

Public Document Pack



**Service Director – Legal, Governance and
Commissioning**

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Tuesday 22 September 2020

Notice of Meeting

Dear Member

Corporate Parenting Board

The **Corporate Parenting Board** will meet in the **Virtual Meeting - online** at **10.00 am on Wednesday 30 September 2020.**

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft".

Julie Muscroft

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Corporate Parenting Board members are:-

Member

Councillor Viv Kendrick (Chair)	
Councillor Karen Allison	
Councillor Fazila Loonat	
Councillor John Lawson	
Councillor Richard Smith	
Councillor Carole Pattison	Cabinet Member for Learning, Aspiration and Communities
Gill Addy	Designated Nurse for Looked after Children/Care Leavers
Julie Bragg	Head of Corporate Parenting (Children in Care and Care Leavers)
Tom Brailsford	Service Director (Resources, Improvement and Partnerships)
Steve Comb	Head of Corporate Parenting (Sufficiency)
Keith Fielding	Kirklees Fostering Network
Stewart Horn	Head of Joint Commissioning, Children & Familie
Colleen Kenworthy	Kirklees Fostering Network
Barry Lockwood	Kirklees Fostering Network
Sanna Mahmood	Looked after Children and Leaving Care
Elaine McShane	Service Director, Family Support and Child Protection
Mel Meggs	Director for Children's Services
Sara Miles	Interim Head of Service (Child Protection & Review Unit)
Jo-Anne Sanders	Service Director for Learning and Early Support
Ophelia Rix	Principal Social Worker
Janet Tolley	Virtual School Headteacher
Christine Carmichael	Kirklees Fostering Network

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

This is where members who are attending as substitutes will say for whom they are attending.

2: Minutes of previous meeting

1 - 6

To approve the Minutes of the meeting of the Board held on 1 July 2020

3: Interests

7 - 8

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

4: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

5: Deputations/Petitions

The Board will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

6: Public Question Time

The Board will hear any questions from the general public. Due to Covid-19 restrictions, questions should be submitted to executive.governance@kirklees.gov.uk no later than 10am on 29 September 2020

7: Kirklees Looked After Children Annual Health Report 2020/21 9 - 32

This report outlines the work that has taken place in the Looked After Children's Health Team and provides assurance that the Clinical Commissioning Groups are fulfilling their statutory responsibilities.

Contact: Gill Addy – Designated Nurse, Looked After Children

8: Children's Services Performance Highlight Report 33 - 44

The Board will consider a report giving key highlights on Performance Monitoring data for the Children's Service up to September 2020.

Contact: Julie Bragg – Head of Corporate Parenting.

9: One Adoption WY Annual Report & Highlight Report 45 - 84

The report sets out the developments within One Adoption West Yorkshire from April 2019 to March 2020.

Contact - Sarah Johal, Head of Service OAWY

10: Statement of Purpose for Fostering Service 85 - 120

To receive a report setting out the aims and objectives of Kirklees Council's Fostering Service.

Contact: Laura Counce - Acting Head of Service - Sufficiency

11: Statement of Purpose for Registered Children's Homes (Annual Report) 121 - 240

The report gives an overview of the Statement of Purpose of the five Kirklees Council Ofsted registered children's residential homes.

Contact: Laura Counce – Acting Head of Service - Sufficiency

12: Mental Health Support for Children in Care and Thriving Kirklees Update

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The report outlines the work that has taken place in the Looked After Children's Health Team and provides assurance that the Clinical Commissioning Groups are fulfilling their statutory responsibilities.

Contact: Stewart Horn – Head of Joint Commissioning, Children and Families

13: OFSTED Improvement Board Update

The Board will receive a verbal update.

14: Dates of Future Meetings

The Board will consider verbal updates from Board Members who will give an update on progress and key issues following interaction with Services and partners to challenge the role of the Corporate Parent.

Contact: Leigh Webb, Principal Governance and Democratic Engagement Officer

15: Ad-hoc Task and Finish Group (Risk Register)

The Chair, Councillor Kendrick, will report at the meeting.

16: Corporate Parenting Board Agenda Plan 2020/21

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Contact: Leigh Webb – Principal Democratic and Engagement Officer.

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Contact Officer: Leigh Webb

KIRKLEES COUNCIL

CORPORATE PARENTING BOARD

Wednesday 1 July 2020

Present: Councillor Viv Kendrick (Chair)
Councillor Fazila Loonat
Councillor John Lawson
Councillor Carole Pattison
Councillor Richard Smith
Julie Bragg
Tom Brailsford
Stewart Horn
Barry Lockwood
Jo-Anne Sanders
Janet Tolley
Christine Carmichael

In attendance:

Apologies: Councillor Andrew Marchington
Councillor Karen Allison
Steve Comb
Keith Fielding
Gill Addy
Sara Miles
Ophelia Rix
Colleen Callaghan

1 Membership of the Board/Apologies

The Chair welcomed Councillor Pattison as a new Board Member in her role as Chair of the Virtual School Governing Body. Apologies had been received from Councillor Andrew Marchington, Councillor Karen Allison, Steve Comb, Keith Fielding, Gill Addy, Sara Miles, Ophelia Rix and Colleen Callaghan.

2 Interests

No interests were declared.

3 Minutes

RESOLVED-

That the minutes of the last meeting, held on 4 March 2020 be approved as a correct record.

4 Admission of the Public

It was agreed that all agenda items would be held in public session.

4 Deputations/Petitions

No deputations or petitions were received.

5 Public Question Time

No questions from the public were received.

6 Virtual School Report

The Board considered a report providing an update on how the Virtual School had been operating during the Covid-19 pandemic. It was reported that the current numbers of children and young people on roll at the Virtual School are: 71 EYFS; 173 Primary; 246 Secondary; 107 Post 16

The report detailed the key areas of work and highlighted that in these unprecedented times a “business as usual” approach was taken in so far as it was possible. Janet Tolley provided a specific update on the following areas of work during the pandemic:

- Contact and support for carers
- Contact and support for children and young people.
- Young people not on a school roll or at risk of withdrawal of their offer
- Risk Assessments
- Attendance and monitoring overview
- Initial PEP’s
- Covid-19 PEP’s and squiddle
- Prioritising PEP’s for this term
- School transition planning (to discuss during the PEP meeting)
- Young people undergoing SENDACT Statutory Assessment

In response to a question from Councillor Lawson concerning the use of the squiddle module to capture the views of young people, Janet Tolley reported that there had been a varied response. Many young people had flourished at home although equally many had missed the face to face contact. Councillor Lawson highlighted the importance of building on some of the positive experiences resulting from new ways of engaging with young people.

With regard to lessons learned by the team, Janet Tolley explained that there had been positives in terms of flexibility and greater availability but face to face relationships within the team had been missed.

In response to a question from Barry Lockwood concerning the provision of laptops to young people and foster carers, Janet Tolley confirmed that all requests had been responded to. Janet referred to the additional provision of 77 laptops through the supervising social workers and foster carers initiative.

RESOLVED -

1. The Board noted the positive and innovative ways of working undertaken by the Virtual School during the pandemic.

2. That any issues in respect of IT equipment provision from Kirklees Foster Carers Network be raised directly with Tom Brailsford

7 Children in Care Services Performance Highlights

The Board received a Service Update report with regards to the provision of services to vulnerable Children, Young People, their families and their carers During COVID 19. The report also provided a wider overview of the actions and steps taken to ensure that children in Kirklees are safe and contact is maintained during the current emergency.

The report outlined a range of measures that had been undertaken to support the workforce across a range of services including managerial support, check-ins, prioritisation clarity and advice on dealing with Covid-19 presenting clients. Information was also set out in respect of front door access for social care services and the work of the Assessment and Intervention Teams.

Julie Bragg advised that there had been an increase in referrals relating to domestic violence issues.

With regard to the numbers of Children in Care, it was reported that there had been an increase of 12 to 687 from the start of the lockdown period. Court processes have continued in respect of those children subject to care orders.

Tom Brailsford provided an update in respect of residential care and foster care. It was reported that residential homes had kept running as normal as possible, with initial issues on PPE at the start of the pandemic. All settings have been risk assessed, which did result in the suspension of respite provision at Orchard View and the Young Persons Activity offer. With regard to capacity alternative temporary settings have had to be registered. Work has been ongoing with KFN to help with the stability of placements with a new payment system being introduced. Additionally 9 emergency temporary foster carers have been recruited mainly from school staff.

Julie Bragg provided an update on Adoption Services, Care Leavers and the Youth Offending Team. With regard to the report a correction was highlighted as a typing error in para 2 (“in” to be replaced with “not in”).

Question and comments were invited from the Board and the following issues were raised:

- In response to a question from the Chair, Councillor Kendrick, Julie Bragg explained that one of the positives from the current situation was an increase in engagement by young people in respect of Looked After Children reviews and the use of virtual family time.
- Barry Lockwood requested a breakdown of the number of children in care figure. Julie Bragg undertook to provide a detailed breakdown to the next meeting of the Board.
- Julie Bragg confirmed that the mockingbird initiative within the fostering service may be slightly delayed but measures were underway to progress the initiative

RESOLVED -

1. That the report be noted
2. That an update in respect of the respite offer around Orchard View and YPAT be brought to a future meeting of the Board.

8 Virtual School Statistical First Release Outcomes

The Board received a summary report on the published educational outcomes for children and young people in care for the academic year 2019-20 following the publication of the verified national data.

Janet Tolley provided a breakdown of progress and attainment in respect of early years and Key stages 1-4. The data highlighted a number of positive outcomes around early years and key stages 1-4, progress 8 statistics and attendance and exclusion figures.

RESOLVED –

1. The Board noted the positive outcomes set out in the report.
2. The Board further noted areas of concern within the report in respect of KS2 and the additional work being undertaken, whilst acknowledging the complexities of the individual cohorts.

9 Virtual School Governing Body

The Board received a verbal update from the Chair of the Virtual School Governing Body, Councillor Pattison. It was reported that the Governing Body had recently been set up and an initial meeting had been held to establish membership and terms of reference. The Governing Body will next meet in September.

Janet Tolley reported that Governors had been familiarised with statutory guidance on the role of the virtual head teacher and governing body.

RESOLVED -

The Board noted the update on the Virtual School Governing Body.

10 Ofsted Improvement Board Update

Tom Brailsford provided a verbal update and highlighted the 6 tests identified under the issued improvement notice. Work is underway with Leeds Council, as the improvement partner, and the Department for Education to review progress. Focus Groups will be arranged relating to the improvement journey. Reference was made to ongoing work by Steve Walker and the DfE and the SEND 10 point plan work undertaken by Ronnie Hartley

RESOLVED –

1. The Board noted the update on the Ofsted Improvement Plan
2. That a further update be provided at the next meeting.
3. That consideration be given to the Board receiving the SEND 10 point plan.

11 Corporate Parenting Board Agenda Plan 2020/21

The Board considered the agenda plan of the Corporate Parenting Board for 2020/21. The Chair reported that mental health and emotional support for children in care would be a standing item at Board meetings.

Councillor Lawson requested that Covid specific monitoring in respect of anxiety and emotional health be undertaken and reported back to the Board. Tom Brailsford referred to a current piece of work being undertaken by Stewart Horn to review in house mental health provision. Cllr Lawson suggested that discussion take place on the corporate scrutiny risk register and how this feeds into how we design our own services.

RESOLVED-

1. That a meeting be arranged with the Chair and Officers to update the Agenda Plan, in light of the Covid 19 pandemic, prior to it being submitted to the next meeting of the Board

2. That a report on preliminary findings on the review of in house mental health provision be submitted to the next meeting of the Board.

12 Dates of Future Meetings

RESOLVED -

The Board noted the future meeting dates:

- 2nd Sept 2020, 10am (potentially subject to change)
- 4th Nov 2020, 10am
- 13th Jan 21, 10am
- 3rd Feb 21, 10am
- 10th March 21, 10am

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KIRKLEES COUNCIL

COUNCIL/CABINET/COMMITTEE MEETINGS ETC

DECLARATION

CORPORATE PARENTING BOARD

Name of Councillor

Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed:

Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

(a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

(b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



**Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group**

**Kirklees Looked After Children
Annual Health Report
April 2019 – March 2020**

**Dr Gill Parry & Gill Addy
Designated Doctor & Designated Nurse
Looked After Children & Care Leavers
September 2020**

EXECUTIVE SUMMARY

This report outlines the work that has taken place in the Looked After Children's Health Team and provides assurance that the Clinical Commissioning Groups are fulfilling their statutory responsibilities.

The main body of the report is based on the local activity related to Looked After Children, during the time frame 1st April 2019 – 31st March 2020.

Blue text has been used in the document to highlight the latest relevant National data. This is for the period 1st April 2018 to 31st March 2019, ('Statistical First release' DfE 2019), therefore its alignment for comparison cannot be exact.

The Key Performance Indicator results have remained at a high level. 95.5% of Initial Health Assessments (IHA) (n224) were completed within the statutory 20 working days timescale and an average of 94% Review Health Assessments (RHA's) (n697), were completed in Kirklees within their timescales. (National average 89%)

All the data for dental registration, dental attendance and immunisation uptake is higher than the national average.

The work with sexual health and substance misuse outreach and the emotional health and well-being team, has continued, reinforcing a collaborative working model.

The regional adoption agency is established and the Designated Doctor, continues to carry out adult and child medical reports.

The Strength & Difficulty Questionnaire (SDQ) process, continues to provide a robust formula for ensuring alerts are made about children, who may be struggling with their emotional health. The resulting scores are in line with national data. The return rate for questionnaires has improved significantly from 65% in April 2019 to 88% in February 2020, due to a targeted focus.

The Ages & Stages Social & Emotional (ASQ–SE) questionnaire, has provided a further resource to measure the emotional health of children and babies under 4 years old and dovetails into the SDQ process.

The Kirklees Ofsted Report from August 2019 stated that; *“Children in care are given good support to become physically and emotionally healthier. They are routinely taken for dental and optician appointments and their health needs are met. Workers consider and assess individual needs effectively and specialist provision is sought where necessary”*.

The following paragraph and appendix 2, relates mainly outside the timeframe of this report but started within it and continues to have a significant impact on usual practice and will be of interest.

The emergence, of the Covid-19 pandemic, started to affect the work of the Looked After Children's Health Team during March 2020. The NHS England guidance, to re-deploy nursing staff and enforce practice changes and restrictions, has impacted the usual face to face support provided. Alternate methods of working have been adopted and communication has continued as necessary, between the Commissioners, Local Authority and Provider services. A focus has been made to identify and target vulnerable children and families, while supporting the staff team and colleagues (see Appendix 2).

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1 - Introduction

1.1 Purpose of the report

This document provides North Kirklees Clinical Commissioning Group (CCG), Greater Huddersfield CCG, Locala, Calderdale & Huddersfield NHS Foundation Trust (CHFT) and the Local Authority, with an Annual Report representing the work undertaken by the Looked after Children Health Team, in conjunction with other agencies. It provides assurance of compliance with their statutory duties and those responsibilities specified under Section 10 (co-operation to improve wellbeing) and Section 11 (arrangements to safeguard and promote welfare), of the Children Act 2004, with regard to improving the health and wellbeing of Looked After Children.

The report outlines how well the service adhered to the key performance indicators set by the CCG's Governing Body and highlights the service improvements, challenges and identified gaps, with actions to improve the service.

National data will be presented from the most recent Government publication '*Children looked after in England (including adoption) year ending 31st March 2019 (DfE 2019)*' and is therefore set within a different timeframe to the local evidence.

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019>

The term 'child' & 'young person' will be used interchangeably depending on the context of the information.

1.2 Background

'Looked After Child' (LAC) is a generic term introduced in the Children Act 1989, to describe children and young people subject to Care Orders (placed into care of Local Authorities (LA) by order of a court) and children accommodated under Section 20 (voluntary) of the Children Act 1989. Children and young people who are 'looked after' may live within foster homes, residential placements, with their parents or with family members who are approved as Foster Carers.

The Legal Aid, Sentencing and Punishment of Offenders Act 2012 (chap.3 sec.104), states that all young people remanded in custody are regarded as LAC. Further guidance is available through the, '*Application of the Care Planning and Placement and Case Review (England) Regulations 2010 to looked-after children in contact with Youth Justice Services*' (DfE 2014).

Evidence from research shows, that Looked After Children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. Longer term outcomes for Looked After Children

remain worse than their peers, as they face greater challenges related to long-term health, social and educational needs.
(Statutory Guidance on 'Promoting the Health and Well-being of Looked after Children, DfE, DH, 2015).

1.3 The Looked after Children Health Team

Designated Doctor/Consultant Paediatrician/Medical Advisor Looked After Children – Part-time (PT).

Medical Advisor/Paediatrician – PT

Designated Nurse Looked After Children and Care Leavers – Whole-time (WTE)

Specialist Nurse for Looked After Children, Complex Needs and Disabilities – (WTE)

Specialist Nurse for Looked After Children and Care Leavers – (PT)

Specialist Nurse for Looked After Children, Health Visitor – (PT).

Administration support is provided from the Local Authority, CHFT and the NHS Community Health provider (Locala).

The Paediatricians are employed by CHFT and are based in a clinic setting.

The Looked After Children Nurses, are employed by 'Locala, Community Partnerships' and are co-located with the Looked After Children and Care Leavers Service, within the Local Authority.

2 – Kirklees Looked After Children Health Service

1st April 2019 – 31st March 2020

2.1 Numbers of Looked After Children

Timeline March 2007 – March 2020

Mar 07	Mar 08	Mar 09	Mar 10	Mar 11	Mar 12	Mar 13	Mar 14	Mar 15	Mar 16	Mar 17	Mar 18	Mar 19	Mar 20
399	448	510	563	597	645	650	604	620	652	703	671	626	669

The National picture has shown a continuing increase in the numbers of Looked After Children in England. At 31.3.19 there were 78,150 up by 4% from 75,420 in 2018.

The most common reason nationally for children becoming 'looked after' is, 'abuse and neglect' (49,570) (63%), followed by 'family dysfunction' (11,310) (14%) and 'family being in acute stress' (6050) (8%).

5410 (7%) children were identified as being in care due to 'absent parenting' and 4580 (6%) were in care due to the child's or parent's disability.

Unaccompanied asylum- seeking children (UASC) - Kirklees

Year	2015-16	2016-17	2017-18	2018-19	2019-20
Number entering care	8	9	6	9	8

The number of UASC & those who have now reached 18 + years in Kirklees at 29.05.20

	Number
LAC	8
Care Leavers age 18-21	30

Unaccompanied asylum-seeking children - Nationally at 31.3.19

Nationally at 31.3.19 there were 5070 UASC, which is an increase of 11% from the previous year, this represents around 6% of all Looked After Children in England. Most UASC are male (90%) and 85% are aged 16 and over.

2.2 Gender and Age Profile

Gender

Kirklees	2016	2017	2018	2019	2020	National at 31.3.19
Male	52%	54.6%	55.4%	55%	55%	56%
Female	48%	45.4%	44.6%	45%	45%	44%

Age profile

Age	31.3.16	31.3.17	31.3.18	31.3.19	31.3.20	National at 31.3.19
Under 1	7%	7.3%	8%	5%	6% (42)	5%
1-4	13.7%	12.4%	13.2%	17%	15% (102)	13%
5-9	20.8%	23.3%	22%	20%	18% (120)	18%
10+	58.6%	57%	56.7%	58%	61% (405)	63%

2.3 Looked After Children from other local authorities residing in Kirklees

Looked After Children may be accommodated in an alternative local authority to their 'home' area, due to a number of reasons. The placing authority has a duty to inform the new council of the move, to ensure services can be provided and any risks are shared. A lack of adherence to this process can leave children at risk and services unaware of children requiring additional support.

A process has been developed by the Kirklees Looked After Children Health Team, to notify other authority health teams throughout the United Kingdom, that a child has become resident or left their area. The purpose is to ensure they are aware at the earliest convenience and bridge any gaps in health communication.

The 'home' authority retains corporate responsibility for the children, including making requests for their statutory health assessments, to be completed by the new health provider.

2.4 Children with Disabilities and Complex needs

Children with disabilities and complex needs and their foster carers, have access to a Looked After Children's Nurse, who completes the majority of the 'Review Health Assessments'. This is to enable trusting relationships to develop and to reduce the number of professionals they may see.

Some children are accommodated out of the local authority in specialist placements and special arrangements may be required, to ensure their statutory health assessment can take place.

	2015	2016	2017	2018	2019	2020
Number of children with a disability classification at 31 st March (based on Liquid logic recording)	39	43	50	46	38	42

2.5 Initial Health Assessment (IHA) process

The statutory guidance '*Promoting the health and well-being of looked after children*', (DfE, DH 2015), requires that all children coming into care, receive a medically led Initial Health Assessment. This assessment should be completed within 20 working days (The Children Act 1989 Guidance and Regulations Volume 2 Care Planning, Placement and Care Review 2015), of a child becoming looked after and the recommendations from the

assessment should be available at the child's first Looked after Review, by way of the Health Recommendation Plan (HRP).

Initial Health Assessments – (Data from health provider reporting sources)

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Number of IHA clinics held	98	90	126	131	129	122	125
Number of IHAs completed including other local authorities (OLA) looked after children	165	238	254	302 Kirklees + 6 for OLA	198 Kirklees + 3 for OLA	146 Kirklees + 9 for OLA	224 Kirklees + 15 for OLA +3 done on our behalf
Percentage completed with Kirklees LAC in 20 working day timescale (average over year)	87%	98%	98%	98.25%	98%	97%	95.5%
Number of pre-adoption medicals	-	-	59	58	57	75	58

Locals provide monthly breach reports to identify any trends associated with late assessments.

There has been a rise in children 'not being brought' to clinic, from 1 the previous year, to 9 this last year (4 were from one sibling group). There has been an improvement regarding late notifications from 4 to 1 by social care, where it was not possible to meet the deadline.

Kirklees IHA breaches of the 20-working day timescale

Number	Reason
9	Did not attend/Was not brought
1	Late notification
1	Difficulty arranging with carers

Other local authority requests for IHA's to be carried out by Kirklees

10 of the 15 IHA's carried out by Kirklees on behalf of other local authorities, were in breach of timescales, by the time the request was made.

2.6 Review Health Assessment (RHA) Process

Children under 5 years of age have a 'developmental' RHA on a six-monthly basis and children between 5 and up to their 18th birthday, receive an 'annual' RHA. The assessments follow on from the child's Initial Assessment in terms of timing and are completed by an appropriately qualified health professional.

The planned assessments for children accommodated in Kirklees, are shared between the Looked After Children's Nurses, Locals Health Visitors, School Nurses and Specialist Nurses e.g. Youth Offending Team, Pupil Referral Nurses or Family Nurses, depending on the child's circumstances.

Total number of RHAs completed

	2015-16	2016-17	2017-18	2018 - 19	2019-20
Total RHAs including OLA	616	676	730	734	697

2.6.1 RHA's completed in Kirklees

Local health data is used to inform the annual report, as it is presented on a monthly basis from source.

	2017-18	2018-19	2019-20	National % at 31.3.19
'Developmental' under 5yrs old	95%	98%	92%	88%
'Annual' over 5yrs old	94.5%	90%	95.5%	90%

A small number of young people refuse their assessment, despite efforts to encourage participation. A 'virtual assessment' is then conducted with the young person's agreement, by gathering information from health records, their carer, social worker and relevant others. The 'virtual assessments' are used to inform reviews and the Care Leaver Letter/Passport, but are not counted in the data.

	Number of 'timescale breaches' completed in-house
2016-17	71
2017-18	28
2018-19	45
2019-20	36

Improvements to processes saw breaches reduce dramatically during 2018. The impact of IT and provider arrangement changes in 2019 saw it rise, but this has now levelled out.

January remains the busiest month for RHA's, which also shows the largest number of timescale breaches (n8). Efforts have been made to re-shuffle some into corresponding months for 2020-21, but the effects on the RHA process during the Covid 19 pandemic, which saw team capacity decrease, a rise in the numbers of children coming into care and the necessity to re-prioritise some RHA's, has affected the plan to a degree.

The most common reason for timescale breach has been arranging or the cancellation of appointments with carers, which is a similar theme in numbers to previous years. The effect of child placement moves, has reduced from 8 the previous year, to 3. The numbers of young people declining their assessment rose to 7 from 5 the previous year, but has remained relatively similar in the last few years.

Reason for breach	Number
Issues arranging with carers/Carers cancelling	8 & 9
Declined by child/young person	7
Placement moves	3
Carer holidays	3
Client/family sickness	2
Other authority unable to complete, returned to us late	2
LAC Nurse/Admin oversight	1

Staff issue Locala	1
Total	36

2.6.2 RHA's completed by other Local Authorities on behalf of Kirklees

66 RHA's were requested to be completed on behalf of Kirklees, due to the distance exceeding the 60 miles round trip generally covered.

A reciprocal agreement exists throughout the UK and a payment by results tariff is in operation.

Requests are made 6-8 weeks before the RHA is due, and this is followed up 4 weeks later to ensure compliance. If the accommodating area are unable to complete the assessment, a request may be made to the GP, but this is rare. There are a number of benefits to completing assessments 'in-house' including financial implications, quality and timeliness.

	Number sent to other LA	% completed in timescales by other LA
2016-17	119	61%
2017-18	77	71%
2018-19	84	56%
2019-20	66 (10 under & 56 over 5yrs old)	62%

2019-20

Reason for timescale breach	Number
Capacity	6
Difficulty arranging with carer/cancelled	4
Placement change	2
No reason given (only 1&2 days late)	2
Allocated to wrong team	1
Re-arranged to do with sibling	1
Total	16

2.6.3 Requests from other Local Authorities to complete RHA's, on their behalf

24 'Developmental' and **50** 'Annual' RHA's were completed for other authorities. This is an increase of 9 from the previous year.

20 of the assessments were outside statutory timescales for the following reasons: 11 were late requests, 6 involved difficulties arranging with carers, 2 carers were on holiday and 1 declined.

2.7 Dental

Dental Registration

At the child's Initial Health Assessment, there is an expectation that the carer will ensure the child becomes registered with a dentist as soon as possible.

Subsequent dental attendances are recorded thereafter, during the review health assessment process.

	2015	2016	2017	2018	2019	2020
Registered with a dentist up to age 5 (omitting <18 months old)	93% (all ages)	97% (85.5% if include <18 months)	97% (82% if include <18 months)	97% (76% if include < 18 months)	98% (77% if include < 18months)	98.25% (84.25% if include <18 months old)
Registered with a dentist age 5+		97.25%	97.5%	96%	97.5%	98.25%

No National data for registration is available.

Dental Attendance (LA data – all ages from 12 months old)

The collection of dental attendance data is challenging and may not give a true reflection. It is collected at the review health assessment (RHA) and may be affected by for example, a dental appointment due after the RHA, placement moves, non-engagement of young people and delayed registration of babies between 12-18 months old. The percentage of actual attendances is likely to be higher. There is no shared IT record with dental practices.

	Percentage attended
At 31.3.18	87.5%
At 31.3.19	89.1%
At 31.2.20	87.3%

In 2020 the February data was used, as Covid restrictions affected March 20 data collection.

Nationally – 85% of all looked after children, had their teeth checked by a dentist.

2.8 Immunisations (Locala data)

Immunisations are recorded at the child's health assessments and throughout the year via the child health department and GP's.

	2015	2016	2017	2018	2019	2020	National %
Up to date with immunisations (< 5 years)	93%	98.75%	98.5%	98%	98%	98%	87%
Up to date with immunisations (> 5 years)	93%	92.75%	89.25%	91%	92%	94%	87%

43 children were recorded between April 19 to March 20 to have outstanding immunisations, compared to 67 children the previous year.

The most common outstanding immunisations were the Diphtheria/Tetanus/Polio school leaving booster (n16) and Meningitis ACWY (n 11), both given at around 14 years old. 8

children had outstanding Measles/Mumps and Rubella immunisations, seven of these were the 2nd dose.

Types of outstanding immunisations

	2017-18	2018-19	2019-20
Meningitis (MenACWY)	22	26	11
Diphtheria/Tetanus/Polio (DTP)	13	22	16
Measles/Mumps/Rubella (MMR)	4	4	8
Human Papilloma Virus (HPV)	3	10	5 (2 boys & 3 girls)
Hib/Meningitis C (age 1)			1

From the 1st September 2019 the HPV immunisation was introduced to boys. HPV is a sexually transmitted disease, that can be asymptomatic which has the ability to cause cancer and other viral infections, for example; genital warts.

There was an increase from 5 to 14, in the number of refusals to give consent for immunisations. 4 parents declined all types, 1 declined older age immunisations, 1 declined both MMR doses, 4 parents refused the pre-school boosters, 1 parent and 1 young person declined the HPV (rather than just missing it) and 2 young people declined their DTP & MenACWY.

6 children had an unknown immunisation history and started a shortened schedule, due to re-locating to England. This compared to 10 the previous year. 3 had a delay of their primary course compared to 13 the previous year and were on a catch-up programme.

A monthly beach report is provided from Locala to identify individuals with outstanding immunisations. Social workers are contacted to support compliance with the carer/child.

2.9 Substance Misuse

Of the 478 eligible young people, who have been in care for at least 12 months, **0.84%** were identified at their last review health assessment, as having a probable substance misuse problem. This well below the [national average of 4%](#) and less than the 2.15% from the previous Kirklees recording. In line with national data this affects more males than females.

The guidance for the National return of data, relates to illegal and legal substances, dependant on age, regular excessive or dependant use leading to social, psychological, physical or legal problems (DfE 2019). Accurate information is difficult to collect and is dependent on the young person sharing the information. Half of the young people identified in the Kirklees cohort had accepted support.

All Kirklees looked after children who are identified as having any level of substance misuse, are offered a service from our local young people's substance misuse service, or other suitably qualified practitioners e.g. Youth Offending Team specialists, depending on the level of need.

Kirklees Substance Misuse Support Services

A dedicated worker is employed by the local substance misuse service to focus on vulnerable cohorts, including Looked After Children and Care Leavers, offering support and information to young people, carers and staff.

During 2019 a Targeted Professional Group worker, Volunteer Coordinator, Parental Misuse worker and Peer Mentor, joined with the Substance Misuse worker to offer support in a variety of ways, including at the No11 Drop-in in Huddersfield. The many private and council residential homes in Kirklees are visited throughout the year, with a focus on the Christmas and New Year period.

A multi-disciplinary approach exists between the Looked After Children Nurses, Substance Misuse and Sexual Health Outreach workers. This has continued to provide a regular opportunity to liaise in support of individual young people.

2.10 Sexual Health

A Sexual Health Outreach and Prevention Service was established locally to target vulnerable groups. A weekly multi-agency clinic, including the local Substance Misuse Service provides prevention work, 1:1 support, screening and treatment. An aim is to introduce the young people to the main sexual health clinic for future support if required.

Outreach work has continued in many of the private and council run residential children's homes, working closely as above with many other linked agencies.

Outreach work has also been offered at both North and South Kirklees Drop-in services, but due to limited footfall this has been intermittent.

Locala are the provider of general sexual health services in Kirklees and have online contact details for young people to find information focused on their needs. Posters are located around the district giving details of services and some local pharmacies provide support.

2.11 Emotional and Mental Health

Looked After Children, have consistently been found to have much higher rates of mental health difficulties than their peers (DfE 2015).

An Emotional and Mental Health Wellbeing team has been established for the last few years and provides ongoing support to children, young people, carers and staff and is co-located within Children's Social Care.

In order to recognise emotional and mental health difficulties and meet with statutory regulations, the Looked After Children Health Team disseminate and process returned Strengths and Difficulty Questionnaires (SDQ's).

The SDQ is a short behavioural screening tool. Its primary purpose is to give social workers and health professionals information about a child's wellbeing, age 4-17 inclusive (DfE 2019). A score of 0-13 is considered 'satisfactory', 14-16 is 'border-line' and a score of 17 or more identifies a 'cause for concern'. More information is available about SDQ's at: <http://www.sdqinf.com/>

SDQ process

A statutory SDQ is sent out to all carers of looked after children on an annual basis. In Kirklees, children over 11 years old are also sent their own voluntary version, to open an avenue of communication if needed.

To support the work of the 'Virtual School', a 'Teacher' version is sent out to the Designated Teacher in the child's school, when a score of 17+ is returned from either the carer or child.

The returned questionnaires are scored and disseminated to the social worker, independent reviewing officer (IRO), carer and teacher (if appropriate).

High scores (17+ cause for concern)

If the score is of concern, the child's social worker is provided with the contact details of the Emotional Well-being Team, this will enable a referral to be made for a consultation if necessary. The Supervising Social Worker for the carer is copied in, to encourage a wider discussion.

In addition, the Social Work Team Managers are copied into a monthly list of all returned high scores, so they can discuss these in supervision with their team members.

	Average returned forms	0-13 Satisfactory	14-16 Borderline	17+ cause for concern
Kirklees 2019-20	74%	50%	13%	36%
National 2018-19	78%	49%	13%	39%

Although the return rate for questionnaires can fluctuate, it has improved significantly from 65% in April 2019 to 88% in February 2020, due to a targeted focus on unreturned forms.

The use of the SDQ can be subjective, as it does not factor in the beginning and ending of interventions and some children's emotional health can get worse before it gets better. Improvements in mental health can be slow and the scores should not be compared with those of their peers who have not been in care. The tool is used to alert services to children who may require support.

Child SDQ

The introduction in 2016 of the 'Child (voluntary) SDQ', as part of the Kirklees process, provided an insight into emotional mental health from the child's perspective for children

age 11+. This data has been used in conjunction with the carer responses to compare the scores, ensuring the child's voice is captured and shared with the social worker and within the child's health record. This can highlight discrepancies between the view of the child and carer and can help direct the support.

Score	2016-17 CHILD	2017-18 (n100) CHILD	Aug 19-Mar 20 (n84) CHILD	2019-20 (n156) CHILD	2019-20 CARER
0-13 (satisfactory)	61.4%	56%	59%	56%	50%
14-16 (borderline)	12%	15%	20%	17%	13%
17+ (concern)	26%	29%	21%	27%	36%

156 completed Child SDQ's were returned from April 2019 to March 2020. The average score was **11.8 – 'Satisfactory'**

In considering the data provided from children/young people who responded, it indicates that in the last year:

- 56% of the children felt their emotional health was 'satisfactory', compared to 50% based on their carer's opinion.
- 17% of the children felt their emotional wellbeing was on the 'borderline', compared to 13% based on their carer's opinion.
- 27% of the children felt their emotional wellbeing was a 'cause for concern' compared to 36% based on their carer's opinion.

Ages and Stages – Social and Emotional Questionnaire (ASQ - SE)

As a result of a pilot during 2018/19, the ASQ–SE has become part of the process to alert social workers and the Wellbeing Team (if appropriate), to any carers or babies and children under 4 years old and therefore not eligible for an SDQ, to any emotional difficulties that may be happening.

The questionnaire is sent to all carers/parents of 1, 2 and 3 year olds to enable us to identify signs of potential emotional health issues and therefore an opportunity to offer early intervention/support, as this is key to tackling emotional concerns. It also allows the 'voice of the child' to be observed, when verbal communication is not available.

The questionnaire is sent out prior to the review health assessment (RHA) and is age specific. Returned forms are scored and analysed by the health visitor within the LAC health team. The results are shared with social worker and Independent Reviewing officer, entered into the child's health record and any identified concerns identified are discussed with the carers.

A spreadsheet captures the results for ongoing evaluation of the process, and a pathway has been developed to enable any team member to carry out the process.

Between 26.9.19 (when the process was rolled out) and 31.3.20, 33 questionnaires were returned and analysed.

Of these:

- 1 high score – subsequent LAC nurse liaison with child psychotherapist, referral to Emotional Wellbeing Clinic (EWBC) by social worker (this was very useful in supporting the carer to identify issues and focus on specific signs). Support is now in place.
- 1 very high score which led to a professionals meeting and highlighted issues within the adoptive placement. Subsequent assessment and further support were put in place.
- 1 very high score – placement support already in place. 'Building Underdeveloped Sensory Systems' training in place.
- 1 very high score – issues already known and discussed in EWBC.
- 1 very high score but child new into care – settling in period required and these behaviours to be reviewed at next RHA.
- Several highlighted issues were flagged for discussion during the RHA, or with the health visitor at next contact, or the social worker was made aware.

The process is worthy of continuation, as it has highlighted issues and led to support for foster carers where needed. It has been effective in its purpose so far.

The Foster Carers Newsletter provided an opportunity to share the idea and many carers had already been included in the pilot and provided an avenue for discussion during the mandatory 'Health Matters' Training.

2.12 Care Leavers

The Looked After Children's nurses are all accessible to young people leaving care, their carers', personal advisors and other professionals.

A specialist nurse from the team is assigned to be the main contact and part of her role is to prepare the 'Care Leavers Letters'. This letter contains their personal health history and essential local support information. At their final Review Health Assessment, young people are asked if they would like a standard format or a customised in-depth version. 47 young people gave a preference with 30 choosing a standard format and 17 requesting an in-depth version

A version of the care Leaver letter aimed at carers of, and children with disabilities, is currently under development.

The specialist nurse attends the Personal Advisor team meetings to act as a resource and to share pertinent information.

The nursing team have provided weekly support at the drop-in service at No.11 and for part of the year at No. 12.

The nurses liaise closely with the Youth Offending and Pupil Referral Nurses and Family Nurse Partnership (FNP), providing an opportunity to share information offer support where necessary.

(FNP is an intensive home visiting programme offered to first time young mothers, providing good parenting skills working with the strengths of the clients, encouraging them to fulfil their aspirations for their baby and themselves. Looked After Children and Care Leavers are given priority for this service).

2.13 Adoption and Fostering - Designated Doctor/ Medical Advisor

The Regional Adoption Agency OneAdoption West Yorkshire is fully established. The service is hosted by Leeds on behalf of the 5 Local Authorities.

The Agency Medical Advisers for the 5 Children's' Social Care Departments are working more closely together. The Medical Advisers are aiming for consistently good practice and to use a standardised format for reports. This will not mean any significant changes to practices already adopted in Kirklees. Audits are currently ongoing to look at standards of reports both for Adults' Health and for Adoption Medical Reports.

All adults applying to become Adopters, Foster Carers or Connected Carers have a Medical Report prepared by the Medical Advisor, which is based on a report compiled by the applicants' GP. Some applicants have significant and complex health problems and the Medical Adviser may need to liaise further with the GP or hospital specialists to obtain a clearer picture of the applicant's health and the implications of this for the task of adoption or fostering. This work can be extremely challenging and time consuming.

Once approved, Foster Carer Medical Reports are reviewed every three years by the Medical Advisor and an updated Medical Report is provided to the Local Authority Fostering Service. Prospective Adopters have updated reports every 2 years.

Number of Adult Medical Reports for Fostering and Special Guardianship Orders.

2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
308	318	318	286	348	337	226	234

Number of Adult Medical Reports for OneAdoption West Yorkshire

Jan to March 2018	2018-19	2019-20
43	95	99

Children who have a plan for adoption have a detailed Adoption Medical Report following a thorough medical and developmental assessment. The report gives information about the child's physical and emotional health and developmental progress. The report also includes information about the pregnancy and birth and about the health of the birth family (this information is shared with consent).

Number of Adoption Medical Reports

2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
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163	138	117	135	168	142	122	113
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The Medical Adviser who sees the child and completes the report then meets the Prospective Adopters, to discuss the health needs of the child/children to be placed with them. The information is often complex as children frequently have backgrounds of neglect, abuse, domestic violence and parents who have used drugs or excess alcohol or who have learning difficulties or mental health problems. These meetings have been standard in Kirklees and some local areas for several years, but have only just been introduced in others.

Number of Meetings with Prospective Adopters

2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
44	43	36	43	45	27	37	29

Medical Advisers continue to attend adoption panels regularly. This means reading all the paperwork and being a full member of the Panel in addition to giving medical advice. One of the Medical Advisers from Calderdale or Kirklees has attended all OneAdoption West Yorkshire panels held in Huddersfield. Medical Advisers from other areas cover the other Panels.

Two Looked After Children's nurses have completed their Foster Panel Training, but due to capacity issues at the end of the year and the Covid 19 working restrictions this year, so far they have been unable to attend.

A recent update from the Joint Commissioner, states that 'OneAdoption' are proposing to offer autism/ADHD and Foetal Alcohol Syndrome assessments for adopted children.

2.14 Training

The nurses provide training and induction for new carers, social workers and health students/professionals.

Each School Nursing and Health Visiting Team have been visited during the year, to advise, liaise and share good practice. New ideas have been shared and issues resolved.

Formal mandatory training sessions are delivered to foster carers covering health matters, at three half-day sessions per year. This year the incontinence nurses from Locala have joined the session, to offer support and guidance. This has evaluated well as many looked after children are affected by incontinence.

The Designated Nurse (DN) visited a number of GP surgeries, who use EMIS rather than SystmOne IT systems, to discuss their looked after children cohort and to offer advice and support.

The Looked After Children Nurses are available due to their co-location, accessibility and through technology to support children, carers, social workers, health practitioners and others, including private residential home staff.

2.15 Remand

There have been a small number of young people remanded to custody and therefore became Looked After Children under the 'Legal Aid, Sentencing and Punishment of Offenders Act 2012' (S20).

The requirement for a statutory Initial Health Assessment for children on remand, was dis-applied from the 'Care Planning, Placement and Case Review (England) Regulations 2010' in 2015. A decision was made in Kirklees to continue to obtain a copy of the child/young person's 'Comprehensive Health Assessment Tool' (CHAT) report from the secure unit, which proves a useful resource, especially if the child remains 'looked after' on release.

3 – Targeted and Additional Improvements

- Key Performance Indicators - To monitor and aim to meet the key performance indicators set by the Clinical Commissioning Groups.
See section 2.5 to 2.8
- Health Outcome Audit – An audit has been undertaken, to identify the health needs of children as they entered care and to then compare their health status at their first Review Health Assessment (RHA). The timeframe was February 2019 to July 2020, to allow for a sizable sample to be used from age 0-18 years. New-born babies who were discharged directly into care, were not included. The aim was to provide an opportunity to illustrate positive health outcomes for children, who enter the care of the local authority (LA) and also to develop a tool to support the general assessment process.

Some children left 'Local authority care' before their first RHA, but data highlighting their health needs at the point of entry, provides valuable information and will be alluded to in the evaluation. Those children who were identified to have health needs on entering care and left care soon after, will have a health plan available to be shared with universal health services.

During the audit, with the support of Locala SystemOne IT staff, we were able to develop an electronic version of the recording template, to replace the paper process. This has allowed for read-coding of the electronic entries, to support the easier collection of the data and to support future use.

The results are currently in the process of being reported on and will be shared in due course.

- Care leavers' support – During the year closer working relationships have developed between the nurses and Personal Advisors, with a focus on those young people with identified and enduring health conditions. Attendance at the weekly Drop-in sessions, team meetings and especially during the Covid 19 pandemic, when vulnerable individuals required identifying and supporting, have increased communication and improved practice.

- All pregnant Looked After Children and Care Leavers who are eligible, continue to be referred to the Family Nurse Partnership Support Service, if available in the area where they are residing.
- Health Postcards – Two sets of health postcards have been developed to support carers accessing health services. This was identified as a need, to provide a simple method of promoting safer communication within public health areas. (see examples in Appendix 1).
 1. Dental card – The card is shown by the carer to the dental surgery reception staff. It provides a simple message requesting NHS registration for looked after children and care leavers. It avoids children’s names being verbally spoken in a public area, protecting confidentiality and gives a brief explanation regarding dental neglect and the need for vulnerable children to be prioritised. Contact details for the looked after children’s health team are included.
 2. Health clinic attendance card – The carer can present the card to any health clinic reception. The card has the child’s & carer’s details on, including the carer’s address providing additional security and protecting confidentiality.
- Additional actions – Reasons for late or declined assessments now read-coded electronically, Local Authority now include NHS number to notification of placement move of a looked after child to another authority, access now to hospital birth discharge notifications to support the Initial Health Assessment, monthly report showing outstanding immunisations to allow follow-up, new check in procedure in paediatric department to limit confidentiality breaches, communication with NHS England to encourage Looked After Children and Care Leavers to be made an automatic priority in their Oral Health Strategy (ongoing),

4 – References/ Resources

DfE, DH (2015) Promoting the health and well-being of looked-after children. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting the health and well-being of looked-after children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019>

<https://www.gov.uk/government/publications/children-looked-after-return-2019-to-2020-guide>

5 – Appendix 1

DENTAL REGISTRATION REQUEST

I AM A REGISTERED FOSTER CARE/GUARDIAN.

I WOULD LIKE TO REGISTER THE CHILD(REN) IN MY CARE WITH THIS PRACTICE,
FOR NHS DENTAL SERVICES.

NAME(S):

ADDRESS:

PTO



To ensure vulnerable children meet the expected outcomes for optimum dental health, it is essential that they access regular check-ups and treatment.

Please contact the Specialist Nurses for Looked After Children, if further information is required.

Telephone: **01484 221000**

11111



CONFIDENTIALITY CARD

CHECK-IN FOR HEALTH APPOINTMENTS

I AM A REGISTERED FOSTER CARE/GUARDIAN.

I WOULD LIKE TO CHECK-IN THE FOLLOWING CHILD(REN) WHO IS/ARE IN MY CARE
TO THIS CLINIC FOR THEIR APPOINTMENT.

NAME(S):

ADDRESS:



6 - Appendix 2

Covid-19 - An overview of the actions taken March – August 20

The primary tasks identified at the start of the pandemic were two-fold. Firstly, to identify vulnerable children at a heightened risk of contracting the infection and secondly to re-model the service, to ensure the statutory obligations continued, taking account the well-being of children and colleagues.

Vulnerable children

In April, the nursing team conducted a manual trawl of 512 electronic health records, to identify children and young people who required to be placed in the 'Shielding' category, regarding their risk from Covid-19. Thirteen children were identified as 'Shielding' and around 100 were identified under the 'Vulnerable' category, requiring additional advice and support. All carers and social workers of the identified individuals were contacted by phone and the team worked closely with the local authority and CCG to correlate a robust list of children. GP surgeries were contacted to clarify aspects where necessary.

To ensure that the most vulnerable were targeted, a priority list was drawn up under the following categories: children with disabilities, those with known significant health conditions, pregnant young woman, care leavers, unaccompanied asylum seeking children, those placed with parents/connected persons, children accommodated in other local authorities, those in semi-independent/residential homes.

Health Assessments

Significant changes to practice were made regarding Initial and Review Health Assessments. The closure of the paediatric clinic at Acre Mills and the advice to work remotely, prompted Initial Health Assessments (IHA's) and Adoption Medicals to be carried out by the paediatricians by telephone/ video call, with the preparation of templates continuing to be made by the nurses. This has been very challenging to administer. An arrangement with the Rainbow Centre at Calderdale Royal Hospital, allowed for any children requiring a face to face assessment to be seen, following national guidelines.

In March, NHS England had called for the re-deployment of community nurses including health visitors, school nurses and specialist nurses to support the pandemic front line, depleting the workforce who conduct review health assessments (RHA's). Health assessment requests made to other authorities in the same position were retracted, requiring approximately 80 RHA's to be actioned in April. All health records were case-reviewed and a discussion had with all the carers, regarding the health needs of the child. 14 of these were deemed to require a more in-depth assessment and were planned to have a 'virtual' assessment or face to face if possible, by November 20. All the under five-year olds had their next planned RHA by October 20. Four children had in-depth 'virtual' discussions at the time. The remaining children on the April list will have their next RHA in April 21.

From May until the time of writing this report and due to the looked after children's nurses returning to the team, all RHA's have been carried out by the internal team 'virtually' by telephone, with a few face to face home visits being made where felt necessary i.e. non-engagement, sibling groups or children who required a visual observation. It has not been possible to resume regular face to face assessments due to

the capacity of the team, until the health visitors and school nurses return from deployment and resume their support. This has been planned from October 20.

The performance data for RHA's has reduced dramatically from April to the present i.e. 54% average completed in timescales. The data is based on the assessment being completed at by the exact date from the last one. However, it must be noted that during the time of the looked after children's nurses completing all the assessments 'virtually' without support (n238), 94% on average were completed within the month they were due.

'Virtual' IHA performance data has remained good, with 100% achieved in timescales for 4 out of the 5 months.

The medical and administration (Locala, CHFT, LA) team members, have continued to work together remotely, to support carers, practitioners, families, children, young people and to assess, identify, record and action what is needed to meet the health needs of this population.

Corporate Parenting Board – Highlight Report

Date of Board: 30 September 2020

Data is at 31 August 2020, unless stated otherwise. Benchmarking Source: DfE Local Authority Interactive Tool (LAIT). Benchmarking data is from March 2019 unless stated otherwise. SN = Statistical Neighbours average, Eng. = England average. Where no equivalent published data is available, “N/A” is shown.

Children Entering Care, Children in Care and Placement Stability

Key Indicator	Type of measure	Month End				*Benchmarking	
		Sep 19	Jun 20	Jul 20	Aug 20	SN	Eng.
4.02.01 Children in care - numbers in care per 10,000 of age 0-17 population.	Per 10,000 population aged 0-17	64.0 (641)	68.8 (689)	68.7 (688)	68.8 (689)	91.6	65.0
	Direction of Travel		↑	↓	↑		
4.02.04 Children in care by placement within and outside the LA boundary: Total placed outside Kirklees and more than 20 miles from home address	% (number)	12.2% (78/ 641)	12.0% (83/ 689)	12.1% (83/ 688)	11.8% (81/ 689)	12.6%	15.0%
	Direction of Travel		↑	↑	↓		
4.05.01 Placement Stability Within Year - LAC with three or more placements	% (number)	5.6% (36)	7.8% (54)	8.0% (55)	8.1% (56)	9.3%	10.0%
	Direction of Travel		↓	↑	↑		
4.05.04 Social Worker change of LAC in care 12+ Months: Number of Social Worker changes	Number	328	293	293	293	N/A	N/A
	Direction of Travel		↑	↔	↔		
Average number of SW changes	Average	0.68	0.63	0.63	0.63	N/A	N/A
	Direction of Travel		↔	↔	↔		

Service Narrative

What difference did we make?

