

CORPORATE PARENTING SUB-COMMITTEE



Wednesday, 03 August 2022

Democratic and Members' Services

Fiona McMillan
Monitoring Officer

16:00

New Shire Hall
Alconbury Weald
Huntingdon
PE28 4YE

**The Red Kite Room, New Shire Hall, Alconbury Weald,
Huntingdon, PE28 4YE
[Venue Address]**

AGENDA

Open to Public and Press

- 1. Appointment of the Chair and Vice-Chair for 2022-23 (oral)**
- 2. Apologies for absence and declarations of interest**
Guidance on declaring interests is available at
<http://tinyurl.com/ccc-conduct-code>
- 3. Minutes - 23 March 2022**
[Corporate Parenting Sub-Committee - 23 March 2022](#)
- 4. Petitions and Public Questions**
- 5. Annual Health Assessment Audit Report for 2021-22** **5 - 30**
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The Corporate Parenting Sub-Committee comprises the following members:

Councillor Anna Bradnam (Chair) Councillor Philippa Slatter (Vice-Chair) Councillor Alex Bulat Councillor Anne Hay Councillor Mac McGuire

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Annual Health Assessment Audit Report for 2021-22

To: Corporate Parenting Sub-Committee

Meeting Date: 3rd August 2022

From: Designated Nurse Children in Care, Cambridgeshire and Peterborough Clinical Commissioning Group

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable

Outcome: To provide evidence of the quality assurance process in place for health assessments.

Recommendation: The Sub-Committee is recommended to:

- a) Note the content of the report; and
- b) Raise any queries with the lead officers.

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1. Summary

- 1.1 This report is the annual health assessment audit report for 2021/22. The overall quality of the cases reviewed was found to be good, and in all cases the Health Action Plans and Leaving Care Health Assessment/Passport felt personal to the individual child/young person.
- 1.2 There were improvements in performance compared to the previous year's audit, including the number Review Health Assessments (RHAs) completed face to face, birth and family history available, and completion of growth measurement.
- 1.3 Ongoing partnership work is required to enable improvements around accessing routine dental care and improving the number of SDQs completed by foster carers and returned to the Children in Care Health Team so that they are available at the health assessment. This work is supported by the Children in Care Health Team Lead Nurse, who is pivotal to supporting the recommendations of the audit.

2. Background

- 2.1 The Designated professionals have a duty to undertake a quality assurance audit of a sample of Initial Health Assessments and Review Health Assessments. The report contains an overview of the sample size and selection and provides detailed information of the tool used, the findings and the recommendations.

3. Audit of Initial and Review Health Assessments by Designated Nurse Children in Care for Cambridgeshire Community Health Services (CCS) Looked After Children Health Team

- 3.1 The health assessments reviewed within the audit were completed by the Team between 1st April 2021 and 31st March 2022. The timescale concerned, fell within the continued COVID-19 pandemic when service delivery was adjusted and managed as per NHSE guidance, to reflect the national and local lockdowns and restrictions detailed by the Government and Public Health Services for Cambridgeshire and Peterborough.
- 3.2 As such, during this period:
 - Review Health Assessments (RHAs) were undertaken by the Attend Anywhere (AA) virtual platform until July 2021, at which time they were delivered by a combination with face-to-face appointments and AA appointments depending on the needs of the child/young person, the foster family or care setting and the national and local position at the time of the assessment. Where appointments were undertaken using a virtual platform, face-to-face follow up arrangements were utilised as required with GP, Health Visitor, Specialist Children in Care Nurse, or specialist services.
 - Initial Health Assessments (IHAs) were undertaken by the AA virtual platform until June 2021, when face-to-face appointments were recommenced. Where

appointments were undertaken using a virtual platform, face-to-face follow up arrangements were utilised as required with GP, Health Visitor, Paediatrician, or other relevant health team.

3.3 The cases for both the IHA and RHA audits were picked at random from the overall list of children and young people who had received their health assessment during the above period. The selection was made to include cases from across each of the following age groups: 0-4 years, 5-10 years, and 11-17 years, and included some Unaccompanied Asylum-Seeking Children (UASC). The audit sample included children/young people placed out of area, however all the RHAs were undertaken by the CPFT Children in Care Team.

