides an overview of progress against this plan.
4. Workstreams of the action plan are:
 - Health assessment forms
 - Administration
 - Health assessment appointments
 - Promoting health
 - Care leaver health passports
 - Legislative change and flexibilities

5. Personnel and structural changes in Hampshire and Isle of Wight CCG, and the Covid health pandemic, have impacted the establishment of joint governance for the action plan, and the progress of some workstream activity. Despite this, collaboration between health and social care has enabled significant progress to be made.

Contextual information

6. In September 2020, a series of virtual workshops were held to review the end-to-end process of arranging and completing health assessments and acting on recommendations. Participants generated and assessed ideas for improvement, before agreeing upon an action plan for Children's Services and Health senior manager sign-off.
7. The objectives of the action plan are to ensure:
 - Children in care find their health assessments valuable.
 - More assessments are complete within statutory timescales.
 - Assessments enable both the individual and collective needs of Hampshire's children in care to be understood and met.
8. Participants in the virtual workshops included: health assessment commissioners and providers (West Hampshire CCG, Hampshire Hospitals Foundation Trust and Southern Health Foundation Trust), children's social care workers (senior and operational managers, and administrators), and a foster carer.
9. At the Senior Managers Feedback event, it was agreed that Children's Services would allocate project management resource to drive implementation of the action plan and support oversight across both Children's Services and Health partners. A project manager has since been allocated.

The Joint Health Assessment Action Plan

10. Significant progress has been made, whilst changes in personnel in the CCG and the Covid health pandemic have impacted the establishment of joint governance and the progress of some workstream activity.

Workstream	Lead	Objectives	Progress	Next steps
Health assessment forms	HCC	<ul style="list-style-type: none"> To simplify forms required to arrange health assessments, making them easier to complete. Improve the structure and guidance for completing the health assessment record, so young people receive high quality, comprehensive and meaningful assessments. 	<ul style="list-style-type: none"> Forms and guidance have been redesigned and approved by Children's Services. 	<ul style="list-style-type: none"> Health partners approval of new forms Begin use.
Administration	HCC	<p>To improve recording and reporting on the progress of health assessments, to:</p> <ul style="list-style-type: none"> Enable issues to be identified and addressed earlier. Minimise duplication of effort between Children's Services and Health partners 	<ul style="list-style-type: none"> New recording and reporting practice has been agreed by Children's Services. Improved recording is now in progress. 	<ul style="list-style-type: none"> Rollout automated reporting. Improve data sharing between Children's Services and Health partners.
Health assessment appointments	CCG	<ul style="list-style-type: none"> Increase the accessibility of health assessment appointments to improve attendance. 	<ul style="list-style-type: none"> Recruitment of additional GPs to complete initial health assessments is in progress. 	<ul style="list-style-type: none"> Recommission review health assessment providers, with requirements to offer more choice of when appointments are available and how these can be booked.

Workstream	Lead	Objectives	Progress	Next steps
Promoting health	Joint	<ul style="list-style-type: none"> Promote uptake of health assessments. Support young people and those caring for them to act on the recommendations of assessments to improve their health. 	<ul style="list-style-type: none"> Leaflets for young and older children, and training for social workers and carers, explaining and promoting the benefits of health assessments are a work in progress. 	<ul style="list-style-type: none"> Finalise and begin use of leaflets and training. Develop wider support package for promoting health.
Care leaver health passports	HCC	<ul style="list-style-type: none"> To establish tools and processes to share young people's health histories (and avenues to learn more) with them, to equip them to manage their health independently 	<ul style="list-style-type: none"> Guidance and templates have been approved by Children's Services and are now in use. 	<ul style="list-style-type: none"> Review health passports produced to inform continuous improvement.
Legislative change and flexibilities	Joint	<ul style="list-style-type: none"> Lobby for legislative change to ensure requirements of health assessments are fit for purpose. Explore flexibilities within legislation and statutory guidance, to ensure processes are proportionate and reflect the needs of children in care. 	<ul style="list-style-type: none"> On hold. 	<ul style="list-style-type: none"> Develop lobbying plan and action. Consider current flexibilities, fitness for purpose and wider application.