- We have seen an increasing trend in the number and rate of children in care from 64.0 (641 children) in Sep 19 to 68.8 (689 children) in Aug 20. The current 12-month average for Kirklees is 66.9 (670 children), above our 31 March 2019 published rate of 62.0 and the England 2019 rate of 65.0, but below our Statistical Neighbours 2019 rate of 91.6.
- The Legal Gateway Permanence Panel continues to support consistency in regard to decision making and planning around placement moves for children and young people. A two weekly External Placement Review Panel is now in place, to provide better oversight of children who are not placed in council provision. We have undertaken an External Placement Review of all children who are placed out of Local Authority to consider their care planning and explore options of returning to the local area if this is in line with meeting the children and young person’s needs, we have already made progress reducing this number placed outside of Kirklees and more than twenty miles away from Kirklees from 127 in 2017 to 81 in August 2020.
- For Placement Stability the placement support team are very active, and we have implemented innovative solutions to support several placements. An example of plans to limit unplanned moves is as follows: where a foster carer or placement is given 28-day notice, the Team Manager will coordinate a stability meeting within 5 working days to look at what can be provided to avoid placement breakdown and to maintain the current placement.
- Whilst the data shows improvement in certain areas we are focussing on the negative data particularly as it relates to three and four placement changes in the previous 12-month period.

- Whilst social work change data has improved compared to the previous month, we are mindful of the impact this has on our children and young people and we will continue to focus on the retention of staff and consistency in case allocation.

What do we want to improve?

- Placement stability - we will also use lessons learned to inform practice. Always have Placement Stability meetings in place.
- Improve allocated social worker stability.
- Reduce number of children placed more than 20 miles from their home address. We aim to recruit more local foster carers to provide more local placement options.

Looked After Children Reviews, Visits and Missing

Key Indicator	Type of measure	Month End				Benchmarking	
		Sep 19	Jun 20	Jul 20	Aug 20	SN	Eng.
4.06.01: LAC Reviews Within Statutory Timescale	%	96.4%	96.5%	96.8%	97.0%	N/A	N/A
	Direction of Travel		↔	↑	↑		
4.07.01: LAC visits within statutory time-scale: % of LAC visited in line with Kirklees Practice Standards	%	81.3% (521/ 641)	91.6% (637/ 689)	94.6% (649/ 686)	91.6% (631/ 689)	N/A	N/A
	Direction of Travel		↑	↑	↓		
4.09.02: Missing children: a. No. of LAC having at least one Missing episode per month	% (number)	3.7% (24)	3.0% (21)	3.5% (24)	2.5% (17)	10%	11%
	Direction of Travel		↓	↑	↓		
b. No. of LAC that have more than one missing episode in the month (repeat Mispers)	% (number)	45.8% (11)	42.9% (9)	50.0% (12)	52.9% (9)	N/A	N/A
	Direction of Travel		↑	↑	↑		
4.09.03: Independent Return Interviews for LAC offered within 72 hours of the child being located	% (number)	50.0% (8/16)	81.0% (17/21)	66.7% (12/18)	87.5% (7/8)	N/A	N/A
	Direction of Travel		↓	↓	↑		

Service Narrative

What difference did we make?

- The Child Protection and Review unit received 37 requests for Initial Child Looked After Review forms between 1st June and 31 August 2020 relating to 68 children in total; 62 of these children remain Looked After at the of end August 2020.
- For all of the referrals received between June and August 2020, children and young people were allocated an Independent Reviewing Officer (IRO) within 24 hours, and Initial Child Looked After Review meetings were arranged for all but one child within 4 weeks of them becoming Looked After.
- Between June - August 2020, the Child Protection and Review Unit held 420 Looked After Review meetings, with 168 meetings held in June, 178 in July and approximately 75 in August.
- Independent Reviewing Officers closely monitor Child Looked After Review timescales to ensure that the high percentage of meetings held in timescales is maintained / increased upon, whilst a clear rationale is recorded on a child's file if there are circumstances which result in a Child's Review meeting not being held within statutory time scales. Mid-way reviews are embedded into practice and this continues to demonstrate improved evidence of Independent Reviewing Officer's oversight of children's files /planning for children.
- Since the end of March 2020, due to Covid -19 Child Looked After Review meetings have been held virtually. Independent Reviewing Officers have focussed on continuing to ensure that meetings have been held within timescales, and that children's views and voices have been heard. IRO's have

worked alongside Advocates from the Children's Rights Team, to capture children's views about their current situation and address any questions they may have.

- Communication between IRO's and children has been maintained via a variety of methods, including, video calls, phone calls, text messaging and face to face meetings where specifically requested– the Service is currently undertaking steps to increase the frequency of these visits where possible. The Service has identified that for some older children in particular, virtual Review meetings have enabled them to be more actively involved, with several young people participating in their Review meetings when previously they had chosen not to.
- In August, 6 young people were supported by an Advocate at their Review meeting, and 37 children have been engaged with an Independent Visitor.
- Face to face advocacy led by the wishes of the child, continues to be offered where it is safe to do so. Independent Visitors are maintaining relationships with children and young people by utilising technology and undertaking in person visits and activities with children and young people.
- There has been a slight decrease with regards to the number of Children in Care who have received a statutory visit in line with practice standards we continue to monitor the visits as part of our service performance meetings. The introduction of Advanced Practitioners within the service will further enhance the improvement with regards to our performance.

What do we want to improve?

- The Service Managers are increasing focus on statutory visit compliance to improve the performance. Regular performance meetings are held within the service to ensure that we are able to improve our performance.
- Independent Reviewing Officers to continue to liaise closely with Social Workers to ensure that children are enabled to participate in their Review meetings. To support this, the Child Protection and Review Unit has liaised with the Children's Rights Team and an IT Project Officer, to enable children to directly access the child's Review participation form on a secure website. Work is ongoing to continue to promote this website to children, their carer's, and social workers, to help increase the of capture of children's wishes and views.
- There remain some challenges relating to adapting ways of working during Covid; the service continues to work in partnership with others to develop a variety of different formats and the use of available technologies to ensure Review meetings are inclusive and accessible for all children. To support this, the service intends to seek and capture the views of children, parents and carers about their experiences of Review meetings during Covid-19, and analyse the findings, to inform to service delivery and development.

Looked After Children Education Outcomes

Key Indicator	Type of measure	Autumn Term 19/20	Spring Term 19/20	Summer Term 19/20	Benchmarking	
					SN	Eng.
4.10.02 Personal Education Plans (PEP) up to date (current school age LAC with PEP in the last term)	%	96.8%	85.8%	100%		
	Direction of Travel		↓	↑		

Key Indicator	Type of measure	Month End				Benchmarking	
		Sep 19	Jun 20	Jul 20	Aug 20	SN	Eng.
4.10.02 Initial PEP completed within 10 working days of child coming into care	%	N/A	100%	100%		N/A	N/A
	Direction of Travel		↑	↔			
4.10.05 LAC Persistent Absentees	%	10.4% (36)	N/A	N/A		9.2%	10.6%
	Direction of Travel		-	-			
LAC with a mid-year school move	%	5.2%	10	0		N/A	N/A
	Direction of Travel		↑	↓			

NB: We are unable to report on the Persistent Absentee measure because of the COVID-19 lockdown implemented in March and the resultant changes to the educational offer.

Service Narrative

What difference did we make?

- 100% of PEPs have been completed within the Summer Term in-line with the new termly processes following the reduction in the Spring Term due to the impact of Covid-19. The Virtual School is currently leading on all PEPs since the full lockdown was implemented. These are all currently virtually held meetings.
- 93% of initial PEPs have been completed within 10 school days of notification to the Virtual School since 01/09/2019.
- We continue to work with social work teams to improve both PEP and initial PEP completion and the quality assurance of PEPs. We have successfully moved to termly PEPs to meet statutory requirements.
- 75% of school moves have been carefully planned across the service to ensure a smooth transition with no break in provision, with 84.4% within the statutory timescale of 20 working days.

What do we want to improve?

- Our initial focus will be the transition back into education following the Covid-19 school closures (vulnerable offer).
- We will continue to have a focus on termly PEP completion with transition support as the key focus area.
- Attendance / Persistent Absence (PA) remains a high priority and all pupils with attendance less than 90% have had a PA plan in place agreed by all professionals working with the young person. We will need to be mindful of some of the emotional issues for our young people as they return and respond creatively where there are issues or concerns.
- We will continue to maintain a strong focus on pupils not in full-time education provision. This will not be an immediate priority as many young people will have a phased transition back into education. We will look to ensure a return to full time education as soon as possible but these situations can be very complex.
- We will continue to work across service to reduce the number of school moves (2018-19 (82), 2019-20 (64)) and to reduce the number of young people with a break in provision whenever possible.

Looked After Children Health

Key Indicator	Type of measure	Month End				Benchmarking	
		Sep 19	Jun 20	Jul 20	Aug 20	SN	Eng.
4.11.11 Dental Checks within last 12 months - timeliness	%	78.7%	75.2%	73.3%	70.1%	N/A	N/A
	Direction of Travel		↓	↓	↓		
4.11.12 Initial health Assessments completed on time - within 20 days	%	86.7%	87.2%	90.9%	88.3%	N/A	N/A
	Direction of Travel		↑	↑	↓		
4.11.13 Annual health assessments: a: Under 5's 6 month Developmental Assessments -percentage up to date	%	96.9%	79.6%	83.3%	82.1%	N/A	N/A
	Direction of Travel		↑	↑	↓		
b: Over 5s Annual Health Assessments – percentage up to date	%	97.8%	83.0%	89.6%	88.5%	N/A	N/A
	Direction of Travel		↓	↑	↓		
4.11.16 No. of LAC in care more than 12 month and identified as having a substance misuse problem during the last year	% (number)	1.45% (7)	0.43% (2)	0.43% (2)	0.42% (2)	2.8%	4.0%
	Direction of Travel		↔	↔	↓		

Service Narrative

What difference did we make?

- Initial health assessments:** Kirklees Local Authority (LA) rolling 12-month data shows in August **88.3%** were completed in timescales. The current Covid situation requires virtual assessments to take place via phone or Skype by the Paediatricians. This has been challenging bringing all parties together to inform the assessments. Monthly Locala data for August is not available yet, but quarter 1 showed that 100% of the IHA's were in timescales and in July, 2 were late due to the late notification by social care and an appointment date error (89%).
- Review health assessments:** Kirklees rolling 12-month data - 'Developmental' assessments (under 5yrs old) **82.1%** completed in timescales. **88.5%** 'Annual' assessments (over 5 yrs. old). The problem with rolling data is that positive previous months mitigate for poor results. During the current situation, this does not provide clarity on the recent situation. Locala monthly data for August is not available yet. Re-deployment of Locala nurses, due to the Covid NHS England directive, who support the completion of up to 48% of the assessments, resulted in the 3 LAC nurses completing all due assessments since May by phone. An example of the July outcome, was that 96% were completed within the month they were due, passing just 2 to the following month.
- Dental Checks within last 12 months:** Kirklees rolling 12-month data shows that **70.1%** of LAC have been recorded as having received a dental check. The closure of dentists during the Covid lockdown and the subsequent re-opening only to do emergency work, has prevented looked after children accessing routine checks. Discussions are planned with the dental commissioner to provide clarity on the future provision for vulnerable children. The 'attended' figure will present worse as the year progresses, as more health assessments are completed, which will show children being unable to attend for check-ups.
- Registered at dentist:** Locala monthly data for August is not available yet. Qtr.1 showed 94 & 100% of looked after Children under and over 5 years old respectively, (excluding children under 18 months) were registered with a dentist at the time of their RHA. The Covid effect on dental registrations will be seen later, with children new into care who do not have a dentist and those who move placement.
- Substance misuse:** **0.42%** of looked after young people (2 individuals) were identified at their last review health assessment as having a dependant problem with substances. Consideration must be given to the difficulty in obtaining an accurate figure, as it is dependent on admission of the issue, the illegality of it and they may not wish to share the information. Any young person misusing substances

at any level is offered support. Young people who refuse support, are discussed with the local Substance Misuse Service, to try to offer an alternative response e.g. group work or access through other agencies. The Health Team are looking at using a verified tool, to provide a more uniform method of assessing the level of need. A number of young people identified previously, have now left care commonly due to their age.

Looked After Children Convictions

Key Indicator	Type of measure	Quarter				*Benchmarking
		Jul-Sep 19/20 Q2	Oct-Dec 19/20 Q3	Jan-Mar 19/20 Q4	Apr-Jun 20/21 Q1	
4.12.01 Number of young people who have been looked after continually for 12 months or more aged between 10 and 17 who have offended and received a substantive outcome (Youth Caution/ Conditional Caution or a Court Order)	%	1.15% (4/347)	0.86% (3/347)	0.29% (1/347)	1.24% (4/321)	Eng.: 3.00% SN: 3.46% Y&H: 3.00%
	Direction of Travel	↑	↓	↓	↑	

Service Narrative

What difference did we make?

- For the year 2018/2019 65.8% of CIC young people have successfully completed their interventions which in comparison with the previous year is a decrease of 10% but is however a much-improved picture from 3 years ago when less than 30% of CIC young people successfully completed their interventions. For the 4th quarter of this year (Jan to March 20) 93.7% of CIC young people successfully completed their orders- a huge improvement on the same period in 2018/19 where only 50% completed successfully.
- For the year 2019/2020 90.9% of CIC young people have successfully completed their interventions which in comparison with the last year is an increase of over 25% (65.8%).
- There is a continued decrease in the numbers of CIC young people offending however this remains a small number of young people compared to the total CIC cohort. The output for the 19/20 year shows a reduction of over 2% of CIC young people convicted of an offence.

What do we want to improve?

- Continued reduction in the numbers of CIC young people offending. The overall cohort for the 20/21 year is smaller than the 19/20 year (321 compared to 347), but through continued interventions by the YOT, restorative processes, liaison with Children's Homes and creative out of court disposals it is likely the offending rate will continue to fall.
- To maintain the high level of successful outcomes achieved by CIC young people, through creative interventions, restorative processes, liaison with Children's Homes and the continued development of the Youth Engagement Service.

Care Leavers

Key Indicator	Type of measure	Month End				*Benchmarking	
		Sep 19	Jun 20	Jul 20	Aug 20	SN	Eng.
5.01.04 Children in care aged 17 years and 4 months with a Personal Advisor	%	66.0%	85.5%	73.7%	90.0%	N/A	N/A
	Direction of Travel		↑	↓	↑		
5.01.08 Local Authority In Touch with Care Leavers	%	85.3%	87.3%	93.4%	91.1%	93.0%	95.3%
	Direction of Travel		↓	↑	↓		
5.01.09 Care Leavers in suitable accommodation	%	79.3%	79.9%	86.7%	84.6%	89.3%	85.0%
	Direction of Travel		↓	↑	↓		
5.01.10 Care Leavers Employment, Education and Training (EET)	%	52.2%	46.7%	49.2%	49.0%	51.8%	52.0%
	Direction of Travel		↑	↑	↓		
5.01.11 Number of Care Leavers with a Pathway Plan that is up to date	%	96.4%	93.9%	94.9%	95.0%	N/A	N/A
	Direction of Travel		↑	↑	↑		

Service Narrative

What difference did we make?

- *Contact with care leavers* – There was a significant increase during June and July 2020 in August 2020 there has been a slight decrease however we continue to maintain a high percentage of care leavers we are in touch with, currently in touch with 91.6% of care leavers, this has to be viewed in the context of this group all being aged 18 plus. In some situations, young people are not wanting to keep contact with their Personal Advisor, the team work innovatively to keep in touch, we have a best practice protocol in place.
- *Number of young people in suitable accommodation* – Performance on this indicator improved to a 12-month high of 86.7% in Jul 20 although a reduction to 84.6% was seen in Aug 20. We currently have 6 young people who have been allocated a tenancy however due to the recent lockdown housing services are in the process of undertaking legionella testing on these properties. Due to the numbers of properties that require these tests there has been some delay in these young people being able to move into their properties. We have worked closely with our housing colleagues who have agreed to prioritise the properties for our young people. We continue to maintain strong links with KNH and Housing and the Housing Panel is enabling us to ensure that suitable accommodation is available. We have strong links with private housing providers and are considering how collectively we can improve our skills for independence training. We have continued to provide virtual life skills and pre-tenancy training during the lockdown.
- *Kirklees Commitment to Care Leavers* – Unfortunately during the last few months our drop-in centres at no11 and no12 have been closed due to the COVID19 pandemic. However, we are currently working with colleagues in asset management to be in a position where we are able to open our drop-in centres to provide a safe space for our young people.
- *Personal Advisors* – There has been a significant increase in performance on this indicator from 73.7% in Jul 20 to 90.0% at the end of Aug 20. However, 100% of the cohort do have either an allocated PA or an allocated Social Worker. We have been able to strengthen our pathway planning in relation to developing timely transitions with young people.
- *Education Employment Training* – Our performance in relation to Employment, Education and Training (EET) indicator is a focus for improvement. We have a C&K Careers Advisor in the Leaving Care Service. We have a pro-active multi agency group to improve opportunities in partnership working and there is a real desire to ensure our young people are afforded the best of opportunities in relation to EET. Due to the recent COVID19 pandemic some of our young people have unfortunately been in a situation where they have either been furloughed or made redundant from their employment in order to offer support to our young people we have recently established a virtual clinic for our young people where support is available from our careers advisor.

- *Pathway Plans* – we have seen a slight improvement in the numbers of young people who have an up to date pathway plan. We continue to work with the Personal Advisors to ensure pathway plans are completed in a timely manner to meet targets with a focus going forward on the improvement of the quality of plans, the involvement of young people and ensuring we capture their wishes and feelings.

What do we want to improve?

- *Number of young people with a pathway plan* – The number of young people with a pathway plan has slightly decreased. Work is currently ongoing within the service and it is expected that the measure will improve further. We continue to work with the Personal Advisors to ensure pathway plans are completed in a timely manner to meet targets with a focus going forward on the improvement of the quality of plans, the involvement of young people and ensuring we capture their wishes and feelings. We are currently undertaking work to analyse the decline in young people placed in suitable accommodation.

Adoption

Key Indicator	Type of measure	Month End				*Benchmarking	
		Sep 19	Jun 20	Jul 20	Aug 20	SN	Eng.
5.02.01 Number of children adopted as a percentage of children leaving care (12 month rolling period)	% (number)	15.5% (29)	10.1% (19)	9.3% (18)	8.2% (16)	18.5%	14.0%
	Direction of Travel		↓	↓	↓		
5.02.03 A1 Average timescale (days) between the child coming into care and being placed with the adopter (Financial year to date)	Number	461.8	528.6	542.3	542.3	512.4 (15-18)	486.0 (15-18)
	Direction of Travel		↓	↑	↔		
5.02.05 A2 Average timescale (days) between Kirklees council receiving court authority to place a child and the council deciding to match the child with an adoptive family	Number	221.1	253.4	253.0	253.0	215.3 (15-18)	201.0 (15-18)
	Direction of Travel		↓	↓	↔		

Service Narrative

What difference did we make?

- To the end of Aug 20, 8.2% of children leaving care in a 12-month rolling period had been adopted, equating to 16 children. At the level of performance to Aug 20, Kirklees is significantly below the England rate of 12.0% (2019) and the Statistical Neighbours rate of 17.7% (2019).
- The average timescale has been increasing and stood at 542.3 in Jul and Aug 20. This is above the Statistical Neighbours average of 381.0 days and the England average of 376.0 days from the Adoption Scorecard (3-year average outcome to March 2019). Kirklees performance on the Scorecard was 388 days, so the average timescale has increased since this time.
- The average timescale decreased slightly to 253.0 days in Jul 20 and remained at that level in Aug. Overall this is above the Statistical Neighbours average of 174.0 days and the England average of 178.0 from the Adoption Scorecard (3-year average outcome to March 2019). Kirklees performance on the Scorecard was 132.0 days, so there has been an increase in the average timescale since this time.
- We have established weekly clinics to support children's social workers who are undertaking child permanence reports, sibling assessments and considering whether a plan for adoption is appropriate. This is a joint initiative between the Assessment & Intervention Service and One Adoption and will be supported by regular training and workshops. One Adoption continue to attend

legal gateway and permanence panels on a weekly basis in order to track children with a plan for adoption and to ensure a family finder is allocated.

- If an adoption placement ceases, then One Adoption have a 'disruption review' and their new procedure is on our procedures website. They will be working with Kirklees staff on the implementation of this process. We have a structured Agency Decision Making process in relation to adoption planning. This includes legal and medical advice as well as advice from One Adoption West Yorkshire.
- Adoption Support Fund offers funding for ongoing support to adoptive families and children. There has been an increase in successful applications for Kirklees children that resulted in an increase of support, training and therapeutic input.
- The progression of Adoption cases is now monitored by Head of Service at the monthly permanence tracking panel ensuring a more robust approach to avoiding drift and delay.
- During the recent COVID19 we have had some difficulties in relation to being able to progress transition plans however as restrictions have been lifted we are now in a much stronger position in being able to progress these plans to be able to move children into their potential adoptive placement. As a result of the COVID 19 pandemic we have experienced delays in relation to court hearings for application for adoption orders again as restrictions have lifted this is now an improving picture. We recently successfully had three children who are now subject to adoption orders we also have three children where court dates are to be held during the next two weeks.

What do we want to improve?

- Develop an even closer working relationship between One Adoption West Yorkshire and Kirklees social workers and managers, to ensure we maximise the potential benefits of the regional adoption agency in Kirklees. Regular meetings between the Service Managers in One Adoption and Assessment and Intervention have been established which will improve areas of communication and partnership working to assist timely adoption for our children.

Fostering

Key Indicator	Type of measure	Month End				Benchmarking	
		Sep 19	Jun 20	Jul 20	Aug 20	SN	Eng.
6.02.07 Total New Carer Approvals in Month:	Number	4	5	1	1	N/A	N/A
	Direction of Travel		↓	↑	↑		
In-house Fostering approvals in the month	Number	3	4	1	1	N/A	N/A
	Direction of Travel		↑	↓	↔		
In-house Fostering De-registrations in the month	Number	5	5	1	3	N/A	N/A
	Direction of Travel		↑	↓	↑		
6.02.09 Placements split: a. In-house foster placements	Number	222	233	230	231	N/A	N/A
	Direction of Travel		↔	↓	↑		
b. Family and friend placements	Number	86	118	114	114	N/A	N/A
	Direction of Travel		↑	↓	↔		
c. Independent Fostering Agency Placements	Number	181	193	193	191	N/A	N/A
	Direction of Travel		↓	↔	↓		

Service Narrative

What difference did we make?

- August 2020 saw one carer approval, a Family & Friends (F&F) carer. The rolling 12-month approvals figure is 34 including IFA carers.
- In August 2020 we had 1 in-house approval, lower than in Jun 20 (including F&F carers). The rolling 12-month total to Aug 20 was 24 households. There were 3 in-house fostering de-registrations in

Aug 20 (all F&F carers). The rolling 12-months total for in-house de-registrations is 31. This gives a net loss of 7 households.

- The number of children placed with Kirklees foster carers increased to 231 in Aug, compared to 230 in Jul although this is below the 12-month average of 233.
- The Aug 20 figure of 191 is a reduction from the 12-month high in the number of IFA placements seen in Apr 20 of 197 but is above the 12-month average of 188.
- During to last few months regular meetings have been held between Kirklees Fostering Network and the Fostering Service in order to offer support during the recent lockdown and to address some of the issues this has raised. We have provide emergency payments to our foster carers in order to assist with the extra pressures created during the last few months. We have provide laptops for our carers in order to ensure that the children in their care have had access to online educational provision.
- At the end of March 2020 we had a number of potential carers offering placement we have undertaken a number of Regulation 24 assessments in order to provide emergency placements. From these carers we currently have five households where we are undertaking assessments for them to be considered as foster carers.

What do we want to improve?

- Recruitment and retention of foster carers is a priority as is reducing the use of fostering agency care. We have recently undertaken a piece of work with our recruitment process and as a result we are developing a pathway with a more streamlined approach. We continue to develop the Recruitment Team to increase numbers of Kirklees carers and will have focussed campaigns for respite care that can be a softer introduction to fostering, and teenagers exhibiting troubled and troublesome behaviours.
- A recruitment and retention focus for our foster carers is a key strand of our improvement work and the Service Manager is working closely with the Recruitment Team to ensure that the numbers of assessments increase and that they are completed in a timely fashion. Due to the recent COVID19 we have been unable to hold live recruitment events however we have been innovative in creating virtual events. We continue to pursue a range of recruitment activity: To improve our internet search presence to prospective carers we have entered into an agreement with “Google Ads”; an advertising campaign highlighting the need for Forever Families for our children in foster care is currently taking place.
- We are currently working with the National Fostering Network to implement two Foster Carer Mockingbird hubs in Kirklees, with a timeline to work towards implementation in January 2021. This model facilitates additional support to specific carers. We are currently in the process of recruiting two liaison workers to support the implementation of the mockingbird model.
- We currently also have 9 households who are being assessed as potential foster carers in order to increase our in-house capacity.
- The Service Manager is working closely with the Kirklees Fostering Network to continue to develop our fostering service offer and ensure that carers are supported appropriately. Foster carers now have membership of the Corporate Parenting Board. We have launched a new package of carer benefits including access to the employee health scheme, and access to the staff discounted shopping scheme.
- We continue to pursue a range of recruitment activity: To improve our internet search presence to prospective carers we have entered into an agreement with “Google Ads”; an advertising campaign highlighting the need for Forever Families for our children in foster care is currently taking place.

Appendix – Glossary of Terms

Term	Description
A&I	Assessment & Intervention (part of Family Support & Child Protection)
ADCS	Association of Directors of Children's Services
ASYE	Assessed and Supported Year in Employment (for a newly qualified Social Worker)
BSM	Business Support Manager
BSO	Business Support Officer
CIC	Child(ren) in Care (see also CLA and LAC)
CIN	Child(ren) in Need
CLA	Child(ren) Looked After (also see CIC and LAC)
CPP	Child Protection Plan
CPRU	Child Protection & Review Unit
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CWD	Children with a Disability
D&A	Duty & Advice (part of Family Support & Child Protection)
DCS	Disabled Children's Service / Director of Children's Services
EET	Education, Employment or Training
EHC	Education, Health and Care (Plan)
EITS	Early Intervention and Targeted Support
HMCI	Her Majesty's Chief Inspector
Form F	Assessment form for approval of Foster Carers
HMIP	Her Majesty's Inspectorate of Prisons
HOS	Head of Service
ICPC	Initial Child Protection Conference
IHA	Initial Health Assessment (for a Looked After Child)
IRO	Independent Reviewing Officer
KNH	Kirklees Neighbourhood Housing
LA	Local Authority
LAC	Looked After Child(ren) (also see CIC and CLA)
LAIT	Local Authority Interactive Tool (DfE tool for access to nationally published data)
NEET	Not in Education, Employment or Training
NQSW	Newly Qualified Social Worker
PA	Personal Advisor (to Care Leavers)
PEP	Personal Education Plan (for a Looked After Child)
PLO	Public Law Outline
QSW	Qualified Social Worker
RCPC	Review Child Protection Conference
RHA	Review Health Assessment (for a Looked After Child)
S17	Section 17 of the Children Act – Relates to Children in Need
S20	Section 20 of the Children Act – Relates to a child accommodated by the LA
S47	Section 47 of the Children Act – Relates to Child Protection
SDQ	Strength and Difficulties Questionnaire
SEND	Special Educational Needs and Disability
SM	Service Manager

Term	Description
SN	Statistical Neighbours (closest match Local Authorities for benchmarking)
SW	Social Worker
TM	Team Manager
UASC	Unaccompanied Asylum Seeking Child
Y&H	Yorkshire and the Humber
YOT	Youth Offending Team



One Adoption West Yorkshire Annual Report 2019/20

June 2020

1 Purpose of this report

- 1.1 This report sets out the developments within One Adoption West Yorkshire from April 2019 to March 2020.

2 Background information

- 2.1 Bradford, Calderdale, Kirklees and Wakefield adoption functions as specified in the partnership agreement were delegated on the 1st April 2017 to Leeds City Council & One Adoption West Yorkshire formally opened on this date.
- 2.2 Adoption remains a key priority for the government and there are now 24 regional adoption agencies (RAA's) up and running covering 115 local authorities. A further 30 local authorities are involved in 8 projects to develop RAAs and 2 local authorities have plans to join an existing RAA. There are only 4 local authorities remaining that are not currently involved in an RAA project.
- 2.3 There continues to be a gap between children waiting and adopters available and an increase in the number of children waiting with a placement order for 18 months or more and the government have invested £645k to the adoption sector to improve the recruitment of adopters, with a key focus on attracting more adopters from the black and minority ethnic communities. A national campaign was due to commence in March but was postponed due to the coronavirus crisis.
- 2.7 The future of the Adoption Support Fund (ASF) remains still remains uncertain although a cross party all parliamentary group fully supports the continuation of the fund and the fund is committed to continue until July 2021. The next Spending Review will hopefully clarify the longer term plans for the adoption support fund.

3 Main issues

3.1 COVID-19

3.1.1 OAWY response

The coronavirus has impacted on the whole service and although it emerged towards the latter end of the year it is important to address this issue before going onto review the progress over the year.

Our whole team have been working from home since the 18th of March. The team have adapted well and have found creative ways to ensure that families are supported and children's plans progressed as far as possible. We have been very aware of the impact on staff wellbeing as a large number of staff have been juggling caring for children at home as well as continuing to work. We have aimed to support staff with a range of materials and tips for self-care in these difficult times, and have advocated flexible working.

Despite Covid19 we have continued to receive enquiries from people interested in adopting and have quickly had to adapt how we carry out our recruitment and assessment of adopters. We have created a new online information film, complemented with regular live Facebook question and answer sessions, to replace our information events. And, whilst we are unable to carry out initial home visits and assessment sessions in person, we have put in place mechanisms for these to take place virtually for the most part.

With many GPs currently unable to offer appointments for medical assessments, we have implemented a self-declaration form for adopters in stage one of the process which will allow many applicants to proceed into the next stage of the process without the usual health check. However, further discussions are ongoing about this issue with health services as we cannot approve adopters until a health check has been fully completed.

Virtual Adoption Panels have quickly become the norm across the region and despite the length of panels being reduced, these have continued to progress with minimal delays. The lockdown has required us to put a lot of thought into how we move children on from foster care to adoption. Utilising technology to support the "getting to know you" phase of introductions has enabled us to move some children from foster care to adoption during this time. However, we approach these on a case by case basis, looking at the risks, so it has not been possible for all children, and unfortunately some plans have been delayed.

We continue to provide a social work service to 800 children via WhatsApp, Skype and telephone calls, and have been able to connect with our teen support group through video conferencing. Although our support groups, workshops and training are currently suspended, we are already exploring how we might deliver some of these differently, given the different audiences and modes of delivery available, taking into account security, ease of use and information governance.

Maintaining the letterbox service has been particularly important to us so we are encouraging families to use electronic means wherever possible, although we have been able to maintain a reduced service for hardcopy mail as well.

This is particularly anxious and uncertain time for birth families, with increased concerns about their children's wellbeing. Therefore we are working closely with our commissioned service, PAC/UK, to ensure support is available for families in our region.

Communication with staff and key stakeholders has been key and OAWY website and social media platforms are updated regularly to provide updates; all adopters on the OAWY mailing list have been emailed directly and the Duty line is still up and running with staff working from home and connecting via Enterprise Voice; Letterbox and internal mail is actioned by business support staff from each of the regional offices on a fortnightly rota.

The impact of the pandemic will be long lasting and the service is actively considering the longer term implications and adaptations required to ensure that we can maintain social distancing and provide a good quality service for children and families moving forward.

3.2 Use of Resources

3.2.1 Staffing

Staffing generally remains stable, although there are a few vacancies across the service due to the retirement of staff and staff being promoted within the service. Recruitment to posts was temporarily put on hold whilst we prioritised other areas of work with the current issues around COVID-19. However, recruitment activity has now started again.

One of our long standing service managers retired this year due to ill health and a temporary appointment was made to cover the position initially and is in the process of being made a permanent replacement. We have also had some changes with the team manager cohort during the year with two managers going on maternity leave and one manager leaving due to a change in personal circumstances. This has provided opportunities for internal staff to progress their career within the service.

During the course of the year there have also been a number of people leaving within the business support team and this had significant pressure on the service. However, four new staff have been recently appointed, increasing the capacity to better meet the needs of the service with two more members of staff recently recruited and awaiting start dates. There are a range of development opportunities within business support and some staff have taken up apprenticeships and we continue to look closely at staff retention in this

area of the service. The COVID-19 pandemic has caused delays to both training and bringing in new staff and the team are looking at alternative ways to deliver induction and training for staff. All of the staff are currently working from home and have risen to the challenge incredibly well.

3.2.2 Duty System

Following on from an increase in the number of teams based at Kernel House last year a further evaluation of the duty system took place in the summer last year and changes were implemented in September 2019, which saw a 7 week rota introduced with the Leeds office undertaking 3/7 weeks on the rota and Huddersfield and Bradford offices 2/7 weeks each.

There were 5,119 calls to the duty line during 2019/20. Due to COVID-19 the Duty line is being run by staff working from home and connecting via Enterprise Voice. During the lockdown the number of calls to the duty line is lower than usual, however the families that are calling in are tending to require longer and more in-depth support from the duty worker than typical calls.

3.2.3 Accommodation & service delivery

Work completed last summer moving from 5 office bases to 3 main office bases - with desk space remaining in Halifax and Wakefield. These moves have enabled three teams across recruitment and assessment, family finding and adoption support to be co-located with one service manager.

The increase in teams at Kernel House in Leeds is causing pressure on space and is causing difficulties for staff. Constructive discussions are underway with asset management to address this issue. However, COVID-19 has forced different ways of working. All staff are now working from home and making better use of the technology we have available. When things return to normal, some of these ways of working may be adopted permanently which may then ease pressure on office space and we will keep this under review.

3.2.4 Information Technology

The Bradford, Calderdale and Wakefield portals are now up and running effectively. This has proved to be essential as all staff are now working from home. Further work with Kirklees still needs to be progressed and discussed as some staff are still using two computers.

3.3 Partnership working

3.3.1 Operational leads meetings

The operational leads group continues to meet quarterly to discuss practice issues and have discussed a range of issues during the year from foster carer adoptions, adoption support, and access to records and most recently discussed transitions and moving children onto adoption. The coronavirus has created some clear difficulties moving children on and we are taking a case by case approach with a risk assessed decision being made and a guidance document has been provided for staff.

3.3.2 Centre of Excellence Project- adoption support

The Centre of Excellence project team came to an end at the end of March 2020. The local authorities and the clinical commissioning groups within health have agreed to fund a 3 year extension of the project to implement a multi-disciplinary team within OAWY working across the region. The team will consist of 12 staff with a Team Manager, 2 Therapeutic social workers, 2 Education workers, 1 Early Years Practitioner plus 1.5 Clinical Psychologists and an Assistant Psychologist, 1.2 Occupational Therapists and a Speech and Language Therapist. In addition the team will have access to consultancy support from Educational Psychologist, Paediatrician and Psychiatrist, and will 1.5 business support staff to support this work. We are working closely with Leeds Community Health Trust to recruit the health staff and there are some delays in taking this forward as health providers focus on the response to the COVID19 crisis.

During the course of the year the team has continued to work with the management team in OAWY providing support and training to embed the new assessment framework as part of the standard practices. The basic framework training has been completed in the Yorkshire and the Humber region, with over 150 professionals partaking in the two day training.

3.3.3 Agency Medical Advisors

The agency continues to communicate regularly with Medical Advisors across the region where there is a need to discuss practice issues. The medical advisor protocol remains in place and there have been some improvements in the availability of medical appointments across the region more recently.

However, the COVID-19 pandemic has impacted upon the capacity of medical advisors to offer medical advice in relation to children, adopters and to the Adoption Panels and for GP's to carry out medical assessments regarding prospective adopters. There has been a commitment across the region to

continue providing medical advice in order to achieve permanence for children wherever possible and discussions with commissioners and providers have been progressed to ensure that this remains a key focus to prevent delay for children in moving to their permanent family. There will however, inevitably be some delay for children during this time.

3.3.4 Virtual school heads (VSH)

OAWY and the VSH continue to meet on a termly basis to share information around the issues that are currently impacting on adopted children and their families. It is an opportunity to build and develop the skills and knowledge in the region and promote a shared knowledge base for those who are living or working with these children. The Adoption Education Duty line continues to be used by parent's social workers and schools across the region and informs the VSH of the current challenges people are facing. Virtual Schools have embraced the Secure Base Model – resulting in one authority effectively using parts of this model within their Personal Education Planning. It has been reported that the Virtual School representatives value this opportunity to come together to focus on this particular cohort of children and think about their needs. Information from the Schools' Survey (which has been carried out twice across the region) will be a strong measure of the impact of the work and also identify areas where the group needs to focus next. Linking this meeting with grandparents plus project workers who support special guardians has been positive and further discussion is required to support this work moving forward.

3.3.5 Special Guardianship

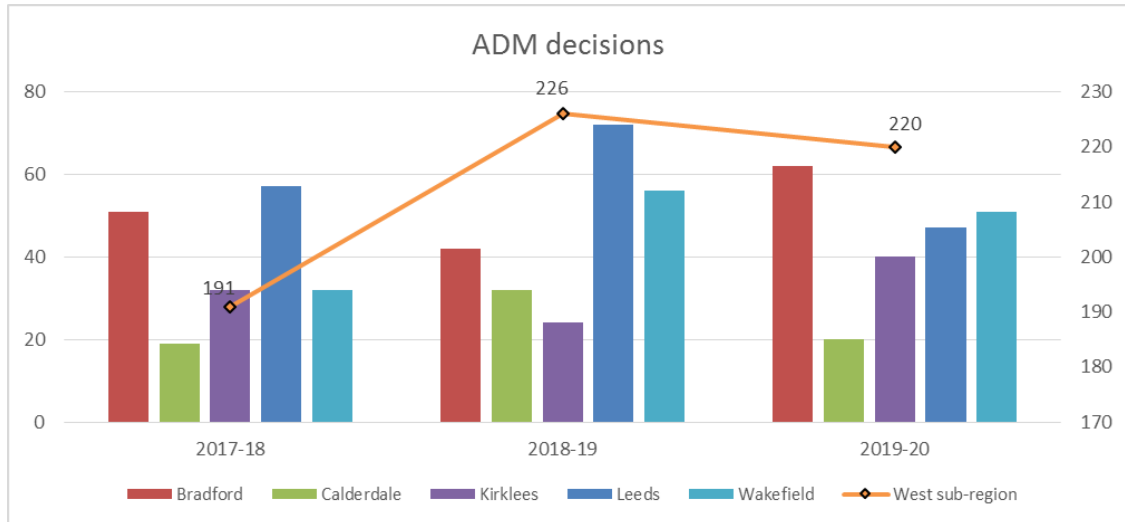
The Grandparents plus contract has now being extended for a 2 year period. They have adapted their work since the restrictions came into play and this has been working well to date. The regional work around the policy development and financial support for special guardians has progressed well this year and a support plan template is currently being piloted in two local authorities. The management board have looked at a regional approach to financial support, with a refreshed financial assessment tool in the process of development and a revised policy framework. There have been some challenges around adopting a regional approach however there is a clear consensus on the aspiration to have a streamlined approach and this work is progressing well with decisions progressing through local governance arrangements for agreement.

3.4 Performance Management

3.4.1 The agency provides quarterly reports to the management board. This data provided has developed over the last 3 years and is gathered to ensure that

we are aware of how much work is undertaken, how well was it undertaken and if anyone is any better off.

A) Sufficiency: Are enough of the right kind of adopters being recruited and approved to meet the needs of the children waiting:



3.4.2 The children with a plan for adoption during 2019/20

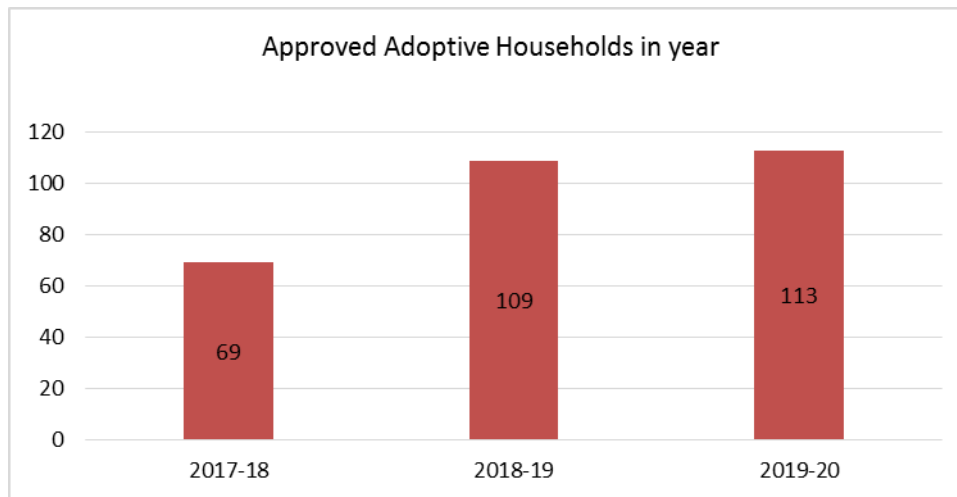
Between April 2019 and March 2020, 220 children had a plan for adoption ratified by the 5 West Yorkshire local authorities Agency Decision Makers. Of the 220 children with a plan for adoption, there were 109 female and 111 male children. In total, this is a minor change from last year’s full year figure of 226 children from across the 5 West Yorkshire local authorities.

3.4.3 Ethnicity

Of the 220 children with a plan for adoption ratified this year, 174 (79%) children were from white British backgrounds (including information not obtained) and 42 children (19%) were from Black and Minority Ethnic groups, including children from eastern European, Gypsy Roma, Black African and Black Caribbean backgrounds.

3.4.4 Placement with Siblings

As a general principle, siblings will be placed together; however, due to the individual needs of children, this is not always appropriate and cannot always be achieved. It is essential that sibling assessments are carried out to ensure good quality decision making and support plans are evidence based if children are placed together or apart. Of the 71 individual siblings placed during the year, 23 individual children were placed apart, for which 22 the plan was to be placed apart.



Adopter recruitment

113 adoptive households were approved during the year and you will note from the table below that this is another increase from year-end 2017-18 and year end 2018-19.

Within the 113 households, 219 individuals were approved throughout 2019-20. Of these, 21 (10%) are from Black and Minority Ethnic (BME) backgrounds (last year it was 11%). We need to improve our percentage of BME carers and keep a focus on ensuring that we approve a full range of adoptive families to meet the range of children requiring placement, while at the same time not relying on matching children with regard to ethnic identity as an overriding factor. We are undertaking some key focussed with My Adoption Family to increase the diverse range of adopters. Households approved for sibling groups decreased slightly this year with 16 households approved for sibling groups, 14 for 2 children; 2 approved for a sibling group of 3 and 34 households open to an Early Permanence Placements. There is still more to do around recruiting adopters for sibling groups and a new training programme was due to be implemented in April and due to Covid19 is now being adapted for an online course so implementation has been delayed.

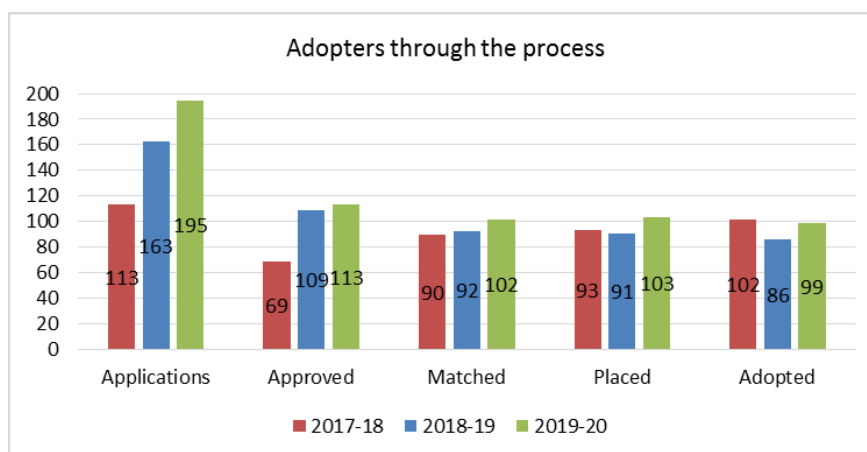
3.4.6 Children currently with an adoption plan

As of the end of March 2020 there are 162 children with a plan for adoption and have a placement order, from the 5 West Yorkshire local authorities not currently placed and requiring adopters. 91 children out of the 162 are 0 - 2 years, 42 are between 2 and 4 years and 29 children are 5 years of age or older.

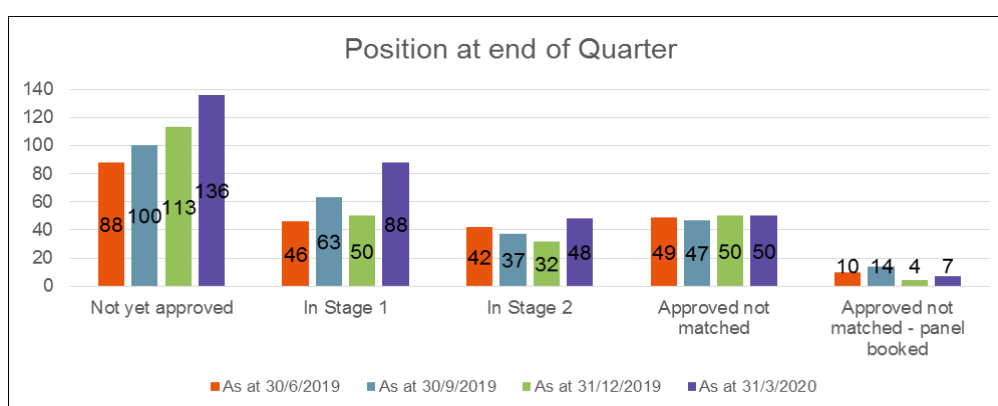
From the children waiting for a placement there are 110 girls and 116 boys, and 22% are children from BME backgrounds (including children from eastern European, Gypsy Roma, Black African and Black Caribbean backgrounds). 61

children are from sibling groups. The plans for these children are actively reviewed with the local authorities with clear monitoring and tracking systems to understand the range of family finding activity going on for these children and whether adoption remains the right plan for each child. The delays for these children are related primarily to the needs of the children; the need to place siblings together, the age of the children or their particular special needs or complexity.

3.4.7 Adopters available



On the 31st March 2020 113 adopters are in the process of assessment (in stage 1 or 2) although these will take a number of months to become approved. There is a steady increase in those within the assessment process overall.

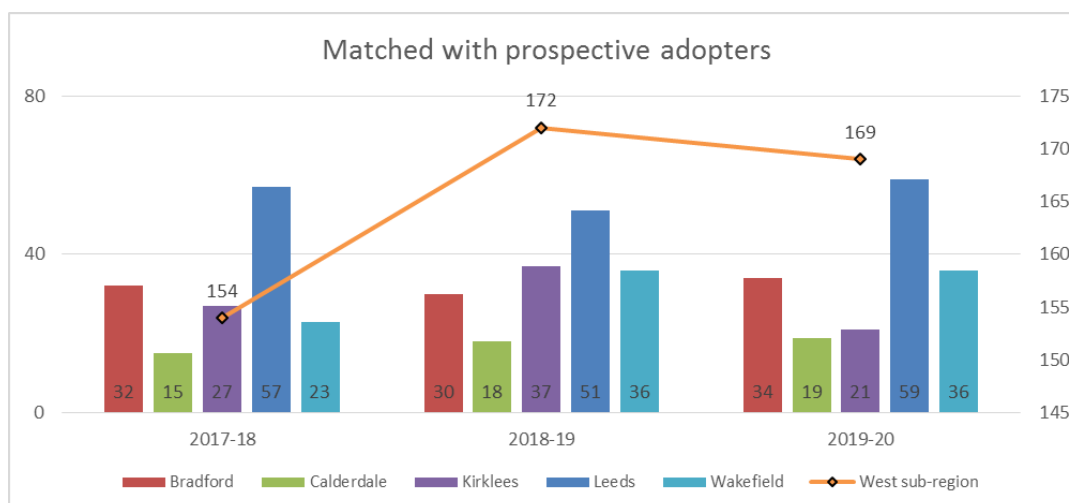


B) Timeliness: Are children being matched and placed without delay including those children who wait longer?

3.4.8 Children matched in the year for adoption

Between April 2019 and March 2020, 169 children from the 5 West Yorkshire local authorities were matched with families at adoption panels; this is a slight

decrease of 3 children matched between April 2018 and March 2019 from across the 5 West Yorkshire local authorities. From April 2019 to March 2020, 25% (42) of the children matched were from black and minority ethnic (BME) communities and this is extremely positive news as these children often wait longer to be placed.