3.4 The Designated Professionals have undertaken the audit by being given access to redacted documents including the Health Action Plan (HAP) and the Leaving Care Health Assessment/Passport. Additional information regarding some parameters of the audit is often identified from the SystmOne record, but access was restricted to the printed documents only on this occasion.

3.5 Initial Health Assessment Audit

Issue	Doctor's Assessment	Notes
County where child placed	CCS via Attend Anywhere – 1 (20%) CCS face to face appointment - 2 (40%) Suffolk face to face appointment – 1 (20%) Lincoln face to face appointment – 1 (20%)	0 - 4 years X 2 cases 5 - 9 years X 1 case 10 – 17 X 2 cases
Conducted by	Consultant Paediatrician – 5 (100%)	Evidence of interpreter use was recorded in 1 case.
Paperwork	Yes - 10 (100%) No – 0 (0%)	HAPs were fully completed.
Neonatal blood spot testing	Yes - 4 (80%) No - 0 (0%) N/A – 1 (10%)	N/A answer – 1 case was 16-year-old young person and was born outside the UK so therefore not available.
Family History	Yes - 0 (0%) No - 0 (0%) Limited – 5 (100%) N/A- 0 (0%)	There was evidence that PH forms have been requested in 2 cases, these were included in the HAP. 1 young person came to UK in last year.
Birth History	Yes- 0 (0%) No- 0 (0%) Limited- 4 (80%) N/A – 1 (20%) – born outside the UK	There was evidence that MB forms have been requested in 1 case; this was included in the HAP. N/A answer – 1 young person came to UK in last year.

Outstanding actions from previous HA	N/A – 5 (100%)	All Initial Health Assessments
Other Health professionals identified	Yes- 4 (80%) No- 1 (20%) N/A- 0 (0%)	
Previous Health concerns identified	Yes - 5 (100%) No – 0 (0%) N/A- 0 (0%)	
Dentist appointment date	Yes - 3 (60%) No – 1 (20%) N/A - 1 (20%)	No Answer – 1 case identified that the carer needed to book an appointment, this was identified as an action and captured in the HAP. N/A answer – baby
IHA – Children < 3y Examination of both eyes	Yes - 2 (40%) No - 0 (0%) N/A - 3 (60%)	N/A answer – 3 cases were outside of this age range.
Vision appointment date	Yes - 3 (60%) No - 0 (0%) N/A - 2 (40%)	
Hearing – concerns	Yes - 1 (20%) No - 4 (80%)	No answer – hearing discussed in all 4 cases (100% of no answers). Yes answer – child already referred to audiologist
Hearing date of check (indicated if previous concerns)	Yes- 1 (20%) No- 0 (0%) N/A- 4 (80%)	
Neonatal hearing screen recorded	Yes - 3 (60%) No - 1 (20%) Not Known – 1 (20%)	N/A answer – 1 young person came to UK in last year. No answer – there is no field for this information on the 16 year and over documentation.
Immunisations (Routine and additional immunisations)	Yes - 3 (60%) N - 2 (40%) N/A - 0 (0%)	No answer – in both cases, the foster carer was advised to make an appointment with the Practice Nurse; this action was captured in the HAPs.

Height, weight and BMI recorded	Yes - 4 (80%) No - 1 (20%)	No answer – this child has a learning disability and attends a special school. Not appropriate to undertake growth measurements at the IHA so the School Nurse is to be asked to do this; this action was captured in the HAP.
Head circumference (IHA all and RHA only in <2 years)	Yes - 1 (20%) No - (0%) N/A - 4 (80%)	
Gives picture of development	Yes - 5 (100%) No - 0 (0%) N/A - 0 (0%)	
Educational progress (school age only)	Yes - 3 (60%) No - 0 (0%) N/A - 2 (40%)	
SDQ score available (completed prior to assessment)	Yes - 0 (0%) No - 1 (20%) N/A - 4 (80%)	N/A answer – 3 cases outside the age range and 1 case not appropriate due to learning disability.
If not available, SDQ given to carers /young person	Yes - 0 (0%) No - 1 (20%) N/A - 4 (80%)	
Emotional well-being discussed	Yes - 5 (100%) No - 0 (0%) N/A - 0 (0%)	<p>1 case - UASC young person, there was evidence of very detailed discussions re trauma and impact of not being with family.</p> <p>1 case – within the Emotional and Behavioural Development Section it is reported that the child has no emotional or behaviour problems, however within other areas of assessment it says that child gets upset after contact and is tearful, and that 6 months previously she was reluctant to attend school, increased behavioural issues at home and commenced attending special project at school. These issues should have been pulled through to give an updated overview.</p>