Conclusions

11. Personnel and structural changes in Hampshire and Isle of Wight CCG, and the Covid health pandemic, have impacted the establishment of joint governance for the action plan, and the progress of some workstream activity. Despite this, collaboration between health and social care at an operational level has enabled significant progress to be made.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	no

Direct links to specific legislation or Government Directives

<u>Title</u>	<u>Date</u>
The Care Planning, Placement and Case Review (England) Regulations 2010	2010

Section 100 D - Local Government Act 1972 - background documents

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.)

<u>Document</u>	<u>Location</u>
None	

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Improving Health Assessments for Children in Care

Corporate Parenting Board update

June 2021



Background and context



Background

Children's Services and Health partners have long worked together to improve the health of children in care and care leavers.

Known issue of HAs

More recently, improving the value, uptake and timeliness of health assessments has been a key area of focus.

Rapid Review

In September 2020, 12 multi-agency representatives attended a series of virtual workshops to review the end-to-end process of arranging and completing health assessments and acting on recommendations.

Participants generated and assessed ideas for improvement, before agreeing upon an action plan for Children's Services and Health senior manager sign-off.

A Joint Action Plan

The objectives of the action plan are to ensure:

- Children in care find their health assessments valuable.
- More assessments are completed within statutory timescales.
- Assessments enable both the individual and collective needs of Hampshire's children in care to be understood and met.

The Joint Action Plan



Workstreams

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Forms



Administration and data



Appointments



Promoting health



Care leaver health passports



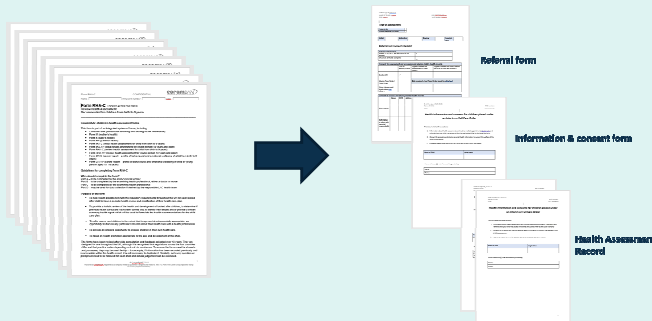
Legislative change and flexibilities

Personnel and structural changes in Hampshire and Isle of Wight CCG have impacted the establishment of joint governance for the action plan, and the progress of some workstream activity.

Despite this, collaboration between health and social care has enabled significant progress to be made.

The Joint Action Plan



Stream + Lead		Objectives	Progress made	Next steps
Page 76	HCC	<ul style="list-style-type: none"> To simplify forms required to arrange health assessments, making them easier to complete. Improve the structure and guidance for completing the health assessment record, so young people receive high quality, comprehensive and meaningful assessments. 	<ul style="list-style-type: none"> Forms and guidance have been redesigned and approved by Children's Services. 	<ul style="list-style-type: none"> Health partners approval of forms and endorsement of guidance. Begin use.
	HCC	<p>To improve recording and reporting on the progress of health assessments, to:</p> <ul style="list-style-type: none"> Enable issues to be identified and addressed earlier. Minimise duplication of effort between Children's Services and Health partners 	<ul style="list-style-type: none"> New recording and reporting practice has been agreed by Children's Services. Improved recording is now in progress. 	<ul style="list-style-type: none"> Rollout automated reporting Improve data sharing between Children's Services and Health partners.


The Joint Action Plan



Stream + Lead		Objectives	Progress made	Next steps
Departments	CCG	<ul style="list-style-type: none"> • Increase the accessibility of health assessment appointments, to improve attendance. 	<ul style="list-style-type: none"> • Recruitment of additional GPs to complete initial health assessments is in progress. 	<ul style="list-style-type: none"> • Work with providers to offer choice of when appointments available and how these can be booked.
Promoting health Page 77	Joint	<ul style="list-style-type: none"> • Promote uptake of health assessments. • Support young people and those caring for them to act on the recommendations of assessments to improve their health. 	<ul style="list-style-type: none"> • Leaflets for young and older children explaining and promoting the benefits of health assessments, and training for social workers and carers, are a work in progress. 	<ul style="list-style-type: none"> • Finalise and begin use of leaflets and training. • Develop wider support pack for promoting health.