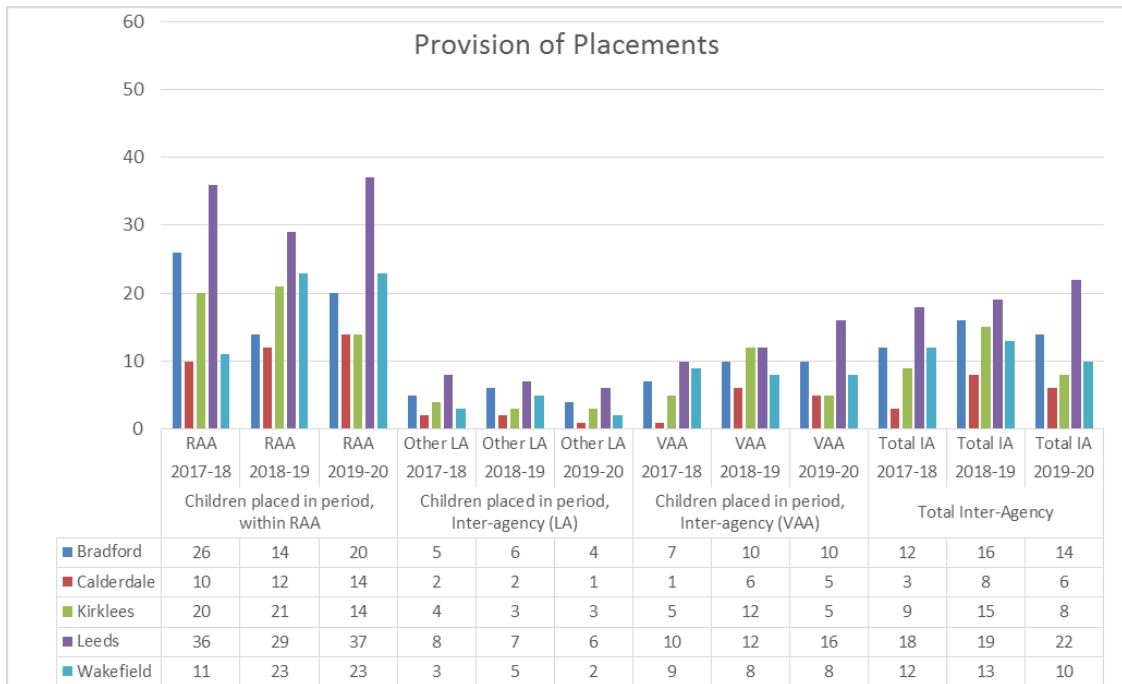


- 130 of the children matched were 0 to 2 years old;
- 31 children matched were 2 to 4 years old;
- 8 children were aged 5 years or older;
- 72 children were part of a sibling group (of the 169 matched);
- 64 children (of the 169 matched) were placed who are part of a sibling group of which 23 were placed apart, 22 had a plan to place apart due to their individual needs;
- 14 children (of the 169 matched) had been previously placed in early permanence placements (8 during the year) of which 7 of these 14 children have been adopted in the year. This is a very positive step in reducing the number of moves for children before they reach their permanent family.

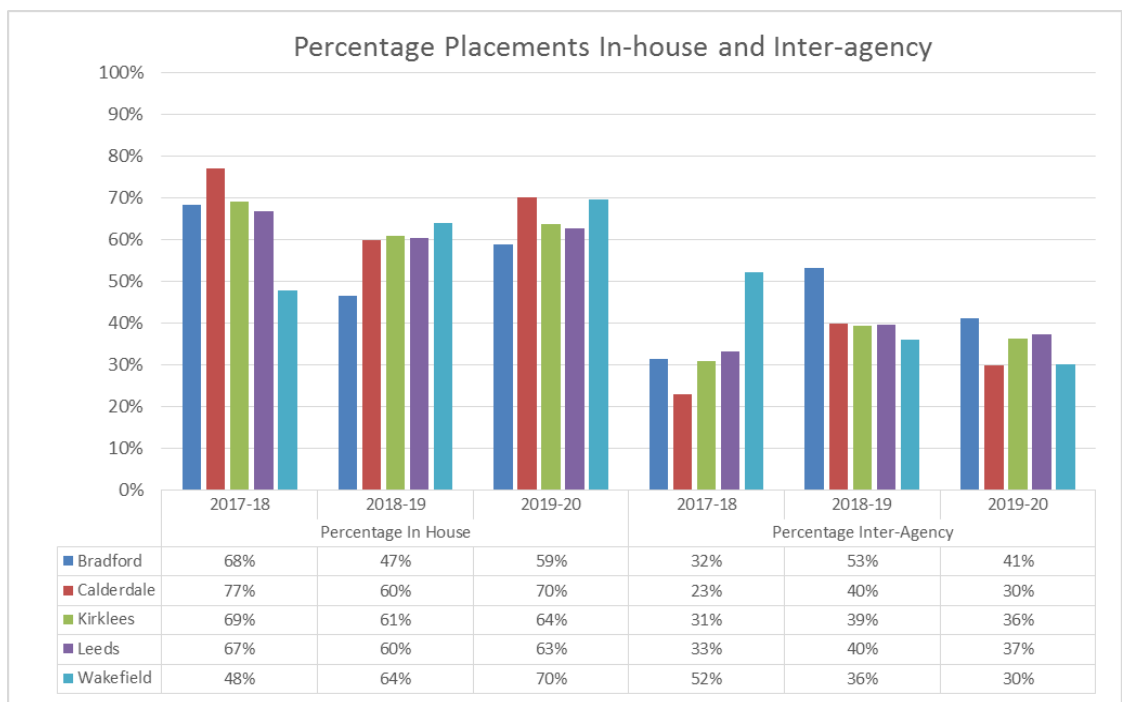
3.4.9 Provision of Placements

We placed 168 children this year. The percentage of placements provided in-house within the region has increased significantly this year.

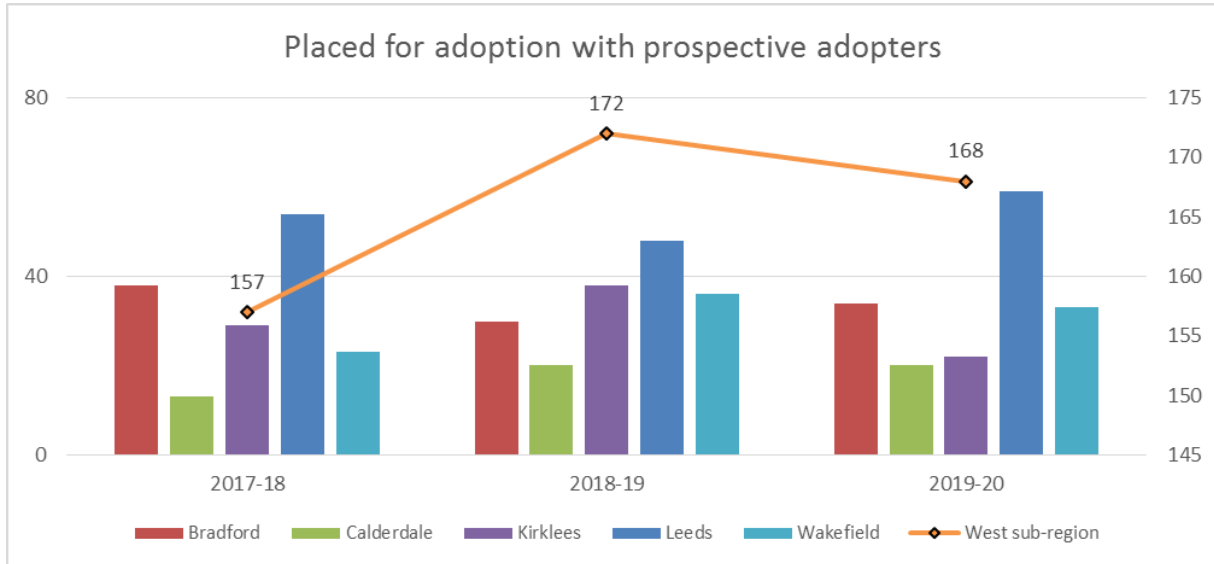
- 108 children within OAWY;
- 16 children with other local authorities or other Regional agencies;
- 44 children with Voluntary Adoption Agencies



The percentage this year was 64% in house and 36% interagency. Last year it was 59% in house and 41% interagency. It is clear from the table below that the trends for LA's in the use of interagency placements has changed with all LA's increasing last year on the previous year but decreasing again this year.



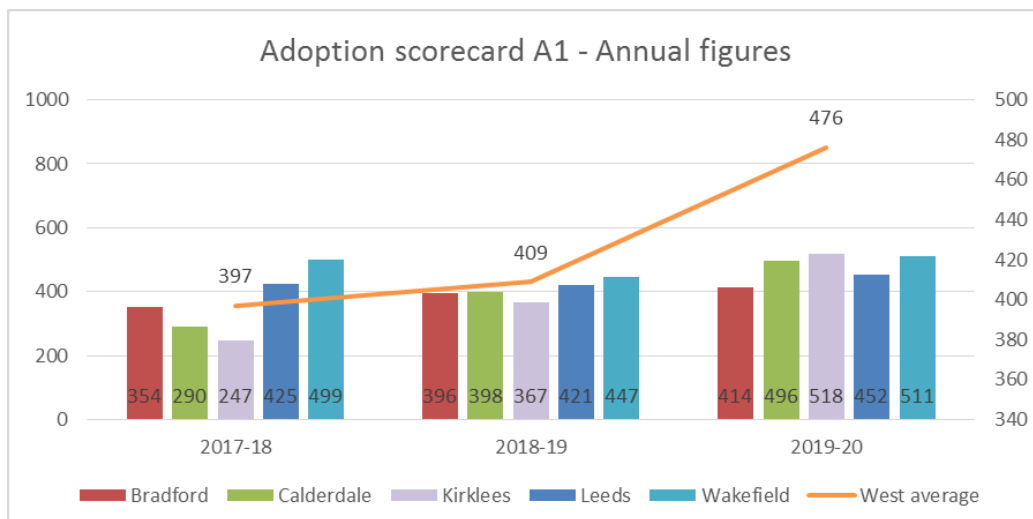
The following children were placed with adopters in the year. A number of children expected to be placed before the end of the year had their placements delayed due to Covid 19 and their plans for moving in with their family are regularly reviewed and will take place as soon as is possible.



3.4.10 Adoption Scorecards

A1 indicator

The average time between a child entering care and moving in with its adoptive family (indicator A1) for children in West Yorkshire is 476 days, the National Indicator target is 426 days and the England 3 Year Average is 486). Whilst this is above the national target, it is below the England 3 year average and is based upon children adopted in the period.

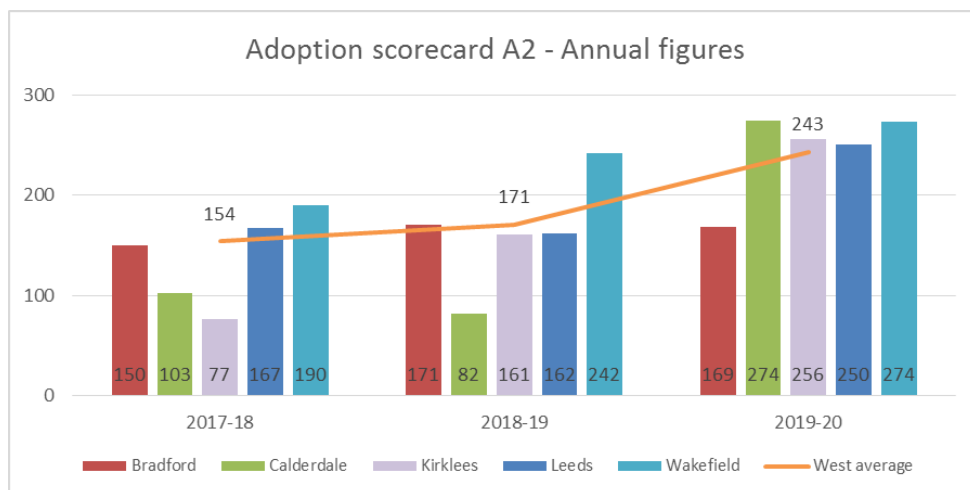


- 42 of the 174 children adopted entered care more than 3 years ago;
- 91 of the 174 children adopted were hard to place children;
- 67 of the 174 children adopted took more than 500 days between entering care and being placed,
- Of the 67 children that took more than 500 days 49 of the 67 were hard to place children with 22 having 2 or more characteristics

It is clear that there are some children where there have been some issues regarding drift in care planning and there are also some of the children being older and with more complex needs resulting in adoption taking longer to achieve. It is important to look at the individual local authorities but on the whole most of the children will have actually been placed in the last 3 years and formally adopted more recently, reflecting a number of years of local authority practice and care planning from a number of years ago.

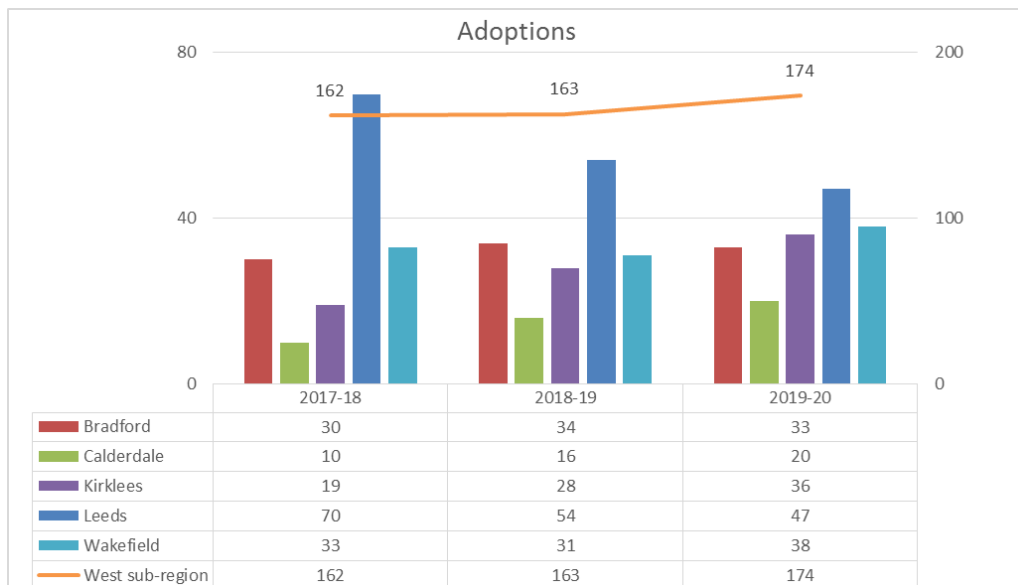
A2 indicator

The average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family (Indicator A2) for children in West Yorkshire has increased to 243 days, the National indicator target is 121 days and the England three year average is 201. This is above the national indicator and reflects an issue of a national decline in the number of adopters available and the complexity of children waiting for adoption.



3.4.11 Children adopted from care

The number of children who have been formally adopted has increased by 11 (174) with 13% of children leaving care being adopted across the region. The National average is 12%.



3.5 Practice, quality of provision and management oversight

3.5.1 Recruitment and Assessment

In May 2019 Coram Baaf awarded OAWY the quality mark for Early Permanence Placements. This will assist us in attracting adopters and is a partnership approach with the five local authorities, giving confidence in the court arena that adopters are fully prepared for this task and that support is available for all parties involved in these arrangements.

The use of Virtual Reality is now well embedded in our preparation and assessment of prospective adopters. We have trained an additional cohort of staff in the use of the VR headsets, in particular focusing on adoption support staff as there are new films soon to be available which will be relevant to adoption support work with content such as knife crime, county lines etc. We had training planned regarding the new content, which has been postponed due to COVID19. However, we have had 2D versions of the existing films made available for use in preparing prospective adopters in the interim.

The adopter preparation training has been fully reviewed and a new programme developed. This was due for implementation from April 2020. However, in response to COVID19 this is being reviewed further and an online preparation training program is currently being devised. Here are some comments from those attending the adopter preparation training:

- *Was great again having the adoptive parent there! Was great at answering any questions and it felt very real!*
- *Personable, patient, honest and realistic whilst still being positive;*

- *Excellent training and brilliant for preparing us as parents;*
- *I feel like I gained a lot of insight, knowledge and confidence from the training.*

The adopting sibling training programme has been developed, however, we have been unable to implement this as planned. We are currently exploring how this, and the EPP training, can be delivered virtually to prospective adopters. Here are some comments from those who have attended the EPP training:

- *Great training. Very honest and realistic;*
- *We were pretty sure we wanted to do EPP but the training confirmed we definitely do;*
- *The key learning for me was being able to listen to and ask questions to someone who has gone through the process and ask her opinions and thoughts;*

The review of the website has been ongoing. Proposals for the content and layout were shared with prospective adopters for their feedback. This will now be moved forward with the web developers. We hope to extend the online functions available to adopters, such as booking training, following the success of the online submission forms for visit requests and the Registration of Interest.

The impact of Covid19 on the pipeline of adopters coming through is not clear as yet. We had to cease the information event for a period of five weeks during the first phase of lockdown and given that we had a backlog of enquiries to deal with once we got the information event online this suggests we may not have an issue in due course. However, the impact of not being able to approve adopters due to the lack of medical assessment and advice is one we need to keep a close eye on in the coming months.

3.5.2 Adoption Panels

A review of adoption panels was undertaken throughout January and February 2020. It found that despite there being 7 panels taking place on a monthly basis, with three chairs and a varied membership, there is a high degree of consistency in the implementation of panel protocols. Recent recruitment to Business Support vacancies has improved the efficiency of panels, for example in relation to outcome letters being distributed in a timelier manner.

In response to COVID-19 Adoption Panels are now taking place virtually, with members joining the meeting via video or conference call. Despite some small technical issues, overall panels are going well and positive feedback has been

received. Prospective adopters are not currently routinely 'attending' panel; this is something we will continue to review as panel members and attendees become increasingly confident with the technology. We have reduced the number of items on each panel due to the new way of working, but have capacity to provide additional panels, should they be required.

3.5.3 Family Finding

Agreement was reached that a research informed practice model developed by the University of East Anglia for moving children from foster care to adoption be adopted in the region and implemented in Leeds and Calderdale in the first instance and discussions have taken place to support services with this, including training for foster carers and there have been a number of introductions that have taken place utilising this model. In the other areas where full implementation has yet not been possible, elements of this model have been used, such as a greater use of video calls to familiarise children with their new families in the getting to know you stage.

Due to the current restrictions of the COVID-19 pandemic introductions have more widely utilised technology and whilst a number of transitions have taken place some have been delayed due to a range of issues relating to the health needs of children, adopters and foster carers, the distance and logistics in being able to undertake transitions. Where plans have been delayed these are kept under regular review.

The children's profiling events continued to take place with the last event being in January, inviting adoptive families from across the region and beyond to consider a selection of children awaiting adoption who were featured with high quality photos, DVDs and personalised displays. 22 families attended and we featured 34 profiles totalling 49 children, resulting in 17 expressions of interest. 2 of these expressions of interest have led to linking visits and 1 is being explored further.

Fun Days were piloted in 2019/20 with 2 being held resulting in 4 children being matched. The 3rd Fun Day, scheduled for March, was cancelled due to COVID-19. The Fun Days were very well received by those attending. Comments from the adopters who attended stated *"A really great experience. Well worth it;"* and *"it was great to talk to the foster carers about the children and to meet the children"*.

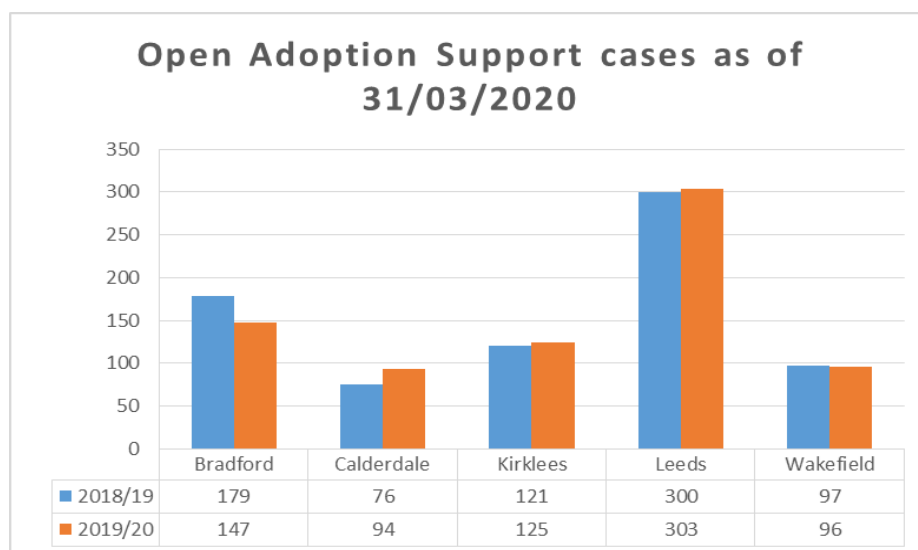
We are exploring undertaking profiling events virtually so that these can continue during this period of uncertainty, the profiling events have had a positive impact in raising the understanding of adopters of the needs of children with a plan of adoption and have led to a number of matches.

We have progressed with commissioning 30 placements from the Voluntary agencies alliance in order for children to move into families within the region. This faltered slightly with the impact of Covid-19 but the contract was awarded on the 28st May.

3.5. 4 Adoption Support

a) **Adoption support:** Do children and families have timely access to high quality support services?

The service has continued to provide a direct social work service to almost 800 children. There continues to be a number of families waiting for allocation for an assessment of their support needs not on the allocated list below, however this number is reducing following some increased capacity and different processes put in place to manage new enquiries from families. Workers have successfully applied for £1.78m funding from the Adoption Support Fund for therapy services for children and their families.



Since the introduction of restrictions as result of Covid-19 Social workers have been maintaining contact with families via virtual means, this has meant we have had to consider the way we work with families and how we deliver of our core offer of support.

Through most of the year we have continued to provide a number of events and support groups for adoptive families across the region including non-violent resistance, Foundations for Attachment, Therapeutic Playgroup, and Sensory Integration programmes. We have put on workshops across the region for parents on Brain Based Parenting, Education, and Therapeutic

Parenting. However, these are all currently suspended and we are currently exploring how we might deliver some of these via more virtual platforms in light of the current restrictions.

We are very mindful about the difficulties COVID-19 places upon families and we have provided updated information about the service with links to a range of online resources for people to access.

The letterbox service has continued to facilitate over 5,000 exchanges across the region. Work is nearing completion in creating electronic records for children who have an arrangement. Since the Covid-19 restrictions we have continued to scan and email letters wherever possible.

Through our contract with PAC/UK they have been able to amend their offer to remote working to continue to offer their existing service. They have also been working with us particularly to ensure that birth families are supported as this can be a very anxious time for both birth families anxious about the welfare of their children.

3.5.5 Peer Mentoring – PAC-UK/ Adoption UK

There are now 27 active peer mentors (Bradford 4, Calderdale 1, Kirklees 3, Leeds 17 and Wakefield 2) supporting 56 families across the region. The table below shows the number of referrals received and the number that have gone on to access the service broken down by area.

No. referrals 19/20	Brad	Cald	Kirkls	Leeds	Wkfld	Total
Received	19	3	11	37	9	79
Accepted Support	15	3	9	25	8	60

Here are some comments from those accessing the mentoring service:

- *We would highly recommend the mentoring service. We have a very close knit support group with our family and friends however they don't all fully understand what we are always going through so having the mentoring service available has been invaluable to us;*
- *It was an outstanding experience, having somebody who was able to listen and discuss different aspects of the adoption process with.*
- *The mentoring scheme has allowed me to ask questions throughout the process as they come to mind, it is reassuring to have someone there to chat to 'as and when' I need to.*

3.5.5 Non Agency Adoption

One Adoption West Yorkshire undertakes non-agency adoption on behalf of Calderdale, Kirklees and Wakefield councils, Bradford and Leeds councils undertake their own.

Over the last 12 months there were a total of 38 enquiries received for non-agency adoption. 61% of enquiries were from families living in Wakefield, 21% were from families living in Calderdale and 18% were from families living in Kirklees.

Over the past 12 months we received 24 Notifications of intention to apply for an order we received with 38% from families living in Kirklees, 33% were from families living in Wakefield and 29% were from families living in Calderdale.

Over the past 12 months there were 14 non-agency adoption orders granted, 43% were for families from Calderdale, 36% were for families from Wakefield and 21% were for families from Kirklees.

3.5.7 Disruptions

There were 7 disruptions of adoption placements (pre adoption order) during 2019/20 which relate to 6 placements (2 children were part of a sibling group). This is an increase from last year of 4 disruptions. The children's ages at disruption ranged from 11 months old to 10 years, the length of placement ranged from 9 days to 5 months. Of the 6 placements, 1 of these was an in-house placement and 5 external (RAA, LA and VAA) placements. Some of the themes from the review of these are as follows:

- The majority of placements were at distance;
- In 2 cases there were risks identified in progressing to adoption, one being the age of the child (who was 9 at the time of placement) and one where it was recognised that there would be a high need for therapeutic support;
- Access to local service provision where placements are at a distance is at times challenging;
- Presenting behaviour of the child in placement and adoptive parents ability to cope with the level of need;
- Experiences of children in early life;
- Initial preference for approval age for 2 sets of adopters was lower than the age of the child placed with them;
- Lack of connection developed between the adoptive parent and child (2 cases).

A detailed review of the themes emerging from disruptions is being undertaken and will be used to share learning with partner agencies.

3.5.8 Quality Assurance

One Adoption West Yorkshire has developed a practice improvement framework and is committed to an improvement culture of learning. The principal sources of feedback are:

- Views of Children and Families: The views and experiences of children & young adults;
- Performance Data: Any statistical data that helps us judge the quality and effectiveness of our professional practice;
- Practice Wisdom & Knowledge: The practice wisdom of those staff who work with children, young people and families, adoption panels and learning from disruptions;
- The findings of external and internal inspections, audits and evaluations of our practice.

A Quality Assurance (QA) mechanism for panel work is used as a matter of course and has found that the majority of prospective adopter reports (PARS) were of a good or outstanding standard (8% outstanding, 74% good, 2% satisfactory, 8% requiring improvement and 8% not recorded). This is an improvement on last year's figure. The Child Permanence Reports (CPR's) provided by local authority social workers over half were considered good or outstanding (3% outstanding, 54% good, 12% satisfactory, 29% requiring improvement and 2% not recorded) - this is a slight improvement on last year. OAWY continue to work with the 5 local authorities to raise the quality of CPR's and support them with training and development work more detailed feedback is provided for each local authority.

With regard to feedback from service users at adoption panels; an online survey was introduced this year and return rates have been low. However, we will be working to improve the return rate. 7 questionnaires were received from attendees at panel who could rate the overall experience as either very good, good, neither good nor poor, poor or very poor. All responses rated the experience as very good or good.

- 6 (85.7%) respondents rated the experience as very good;
- 1 (14.3%) respondents rated the experience as good.

There were 23 complaints made regarding the Adoption Service during 2019/20. Eleven complaints related to post-adoption support or payments, four focused on letter box contact issues, four were unhappy with the assessment process, three were about staff attitude/customer service and one for delays in the adoption process. 21 complaints were resolved at stage one and of the stage one responses three were inconclusive or locally resolved, four were not upheld, eleven were partially upheld and three were fully upheld. Each year we look at any themes arising from complaints to ensure that we can learn from these and feedback into practice improvement.

3.5.9 Case File Audits

Dip sampling case file audits was undertaken with three Local authorities to look at family finding activity for those children waiting (Leeds, Wakefield and Kirklees). The Head of Service, Service managers and team managers also complete audits to look at the quality of work and the preparation of adopters, adoption support work and planning for the children which is generally of a good quality. An audit schedule has been agreed for 2020/21 and results are reported quarterly into OAWY SLT.

3.5.10 Voice and Influence of Children, Young People and Adopters

Appendix 1 provides the Voice and Influence of Children, Young People and Adopters report card. This highlights examples of work undertaken to capture the views of service users to help develop and shape the service.

3.6 Continuous Professional and Service Development

3.6.1 Staff development and support

All of the staff receive regular monthly supervision and have an appraisal. This is an opportunity for staff to ensure that there is reflection regarding their work and addresses their own personal and professional development and practice.

3.6.2 Training

During 2019/20 a range of training has been delivered across the teams. Here are some highlights:

- Post-commencement training for Adoption Support Managers;
- Non Violent Resistance - Level 1 and Dyadic Developmental Practice (DDP) - Level 1 for Adoption Support workers;
- Attachment Style Interview training for recruitment workers;
- Virtual Reality training;
- Transitions – delivered by Professor Beth Neil at an all staff event;
- Introduction to Theraplay, Parenting with PACE (playfulness, acceptance, curiosity and empathy) and Neuroscience & Trauma at a Recruitment & Assessment and Family Finding development day.

A skills gap analysis for social work staff was completed in 2019/20 which is directing a staff development plan. Training workshops on trauma and home inventory scheduled for delivery in April and May '20 had to be cancelled but will be re-booked when possible. Plans are also in place to source training for DDP level 1 and 2 as well as Theraplay level 1 and 2 during 2020/21.

The Business support team has worked together to agree a core competency framework which will link to annual appraisals and feed into the further development of bespoke training for business support staff. A number of training opportunities are available and a number of staff have taken up apprenticeships.

The family finding teams across West Yorkshire provide regular clinics to local authority social workers within the region to provide information, advice and support regarding individual cases and processes in adoption. Workshops are also provided across the region focussed on key themes, i.e. child permanence reports, early permanence placements and direct work with children. OAWY also contribute to newly qualified social work programmes, legal training in some areas of the region as well as supporting foster carer groups and contributing to sessions focussed on adoption.

OAWY delivered a conference at the end of January regarding Adoption & Contact – valuing relationships and identity. This was well received with 185 social work practitioners present from across England. The feedback was excellent. There is a real appetite for change and progressing practice around this area of work and we are looking at a follow up workshop with adopters, birth parents and social workers to explore the issues further.

3.6.3 Strategic issues and forward plans

OAWY's plan on a page, Appendix 2, outlines the vision, mission, outcomes and priorities up to 2020/21. Activities linked to the delivery of the plan are tracked through the OAWY Service Improvement Plan. Work will commence this year with a forward three year plan to be ready for the end of 20/21.

4.3 Resources and value for money

4.3.1 The 2019/20 final outturn position of OAWY was £5k underspend.

There were some pressures on the 2019/20 budget specifically the shortfall of Inter Agency Income £247k and Commissioned Services of £109k, however, these was mitigated by Staffing savings of £139k, Inter Agency expenditure savings of £22k and a combination of additional income (£195k) and running cost savings of £5k.

5. Conclusions

5.1 We continue to see the increase in adopters coming into the process which is positive and children who generally wait longer for adoption are moving in with their adoptive families. The Covid-19 pandemic has brought many challenges

for the service and we have adapted quickly to the new “norm”. We are now starting to reflect and think about how we operate moving forward with social distancing likely to be in place for a long period of time. There are many things that we have started that we will continue to do in the future and we have kept a learning log to help us understand what has worked well and what has not worked well to inform future planning. The staff in the agency are extremely committed and passionate about improving outcomes for children in the region and to being part of a developing a flagship adoption service that promotes and develops best practice.



**Voice and Influence of Adopters, Children & Young People report
Card
April 2019 to March 2020**

Outcome: Children and adoptive families to have an influence over decisions affecting their families' lives and the services we provide.

Best ideas - what has worked?

Prospective adopters wanted more opportunities for adopter led matching

Profiling Events

The Profiling events give prospective adopters information about children waiting for adoption in the region.

OAWY have delivered 5 events this year which have resulted in 8 matches so far:

- April event; 2 matches (2 children);
- July event; 1 match (1 child);
- Sept' event; 2 matches (2 children);
- Nov' event; 1 match (2 children);
- Jan' event; 2 matches (2 children) with 2 further links being explored for 3 children.



Here is some of the positive feedback from those who attended the events:

- *Very friendly and welcoming staff;*
- *Informative and questions answered;*
- *Welcoming and fully explained;*
- *Very approachable and professional.*

OAWY Fun Days!



OAWY held its first Fun Day in June 2019 and its second in October 2019. This was in response to prospective adopters getting a better understanding of the children waiting for adoption in the region. The Fun Day is a chance for adopters (OAWY & external) to meet some of the children who are waiting to be adopted, allowing them to interact with the children in an enjoyable environment. The children who attended these events were those who would typically wait longer to be adopted. There is careful preparation for these events with children, their foster carers and adopters.

The June and October events resulted in 4 matches for 4 children (2 internal and 2 external) and 27 expressions of interest overall. Here are some of the comments from the adopters who attended:

- *Really great experience. Well worth it;*
- *It was so useful to meet the children and their carers, it was invaluable;*
- *...it was great to talk to the foster carers about the children and to meet the children..;*
- *Thank you. It was a really nice event, I enjoyed it;*
- *We loved the day. Thank you;*
- *Very friendly atmosphere made welcome.*

A further event had been scheduled for March but this had to be postponed. Due to the success of the first 2 events more will be scheduled when it is safe to do so.



10 Out of 15 Adopteens Youth Council members are from West Yorkshire. Here is some of the work Adopteens have completed or been involved in this year:

- Youth council session held in January – ARC adoption came to discuss their digital life story work and gather young people’s views. Also completed work around the One Adoption (OA) questions on letterbox, life story and contact;
- Activity day has been held – a photography workshop based at the Hepworth. Great workshop, positive feedback;
- A young person presented at the OA conference on Contact at end of February;
- Have been running a series of song writing workshops in association with Sea glass collective. 7 members of Adopteens have attended these workshops – a series of 3 workshops with a gig at the end of it where musicians will perform some of the songs that the young people have written;
- 2 x Young people sat on interview panel for Service delivery manager.

Adopteens Timeline Animation

- <https://youtu.be/ZA-5DCCK-8E> This animation completed by young people in the Adopteens group as they reflect on important stages in their lives, sharing their thoughts and feelings about the various support they have received providing important messages for professionals and parents and carers. This is a useful learning tool for anyone professionally and/or personally linked to adoption and has been shared with corporate parenting boards and at conferences. Please share widely.

Adopter Voice

Adopter Voice continue to influence and help us improve the adoption service. Here are some highlights:



- A Facebook group for adopters in Yorkshire and Humber is in place with 530 members. Over 200 of these members are from West Yorkshire. This fantastic online community helps adopters to support each other and they offer views and opinions from questions posed about practice and to test ideas with.
- Adopter feedback is influencing changes to contact, life story work and introductions within OAWY;
- There are now 25 peer mentors supporting over 70 families.

Training

Early Permanence Placement (EPP)



This training provides an overview of the process that identifies children where EPP may be in their interests. It also provides an opportunity for prospective adopters to increase their understanding of the role of EPP carers in order to inform their decision making.

Here are some comments from those who have attended this training:

- *We had brief understanding of what EPP was going in however we have a clear understating now that we have done the session;*
- *Great training. Very honest and realistic;*
- *We were pretty sure we wanted to do EPP but the training confirmed we definitely do;*
- *The key learning for me was being able to listen to and ask questions to someone who has gone through the process and ask her opinions and thoughts;*
- *A great experience and being able to ask questions in an open environment was just what we needed.*

Connected by Adoption

Connected by Adoption is an informal, one day training event that offers relatives and close friends of those adopting the opportunity to ask questions, feel involved and to speak with others in a similar situation. The main reasons parents adopt are discussed, myths dispelled and a there is discussion of the changes in the adoption process over the years. We also look at how connected people can learn about embracing a child's identity when they join an adoptive family, and how to help a child feel securely embedded into their new family.



Here are some comments from those who have attended:

- *With little prior knowledge of the formal adoption process, the information was very useful and informative. It certainly gave us a very good introduction to how we can assist to help a successful adoption;*
- *I feel much more enabled to provide support on a practical and emotional level;*
- *Knowledge gained will, we feel, be of great benefit.*

Adopted teenagers talk about the importance of identity and lifelong relationships & birth families and adoptive families are key in helping children develop a coherent sense of identity, usually through contact arrangements and being open with children about their history. Many adoptive families have misconceptions about birth parents and therefore we have introduced workshops in preparation training, delivered by birth parents talking about their experiences of contact. The introduction of this has been very powerful for adopters and has helped dispel myths about birth parents.

Birth Parent – Twilight Session



Here are some comments from the adopters who have attended:

- *It's really eye-opening to hear about things from the birth parents' point of view;*
- *I really enjoyed this session, it was good to hear stories from the other side!*
- *The session really cemented the benefits for contact. Helps to see the wider perspective and aids in being able to feel empathy for birth parents. An extremely valuable session;*
- *It helped me to ensure I am patient and sympathetic towards birth parents no matter how hostile they might appear. I wished I could give them a hug;*
- *It was nice to hear the other side of adoption, I can honestly say I hadn't thought of it from the side of the birth parents;*
- *It was nice to hear the stories of the birth parents. It must be so hard for them and for them to sit there and tell people their story and their feelings was amazing.*

Best ideas - what next?

Contact Review – Adopter Voice

A review of contact is taking place across One Adoption (West and North). Adopter Voice have surveyed adopters on this subject which has so far had 212 responses. Once the survey is closed and the evaluation complete the findings will be fed into the contact project. We are also working closely with PAC-UK to ensure we capture the voice of birth parent/ family and their views are fed into the contact review.

adoptervoice

Creating empowerment and engagement for the adoption community



PAC-UK



PAC-UK are working with birth parents across the region to provide a guide specifically for birth parents which explains the processes leading from care proceedings to adoption and post order. Most guides are written by workers using their language and understanding, this may overlook what birth family need. A guide written by birth parents for birth parents in a language they understand may improve engagement. Taking part might help those contributing to feel they have helped others.

One Adoption Website Review



During 2020/21 we will be working with our web developers and One Adoption North and Humber to redesign the One Adoption website. The website is the gateway to the agency and often the first contact a prospective adopter will have with us, so it's really important that it presents us as professional, forward thinking and an agency they would like to adopt with.

Now more regional adoption agencies are in existence our current website is starting to look outdated and doesn't offer the functionality many people now expect in a modern website. Competitor analysis has already been undertaken, alongside needs analysis with both regional agencies. An adopter survey has also been developed to obtain user insight. The redesign is not about changing the branding (logo, colour scheme etc.), it is about making the public-facing section of website more user friendly, improving the look and feel and improving the content. The redesigned website will include a new area for birth families which will provide online support and advice as well as signpost to direct support services.

ONE ADOPTION WEST YORKSHIRE'S PLAN: 2018/19 - 2020/21

Our Vision: To be a flagship adoption agency that develops & promotes best practice, improving adoption standards nationally.

Our Mission: To find loving families who can meet the needs of children & offer an innovative & supportive approach to all those affected by adoption.



What we'll do:

4 Outcomes:

1. Children move into their adoptive family without delay;
2. Families get help and support at every stage of the adoption journey;
3. Children have good quality care, a sense of belonging and stability within their adoptive family;
4. Children, adoptive and birth parents and adopted adults are listened to and have an influence in decisions that affect them and service development;

8 Priorities:

1. Recruit & assess sufficient numbers of adopters to meet the needs of our children;
2. Work with Local Authorities & partners to:
 - Improve early identification of children and further develop the use of EPP across the region;
 - Develop practice around identity (relationships with birth families & life story work);
 - Develop knowledge and understanding about matching with adopters who are committed, flexible, open communicators and are willing to access support.
3. Develop our staff team & panel members to ensure all our children & families receive consistently excellent service & support;
4. Implement a consistent offer of adoption support across OAWY;
5. Develop a Centre of Excellence for Adoption Support;
6. Create new partnerships with organisations that will help us achieve our outcomes;
7. Establish & promote a peer mentoring scheme;
8. Continue to work with Adopter Voice, AT-ID & birth families;

3 Obsessions:

1. Increase the number of adopters recruited
2. Timely placement of children with families
3. Quality of support provided

How we'll do it:



3 behaviours that underpin everything:

1. Listening & responding to the voice of the child;
2. Restorative Practice: doing with not for or to;
3. Outcomes based accountability is anyone any better off?

How we'll know if we've made a difference:

- Increased the numbers of adopters recruited & approved
- Positive service user feedback
- Reduced timescale in which children are placed with adoptive parent(s)
- Evaluation from Adoption Support Fund;
- High level of family stability maintained
- A range of established service user groups that feed directly into our business planning.

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Highlight Report on Performance for the Board

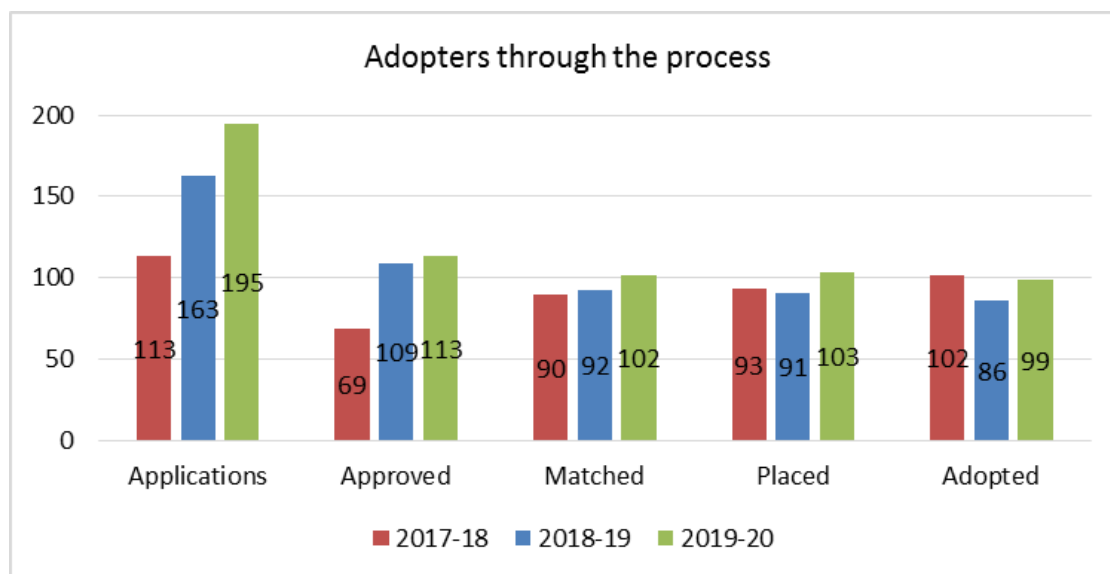
2019-20 Full Year

Kirklees

Sufficiency: Are enough of the right kind of adopters being recruited and approved to meet the needs of the children waiting:

Adopter recruitment

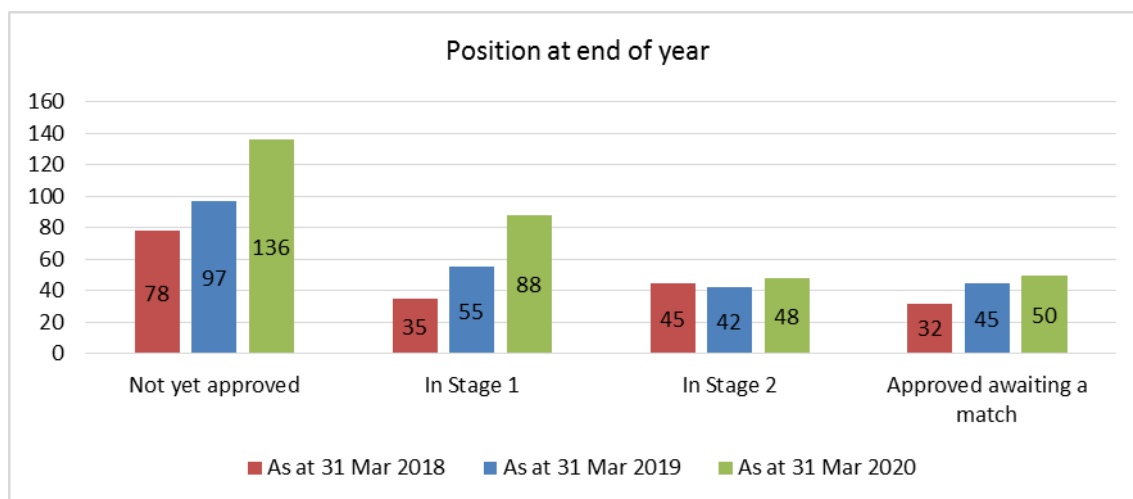
As at 31/3/20, 113 adoptive families have been approved, 102 families have been matched with children, 100 of these being with children from the West Yorkshire region.



Within the 113 households, 219 individuals were approved. Of these, 21 (10%) are from Black and Minority Ethnic (BAME) backgrounds. We need to improve our percentage of BME carers and keep a focus on ensuring that we approve a full range of adoptive families to meet the range of children requiring placement, while at the same time not relying on matching children with regard to ethnic identity as an overriding factor. 3 (2.6%) of the households identified as LGBTQ+.

16 households were approved for sibling groups and 34 households were open to Early Permanence Placements. 16 households who were approved were open to children aged 4 years and over. 2 households were able to consider a child with a disability.

There is still more to do around recruiting adopters for sibling groups, which is reflected in the development of additional training to offer additional support to those considering this. This training was due to commence in April 2020, and is now being reviewed and further developed into an online program in response to Covid19.



Of the 163 adoptive families who ended Stage One in 2019/20, the average time in stage one was 3 months; 45% were completed within the 2 month timescale.

Of the 113 adoptive families who ended Stage Two (Approved) in 2019/20, the average time in stage two was 4 months; 76% were completed within the 4 month timescale.

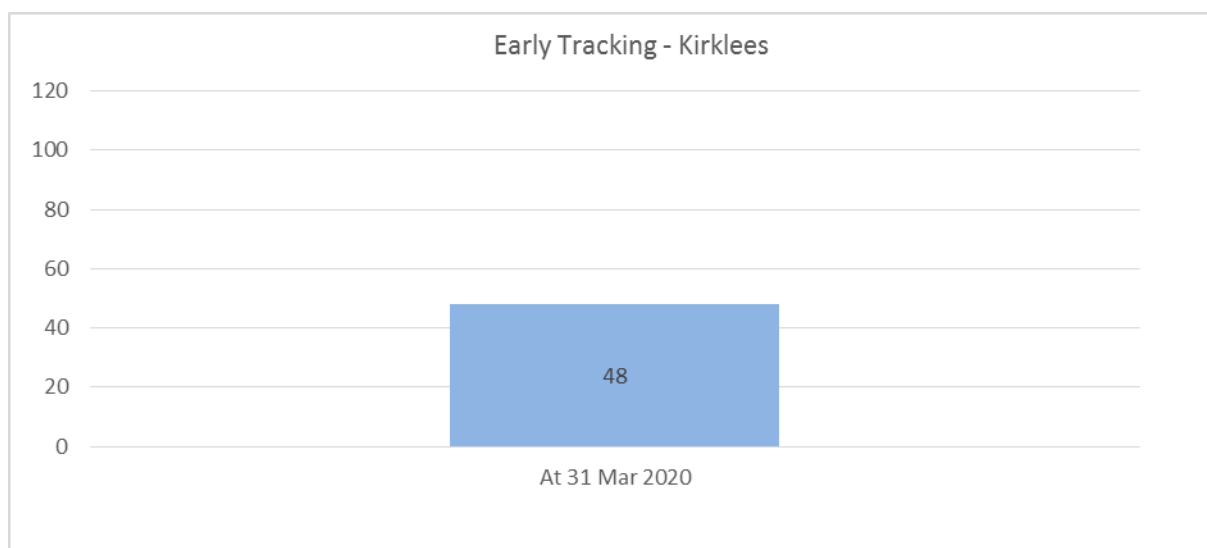
Analysis of delays during Stage 1 has shown the outstanding GP medical reports and DBS checks are an overriding factor. Obtaining additional information from health consultants and other professionals in response to information contained in health and local authority checks also contributes. Exploration is currently underway to ascertain where changes to process could reduce this delay.

At the end of quarter 4 there are 136 families who are not yet approved, 88 of these families are in stage 1 of the assessment process and 48 are in stage 2. OAWY has seen an increase in the number of prospective adoptive families entering the adoption process over quarter 4. This will impact on the number of applicants in stage 2 of the process in the next quarter and should result in an increase in the approved adopters by the end of quarter 1. However, at present some applicants are unable to proceed to stage 2 of the process as a result of Covid19, which may mean that the increase in approved adopters is not seen until quarter 2.