CRAFFT screening used	Yes - 0 (0%) No - 0 (0%) N/A - 5 (100%)	
Child/young person's view	Yes - 3 (60%) No - 0 (0%) N/A - 2 (40%) Too young to give their view	Yes answer – there was clear evidence of the child / young person/s view being asked, listened and responded to, and captured in the record.
Lifestyle discussed > 10y	Yes - 0 (0%) No - 0 (0%) N/A - 5 (100%)	N/A answer – appropriate in all cases due to age or learning disability.
Health issues documented in Action Plan	Yes - 5 (100%) No - 0 (0%) N/A - 0 (0%)	
Health Action Plan SMART	Y- 5 (100%) N- 0 (0%) N/A – 0 (0%)	
Referral made	Yes - 2 (40%) No - 0 (0%) N/A - 3 (60%)	
Are health professional's details clearly documented and paperwork dated?	Yes - 5 (100%) No - 0 (0%) N/A - 0 (0%)	1 case – the information was minimal and would have benefited from more detail.
Name//NHS Number		
Evidence has been gathered from S1/ Medical Records		

3.6 Findings

3.6.1 The overall quality of the cases reviewed was found to be good, and in all cases the HAPs and Care Leaving Health Passport felt personal to the individual child/young person.

3.6.2 4 out of 5 (80%) of Health Assessments reviewed and audited were undertaken as a face-to-face appointment.

- 3.6.3 There is evidence of PH and MB forms being requested in only 1 case; review of these forms was included in the HAP.
- 3.6.4 There was good exploration of developmental history and achievements.
- 3.6.5 Emotional well-being was discussed in 100% of cases with the carers, and directly with the older young people.
- 3.6.6 There were no SDQs completed before the assessment in the 3 cases where this was required. In these 3 cases the SDQ was given for completion, and all 3 had this included in the HAP.
- 3.6.7 Vision screening, hearing screening and documentation was good.
- 3.6.8 There was an improvement in Dental Health provision compared to the 2020/21 audit, with 3 of the 4 children this was relevant to, having had a dental check. In the fourth case the child had only been with the carers a short time so had not been seen, but the foster carer was advised to make sure the child was seen by a dentist as soon as possible.
- 3.7 Recommendations
 - 3.7.1 There needs to be a better understanding of the importance of SDQ by carers: educating carers regarding the purpose of the SDQ and the importance of them completing it, how the SDQ result informs the holistic assessment and contributes to referral for appropriate services or interventions. To further develop the SDQ Pathway as a partnership with social care and education colleagues, and to develop guidance for foster carers.
 - 3.7.2 For UASC there should be sign posting to the Refugee Council, Cultural and Religious and other charity organisations if appropriate so that the young person can get a sense of belonging. This sign posting may already have taken place by social care colleagues or the care provider, but this should be checked, and relevant information given if required; this should then be captured in the health record.
 - 3.7.3 Within this small sample of cases, access to dental health has improved compared to last year, dental health remains a challenge as the Covid-19 pandemic greatly impacted on dental services. Provision is increasing, but the back log still has implications for access to routine care. Urgent care is always accessible via NHS 111 and no concerns around accessing this was identified in this audit. NHSE Regional Dental Services are working with the Designated Professionals and Lead/Named Nurses to ensure that children and young people in care can access routine dental treatment, with data around need being collected and collated, and General Dental Practices being approached to provide this service to children and young people who they would not normally see. Social Workers and health professionals should continue to escalate issues of non-access to routine dental care to the Designated Professionals so that they can support management of this issue by escalating to NHSE Dental Services for support.