The Joint Action Plan



Stream + Lead		Objectives	Progress made	Next steps
Health Reports	HCC	<ul style="list-style-type: none"> To establish tools and processes to share young people's health histories (and avenues to learn more) with them, to equip them to manage their health independently 	<ul style="list-style-type: none"> Guidance and templates have been approved by Children's Services and are now in use. 	<ul style="list-style-type: none"> Review health passports produced to inform continuous improvement.
Legislation	Joint	<ul style="list-style-type: none"> Lobby for legislative change to ensure requirements for health assessments are fit for purpose. Explore flexibilities within legislation and statutory guidance, to ensure processes are proportionate and reflect the needs of children in care. 	<ul style="list-style-type: none"> On hold. 	<ul style="list-style-type: none"> Develop lobbying plan and action Consider current flexibilities and their fitness for purpose and wider application.

HAMPSHIRE COUNTY COUNCIL

Report

Committee	Corporate Parenting Board
Date:	21 st May 2021
Title:	Health of Children in Care
Report From:	Dorothy Karikari-Boateng, Interim Designated Nurse, Children in Care. Hampshire, Southampton & Isle of Wight Clinical Commissioning Groups

Contact name: Dorothy Karikari-Boateng
E- mail: Dorothy.karikari@nhs.net

Purpose of this Report

1. The purpose of this report is to update the Corporate Parenting Board on the current work plan to improve the health of children and young people in care supported by the Hampshire Clinical Commissioning Groups (CCGs).
- 1.1. Areas to be highlighted are:
 - Completion of statutory Initial Health Assessments to ensure the physical aspect of the holistic assessment is undertaken by a doctor and meets the quality standard and statutory requirement- Update
 - RHAs are delayed, especially for children placed out of area. NHS England is aware of this problem. Face to face assessments are yet to start in some areas after being suspended last year
 - Participation in partnership with Children Services into a Rapid Review Process of the health pathway to secure holistic statutory health assessments for children in care- Update
 - Participation in partnership with Children Services the development of a care leavers' health passport following Children Services Ofsted inspection recommendation - update

Recommendation(s)

The Corporate Parenting Board to note the work plan.

Executive Summary

The Covid-19 pandemic has continued to influence the Children in Care (CIC) health assessments in 2020-21. Challenges remain in delivering initial health assessment through the GP specialist service, though the service is back to doing face to face assessments with appropriate PPE protection. Unfortunately, this has also reduced the number of appointment slots due to ensuring rooms are cleaned between each appointment. So has the impact of COVID-19 vaccinations on GP slots.

Three GPs, from the already limited number, have stopped undertaking IHAs because of family issues and their involvement in Covid-19 vaccine administration. Couple with this are issues like – IHAs that we are unable to book due to paperwork being incorrect/incomplete/other queries for CSD
17 with incorrect paperwork from CSD (oldest request dates back to November 2020)

Both acute and community providers (Hampshire Hospitals (HHFT) and Southern Health (SHFT)) of CIC services modified their response to requests for both Initial Health Assessments (IHA) and Review Health Assessments (RHA) in line with the NHS England directives. HHFT have returned to seeing as many children face to face as possible, but SHFT still continues to see children virtually.

LAC Health continues, as we move forward, looking to restore as much to near normal the health interventions for CIC and looking at alternative methods for future delivery of services. The Rapid Review process led by Children's services in September 2020 in which health was a key partner will help deliver the future vision around health pathway for CIC continues to which health have delivered an action plan against their identified areas for development

Work continues from a health perspective in supporting the development of a "Health Passport" for care leavers.

Services commissioned for children with mild to moderate disabilities within the LAC health provision currently under review.

Review Health assessment continues to be a problem especially for LAC/YP placed outside Hampshire. Some authorities still have waiting list of 3 months, leading to late review assessments. We are working with out of area teams to get our children seen in a timely manner.

Adult medicals for prospective adopters / foster carers: Work is underway to address this important issues

Dental care for Children in care issues has been raised with NHSE and locally in a bid to get dentist appointments for our children.