Early Tracking

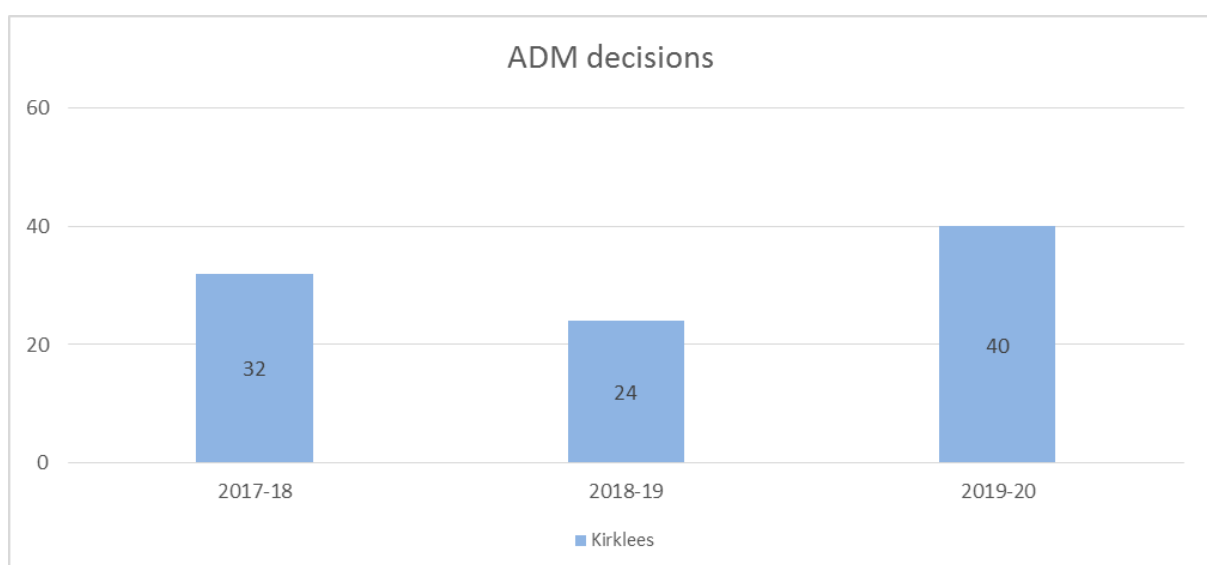
At the end of March 2020 there were 48 children in Kirklees within the early tracking and awaiting a decision on whether a plan of adoption would be identified.

Of the 48 children, 20 were hard to place, consisting of 3 BME children, 7 over the age of 5 and 12 were part of a sibling group. Some of the 20 children will have more than one characteristic.



The children with a plan for adoption during 2019- 20

Between 1/4/19 and 31/3/20, 40 children had a plan for adoption ratified by Kirklees Agency Decision Makers. Of these 40 children, there were 22 female and 18 male children.



Ethnicity

Of the 40 children with a plan for adoption ratified so far this year, 70% were from White British backgrounds (including information not obtained) and 12 children (30%) were from Black and Minority Ethnic groups.

Placement with Siblings

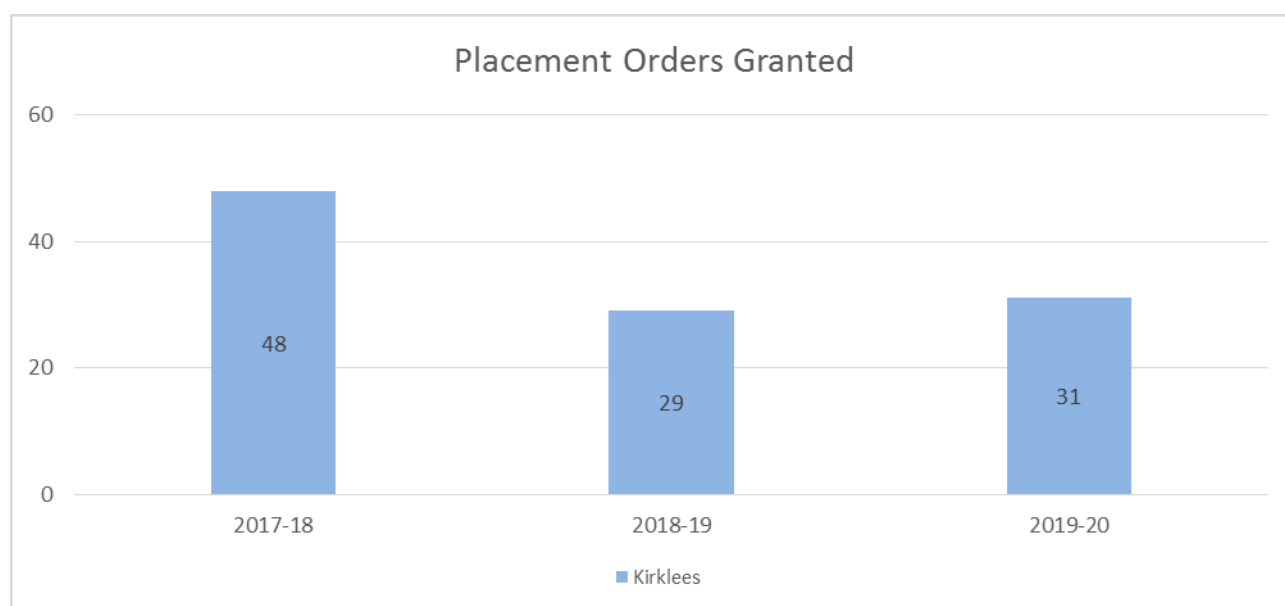
As a general principle, siblings will be placed together; however, due to the individual needs of children, this is not always appropriate and cannot always be achieved. It is essential that robust sibling assessments are carried out to ensure good quality decision making and support plans are evidence based if children are placed together or apart. The numbers of children requiring adoption in sibling groups at the end of the year is 23 children (this includes those with a match and/or placed). 6 of the 23 children were placed during 2019-20.

Children with an adoption plan

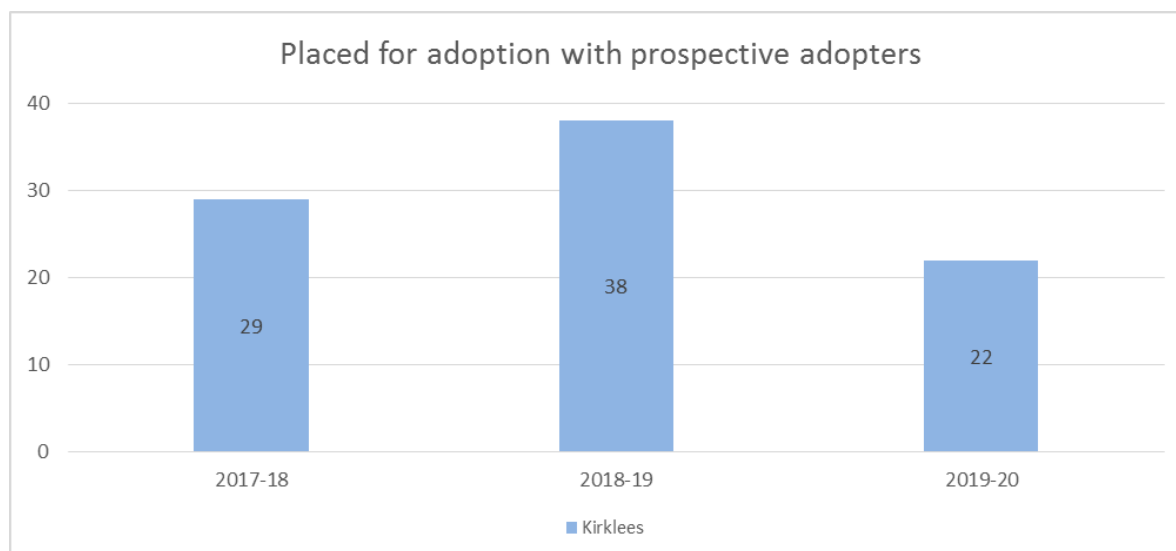
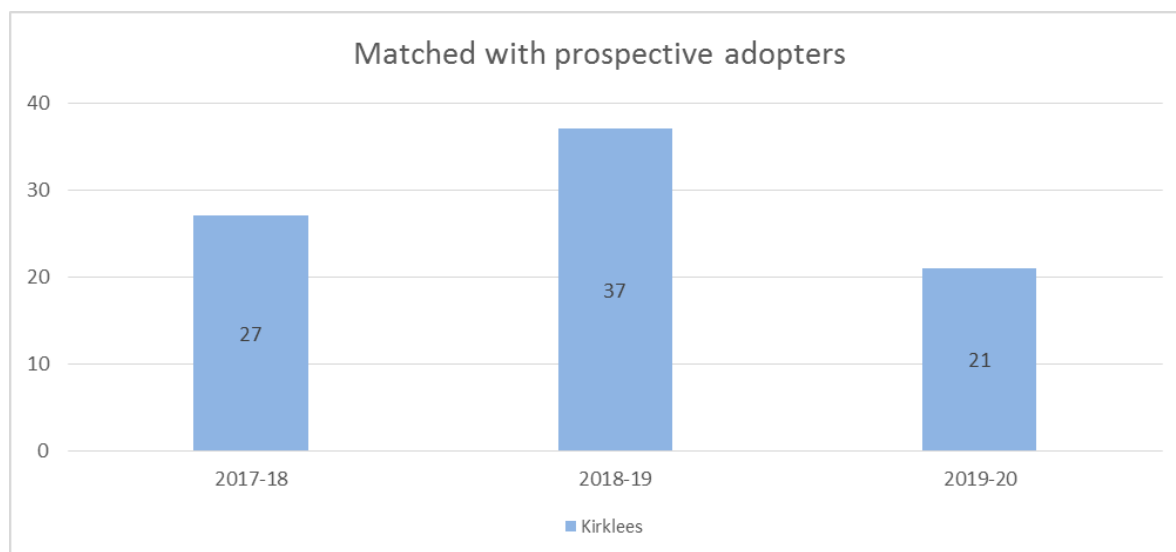
As of the end of March 2020 there are 36 children with a plan for adoption from Kirklees not currently placed and requiring adopters. 5 children out of the 23 are under 2 years, 11 are between 2 and 4 years and 2 children are 5 years of age or older. 2 of these 36 children have a potential match identified.

From the children waiting for a placement there are 21 girls and 15 boys, and 42% are children from BME backgrounds. There are 16 children part of a sibling group.

The plans for these children are actively reviewed with clear monitoring and tracking systems to understand the range of family finding activity going on for these children and whether adoption remains the right plan for each child. The delays for these children are related primarily to the needs of the children; the need to place siblings together, the age of the children or their particular special needs or complexity.



Timeliness: Are children being matched and placed without delay including those children who wait longer?

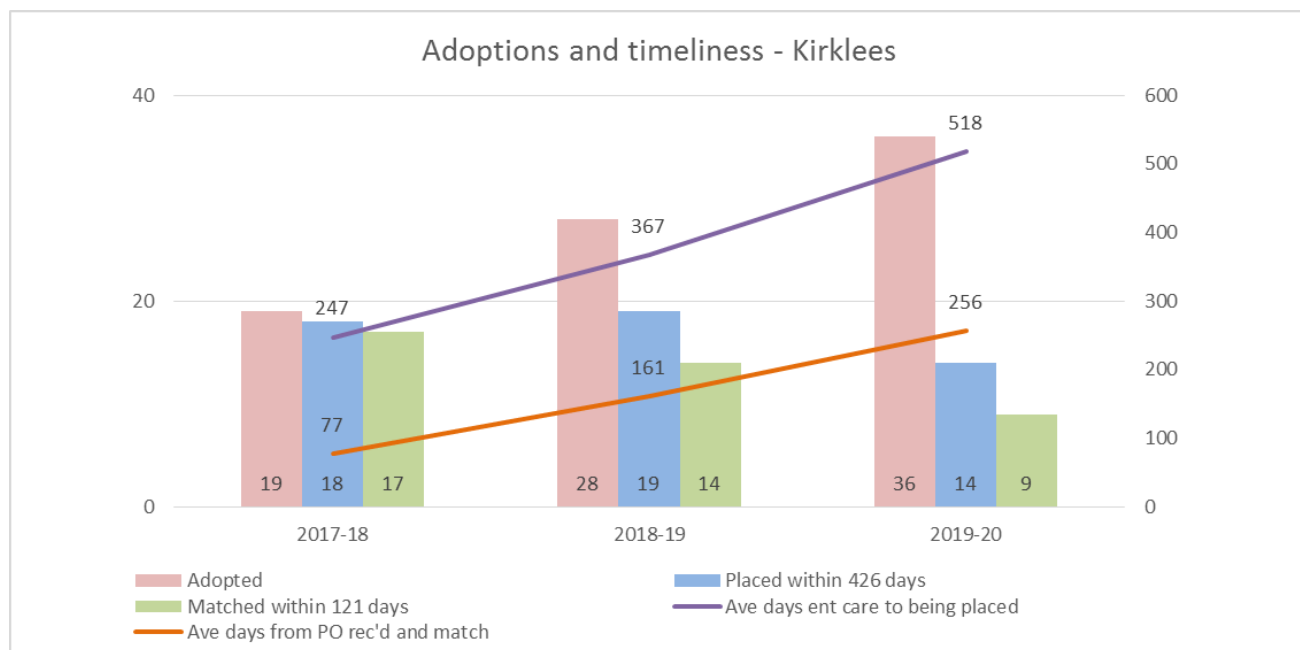


The number of children matched and placed with prospective adopters has been broadly consistent with the previous year with a slight increase on 2019/20 of both children matched and those placed for adoption,

In Quarter 4 the number of children matched has increased by 1 compared to the previous quarter, whereas children placed has increased by 5.

4 of the 6 children placed were those who wait longer due to their needs (e.g. over the age of 5 years; sibling groups, BME & children with disabilities), 3 of the 4 children matched were children who wait longer.

A1 indicator (children adopted)

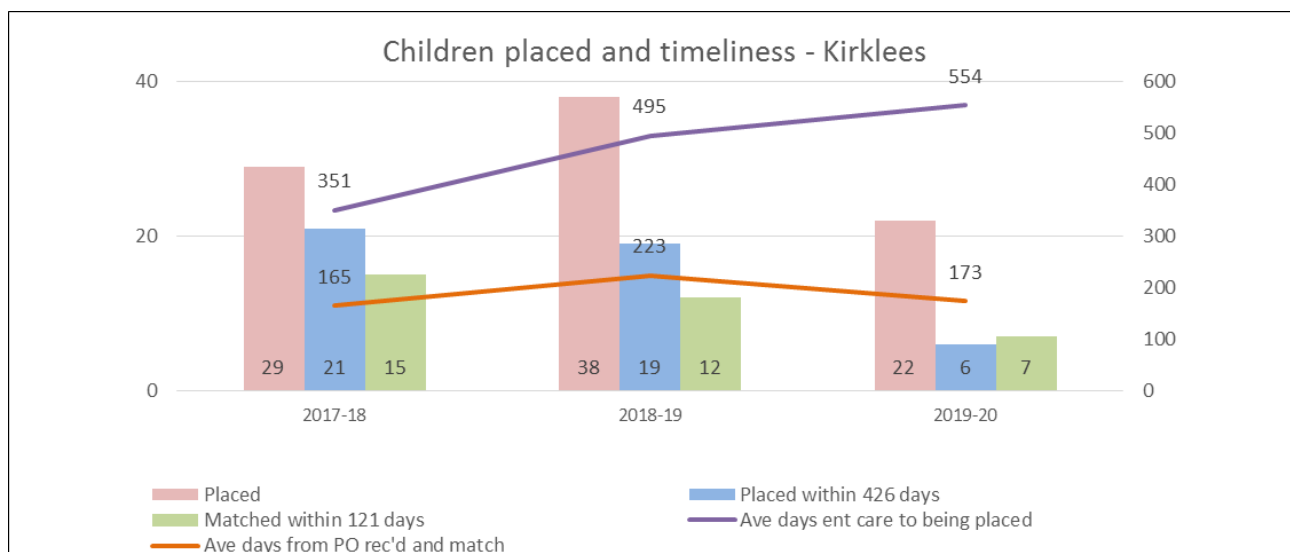


The graph immediately above is with regard to children adopted in the period, where there were 36 children adopted.

The annual average for A1 is 518 days. There were 17 children where their A1 average was over 500 days, 13 of those children were classed as harder to place, and 6 children had 2 or more of the harder to place characteristics. Without the 17 children then A1 average is 379 days. The average for quarter 4 increased to 641, there were 5 children who were older children at the time of their placement, 3 were over 5.

The annual A2 scorecard indicator 256 which exceeds the 121 day National Indicator, the average in quarter 4 increased and of the 5 children adopted in Quarter 4, 3 of these were classed as children who wait longer to match; 1 child waited nearly 3 years for a match, which affects the overall average timeliness. All children adopted in the quarter had an average over 121, one child has a very high A2 average.

A1 indicator (children placed)



This shows a large increase in timeliness, well above the national indicator of 426.

Of the 6 children placed in Q4, 5 children had more than 500 days between entering care and being placed making the average 806 days, without these 5 children it brings the average down to 247, well below the national indicator, 1 child came into care in 2015 and was placed in Q4.

4 of the 5 children who took more than 500 days from entering care to being placed were classed as hard to place, 2 were part of a sibling group and 2 children were aged over 5 years and part of a sibling group.

Case examples of all the children placed in Q4:-

4 were children who wait longer (e.g. classed by the DfE as harder to place children):

- 2 were aged 5+ years;
- 4 were part of a sibling group;
- 0 were Black and minority ethnic (BME).
- 2 children had 2 or more of the above characteristics

A2 indicator of the children placed:

The 6 children placed in Q4 took more than 121 days from Placement Order to match.

At the end of March 2020 there are 5 children who have been waiting for at least 18 months since entering care and are not yet placed for adoption;

4 are classed as “hard to place” children (5+years old, sibling group, disability, BME), of which 3 have more than one of these characteristics. 1 of the 5 children is,

however, not classed as hard to place so further exploration of this 1 child, to understand the issues, is underway.

It is evident that there has been some delay with foster carer adoptions. A protocol has now been agreed with the 5 LA's to progress swift decision making regarding financial support so that these can be resolved before full assessment commences.

Plans are in place for One Adoption West Yorkshire and Kirklees to work together in undertaking an analysis of timeliness relating to adoption to identify themes and areas of practice which could be strengthened. In addition, joint auditing of cases will be undertaken to ensure children's care plans for adoption

Support: Is the right kind of support being provided?

At the end of March 2020 there were 113 cases allocated to the Adoption Support Service from Kirklees who have an Adoption Support Plan and are in receipt of or are awaiting therapeutic support via the Adoption Support Fund.

Between 1st April 2019 and 31st March 2020, 76 successful applications have been made to the Adoption Support Fund in respect of adopted children in Kirklees accessing £335,545.30 for therapeutic support.

There has been an increase in referrals for Adoption Support services; there was 12 families from Kirklees awaiting allocation at the end of March 2020. In the interim all the families continue to have access to the Core Support Services and some are accessing these. We hold monthly tracking and allocation meetings to ensure those families who are waiting are discussed routinely and progress to allocation is monitored. Keep in touch phone calls are made to some families who are waiting for an allocated worker.

There are currently 262 letterbox contact plans facilitated for Kirklees children and young people by One Adoption West Yorkshire.

Between 1st April 2019 and 31st March 2020, 269 referrals were made to PAC-UK for families inclusive of adult adoptees, birth parents/relatives across West Yorkshire. 48 (18%) were families living in Kirklees.

KIRKLEES FOSTERING SERVICE

STATEMENT OF PURPOSE

(regs.3 & 4 Fostering Services (England) Regulations 2011)

Fostering Service Statement of Purpose

Our statement of purpose sets out the aims and objectives of Kirklees Council's Fostering Service. It shows how the welfare of children and young people will be met and how good outcomes will be achieved for all children in care in Kirklees.

Placement with Kirklees Local Authority foster carers is the preferred choice for the majority of children and young people who are unable to live with their birth parents or relatives. We provide a range of placements and support, working with a child centred approach, meeting both short term needs as well as providing more permanent placements with families when this is in the best interest of the child.

We want an effective, high quality child centred approach delivered through our in house Foster Care Service. It is a core objective in Kirklees' strategy for improving outcomes for children and young people. We seek to ensure that our placement within our local communities where possible.

The recruitment of, and support for Foster Carers, is a core activity for Kirklees Council, and we undertake this with great care, commitment and professionalism.

Tom Brailsford

Service Director

Resources, Improvement and Partnerships

Introduction

This Statement of Purpose has been developed in accordance with Standard 16 of the National Minimum Standards for Fostering Services 2011. This requires fostering agencies to produce a Statement of Purpose which will be a useful source of information to staff, foster carers, parents of the children and young people who are Looked After by Kirklees Council and placed in foster care. It also explains the facilities and services of the Fostering Service which are delivered in accordance with fostering legislation and regulatory frameworks including:

The Children Act 1989 Guidance and Regulations Volume 4: Fostering Services

The Fostering Services (England) Regulations 2011

The Children Act 1989 Guidance and Regulations Volume 2: The Care Planning, Placement and Case Review

The Care Planning, Placement and Case Review (England) Regulations 2010 and 2015

Fostering Services: National Minimum Standards 2011

Foster Carer Charter 2011

The Care Planning, Placement and Case Review and Fostering Services (Miscellaneous Amendments) Regulations 2013 and 2015

Children Act 1989

Disability and Equality Act 2010

Human Rights Act 1998

The Children (Leaving Care) Act 2000

Training, Support and Development Standards (TSD) for Foster Carers

The Statement of Purpose sets out the aims, objectives, values and principles of Kirklees Council Fostering Service. We place great emphasis on working with children and their families to promote and maintain stability, safety and security for looked after children and young people in Kirklees.

We look to support our children's right to have a family life where they can form and maintain effective relationships, fulfil their potential and achieve the best possible outcomes within a stable, caring and encouraging environment.

This Statement of Purpose is reviewed and updated annually and is available to all members of staff, foster carers, children and birth parents and is publicly available on our fostering website. A copy of this statement is accessible to Ofsted and the Kirklees Fostering Network. It is included in the Foster Carers' Handbook.

Organisation and Structure

- The Fostering Service is part of Resources, Improvement and Partnerships within the Kirklees Directorate for Children and Young People.
- The role of the Service is to recruit, train, supervise and support foster carers including kinship Carers, who are referred to as Connected Person or Friends & Family Carers.
- The Manager of the Fostering Service is responsible to the Head of Service for Corporate Parenting and is part of the Children's Management Team (see Structure Chart).

- **Structure of the Service**

Director for Children and Young People

Mel Meggs

|

Service Director - Resources, Improvement and Partnerships

Tom Brailsford

|

Head of Corporate Parenting

Steve Comb

|

Service Manager - Fostering

Andy Quinlan

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5 Fostering Team Managers

Rob Taylor – Mockingbird Project and Fostering Advisors

Angela Wray and Niav Cassin – Supervisory Social Workers

Rachel Head and Andrew Parkinson – Assessment Team (Form F and Connected Persons)

Where to find us

- The Director is based on the 1st Floor, Civic Centre 3, High Street, Huddersfield, HD1 2YZ.
- The Service Director is based on the 1st Floor, Civic Centre 3, High Street, Huddersfield, HD1 2YZ
- The Fostering Service is based within the Placement, Permanence & Support Service, Ground Floor, Civic Centre 1, High Street, HD1 2NF. The telephone number is 01484 221000 and the email address is PPSS.FosteringBSO@kirklees.gov.uk
- Based on this site are the Duty and Advice Service, the Assessment and Intervention Service, the Looked after Children and Care Leavers Service and we are co-located with One Adoption West Yorkshire.

Facilities

- The building has a shared main reception for all services. There is a shared telephone number/switch board.
- The Office is open from 8.45 – 5.15 (Mon – Thurs) Fri 8.45 – 4.45.
- There is ample public parking available within walking distance and access to the building for people with a disability.
- An answer phone service is available out of office hours. There is also a free phone service for fostering enquiries on 0800 389 0086.
- Information and enquiries about fostering can be made via the web site at www.kirklees.gov.uk/fostering or go to Kirklees Council and search for Fostering.

- The Emergency Duty Service provides an out of hours service for contact in an emergency on 01484 456848.
- There is also Kirklees Fostering Network (KFN) who provide a 24/7 Service, 365 days a year dedicated support service for carers on 07866 635147.

Staffing

The Service Manager, Andy Quinlan, manages the Fostering Service. There are five Team Managers- Rob Taylor, Angela Wray, Niav Cassin, Rachel Head & Andrew Parkinson

- 1 x Mockingbird & Fostering Advisors Manager
- 2 x Supervisory Team Managers
- 2 x Assessment Team Managers (Connected Persons and Form F)
- The Business Support Team which includes Panel Business Support is managed by a designated Business Support Manager, Susan Thompson.
- All the Managers and Social Workers are registered with Social Work England and are professionally qualified. All Managers and Social Workers hold a relevant social work qualification (CQSW, DipSW or Bachelor Degrees in Social Work).
- The Service Manager, Andy Quinlan, was initially in post since as an Interim Manager from May 2019 and was appointed as permanent Service Manager following interview in October 2019. He was one of the Connected Person's Assessment Team Managers prior to this appointment. Andy has over 29 years' experience as a Qualified Social Worker, 15 years of these as a Team Manager in Children's Services within Child Protection, before joining the Fostering Team

in January 2015. He holds a CQSW and a PG Diploma in Applied Social Studies and a Certificate and Diploma in Management Studies.

- The Team Managers have been in childcare in a range from eleven years to over thirty years respectively and hold relevant social work qualifications.

In March 2020 in order to develop a Mockingbird project, there was a reconfiguration of the fostering management structure. The new structure is as follows:

Mockingbird Development Manager and Fostering Advisor Manager holds a BA (Hons) degree in Community Studies, CQSW and has completed the NNEB course Introduction to Management and has completed an ILM Diploma in Management Course. He also holds the Certificate in Youth and Community Work. He has over 20 years' experience in a Fostering setting as both a Social Worker and Team Manager.

Supervisory Team - The first Team Manager holds a BSc (Hons) in Social Science and CQSW obtained 1993. Fostering Team Manager since May 2019. Prior to this Supervisor Social Worker and Adoption Social Worker since 2000 with Kirklees council. Before joining Kirklees experienced in child protection social work.

In terms of the two Supervisory Teams the second Team Manager has a BA in Social Work. She also has a Certificate in Youth & Community Work, an ILM Diploma in Management, a Diploma in Childcare, a PGCE and a PG Diploma in Leadership in Health & Social Care. She has extensive experience in Youth Work and in managing an Adult Placement/Shared Lives Scheme, where she was the Registered Manager. Within Fostering, as from June 2014, she has experience in Recruitment & Retention and Connected Persons Assessments Team in the capacity of Team Manager.

- One of the Connected Person's Team Managers has 12 years' experience as a Qualified Social Worker, He has worked as a Social Worker in a Looked After Children's Team, in the Supervisory Team in Fostering, as well as undertaking the role of Assistant Team Manager in Adoption, before moving on to Senior Practitioner in the Connected Persons Assessment Team. He holds a BA Hons Degree in Social Work, a Post qualifying Practice Educator Certificate, stage 1 & 2, a Certificate in Management Studies and a Coaching Certificate.
- The second Manager holds a BSC Hons in Social Work and she has experience since qualifying in Care Management as a Social Worker, as Safeguarding lead in a high school, in Fostering Recruitment, Connected Persons Team, both as support and assessing Social Worker, before gaining her position as a Connected Persons Assessment Team Manager.

Other staff in the service

Reviewing Officer – we now have a Reviewing Officer who undertakes the reviews of our foster carers, bringing an independence to our reviewing structure. This worker will be moving to the Child Protection and Review Unit, to allow greater independence.

Panel advisor – this is a part time post, offering advice and quality assurance to our fostering panels.

Aims of the Service

- To provide continuously improving quality placements with foster carers for all those children and young people where it is assessed as being in their best interests to be cared for in a family setting
- To recruit foster carers who can meet the assessed needs of the children requiring placement and who reflect the cultural, ethnic, religious, and linguistic background of the children placed with them.

- As part of Children's Services, to assist looked after children and care leaving young people within Kirklees to improve their life chances and outcomes. This involves working with colleagues within the Directorate multi-agency networks involved with children and young people.

Objectives

- For most children and young people who become Looked After, a fostering placement will be the first choice of placement unless an assessment indicates that a particular child's needs cannot be met in this way.
- To assess and where appropriate, approve relatives or close family friends as carers for children of all ages where this is seen to be in the best interest of the child.
- To recruit foster carers where children can be sufficiently close to their homes to enable them to retain important links, whether this be to family, school, or friends.
- To ensure that a child's physical and emotional health care needs are met and that a positive healthy lifestyle is encouraged to enable each child to develop.
- The Placement Support Team is a multi-agency team with access to Camhs Practitioners who work directly with foster carers and looked after children to achieve positive mental, psychological and emotional wellbeing.
- To ensure that all our children are achieving to the highest standard educationally. Our foster carers receive support and guidance from the Virtual Headteacher and dedicated practitioners in this service.
- We work to an equal opportunities' framework and all carers embrace these principles.
- Carers are treated as fellow professionals and are an important part of the team caring for the children and payment levels reflect their skill and experience.

- Regular audits identify any gaps in provision and the marketing strategy enables the Service to target and prioritise areas of greatest need.
- If children have to be placed with carers who do not reflect their background, carers and children will be given the support and advice to enable them to retain their identity.
- To obtain regular feedback from young people in placement about the service they receive, in advance of their Foster Carers' Review and when they leave the placement.
- A Supervising Social Worker from the Fostering Service is allocated for each carer and is responsible for ensuring that the care offered is of a good standard.
- Annual reviews of carers are used to evaluate their experiences, skills and any required changes to their profiles.
- Regular meetings take place with representatives from the Kirklees Fostering Network. (The support group set up by and for Kirklees foster carers).
- The Service pays the membership fee to the Fostering Network for each carer, with a view to ensuring that they receive up to date information about the national developments in the fostering service. The Fostering Network also provides advice and support around e.g. mortgages, insurance, tax etc.
- There are clear safeguarding procedures for the investigation of any allegations against a carer and these are set out in the procedures manual for staff and foster carers.
- The staff within the Service are qualified, experienced in working with children, committed to developing a quality service, and themselves receive regular supervision and annual appraisal.

Principles and Core Values

- The principles and core values within the Fostering Service are driven by improving the life chances for all our looked after children and Care Leavers.
- The welfare of the child is paramount. A child centred approach is central to the recruitment and training of carers and in making placements. The child's needs in relation to ethnicity, culture, language, gender and disability are taken into account.
- The service aims to make a range of foster carers available to ensure that placements to be well-matched and to thereby minimise the moves children may experience.
- Payments to foster carers should be at a level that will support recruitment and retention strategies. Foster carers should be appropriately rewarded for their time and commitment in line with their skills, identified in their approval profile.
- The Looked after Children paperwork and assessments assist in monitoring service provision and outcomes. They are actively used in placement planning meetings to ensure that the needs of the children are met.
- Independent Fostering Agencies should be a placement option for children who could benefit from fostering and where in-house provision is not available. We actively work with our Commissioning Department to ensure we achieve the best outcomes for our children as well as obtaining value for money.
- If carers provide a placement for greater numbers of children than they are approved for we would complete an amendment to profile document.
- If a carer is being considered for more children than within their approval profile or above the limit of three children, this is discussed in detail and potential risks assessed with the Team Manager. This includes consideration of the needs of the children already placed and their views as part of the decision-making process.

An out of profile or exemption document is completed and this is signed and agreed by the Service Manager and should be presented to panel within 3 months if the child is still in placement.

- If an exemption is required, written consent is obtained from the Service Manager or in their absence, the Head of Service. Any exemption is reported to the next available Fostering Panel. The action required within 7 days of agreeing an exemption is set out in Regulation 23 of the Care Planning, Placement and Case Review (England) Regulations 2010.
- Foster Carers' Terms of Approval can only be amended following a review as outlined in Regulation 28 of the Fostering Regulations (England) 2011 and updated in the 2013 amended Regulations.
- Foster Carers are provided with the standard equipment necessary to provide the service.
- If specialist equipment or adaptations are required to meet that child's need, this will be considered by the Service Manager who will assess the application in line with budgetary restrictions and if necessary, refer to the Head of Service. Such requests are assessed by the Occupational Therapist in the Disabled Children's Service.
- Foster Carers have access to a prompt and responsive supervision and support service. This includes support from the Multi-Agency Placement Support Team.
- All foster carers receive preparation and assessment prior to approval. On-going training and support are seen as essential to their development and ability to meet the needs of children.
- There should be compliance with the National Minimum Standards for Foster Care and with the legislative/DOH guidance framework within which the service operates. Foster carers are also required to complete the TSD (Training Support Development) workbooks in their first year of practice.

- Consultation with foster carers will contribute to decisions about service developments.
- Those making enquiries or applications to foster should receive a prompt, courteous and efficient response.
- There are clear written policy statements covering all aspects of service provision and the regular Newsletter to all our Foster Carers is designed to keep them informed and to exchange information.
- The Service's performance against policy and objectives is monitored and subject to a process of continuous improvement.
- Links are maintained with professional bodies in the field of family placement in order to keep abreast of professional and legal changes. We have corporate membership of Coram/ BAAF and Fostering Network.
- There is consultation with fostered children though liaison with the Children's Rights and Participation Service and other means as appropriate – including the young people's website. Young People who are placed in Foster Care take part in the delivery of Skills to Foster Training; they are part of the Assessment process and their feedback helps in decision making in the area of recruitment.
- Our Pledge has been developed by the Children's Rights Team. It is a promise to the looked after Child from Kirklees.
- A partnership with the Kirklees Fostering Network is developed and maintained through regular meetings.
- Appropriate out of hours support is available to foster carers and children.
- We have a range of support group for all those involved with the Fostering service.

- There is an immediate investigation of an allegation or complaint against a carer in line with the authority's Safeguarding Procedures to ensure the safety of that and any other child placed.
- All carers have independent support offered via the Fostering Network or Foster Talk.
- Carers are made aware of the Safeguarding Procedures that will be followed.
- Any carer wishing to adopt a child in placement with them is given due consideration and the same initial process is followed as with other applicants wishing to adopt via One Adoption West Yorkshire.

Services Provided

Staff in the Fostering Service are responsible for the recruitment, training, supervision and support of all the foster carers who offer a range of placements.

All carers are provided with a range of training and are expected to complete the TSD Workbook within the first year of approval and attend training which enables them to progress through the skills levels.

All carers are able to access Kirklees Employee Healthcare Services.

Procedures and Processes for Recruiting, Approving, Training, Supervising, Supporting and Reviewing Carers

- We have 4 members of staff involved in our recruitment of foster carers. Three are fostering advisors and one member of staff involved in marketing and communication
- Three Assessing Social Workers undertake Form F assessments and are part of the Assessment Team.
- A Marketing Strategy is in place and continually updated to meet the current needs of the children of Kirklees. Recruitment is the core activity of this team and is

targeted towards the changing needs of Children in Care and service developments as required.

- A range of recruitment activities are used to attract Carers including adverts, floor stickers, shopping centre screens, fostering leaflet stands, articles and 'real life' stories from approved foster carers in the local press, DVD's, special events, information drop in sessions, promoted posts on Facebook, council owned media, alongside various activities with the Kirklees Fostering Network. Developing links with the local community and local businesses and schools. We also have a number of unique selling points to attract potential Foster Carers.
- Retention activities are also a core activity of this team. These include: co-facilitating Foster Carer Support Groups; organizing and facilitating the 'Celebration/Awards Event' during Foster Carers' Fortnight, to mark the milestones within Foster Carers careers, as well as an annual 'Thank You Event' for all Foster Carers; Partnership working with Huddersfield Giants in securing free season tickets for fostering households; working collaboratively with KFN to facilitate family activity days and ensuring that foster carers are kept abreast of service developments through the Foster Carer Newsletter.
- We work closely with the KFN, informing them of campaigns and in relation to supporting Skills to Foster Training.
- The fostering webpages are regularly reviewed and updated and include experiences of our approved foster carers, anonymized profiles of children and brief outlines of the fostering process. Enquirers can contact the team online or via a Freephone telephone number. We also are part of 'You can Foster' which is regional collaborative and we obtain enquiries through their holding page.
- The fostering pages of the Kirklees website includes DVDs, including one basic introduction to fostering and others of a foster family sharing their experiences of fostering. DVD's are constantly being produced and renewed and are used for

training purposes and at events too. Our unique selling points are about to be added to the website, as is a list of events we are holding for the year.

- Applications are welcomed from anyone who can meet the required foster carer competencies and have a sufficient level of literacy and language skills to meet the requirements of the TSD Workbook.
- Foster carers also need a sufficient level of literacy and language skills to be able to advocate for the children in their care.
- Due to the demands of fostering it would usually be expected that applicants have sufficient life experience to carry out the required tasks. There may be exceptions to this rule when applicants are seeking to care for a specific child (family and friends care).
- Smoking is discouraged and smokers will not be considered for children under the age of 5 or children of any age who have respiratory or heart problems. We can re-assess if the applicants have then given up for at least a year and would want to foster children under 5 years of age.
- There is no upper age limit, but all applicants must be sufficiently healthy and active to be able to offer care to a child.
- Applications are welcomed from people regardless of marital or employment status, gender, religion, ethnicity, cultural background, disability or sexuality.
- There is an immediate exclusion for anyone who has been convicted of an offence against a child or a serious offence against an adult.
- All enquirers are able to speak to a Fostering Advisor within the Recruitment Team about their interest in fostering and to gain more information about becoming a foster carer. The Fostering Advisors run a Duty Service Monday to Friday during normal working hours.

- During this initial contact call (Expression of Interest) there is an information exchange, so we ask a number of standard questions to help us build up a picture of the enquirer, in line with GDPR we request permission to access any records that we may hold on them, if permission is granted then we can progress with the enquiry. They are able to ask questions of us and we can outline the fostering task and the process. At this stage the enquirer may just request the Information Booklet to consider. This Booklet covers all the types of family placement and the tasks and expectations required of a foster carer. If so, this can be sent out and the call will be NFA'd (no further action) and followed up with a letter. The Fostering Advisor will make a note in their diaries to follow this back up at a later date.
- It may be identified at this stage (Expression of Interest) that the enquirer does not have a spare bedroom, or other details given that would rule them out. The Fostering Advisor would talk this through with them, the form would be completed and this would be closed down, following the process above.
- If the enquirer is still interested and wants to progress to an Initial Visit and the Worker agrees with this the Expression of Interest will be sent to the Manager to make the decision based on the Fostering Advisor's findings and recommendation. She will then allocate this task to a worker for an Initial Visit (IV). Where possible it would be the same Fostering Advisor for continuity.
- The allocated Fostering Advisor undertakes an initial visit (taking a copy of the Information Booklet and Our Pledge) to discuss their interest and circumstances in more detail. On this visit any immediate issues may be identified which might preclude approval e.g. lack of space, medical issues or a specific criminal record are discussed in detail so that it can be recorded and considered as part of this mini assessment. All applicants need to demonstrate a level of literacy/language skills which will enable them to meet the required competencies. A short written piece of work is undertaken at this time to help identify any issues in this area.

- The Fostering Advisor will advise the applicant of any concerns and the likely decision regarding proceeding with the enquiry if they are wanting to progress to the Assessment Stage to become Foster Carers.
- The Initial Visit is written up either the same day or the following day at the latest, a recommendation is made by the Fostering Advisor and this is sent to the Manager for their decision. This is approved by the Team Manager and the Fostering Advisor is notified. They then call the enquirer to inform them of the Managers decision.
- The outcome of the Initial Visit is confirmed by letter, which will either contain the Essential Information Form (EIF) which is a formal application. If this is their wish, they complete the application form which gives their signed consent for all the statutory checks with other agencies and a full medical with their own GP. Or they receive confirmation and the reasons why it is not appropriate to proceed.
- On the return of the EIF the Applicants will be invited to the Skills to Foster Training and be allocated a Fostering Advisor for Stage 1 and a Social Worker who will undertake the part 2 of the Form F Assessment. This can be allocated as a Stage 1 or a concurrent assessment depending on the applicants' personal circumstances and the Manager's decision, based upon the visiting Fostering Advisors recommendations. Applicants can withdraw by notifying us in writing at any time during the assessment process.
- All our recruitment material is regularly reviewed and updated where necessary.

Initial Training and Assessment

- All applicants are required to attend the 'Skills to Foster' Initial Training prior to going to the Fostering Panel.

- These courses are run bimonthly and are block booked the year before so that they are well planned.
- The groups take place over 3 days 9.30 a.m. - 4.30 p.m. usually over 2 consecutive Saturdays and one Sunday for prospective carers.
- Carers undergoing assessment are provided with guidance by their Fostering Advisor to support them in completing their portfolio of evidence of competencies. This is then checked by the Assessing Social Worker.
- Training for all groups is based on the National Fostering Network course, *Skills to Foster*.
- The areas covered are:
 1. Why children come into care
 2. The legal setting
 3. Child development and understanding/managing behaviour
 4. Awareness of child protection/safer caring
 5. Working with parents, social workers and other professionals
 6. Moving children on
- The purpose of this training is to help applicants understand the full range of tasks and requirements of foster carers. The course is underpinned by issues of equality and diversity which are considered throughout the course.
- It is also an additional assessment tool whereby social workers and applicants consider whether fostering is right for them. It can help applicants to decide which type of fostering they are most suited to.

- Social workers from the Recruitment and Supervisory Teams run the course along with other professionals in the field of childcare, experienced foster carers and some looked after children.

The Assessment and Approval Process

Once the application is made, and its progression is agreed by the Team Manager, a Social Worker is allocated to undertake the Part 2 Form F Assessment. This involves a detailed family study using the British Agencies for Adoption and Fostering (BAAF) Form F which covers the following:

- Family Background and childhood including education
- Adult life including employment and previous relationships
- Personality and current relationships
- Household members (including children) and lifestyle
- Other children (including adults) and social/support network
- Caring for Children (Parenting Capacity)
- Working effectively with others
- Understanding identify and diversity
- Motivation and timing of application
- Preparation, training, expectations and the impact of Fostering
- Understanding of Safe Caring
- Own children
- Prospective carers will be asked to complete a competency portfolio as part of the assessment. This is supported by their Fostering Advisor and then checked by the Assessing Social Worker.
- Any children will be interviewed, including those not living at home, and their views sought on another child joining the household.

- Significant ex partners are interviewed.
- All statutory checks are carried out in all areas that the applicants have lived as adults (other Local Authorities).
- Specialist checks as required, for example if they have worked in the armed forces.
- Enhanced checks are undertaken (DBS) on both applicants, all people aged 17 and over in the household, and regularly staying visitors i.e. adult children.
- Applicants are required to have a full medical conducted by their GP and paid for by the Fostering Service. The Medical Advisor then informs and advises the service and the Fostering Panel of any medical issues, which may affect their ability to undertake the fostering task.
- Written references are taken from three referees. Two must be non-related and are interviewed about their views on the applicants' suitability to foster.
- References are also taken up from schools where the prospective foster carer has school age children and from any employers where the work is with children.
- We also seek a reference from a Fostering Agency where applicants have previously or currently approved as Foster Carers with this agency.
- Where applicants have lived overseas, we seek international checks as appropriate.
- We are committed to completing the Form F and bringing to panel within 5 months of receiving their application form.

- Their Assessing Social Worker presents the Form F and the front sheet of competency portfolio to Panel. Both are signed off by the Social Worker and Recruitment Team Manager.
- The Fostering Panel is made up of a cross section of people involved with or have knowledge of children and young people, which includes social workers, foster carers, a local councilor, education professional, medically trained individuals and other independent members.
- The Panel makes a recommendation to the Agency Decision Maker who is the Head of Service for Corporate Parenting.
- The Agency Decision-Maker makes the final decision taking into consideration the Panel's recommendation.
- Applicants are notified by their worker of the recommendations by phone.
- Notices are then issued giving terms of approval or reasons for not being approved and details of the appeals procedure.
- The Panel also considers the proposed matches of children requiring long-term placements to approved families. Panel also considers extensions to Reg 24s and the approval of connected persons' carers.
- For a foster carer who has completed a portfolio and training, the reward element (wage) for fostering commences at the time of them becoming available as carers or, for long-term carers, when they are matched to a child. The child's allowance element is paid from the date of placement.

- Where it is decided that the immediate placement of a child is required and it is assessed as being in the child's best interest to place them with a person known to them, but who is not an approved foster carer, they may be approved under Regulation 24 and 25 of the Care Planning Regulations 2010.
- An assessment of the suitability of the carer(s) and their household, including checks with relevant agencies, must be carried out by the child's social worker and authorised by a Head of Service before the child can be placed.
- These details are passed to the Connected Persons part of the Assessment Team to undertake, if required, the assessment for approval as family and friends foster carers. Placements made under Regulation 24 are presented to Fostering Panel on completion of references, DBS and Medical checks. We initially have 16 weeks for the completion of the assessment, but this may be extended only once by a further 8 weeks if the assessment is taking a longer period due to problems in receiving checks etc.
- Any applicant(s) who are not recommended by the Fostering Panel may appeal and make representations about the recommendation to the Fostering Panels Agency Decision Maker or to the Independent Reviewing Mechanism.
- Applicants are informed of their rights of appeal by letter and forwarded a leaflet giving details of the I.R.M (Independent Reviewing Mechanism)

Different types of foster carers

Short-term Carers

- Carers are recruited to take children and young people when they first come into care from home if family members are unable to care for them.

- It is the first choice of placement for all children.
- Placements can last from a few days up to about two years whilst permanent plans are made. This is likely to be a return home or to family members or move on to an alternative permanent family, which for younger children is likely to be adoption. For older children, this could be either a long-term foster placement or residential placement.
- Regular support groups are run for all our foster carers, including connected persons, long term foster carers and a group aimed at birth children and grandchildren of foster carers.
- The carers also run their own support group known as KFN (Kirklees Fostering Network). They organise both formal and informal events such as coffee mornings and provide informal support. They provide 24/7 telephone support as detailed previously.
- A number of carers are able to provide foster care for mothers and their babies who require this.

Long-Term Carers

- These carers offer a home to a child/young person where the plan is that they cannot return to live at home, but they are likely to still be in contact with their family.
- Long-term foster carers want to offer a permanent home to a child/young person until they leave care and live independently. Some children do return home to their birth family when they are older, usually 16+ but other children do remain under Staying Put with their long-term foster carers after they have reached their 18th Birthday.

Family and Friends as Carers (also known as Connected Persons)

- Relatives or friends who take a child who is Looked After in an emergency require initial approval by a Head of Service, under Regulation 24 and 25 of the Care Planning regulations.
- As above they will be fully assessed as family and friends (Connected) foster carers if appropriate and taken to foster panel with a recommendation.

Short Break Service (SBS) Carers

- For children and young people with a disability whose families require a break from caring for them.
- Short breaks may include midweek or weekend overnight stays and/or a few days during the school holidays.
- All the short break carers have their own supervising social worker, training and support.
- Children are either assessed or referred for this service by Social Workers in the community teams or by social workers in the Disabled Children's Service.
- Short Breaks Carers can now choose to undertake this type of care on an as and when basis (paid as and when they take a child/young person) if they wish.

There are also Parent & Child Foster carers and Respite carers.

Placement Team

The Placement Team deals with all requests for placements and is available from 8.45 am until 5.15 pm every day except Friday when they finish at 4.45pm. The Team are also involved in requesting approval for the commissioning and approval of placements with Independent Fostering Agency placements, Independent Providers of Residential,

Specialist Units, Assessment Units for Mother and Baby, 16 plus, Semi-independent living arrangements for Looked After Children, as well as Long Term Family Finding.

Supervisory Teams

All carers have their own supervising social worker from the service whose responsibility it is to offer supervision, support and guidance to the carers in all aspects of their role and carry out the annual reviews.

Although social workers do not have case responsibility for any child placed, their first responsibility is to the child and ensuring that the care offered is of a good standard.

Visits are opportunities to discuss concerns, progress or difficulties in placement. The care offered to the child and significant events are recorded on the supervisory visit form with a copy given to the carer.

Supervising Social Workers visit on a regular basis, dependent on the circumstances of the placement (fortnightly for all first placements for new carers). Telephone contact will be maintained in between times as necessary and workers ensure their carers are informed of who to contact, if required, when they are not available through leave, non-working days, etc.

It is expected that most visits will be pre-arranged, but National Standards require workers to make at least one unannounced visit per year. It is also a requirement that the bedroom of any child placed is seen on a regular basis by the carers' social worker or social worker for the child.

Workers within the Fostering Service run a variety of support groups for carers involved in different types of fostering. There is usually an element of training provided plus opportunity to discuss any fostering issues.

Records

- All details regarding foster carers and records of contacts are held electronically.
- The foster carers have a right to request to see their files and are encouraged to be aware of their content.
- Records of supervisory visits are signed by foster carers and supervising worker. There may be some information that they are not entitled to have access to, in line with the Data Protection Act.
- Foster carers are required to keep records on individual children using record sheets. Written guidance on how to complete these records is provided and support/training is provided via the support groups and by supervising social workers.

Confidentiality and Conflicts of interest

Foster carers are provided with full information about the children placed with them and are expected to observe high standards of confidentiality. As an agency we maintain records on carers and looked after children who are subject to National Standards and Data protection legislation. Staff and foster carers are expected to declare any potential conflicts of interest.

Duty Service

- Social Workers from the Supervisory Teams run a Duty Service which is available from 8.45 am Monday – Thursday (8.45 am – 4.45pm Friday) and they respond to queries from carers if their worker is not available (annual leave/off work sick).
- Enquiries from members of the public interested in fostering are dealt by the Recruitment Team Duty during office hours in line with the other duty services that run within Fostering. There is a free- phone number 0800 389 0086,

messages can also be taken and there is a text facility where members of the public can leave their contact details.

- Enquiries may also be made through email PPSS.FosteringBSO@kirklees.gov.uk and via the Kirklees Fostering Service website which contains information about the service.
- If an urgent placement or advice to carers is required outside of office hours, the Emergency Duty Service is available on 01484 456848. There is also an out of hours help line which is run by foster-carers, KFN (discussed previously).