4. Review Health Assessment Audit

4.1 15 cases were reviewed and audited by Catherine York, Designated Nurse Children in Care

Issue	Nurse's assessments	Notes
County where child placed	<p>Of the cases reviewed, 9 RHAs were undertaken by the Cambridgeshire health team and 6 by out of area health teams.</p> <p>The mode of assessment delivery was: Face to face = 9 (60%) Attend Anywhere (AA) = 3 (20%) Telephone = 3 (20%)</p>	<p>Documented rationale for telephone assessments: 1 case - IT issues so AA mode failed</p> <p>1 case- the young person was known to have challenging behaviours and is difficult to engage with, and was seen by a Paediatrician two days previously, therefore it was documented that the decision was to utilise the paediatrician consultation information and undertake a telephone assessment to support this, therefore not causing the young person any further stress and challenges.</p> <p>1 case – no rational was provided.</p>
Age range of cases reviewed	<p>0-4 years = 5 5-10 years = 5 11-17 years = 5</p>	<p>2 cases were assessments of Unaccompanied asylum-seeking children/young people (UASC): 1 case - documented use of an appropriate interpreter. 1 case – documented that English was the second language and the young person was still learning, however there was no evidence that an interpreter was utilised.</p>

		1 case – Leaving Care Health Passport due to this being the young person's final RHA.
Conducted by	Specialist Nurse = 14 (93%) Paediatrician = 1 (7%)	
Paperwork	Completed and detailed = 15 (100%) Not enough detail = 0 (0%)	
Neonatal blood spot testing	For those aged 0-4 years: Yes = 5 (100%) For those aged 6-17years: Yes = 4 (40%) No = 0 (0%) N/A due to age and documentation used = 4 (40%) N/A as UASC = 2 (20%)	100% of children aged 0-4 years had their neonatal blood spot testing result identified and recorded.
Family History	Yes = 9 (60%) Limited = 4 (27%) No = 0 (0%) Not available as UASC = 2 (13%)	Limited answer - records identified that in: 1 case - parents had refused the PH forms. 1 case it was identified that only the father's forms were available. 2 cases – information was limited and obtained from the electronic record and previous health assessment. There was evidence in 3 cases that the PH forms had been requested and this was included in the HAP.
Birth History	Yes = 8 (63%) Limited = 5 (27%) Not available as UASC = 2 (10%) No = 0 (0%)	MB forms were identified as being available in 2 cases.

Outstanding actions from previous HA	<p>Yes = 1 (7%)</p> <p>No outstanding actions = 13 (86%)</p> <p>N/A = 1 (7%)</p>	<p>Yes answer – in 1 case an action was identified as outstanding as the young person had declined to attend the dentist. There was evidence that this health promotion activity was discussed again with the young person along with the offer of support as required.</p> <p>Evidence regarding no outstanding actions, was identified in the documents and evidence of the practitioner detailing previous health issues and actions within the document was seen.</p>
Other Health professionals identified	<p>Yes = 14 (93%)</p> <p>No = 0 (0%)</p> <p>N/A = 1 (7%)</p>	
Previous Health concerns identified	<p>Yes = 15 (100%)</p> <p>No = 0 (0%)</p>	Each HAP, contained evidence of discussions regarding ongoing health concerns, such as sleep, nutritional, emotional, vision, heart issues, hearing, toileting, puberty related issues and substance/alcohol use.
Dentist appointment date	<p>Yes = 14 (93%)</p> <p>No = 0 (0%)</p> <p>N/A = 1 (7%)</p>	<p>N/A answer – 1 case was a baby</p> <p>Discussion re dental appointment position for each child/young person was clearly detailed.</p>
Vision appointment date	<p>Yes = 12 (80%)</p> <p>No- 0 (0%)</p> <p>N/A = 3 (20%)</p>	N/A answers – all had evidence of vision being discussed.

Hearing – concerns	Yes = 1 (7%) No = 14 (93%)	There was evidence in each record that hearing had been discussed with carer and young person regardless of their age or previous history of no hearing problems.
Hearing date of check (indicated if previous concerns)	Yes = 1 (7%) No = 0 (0%) N/A = 14 (93%)	
Neonatal hearing screen recorded	Yes = 9 (60%) No = 4 (26%) No as UASC = 2 (14%) N/A = 0 (0%)	No answer – these 4 cases were of older young people.
Immunisations (Routine and additional immunisations)	Yes = 15 (100%) No = 0 (0%) N/A- 0 (0%)	
Height, weight and BMI recorded	Yes = 12 (80%) No = 3 (20%) N/A = 0 (0%)	<p>No answer:</p> <p>1 case – identified that the Health Visitor would undertake measurement.</p> <p>1 case – identified that the Paediatrician is monitoring growth and the previous paediatrician measurements were utilised.</p> <p>1 case – it was documented that there were no concerns re growth and as the young person was not seen in person, it was agreed that growth would be measured at the next RHA or sooner if required.</p>
Head circumference (IHA all and RHA only in <2 years)	Yes = 1 (7%) No = 0 (0%) N/A = 14 (93%)	