Consultation

Survey:

Children, Young People and Carers' views on Virtual Health Assessments undertaken during this Covid 19 Pandemic across Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) areas.

According to the providers virtual assessments have been well received and some of the staff say that some children/young people actually said they preferred virtual assessments.

For professionals, the experience where assessment starts with meeting child/young person, seeing the way they are dressed, walking, having one to one etc. was missing from the assessments. However, most felt a mixture of virtual and face to face will be a way forward.

It is planned to carry out another survey by provider services with the help of CSD.

Audit

Audits have taken place: within provider services re training of LAC team members to Level 4 of intercollegiate document (90%); on the IHAs by GPs. Statutory timelines were not met but quality has been assured.

Report Completed by:

Dorothy Karikari-Boateng

Designated Nurse for Looked After Children (Interim)

May 2021

1. Annual Report 2020/21

Safeguarding children and young people is everyone's responsibility. The five Hampshire CCGs are committed to safeguarding children and young people in their areas. This annual report is by exception looked after children (LAC) activities for the year April 2020 to March 2021 and aims to highlight the risks, good practice, and challenges. It also sets out how the team coped with the COVID-19 pandemic. 2020/21 has been an extraordinary year due to the pandemic, which made it more challenging to deliver our commissioned services, namely, to see and support some of our most vulnerable children and young people.

As arrangements are underway to merge four of the CCGs (North Hampshire, South Eastern Hampshire, Fareham & Gosport & West Hampshire) with Southampton City CCG to form a new CCG that mirrors the footprints of the Hampshire and Isle of Wight Integrated Care System (ICS), this is the last annual report for the five Hampshire CCGs. However, Portsmouth CCG remains independent in 2021/22. North East Hampshire and Farnham (NEHF) CCG is set to be part of the Frimley CCG/ICS.

Therefore, this report, rather than highlighting the priorities for 2021/22, will instead revisit some of the priorities set for 2020/21 and summarise progress made.

Please see below some key priorities set for 2020/21 for safeguarding children and LAC.

Progress Report for the 2020/21 Safeguarding Children and LAC Priorities

To develop and implement a new model of Initial Health Assessments (IHAs) requests for Hampshire/OOA looked after children (LAC)

Service review and plans are underway to streamline referral and assessment processes which have been preventing HCC/CCG from meeting the statutory timeframe for initial health assessments. This will ensure LAC are at the core of the local authority's children's services plans, reflecting statutory guidance.

The phased implementation of the Rapid Improvement process of the Hampshire IHAs procedures is progressing, with the consent element ready to be signed off and implemented. Assessment forms have been reviewed and due to be signed off. A joint administrator post is yet to be agreed and funded to manage the appointments process.

To provide the right service for Unaccompanied Asylum Seeking Children (UASC)

The range of services offered UASC include ensuring their immunisations are up to date, that they are registered with GPs, dentists & opticians, and undergo screening for tuberculosis and blood-borne illnesses.

1. Risk Report

The CCG LAC team have pulled together an exceptions risk report for the Hampshire, Southampton and Isle of Wight CCG and the Frimley CCG, highlighting safeguarding risks. These include (but not limited to) the following:

- Capacity challenges within the LAC team.
- Hidden Harm due to the COVID-19 pandemic
- Initial Health Assessments - Meeting statutory timescales remains a challenge and has been a multi-agency focus for improvement.
- Review Health Assessments have been massively affected by COVID-19, which has been highlighted to NHSE. Most providers are still not doing face to face assessments
- No signed LAC Service Specification and key performance indicators (KPIs) agreement between CCG and provider services to address the challenges and provide feedback and assurance against targets.
- Prospective foster carers' health assessment: the fostering medicals not being done and placements being delayed.
- No GP lead/ named doctor for LAC, making it difficult for LAC to be seen on its own merit instead of an add-on to the safeguarding children agenda
- No public health input to care experienced young people e.g. sexual health, substance misuse, smoking cessation, teenage pregnancy, chlamydia screening etc.
- Hidden harm: Caseload of 2967; Breakdown: 1696 Hampshire Children and 1217 other Local Authority Children placed in Hampshire. It is impossible to identify risk within the caseload with current resources.
- Total lack of transition care for young people moving from child to adult services and moving out of care.