Reviews

- Foster carers are reviewed on an annual basis. We have now employed a Reviewing Officer, where previously the Department undertook peer reviews. Reviews include reports from the social worker of any children placed, the carers' own report, health and safety checklist, individual safe care policy, Personal Development Plan (training log) and report from their supervising social worker.
- All documents are passed to the Team Manager who completes a short report, commenting on the recommendations and any proposed changes to the carers' profile.
- The Fostering Panel considers any change to a carer's profile at their first review and any review where a foster carer has been subject to an allegation or serious complaint or we are unhappy with some aspect of their caring.
- The Agency Decision Maker considers all Reviews presented to the Fostering Panel in line with the Fostering Regulations.

Post Approval Training

- The Service is committed to the training of its foster carers and provides a range of courses run specifically for carers or alongside members of staff.
- Carers are expected to continue to attend the training as identified in their Personal Development Plan and to progress up the skills payment levels. For carers who work this is sometimes difficult to fit around work schedules, although effort is made to run some training at evenings and weekends.
- The following courses are mandatory, Safe Care, First Aid, Health and Hygiene Skills Development, Awareness of Child Abuse and Neglect. If a couple are approved **both** must attend the first 3 courses above.

A number of carers have achieved NVQ 3 Caring for Children and Young People, some of these also have their NVQ Assessor Award. Carers who have gained experience and completed foundation training are now put forward for the Diploma (Children and Young Peoples Workforce).

- A comprehensive list of training is offered each year. This is reviewed annually to take account of the changing needs of the service and requests from foster carers. Additionally, there are more training courses online which foster carers can access.
- Foster Carers also have access to SCILS (Social Care Information and Learning Services) and EILS (Education Information and Learning Services), both of which offer online resource-based courses. EILS is aimed at staff in Early Years and Child Care. There are course topics such as coping with challenging behaviour, eating disorders and facilitating children's social and emotional development. Additional courses and training are provided around Child Sexual Exploitation and Child Criminal Exploitation.

- There are generic topics available on SCILS such as maintaining confidentiality: anti-discriminatory and anti-oppressive practice and an introduction to fire protection.
- Special arrangements can be made for carers who need specialist training in relation to a specific child. Carers may also be able to identify training from other sources which is relevant to their development. These can be considered on an individual basis.
- For carers living outside of Kirklees, we have links with the authorities in which they live and arrangements can usually be made to link carers into training which is held locally.
- The foster carers own support group, KFN also offers training opportunities. Sessions are held where areas of interest are identified by the foster carers or where there are new developments in the service. Here are some examples of the sessions the KFN has run:
 - Children's Rights
 - Role of the Youth Justice Team
 - Child in Care Reviews
 - Dental Hygiene
 - Role of the Children in Care Health Team
 - Basic Food Hygiene
 - Tax benefits for carers.

Termination of approval

- Foster Carers are required to give twenty-eight days' notice in writing if they wish to terminate their approval. This takes effect 28 days after receipt by the Fostering Service and cannot be retracted. Resignations are presented to Fostering Panel as part of their quality assurance function.
- If there are concerns about carers' performance this is discussed either at their annual review or a specially arranged review.
- The Fostering Panel considers all terminations which are recommended by the fostering service. In the event of a termination which is recommended by the Fostering Service the carers may attend Panel to put their point of view as well as providing a separate report. The Panel makes a recommendation to the Agency Decision Maker.
- The carer(s) have twenty-eight days to appeal either back to Kirklees or to the IRM if they disagree with the decision
- The Agency Decision-Maker makes the final decision

The Children's Guide

- This includes basic information about foster care and guidance on what to do if they have a complaint about any aspect of the service and how to access an independent advocate.
- It is distributed to all foster carers and young people in foster care.

- A separate guide on all aspects of being Looked After has been compiled by Children's Rights Service and is provided for all Looked after Children aged ten years and over.

Kick Website

- The local authority has a website for young people (KICK) which allows them to rate the care which they receive and comment on any foster home which they have experienced. The website also contains the opportunity to rate other services which they receive as looked after children.
- Compliments are shared with the individual families if the young person has moved on to another placement
- The website is promoted through children's reviews, and by the Children's Rights workers and by the foster carers who encourage them to use the site. Prizes are offered as an incentive for young people who use the site.

Policies and Procedures

- The staff group has access to an electronic procedural manual for the Children and Young People Service, accessible via the Council's intranet.
- Procedures relating to foster carers are also included in the Foster Carers' Handbook which is updated as required. The updates are circulated to all carers as an electronic version.

Other services available to Children and Young People Placed with Foster Carers but not provided by the Fostering Service

Health

- Children who are 'Looked After' are prioritised for a service by CAMHS. Any referrals can be facilitated through the Emotional Wellbeing Clinic.
- Co-located within the Children in Care and Care Leavers Service are a Designated Nurse, Specialist Nurse for Children with Complex Health Needs and a Specialist Nurse for Care Leavers. The team also has a Looked after Children's Designated Doctor / Consultant Pediatrician and a Pediatrician, based on another site.

The health team is available daily for advice, support and signposting. Training is also provided to Foster Carers and they are available to attend foster carer network meetings.

Six monthly or annual health assessments are organised through the Children in Care health team and are carried out by Children in Care Health Team or their colleagues in Health Visiting and School Nursing.

Virtual School

- This team is based in the Learning Service, overseen by the Virtual Head Teacher for Children in Care. The focus is the Educational Needs of Children in Care. Their role is to advise social workers and foster carers on educational matters e.g. arrange extra input /tuition for children ensuring that looked after children are having their needs met in school.
- Specific training courses are run for foster carers on the educational needs of Children in Care, Appeals procedure, etc.

- Team Members are involved in close liaison with schools that have Children in Care, the production of the child's Personal Education Plan, and if there are particular difficulties in the school setting.

Children in Care and Care Leavers Service

- This service has responsibility for all Children in Care and young people who have a plan for permanency via long term foster care, residential care, supported accommodation, placement at home on Care Orders as well as Care Leavers, offering support up until 25.

Complaints & Compliments

If carers wish to make a complaint or compliment about the service, they can contact a manager of the service or:

Yasmin Mughal/Helen Sanderson
Complaints and Representations Manager
Complaints Unit Freepost
Civic Centre 1
Ground Floor
High Street
Huddersfield
HD1 2NS
Email: children.complaints@kirklees.gov.uk
Telephone: 01484 221000

Alternatively, they may contact Ofsted. Ofsted is an independent organisation responsible for checking that Kirklees Fostering Service is complying with the set

standards. A foster carer may also speak to them if they want to make a complaint or have a concern about the service. They can be contacted at:

Ofsted North,
3rd Floor
Royal Exchange Buildings
St Anne's Square
Manchester
M2 7LA
08456 404040
Email: enquiries@ofsted.gov.uk
Website: www.ofsted.gov.uk

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Name of meeting: Corporate Parenting Board
Date:
Title of report: Statement of Purpose for Registered Children’s Homes
 (Annual report)

Purpose of report

This report and attached documents give an overview of the Statement of Purpose of the five Kirklees Council Ofsted registered children’s residential homes. All Ofsted registered children’s homes are required to have a statement of purpose to comply with children’s home regulations. This report is to highlight to the Corporate Parenting Board the annual review and update of the statement of purpose.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	NA
Key Decision - Is it in the Council’s Forward Plan (key decisions and private reports?)	NA
The Decision - Is it eligible for call in by Scrutiny?	NA
Date signed off by <u>Strategic Director</u> & name	
Is it also signed off by the Service Director for Finance IT and Transactional Services?	N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	N/A
Cabinet member portfolio	Cllr V Kendrick Children’s Portfolio holder

Electoral wards affected: n/a

Ward councillors consulted: n/a

Public or private: Public

(Have you considered GDPR?)

Yes GDPR has been considered. The information in this report does not identify any individuals.

1. Summary

This report gives an overview of the Statement of Purpose of the three mainstream and two disability children's residential homes run by Kirklees Council. Due to Covid-19 there have been some changes to the use of one of the homes and an additional home was opened on a temporary basis. The Statement of Purpose for the homes are appended to this report.

The running of children's residential homes is regulated by Ofsted and involves a full inspection once per year and depending on the outcome a home could receive an interim inspection in-between. The Children's Home Regulations 2015 is the regulatory framework which informs Ofsted's inspections.

The two disability homes are:

- Elm Grove – 6 beds (Heckmondwike)
- Orchard View – 8 beds (Mirfield – short breaks and respite) Orchard View is currently being used temporarily for mainstream children whilst short breaks provision is suspended. It is our intention to resume short break services in early October.

The three mainstream homes are:

- Healds Road – 4 beds (Dewsbury)
- Copthorne House – 4 beds (Huddersfield)
- Woodlands – 4 beds (Huddersfield)

Crescentdale in Heckmondwike was temporarily used as a 4 bed mainstream children's home due to pressures on placements during Covid-19; this home closed on 24th July 2020.

All the homes provide a homely, warm and caring environment in which young people have a right to choice, to be listened to, to feel safe, to have a sense of belonging, to be valued, to be protected from harm, to feel secure and where they can always be themselves irrespective of age, gender, disability, culture, religion, and background. The homes will encourage all aspects of each young person's development; physical, emotional, educational and social, adopting a person-centred model of care.

Elm Grove provides medium to long term care for up to six children and young people with a physical or learning disability, complex needs and/or sensory impairment. The ages of children vary and are dependent on need, group dynamics and compatibility coupled with any presenting risks at the time of the move into placement.

Orchard View is currently caring for mainstream children with emotional and behavioural difficulties between 12 and 17 years old on admission. Its aim is currently the same as the other mainstream homes detailed below.

Healds Road, Copthorne Gardens, Woodlands and Crescentdale care for children with emotional and behavioural difficulties between the ages of 12 and 16 years old on admission. Their primary purpose is to keep young people safe, provide good quality care and support young people to achieve good outcomes in their lives. This includes:

- Education
- Contact and relationships with their family and friends
- Having good health
- Accepting specialist help and support when it's needed
- Having hobbies and interests outside of the home and school
- Helping a young person prepare for semi-independence or independence

Many of the young people who come and live in our residential homes have had traumatic experiences in their lives and therefore our focus is on providing a warm, nurturing environment where young people are safe and can begin to engage positively. This takes much longer for some young people than others; the relationships staff and young people develop are essential to enabling good outcomes

All the residential homes are supported by a Clinical Psychologist from the Placement Support Team who provides monthly consultations to each staff group to ensure that the care provided and strategies used to work with young people are clinically informed and backed by theory. Evidence from attachment theory is used; this recognises that a positive relationship with an adult, who has day to day contact with a young person, provides the greatest potential to bring about therapeutic change for the young person.

The Statement of Purpose also sets out the following important factors in the care of a young person:

- The arrangements for supporting the cultural, linguistic and religious needs of young people
- Consultation with young people about the care they receive – ensuring that the young person's voice is heard and acted upon
- Equality and Children's Rights – the Children's Rights Service is actively promoted within the homes and each young person has their contact details
- A Safe Area Assessment is done for each home to assess the risk factors associated with its geographical location
- Approach to safeguarding, preventing bullying and young people who go missing – ensure that robust procedures are in place to keep young people safe
- Matching criteria and procedure – this sets out how young people are assessed for suitability and how a young person moves into the home
- Positive behaviour and physical intervention – a restorative approach is used in each of the homes; the focus is on using a positive approach to resolve any issues inside or outside of the home. This approach will ideally prevent the need for consequences or physical intervention.
- Moving on from the home
- Complaints procedure including details of the Children's Commissioner for England
- The staff team – this details each staff member and their qualifications. The Registered Manager of a home has to be approved by Ofsted and pass a Fit and Proper persons interview.

A young person friendly guide is also produced for young people to be given on or before they move into the home. This is available on the Kirklees website and gives young people information on what they can expect living in one of our homes.

Our key partners are:

- Children's Services Social Work teams (Assessment & Intervention and Children in Care Service)
- Child Protection and Review unit (Independent Reviewing Officers)
- Virtual School
- SENDACT (Special Educational Needs and Disabilities Assessment and Commissioning Team)
- Kirklees Risk and Vulnerability team
- West Yorkshire Police
- Youth Offending Team

- Looked after Children Nurses and Nurse Advisor for Children
- The Base (drug and alcohol support services)
- West Yorkshire Fire Service
- Child and Adolescent Mental Health Services (CAMHS Psychiatry and Psychology)
- Learning Disability Nurses, Dieticians, Occupational Therapists, Movement and handling Advisors,

2. **Information required to take a decision**

No decision is required.

3. **Implications for the Council**

3.1 **Working with People**

Not applicable

3.2 **Working with Partners**

Not applicable

3.3 **Place Based Working**

Not applicable

3.4 **Climate Change and Air Quality**

Not applicable

3.5 **Improving Outcomes for Children**

This information is provided at the request of Corporate Parenting Board to monitor the Statements of Purpose of the six children's homes run by the Council.

3.6 **Other (eg Legal/Financial or Human Resources)**

Not applicable

5. **Next steps and timelines**

Statements of Purpose will be reported on annually

6. **Officer recommendations and reasons**

That the report be noted.

7. **Cabinet portfolio holder's recommendations**

Not applicable

8. **Contact officer**

Laura Caunce – Acting Head of Sufficiency

9. **Background Papers and History of Decisions**

Statements of Purpose for each home attached

10. **Service Director responsible**

Tom Brailsford – Service Director Resources, Improvements and Partnerships

Elaine McShane, Service Director Child Protection and Family Support is currently the Responsible Individual registered with Ofsted. This will be reviewed due to Tom Brailsford now being in post permanently.

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COPTHORNE HOUSE CHILDREN'S HOME

STATEMENT OF PURPOSE AND FUNCTION



**Copthorne Gardens
Bradley, Huddersfield
HD2 1RH
01484 420544**

Residential Manager: Ben Lancaster

Date: November 2017

Responsible Individual: Elaine McShane

Date: January 2018

Updated: May 2020

URN SC356963 (Ofsted)

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Copthorne House has a Statement of Purpose that is built upon and around the Children Act 1989, the United Convention on the Rights of a Child 1989, Human Rights Act 1998 and 2004, Care Standards Act 2000, Leaving Care Act 2000 Children's Homes Regulations 2015, the Children Act 2004, Disability Discrimination Act, Working Together 2015, and the Equality Act 2010.

We aim to achieve a standard of excellence in our services and therefore welcome comments from any person having access to this document.

Contents

1. Caring for young people

- 1.1: The range of needs of the young people who the home provides care for
- 1.2: The home's ethos, the outcomes the home seeks to achieve, and the approach to achieve them
- 1.3: The arrangements for enabling young people to take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills
- 1.4: The arrangements for supporting the cultural, linguistic, and religious needs of the young people
- 1.5: The promotion of contact between young people and their family and friends
- 1.6: Consultation with young people about the care they receive
- 1.7: Equality and Children's Rights
- 1.8: Accommodation and Location
- 1.9: Approach to safeguarding young people, preventing bullying and missing children
- 1.10: Admission criteria and procedure
- 1.11: Moving on from the home
- 1.12: The arrangements for dealing with complaints
- 1.13: Details of how a person, body or organisation involved of the care or protection of a child can access the home's child protection policies or the behaviour management policy

2. Young People's Behaviour

- 2.1: The home's approach to supporting positive behaviour and the use of physical intervention

3. Education

- 3.1: The arrangements for young people to attend local schools and the provision made by the children's home to promote the educational attainment of young people.

4. Health & Health Promotion

- 4.1 Meeting health needs

5. The Staff Team

- 5.1: Experience and qualifications of staff working at the children's home

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

5.2 Staff profiles

6. Governance

6.1: Responsible Individual

6.2: Responsible Body

6.3: Organisational Structure

6.4: Ofsted

1. Caring for young people

1.1 The range of needs of the young people who the home provides care for

Copthorne House provides residential care for up to four young people with emotional and behavioural difficulties aged between 13-16 years on admission.

The admission criteria is for young people who have been assessed as needing residential care due to them being unable to live within their own or foster families due to the breakdown in family relationships and/or where they are deemed to be at risk of significant harm.

1.2 The home's ethos, the outcomes the home seeks to achieve, and the approach to achieve them

The purpose of Copthorne House is to provide a safe, stable and consistent living environment within which a young person has the opportunity to develop to their full potential. As corporate parents, we believe that residential care should always be a positive experience for young people. We encourage our young people to:-

- Build and maintain positive family links/relationships by encouraging and supporting contact and working to the longer term living arrangements in the young person's care plan or pathway plan.
- Take full advantage of the education and training opportunities available to them
- Complete individual and direct work with staff and other professionals to come to terms with past experiences and trauma. Young people are supported to develop positive strategies for coping and keeping themselves safe
- Accept help and support from other agencies when they need it
- Take part in wider activities and hobbies in the community
- Build and sustain friendships
- Participate in a programme of ongoing work to prepare for independence

We aim to provide a nurturing homely environment and to prepare young people to move onto the next stage of their lives whilst living at Copthorne House. Young people will be given the opportunities to develop and enhance their practical, social, emotional, and educational skills in order to become part of a family, or engage in a smooth transition into another appropriate placement, either family based, residential provision, or to achieve semi-independence successfully.

Psychological Informed Reflective Practice

Copthorne House use psychological informed reflective practice model - An 'Emotional Warmth model' of caring for a young person which draws from the knowledge base of Applied Psychology theory and research and is designed to empower the main carers of young people in care. Based on the evidence from attachment science, this recognises that a positive relationship with an adult, who has day to day contact with a young person, provides the greatest potential to bring about therapeutic change for the young person.

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

The model uses the following protocol:

The staff team participate in group supervision which is facilitated by the Psychologist. This enables staff to explore relationships within the staff team, relationships with the young people and how staff and young people interact together. It examines the impact of behaviours on the staff team, what triggers these behaviours and how staff / young people respond.

The use of structured, group consultations, facilitated by a clinical or educational psychologist, designed to enable residential staff early on to agree specific support strategies for each child.

The psychologist will offer a variety of theoretical explanations and from this, ways of working to achieve best outcomes backed up by evidence from neurobiological science and child psychology research, which is that the often-poor life outcomes of looked-after children and young people result from the initial and continuing impact of abuse, neglect and parental rejection, which have occurred before any contact with the care system.

1.3 The arrangements for enabling young people to take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills.

Leisure time is an important element in the learning and growth process for young people. It means that staff can spend good quality time with young people which can greatly help in the development of positive relationships.

Examples of activities on offer are:

Camping	Swimming
Go-Karting	Cycling
Canoeing	Water based activities
Ice Skating	Theatre
Bowling	Cinema
Fitness Centres	Snooker/Pool
Horse Riding	Gym
Football	Forest Trips/Walks
Golf	Badminton/Tennis
Fishing	Trips
Community resources	Cultural activities & festivals

All activities will need parental and/or Social Worker consent and Risk Assessments are evaluated and authorised by the Manager or Deputy Manager.

Taking part in cultural activities is actively promoted for a, not just because this is a legal right, but also because this helps to educate all young people about the multi-cultural society in which we live, and also to celebrate diversity.

The young people are encouraged to be involved in the planning of their holidays and short breaks.

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

1.4 The arrangements for supporting the cultural, linguistic, and religious needs of the young people

At the point of referral, the young person's linguistic needs, religion, beliefs and culture are taken into consideration and every effort is made to ensure an appropriate staffing structure that takes into account, gender, culture and ethnicity is in place at Copthorne House.

The home endeavours to create an atmosphere and environment which is free from any form of discrimination. Young people are encouraged to explore, celebrate and take pride in their religious/cultural identity. Young people will be provided with practical, educational and social activities that promote diversity, ethnicity and religious needs such as personal care items, food/dietary needs and leisure items.

1.5 The promotion of contact between young people and their family and friends

Copthorne House encourages and supports young people to maintain and develop good relationships with family, relatives and friends. Contacts and frequency of contacts will be identified at the Placement Planning Meeting and set out in the young person's Care/Pathway Plan. Contact will be reviewed as part of the young person's Review.

Friends and relatives of young people living at Copthorne House will be encouraged to visit the home (unless the placement planning meetings agree it's not appropriate).

Staff will ensure that these visitors are made welcome and are at ease. Young people are consistently and pro-actively encouraged to keep in contact with their family and friends in line with their Care Plan and staff are available to give practical support to make this contact possible.

1.6 Consultation with young people about the care they receive

As part of the daily running of Copthorne House the young people are consulted on all aspects of their care such as choice of meals, decoration and furniture in the home, new staff appointments, holidays, activities, incentives etc. The young people are encouraged to host their own meetings, write the minutes and have control of agenda items. These meetings take place at a frequency decided by them, but at least monthly.

Young people review their plans regularly through discussions with their key worker, during Statutory Visits and at their LAC Reviews. All young people are encouraged to take an active role in their reviews, from the initial decisions in respect of who should be invited; reviewing the recommendations from the last review, to setting the scene for the current review by completing specific consultation forms. Following the review the young people spend time with their key worker to ensure that they understand the decisions that are made.

Participation in the Children in Care Council is promoted and support offered to enable young people to take part.

1.7 Equality and Children's Rights

Kirklees Council is committed to treating all individuals equally in all aspects of its work and will endeavour to promote Equal Opportunities with staff and all organisations and individuals with whom it works.

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Children's Rights are actively promoted and each young person has individual details of the Children's Rights Service. The young people are given clear guidance and support to understand the Complaints Procedure and this is reinforced on a regular basis through individual sessions with key workers.

1.8 Accommodation and location

Copthorne House is a four bedded home that provides accommodation for both males and females, situated in the Bradley area of Huddersfield. The home is approximately 3 miles from Huddersfield town centre, with easy access to the M62 and within easy reach of leisure and social facilities. The building is large in size and offers open living spaces which help young people form positive relationships whilst still benefitting from their own privacy.

Each bedroom is fully furnished, has an en-suite bathroom and young people have a key to their own room. Young people at Copthorne House are encouraged and supported to personalise their rooms by choosing their own bedding, pictures/posters, and photographs.

Copthorne House has gardens to the front and rear; this offers outdoor living space for young people and a great opportunity to engage in outdoor activities.

The right to privacy will be respected and no member of staff will enter a bedroom without first knocking, unless there are serious concerns about a young person's safety, other residents or staff.

A Safe Area Assessment Report (SAAR) on the location of the home is reviewed each year January – March. Consultation are sought from schools, police, youth justice and Children's Social care to inform and support the assessment of any identified potential risk.

The home has a Multiguard system in place which enables the doors to chime on exiting the building.

- Main Entrance
- Laundry
- Kitchen
- Lounge
- Games room

See Monitoring and Surveillance Policy which is held in the home.

1.9 Approach to safeguarding young people, preventing bullying and missing children

Safeguarding

All young people have a right to be safe from harm. This involves the need for staff to be vigilant about dangers both inside and outside the home. All staff are trained to level 3 which includes 'Working Together to Safeguard children', CSE e-learning and a level 3 advanced safeguarding module (the staff team training matrix is available on request). Further training is provided by the Kirklees Safeguarding Children Board and Kirklees Council's Learning and Development Team. Further training includes:

- Attachment

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

- Understanding the signs of neglect
- Impact of Domestic Violence
- E-Safety
- CSE for Practitioners
- Sexual Abuse: Dispelling Myths and Reducing Risks

All staff follow the West Yorkshire Consortium Online Safeguarding Children Procedures:

<http://westyorkscb.proceduresonline.com/index.htm>

The Kirklees Children's Residential home procedures compliment the above safeguarding procedures and can be found at:

<http://kirkleeschildcare.proceduresonline.com/index.htm>

The Responsible Individual monitors all safeguarding concerns and children and young people's complaints and does this in consultation with the Registered Manager.

Young people living at Copthorne House have the right to a high level and standard of protection from harm and this includes the vetting of visitors. The selection and recruitment of staff is consistent with the Children's Homes Regulations 2015 and the Safeguarding Vulnerable Groups Act 2006.

The Kirklees Safeguarding Children Board (KSCB) coordinates local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together.

<http://www.kirkleessafeguardingchildren.co.uk/>

Bullying Prevention

We are committed to creating an environment where everyone has the right to work, learn and live in an atmosphere free from victimisation and fear. It is essential that young people are able to build positive social relationships with other people; bullying undermines this objective and will not be tolerated. A proactive approach is adopted with children and young people being educated in this area through group and individual work, outside agencies, and general discussion.

We will create and sustain a culture and ethos of zero tolerance to bullying. Essential elements of our approach are:

- Training staff to identify potential risk, bullying incidents, and manage support around these using a restorative approach.
- Being able to talk freely through any difficulties with both the person being bullied and the alleged bully with the help if necessary of another person.
- Being able to talk freely with the Manager, key worker or other members of staff.

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

- Being able to talk to an independent person such as a teacher, friend, relative or their Social Worker. Young people will be given details of the Children's Rights Service and advocacy services and how to contact these.
- Being given knowledge and understanding of what bullying is and how victims may feel. This information is also outlined in the young person's introduction and also in the young persons' guide.

Procedures are in place which inform staff of how to deal with a suspicion or allegation of bullying against the Registered Manager or staff in the home.

Staff meetings are used to discuss bullying; our approaches to it and our policy are reviewed as required. Equally young people discuss bullying in their residents' meetings.

All reported incidents of bullying are taken very seriously and fully investigated. If a complaint of bullying has been received, the young person will be closely monitored as to their emotional progress, education and general well-being.

We will take all reasonable steps to try to resolve the situation between the victim and perpetrator by attempting to find a "middle ground" between the two, through resolution. All outcomes will be recorded and contracts agreed if needed.

Missing from Care

We recognise that going missing can be one of the most common methods that young people use to cope with anxiety or demonstrate their confusion and distress. Staff will work with young people to ensure that they feel safe and settled in the home and do not feel the need to go missing. Every incident of a young person being missing from home will be dealt with seriously, and is monitored by senior management. All young people have a Missing From Care risk assessment which clearly details what action to take if a young person goes missing.

All young people who go missing from care will be reported to the Police in line with the *West Yorkshire Joint Protocol for Children Missing from Home or Care Reporting Procedures* and individual risk assessments. We will then ensure that the following people are contacted as soon as possible:

- Social Worker (via EDT outside office hours)
- IRO
- Appropriate parents
- Other significant adults

A multi-agency approach is adopted to ensure that appropriate safeguarding strategies are identified to prevent or reduce instances of a young person going missing from care. Should a young person go missing the outlined strategies will be included in an updated placement plan which provide a framework for practice for all staff in safeguarding the welfare of the child.

On return from a 'missing' period the young person will be offered support in terms of their physical and emotional needs and be given the opportunity to contact family, friends or their Social Worker immediately or any other person independent to the home. An Independent Return Interview will be offered to the young person by an allocated worker from the Targeted

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Youth Service. The education provision to which the young person attends will also be contacted the following day so that support and understanding for the young person can be offered. The risk of a young person going missing from Copthorne House will be assessed and detailed in their individual risk assessments and placement plan. This will be event driven and will be reviewed and monitored as required.

1.10 Admission criteria and procedure

The home has a referral and admissions process that supports all children and young people who move into a residential home to be admitted in a planned and sensitive manner. The home will ensure that arrangements are planned in order to make the arrival and admission of a young person as pleasant as possible.

The home normally has planned admissions where the child or young person has a say in their placement and future plans for their care and welfare.

The placement referral process includes a detailed Impact Assessment which determines whether the placement can meet the individual needs of the young person prior to any introduction. The Registered Manager will speak to the young person's social worker and previous carers to inform the impact assessment. Young people will not be placed in our care without careful consideration of the impact on other young people in placement as well as the young person needing a placement.

The following criteria will be considered as part of the Impact Assessment:

- The home has the resources to accommodate the young person appropriately. Can the young person's needs be met either directly by Copthorne House or in conjunction with outside agencies and networks.
- There is an agreed and viable plan for the young person's medium to long-term placement
- The wishes and feelings of the young person and their parent(s) (or those with parental responsibility) been obtained and acted upon, i.e. if the young person or parents are unsure or unhappy about the proposed placement, have alternatives been actively sought
- Whether education is in place
- Whether the young person would be an appropriate match in the current cohort of young people

Emergency placements will only be considered if:

- We have the relevant details of the child's behavioural patterns and contact arrangements received in advance.
- On receipt of this we feel that the child or young person will not disrupt the progress of the children/young people already in placement.
- We can meet the needs of the child as stated in this Statement of Purpose and Function.

Admission Process

If it is agreed that the young person can be admitted to Copthorne House, the following paperwork will be provided:

- Medical Consent signed by person with parental responsibility
- A copy of the Care Order
- Placement agreement

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- Placement Plan
- Delegated Authority
- Missing Risk Assessment
- Up to date Care / Pathway Plan
- CSE Risk Assessment (If appropriate)
- Personal Education Plan (within 20 days of placement)
- Up to date Health Assessment
- Last LAC Review minutes (First one within 20 working days of the start date of placement)
- Previous assessments of the young person's needs, either educational, social, or emotional

Staff will visit a young person in their current placement and then invite and encourage the young person to visit Copthorne House.

Initial visits to Copthorne House by the young person allow them to see the home during its usual working day. This will include spending time with the current residents, staff and Management. We request that the young person be accompanied by their Social Worker, a close member of their family or a significant adult.

We recognise that any move for a young person is a traumatic experience and that every effort must be made to welcome and reassure the young people on their arrival. As such we will try to ensure the following:

- That the young person's key worker is there to welcome them
- That the young person is introduced and welcomed by the Manager and/or Deputy Manager
- That the other young people are around where possible to welcome the young person
- That the young person's bedroom has been prepared for their arrival, although they will be able to choose their own decoration
- That they are shown around the building
- That time is taken to ensure that arrangements are in place to get the young person to school, existing activities and contact
- That the young person has received a copy of the young person's' guide

The young person will receive a copy of the Council's Complaints' Procedure to ensure that all young people understand their rights.

The Placement Planning Meeting will take place within 72 hours of the young person's admission. This will be attended by the young person, their parents, members of their family, the young person's key worker, the Manager of Copthorne House and the young person's Social Worker.

The aim of the meeting will be to establish a placement plan and to outline clear objectives, expectations and responsibilities for the placement. It will also ensure that all parties understand their part within this plan and agree both on the objectives and implementation.

1.11 Moving on from the home

When it is decided that a young person will move on from the home, the home will work with the new provider, foster carer or family member to plan the right transition for the young

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

person. This will involve supporting the young person to visit where they will be living, getting to know the significant adults and spending some time there before making the final move. The home will keep in touch with the young person if they want this and it is deemed appropriate and helpful.

1.12 The arrangements for dealing with complaints

The responsibility for responding to and monitoring complaints sits with the Registered Manager.

The following people may complain:

- The young person
- The parent of a young person
- Any person who has parental responsibility
- Foster parents
- Any person who has interests in the young person's welfare

Each Young person is issued with a copy of the Complaints Procedure and a copy of the Children's Guide, which contains guidance on how to make a complaint. Significant family members and placing Social Workers are also given these documents.

If the complaint is regarding the Registered Manager this should be presented to the Responsible Individual.

Any complaint made by a young person will be treated seriously. Simple explanation and discussion will resolve many complaints provided that they are received with respect and given serious consideration. Any such complaint and explanation or any action taken to resolve the complaint will be recorded in the Complaints Book.

In the first instance complaints can be brought to the Registered Manager to try to resolve the problem and will be responded to within 7 days. However, young people are encouraged, supported and assisted to complete a complaints form should they wish, they are also given the contact number of Yasmin Mughal, the Complaints Manager along with a complaints form. Complaint forms are given to young people on admission to Copthorne House and extra copies are available around the home when required.

Yasmin Mughal/Helen Sanderson
Complaints, Comments & Compliments Unit,
Ground Floor
Civic Centre 1
High Street
Huddersfield
HD1 2NF
Telephone – 01484 221000

The Children's Rights Service
Brian Jackson House
New North Parade

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Huddersfield
HD1 5JP
Telephone number: 01484 223388
Freephone 0800 389 3312 13

Young people's Social Workers will also provide support, advocacy and representation as part of their work with young people. Kirklees Council's Children's Services department is located at:

Civic Centre 1
High Street
Huddersfield
HD1 2NF
Telephone number: 01484 221000 (automated service – ask for the Social Worker by name)

Childline – A charity offering confidential advice and support. 0800 1111

Ofsted inspect and regulate services which care for children and young people and regularly inspect Copthorne House. Complaints can be made to Ofsted directly telephone 0300 123 1231. Ofsted complaints procedures can be found at www.ofsted.gov.uk

The Children's Commissioner – Anne Longfield
The Office of the Children's Commissioner
Sanctuary Buildings
20 Great Smith Street
London
Telephone number: 020 7783 8330

All the above Agency's telephone numbers are available in the Young People's Guide, which young people are provided with on or before admission to Copthorne House.

1.13 Details of how a person, body or organisation involved of the care or protection of a child can access the home's child protection policies or the behaviour management policy

Copies of all policies and procedures, including safeguarding and behaviour management, are stored within the home and can be accessed by a person, body, or organisation upon request.

2. Young People's Behaviour

2.1 The home's approach to supporting positive behaviour and the use of physical intervention

When a young person comes to live in the home they are given a copy of the 'Young Person's Guide'; this sets out what is expected of them in terms of appropriate and socially acceptable behaviour.

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

The home is fully committed to working with young people using a restorative approach to resolving conflict and preventing harm. Building good relationships with young people is centre to this. The home will work with all parties affected by a particular incident and bring them together to play a part in repairing the harm and finding a positive way forward.

Staff will try to prevent negative behaviour arising by using de-escalation or diversion techniques. There is a Positive Handling Plan in each young person's Daily Living Plan which details how staff will support young people in difficult situations. If this fails, a number of consequences can be used. Consequences may include removing a young person from a group activity (for example, an outing) or removing a privilege (for example, use of the computer). If the behaviour poses a physical threat to other young people, to staff or to the young person concerned, physical intervention may be used. Staff are fully trained in Team Teach restraint techniques and this training is refreshed every year. All consequences, rewards and physical interventions are recorded fully, monitored and evaluated by the manager.

The aim of using both sanctions and physical interventions is to help the young person to focus on the consequences of their behavior and to learn a more socially acceptable way of reacting to a situation or feelings in the future. When required a restorative approach will be used to repair relationships.

The home reserves the right to remove any personal belonging of any young person that they believe may be a danger to themselves or others, or that may be used in criminal activities e.g. any form of weapons etc. These items may be confiscated and the police informed where necessary.

3. Education

3.1 The arrangements for young people to attend local schools and the provision made by the children's home to promote the educational attainment of young people.

Copthorne House is committed to the right of every young person to have access to appropriate education provision and will support them to achieve their full educational potential. Many young people looked after by Copthorne House will be supported to attend their current school, however if this is not possible their key worker will liaise with the relevant education, health and social care professionals to ensure that the needs of the young person are accurately assessed and appropriate education provision is identified, secured and maintained within the local community.

Young People will be actively encouraged to participate in out of school hours learning and activities. Differentiated resources and study aids will be provided to meet the needs of a range of ages and abilities including those with special educational needs. All children and young people will be encouraged and supported to complete their homework.

Young people with special educational needs will receive support in line with their ECHP to achieve their full potential.

4. Health & Health Promotion

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

4.1 Meeting health needs

Young people should be able to lead a healthy lifestyle, be empowered to take control of their lives, and actively contribute to decisions made to promote their individual health on a daily and more long-term basis.

Young people resident at the home will be registered with a local G.P; optician and dentist if they are not already registered. They will be encouraged to have a medical assessment when they first become looked after and at least annually after that. This will be undertaken by the looked after children's nurse.

Any visits to hospital (for treatment), doctors, dentist, opticians etc will be recorded on the young person's file. Staff (or parents if appropriate) will accompany young people on these visits (though at the request of the young person they may not be present if the young person is to be examined).

Prescribed medication will normally be kept in a locked medical cabinet. The dosage, frequency of administration, possible side effects etc. will be recorded, it will also be recorded if the young person refuses to take their prescribed medication.

Young people will be encouraged to take a positive attitude to their health care and will receive information regarding alcohol and other substance abuse, HIV and Aids, sexual matters etc. as appropriate. The staff will follow the guidance from the Sexual Health Service regarding sexual health and contraception. As some of the young people accommodated may be sexually active condoms will be available. Young people will be discouraged from smoking and provided with assistance to stop if requested.

Young people will be supported with their emotional wellbeing through CAMHs and the local authority's Placement Support Team. This will be in the form of both direct work with young people and in-direct work with staff equipping them with the necessary knowledge and skills to provide effective care

If a young person suffers serious harm or has a serious accident, serious illness, notifiable infectious disease or dies whilst accommodated at the home Ofsted will be informed as per schedule 5 of the Children's Homes Regulations.

Information regarding the effectiveness of health care provision offered will be recorded within the young person's case file and considered as part of Statutory Visits, Planning Meetings and Lac Reviews.

Health care advice and support is provided by the following qualified health care professionals.

Registered Paediatric nurse.

RGN (Registered General Nurse)

Educational Psychologist

Clinical Psychologist

Sexual Health Nurse

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Substance Misuse Worker

5. Staffing

Copthorne House has a balanced staff team taking into consideration equalities, experience, qualifications and skills in order to create the best opportunities to support and guide young people. Staffing levels are carefully assessed to ensure the right levels of support to the cohort of young people resident in the home.

Staff are encouraged to continually develop their knowledge and skill base through a wide range of training and development opportunities. All staff are subject to DBS (Disclosure & Barring Service) enhanced disclosures and reference checks before they commence employment, and are appraised on an annual basis with regular supervisory sessions.

5.1 Experience and qualifications staff working at the children's home

The Copthorne House staff team consists of:-

Residential Manager – Ben Lancaster

Deputy Manager – Lisa Cummins

Senior Residential Care Officers

Residential Care Officers

One Domestic Assistant

One (part-time) Business Support Officer

Staff come from a wide range of backgrounds and bring differing levels of skill and experience. It is expected that all Residential Care Officers will achieve NVQ Level 3 in Residential Childcare; Kirklees Council will ensure that they are supported by relevant training and supervision to fully carry out the responsibilities of their posts.

All members of staff receive annual appraisals and regular reflective supervision sessions with a member of the management team in line with best practice, Children's Home Regulations, and Kirklees guidance. This will be a minimum of six weekly or 9 times over 12 months. These sessions cover the young people's care plans, staff roles and responsibilities, personal and professional development, the organisation's objectives, any practice issues, housekeeping and any other concerns. Reflective supervision is conducted in private and, as far as practical, free from interruption environment.

At Copthorne House the staff team are also provided with daily informal supervision. The management team operate an open door policy, and encourage staff to discuss any issues they have together as a team.

Staff sickness is covered, if possible, by substantive staff. If this is not possible then casual or agency staff will be provided, there will be at least an equal number of substantive staff on

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duty. The registered manager is responsible for ensuring that there is always adequate staff cover.

The training record of the unit as a whole is monitored to ensure that the needs of the young people and of the staff team are met.

Governance

6.1: Responsible Individual

NAME: Elaine McShane

POSITION: Service Director Family Support and Child Protection

6.2: Responsible Body

Kirklees Metropolitan Council Children's Services

Civic Centre 1

High Street

Huddersfield

HD1 2NF

6.3: Organisational Structure

Mel Meggs

Director of Children & Young People's Service

Elaine McShane

Service Director – Family Support & Child Protection

Children & Young People Service

Steve Comb

Head of Corporate Parenting – Family Support and Child Protection

Children & Young People's Service

Claire Morgan

COPTHORNE HOUSE CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Service Manager -Disabled Children's Regulated Services

Children & Families - Family Support and Child Protection - Assessment & Intervention (South) & Disabled Children

Ben Lancaster

Residential Manager

Copthorne House

6.4: Ofsted

Ofsted is responsible for conducting independent inspections. They can be contacted by young people or staff who may have concerns about how the Home is operating.

Ofsted - Piccadilly Gate, Store Street, Manchester, M1 2WD

Tel: 0300 1231231

Fax: 08456 404049

Email: enquiries@ofsted.gov.uk

ELM GROVE STATEMENT OF PURPOSE



Responsible Individual

Elaine McShane
Service Director Family Support and Child Protection
Civic Centre 1
High Street
HD1 2NF

Registered Manager

Jon Peaker
Elm Grove Children's Home
Heckmondwike
WF16 9DN

Registered Provider- Kirklees Metropolitan Council

Reviewed: 12th March 2020

Ofsted Reference: SC034441



This statement has been updated and fulfils the requirements of the Childrens Homes (England) Regulations 2015 (regulation 16 and schedule 1) and the Department for Education Guide to Childrens Home Regulations including the Quality Standards April 2015

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STATEMENT OF PURPOSE AND FUNCTION

Elm Grove provides medium to long term care for up to six children and young people with a physical or learning disability, complex needs and/or sensory impairment. The ages of children vary and are dependent on need, group dynamics and compatibility coupled with any presenting risks at the time of admission

QUALITY AND PURPOSE OF CARE

AIMS, ETHOS AND PHILOSOPHY

Elm Grove aims to provide a homely, warm and caring environment in which young people have a right to choice, to be listened to, to feel safe, to have a sense of belonging, to be valued, to be protected from harm, to feel secure and where they can always be themselves irrespective of age, gender, disability, culture, religion, and background.

Elm Grove is currently rated as 'Good' by OFSTED (February 2020).

Elm Grove will encourage all aspects of each young person's development whilst in our care; physical, emotional, educational and social, and the young people will always be at the centre of everything that we do.

Elm Grove's staff team are committed, dedicated, open, honest, passionate, and driven. We work within a multi-disciplinary framework in which we recognise and value the very real positive impacts of early intervention and support for young people through positive working relationships with other agencies.

Elm Grove strive to support all young people, irrespective of their background or circumstances to achieve positive outcomes by developing effective working partnerships with our colleagues in Health, Education and Social Services, as well as parents and carers, in order to safeguard every child residing at Elm Grove.

Children and young people make exceptional progress in this home (Ofsted 2018)

"Best facility and staff, FACT". (Family member 2018)

'This is the most stable they have ever been.' (Consultation from social worker 2018)

'[Name of child] absolutely loves being at the home. [Name of child] has great relationships with members of staff and they do not really want to move on.' (Social worker feedback during 2018 inspection)

'[Name of child] has made significant progress in the home and school since being placed and has thrived.' (Independent Reviewing Officer feedback during 2018 inspection)

At Elm Grove the dignity of our young people is always our priority; each young person is respected as a unique individual with their own unique abilities, preferences, needs and voice.

Elm Grove's philosophy is based on a commitment to equality of opportunity for all of our young people. We believe that children with a disability should have the opportunity to lead an 'ordinary life' with the same range of choices as other young people, to develop their independence so as to make as much use as possible of those choices, to access the community as equals, and to take control of as much of their own life as other young people. Our respect and support of diversity is reflected in the excellent outcomes experienced by young people residing at Elm Grove, through individualised packages of support.

Elm Grove aims to work within the social model of disability challenging barriers for our young people and striving to ensure that young people are not prevented from accessing opportunities on the grounds of their disability.

OBJECTIVES:

- To support all children as children first
- To identify young people's needs and to work in a multi-agency manner to provide holistic, timely, pro-active support to implement all of the objectives identified in the young person's placement plan.
- To firmly place the child at the heart of everything we do and to give each child an equal voice
- To expect excellence for our young people and to question when we feel support is not of the highest standard.
- To promote young people's identity as children first, and to provide a safe environment where children can express their views without judgement. To then use those views to inform our practice.
- To promote and support independence, to celebrate achievement and to nurture self-care, whilst maintaining safety, in order to develop self-esteem, confidence and new skills to enable young people to fulfil their potential.
- To assist young people to maintain their relationships with their family and friends, and to work in partnership with parents and carers to meet the needs of young people.
- To continually evaluate and reflect on our practice in order to strive for further improvement to a service that does not stand still
- To support young people to maintain and develop their individual identity in relation to their gender, cultural, religious, racial, disability and linguistic background.
- To seek the wishes of young people and those of their family, and give these serious consideration ensuring individual choice.

We expect excellence for our young people and our ethos is firmly grounded in the belief that we will accept nothing less.

LOCATION

Elm Grove is a six-bedded modern bungalow situated in a quiet residential area within walking distance of Heckmondwike town centre, and local leisure facilities. There are bus routes into the nearby towns of Huddersfield, Dewsbury & Leeds within Heckmondwike. A Safe Area Risk assessment is completed yearly and reviewed as necessary. The area has a relatively low crime rate and no concerns have been raised as part of the assessment. All children and young people are generally supported by staff when out in the community, where children are accessing the community alone a risk assessment will be completed to ensure and support their individual safety.

FACILITIES & SERVICES PROVIDED

Elm Grove is a purpose built bungalow there is appropriate access to all areas. All young people have their own single bedrooms with washbasin and are encouraged to choose the colour/decoration of their room, and to bring their favourite things and photos, teddies etc.

Elm Grove is an L shaped building with two separate living spaces referred to as 'Blue' and 'Yellow' – each has a bathroom, shower room, lounge, kitchen/dining area and bedrooms. There is also a larger main kitchen which young people can access with staff support.

Whilst Elm Grove is registered to care for up to six young people at any one time, the layout of the home, with 2 lounges, 2 dining areas etc. allows for young people to socialise in smaller groups if they so wish. However, they can also enjoy getting to know a range of new people and broaden their experience of different cultures and backgrounds.

Facilities at Elm Grove include: An adapted Jacuzzi bath, fixed ceiling tracking hoists, and mobile hoisting equipment, 2 large gardens, and a small sensory garden area for further relaxation.

There are also laundry facilities provided, for those young people for whom it is appropriate we encourage them to develop their independent living skills in this area. All young people's clothing is laundered unless parents/carers request otherwise.

CULTURAL, LINGUISTIC AND RELIGIOUS SUPPORT NEEDS

If a young person has particular cultural, linguistic or religious belief, and wishes to pursue those beliefs, it is important that they feel able to do so. The staff team within the home will always actively support young people in pursuit of their beliefs. This may include providing a certain choice of food or preparation of food, or by ensuring that the young person has transport to and from their chosen place of worship.

On admission the staff team should have a clear understanding, of the religious and cultural background of the child or young person. All efforts will be made to continue the child's religious observance and this will be taken into account when designing individual support plans.

Contact within the local community places of worship and attendance at celebrations are encouraged to allow the child or young person to continue in their particular faith. Where possible and appropriate, the child would be supported to attend religious services with their family. Attention should be given to each child's/ young people recreational needs and wishes in accordance with their religious, racial and cultural background.

COMPLAINTS, COMMENTS AND COMPLIMENTS PROCEDURE

If, at any time, parents/carers have any concerns about the way their child is being looked after they should, in the first instance, contact the staff at Elm Grove who will attempt to resolve the matter informally.

The same procedure applies to the young people living at Elm Grove.

All complaints are taken seriously and will be responded to within a maximum of 28 days.

If the complainant is not satisfied with the proposed informal resolution the matter will then be pursued further.

If a parent/carer/young person or professional wishes to make a complaint, they may do so verbally or in writing to any member of Social Services' staff. (Verbal complaints will be put into writing). Individuals will be given a leaflet explaining the representation procedure and who to contact.

Young people are supported to complete a complaints form should they wish to do so. Our young people who struggle to communicate verbally and/or in writing are supported to make a complaint using communication toolkits, e.g. symbols, photographs, pictures, sign language.

Posters are displayed around the home giving clear guidance to young people on who they can speak to if they feel unhappy/wish to make a complaint. Telephone numbers are displayed for those young people for whom this is appropriate. Young people are supported to telephone their social worker if they wish to do so, or the social worker is called on the child's behalf and a visit arranged if the child cannot communicate verbally. Young people are kept fully informed of the progress of the complaint in a format that is suitable to their needs.

Elm Grove's staff team have a solid awareness of each young person's usual behaviours and communication, therefore any unusual behaviour/changes to their demeanour/attempts to communicate a problem, are noted and dealt with swiftly. Any complaints arising from this are then dealt with as above.

All young people have access to the Children's Rights Service: This group provide support and advocacy to looked after children. A link worker visits Elm Grove a minimum of once monthly, and they can also be contacted by young people outside of these times.

**Directorate for Children & Young People
The Kirklees Children's Rights Service
Brian Jackson Centre
New North Parade
HUDDERSFIELD
HD1 5JP
Telephone: 01484 221000
Freephone: 0800 389 3312
Text: 07938 195322**

Other services available that young people may use to resolve concerns/complaints are:

The Children's Commissioner – Anne Longfield OBE

**The Office of the Children's Commissioner
Sanctuary Buildings
20 Great Smith Street
London
SW1P 3BT**

**Tel: 0800 528 0731
Email: advice.team@childrencommissioner.gsi.gov.uk
Website: www.childrencommissioner.gsi.gov.uk**

Leaflets detailing the complaints procedure are available at Elm Grove and all social services information points. If you wish to make a complaint you can also contact:

**Yasmin Mughal/ Helen Sanderson - Complaints and Represent Managers
Complaints, Comments and Compliments
Directorate for Children and Young People
Civic Centre 1
High Street
Huddersfield
HD1 2NF
Telephone: 01484 221000**

If you are not satisfied with the Kirklees complaints procedure, you can also contact:

**Independent Reviewing Officers
Directorate for Children and Young People
Silver Court Industrial Estate
Silver Street
Huddersfield
HD5 9AG
Telephone: 01924 221000**

If you are not satisfied with the Kirklees complaints procedure, you can also contact:

OFSTED
Piccadilly Gate
Store Street
Manchester
M1 2WD
Telephone: 0300 1231231
Email: enquiries@ofsted.gov.uk

Ofsted will be notified of any serious complaint about the home or the staff working there in line with regulations.

At Elm Grove we strive to continually improve practice and where a complaint is made we will always aim to rectify the issue quickly, learn from it, and prevent it from occurring again wherever possible.