Gives picture of development	Yes = 15 (100%) No = 0 (0%)	
Educational progress (school age only)	Yes = 10 (67%) No = 0 (0%) N/A = 5 (33%) – these were all pre-school age children	The HAP captured details of progress within the pre-school settings for those it was relevant to.
SDQ score available (completed prior to assessment)	Yes = 7 (46%) No = 2 (14%) N/A = 6 (40%)	N/A answer: 1 case – not appropriate due to learning disability. 1 case – above the age of SDQ use. 4 cases – too young for SDQ use.
If not available, SDQ given to carers /young person	Yes = 2 (14%) No = 0 (0%) N/A = 13 (86%)	
Emotional well-being discussed	Yes = 15 (100%) No = 0 (0%) N/A = 0 (0%)	There was evidence of consideration and discussions at an age-appropriate level for each child/young person. The detail recorded was personal to each child/young person.
CRAFFT screening used	Yes = 1 (7%) No = 0 (0%) N/A = 14 (93%)	Questions about drugs, alcohol and sex were recorded in 3 cases, showing age-appropriate discussions and health promotion.
Child/young person's view	Yes = 10 (67%) No = 0 (0%) N/A = 5 (33%)	N/A Answer: 4 cases recorded that the child was too young to give their view. 1 case – the record identified that the child was not verbal due to learning difficulties. Evidence of good practice: 5–10-year-old records showed age-appropriate

		<p>questions and responses captured.</p> <p>1 case – the record identified that the child was busy being a Storm Trooper on the nurse's arrival, and that he thought he was a "healthy Storm Trooper"</p> <p>1 case - 17-year-old was seen alone and provided their own consent.</p> <p>1 case – the young person was still in bed when the nurse arrived, so he/she returned 30 minutes later to allow time for the young person to get ready.</p> <p>1 case – the young person is identified as being Gillick Competent and is offered time without carer. This young person also had an interpreter.</p> <p>1 case – 13-year-old was seen alone for part of RHA, carer also seen alone for part and then jointly.</p> <p>Area of concern: 15-year-old UASC had RHA via telephone. English was not their first language, and it was recorded that they are still learning, however there was no evidence of an interpreter being utilised. From the record, it is not clear if the young person or the carer, or both were spoken to.</p>
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Lifestyle discussed > 10y	Yes = 5 (33%) No = 0 (0%) N/A = 10 (67%)	Yes answer – includes age-appropriate discussions for children who were less than 10 years, thus demonstrating good practice.
Health issues documented in Action Plan	Yes = 15 (100%) No = 0 (0%)	
Health Action Plan SMART	Yes = 15 (97%) No = 0 (0%)	
Referral made	Yes = 2 (14%) No = 0 (0%) N/A = 13 (86%)	Referrals were made in all cases identified as required.
Are health professional's details clearly documented and paperwork dated?	Yes = 15 (100%) No = 0 (0%)	
Name//NHS Number	All PID redacted	
Evidence has been gathered from S1/ Medical Records	No access to SystmOne to enable checking	

4.2 Findings

- 4.2.1 Overall quality of the cases reviewed was found to be good, and in all cases the HAPs and Leaving Care Health Assessment/Passport felt personal to the individual child/young person.
- 4.2.2 9 out of the 15 (60%) RHAs were undertaken as a face-to-face assessment. 3 RHAs were completed via a virtual platform thus providing choice to the young person. However, 3 RHAs were also completed by telephone which should not be a mode of choice to its many limitations; in two cases a clear rationale was provided, but in one case there was no explanation as to why this was undertaken by telephone.
- 4.2.3 Use of an appropriate interpreter was documented in 1 case, however in another case there was no evidence of an interpreter being utilised despite the records showing that the young person had limited English.
- 4.2.4 In cases where children were younger than 11 years of age, assessments were undertaken with the foster carer with the child present.