Please note that a detailed report of risks for LAC to be escalated to the new CCG has been put together by the designated professionals.

1. Providers

2. The new public health nursing service in Hampshire is not commissioned to undertake any health assessment for Looked after children. This poses a challenge within provider services for LAC specialist nurses
3. There is a need to have Named Nurses in provider services to be in line with the statutory guidance and intercollegiate document 2020.
4. Not enough GPs in our specialist Team undertaking IHA assessments
5. Capacity in the provider services is an issue, e.g HHFT has only one nurse. Therefore, when on leave /off sick it poses challenges
6. Children & Adolescent Mental Health Service (CAMHS): The service has seen an increase in referrals in this reporting year of children needing support with their mental health. There is also an increase in the referral for

ASD and AHDH assessments. Plans are being put in place to address the challenges. Access to CAMHS by Looked after Children continues to be a challenge. Referral pathways have been reviewed.

2. Conclusion

Risks - Risks identified during the reporting year are linked to capacity within the LAC teams, the risks associated with COVID 19, some themed risks within our provider sectors, initial health assessments and foster carers' medical challenges. LAC services continue to be a risk area for the ICS as the service needs more manpower to be able to meet the needs of LAC/young people within the service. COVID 19 has affected the service adversely: Face to face IHAs were suspended for a while but have now resumed. However, the service have been left with 60 IHAs completed by nurses which need to be reviewed by Doctors.

RHAs are delayed, especially for children placed out of area. NHS England is aware of this problem. Face to face assessments are yet to start in some areas after being suspended last year.

No transition services commissioned for care leavers, making it difficult to plan a service for them moving into adulthood. This makes some of them more vulnerable and unprepared with regard to accessing health services as an adult. Services for children with mild to moderate disabilities within the LAC health provision currently under review.

There is the need to have LAC leads in primary care to champion issues like adult medicals for prospective foster carers, etc. much like the safeguarding leads in primary care. The LAC services need to recruit more GPs to undertake IHAs.

By Dorothy Karikari-Boateng
Designated Nurse Looked After Children (Interim)

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	
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

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.)