SAFEGUARDING AND BEHAVIOUR MANAGEMENT

Elm Grove adhere to and work within the Kirklees Local authority's Policies and Procedures, these are outlined within the Kirklees Childrens Home Residential Procedures. The home also adheres to the Kirklees Safeguarding Childrens Board policies and procedures in relation to safeguarding children and young people.

All staff receive training in Safeguarding and have an enhanced Disclosure and Barring check completed before they can work with children living in the home. Regular refresher training is completed as necessary and appropriate. Staff attend training relating to behaviour management and how to diffuse and support positive behaviours.

All policies and procedures can be made available on request or via the appropriate websites below;

Safeguarding Procedures - <http://www.kirkleessafeguardingchildren.co.uk/procedures-guidance.html>

Childrens Residential Procedures – <http://kirkleeschildrenhome.proceduresonline.com/index.htm>

Children and Adult Procedures – <http://kirklesschildcare.proceduresonline.com/index.htm>

VIEWS, WISHES AND FEELINGS

CONSULTATION WITH YOUNG PEOPLE

At Elm Grove consulting with and involving young people in the operation of the home is an integral part of daily life. It is not something that we consider 'extra' or 'special'. Our young people's views are essential in informing our practice and future planning for the home.

Young people's meetings take place on a regular basis. At these meetings young people are encouraged to make their views known on a variety of issues including meal planning, activities in and out of the home, holiday planning and their 'house rules'. These meetings are child-centred and informal.

Notices are displayed around the home with details of upcoming community activities, theatre shows, meeting agendas for young people to add to, school notices and Children's Rights information. Our young people have been members on the Kirklees Young People's Board where they have contributed to consultations on wider service delivery.

We recognise the value of young people's meetings in seeking young people's views. However, consultation and participation is not confined to meetings but is at the core of everyday life at Elm Grove. Young people are consulted about all issues that affect them on every level from making choices about what to wear, what to eat, where to go, what to do, to wider issues such as who to invite to their review, what they want from their future, making the transition to adulthood and service development.

Young people have regular 1:1 time with their keyworker. These sessions are directly linked to the Quality Standards with the Keyworker supporting the child to explore issues in relation to their Health, Safety, Education, Aspirations, and Achievements and how they like to spend their leisure time. The young person is encouraged to look with their Key-worker at what is going well, and what they would like to work towards exploring and celebrating progress and achievements.

Meals are provided for the young people, and healthy snacks and drinks are available throughout the day. All dietary requirements are considered and planned for. Young people are encouraged to take an active part in planning meals based on their likes and dislikes, shopping for food, and preparing meals at Elm Grove within a wider healthy eating approach. Young people also plan 'themed nights' where they choose music, food and decoration to reflect a theme of their choice. At Elm Grove we celebrate religious festivals such as Eid, Christmas, and Easter as well as other occasions within the year such as bonfire night, New Year, and of course young people's birthdays. Young people choose how they wish to celebrate their birthday and will receive a birthday allowance from Elm Grove.

Staff know young people extremely well, building trusting relationships in which young people feel confident to share their views and engage with staff in planning positive outcomes

As many of the young people accommodated at Elm Grove have non-verbal communication staff use a variety of communication strategies with the young people to gain their views

and enable young people to express choice, including Makaton, Picture Exchange Communication Systems (PECS) and communication devices such as 'global communicators'. Communication is taken seriously and all young people are supported to use their preferred method. A solid understanding of communication issues enables staff to ensure equality of expression for all young people by giving them equal access to means by which they can communicate their views. Expert advice is sought wherever required, and interpreters are used if needed to enable both young people and their parents/carers to communicate their wishes and views.

We also recognise the value of observing and monitoring young people's behaviours. Observation is used as a means of seeking young people's views for those who struggle to communicate verbally. Observing how young people react to questions, situations, activities, care practices and so on enables staff to monitor what young people like and dislike, and to look at ways in which practice in the home can alter to reflect these likes and dislikes.

Young people's care plans include comprehensive guidance on the methods of communication each young person uses, there is a clear communication profile in place for each young person who does not communicate verbally, and the necessary resources are readily available to staff and young people.

Young people are well informed of the comments and complaints procedure detailed in the Children's Guide, and this is also displayed around the home. Young people are regularly reminded that they can speak to any member of staff at any time or request to speak to their social worker. Young people have access to advocacy through the Children's Rights Service and are visited at regular intervals by a worker from this service. Any comments or complaints are taken seriously and inform practice wherever appropriate.

ANTI-DISCRIMINATORY PRACTICE

Young people's care plans reflect their age, race, gender, personality, history, culture, and religious background. All young people can expect the same high level of service irrespective of these factors. Elm Grove staff work within a clear framework for anti-discriminatory practice and all discriminatory practice is challenged.

Our staff team can expect the same level of respect. We value our team immensely; their diverse knowledge, skills and experience. We are committed to equality of opportunity for all at Elm Grove and our staff team have equal access to supervision, training and development opportunities.

At Elm Grove we are committed to always 'going the extra mile' for our young people and their families.

CHILDREN'S RIGHTS, EQUALITY & DIVERSITY

All young people at Elm Grove are treated as equals whilst being recognised as unique individuals with unique needs and backgrounds.

Religious and cultural needs will be identified before the child comes to live at Elm Grove, and Key-workers will then include these needs in the daily living plan for the team to then adhere to. Staff will respect individual values and belief systems and will aim to meet children's needs within a multi-cultural ethos. As far as is possible, staff will make provision for religious observance by the young person and his/her parents/carers.

Young people are encouraged to explore other cultures and religions through play, themed evenings, books, toys and celebrations.

Young people's needs are considered on an individual basis and programmes of support are drawn up bearing in mind that the child is unique and therefore the support they require is also unique.

Whilst there are generic expectations for young people such as respecting one another, general behavioural boundaries and so on, it is also recognised that young people require individualised plans and key workers work hard to ensure that each young person's daily living plan involves their choices, wishes, needs and aspirations.

Diversity is seen every day at Elm Grove and it is something that is valued highly and celebrated. Young people can learn from one another about different backgrounds and faiths, and are encouraged to do so. Disability is not seen as a barrier and Elm Grove staff challenge barriers in society to enable young people to access as many 'ordinary' life experiences as possible.

Dietary requirements are well catered for, as are individual religious observances. Elm Grove staff support young people to attend Church, Mosque etc as appropriate, and will provide wherever possible the necessary means for young people to maintain their faith whilst residing at Elm Grove.

The staff undertake Equality and Diversity training and there is an expectation that they consider equality and diversity issues and young people's rights as part of their monthly supervision session, as well as in their day to day work.

Young people residing at Elm Grove can expect the same rights, and respect as anyone else. Any discriminatory practice will be challenged. Elm Grove aim to work within the social model of disability, and as such will challenge barriers within society for our young people.

REVIEWS

A planning meeting will take place within 72 hours of any emergency admission to Elm Grove. Following this, and for all planned admissions, statutory reviews of arrangements take place within one month of a young person's admission, again at three months, and six months thereafter. Young people are encouraged to participate at every stage of their review process. They are supported to complete 'It's My Review, About My Life' prior to the review detailing anything that they wish to have discussed, who they want at their review, whether they want a theme etc. We take a child-centred approach to the review process.

Again, a flexible individualised approach is taken to young people's participation in their review dependent upon the young person's choice, level of understanding, the nature of their disability, and so on. A variety of methods are utilised to enable young people to take part in their review including scrapbooks, photo albums, video diaries, posters tracking progress, places visited etc. All young people are encouraged to attend their review, for those who do not wish to attend their views are always sought and voiced on their behalf. One young lady chose to have a Halloween theme and asked all attending the review to dress as witches! She said that *'it was brilliant'*.

Young people receive feedback from all consultations involving them in a format that is appropriate to their needs.

The ethos of Elm Grove is to empower every young person to feel in control of decisions made about their lives and to enhance every young person's independence and opportunities to make everyday choices. The opinions and views of our young people are not taken for granted but are recorded promptly and acted upon. It is after all their home.

EDUCATION

It is usual, subject to agreement with Special Education Services, and the School Transport Department, for a child to continue to attend the school they have attended whilst at home, if this school continues to be appropriate. This helps to ensure consistency of education and some stability while a child moves from home to Elm Grove.

Elm Grove is **not** registered as a school.

At Elm Grove we value education on every level. We recognise that learning goes beyond the classroom and starts with daily routines, and skills. Education is an integral part of a child's life at Elm Grove.

We understand that learning new skills, and thus developing independence, has a positive effect on self-belief and motivation. We strive to promote young people's independence in all areas by giving them the life skills they need, be those self-care skills, social skills, communication skills, or giving young people the information and resources they need to make positive choices about their lives. We always maintain a realistic approach to the skills individual children can obtain, and will need, whilst encouraging them to stretch themselves.

Each child has a Personal Education Plan (PEP) setting out educational achievements, needs, aspirations and contacts for education and professionals involved. Most young people living at Elm Grove will have a Statement of Special Educational Needs. From the 1st September 2014 Education Health Care (EHC) Plans will replace the Statements of special educational needs. These plans will bring together the child's education, health and social care needs in one single document. This document will set out the support necessary to meet these needs and the expectations of the home in supporting them, their key worker will ensure that an up to date copy is kept on file at Elm Grove, along with the additional needs plan and any actions required by Elm Grove. The young person and staff at the home will be involved in the drawing up of the plan.

We have excellent links with schools; daily liaison takes place between Elm Grove and each child's class teacher/assistants via a home-school communication diary where appropriate.

In addition to allowing information to be passed over, such as appointment times etc, these also enable us to discuss the school day and activities undertaken in class with the young people; this is particularly important for those young people who cannot verbally communicate. Knowing what has been taught in class also allows for continuation and consolidation of this learning at Elm Grove.

We work closely with schools in all areas of a child's life; sharing plans for education, health monitoring, behaviour management and communication; this enables us to provide a higher level of consistency and holistic support to the young people living at Elm Grove across both environments.

We will attend parents' evenings if needed, to offer support to families and young people, and to further enable consistency between school and Elm Grove.

Young people are encouraged and supported to complete homework and are offered quiet calm areas to do so. Laptops are available for young people to use.

Books are also available to young people and library membership is encouraged.

We share young people's aspirations. We believe that with the right motivation, support and encouragement all young people can develop their skills and work towards their full potential. Our understanding of child development and disabilities enables us to support young people in developing their skills at a pace which is appropriate to their current developmental level and abilities. Each young person has a daily living plan (an extension of the placement plan) which explains their current levels of independence and how they can work towards increasing these skills.

We take a holistic view to children's care, education and learning. We therefore seek to provide every young person with the support they need – medical, emotional, behavioural or otherwise – to be able to fulfil their true potential.

All achievements are celebrated and praised. Praise is used regularly to reinforce positive behaviours. Some of our young people have received Educational Achievement Awards from Kirklees Education Service – some for 100% attendance at school, others for 'attitude to learning'. We are very proud of our support to improve young people's experiences in school.

The young people accommodated at Elm Grove participate in various activities both within and outside the home, all of which provide learning opportunities. The activities include arts and crafts, swimming, horse riding, 'D Zone' – where young people can work towards their Duke of Edinburgh Award, walks in the park, drawing, sensory play, Full Body and The Voice theatre group, jigsaws, reading, dressing up. These activities enable the children to learn vital life skills - to socialise, to share, to learn about the world around them, to communicate, to count, spell, and to take turns. Others encourage motor development and spatial awareness.

We also value the importance of rest and relaxation, and allow young people time to do 'nothing in particular' if they need it.

We regularly assist in facilitating education for our young people by providing direct support in and out of the classroom when required. We have provided transport for school trips, escorted children to and from school where necessary, accompanied children on visits to new schools, our key workers spend at least one half day a term in school to ensure consistency between the two environments.

We also support schools in developing strategies to manage challenging behaviours, transporting issues, education planning and post-16 transition planning.

ENJOYMENT AND ACHIEVEMENT

*‘Young people receive an excellent standard of care that attends to their individual and highly complex needs.....they experience fun and appropriately challenging activities and they develop social skills that enhance their life opportunities’
(Ofsted Report)*

If young people are already involved in clubs/activities when they come to live at Elm Grove we will do our utmost to ensure that they can continue to attend these.

LEISURE ACTIVITIES AND OUTINGS

Activities and outings are provided for the young people; again these are planned with young people’s input. Outings are often planned in young people’s meetings which take place on a regular basis, and at least monthly. Activities available within Elm Grove include: arts and crafts, reading (we borrow books from the local ‘Book Plus’ which include props so that the young people can dress up and role play the story – these have proved very popular with our young people!), jigsaws, toys for imaginative play (child crockery sets, kitchen equipment etc.), sensory toys. There are several areas within the home where young people can have space to relax and enjoy sensory activities such as hand massage, listening to music. Outdoors there is a relaxation swing, trampoline and outdoor toys.

A variety of outings external to Elm Grove are also provided regularly for young people. Elm Grove have their own adapted minibus which is used to enable young people to access the community and also to transport young people to medical appointments, contact with their family and anywhere else they may need to go. Some of the places young people at Elm Grove have visited include: Ponderosa (rare breeds farm), Hydrotherapy, Eureka (Halifax), Blackpool, The Deep (Hull), Knowsley Safari Park, Primrose Valley, Wetherby’s Stockeld Park. An individual risk assessment is completed for all young people regarding accessing the community, and, where necessary, specific activities, and we strive to ensure that young people have as many ‘ordinary’ life experiences as they can.

There are opportunities for young people to go away on a unit holiday. This takes place in the school holidays, and is planned with the young people.

HEALTH

On becoming accommodated at Elm Grove it is policy to check that the young person is registered with a GP, dentist and optician. Young people living at Elm Grove will usually be registered with the local medical centre and their key worker will coordinate all medical matters, working closely with parents and carers to ensure that individual health needs are met both physically and emotionally. There may be some occasions where it is more appropriate for young people to remain with their current GP practice.

A number of young people at Elm Grove may experience health problems, these may include: epilepsy, respiratory difficulties, skin complaints, sensory problems.

Information regarding a young person's health will be contained in the relevant 'Looked after Child' documentation given to us by their Social Worker on admission, i.e. immunisation history, medical conditions, allergies, required medication, medical contacts, relevant therapy programmes. Those with parental responsibility will be required to sign medical consent.

Our approach to protecting and promoting young people's health recognises that this is a holistic task. We have excellent links and working relationships with our colleagues in the Health Service.

Their involvement is integral to our care planning process. Advice can be sought from paediatricians, physiotherapists, speech and occupational therapists, the Community Learning Disabilities Team, Child and Adolescent Mental Health Services (CAMHS), local medical centres, opticians and dental surgeries. We know, and regularly demonstrate, that working collectively with the Health Service leads to high quality, frequently preventative, support for our young people, which is continually evaluated to meet their current needs.

Where a child has complex health needs, training and advice will be sought where required and close liaison will take place between Elm Grove, parents/carers and the health professionals involved. All health plans will be adhered to (e.g. physiotherapy programmes, dietary requirements, speech and language programmes, behavioural advice etc). Emergency plans will be written where required in liaison with the medical professionals involved.

All young people will have an initial health assessment within 28 days of admission to Elm Grove carried out by the Looked After Children's nurse, in consultation with the young person, parents and carers. This identifies the young person's health needs and enables us to plan to meet those needs. A copy of the plan is kept on file at Elm Grove and reviewed annually. Key workers plan with the health teams involved to ensure that all objectives on the plan are met.

Staff follow the Kirklees Safe Administration of Medication Policy and Procedure. Prescribed medication is kept in a locked cabinet, in its original packaging with the name of the child, expiry date of the medication, strength of the medication, dosage and times required. Each young person has a medication administration chart which reflects this information. These sheets are signed by two members of staff when medication is administered. Only those trained in the administration of medication may administer it – agency/temporary staff and students may not. A stock control system is in operation. If the young person goes to stay with family, the necessary medication to cover the stay will be sent, or some families will

choose to keep a stock of medication at home. A copy of the full medication procedure is available on request.

All staff are trained in First Aid and First Aid boxes are provided within the home.

Significant risks to the young person are identified in the care planning process and an appropriate risk assessment is completed to minimise known risks.

Young people are provided with a varied diet of healthy, wholesome, nutritionally balanced meals. Individual dietary needs are well catered for including those of children from ethnic minority backgrounds. Advice is sought from the local dietician for young people requiring specific dietary intervention. Young people have access to healthy snacks and drinks, and mealtimes are well organised to enable them to be relaxed social occasions.

Young people's preferences are taken into account when planning meals, within a wider context of healthy eating. They are also given the opportunity to shop for, and prepare their own meals.

There is lots of outdoor space at Elm Grove – there are two large garden areas and a smaller sensory garden. All young people have access to these areas providing various opportunities for physical activity and/or relaxation. Elm Grove also access several local facilities for physical activity and play such as the local soft play gym, hydrotherapy pools, local parks, and horse-riding centres.

Young people are encouraged to take a shared interest in looking after their health, taking into account their wishes, needs, and level of understanding. Monthly key worker sessions are undertaken in which young people are encouraged to look at how they keep themselves healthy, and also to express any concerns they have. Up to date resources for young people are kept in the 'Being Healthy Matters' pack which contains advice on issues such as personal hygiene, smoking, relationships, and disability.

Young people are made aware that they can speak to any staff member, their Social Worker, or children's rights workers at any time. We work hard to maintain relationships with family and friends, in order to support the young person's emotional health and their identity. Young people's dignity is maintained at all times and issues of a personal nature are dealt with sensitively.

We take an individualised approach to healthcare in which ethnicity, culture and personal choice are always taken into account.

The staff team are fully aware of the need to closely observe all behaviours, particularly for those young people who cannot communicate verbally, thereby allowing health issues to be detected quickly and early intervention to be sought. Young people are provided with various communication aids, such as pictures, symbols, Makaton, and photographs. Staff members use these, and an in-depth knowledge of each child, to detect and investigate health or behavioural concerns. We will liaise with Speech and Language Therapists as needed for any specialist communication methods used by young people. Each young person with communication difficulties has a communication profile including typical behaviours displayed at times of ill health in order to enable early detection of possible illness for those who struggle to communicate when they are feeling unwell.

Support and advice from CAMHS clinicians is accessed by the home. Monthly consultations take place with a qualified Psychologist; she meets with staff to discuss any concerns relating to emotional health and wellbeing offering support and advice around behaviour management, group living dynamics and sensory stimulation. Staff are not trained in the use of specific therapeutic techniques and therefore these types of techniques are not currently used at the home.

All accidents, illnesses, appointments and discussions with health professionals will be recorded, along with any outcomes/issues for referral. All changes to behaviour; and any major events in the child's life will also be recorded and cross-referenced to health issues. Monitoring outcomes in this way highlights patterns in health-related issues allowing for preventative measures to be put in place, and early intervention in the future should the pattern be seen again. Timely referrals are made to health teams and referrals continue to be made until we are in no doubt that the young person is receiving the best possible support available to them.

If accidents/illnesses are of a serious nature Ofsted will also be informed.

For those young people who find attending appointments difficult we often plan each stage of the visit with the health professionals involved to ensure that it is as smooth and relaxed as possible. Wherever possible we will arrange for health professionals to come to the young person at Elm Grove/an environment they are more comfortable in. We aim to ensure that all young people have equal access to all health services by reflecting their diverse needs in the planning of appointments and the way in which they receive each service.

We ground our work in a sound understanding of child development and disability issues – both physical and emotional. We strive to maintain young people's independence and are fully aware of the importance this has for self-esteem and thus for protecting emotional health. Young people are kept at the centre of any health intervention and Elm Grove strives to ensure that each young person has the necessary support where they need it when they need it.

Two qualified health care professionals both work closely with the home to offer health care support and advice;

Helen Wilcock (Local Authority Settings Nurse) – Registered Paediatric Nurse (RN Children)
Linda Hirst (LAC Nurse) – Registered General Nurse (RGN)

POSITIVE RELATIONSHIPS

ARRANGEMENTS FOR CONTACT

Arrangements for contact with family and friends both within Elm Grove and home/community visits will be discussed at reviews and included in the written agreement. This will ensure that both the child's needs and those of the family can be balanced. For most young people accommodated at Elm Grove, arrangements need not be too formal. Elm Grove operates an 'open door' policy to family, and, in the absence of any legal orders,

contact can be made with a young person at any point during their stay. A prior telephone call will ensure that the young person will be in when families visit and that s/he can be told of the intended visits. Young people may use the telephone to make or receive telephone calls. Anyone visiting Elm Grove who is unknown to the staff team will be asked to provide proof of identification.

Key-workers will be in regular contact with parents/carers regarding the wellbeing of their child and any staff members may be contacted by telephone for information and reassurance. Parents and carers will be informed as soon as possible of any illness, accidents or significant events.

Elm Grove recognises how vital it is for a child to maintain contact with their family and friends, we will therefore endeavour to ensure that this happens wherever possible. Elm Grove staff team prides itself on our extensive support of family contact and always go the extra mile in making it happen. Some of the ways in which we have supported contact in the past include:

- Transporting young people to and from contact
- Supporting contact in the family home when this is required
- Arranging and supporting trips out into the community
- Enabling contact to happen at Elm Grove
- Ensuring interpreters are present to enable communication by all within the contact
- Ensuring young people have access to means of contacting their family and friends should they wish
- to do so
- Facilitating birthday parties with family and friends both at Elm Grove and in the community
- Providing outreach to families when young people are visiting home –a member of the staff team is
- Availability to give support and advice, or to point parents and carers in the right direction of any support they may require

PROTECTION OF CHILDREN

SECURITY

Elm Grove has an electronically fobbed security system on all external doors and window restrictors on all windows to ensure the safety of young people is paramount. The doors that separate the two 'wings' within the home are also electronically fobbed doors. These doors remain open at all times unless a young person is particularly upset and they and others would benefit from a short time with the doors closed, this allows for a smaller more controlled environment in which they can relax. This is only used as a last resort.

In exceptional circumstances a bathroom door may be locked temporarily to ensure the safety of all young people – e.g. if the shower is broken, if the bathroom is unsafe in any way (e.g. building works being carried out in there). Young people will continue to have access to other bathrooms for the duration of the time that the locked bathroom is out of order. The door to the medication room is always locked.

All visitors to Elm Grove will be expected to sign in prior to entering the building, they will be asked to show ID if they are not known to the staff. Anyone without ID may be refused entrance to the home.

MONITORING AND SURVEILLANCE

At Elm Grove there are occasions when we may use electronic surveillance systems such as audio and video monitors (baby monitors, a built in intercom) to monitor young people who have a medical or health conditions such as epilepsy or when other risks have been identified. The baby monitors are used purely for medical reasons and not used as a form of behaviour management. Listening monitors are used where a need relating to safety has been identified, this may arise from behaviours where a child is putting themselves or others at risk, and staff need to be able to respond quickly to a child getting out of bed. Door alarms are also fitted on all bedroom doors; these are only ever put on during a night and only where group dynamic risks are apparent and identified. If a bedroom door is opened a silent alarm will be sent to a pager alerting the night staff to the young person that requires additional support. Parents and carers will be informed of such surveillance. The use of any surveillance and monitoring systems are assessed on an individual basis and reviewed on a regular basis dependent on identified risks. Permission will be sought from Parents and Social Workers as appropriate. During the night, waking night staff will also make visual checks on children as necessary and identified within their individual Placement Plans.

FIRE & EMERGENCY

In the event of the fire alarm sounding, there is a clear fire procedure in place to support the safe evacuation of individual young people and staff as per risk assessment. If it is established that a fire has occurred, staff on duty will support all young people and any visitor to the home to leave the building by the nearest exit closing all doors behind them and will then assemble outside at the front of the building. All young people have an individual Fire Evacuation Plan which all staff are aware of. These are updated regularly.

There is a designated fire marshal (Key holder) allocated at the start of each shift who is responsible for taking the lead if the fire alarm were to be actuated.

The fire service will be called (999) by the designated fire marshal whenever the alarm is actuated. When everyone is safely evacuated, the Fire Service will investigate the cause of the alarm actuating. When the Fire Service is satisfied that there is no risk and the alarm has been reset the staff and young people can re-enter the building. If the building is deemed unsafe, there is a Contingency Plan in place to take all young people to a place of safety.

It is the duty of all staff on discovery of a fire to actuate the alarm at the nearest break glass point and to assist all young people to evacuate the building.

(A copy of the fire procedure is available on request)

Fire tests are conducted weekly (on Wednesday) at Elm Grove; any faults are reported immediately and dealt with promptly. Full evacuation drills are conducted on a regular basis in line with Kirklees Buildings Control Fire Safety requirements.

Smoke detectors/heat sensors are fitted in all rooms within the home, all doors are fire doors, with automatic closers, and there is an emergency lighting system.

Fire extinguishers and fire blankets are provided within the home and are regularly checked and maintained by fire officers.

All staff and young people are aware of and regularly updated on fire procedures.

Electrical and gas installations are inspected at 5 yearly with portable electrical testing completed annually. Boilers are maintained at least annually and all certificates are kept on file on Elm Grove.

The local fire authority has been consulted about the fire precautions used in the home and associated emergency procedures, the local fire service visit Elm Grove and have a copy of the layout of the building to assist them should they need to evacuate Elm Grove in an emergency.

CHILDREN'S BEHAVIOUR

In keeping with our general ethos, Elm Grove prides itself on using a positive approach to behaviour management. Prior to admission, wherever possible, an impact assessment will be carried out which will explore any challenging behaviours currently experienced by the young person and the risks involved from challenging behaviours both to the young person and to others.

On admission, each young person will go through a period of assessment during which time staff will be monitoring effective strategies for responding to 'unacceptable' or 'challenging' behaviour. A behaviour management plan (known as a positive handling plan) will be drawn up. This plan will look at all of the strategies which help to minimise behaviours for that individual child – including communication plans, health monitoring, diversion techniques, calming techniques and so on. Occasionally, sanctions or restraints may become a part of a young person's overall plan. Wherever possible, the young person will be in agreement as to what an appropriate sanction may be. In practice, we use very few sanctions as we prefer to guide the young people to learn acceptable ways of communicating their needs and emotions.

The focus at Elm Grove is on preventative pro-active strategies such as diversion, distraction, redirection and successful methods of keeping the young person engaged. Staff will try to divert young people from behaviour that is unacceptable using methods which are agreed and written into their care plan. These plans are updated at least every six months; or whenever deemed necessary.

We recognise that the question is 'why is the behaviour occurring?' and we work with our partners in health, social services and education to address these issues for our young people

At all times, if a young person is engaging in challenging or dangerous behaviours staff will aim to prevent harm to the young person as well as that young person harming anyone else.

This may involve withdrawing the young person from the group at Elm Grove for a temporary period to enable a safe environment for calming down.

Elm Grove operates within Kirklees Metropolitan Council Social Services Restraint and Sanctions Policy and Procedure. (Copies of which are available on request.)

Elm Grove employs Team Teach (BILD Accredited) strategies and approach for managing behaviours. Team Teach training is designed to minimise risk and help people to build and maintain positive relationships. Staff who receive clear guidance and regular training are more likely to be both confident and competent at supporting the people they care for. Confident staff can offer reassurance to people who are anxious, offer boundaries and choices and support with safe and effective physical intervention strategies as a last resort where absolutely necessary. Staff are able to help people to learn better ways of managing their feeling and their behaviour by providing opportunities for support, reflection and repair.

The emphasis of Team Teach is always on preventative measures, such as, environment management, diffusion and de-escalation which should make up more than 95% of staff responses. Where these responses are insufficient, risk reducing physical interventions are used to keep people safe as part of a holistic approach.

At Elm Grove we believe that behaviour management supports children and young people's learning by assisting and teaching them how to manage their emotions and behaviours, understand boundaries and develop more appropriate methods of communication.

Team Teach is not just a physical restraint course and does not offer training in physical skills alone. Training is offered to services which can evidence that they are working within a framework of sound values, documented policies, procedures and protocols. The Team Teach approach provides a framework to equip services and individuals with attitudes, skills and knowledge to facilitate environments which are free from fear and safe from harm. In an effort to safeguard everyone involved in a violent incident where physical intervention is necessary, the skills and techniques taught are subject to ongoing risk assessment and review.

REWARDS, INCENTIVES AND RESTORATIVE PRACTISE

Most behaviours are managed through the implementation of clear boundaries and expectations outlined within children's individual PHP's. Rewards and incentives are generally more effective and appropriate in supporting positive outcomes and progress. Incentives and rewards may include clapping, thumbs up, stickers, certificates and specific activity reward charts.

Sanctions are rarely implemented and only if it is deemed that any implementation is likely to be beneficial to the child. If sanctions are used, they are recorded in a sanctions book and a copy placed in the young person's file. Any sanctions would be signed off monthly by the Residential Manager and countersigned by the Regulation 44 Visitor. A restorative approach is used to support young people following an incident so that we can discuss incidents and allow for positive learning & development.

PHYSICAL INTERVENTIONS

Physical intervention should be used as a last resort and used only when other methods to calm a situation have failed. Restraint should only be used to prevent a young person from hurting themselves, others or from damaging property. Force should not be used for any other purpose, or simply to serve compliance with staff instructions.

Should a young person require physical intervention, this will be carried out using an approved Team Teach hold/technique. All staff receive annual Team Teach training as well as having access to an Advanced Level Team Teach Tutor to offer support. Holds which may be used with a young person who it is felt is likely to display behaviours which may require physical intervention will be agreed and included in their Individual Care Plan. Team Teach includes a strong emphasis on divert and distract techniques, positive listening and learning skills and keeping the environment as safe as possible. Physical restraint is always a last resort.

Team Teach techniques seek to avoid injury to the child, but it is possible that bruising or scratching may occur accidentally. These types of injuries are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect during an attempt to keep people safe.

The use of restraint is recorded in great detail; these records are again signed off on a monthly basis by the Residential Manager and the Regulation 44 visitor. A copy will also be placed in the young person's file. Debriefing sessions take place in a format which is suited to each child's needs.

Measures of behaviour management which are NOT allowed at Elm Grove are:

- Corporal Punishment (slapping, punching, squeezing, shaking and rough handling)
- Deprivation of Food
- The Restriction or Refusal of Contact with Family
- The Requirement to Wear Distinctive or Inappropriate Clothing
- The use of Withholding Medication, Medical or Dental Treatment
- Intentional Deprivation of Sleep
- Imposition of Fines
- Intimate Physical Searches

The specific measures of Restraint and Sanction used at Elm Grove are approved by the Local Authority and as specified in The Children Act 1989, The Care Standards Act 2000, Quality Standards and Children's Home Regulations 2015.

Again, our ethos is to work in partnership with parents/carers and fellow professionals to provide an individual and consistent plan to manage behaviours that challenge.

ANTI-BULLYING

All young people and staff are expected to treat one another with respect and dignity. Bullying will not be tolerated in any form at Elm Grove, and all allegations of bullying will be taken seriously by the management team.

Elm Grove work within the Kirklees Safeguarding procedures, and guidance from the Local Safeguarding Children Board. If an allegation of abuse or bullying is made the child's safety will be taken as paramount. They will be offered immediate support. Staff will liaise with the child's social worker and, where appropriate, parents and carers.

All staff undertake Safeguarding training which is regularly refreshed and are aware of their duty to report any behaviour by other members of staff that they would consider to be inappropriate.

Any concerns about a child's safety are taken to the manager, and recorded. The manager will consider all of the details of the incident and any evidence to support or refute the allegation.

The senior nominated officer will refer the matter immediately to the Child Protection and Review Unit if there are grounds to believe that there has been abusive behaviour. A strategy meeting will then be held to determine how to proceed.

All residential staff will be alert to the possibility of child to child abuse, be it physical, sexual, emotional or neglectful and the legal duty to investigate such matters. All staff are trained in Safeguarding procedures and the measures in place to prevent bullying and abuse from taking place, including close monitoring of young people's behaviours and signs of abuse/bullying (withdrawal, changes in behaviour, unexplained bruising etc).

Guidance is available for all young people on anti-bullying, appropriate relationships, stranger danger and so on. This information is discussed in young people's meetings and Key-worker sessions where young people are encouraged to look at how to keep safe, how they would wish to be treated and how they should treat others.

When abuse of a young person is alleged to have been carried out by another child or young person, or it is suspected, safeguarding procedures must be followed in respect to both the abused and alleged abuser.

Close liaison takes place between Elm Grove, parents/carers and professionals to ensure that information regarding young people is relayed between those involved to ensure that the child's safety remains paramount.

ABSENT OR MISSING FROM THE HOME

In general, absence without authority is not an issue at Elm Grove, owing to the nature of their disabilities; young people are supervised throughout the day and night hence risks are reduced significantly. Each young person has an Individual Risk Assessment for when they are out in the community. If a young person who requires constant supervision goes missing

whilst out, the Police will be called immediately to assist in the search to find them. Parents/carers will be informed of such an event as will the appropriate Line Manager, Social Worker or Emergency Duty Officer. The home will implement the joint protocol with West Yorkshire Police – Young people missing and absent policy and procedures revised (2014).

Young people who access the community independently also have an Individual Risk Assessment. If they do not return to Elm Grove at a negotiated time, staff will follow individually adapted missing person procedures, and will notify the Police to assist in the search to find them. These young people will be encouraged to carry a mobile phone at all times when out of Elm Grove.

Detailed individual procedures are put in place following admission which detail actions to follow when a young person goes missing from care. Factors that influence actions to be taken and timescales will include:

Disability and the perceived level of risk indicated within the young person's individual risk assessment. The age of the young person, maturity, and vulnerability previous patterns of behaviour and emotional wellbeing at the time

LEADERSHIP AND MANAGEMENT

RESPONSIBLE INDIVIDUAL

Elaine McShane - Service Director Family Support and Child Protection

RESPONSIBLE BODY

Kirklees Metropolitan Council Social Services, Civic Centre 1, High Street, Huddersfield, HD2 2NF

REGISTERED MANAGER

Jon Peaker

Registered Manager

Elm Grove

17 Elm Grove

Heckmondwike

WF16 9DN

EXPERIENCE

2006-2008	Education Support Assistant at Castle Hill School
2008 - 2009	Education Support Assistant & Residential Care Officer at the William Henry Smith School
2006-2009	Casual Assistant Group Leader at the Young People's Activity Team
2009-2013	Group Leader at the Young People's Activity Team
2013-2018	Deputy Manager at Elm Grove Children's Home
2018-present	Registered Manager at Elm Grove Children's Home

QUALIFICATIONS

BSc (Hons) in Sport & Exercise Science (2000-2003)

Certificate in team leading level 2 (2010)

NVQ 3 Caring for Children and Young People (City & Guild 2014)

Diploma level 5 in Leadership for Health and Social Care and Children and Young Peoples Services (2016)

Coaching as a Leadership style (2017)

ORGANISATIONAL STRUCTURE

Organisational Structure

Mel Meggs

Director of Children & Young People's Service

Elaine McShane

Service Director – Family Support & Child Protection

Children & Young People Service

Steve Comb

Head of Corporate Parenting – Family Support and Child Protection

Children & Young People's Service

Claire Morgan

Service Manager – Disabled Children's Regulated Services

Jon Peaker

Residential Manager

STAFFING

Our current staffing complement consists of:

- 1 Registered Manager
- 2 Deputy Managers
- 13 Residential Care Officers
- 5 Residential Care Officers (Nights)
- 1 Administrator
- 3 Domestic Assistants
- 1 Domestic Support
- 2 Cooks
- 1 Handy Person (Building and Grounds Maintenance)

In the event of residential staff being absent due to sickness or annual leave there is a bank of Casual Residential Care Officers who are employed by the council to cover at the home. They know the young people well and can maintain consistency of care.

In some circumstances agency staff are used, however we strive to request staff who know the children well. At least 50% of the staff working on any one shift will be substantive Kirklees employees.

STAFFING POLICY

Elm Grove operates a flexible but well-resourced staff rota, designed to meet the needs of the children and young people.

There are generally five staff on each shift during the day. An early shift is usually from 7:00am until 2:30pm, a late shift 2:00pm until 10:00pm, and a night shift from 9:30pm until 7:30am. These times may vary depending upon the needs of the service.

If Elm Grove is operating at full capacity or if at any time it is felt that the children's safety or welfare requires increased staffing, then a decision will be made to increase staffing levels accordingly.

During the night there will be waking night staff on duty. Again, if the needs of the young people deem it necessary these levels will be increased accordingly.

All staff are recruited through the Kirklees Employment Unit, and all personnel records are held centrally at High Street Buildings in Huddersfield. Any recruitment is subject to an Enhanced DBS. We encourage all applicants to visit the home, and where possible young people's views are taken into account when selecting staff for appointment.

There is a very low turnover of staff within Elm Grove, many of the staff team have worked here for several years; this reflects the staff team's commitment to Elm Grove and the warm, welcoming environment within the home. This also provides a stable, consistent environment for the young people who reside with us.

TRAINING & DEVELOPMENT

All new members of staff who have not previously worked for the local authority will be subject to a probationary period for the first six months of their employment. Their performance is closely monitored and assessed, and at the end of the period a decision will be made whether to recommend the person to join the permanent staff team.

During this period each staff member will complete a full induction and attend all mandatory training including Moving and Handling, Team Teach, Safeguarding, First Aid, Health & Safety, and Food Hygiene. This training is regularly refreshed for all staff members.

All new members of staff will be placed with a mentor for their first weeks at Elm Grove. They will also receive supervision with a manager a minimum of every two weeks, pro-rata in relation to hours worked in the home.

All staff members are encouraged to take an active part in their continued professional development. This is addressed through supervision and an annual appraisal. Various training sessions are provided both in-house and through the Kirklees Learning & Development service. Guest speakers are invited to Elm Grove where specialist advice is

required for a particular issue; e.g. specialist nurses, and members of the Child & Adolescent Mental Health Service (CAMHS). The staff team are also encouraged to research issues and bring back their findings to the rest of the team. There is an expectation that staff share their new found knowledge with the rest of the team. Training courses attended include: Safeguarding, Equality & Diversity, Food Hygiene, Autism Awareness, Attachment, Fire Safety, Health & Safety, First Aid, Intensive Interaction, and Medication Administration. Training specific to individual children is arranged through the appropriate health professionals for children with additional needs, such as respiratory care.

Elm Grove's staff team are always looking for opportunities to improve their practice and knowledge, in order to continue to excel at exceeding expectations for young people's care.

Qualifications amongst the staff team include:

The staff team has a wide range of experience and skills, including several years working with children and young people with disabilities, complex health needs, and challenging behaviour in a variety of settings – including residential homes, schools and play schemes.

The home operates with a balance of male and female staff on duty at any one time. The team is diverse in terms of knowledge, expertise, age, gender, culture and ethnicity; this ensures that children and young people can be supported by a range of positive role models with all aspects of their care.

SUPERVISION

All members of staff will have regular supervision sessions with a member of the management team in line with best practice, Children's Home Standards, Regulations, and Kirklees guidance. This will take place at a frequency relevant to their needs and experience. These sessions cover the young people's care plans, staff roles and responsibilities, personal and professional development, the organisation's objectives, any practice issues, housekeeping and any other concerns. Supervision is conducted in private and, as far as practical, free from interruption.

At Elm Grove the staff team are also provided with daily informal supervision. The management team operate an open door policy, and encourage staff to discuss any issues they have together as a team. There are regular staff meetings (other than in school holidays), where staff are encouraged to bring any issues for discussion. Best practice discussions and safeguarding issues are always discussed at team meetings as a matter of course.

In-depth handovers take place at the beginning and end of each shift. Staff discuss in detail issues relating to the care of the children and utilise their colleagues observations and knowledge to support practice decisions and planning.

At Elm Grove we recognise the importance of supervision both for the staff team and for the young people. Discussion is key and we strive to further everyone's knowledge and skills to be able to make real changes to young people's lives.

CARE PLANNING

ADMISSIONS

Referrals for Elm Grove are made via the Kirklees Disabled Childrens Service and Placement Referral Team. They conduct and complete an assessment of need and then discuss the case with the Service Manager and Residential Manager, who makes the decision regarding the placement of the child within Elm Grove. The Service Manager will consult with the Registered Manager at Elm Grove who will conduct an impact assessment prior to a decision being made.

All admissions to Elm Grove are treated as unique and most are planned in advance individually for each family. This will generally include appointing a key worker who will gather information concerning the child and their family and will plan introductory visits and overnight stays, providing a sound platform for constructing a planned admission leading to a successful placement.

Admissions are planned with the child's needs as paramount – staff at Elm Grove will ensure that all information regarding the young person's needs and preferences are obtained and catered for to ensure that the transition to Elm Grove is as smooth as possible.

All young people will be given a copy of the Children's Guide to Elm Grove. This is available in different formats to suit individual need.

EMERGENCY ADMISSIONS

Young people can be offered placements at Elm Grove on an emergency basis. This is arranged between the Registered Manager, the Service Manager and the relevant Social Worker, placement team or the Emergency Duty Service, if out of hours.

Any emergency admission will be dealt with as unique and all individual circumstances will be taken into consideration. An emergency admission will only be accepted if;

1. An appropriate bedroom and facilities are available
2. The appropriate levels of staffing are available to meet the emergency admission's needs and those of the other resident young people
3. A review for the young person can be organised and held within the statutory required timescale of 20 days following admission to Elm Grove
4. A 72 Hour Planning meeting can be arranged to ensure the placement can continue to meet the needs of the child.
5. The Registered Manager is confident that the needs of the young person can be met and the likely effect of their admission is taken into account

The Registered Manager will record the rationale behind any emergency admission to the home.

ASSESSMENT

Elm Grove will input, where appropriate, into core assessments and encourages joint working with parents/carers, social workers and colleagues from other agencies, including the voluntary sector. The Registered Manager will ensure that an impact assessment is carried out, prior to an agreement of a placement at Elm Grove, to identify whether the needs of the young person can be met, and whether the needs of those already resident can continue to be met should the young person be offered a place at Elm Grove.

RECORD KEEPING AND OPEN ACCESS

Kirklees Social Services operates an Open Access Policy, available on request. Our record keeping practices operate within this policy.

Records kept:

1. Young Person's Personal File

This contains copies of the child's Care and Placement Plan, any questionnaires, review reports, accidents and incidents occurring at Elm Grove or elsewhere, any visits made to the young person, telephone calls and letters received by staff, educational reports, current risk assessments, health assessments, etc. There is also a copy of their financial arrangements, an inventory of clothing and belongings, and any mobile phone or bank records.

2. Young Person's Daily Report

This is written by childcare staff at the end of each shift, regarding the young person's activities, appetite, sleep pattern, any challenging or unusual behaviours and any outcomes of this behaviour including sanctions, general mood and wellbeing, any health concerns, and any other relevant information. These records are completed to ensure that all staff are aware of the well-being (or otherwise) of each young person so that the highest level of care and support can be given, to enable staff to talk to the young people about how they have been spending their leisure time, and to record progress made and any patterns observed in the child's behaviour.

3. Log Book

This records all unit business, incoming and outgoing telephone calls and action taken, staff on duty, daily liaison amongst the staff team, and meetings.

KEYWORKERS

A key worker's role is to act as a primary point of contact for a young person's family and for other professionals (e.g. Social Worker, teacher). They are responsible for ensuring that all paperwork required by law and according to Kirklees guidelines is completed, up to date and easily accessible (e.g. LAC forms, medical procedures etc.)

The key worker is expected to liaise with parents, school, Social Worker, and others to whatever extent is necessary to guarantee high standards and consistency of care for the young person.

The key worker does not have 'sole rights' over communicating with parents, school etc. They have a duty to ensure that all information they receive is passed on to the whole staff team so that when they are off duty any member of staff can deal with any problems or queries that arise.

Each young person will have 1 or 2 key workers who are responsible for co-ordinating the care of the young person with the assistance of a deputy manager who will oversee this co-ordination.

PERSONAL CARE

Personal care is carried out in line with individual care plans and the Kirklees intimate care policy, young people are always encouraged to be as independent as possible in all aspects of their care. A risk assessment covering personal care and bathing will be in place to ensure children's safety – this will cover where necessary the need for supervision or not, any health related matters relating to personal care and bathing (seizures and so on) and the level of support required by the child.

MEALS

Meals are provided for the young people, and healthy snacks and drinks are available throughout the day. All dietary requirements are considered and planned for. Young people are encouraged to take an active part in planning meals based on their likes and dislikes, shopping for food, and preparing meals at Elm Grove within a wider healthy eating approach. Young people also plan 'themed nights' where they choose music, food and decoration to reflect a theme of their choice. At Elm Grove we celebrate religious festivals such as Eid, Christmas, and Easter as well as other occasions within the year such as bonfire night, New Year, and of course young people's birthdays. Young people can choose how they wish to celebrate their birthday and will receive a birthday allowance from Elm Grove.

MONITORING AND REVIEWS

AUDITS

The residential Manager and Deputy Managers will carry out regular audits of the home. This is to ensure policies, procedures and care standards are being monitored and implemented. A report and evaluation of this monitoring will be sent to Ofsted at least 6 monthly under Regulation 45.

INDEPENDENT PERSON REGULATION 44 VISITS

An independent person visits the home at least once a month in line with Regulation 44 of The Children's Home Regulations 2015. During these visits the Independent person will review and comment upon the safety of children and how the home promotes children's wellbeing and continuous improvement. They will look at records and reports and meet with staff and young people. Some examples of the records checked include records of any accidents and injuries, physical intervention, health and safety issues ensuring young people are being consulted about their care, and discussion with staff and young people. The independent person will provide a written report of the findings during the visit providing an action plan as necessary. Any recommendations and timescales will be outlined within the report. A copy of these visits is kept on file at Elm Grove and one is sent to HMCI, the Local Authority, the Registered Manager and Provider.

OFSTED INSPECTIONS

Elm Grove is inspected by Ofsted to ensure that the standards of care are meeting the necessary requirements of registration as a care setting. There must be at least one full inspection of Elm Grove each year. There may also be an interim visit from Ofsted inspectors.

Copies of Ofsted's inspection reports for Elm Grove are available on request. Elm Grove is currently rated as 'Good' by Ofsted.

STATEMENT OF PURPOSE AND FUNCTION

**Short Term Assessment Children's Home
To Provide Placement Capacity
During COVID-19 Restrictions**



Name of home: Orchard View

**Address: 13b Westfield Road, Mirfield, West Yorkshire, WF14 9PW
Telephone Number: 01924 496783**

Ofsted Registered Manager: Ben Bainbridge

Responsible Individual: Elaine McShane

Date completed: 27th April 2020

Reviewed: 1st June 2020

Date of next review: October 2020 (May be earlier considering COVID-19 developments)

Registration Number: SC033387

Registration Category:

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Moving on from the home

We aim to achieve a standard of excellence within our services and therefore welcome comments from any person having access to this document.

1. Quality and Purpose of Care

The range of needs of the Young People the home provides care for

Orchard View provides short term residential care for up to four young people with emotional, and behavioural difficulties between 12 and 17 years old on admission. It is being developed in response to the current COVID-19 situation and in anticipation of additional requirements for temporary residential capacity as a result.

The primary aim of the home is to provide good quality care to children who are in need of a temporary placement; the home will support the child's care plan and help them to work towards the agreed outcomes. The home will enable looked after children and young people to make a planned move to their next placement which could be a return to family, foster care, another residential placement or a semi-independence placement in line with their assessed needs. This will be done within a short timescale of no more than 3 months.

Covid 19 presents the Local Authority with increased pressures in terms of identifying suitable placements; this is due amongst other things due to carers self-isolating and some residential providers not accepting new admissions during this period. Once a placement is identified the staff at Orchard View will support young people during the transition by accompanying them to visits and offer an outreach support package once, they are in placement.

The residential staff team are supported by a multi-agency team, including CAMHS, the LA's inhouse Placement Support Service, LAC Nurse Advisor, substance misuse workers and education amongst others.

The home's ethos, the outcomes the home seeks to achieve, and the approach to achieve them

The purpose of Orchard View is to provide a safe and stable living environment while a more suitable long-term placement can be identified. As corporate parents, we believe that residential care should always be a positive experience for young people regardless of the length of stay. We encourage our young people to:-

- Maintain positive family links/relationships by encouraging and supporting contact
- Take full advantage of the education and training opportunities available to them
- Complete individual and direct work with staff and other professionals to come to terms with past experiences and trauma. Young people are supported to develop positive strategies for coping and keeping themselves safe
- Accept help and support from other agencies when they need it
- Take part in wider activities and hobbies
- Sustain friendships

Psychological Informed Reflective Practice

The home's residential team will be supported and advised by a clinically informed reflective practice model. This is an 'Emotional Warmth model' of care which draws from knowledge

based, Applied Psychology theory and research and is designed to empower the young person's main carers. The model is based on evidence from attachment science, which recognises that a positive relationship with an adult, who has day to day contact with a young person, provides the greatest potential to bring about therapeutic change.

The model uses the following protocol:

The staff team will be able to access individual and group supervision which is facilitated by the Psychologist. This enables staff to explore their relationships within the team and with the young people and allows them an opportunity to consider and reflect on how staff and young people are interacting with each other. During this clinical supervision, the staff team will have a further opportunity to examine the impact of behaviours and consider any possible triggers and strategies to improve outcomes.

The use of structured, group consultations, facilitated by a clinical or educational psychologist is designed to enable residential staff an option to agree specific targeted support strategies for individual young people.

The Psychologist will offer a variety of theoretical approaches exploring with the team preferred ways of working to achieve the best outcomes. This is supported by evidence from neurobiological science and child psychology research, which argues that the limited life experiences and outcomes of looked-after children and young people result from the initial and continuing impact of abuse, neglect and parental rejection, which have occurred before any contact with the care system.