- 4.2.5 It was identified that where appropriate, children above the age of 11 were asked questions directly and were very much included in their assessment.
- 4.2.6 In the 0–5-year age range, information relating to birth history and family history was available in 9 cases, with limited information being available in a further 4 cases. The two UASC young people had minimal information as would be expected.
- 4.2.7 Neonatal blood spot testing in the 0 – 5-year age range was 100%. For those aged 6- 17 years this is not a prompt on the HAP but was captured on some records.
- 4.2.8 Immunisation uptake was found to be 100% across the age ranges.
- 4.2.9 Growth measurement performance has improved greatly from the previous year's audit where performance was impacted negatively by most health assessments been undertaken using a virtual platform. In this audit period more children and young people were seen face to face, and where they were seen virtually better use of other health professional's growth measurements of the child/young person were utilised.
- 4.2.10 Head Circumference measurement was undertaken in the 1 case where the child was age appropriate.
- 4.2.11 There was clear evidence of discussions around dental care, and routine appointments had been attended or were booked in all but one case where the young person did not wish to attend the dentist.
- 4.2.12 SDQ was completed in only 7 of the 9 cases where the SDQ was applicable. There is recognition that the Children in Care Health Team email the SDQ to the foster carer for each case where it is appropriate, but that there is an issue with the number of returns the team receive from the foster carers. Health and Social Care colleagues are working together to address this issue, and this includes further developing the SDQ Pathway and working with the Fostering Service around training for foster carers. An information leaflet is being developed for foster carers. Where seen face to face, the foster carer is requested to complete the SDQ during the health assessment appointment, however due to the scoring process, the score is not available at the time of the assessment.
- 4.2.13 There was evidence of consideration and discussions regarding emotional wellbeing at an age-appropriate level for each child/young person. The detail recorded was personal to each child/young person.
- 4.2.14 The HAPs and Care Leavers Health Passport reviewed all felt personal to the child/young person and included the views of the older child and young person. For the younger child or those who were non-verbal due to disability the HAPs clearly captured the essence of child.
- 4.2.15 100 % of cases demonstrated that children/carers had been asked about vision and hearing.

4.2.16 Appropriate lifestyle conversations were evidenced in cases where this was age appropriate.

4.2.17 100 % of cases showed health issues documented in the Action Plan.

4.2.18 100 % of cases had a SMART health Action Plan.

4.2.19 Referrals were made in both cases where the need was identified.

4.2.20 100 % of cases showed that the health professional's details were clearly documented, and paperwork dated.

4.3 Recommendations

4.3.1 The Covid-19 pandemic greatly impacted on dental provision, and although provision is increasing, the back log still has implications for access to routine care. Urgent care is always accessible via NHS 111 and no concerns around accessing this was identified in this audit.

4.3.2 NHSE Regional Dental Services are working with the Designated Professionals to ensure that children and young people in care can access routine dental treatment, with data around need being collected and collated, and General Dental Practices being approached to provide this service to children and young people who they would not normally see. Social Workers and health professionals should continue to escalate issues of non-access to routine dental care to the Designated Professionals so that they can support management of this issue by escalating to NHSE Dental Services for support.

4.3.3 SDQ: There is a need to improve performance for completion of SDQs for all children who are aged 5-17 years, and 4-year-olds if they are in full-time education. There is evidence via data reporting, that the Children in Care Health Team email the SDQ to the foster carer for each case where it is appropriate, but that there is an issue with the number of returns the team receive from the foster carers. Health and Social Care colleagues are working together to address this issue, which includes further developing the SDQ Pathway, developing a SDQ information leaflet for carers and working with the Fostering Service around training for foster carers.

4.3.4 Where seen face to face, the foster carer is requested to complete the SDQ during the health assessment appointment, however due to the scoring process, the score is not available at the time of the assessment; health practitioners should continue to do this so that the questionnaire is completed, and the score is available shortly after the health assessment but can be incorporated into the overall assessment.

4.3.5 Telephone consultations should be avoided due to their limitations and should only be used if this is at the choice of an older young person; the rationale for this decision must be recorded clearly. If there is a failing of the virtual platform, the appointment should be rescheduled rather than move to a telephone consultation.

4.3.6 An appropriate interpreter should be used in all health assessments where English is not the first language or where English is limited. In cases where the need for an

interpreter is identified at the time of the assessment, the assessment should be rescheduled or if appropriate, the telephone language line should be utilised.