<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>

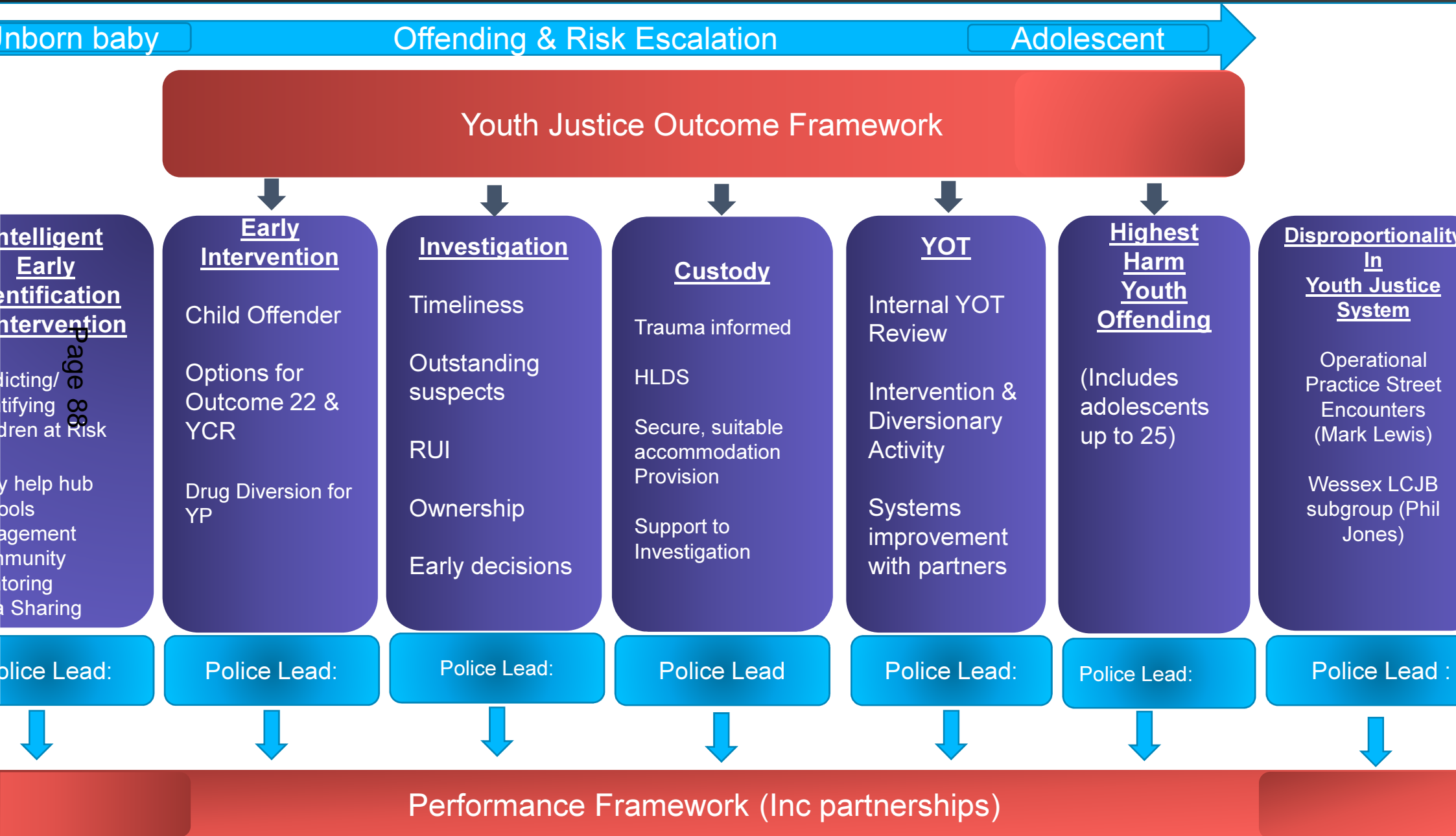
Insert in full your **Equality Statement** which will either state:

- (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*

Child

CENTRED POLICING

End To End Youth Justice CCP Priorities





OUR AMBITION

To improve the quality of policing for children and young people by acknowledging their differences, recognising their vulnerabilities and meeting their needs.

LAC and Hampshire Constabulary

METT – details of LAC children at risk of CCE/CSE

No of deployments to Residential Care Homes/ Foster placements

No of LAC arrested/brought to custody

PPN submitted on LAC children

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Philomena protocol – pilot in New Forest. Evaluation June 2021- roll out

Improved collaborative working with partners

Reduce unnecessary calls to Police about LAC eg breach of curfew

Reduce disproportionate criminalisation of LAC.

Things to
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Things to

- **Treat children as children first** (*children are not the same as adults, they do not think or behave the same and they have greater vulnerabilities – no matter how they look or act we must respect the fact they are children*).
- **Voice of the child** (*we must always take the opportunity to ask about and listen to the views of children, this isn't just when they are the victim or the offender, it's also when they are impacted by another's crime or behaviour such as domestic violence*). It is also not just about what 'is said'. It is also observing behaviour, interactions and seeing what is "not said" – especially with babies and children who are non verbal.
- **Every interaction is an opportunity** (*Every time we interact with a child it's an opportunity to truly understand what is going on for them and to make them safer. Even if we have tried before, we are the paid professional and we need to try again – young people who have experienced trauma and challenging childhoods find it hard to trust, one day our listening ear, our acknowledgment, our actions could be what makes a difference*).

- **Timeliness** (*time passes quickly in the life of a child, if we do not act in a timely manner, we miss the opportunity to have a positive impact, particularly when delivering effective interventions to prevent further offending. If we do not act in a timely manner, a child could be exposed to more harm*).
- **Assess risk** (*whether using prescribed tools or our own judgement, we must look beyond just what we see in front of us and assess the wider risk to a child or young person. We must be explicit and clear in recording this risk*).
- **Share information** (*we must consider all the information available to us and share information with partners in order that the best decisions can be made regarding risk and necessary action. Failure to share information effectively is the single most prevalent issue in many Child Safeguarding Practice Reviews*).

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