Accommodation and location

Orchard View is a four bedded bungalow that provides accommodation for both males and females. The home situated in Mirfield, approximately 1 mile from the town centre and within easy reach of leisure and social facilities. Orchard view is situated at the end of a quiet cu-de-sac within a new housing development. The property has safe external boundaries and garden areas.

Each bedroom is fully furnished. Young People at Orchard View are encouraged and supported to personalise their rooms by choosing their own bedding, pictures/posters, and photographs.

Orchard View is a spacious L shaped building with plenty of living space. There are two lounge areas, two dining rooms, a large communal kitchen, two bathrooms and two shower rooms.

There are some adaptations to this home which will remain in place due to the temporary arrangement of this registration /variation. There is a cook who will be available to prepare meals as required, this will remain in place as part of the temporary arrangements. Young people will be encouraged to cook and involve themselves in menu planning whilst living in the home.

The right to privacy will be respected and no member of staff will enter a bedroom without first knocking, unless there are serious concerns about a young person's safety, other residents or staff.

A Safe Area Assessment and Report (SAAR) in relation to the location of the home is completed and reviewed annually. A copy of this can be viewed upon request. The area has a low crime rate and no concerns have been raised as part of the assessment.

The arrangements for dealing with complaints

The responsibility for responding to and monitoring complaints sits with the Registered Manager.

The following people may complain:

- The Young Person
- The parent of a Young Person
- Any person who has parental responsibility
- Foster parents
- Any person who has interests in the young person's welfare

Each Young person is issued with a copy of the Complaints Procedure and a copy of the Children's Guide, which contains guidance on how to make a complaint. Significant family members and placing Social Workers are also given these documents.

If the complaint is regarding the Registered Manager this should be presented to the Responsible Individual.

Any complaint made by a young person will be treated seriously. In some instances, a simple explanation and discussion will resolve many complaints provided that they are received with respect and given serious consideration. Any such complaints and explanations or any action taken to resolve the complaint, will be recorded in the Complaints log.

In the first instance complaints can be brought to the Registered Manager to try to resolve the problem and will be responded to within 7 days. However, Young People are encouraged, supported and assisted to complete a complaints form should they wish, they are also given the contact number of Yasmin Mughal or Helen Sanderson, the Complaints Managers along with a complaints form. Complaint forms are given to Young People on admission to Orchard View and extra copies are available around the home when required.

Yasmin Mughal/Helen Sanderson
Complaints, Comments & Compliments Unit,
Ground Floor
Civic Centre 1
High Street
Huddersfield
HD1 2NF
Telephone – 01484 221000

The Children's Rights Service
Brian Jackson House
New North Parade
Huddersfield

HD1 5JP

Telephone number: 01484 223388

Freephone 0800 389 3312 13

Young People's Social Workers will also provide support, advocacy and representation as part of their work with Young People. Kirklees Council's Children's Services department is located at:

Civic Centre 1

High Street

Huddersfield

HD1 2NF

Telephone number: 01484 221000 (automated service – ask for the Social Worker by name)

Childline – A charity offering confidential advice and support. 0800 1111

Ofsted inspect and regulate services which care for children and Young People and regularly inspect Orchard View. Complaints can be made to Ofsted directly telephone 0300 123 1231. Ofsted complaints procedures can be found at www.ofsted.gov.uk

The Children's Commissioner – Anne Longfield

The Office of the Children's Commissioner

Sanctuary Buildings

20 Great Smith Street

London

Telephone number: 020 7783 8330

All the above Agency's telephone numbers are available in the Young People's Guide, which Young People are provided with on or before admission to Orchard View.

The arrangements for supporting the cultural, linguistic, and religious needs of the Young People

At the point of referral to Orchard View the young person's linguistic needs, religion, beliefs and culture are taken into consideration and every effort is made to ensure an appropriate staffing structure that takes into account, gender, culture and ethnicity is in place.

The home endeavours to create an atmosphere and environment which is free from any form of discrimination. Young People are encouraged to explore, celebrate and take pride in their religious/cultural identity. Young People will be provided with practical, educational and social activities that promote diversity, ethnicity and religious needs such as personal care items, food/dietary needs and leisure items.

Details of how a person, body or organisation involved in the care or protection of a child can access the home's child protection policies or the behaviour management policy

Safeguarding the welfare of children and young people is paramount; at Orchard View we believe that all children have the right to feel safe. All staff receive regular training and

refreshers related to safeguarding children and vulnerable young people. The selection and recruitment of staff is consistent with the Children's Homes Regulations 2015 and the Safeguarding Vulnerable Groups Act 2006.

All Residential Policies and Procedures can be accessed via the link below:

<http://kirkleeschildrenhome.proceduresonline.com/contents.html>

All staff follow the West Yorkshire Consortium Online Safeguarding Children Procedures:

<http://westyorkscb.proceduresonline.com/index.htm>

The Responsible Individual monitors all safeguarding concerns and children and young people's complaints, this is generally done in consultation with the Registered Manager.

The Kirklees Safeguarding Children Board (KSCB) coordinates local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together.

<http://www.kirkleessafeguardingchildren.co.uk/procedures-guidance.html>

Copies of all policies and procedures, including safeguarding and behaviour management, are stored within the home and can be accessed by a person, body, or organisation upon request.

2. The Views and Wishes of Children and Young People

Consultation with Young People about the care they receive

During COVID 19 restrictions, young people's meetings and regular key working sessions will continue to take place. Reviews will be conducted remotely; some statutory visits are also conducted remotely. Where a child or young person is deemed to be at high risk, regular face to face visits will take place.

As with other areas activities undertaken in running of the house will be impacted by COVID-19 restrictions. As part of the daily running of Orchard View the Young People are consulted on all aspects of their care such as choice of meals, decoration and furniture in the home, new staff appointments, activities, incentives etc. The Young People are encouraged to host their own meetings where possible in line with COVID-19 guidance, write the minutes and have control of agenda items. These meetings take place at a frequency decided by them, but at least monthly.

Young People review their plans regularly through discussions with their key worker, during Statutory Visits and at their LAC Reviews. All Young People are encouraged to take an active role in their reviews, from the initial decisions in respect of who should be invited (meeting may well be virtual); reviewing the recommendations from the last review, to setting the scene for the current review by completing specific consultation forms. Following their review, young people spend time with their key worker to ensure that they understand the decisions that are made.

All young people are asked for written consent so that their records can be looked at by the Regulation 44 Independent visitor and the Responsible Individual.

Participation in the Children in Care Council is promoted, and support offered to enable Young People to take part.

Equality and Children's Rights

Kirklees Council is committed to treating all individuals equally in all aspects of its work and will endeavour to promote Equal Opportunities with staff and all organisations and individuals with whom it works.

Children's Rights are actively promoted. Each young person has individual details of the Children's Rights Service. The Young People are given clear guidance and support to understand the Complaints Procedure and this is reinforced on a regular basis through individual sessions with key workers.

3. Education

The arrangements for Young People to attend local schools and the provision made by the children's home to promote the educational attainment of Young People.

During Covid-19 restrictions school or education attendance may be affected. Every effort will be made to support attendance in education, and this will be reviewed in line with Government guidance.

Orchard View is committed to the right of every young person to have access to an appropriate education provision and will support them to achieve their full educational potential. Attendance at school will be considered in the light of guidance for vulnerable children during the COVID-19 period. Young People living at Orchard View will be supported to attend their current school/education provision, however if this is not possible their key worker will liaise with the relevant education, health and social care professionals to ensure that the needs of the young person are accurately assessed and appropriate education provision is identified, secured and maintained within the local community.

Young People would normally be actively encouraged to participate in out of school hours learning and activities, but this will be reviewed in the light of COVID-19 restrictions. Differentiated resources and study aids will be provided to meet the needs of a range of ages and abilities including those with special educational needs. All children and Young People will be encouraged and supported to complete their homework.

Young People with special educational needs will receive support in line with their ECHP to achieve their full potential.

4. Enjoyment and Achievement

The arrangements for enabling Young People to take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills.

During COVID 19 restrictions activities are primarily in house, and within the grounds, of the home with appropriate social distancing. Kirklees Active Leisure staff are currently seconded to the home, to provide further activity options, in and around the home.

Engagement in leisure activities is an important element in the learning and growth process for young people. It means that staff can spend quality time with the young people which can greatly help in their development of positive relationships.

Whilst living at Orchard View, we encourage young people to access and participate in personal hobbies and interests as well as encouraging them to try new activities and experiences.

At Orchard View we can offer a range of social and leisure activities both in and outside the home including:

Arts and crafts	Swimming
Go-Karting	Cycling
Canoeing	Water based activities
Ice Skating	Theatre
Bowling	Cinema
Fitness Centres	Snooker/Pool
Horse Riding	Gym
Football	Forest Trips/Walks
Golf	Badminton/Tennis
Fishing	Theme Parks
Community resources	Cultural activities, celebrations & festivals
Game Consoles	Board games, books
Quiz Nights	Music and TV

Some of these will be impacted as a result of COVID-19.

Some activities will need parental and/or Social Worker consent, any Risk Assessments are evaluated and authorised by the Manager or Deputy Manager.

Taking part in cultural activities is actively promoted not just because this is a legal right, but also because this helps to educate all Young People about the multi-cultural society in which we live, and also to celebrate diversity.

5. Health & Health Promotion

During COVID-19 restrictions the home will follow Department of Health, and Public Health Guidance and updated directives relating to, infection control, social distancing, shielding, and other health related matters. Ensuring this advice is communicated both to staff and young people. Infection control specialists based within Kirklees Council, will be consulted in relation to any issues that arise.

Meeting Health Needs

Young People should be able to lead a healthy lifestyle, be empowered to take control of their lives, and actively contribute to decisions made to promote their individual health on a daily and more long-term basis. Young people will be offered additional guidance and support during the restrictions as a result of COVID-19 and particular attention will be given to their mental well-being.

Young People resident at the home will be registered with a local G.P; optician and dentist if they are not already registered. They will be encouraged to have a medical assessment when they first become looked after and at least annually after that. This will be undertaken by the looked after children's nurse.

Any visits to hospital (for treatment), doctors, dentist, opticians etc will be recorded on the young person's file. Staff (or parents if appropriate) will accompany Young People on these visits (though at the request of the young person they may not be present if the young person is to be examined).

Prescribed medication will normally be kept in a locked medical cabinet. The dosage, frequency of administration, possible side effects etc. will be recorded, it will also be recorded if the young person refuses to take their prescribed medication.

Young People will be encouraged to take a positive attitude to their health care and will receive information regarding alcohol and other substance abuse, HIV and Aids, sexual matters etc. as appropriate. The staff will follow the guidance from the Sexual Health Service regarding sexual health and contraception. As some of the Young People accommodated may be sexually active condoms will be available. Young People will be discouraged from smoking and provided with assistance to stop if requested.

Young People will be supported with their emotional wellbeing through CAMHs and the local authority's Placement Support Team. This will be in the form of both direct work with Young People and in-direct work with staff equipping them with the necessary knowledge and skills to provide effective care.

If a young person suffers significant harm or has a significant accident, serious illness, notifiable infectious disease or dies whilst accommodated at the home Ofsted will be informed as per schedule 5 of the Children's Homes Regulations.

Information regarding the effectiveness of health care provision offered will be recorded within the young person's case file and considered as part of Statutory Visits, Planning Meetings and Lac Reviews.

Health and Clinical support and guidance is provided by the following qualified health professionals:

Registered Paediatric nurse.
RGN (Registered General Nurse)
Educational Psychologist
Clinical Psychologist
Sexual Health Nurse
Substance Misuse Worker

6. Positive Relationships

The promotion of contact between Young People and their family and friends

During COVID 19 restrictions, face to face family contact time is restricted. The home staff will support and facilitate virtual contact via Facetime, What's App and other on line methods and telephone conversations. The authority has already adapted contact arrangements in the light

of the COVID-19 situation and restrictions. Contact arrangements will be reviewed and amended in line with Government guidance and will include virtual contact options.

Orchard View encourages and supports Young People to maintain and develop good relationships with family, relatives and friends. Contacts and frequency of contacts will be identified at the Placement Planning Meeting and set out in the young person's Care/Pathway Plan. Contact will be reviewed as part of the young person's Review.

Friends and relatives of Young People living at Orchard View visits will be supported and managed in line with COVID-19 guidelines. Staff will have the option to manage any visit they believe to be inappropriate.

If a visit does take place Staff will ensure that these visitors are made welcome and are at ease. Young People are consistently and pro-actively encouraged to keep in contact with their family and friends in line with their Care Plan and staff are available to give practical support to make this contact possible.

7. Protection of Children

Approach to safeguarding Young People, preventing bullying and Missing children

Safeguarding

All Young People have a right to be safe from harm. This involves the need for staff to be vigilant about dangers both inside and outside the home. All staff will receive and attend relevant Safeguarding training, 'Working Together to Safeguard children', CSE e-learning and a level 3 advanced safeguarding module (the staff team training matrix is available on request). Further training is provided by the Kirklees Safeguarding Children Board and Kirklees Council's Learning and Development Team. Further training includes:

- Attachment
- Understanding the signs of neglect
- Impact of Domestic Violence
- E-Safety
- CSE for Practitioners
- Sexual Abuse: Dispelling Myths and Reducing Risks

All staff follow the West Yorkshire Consortium Online Safeguarding Children Procedures:

<http://westyorkscb.proceduresonline.com/index.htm>

The Kirklees Children's Residential home procedures compliment the above safeguarding procedures and can be found at:

<http://kirkleeschildcare.proceduresonline.com/index.htm>

The Responsible Individual monitors all safeguarding concerns and children and Young People's complaints and does this in consultation with the Registered Manager.

Young People living at Orchard View have the right to a high level and standard of protection from harm and this includes the vetting of visitors. The selection and recruitment of staff is

consistent with the Children's Homes Regulations 2015 and the Safeguarding Vulnerable Groups Act 2006.

The Kirklees Safeguarding Children Board (KSCB) coordinates local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together.

<http://www.kirkleessafeguardingchildren.co.uk/>

Bullying Prevention

We are committed to creating an environment where everyone has the right to work, learn and live in an atmosphere free from victimisation and fear. It is essential that Young People are able to build positive social relationships with other people; bullying undermines this objective and will not be tolerated. A proactive approach is adopted with children and Young People being educated in this area through group and individual work, outside agencies, and general discussion.

We will create and sustain a culture and ethos of zero tolerance to bullying. Essential elements of our approach are:

- Use of the Bullying Toolkit.
- Training staff to identify potential risks, bullying incidents, and manage effective support around these using a restorative approach.
- Being able to talk freely through any difficulties with the person being bullied and the alleged bully with the help if necessary, of another person.
- Being able to talk freely with the Manager, Key Worker or other members of staff.
- Being able to talk to an independent person such as a teacher, friend, relative or their Social Worker. Young People will be given details of the Children's Rights Service and advocacy services and how to contact these.
- Being given knowledge and understanding of what bullying is and how victims may feel. This information is also outlined in the young person's introduction and also in the young persons' guide.

Procedures are in place which inform staff of how to deal with a suspicion or allegation of bullying by approaching the Registered Manager or staff in the home.

Staff meetings are used to discuss bullying; our approaches to it and our policy are reviewed as required. Equally Young People discuss bullying in their residents' meetings.

All reported incidents of bullying are taken seriously and fully investigated. If a complaint of bullying has been received, the young person will be closely monitored as to their emotional progress, education and general well-being.

We will take all reasonable steps to try to resolve the situation between the victim and perpetrator by attempting to find a "middle ground" between the two, through resolution. All outcomes will be recorded and contracts agreed if needed.

Missing from Care

We recognise that going missing can be one of the most common methods that Young People use to cope with anxiety or demonstrate their confusion and distress.

Staff will work with Young People to ensure that they feel safe and settled in the home and do not feel the need to go missing. Every incident of a young person being missing from home will be dealt with seriously and is monitored by senior management. All Young People have a Missing from Care risk assessment which clearly details what action to take if a young person goes missing.

All Young People who go missing from care will be reported to the Police in line with the *West Yorkshire Joint Protocol for Children Missing from Home or Care Reporting Procedures* and individual risk assessments. We will then ensure that the following people are contacted as soon as possible:

- Social Worker (via EDT outside office hours)
- IRO
- Where appropriate parents
- Other significant adults

A multi-agency approach is adopted to ensure that appropriate safeguarding strategies are identified to prevent or reduce instances of a young person going missing from care. Should a young person go missing the outlined strategies will be included in an updated placement plan which provide a framework for practice for all staff in safeguarding the welfare of the child.

On return from a 'missing' period the young person will be offered support in terms of their physical and emotional needs and be given the opportunity to contact family, friends or their Social Worker immediately or any other person independent to the home. An Independent Return Interview will be offered to the young person by an allocated worker from the Risk and Vulnerability Team (Targeted Youth Service). The education provision to which the young person attends will also be contacted the following day so that support and understanding for the young person can be offered. The risk of a young person going missing from Orchard View will be assessed and detailed in their individual risk assessments and placement plan. This will be event driven and will be reviewed and monitored as required.

The home's approach to supporting positive behaviour and the use of physical intervention

When a young person comes to live in the home, they are given a copy of the 'Young Person's Guide'; this sets out what is expected of them in terms of appropriate and socially acceptable behaviour.

The home is fully committed to working with Young People using a restorative approach to resolve conflict and preventing harm. Building good relationships with Young People is centre to this. The home will work with all parties affected by a particular incident and bring them together to play a part in repairing the harm and finding a positive way forward.

Staff will try to prevent negative behaviour arising by using de-escalation or diversion techniques. There is a Positive Handling Plan in each young person's Daily Living Plan which details how staff will support Young People in difficult situations. If this fails, several

consequences can be used. Consequences may include removing a young person from a group activity (for example, an outing) or removing a privilege (for example, use of a computer). If the behaviour poses a physical threat to other Young People, to staff or to the young person concerned, physical intervention may be used.

Staff are fully trained in Team Teach restraint techniques and this training is refreshed every year. All consequences, rewards and physical interventions are recorded fully, monitored and evaluated by the manager.

The home reserves the right to remove any personal belonging of any young person that they believe may be a danger to themselves or others, or that may be used in criminal activities e.g. any form of weapons etc. These items may be confiscated, and the police informed where necessary.

Restorative Approach

Restorative justice is a term used to describe processes that aim to address the harm caused by a criminal offence or a non-criminal incident. At the heart of restorative justice is the principle that via a method of structured communication, victims and perpetrators can discuss how they were affected by an incident and can explore what needs to happen to repair the harm caused. (Youth Justice Board, 2004).

Marshall (1999) proposed a definition of restorative justice which is frequently cited in the literature. Restorative justice is defined as: "*...a process whereby all the parties with a stake in a particular offence come together to resolve collectively how to deal with the aftermath of the offence and its implications for the future*".

Children and young people within residential care are often the most vulnerable in our communities.

Restorative approaches are often highly effective when used to resolve issues such as:

- Assaults between residents/young people
- Assaults on staff
- Conflict between residents
- Conflict between residents and staff
- Bullying
- Racially motivated incidents
- Incidents of rule breaking
- Criminal damage

The aim of a restorative process is to explore an incident or situation, to help the young person to reflect, explore responsibility, look at ways to avoid a similar situation in the future and to find a way to move on. A restorative approach achieves this by bringing all parties together to explore what has happened, whose been affected and reach an agreement as to how the harm can be repaired and how to avoid the same situation happening again in the future.

Types of restorative approaches are:

- One on One Individual Restorative Meetings/Conversation - A discussion between the young person and a trained member of staff, with the aim of obtaining a restorative solution to an incident using restorative language and outcomes. The meeting draws on the principles of restorative justice, using some of the questions a facilitator would use in a restorative conference. These conversations can be useful with both a harmer and harmed person allowing both sides to learn positive solutions to conflict.
- Informal restorative discussions or meetings - An impromptu non prepared discussion or meeting between those in conflict and a trained neutral member of staff. These discussions offer an opportunity to unpick incidents that have just happened and look to resolutions between parties. These discussions would usually involve face-to-face meetings but can involve shuttle mediation between parties if necessary.
- Restorative Justice Conferencing - A face to face meeting between a trained conference facilitator, usually a member of staff, with those involved with in an issue of conflict. The aim of the meeting is for all parties to explore what has happened, whose been affected and reach an agreement as to how the harm can be repaired and how to avoid the same situation happening again in the future.
- Community/Group Conferencing - Involving a larger number of participants where an issue either general or specific can be explored and resolved by using a framework of restorative language and outcomes. These meetings allow a wider group learning where empathy, social skills and communication skills can be developed as well as conflict resolved in a positive way that is open so all can learn from it.

The benefits of using restorative approaches include a reduction in:

- Disruptive behaviour
- Minor criminal damage
- Number of police call outs
- Reduction in the breakdown of foster placements
- Young people entering the Criminal Justice System
- Missing from care episodes
- Use of physical intervention
- Assaults
- Racially motivated incidents
- Bullying

Benefits of using restorative approaches to the victim:

- Learn about the harm they caused
- Acknowledge that harm
- Explain what happened
- Opportunity to apologise
- Attempt to repair the harm caused
- Reduces re-offending

Fire Procedures

All the internal doors are fire doors. All staff are aware of fire procedure and fire drills are carried out on a regular basis. The fire alarms are tested every week. In the event of a fire,

one member of staff would phone the fire brigade whilst the others support an evacuation via the nearest exit. Staff undertake regular training in Fire Safety and the building has a comprehensive fire risk assessment which is update annually.

Security Systems, Monitoring and Surveillance

At Orchard View all the external doors are locked whenever young people are at home, these can be excited by use of a fob type key. This is in place due to the primary use of the building being short breaks for children with a disability; this cannot be changed due to the temporary use of the building in this way. When children wish to leave the building staff will release the door for them. Some inside doors may also be locked for safety (e.g. the medication room). Doors are not locked unless there is a good reason, and this will only be agreed based on risk assessments of the children and young people who are staying at the time. Several doors have electro-magnetic systems fitted, this means that any doors that are open or any that are shut would automatically release and open in the event of a fire.

The home is protected by an alarm system. All the windows have a mechanism that prevents them from opening wide.

There are no CCTV monitoring systems in this home.

8. Leadership and Management

Registered Manager, Registered Provider and Responsible Individual

The Registered Manager: Ben Bainbridge

The Registered Provider: Kirklees Council

Kirklees Metropolitan Council Children's Services

Civic Centre 1

High Street

Huddersfield

HD1 2NF

Responsible Individual: Elaine Mcshane

Service Director – Family Support and Child Protection

Children & Young People Service

Civic Centre 3

High Street

Huddersfield

HD1 2TG

Tel: 01484 221000

organisational Structure

Mel Meggs

Director of Children & Young People's Service

Tom Brailsford

Service Director - Resources Improvement Partnerships

Children & Young People Service

Steve Comb

Head of Corporate Parenting - Resources Improvement Partnerships

Children & Young People's Service

Claire Morgan

Residential Service Manager - Resources Improvement Partnerships

Children & Young People's Service

Ben Bainbridge

Residential Manager

Orchard View

Governance

Ofsted

Ofsted is responsible for conducting independent inspections. They can be contacted by Young People or staff who may have concerns about how the Home is operating.

Ofsted - Piccadilly Gate, Store Street, Manchester, M1 2WD

Tel: 0300 1231231

Email: enquiries@ofsted.gov.uk

Management and Staffing Structure and Supervision

The Orchard View staff team consists of:

1 x Residential Manager

1 x Deputy Manager

13 x Residential Care Officers -Days

4 x Residential Care Officers - Nights

3 x Domestic Assistant

2 x Cooks

1 x Business Support (BSO)

1 x Handyperson

1 x Gardener

Orchard View has a balanced staff team taking into consideration equalities, experience, qualifications and skills in order to create the best opportunities to support and guide Young People. Staffing levels are carefully assessed to ensure the right levels of support to the cohort of Young People resident in the home. From 9.30pm to 7.30am there are 2 night staff on duty that are awake all night. Occasionally there may be a member of staff sleeping-in either in addition or instead of the waking night staff.

All staff receive an induction and core training related to their role and responsibilities. Staff are required to complete an induction workbook as a minimum. Staff are encouraged to continually develop their knowledge and skill base through a wide range of training and development opportunities.

All staff are subject to DBS (Disclosure & Barring Service) enhanced disclosures and reference checks before they commence employment. We require confirmation that they are not disqualified from working with children. All staff are appraised on an annual basis with regular supervisory sessions.

Staff come from a wide range of backgrounds and bring differing levels of skill and experience. It is expected that all Residential Care Officers will achieve a Diploma Level 3 in Residential Childcare; Kirklees Council will ensure that they are supported by relevant training and supervision to fully carry out the responsibilities of their posts.

All members of staff receive annual appraisals and regular reflective supervision sessions with a member of the management team in line with best practice, Children's Home Regulations, and Kirklees guidance. This will be a minimum of six weekly or 9 times over 12 months. These sessions cover the Young People's care plans, staff roles and responsibilities, personal and professional development, the organisation's objectives, any practice issues, and any other concerns. Reflective supervision is conducted in private and, as far as practical, free from interruption environment.

The Residential Manager is responsible for the management of the home. They oversee the implementation of young people's care plans and promote positive communication and liaison with families and partner agencies.

Residential Care Officers are all assigned some Key Worker responsibilities. As part of this role they will be responsible for ensuring that the agreed care and placement plans are followed and clearly identify the needs of the young person. They are responsible for overseeing and ensuring plans are followed and that young people have access to a range of activities and experiences whilst living in the home. Staff have high expectations and aspirations for each young person.

At Orchard View the staff team are also provided with daily informal supervision. The management team operate an open-door policy and encourage staff to discuss any issues they have together as a team.

Staff sickness is covered, if possible, by substantive staff. If this is not possible then casual or agency staff will be provided, there will be at least an equal number of substantive staff on duty. The registered manager is responsible for ensuring that there is always adequate staff cover.

The training record of the home is monitored to ensure that the needs of the young people and of the staff team are met.

Experience and qualifications of staff working at the children's home

See Appendix 1 - Page 22-25

9. Care Planning

Admission criteria and procedure

During Covid-19 restrictions this admission process may be compromised due to demands and identified needs at the time. Impact assessments will be completed to identify risks. The safety of our children is paramount.

The home has a referral and admissions process that supports all children and Young People who move into a residential home to be admitted in a planned and sensitive manner. The home will ensure that arrangements are planned in order to make the arrival and admission of a young person as pleasant as possible. The home normally has planned emergency admissions for stays of up to 12 weeks whilst focussed pieces of work and planning take place to facilitate a move to a suitable placement.

The placement referral process includes a detailed Impact Assessment which determines whether the placement can meet the individual needs of the young person prior to any introduction. The Registered Manager will speak to the young person's social worker and previous carers to inform the impact assessment. Young People will not be placed in our care without careful consideration of the impact on other Young People in placement as well as the young person needing a placement.

The following criteria will be considered as part of the Impact Assessment:

- The home has the resources to accommodate the young person appropriately for up to 12 weeks. Can the young person's needs be met either directly by Orchard View or in conjunction with outside agencies and networks.
- There must be an agreed and viable plan for the young person's long-term placement, beyond the maximum 12 weeks assessment and support at the home
- The wishes and feelings of the young person and their parent(s) (or those with parental responsibility) being obtained and acted upon, i.e. if the young person or parents are unsure or unhappy about the proposed placement, have alternatives been actively sought
- Whether education is in place
- Whether the young person would be an appropriate match in the current cohort of young people

Admission Process

If it is agreed that the young person can be accommodated at Orchard View the following paperwork will be provided:

- Medical Consent signed by person with parental responsibility

- A copy of any legal Orders
- Placement agreement
- Placement Plan
- Delegated Authority
- Missing Risk Assessment
- Up to date Care / Pathway Plan
- CSE Risk Assessment (If appropriate)
- Personal Education Plan (within 20 days of placement)
- Up to date Health Assessment
- Last LAC Review minutes (First one within 20 working days of the start date of placement)
- Previous assessments of the young person's needs, either educational, social, or emotional

If possible, staff will visit a young person in their current placement and then invite and encourage the young person to visit the home.

Initial visits to Orchard View by the young person allow them to see the home during its usual working day. This will include spending time with the current residents, staff and Management. We request that the young person be accompanied by their Social Worker, a close member of their family or a significant adult.

We recognise that any move for a young person is a traumatic experience and that every effort must be made to welcome and reassure the Young People on their arrival. As such we will try to ensure the following:

- That the young person's key worker is there to welcome them
- That the young person is introduced and welcomed by the Manager and/or Deputy Manager
- That the other Young People are around where possible to welcome the young person
- That the young person's bedroom has been prepared for their arrival, although they will be able to choose their own decoration
- That they are shown around the building
- That time is taken to ensure that arrangements are in place to get the young person to school, existing activities and contact
- That the young person has received a copy of the young person's' guide

The young person will receive a copy of the Council's Complaints' Procedure to ensure that all Young People understand their rights.

The Placement Planning Meeting will take place within 72 hours of the young person's admission. This will be attended by the young person, their parents, members of their family, the young person's key worker, the Manager of Orchard View and the young person's Social Worker.

The aim of the meeting will be to establish a placement plan and to outline clear objectives, expectations and responsibilities for the placement. It will also ensure that all parties understand their part within this plan and agree both on the objectives and implementation.

Moving on from the home

When it is decided that a young person will move on from the home, the home will work with the new provider, foster carer or family member to plan the right transition for the young person. This will involve supporting the young person to visit where they will be living, getting to know the significant adults and spending some time there before making the final move. The home will keep in touch with the young person if they want this and it is deemed appropriate and helpful.

Appendix 1 – Staff Profiles

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HEALDS ROAD CHILDREN'S HOME

STATEMENT OF PURPOSE AND FUNCTION

Healds Road Children's Home
105 Healds Road
Dewsbury
WF13 4HT
01924 454380



Interim Residential Manager: Katryn Medina-Hamilton

Date: April 2020

Responsible Individual: Elaine McShane

Date: January 2018

Updated: April 2020

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

URN SC033367 (Ofsted)

Healds Road has a Statement of Purpose that is built upon and around the Children Act 1989, the United Convention on the Rights of a Child 1989, Human Rights Act 1998 and 2004, Care Standards Act 2000, Leaving Care Act 2000 Children's Homes Regulations 2015, the Children Act 2004, Disability Discrimination Act, Working Together 2015, and the Equality Act 2010.

We aim to achieve a standard of excellence in our services and therefore welcome comments from any person having access to this document.

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- 1.2: The home's ethos, the outcomes the home seeks to achieve, and the approach to achieve them
- 1.3: The arrangements for enabling young people to take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills
- 1.4: The arrangements for supporting the cultural, linguistic, and religious needs of the young people
- 1.5: The promotion of contact between young people and their family and friends
- 1.6: Consultation with young people about the care they receive
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2. Young People's Behaviour

- 2.1: The home's approach to supporting positive behaviour and the use of physical intervention

3. Education

- 3.1: The arrangements for young people to attend local schools and the provision made by the children's home to promote the educational attainment of young people.

4. Health & Health Promotion

- 4.1 Meeting health needs

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1. Caring for young people

1.1 The range of needs of the young people who the home provides care for

Healds Road provides residential care for up to four young people with emotional and behavioural difficulties aged between 8-16 years on admission.

The admission criteria is for young people who have been assessed as needing residential care due to them being unable to live within their own or foster families due to the breakdown in family relationships and/or where they are deemed to be at risk of significant harm.

1.2 The home's ethos, the outcomes the home seeks to achieve, and the approach to achieve them

The purpose of Healds Road is to provide a safe, stable and consistent living environment within which a young person has the opportunity to develop to their full potential. As corporate parents, we believe that residential care should always be a positive experience for young people. We encourage our young people to:-

- Build and maintain positive family links/relationships by encouraging and supporting contact and working to the longer term living arrangements in the young person's care plan or pathway plan.
- Take full advantage of the education and training opportunities available to them
- Complete individual and direct work with staff and other professionals to come to terms with past experiences and trauma. Young people are supported to develop positive strategies for coping and keeping themselves safe
- Accept help and support from other agencies when they need it
- Take part in wider activities and hobbies in the community
- Build and sustain friendships
- Participate in a programme of ongoing work to prepare for independence

We aim to provide a nurturing homely environment and to prepare young people to move onto the next stage of their lives whilst living at Healds Road. Young people will be given the opportunities to develop and enhance their practical, social, emotional, and educational skills in order to become part of a family, or engage in a smooth transition into another appropriate placement, either family based, residential provision, or to achieve semi-independence successfully.

Psychological Informed Reflective Practice

Healds Road psychological informed reflective practice model - An 'Emotional Warmth model' of caring for a young person which draws from the knowledge base of Applied Psychology theory and research and is designed to empower the main carers of young people in care. Based on the evidence from attachment science, this recognises that a positive relationship

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

with an adult, who has day to day contact with a young person, provides the greatest potential to bring about therapeutic change for the young person.

The model uses the following protocol:

The staff team participate in group supervision which is facilitated by the Psychologist. This enables staff to explore relationships within the staff team, relationships with the young people and how staff and young people interact together. It examines the impact of behaviours on the staff team, what triggers these behaviours and how staff / young people respond.

The use of structured, group consultations, facilitated by a clinical or educational psychologist, designed to enable residential staff early on to agree specific support strategies for each child.

The psychologist will offer a variety of theoretical explanations and from this, ways of working to achieve best outcomes backed up by evidence from neurobiological science and child psychology research, which is that the often-poor life outcomes of looked-after children and young people result from the initial and continuing impact of abuse, neglect and parental rejection, which have occurred before any contact with the care system.

1.3 The arrangements for enabling young people to take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills.

Leisure time is an important element in the learning and growth process for young people. It means that staff can spend good quality time with young people which can greatly help in the development of positive relationships.

Examples of activities on offer are:

Camping	Swimming
Go-Karting	Cycling
Canoeing	Water based activities
Ice Skating	Theatre
Bowling	Cinema
Fitness Centres	Snooker/Pool
Horse Riding	Gym
Football	Forest Trips/Walks
Golf	Badminton/Tennis
Fishing	Trips
Community resources	Cultural activities & festivals

All activities will need parental and/or Social Worker consent and Risk Assessments are evaluated and authorised by the Manager or Deputy Manager.

Taking part in cultural activities is actively promoted for a, not just because this is a legal right, but also because this helps to educate all young people about the multi-cultural society in which we live, and also to celebrate diversity.

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

The young people are encouraged to be involved in the planning of their holidays and short breaks.

1.4 The arrangements for supporting the cultural, linguistic, and religious needs of the young people

At the point of referral, the young person's linguistic needs, religion, beliefs and culture are taken into consideration and every effort is made to ensure an appropriate staffing structure that takes into account, gender, culture and ethnicity is in place at Healds Road.

The home endeavours to create an atmosphere and environment which is free from any form of discrimination. Young people are encouraged to explore, celebrate and take pride in their religious/cultural identity. Young people will be provided with practical, educational and social activities that promote diversity, ethnicity and religious needs such as personal care items, food/dietary needs and leisure items.

1.5 The promotion of contact between young people and their family and friends

Healds Road encourages and supports young people to maintain and develop good relationships with family, relatives and friends. Contacts and frequency of contacts will be identified at the Placement Planning Meeting and set out in the young person's Care/Pathway Plan. Contact will be reviewed as part of the young person's Review.

Friends and relatives of young people living at Healds Road will be encouraged to visit the home (unless the placement planning meetings agree it's not appropriate).

Staff will ensure that these visitors are made welcome and are at ease. Young people are consistently and pro-actively encouraged to keep in contact with their family and friends in line with their Care Plan and staff are available to give practical support to make this contact possible.

1.6 Consultation with young people about the care they receive

As part of the daily running of Healds Road the young people are consulted on all aspects of their care such as choice of meals, decoration and furniture in the home, new staff appointments, holidays, activities, incentives etc. The young people are encouraged to host their own meetings, write the minutes and have control of agenda items. These meetings take place at a frequency decided by them, but at least monthly.

Young people review their plans regularly through discussions with their key worker, during Statutory Visits and at their LAC Reviews. All young people are encouraged to take an active role in their reviews, from the initial decisions in respect of who should be invited; reviewing the recommendations from the last review, to setting the scene for the current review by completing specific consultation forms. Following the review the young people spend time with their key worker to ensure that they understand the decisions that are made.

Participation in the Children in Care Council is promoted and support offered to enable young people to take part.

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

1.7 Equality and Children's Rights

Kirklees Council is committed to treating all individuals equally in all aspects of its work and will endeavour to promote Equal Opportunities with staff and all organisations and individuals with whom it works.

Children's Rights are actively promoted and each young person has individual details of the Children's Rights Service. The young people are given clear guidance and support to understand the Complaints Procedure and this is reinforced on a regular basis through individual sessions with key workers.

1.8 Accommodation and location

Healds Road is a purpose built home. The home is set in its own self-contained garden with a medium size lawn to the rear of the building where a variety of activities can be conducted (weather permitting!)

There are a variety of shops within easy walking distance of the house, sports/playing fields are situated down the road. Games are often played at the rear of the house. The nearest town centre is approx. 1 mile away and is easily accessible by a frequent bus service. The towns of Wakefield, Huddersfield, Barnsley and Sheffield can also be accessed by bus, the bus stop being a short walk away from Healds Road

Each bedroom is fully furnished; each young person has a key to their own room. Young people at Healds Road are encouraged and supported to personalise their rooms by choosing their own bedding, pictures/posters, and photographs.

The right to privacy will be respected and no member of staff will enter a bedroom without first knocking, unless there are serious concerns about a young person's safety, other residents or staff.

We have CCTV security consisting of 5 cameras pointing at the following:

- Car Park / Gate
- Garage Doors
- Front Door
- Back Door
- Tarmac & Grassed Garden Areas

See CCTV Policy which is held in the home.

A Safe Area Assessment and Report (SAAR) with regard to the location of the home was reviewed in March 2020. Consultation has been sought from schools, police, youth justice and Children's Social care to inform and support the assessment of any potential risk.

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

1.9 Approach to safeguarding young people, preventing bullying and missing children

Safeguarding

All young people have a right to be safe from harm. This involves the need for staff to be vigilant about dangers both inside and outside the home. All staff are trained to level 3 which includes 'Working Together to Safeguard children', CSE e-learning and a level 3 advanced safeguarding module (the staff team training matrix is available on request). Further training is provided by the Kirklees Safeguarding Children Board and Kirklees Council's Learning and Development Team. Further training includes:

- Attachment
- Understanding the signs of neglect
- Impact of Domestic Violence
- E-Safety
- CSE for Practitioners
- Sexual Abuse: Dispelling Myths and Reducing Risks

All staff follow the West Yorkshire Consortium Online Safeguarding Children Procedures:

<http://westyorkscb.proceduresonline.com/index.htm>

The Kirklees Children's Residential home procedures compliment the above safeguarding procedures and can be found at:

<http://kirkleeschildcare.proceduresonline.com/index.htm>

The Responsible Individual monitors all safeguarding concerns and children and young people's complaints and does this in consultation with the Registered Manager.

Young people living at Healds Road have the right to a high level and standard of protection from harm and this includes the vetting of visitors. The selection and recruitment of staff is consistent with the Children's Homes Regulations 2015 and the Safeguarding Vulnerable Groups Act 2006.

The Kirklees Safeguarding Children Board (KSCB) coordinates local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together.

<http://www.kirkleessafeguardingchildren.co.uk/>

Bullying Prevention

We are committed to creating an environment where everyone has the right to work, learn and live in an atmosphere free from victimisation and fear. It is essential that young people are able to build positive social relationships with other people; bullying undermines this objective and will not be tolerated. A proactive approach is adopted with children and young people being educated in this area through group and individual work, outside agencies, and general discussion.

We will create and sustain a culture and ethos of zero tolerance to bullying. Essential elements of our approach are:

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

- Training staff to identify potential risk, bullying incidents, and manage support around these using a restorative approach.
- Being able to talk freely through any difficulties with both the person being bullied and the alleged bully with the help if necessary of another person.
- Being able to talk freely with the Manager, key worker or other members of staff.
- Being able to talk to an independent person such as a teacher, friend, relative or their Social Worker. Young people will be given details of the Children's Rights Service and advocacy services and how to contact these.
- Being given knowledge and understanding of what bullying is and how victims may feel. This information is also outlined in the young person's introduction and also in the young persons' guide.

Procedures are in place which inform staff of how to deal with a suspicion or allegation of bullying against the Registered Manager or staff in the home.

Staff meetings are used to discuss bullying; our approaches to it and our policy are reviewed as required. Equally young people discuss bullying in their residents' meetings.

All reported incidents of bullying are taken very seriously and fully investigated. If a complaint of bullying has been received, the young person will be closely monitored as to their emotional progress, education and general well-being.

We will take all reasonable steps to try to resolve the situation between the victim and perpetrator by attempting to find a "middle ground" between the two, through resolution. All outcomes will be recorded and contracts agreed if needed.

Missing from Care

We recognise that going missing can be one of the most common methods that young people use to cope with anxiety or demonstrate their confusion and distress. Staff will work with young people to ensure that they feel safe and settled in the home and do not feel the need to go missing. Every incident of a young person being missing from home will be dealt with seriously, and is monitored by senior management. All young people have a Missing From Home risk assessment which clearly details what action to take if a young person goes missing.

All young people who go missing from Healds Road will be reported to the Police in line with the *West Yorkshire Joint Protocol for Children Missing from Home or Care Reporting Procedures* and individual risk assessments. We will then ensure that the following people are contacted as soon as possible:

- Social Worker (via EDT outside office hours)
- IRO
- Where appropriate, parents
- Other significant adults

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

A multi-agency approach is adopted to ensure that appropriate safeguarding strategies are identified to prevent or reduce instances of a young person going missing from care. Should a young person go missing the outlined strategies will be included in an updated placement plan which provide a framework for practice for all staff in safeguarding the welfare of the child.

On return from a 'missing' period the young person will be offered support in terms of their physical and emotional needs and be given the opportunity to contact family, friends or their Social Worker immediately or any other person independent to the home. An Independent Return Interview will be offered to the young person by an allocated worker from the Targeted Youth Service. The education provision to which the young person attends will also be contacted the following day so that support and understanding for the young person can be offered. The risk of a young person going missing from Healds Road will be assessed and detailed in their individual risk assessments and placement plan. This will be event driven and will be reviewed and monitored as required.

1.10 Admission criteria and procedure

Healds Road has a referral and admissions process that supports all children and young people who move into a residential home to be admitted in a planned and sensitive manner. The home will ensure that arrangements are planned in order to make the arrival and admission of a young person as pleasant as possible.

Healds Road normally has planned admissions where the child or young person has a say in their placement and future plans for their care and welfare.

The placement referral process includes a detailed Impact Assessment which determines whether the placement can meet the individual needs of the young person prior to any introduction. The Registered Manager will speak to the young person's social worker and previous carers to inform the impact assessment. Young people will not be placed in our care without careful consideration of the impact on other young people in placement as well as the young person needing a placement.

The following criteria will be considered as part of the Impact Assessment:

- The home has the resources to accommodate the young person appropriately. Can the young person's needs be met either directly by Healds Road or in conjunction with outside agencies and networks.
- There is an agreed and viable plan for the young person's medium to long-term placement
- The wishes and feelings of the young person and their parent(s) (or those with parental responsibility) been obtained and acted upon, i.e. if the young person or parents are unsure or unhappy about the proposed placement, have alternatives been actively sought
- Whether education is in place
- Whether the young person would be an appropriate match in the current cohort of young people

Emergency placements will only be considered if:

- We have the relevant details of the child's behavioural patterns and contact arrangements received in advance.
- On receipt of this we feel that the child or young person will not disrupt the progress of the children/young people already in placement.

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

- We can meet the needs of the child as stated in this Statement of Purpose and Function.

Admission Process

If it is agreed that the young person can be admitted to Healds Road, the following paperwork will be provided:

- Medical Consent signed by person with parental responsibility
- A copy of the Care Order
- Placement agreement
- Placement Plan
- Delegated Authority
- Missing Risk Assessment
- Up to date Care / Pathway Plan
- CSE Risk Assessment (If appropriate)
- Personal Education Plan (within 20 days of placement)
- Up to date Health Assessment
- Last LAC Review minutes (First one within 20 working days of the start date of placement)
- Previous assessments of the young person's needs, either educational, social, or emotional

Staff will visit a young person in their current placement and then invite and encourage the young person to visit Healds Road.

Initial visits to Healds Road by the young person allow them to see the home during its usual working day. This will include spending time with the current residents, staff and Management. We request that the young person be accompanied by their Social Worker, a close member of their family or a significant adult.

We recognise that any move for a young person is a traumatic experience and that every effort must be made to welcome and reassure the young people on their arrival. As such we will try to ensure the following:

- That the young person's key worker is there to welcome them
- That the young person is introduced and welcomed by the Manager and/or Deputy Manager
- That the other young people are around where possible to welcome the young person
- That the young person's bedroom has been prepared for their arrival, although they will be able to choose their own decoration
- That they are shown around the building
- That time is taken to ensure that arrangements are in place to get the young person to school, existing activities and contact
- That the young person has received a copy of the young person's' guide

The young person will receive a copy of the Council's Complaints' Procedure to ensure that all young people understand their rights.

The Placement Planning Meeting will take place within 72 hours of the young person's admission. This will be attended by the young person, their parents, members of their family,

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

the young person's key worker, the Manager of Healds Road and the young person's Social Worker.

The aim of the meeting will be to establish a placement plan and to outline clear objectives, expectations and responsibilities for the placement. It will also ensure that all parties understand their part within this plan and agree both on the objectives and implementation.

1.11 Moving on from the home

When it is decided that a young person will move on from the home, the home will work with the new provider, foster carer or family member to plan the right transition for the young person. This will involve supporting the young person to visit where they will be living, getting to know the significant adults and spending some time there before making the final move. The home will keep in touch with the young person if they want this and it is deemed appropriate and helpful.

1.12 The arrangements for dealing with complaints

The responsibility for responding to and monitoring complaints sits with the Registered Manager.

The following people may complain:

- The young person
- The parent of a young person
- Any person who has parental responsibility
- Foster parents
- Any person who has interests in the young person's welfare

Each Young person is issued with a copy of the Complaints Procedure and a copy of the Children's Guide, which contains guidance on how to make a complaint. Significant family members and placing Social Workers are also given these documents.

If the complaint is regarding the Registered Manager this should be presented to the Responsible Individual.

Any complaint made by a young person will be treated seriously. Simple explanation and discussion will resolve many complaints provided that they are received with respect and given serious consideration. Any such complaint and explanation or any action taken to resolve the complaint will be recorded in the Complaints Book.

In the first instance complaints can be brought to the Registered Manager to try to resolve the problem and will be responded to within 7 days. However, young people are encouraged, supported and assisted to complete a complaints form should they wish, they are also given the contact number of Yasmin Mughal, the Complaints Manager along with a complaints form. Complaint forms are given to young people on admission to Healds Road and extra copies are available around the home when required.

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Yasmin Mughal/Helen Sanderson
Complaints, Comments & Compliments Unit,
Ground Floor
Civic Centre
High Street
Huddersfield
HD1 2NF
Telephone – 01484 221000

The Children's Rights Service
Brian Jackson House
New North Parade
Huddersfield
HD1 5JP
Telephone number: 01484 223388
Freephone 0800 389 3312 13

Young people's Social Workers will also provide support, advocacy and representation as part of their work with young people. Kirklees Council's Children's Services department is located at:

Civic Centre 1
High Street
Huddersfield
HD1 2NF

Telephone number: 01484 221000 (automated service – ask for the Social Worker by name)

Childline – A charity offering confidential advice and support. 0800 1111

Ofsted inspect and regulate services which care for children and young people and regularly inspect Healds Road. Complaints can be made to Ofsted directly telephone 0300 123 1231. Ofsted complaints procedures can be found at www.ofsted.gov.uk

The Children's Commissioner – Anne Longfield
The Office of the Children's Commissioner
Sanctuary Buildings
20 Great Smith Street
London
Telephone number: 020 7783 8330

All the above Agency's telephone numbers are available in the Young People's Guide, which young people are provided with on or before admission to Healds Road.

1.13 Details of how a person, body or organisation involved of the care or protection of a child can access the home's child protection policies or the behaviour management policy

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Copies of all policies and procedures, including safeguarding and behaviour management, are stored within the home and can be accessed by a person, body, or organisation upon request.

2. Young People's Behaviour

2.1 The home's approach to supporting positive behaviour and the use of physical intervention

When a young person comes to live in the home they are given a copy of the 'Young Person's Guide'; this sets out what is expected of them in terms of appropriate and socially acceptable behaviour.

The home is fully committed to working with young people using a restorative approach to resolving conflict and preventing harm. Building good relationships with young people is centre to this. The home will work with all parties affected by a particular incident and bring them together to play a part in repairing the harm and finding a positive way forward.

Staff will try to prevent negative behaviour arising by using de-escalation or diversion techniques. There is a Positive Handling Plan in each young person's Daily Living Plan which details how staff will support young people in difficult situations. If this fails, a number of consequences can be used. Consequences may include removing a young person from a group activity (for example, an outing) or removing a privilege (for example, use of the computer). If the behaviour poses a physical threat to other young people, to staff or to the young person concerned, physical intervention may be used. Staff are fully trained in Team Teach restraint techniques and this training is refreshed every year. All consequences, rewards and physical interventions are recorded fully, monitored and evaluated by the manager.

There will be pre agreed sanctions and restorative process this will be used first, sanctions may be imposed as part of this. The use of sanctions can help the young person focus on the consequences of their behavior and to learn a more socially acceptable way of reacting to a situation or feelings in the future.

If the above consequences have been applied the young person they will in most circumstances be able to 'earn' back the consequence. A Restorative Approach is encouraged with a view to the young person reflecting on how inappropriate behaviours may impact on others and how this can be readdressed.

Physical restraint will only be used as an act of care and control and not as a punishment.

The home reserves the right to remove any personal belonging of any young person that they believe may be a danger to themselves or others, or that may be used in criminal activities e.g. any form of weapons etc. These items may be confiscated and the police informed where necessary.

3. Education

3.1 The arrangements for young people to attend local schools and the provision made by the children's home to promote the educational attainment of young people.

Healds Road is committed to the right of every young person to have access to appropriate education provision and will support them to achieve their full educational potential. Many young people looked after by Healds Road will be supported to attend their current school, however if this is not possible their key worker will liaise with the relevant education, health and social care professionals to ensure that the needs of the young person are accurately assessed and appropriate education provision is identified, secured and maintained within the local community.

Young People will be actively encouraged to participate in out of school hours learning and activities. Differentiated resources and study aids will be provided to meet the needs of a range of ages and abilities including those with special educational needs. All children and young people will be encouraged and supported to complete their homework.

Young people with special educational needs will receive support in line with their ECHP to achieve their full potential.

4. Health & Health Promotion

4.1 Meeting health needs

Young people should be able to lead a healthy lifestyle, be empowered to take control of their lives, and actively contribute to decisions made to promote their individual health on a daily and more long-term basis.

Young people resident at the home will be registered with a local G.P; optician and dentist if they are not already registered. They will be encouraged to have a medical assessment when they first become looked after and at least annually after that. This will be undertaken by the looked after children's nurse.

Any visits to hospital (for treatment), doctors, dentist, opticians etc will be recorded on the young person's file. Staff (or parents if appropriate) will accompany young people on these visits (though at the request of the young person they may not be present if the young person is to be examined).

Prescribed medication will normally be kept in a locked medical cabinet. The dosage, frequency of administration, possible side effects etc. will be recorded, it will also be recorded if the young person refuses to take their prescribed medication.

Young people will be encouraged to take a positive attitude to their health care and will receive information regarding alcohol and other substance abuse, HIV and Aids, sexual matters etc. as appropriate. The staff will follow the guidance from the Sexual Health Service regarding sexual health and contraception. As some of the young people accommodated may be sexually active condoms will be available. Young people will be discouraged from smoking and provided with assistance to stop if requested.

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Young people will be supported with their emotional wellbeing through CAMHs and the local authority's Placement Support Team. This will be in the form of both direct work with young people and in-direct work with staff equipping them with the necessary knowledge and skills to provide effective care

If a young person suffers serious harm or has a serious accident, serious illness, notifiable infectious disease or dies whilst accommodated at the home Ofsted will be informed as per Regulation 40 of the Children's Homes Regulations.

Information regarding the effectiveness of health care provision offered will be recorded within the young person's case file and considered as part of Statutory Visits, Planning Meetings and Lac Reviews.

Health care advice and support is provided by the following qualified health care professionals.

Registered Paediatric nurse.

RGN (Registered General Nurse)

Educational Psychologist

Clinical Psychologist

Sexual Health Nurse

Substance Misuse Worker

5. Staffing

Healds Road has a balanced staff team taking into consideration equalities, experience, qualifications and skills in order to create the best opportunities to support and guide young people. Staffing levels are carefully assessed to ensure the right levels of support to the cohort of young people resident in the home.

Staff are encouraged to continually develop their knowledge and skill base through a wide range of training and development opportunities. All staff are subject to DBS (Disclosure & Barring Service) enhanced disclosures and reference checks before they commence employment, and are appraised on an annual basis with regular supervisory sessions.

5.1 Experience and qualifications staff working at the children's home

The Healds Road staff team consists of:-

Interim Residential Manager – Kat Medina-Hamilton

Senior Residential Care Officers

Residential Care Officers

Part Time Domestic Assistant

One (part-time) Business Support Officer

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Staff come from a wide range of backgrounds and bring differing levels of skill and experience. It is expected that all Residential Care Officers will achieve Diploma Level 3 in Residential Childcare; Kirklees Council will ensure that they are supported by relevant training and supervision to fully carry out the responsibilities of their posts.

All members of staff receive annual appraisals and regular reflective supervision sessions with a member of the management team in line with best practice, Children's Home Regulations, and Kirklees guidance. This will be a minimum of six weekly or 9 times over 12 months. These sessions cover the young people's care plans, staff roles and responsibilities, personal and professional development, the organisation's objectives, any practice issues, housekeeping and any other concerns. Reflective supervision is conducted in private and, as far as practical, free from interruption environment.

At Healds Road the staff team are also provided with daily informal supervision. The management team operate an open door policy, and encourage staff to discuss any issues they have together as a team.

Staff sickness is covered, if possible, by substantive staff. If this is not possible then casual or agency staff will be provided, there will be at least an equal number of substantive staff on duty. The registered manager is responsible for ensuring that there is always adequate staff cover.

The training record of the home as a whole is monitored to ensure that the needs of the young people and of the staff team are met.

6. Governance

6.1: Responsible Individual

NAME: Elaine McShane

POSITION: Service Director Family Support and Child Protection

6.2: Responsible Body

Kirklees Metropolitan Council Children's Services

Civic Centre 1

High Street

Huddersfield

HD1 2NF

6.3: Organisational Structure

HEALDS ROAD CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Mel Meggs

Director of Children & Young People's Service

Elaine McShane

Service Director – Family Support & Child Protection

Children & Young People Service

Steve Comb

Head of Service for Sustainability, Capacity and Reporting – Family Support and Child Protection

Children & Young People's Service

Claire Morgan

Service Manager – Family Support and Child Protection

Children & Young People's Service

Katryn Medina-Hamilton

Interim Residential Manager

Healds Road

6.4: Ofsted

Ofsted is responsible for conducting independent inspections. They can be contacted by young people or staff who may have concerns about how the Home is operating.

Ofsted - Piccadilly Gate, Store Street, Manchester, M1 2WD

Tel: 0300 1231231

Fax: 08456 404049

Email: enquiries@ofsted.gov.uk



WOODLANDS CHILDREN'S HOME

STATEMENT OF PURPOSE AND FUNCTION



**1b Lidget Street
Lindley
Huddersfield
HD3 3JB
01484 652774**

Residential Manager: Martin Steele

Responsible Individual: Elaine McShane

Date: January 2018

Updated: April 2019

URN SC033326 (Ofsted)

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Woodlands has a Statement of Purpose that is built upon and around the Children Act 1989, the United Nations Convention on the Rights of the Child 1989, Human Rights Act 1998 and 2004, Care Standards Act 2000, Leaving Care Act 2000 Children's Homes Regulations 2015, the Children Act 2004, Disability Discrimination Act, Working Together 2015, and the Equality Act 2010.

We aim to achieve a standard of excellence in our services and therefore welcome comments from any person having access to this document.

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- 1.2: The home's ethos, the outcomes the home seeks to achieve, and the approach to achieve them
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WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

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6. Governance

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1. Caring for Young People

1.1 The range of needs of the Young People the home provides care for

Woodlands provides residential care for up to four Young People with emotional and behavioural difficulties aged between 12-17 years on admission.

The admission criteria is for Young People who have been assessed as needing residential care due to them being unable to live within their own or foster families due to the breakdown in family relationships and/or where they are deemed to be at risk of significant harm.

1.2 The home's ethos, the outcomes the home seeks to achieve, and the approach to achieve them

The purpose of Woodlands is to provide a safe, stable and consistent living environment in which a young person has the opportunity to develop to their full potential. As corporate parents, we believe that residential care should always be a positive experience for Young People. We encourage our Young People to:-

- Build and maintain positive family links/relationships by encouraging and supporting contact and working to the longer term living arrangements in the young person's Care Plan or Pathway Plan.
- Take full advantage of the education and training opportunities available to them
- Complete individual and direct work with staff and other professionals to come to terms with past experiences and trauma. Young People are supported to develop positive strategies for coping and keeping themselves safe
- Accept help and support from other agencies when they need it
- Take part in wider activities and hobbies in the community
- Build and sustain friendships
- Participate in a programme of ongoing work to prepare for independence

We aim to provide a nurturing homely environment and to prepare Young People to move onto the next stage of their lives whilst living at Woodlands. Young People will be given the opportunities to develop and enhance their practical, social, emotional, and educational skills in order to become part of a family, or engage in a smooth transition into another appropriate placement, either family based, residential provision, or to achieve semi-independence successfully.

1.3 The arrangements for enabling Young People to take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills.

Leisure time is an important element in the learning and growth process for Young People. It means that staff can spend good quality time with Young People which can greatly help in the development of positive relationships.

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Examples of activities on offer are:

Camping	Swimming
Go-Karting	Cycling
Canoeing	Water based activities
Ice Skating	Theatre
Bowling	Cinema
Fitness Centres	Snooker/Pool
Horse Riding	Gym
Football	Forest Trips/Walks
Golf	Badminton/Tennis
Fishing	Trips
Community resources	Cultural activities & festivals

All activities will need parental and/or Social Worker consent any Risk Assessments are evaluated and authorised by the Manager or Deputy Manager.

Taking part in cultural activities is actively promoted not just because this is a legal right, but also because this helps to educate all Young People about the multi-cultural society in which we live, and also to celebrate diversity.

The Young People are encouraged to be involved in the planning of their holidays and short breaks.

1.4 The arrangements for supporting the cultural, linguistic, and religious needs of the Young People

At the point of referral, the young person's linguistic needs, religion, beliefs and culture are taken into consideration and every effort is made to ensure an appropriate staffing structure that takes into account, gender, culture and ethnicity is in place at Woodlands.

The home endeavours to create an atmosphere and environment which is free from any form of discrimination. Young People are encouraged to explore, celebrate and take pride in their religious/cultural identity. Young People will be provided with practical, educational and social activities that promote diversity, ethnicity and religious needs such as personal care items, food/dietary needs and leisure items.

1.5 The promotion of contact between Young People and their family and friends

Woodlands encourages and supports Young People to maintain and develop good relationships with family, relatives and friends. Contacts and frequency of contacts will be identified at the Placement Planning Meeting and set out in the young person's Care/Pathway Plan. Contact will be reviewed as part of the young person's Review.

Friends and relatives of Young People living at Woodlands will be encouraged to visit the home (unless the placement planning meetings agree it's not appropriate). Staff will ensure that these visitors are made welcome and are at ease. Young People are consistently and pro-actively encouraged to keep in contact with their family and friends in line with their Care Plan and staff are available to give practical support to make this contact possible.

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

1.6 Consultation with Young People about the care they receive

As part of the daily running of Woodlands the Young People are consulted on all aspects of their care such as choice of meals, decoration and furniture in the home, new staff appointments, holidays, activities, incentives etc. The Young People are encouraged to host their own meetings, write the minutes and have control of agenda items. These meetings take place at a frequency decided by them, but at least monthly.

Young People review their plans regularly through discussions with their key worker, during Statutory Visits and at their LAC Reviews. All Young People are encouraged to take an active role in their reviews, from the initial decisions in respect of who should be invited; reviewing the recommendations from the last review, to setting the scene for the current review by completing specific consultation forms. Following the review the Young People spend time with their key worker to ensure that they understand the decisions that are made.

Participation in the Children in Care Council is promoted and support offered to enable Young People to take part.

1.7 Equality and Children's Rights

Kirklees Council is committed to treating all individuals equally in all aspects of its work and will endeavour to promote Equal Opportunities with staff and all organisations and individuals with whom it works.

Children's Rights are actively promoted and each young person has individual details of the Children's Rights Service. The Young People are given clear guidance and support to understand the Complaints Procedure and this is reinforced on a regular basis through individual sessions with key workers.

1.8 Accommodation and location

Woodlands is a four bedded home that provides accommodation for both males and females, situated in the Lindley area of Huddersfield, approximately 1.5 miles from the town centre and within easy reach of leisure and social facilities.

Each bedroom is fully furnished, Young People have a key to their own room. Young People at Woodlands are encouraged and supported to personalise their rooms by choosing their own bedding, pictures/posters, and photographs.

The home is set in a self-contained garden with a lawn to the rear of the building, this offers outdoor living space for Young People and a great opportunity to engage in outdoor activities.

The right to privacy will be respected and no member of staff will enter a bedroom without first knocking, unless there are serious concerns about a young person's safety, other residents or staff.

A Safe Area Assessment and Report (SAAR) with regard to the location of the home was reviewed in December 2017. Consultation has been sought from schools, police, youth justice and Children's Social care to inform and support the assessment of any potential risk.

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

We have CCTV security consisting of 6 cameras pointing at the following:

- 1 Viewing the entrance
- 2&3 Viewing the car park
- 4 Viewing the side of the house
- 5&6 Viewing the back of the home

See CCTV policy is held in the Home

1.9 Approach to safeguarding Young People, preventing bullying and Missing children

Safeguarding

All Young People have a right to be safe from harm. This involves the need for staff to be vigilant about dangers both inside and outside the home. All staff are trained to level 3 which includes 'Working Together to Safeguard children', CSE e-learning and a level 3 advanced safeguarding module (the staff team training matrix is available on request). Further training is provided by the Kirklees Safeguarding Children Board and Kirklees Council's Learning and Development Team. Further training includes:

- Attachment
- Understanding the signs of neglect
- Impact of Domestic Violence
- E-Safety
- CSE for Practitioners
- Sexual Abuse: Dispelling Myths and Reducing Risks

All staff follow the West Yorkshire Consortium Online Safeguarding Children Procedures:

<http://westyorkscb.proceduresonline.com/index.htm>

The Kirklees Children's Residential home procedures compliment the above safeguarding procedures and can be found at:

<http://kirkleeschildcare.proceduresonline.com/index.htm>

The Responsible Individual monitors all safeguarding concerns and children and Young People's complaints and does this in consultation with the Registered Manager.

Young People living at Woodlands have the right to a high level and standard of protection from harm and this includes the vetting of visitors. The selection and recruitment of staff is consistent with the Children's Homes Regulations 2015 and the Safeguarding Vulnerable Groups Act 2006.

The Kirklees Safeguarding Children Board (KSCB) coordinates local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together.

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

<http://www.kirkleessafeguardingchildren.co.uk/>

Bullying Prevention

We are committed to creating an environment where everyone has the right to work, learn and live in an atmosphere free from victimisation and fear. It is essential that Young People are able to build positive social relationships with other people; bullying undermines this objective and will not be tolerated. A proactive approach is adopted with children and Young People being educated in this area through group and individual work, outside agencies, and general discussion.

We will create and sustain a culture and ethos of zero tolerance to bullying. Essential elements of our approach are:

- Using the Bullying Tool we created with the support of a YOT representative.
- Training staff to identify potential risks, bullying incidents, and manage effective support around these using a restorative approach.
- Being able to talk freely through any difficulties with the person being bullied and the alleged bully with the help if necessary of another person.
- Being able to talk freely with the Manager, Key Worker or other members of staff.
- Being able to talk to an independent person such as a teacher, friend, relative or their Social Worker. Young People will be given details of the Children's Rights Service and advocacy services and how to contact these.
- Being given knowledge and understanding of what bullying is and how victims may feel. This information is also outlined in the young person's introduction and also in the young persons' guide.

Procedures are in place which inform staff of how to deal with a suspicion or allegation of bullying by approaching the Registered Manager or staff in the home.

Staff meetings are used to discuss bullying; our approaches to it and our policy are reviewed as required. Equally Young People discuss bullying in their residents' meetings.

All reported incidents of bullying are taken seriously and fully investigated. If a complaint of bullying has been received, the young person will be closely monitored as to their emotional progress, education and general well-being.

We will take all reasonable steps to try to resolve the situation between the victim and perpetrator by attempting to find a "middle ground" between the two, through resolution. All outcomes will be recorded and contracts agreed if needed.

Missing from Care

We recognise that going missing can be one of the most common methods that Young People use to cope with anxiety or demonstrate their confusion and distress.

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Staff will work with Young People to ensure that they feel safe and settled in the home and do not feel the need to go missing. Every incident of a young person being missing from home will be dealt with seriously, and is monitored by senior management. All Young People have a Missing from Care risk assessment which clearly details what action to take if a young person goes missing.

All Young People who go missing from care will be reported to the Police in line with the *West Yorkshire Joint Protocol for Children Missing from Home or Care Reporting Procedures* and individual risk assessments. We will then ensure that the following people are contacted as soon as possible:

- Social Worker (via EDT outside office hours)
- IRO
- Where appropriate parents
- Other significant adults

A multi-agency approach is adopted to ensure that appropriate safeguarding strategies are identified to prevent or reduce instances of a young person going missing from care. Should a young person go missing the outlined strategies will be included in an updated placement plan which provide a framework for practice for all staff in safeguarding the welfare of the child.

On return from a 'missing' period the young person will be offered support in terms of their physical and emotional needs and be given the opportunity to contact family, friends or their Social Worker immediately or any other person independent to the home. An Independent Return Interview will be offered to the young person by an allocated worker from the Targeted Youth Service. The education provision to which the young person attends will also be contacted the following day so that support and understanding for the young person can be offered. The risk of a young person going missing from Woodlands will be assessed and detailed in their individual risk assessments and placement plan. This will be event driven and will be reviewed and monitored as required.

1.10 Admission criteria and procedure

The home has a referral and admissions process that supports all children and Young People who move into a residential home to be admitted in a planned and sensitive manner. The home will ensure that arrangements are planned in order to make the arrival and admission of a young person as pleasant as possible.

The home normally has planned admissions where the child or young person has a say in their placement and future plans for their care and welfare.

The placement referral process includes a detailed Impact Assessment which determines whether the placement can meet the individual needs of the young person prior to any introduction. The Registered Manager will speak to the young person's social worker and previous carers to inform the impact assessment. Young People will not be placed in our care without careful consideration of the impact on other Young People in placement as well as the young person needing a placement.

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

The following criteria will be considered as part of the Impact Assessment:

- The home has the resources to accommodate the young person appropriately. Can the young person's needs be met either directly by Woodlands or in conjunction with outside agencies and networks.
- There is an agreed and viable plan for the young person's medium to long-term placement
- The wishes and feelings of the young person and their parent(s) (or those with parental responsibility) being obtained and acted upon, i.e. if the young person or parents are unsure or unhappy about the proposed placement, have alternatives been actively sought
- Whether education is in place
- Whether the young person would be an appropriate match in the current cohort of Young People

Emergency placements will only be considered if:

- We have the relevant details of the child's behavioural patterns and contact arrangements received in advance.
- On receipt of this we feel that the child or young person will not disrupt the progress of the children/Young People already in placement.
- We can meet the needs of the child as stated in this Statement of Purpose and Function.

Admission Process

If it is agreed that the young person can be admitted to Woodlands, the following paperwork will be provided:

- Medical Consent signed by person with parental responsibility
- A copy of the Care Order
- Placement agreement
- Placement Plan
- Delegated Authority
- Missing Risk Assessment
- Up to date Care / Pathway Plan
- CSE Risk Assessment (If appropriate)
- Personal Education Plan (within 20 days of placement)
- Up to date Health Assessment
- Last LAC Review minutes (First one within 20 working days of the start date of placement)
- Previous assessments of the young person's needs, either educational, social, or emotional

Staff will visit a young person in their current placement and then invite and encourage the young person to visit Woodlands.

Initial visits to Woodlands by the young person allow them to see the home during its usual working day. This will include spending time with the current residents, staff and Management. We request that the young person be accompanied by their Social Worker, a close member of their family or a significant adult.

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

We recognise that any move for a young person is a traumatic experience and that every effort must be made to welcome and reassure the Young People on their arrival. As such we will try to ensure the following:

- That the young person's key worker is there to welcome them
- That the young person is introduced and welcomed by the Manager and/or Deputy Manager
- That the other Young People are around where possible to welcome the young person
- That the young person's bedroom has been prepared for their arrival, although they will be able to choose their own decoration
- That they are shown around the building
- That time is taken to ensure that arrangements are in place to get the young person to school, existing activities and contact
- That the young person has received a copy of the young person's' guide

The young person will receive a copy of the Council's Complaints' Procedure to ensure that all Young People understand their rights.

The Placement Planning Meeting will take place within 72 hours of the young person's admission. This will be attended by the young person, their parents, members of their family, the young person's key worker, the Manager of Woodlands and the young person's Social Worker.

The aim of the meeting will be to establish a placement plan and to outline clear objectives, expectations and responsibilities for the placement. It will also ensure that all parties understand their part within this plan and agree both on the objectives and implementation.

1.11 Moving on from the home

When it is decided that a young person will move on from the home, the home will work with the new provider, foster carer or family member to plan the right transition for the young person. This will involve supporting the young person to visit where they will be living, getting to know the significant adults and spending some time there before making the final move. The home will keep in touch with the young person if they want this and it is deemed appropriate and helpful.

1.12 The arrangements for dealing with complaints

The responsibility for responding to and monitoring complaints sits with the Registered Manager.

The following people may complain:

- The Young Person
- The parent of a Young Person
- Any person who has parental responsibility
- Foster parents
- Any person who has interests in the young person's welfare

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Each Young person is issued with a copy of the Complaints Procedure and a copy of the Children's Guide, which contains guidance on how to make a complaint. Significant family members and placing Social Workers are also given these documents.

If the complaint is regarding the Registered Manager this should be presented to the Responsible Individual.

Any complaint made by a young person will be treated seriously. Simple explanation and discussion will resolve many complaints provided that they are received with respect and given serious consideration. Any such complaint and explanation or any action taken to resolve the complaint will be recorded in the Complaints Book.

In the first instance complaints can be brought to the Registered Manager to try to resolve the problem and will be responded to within 7 days. However, Young People are encouraged, supported and assisted to complete a complaints form should they wish, they are also given the contact number of Yasmin Mughal, the Complaints Manager along with a complaints form. Complaint forms are given to Young People on admission to Woodlands and extra copies are available around the home when required.

Yasmin Mughal/Helen Sanderson
Complaints, Comments & Compliments Unit,
Ground Floor
Civic Centre 1
High Street
Huddersfield
HD1 2NF
Telephone – 01484 221000

The Children's Rights Service
Brian Jackson House
New North Parade
Huddersfield
HD1 5JP
Telephone number: 01484 223388
Freephone 0800 389 3312 13

Young People's Social Workers will also provide support, advocacy and representation as part of their work with Young People. Kirklees Council's Children's Services department is located at:

Civic Centre 1
High Street
Huddersfield
HD1 2NF
Telephone number: 01484 221000 (automated service – ask for the Social Worker by name)

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Childline – A charity offering confidential advice and support. 0800 1111

Ofsted inspect and regulate services which care for children and Young People and regularly inspect Woodlands. Complaints can be made to Ofsted directly telephone 0300 123 1231. Ofsted complaints procedures can be found at www.ofsted.gov.uk

The Children's Commissioner – Anne Longfield
The Office of the Children's Commissioner
Sanctuary Buildings
20 Great Smith Street
London
Telephone number: 020 7783 8330

All the above Agency's telephone numbers are available in the Young People's Guide, which Young People are provided with on or before admission to Woodlands.

1.13 Details of how a person, body or organisation involved in the care or protection of a child can access the home's child protection policies or the behaviour management policy

Copies of all policies and procedures, including safeguarding and behaviour management, are stored within the home and can be accessed by a person, body, or organisation upon request.

2. Young People's Behaviour

2.1 The home's approach to supporting positive behaviour and the use of physical intervention

When a young person comes to live in the home they are given a copy of the 'Young Person's Guide'; this sets out what is expected of them in terms of appropriate and socially acceptable behaviour.

The home is fully committed to working with Young People using a restorative approach to resolving conflict and preventing harm. Building good relationships with Young People is centre to this. The home will work with all parties affected by a particular incident and bring them together to play a part in repairing the harm and finding a positive way forward.

Staff will try to prevent negative behaviour arising by using de-escalation or diversion techniques. There is a Positive Handling Plan in each young person's Daily Living Plan which details how staff will support Young People in difficult situations. If this fails, a number of consequences can be used. Consequences may include removing a young person from a group activity (for example, an outing) or removing a privilege (for example, use of the computer). If the behaviour poses a physical threat to other Young People, to staff or to the young person concerned, physical intervention may be used. Staff are fully trained in Team Teach restraint techniques and this training is refreshed every year. All consequences, rewards and physical interventions are recorded fully, monitored and evaluated by the manager.

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

The aim of using both sanctions and physical interventions is to help the young person to focus on the consequences of their behavior and to learn a more socially acceptable way of reacting to a situation or feelings in the future.

The home reserves the right to remove any personal belonging of any young person that they believe may be a danger to themselves or others, or that may be used in criminal activities e.g. any form of weapons etc. These items may be confiscated and the police informed where necessary.

2.2 Restorative Approach

Restorative justice is a term used to describe processes that aim to address the harm caused by a criminal offence or a non-criminal incident. At the heart of restorative justice is the principle that via a method of structured communication, victims and perpetrators can discuss how they were affected by an incident and can explore what needs to happen to repair the harm caused. (Youth Justice Board, 2004).

Marshall (1999) proposed a definition of restorative justice which is frequently cited in the literature. Restorative justice is defined as: "*...a process whereby all the parties with a stake in a particular offence come together to resolve collectively how to deal with the aftermath of the offence and its implications for the future*".

Children and young people within residential care are often the most vulnerable in our communities.

Restorative approaches are often highly effective when used to resolve issues such as:

- Assaults between residents/young people
- Assaults on staff
- Conflict between residents
- Conflict between residents and staff
- Bullying
- Racially motivated incidents
- Incidents of rule breaking
- Criminal damage

The aim of all restorative process are to explore an incident or situation, to help the young person to reflect, explore responsibility, look at ways to avoid a similar situation in the future and to find a way to move on. Restorative approaches achieves this by bringing all parties together to explore what has happened, whose been affected and reach an agreement as to how the harm can be repaired and how to avoid the same situation happening again in the future.

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Types of restorative approaches are:

One on One Individual Restorative Meetings/Conversation - A discussion between a resident and a trained member of staff, with the aim of obtaining a restorative solution to an incident using restorative language and outcomes. The meeting draws on the principles of restorative justice, using some of the questions a facilitator would use in a restorative conference.

These conversations can be useful with both a harmer and harmed person allowing both sides to learn positive solutions to conflict.

Informal restorative discussions or meetings - An impromptu non prepared discussion or meeting between those in conflict and a trained neutral member of staff. These discussions offer an opportunity to unpick incidents that have just happened and look to resolutions between parties. These discussions would usually involve face-to-face meetings but can involve shuttle mediation between parties if necessary.

Restorative Justice Conferencing - A face to face meeting between a trained conference facilitator, usually a member of staff, with those involved with in an issue of conflict. The aim of the meeting is for all parties to explore what has happened, whose been affected and reach an agreement as to how the harm can be repaired and how to avoid the same situation happening again in the future.

Community/Group Conferencing - Involving a larger number of participants where an issue either general or specific can be explored and resolved by using a framework of restorative language and outcomes. These meetings allow a wider group learning where empathy, social skills and communication skills can be developed as well as conflict resolved in a positive way that is open so all can learn from it.

The benefits of using restorative approaches include a reduction in:

- Disruptive behaviour
- Minor criminal damage
- Number of police call outs
- Reduction in the breakdown of foster placements
- Young people entering the CJS
- Missing from care episodes
- Use of physical intervention
- Assaults
- Racially motivated incidents
- Bullying

Benefits of using restorative approaches to the victim:

- Learn about the harm they caused
- Acknowledge that harm
- Explain what happened
- Opportunity to apologise
- Attempt to repair the harm caused
- Reduces re-offending

3. Education

3.1 The arrangements for Young People to attend local schools and the provision made by the children's home to promote the educational attainment of Young People.

Woodlands is committed to the right of every young person to have access to appropriate education provision and will support them to achieve their full educational potential. Many Young People looked after by Woodlands will be supported to attend their current school, however if this is not possible their key worker will liaise with the relevant education, health and social care professionals to ensure that the needs of the young person are accurately assessed and appropriate education provision is identified, secured and maintained within the local community.

Young People will be actively encouraged to participate in out of school hours learning and activities. Differentiated resources and study aids will be provided to meet the needs of a range of ages and abilities including those with special educational needs. All children and Young People will be encouraged and supported to complete their homework.

Young People with special educational needs will receive support in line with their ECHP to achieve their full potential.

4. Health & Health Promotion

4.1 Meeting health needs

Young People should be able to lead a healthy lifestyle, be empowered to take control of their lives, and actively contribute to decisions made to promote their individual health on a daily and more long-term basis.

Young People resident at the home will be registered with a local G.P; optician and dentist if they are not already registered. They will be encouraged to have a medical assessment when they first become looked after and at least annually after that. This will be undertaken by the looked after children's nurse.

Any visits to hospital (for treatment), doctors, dentist, opticians etc will be recorded on the young person's file. Staff (or parents if appropriate) will accompany Young People on these visits (though at the request of the young person they may not be present if the young person is to be examined).

Prescribed medication will normally be kept in a locked medical cabinet. The dosage, frequency of administration, possible side effects etc. will be recorded, it will also be recorded if the young person refuses to take their prescribed medication.

Young People will be encouraged to take a positive attitude to their health care and will receive information regarding alcohol and other substance abuse, HIV and Aids, sexual matters etc. as appropriate. The staff will follow the guidance from the Sexual Health Service regarding sexual health and contraception. As some of the Young People accommodated may be sexually active condoms will be available. Young People will be discouraged from smoking and provided with assistance to stop if requested.

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Young People will be supported with their emotional wellbeing through CAMHs and the local authority's Placement Support Team. This will be in the form of both direct work with Young People and in-direct work with staff equipping them with the necessary knowledge and skills to provide effective care.

If a young person suffers serious harm or has a serious accident, serious illness, notifiable infectious disease or dies whilst accommodated at the home Ofsted will be informed as per schedule 5 of the Children's Homes Regulations.

Information regarding the effectiveness of health care provision offered will be recorded within the young person's case file and considered as part of Statutory Visits, Planning Meetings and Lac Reviews.

Health care advice and support is provided by the following qualified health care professionals.

Registered Paediatric nurse.

RGN (Registered General Nurse)

Educational Psychologist

Clinical Psychologist

Sexual Health Nurse

Substance Misuse Worker

5. Staffing

Woodlands has a balanced staff team taking into consideration equalities, experience, qualifications and skills in order to create the best opportunities to support and guide Young People. Staffing levels are carefully assessed to ensure the right levels of support to the cohort of Young People resident in the home.

Staff are encouraged to continually develop their knowledge and skill base through a wide range of training and development opportunities. All staff are subject to DBS (Disclosure & Barring Service) enhanced disclosures and reference checks before they commence employment, and are appraised on an annual basis with regular supervisory sessions.

5.1 Experience and qualifications staff working at the children's home

The Woodlands staff team consists of:-

Residential Manager – Martin Steele

Deputy Manager – Yvonne Bailey-Smith

Senior Residential Care Officers

Residential Care Officers

Two Domestic Assistants

One (part-time) Business Support Officer

WOODLANDS CHILDREN'S HOME - STATEMENT OF PURPOSE & FUNCTION

Staff come from a wide range of backgrounds and bring differing levels of skill and experience. It is expected that all Residential Care Officers will achieve NVQ Level 3 in Residential Childcare; Kirklees Council will ensure that they are supported by relevant training and supervision to fully carry out the responsibilities of their posts.

All members of staff receive annual appraisals and regular reflective supervision sessions with a member of the management team in line with best practice, Children's Home Regulations, and Kirklees guidance. This will be a minimum of six weekly or 9 times over 12 months. These sessions cover the Young People's care plans, staff roles and responsibilities, personal and professional development, the organisation's objectives, any practice issues, and any other concerns. Reflective supervision is conducted in private and, as far as practical, free from interruption environment.

At Woodlands the staff team are also provided with daily informal supervision. The management team operate an open door policy, and encourage staff to discuss any issues they have together as a team.

Staff sickness is covered, if possible, by substantive staff. If this is not possible then casual or agency staff will be provided, there will be at least an equal number of substantive staff on duty. The registered manager is responsible for ensuring that there is always adequate staff cover.

The training record of the home as a whole is monitored to ensure that the needs of the Young People and of the staff team are met.

6. Governance

6.1: Responsible Individual

NAME: Elaine McShane

POSITION: Service Director Family Support and Child Protection

6.2: Responsible Body

Kirklees Metropolitan Council Children's Services

Civic Centre 1

High Street

Huddersfield

HD1 2NF

6.3: Organisational Structure

Mel Meggs

Director of Children & Young People's Service

Elaine McShane

Service Director – Family Support & Child Protection

Children & Young People Service

Steve Comb

Head of Corporate Parenting – Family Support and Child Protection

Children & Young People's Service

Laura Counce

Service Manager – Family Support and Child Protection

Children & Young People's Service

Martin Steele

Residential Manager

Woodlands

6.4: Ofsted

Ofsted is responsible for conducting independent inspections. They can be contacted by Young People or staff who may have concerns about how the Home is operating.

Ofsted - Piccadilly Gate, Store Street, Manchester, M1 2WD

Tel: 0300 1231231

Fax: 08456 404049

Email: enquiries@ofsted.gov.uk

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Name of meeting: Corporate Parenting Board

Date: 30th September 2020

Title of report: Mental Health Support for Children in Care and Thriving Kirklees Review

Purpose of report: To provide an overview of the Emotional wellbeing and mental health support provided to Children in Care and the commissioning review of the Thriving Kirklees Partnership

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Not Applicable
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	Key Decision – No
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name Is it also signed off by the Service Director for Finance? Is it also signed off by the Service Director for Legal Governance and Commissioning?	Mel Meggs Not applicable Not applicable
Cabinet member portfolio	Cllr V Kendrick (Children)

Electoral wards affected: None

Ward councillors consulted: None

Public or private: Public

Has GDPR been considered? Yes, no person identifiable information is included in this report.

1. Summary

Emotional wellbeing and mental health support provided to Children in Care

We recognise that Children in Care are among the most vulnerable in our society and are likely to require additional support to maintain their mental health and emotional wellbeing. It is well documented that Children in Care have already grown up in vulnerable circumstances and face a range of equality challenges in particularly in relation to mental health. The Mental Healthy Schools organisation reports:

“Because of their experiences both before and during care, looked after children are at much greater risk of poor mental health than their peers. Almost half of children in care have a diagnosable mental health disorder (compared with 10% of their peers) and two-thirds have special educational needs.

Many will have difficulties with developing and maintaining relationships, trauma and self-esteem. They are also more likely to leave school with fewer qualifications, are at higher risk of offending, becoming a teenage parent, or not being in education, employment or training.”

Government research highlights statistics that “show that 62 per cent of looked after children are in care due to abuse or neglect, which can have a lasting impact on their mental health and emotional wellbeing.”

In order to address these issues, in Kirklees we have commissioned dedicated services to ensure that Children in Care receive a timely, high quality service.

A dedicated multi-disciplinary team is embedded within Kirklees Council Children’s services to provide holistic support to children and families.

Embedded within the team are a number of specialised clinicians employed by South West Yorkshire Foundation Trust (SWYFT) to provide a high level of clinical support to children and their carers.

The team includes a Clinical Psychologist who, as well as providing direct mental health support to children and families, also provides clinical support and advice to the clinical teams and staff in residential settings. This includes supporting their learning and development and providing training.

There is a dedicated Child Psychotherapist who provides in depth support and therapy, particularly to younger children and their carers, providing rapid access to this specialist service.

As a result of a recommendation in the 2016 Ofsted report, a Senior Mental Health Practitioner role was commissioned to work with Care Leavers (17+ years). The practitioner provides direct therapeutic work with young people, including Cognitive Behavioural Therapy, Moodmasters group therapy and holds drop-in sessions at no. 11 and no.12. The drop-in sessions had to be postponed during the Covid restrictions but work is currently underway to re-open these facilities.

In addition to individual caseloads the team also holds regular 'Emotional Wellbeing Clinics' where cases can be discussed in a multi-disciplinary environment. Support and advice is provided to families and carers if the child is subject to an Interim or Final Care Order. Between April and August 2020 111 clinics were carried out.

The team also includes a manager and five further Senior Practitioners who work closely to support carers but are increasingly working more directly with children and young people.

A tier two worker from Northorpe Hall Trust performs another important role within the service by attending the weekly screening sessions to ensure that children and carers are directed towards the most appropriate provision, as well as the Wellbeing Clinic sessions. A valuable contribution of this role is to provide a link with the Northorpe Hall provision and access to case information to help inform decision making. This may result in Children in Care being referred to Northorpe Hall Trust for support from the Children's Emotional Wellbeing Service (ChEWS) where they have priority access to therapists and counsellors.

Currently there is no waiting list for Children in Care. In the past year 53 children have accessed the service. The average waiting time from referral to first appointment has been 4 weeks, compared to 20 weeks for the equivalent general service. The length of intervention for Children in Care is, on average, 15 weeks longer than that experienced by a young person in the ChEWS service.

The team continues to develop its approach to care and support, they are building strong links with the Multi-systemic therapy service and are jointly developing a formulation based approach. This will involve the development of a framework and a staff training programme and will provide a more consistent and holistic view of the child or young person.

The team support the learning and development of the fostering team, including the supervising social workers. Work is ongoing to develop the use of a trauma informed approach, which will take into account adverse childhood experiences (ACEs) with the aim of making decisions more needs led, rather than resource led.

Further support to foster carers and placements is being developed in the form of the reflective fostering programme. This will allow professionals to have a confidential supervision group in which they can reflect on their cases and practice in a restorative way. This has begun with the formation of a clinicians group and will be expanded to include foster carers, with the aim of using restorative practice to discuss the child they are caring for and to prevent placement breakdown.

Thriving Kirklees Review

The Thriving Kirklees partnership was developed throughout 2016 with the aim of bringing Health services for children together and create a more integrated service with more seamless patient journey and better relationships with families. The partnership included health visitors, school nurses, mental health services and many

more. Funding is provided by Kirklees Council, North Kirklees CCG and Greater Huddersfield CCG.

The contract was awarded to Locala, in partnership with SWYFT, Northorpe Hall Trust, Yorkshire Children's Centre and Homestart. This is a 5 year contract initially, beginning in April 2017. As part of the Council's commissioning approach and commitment to continuous improvement it was decided to commission an independent review of the partnership to inform future developments and service improvements.

The scope of the review will include:

- how well the partnership has developed
- whether the original aims and spirit of the service have been achieved
- how well the services integrate with other provision for children and families, such as Early Support
- opportunities to integrate other services not currently within Thriving Kirklees

The review has two components, the first looking at the partnership as a whole and the second with a focus on mental health provision. The two components of the review are taking place simultaneously and in conjunction. A report will be produced in early October with a summary of findings and initial recommendations. Stakeholder events will be held to inform an action plan, which will be developed between October and December.

2. Information required to take a decision

Not applicable

3. Implications for the Council

3.1 Working with People

Not applicable

3.2 Working with Partners

The Thriving Kirklees review will look at the effectiveness of partnership working in Children's services and recommend improvements if identified.

3.3 Place Based Working

The Thriving Kirklees review will explore possibilities for increased Place Based Working.

3.4 Climate Change and Air Quality

Not applicable

3.5 Improving outcomes for children

Continuous improvement of Thriving Kirklees and the mental health support provided to Children in Care will contribute towards improving outcomes for children.

3.6 Other (eg Legal/Financial or Human Resources) Consultees and their opinions

Not applicable

4. Next steps and timelines

An update on the findings of the Thriving Kirklees review will be presented at a future Corporate Parenting Board.

5. Officer recommendations and reasons

That the report above and Thriving Kirklees review is noted.

6. Cabinet Portfolio Holder's recommendations

Not applicable

7. Contact officer

Name and job title of report author, contact details (telephone and e-mail)

8. Background Papers and History of Decisions

Not applicable

9. Service Director responsible

Tom Brailsford – Service Director – Resources, Improvements and Partnerships

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Corporate Parenting Board

Agenda Plan 2020/21

Date of Meeting	Issues for Consideration	Officer Contact
<p align="center">1st July 2020</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon Meeting Room 3, HTH</p> <p>Deadline for reports 19th June 2020</p>	<p align="center">Pre-meeting (Informal)</p> <p>Educational attainment and progress – LAC outcomes data 2018 SFR analysis</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p> <p>Minutes of 10th Feb and 4th March</p> <p>Attendance by Karl Battersby, Strategic Director of Economy and Infrastructure on role of corporate parent</p> <p>One Adoption WY Annual Report 6 monthly report</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>Summary of educational outcomes for 2018</p> <p>OFSTED and Improvement Board Update (verbal)</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Updates from Board Members on interaction with services</p>	<p align="center">J Tolley</p> <p align="center">J Bragg/S Comb/J Tolley</p> <p align="center">H Kilroy</p> <p align="center">K Battersby</p> <p align="center">J Bragg/S Comb/J Tolley</p> <p align="center">J Tolley</p> <p align="center">S Comb/J Bragg/T Brailsford</p> <p align="center">J Bragg</p> <p align="center">A Quinlan</p>

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	Mental Health and Emotional Support to children and young people in care (standard item)	
<p>30th September 2020</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon Meeting Room 3, HTH</p> <p>Deadline for reports 18th September 2020</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>OFSTED and Improvement Board Update (verbal)</p> <p>Statement of Purpose for Fostering Service (Annual)</p> <p>Statement of Purpose for Residential care</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>One Adoption WY Annual Report 6 monthly report</p> <p>Annual report on the health of looked after children</p> <p>Annual Report on Private Fostering (defer)</p> <p>Mental Health and Emotional Support to children and young people in care (to include interim update on cahms review)</p> <p>Updates from Board Members on interaction with services</p> <p>Ad-hoc Task and Finish Group (Risk Register)</p>	<p>J Bragg/S Comb/J Tolley</p> <p>S Comb/J Bragg/J Tolley</p> <p>J Bragg/S Comb/T Brailsford</p> <p>A Quinlan</p> <p>L Counce</p> <p>J Bragg</p> <p>S Whiteley (One Adoption)</p> <p>G Addy</p> <p>A Quinlan</p> <p>Stewart Horn</p> <p>Board Members</p> <p>CLlr Kendrick</p>

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	Corporate Parenting Board Agenda Plan 2020/21	H Kilroy
<p>3rd November 2020</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon Mtg Room 3, HTH</p> <p>Deadline for reports 23rd October 2020</p> <p>Apologies: E McShane</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report (Children’s Services)</p> <p>Head Teachers Report on educational outcomes of looked after children</p> <p align="center">Public Items:</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>OFSTED and Improvement Board Update (verbal)</p> <p>Annual report on Review of Foster Carer Handbook</p> <p>Annual Report on Private Fostering</p> <p>Annual report on Children’s Rights and Independent Visitors Scheme (1st April 18 to 31 March 19) to include a 6 monthly update (Apr 19 to Sept 19)</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Annual report on Complaints and Compliments for Children in Care</p> <p>Staying Put Fostering for Children in Care</p>	<p>S Comb/J Tolley</p> <p>J Tolley</p> <p>J Bragg/S Comb/J Tolley</p> <p>S Comb/J Bragg/T Brailsford</p> <p>A Quinlan</p> <p>A Quinlan</p> <p>M Tiernan/A Gledhill</p> <p>J Bragg</p> <p>Y Mughal</p> <p>A Quinlan</p>

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	<p>Supported Lodgings Scheme</p> <p>Annual report on Youth Offending Team relating to their work with children in care and comparative data for 2016/17, 2017/18 and 2018/19</p> <p>Mental Health and Emotional Support to children and young people in care (standard item)</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2020/21</p>	<p align="center">A Quinlan</p> <p>Charlotte Jackson/Ian Mottershaw</p> <p align="center">Board Members</p> <p align="center">H Kilroy</p>
<p align="center">7th January 2021</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon Mtg Room 3, HTH</p> <p>Deadline for reports: 22.12.20</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report</p> <p align="center">Public Items:</p> <p>Attendance by Richard Parry, Strategic Director for Adults and Health on role of corporate parent</p> <p>One Adoption Agency 6 monthly Report (April to Sept)</p> <p>Children’s Performance Highlight Report – CIC and Fostering/Children’s Homes</p> <p>OFSTED and Improvement Board Update (verbal)</p> <p>Overview of number and age of children in Care</p>	<p align="center">J Tolley/J Bragg/S Comb</p> <p align="center">Richard Parry</p> <p align="center">Suzanne Whiteley (One Adoption)</p> <p align="center">J Bragg/S Comb/J Tolley</p> <p align="center">S Comb/J Bragg</p> <p align="center">J Bragg</p>

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	<p>Social Worker stability and the reasons for changes and moves</p> <p>Mental Health and Emotional Support to children and young people in care (standard item)</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2020/21</p>	<p align="center">J Bragg</p> <p align="center">Board Members</p> <p align="center">Board Members</p> <p align="center">Helen Kilroy</p>
<p align="center">2nd February 2021</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon Mtg Room 3, HTH</p> <p>Deadline for reports 23rd January 2021</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>OFSTED and Improvement Board Update (verbal)</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Mental Health and Emotional Support to children and young people in care (standard item)</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2020/21</p>	<p align="center">J Bragg/S Comb/J Tolley</p> <p align="center">S Comb/J Tolley/J Bragg</p> <p align="center">S Comb/J Bragg/T Brailsford</p> <p align="center">J Bragg</p> <p align="center">Board Members</p> <p align="center">H Kilroy</p>
<p align="center">23rd March 2020</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p>	<p align="center">J Bragg/S Comb/J Tolley</p>

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<p>Mtg Room 3, HTH</p> <p>Deadline for reports 13th March 2020</p>	Review of Membership and Terms of Reference of the Board (prior to Council AGM)	H Kilroy
	Children’s Performance Highlight Report - CIC and Fostering/Children’s Homes	S Comb/J Tolley/J Bragg
	OFSTED and Improvement Board Update (verbal)	S Comb/J Bragg/T Brailsford
	Overview of number and age of children in Care	J Bragg
	Statement of Purpose for Registered Children’s Homes (Annual)	L Counce
	Statement of Purpose for Fostering Service (Annual) Mental Health and Emotional Support to children and young people in care (standard item)	A Quinlan
	Updates from Board Members on interaction with services	Board Members
	Corporate Parenting Board Agenda Plan 2020/21	H Kilroy

Standard reports (as on Agenda Plan)

Future reports (dates yet to be agreed):

- Future shape of service and relationship with partners (E McShane/S Comb) – date tbc
- Action Plan on the Fostering and Placement services in Kirklees (A Quinlan) – date tbc
- Early Help and edge of care (M Meggs/J Saunders) – date tbc
- Update on pilot to mentor and provide role modelling for young people in placements and children’s homes around school attendance (J Tolley) – date tbc
- Kirklees Fostering Network (achievements, current priorities and future aspirations)
- Progress updates from the Residential Managers of the Children’s Homes on the improvements and actions being taken following Ofsted reports (L Counce/C Morgan)

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- Children's Homes – plans for the future (J Bragg)
- Commitment to Care Leavers (J Bragg)
- Grandparents Plus to attend future meeting of Board (date to be confirmed)
- Educational Employment and Training and what was being done with local businesses (Julie Bragg) – date to be confirmed
- Sufficiency of foster placements living outside the area to include subset data showing the residual number of children on placement living outside the area (Steve Comb) – to be confirmed
- Consideration of the web version of the Foster Carer Handbook (prior to go live date) (CPB 24.10.19) (A Quinlan)
- Outcome of the pilot scheme on the job scheme for care leavers (CPB 24.10.19) (RSH)
- Saturday Job Scheme Action Plan (CPB 4.3.20) (D Lucas/S Mayet)
- Update on the reasons for the drop in the number of Independent Return Interviews for LAC offered within 72 hours of the child being located (CPB 4.3.20) (J Bragg)
- Number of children in care who go missing (CPB 4.3.20) (J Bragg)
- Explanation of decline in the number of care leavers placed in suitable accommodation, linked to the number of young people taken into custody (CP 4.3.20) (S Comb/J Bragg)

Annual reports:-

- 6 monthly report on Children's Rights (Oct to March) (M Tiernan/A Gledhill) – June 2020 (same month every year)
- 6 monthly report on Independent Visitors Scheme (Oct to March) (M Tiernan/A Gledhill) – June 2020 (same month every year)
- Annual Report on Children's Rights and Independent Visitors Scheme (April 19 to March 20) – (M Tiernan/A Gledhill) – June 2020 (same month every year)
- Annual report on Complaints and Compliments for Children in Care (Y Mughal) – October 2019 (same month every year)
- Annual report on children who go missing from care (Lead Officer tbc) – date tbc
- Annual report on the work of the leaving care service (J Bragg) – date tbc
- Annual report on children and young people placed outside the Kirklees boundary (S Comb) – date tbc
- Corporate Parenting Board Annual Report (S Comb) – date tbc
- Annual Health Report (G Addy) – September 2019 (same month every year)
- Annual Report on Private Fostering (A Quinlan) – September 2020 (same month every year)
- Annual review of the Foster Caring Handbook (A Quinlan) – July 2020
- Annual Report on Kirklees Fostering Service (A Quinlan) – June 2020 (same month every year)

Quarterly reports:

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- Fostering Agency Report (April to June) (A Quinlan) – date to be confirmed
- Fostering Agency Report (July to Sept) (A Quinlan) – date to be confirmed
- Fostering Agency Report (Oct to Dec) (A Quinlan) – date to be confirmed
- Fostering Agency Report (Jan to March) (A Quinlan) – date to be confirmed