5. Conclusion for IHA and RHA Audits

- 5.1 The audit of the IHAs and RHAs reviewed assessments that were undertaken during the second year of the COVID-19 pandemic, a time when all services within the NHS continued to be under extreme pressure, and mandated restrictions varied according to need throughout the year. The overall quality of the cases reviewed was found to be good, and in all cases the HAPs and Leaving Care Health Assessment/Passport felt personal to the individual child/young person.
- 5.2 There were improvements in performance compared to the previous year's audit, including the number RHAs completed face to face, birth and family history available, and completion of growth measurement.
- 5.3 Ongoing partnership working will contribute positively to the required improvements around accessing routine dental care and improving the number of SDQs completed by foster carers and returned to the Children in Care Health Team so that they are available at the health assessment. The Children in Care Team Manager participates in the partnership working, where her expertise informs practice and improves health outcomes for children and young people in care.
- 5.4 The 2022/23 audit will need to include 10 IHA cases and 30 RHA cases (as per 2020/21), to ensure a wider review of cases. Quality control of both IHAs and RHAs is performed in real time within the Children in Care Team via peer review and use of a standardised template, thus providing the opportunity to identify any gaps and learning as they occur.

6. Alignment with corporate priorities

6.1 Environment and Sustainability

There are no significant implications for this priority.

6.2 Health and Care

The report above sets out the implications for this priority.

6.3 Places and Communities

There are no significant implications for this priority.

6.4 Children and Young People

The report above sets out the implications for this priority.

6.5 Transport

There are no significant implications for this priority.

7. Source documents

7.1 None.

Developed in collaboration by:



Strength and Difficulties Questionnaire

A guide for foster carers



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What happens with the completed SDQ? – continued

The results will be discussed at:

- The Personal Education Plan (PEP) meeting if the score is 17 and above, or if there are concerns.
- The Looked After Child review meeting and will be recorded in the child's Independent Reviewing Officer's (IRO) Chair's report.

Completing the SDQ - continued

- Read the statement and judge how well it describes the child/young person then tick the appropriate response for each question.
- Please answer every question as incomplete questionnaires cannot be scored.
- Please return the completed SDQ to the Children in Care Health Team as soon as possible so that it is available to help inform the assessment of the child or young person at their Review Health Assessment.

If you have any queries, please feel free to contact the Children in Care Health Team or the child/young person's social worker as we are always happy to help you.

What happens with the completed SDQ?

Once the carer has returned the completed SDQ the Children in Care Health Team scores the questionnaire and shares the questionnaire and score with the Social Worker.

The Social Worker will review the questionnaire and score, and will have a conversation with the foster carer and young person about the results.

If there are significant difficulties, the Children in Care Health Team will discuss this with the social worker who may arrange a further assessment in order to get the help the child or young person may need.

What is the strength and difficulties questionnaire?

- The Strength and Difficulties Questionnaire is usually called the SDQ for ease.
- It is a short behavioural screening questionnaire which has sections covering the child/young person's behaviour, concentration, emotions and relationships with other people.
- It is a clinically and internationally validated tool that is used across the World; it is available in many languages.
- It is used as part of a holistic (looking at the whole person not just part of them) assessment of a child or young person and can help to identify if they may need further assessment or if they would benefit from support/extra help.
- It is frequently used by many health professionals working children and young people to help assess their needs.
- The SDQ may not be suitable for use with children/young people with moderate to severe learning disability, in which case a detailed discussion about the child/young person's emotional wellbeing, behaviours and challenges will take place between professionals and the carer/family.
- There are three versions of the SDQ:

Parent/carers – completed for those aged 4–16 years (inclusive)

Teacher – completed for those aged 4–16 years where the parent/carers questionnaire scores 17 or over. Sometimes education colleagues may complete the SDQ at other times if it supports their overall assessment.

Self – completed by the young person themselves when they are aged 11-16 years (inclusive).

Using the Teacher and Self questionnaires helps give a broader understanding of the child/young person including how they feel they are doing and what life is like for them, and all three scores can be reviewed together (triangulated) to give a clearer picture.

Why are we asking you to complete it?

It is important to routinely assess the emotional wellbeing of Children in Care because they often experience worries, fears, sadness, behaviour and/or concentration issues. These emotions and challenges can be very upsetting and can make life difficult for them and for those that care for them.

The information provided by the SDQ can help:

- Identify areas where a child or young person may need further assessment.
- Help identify where a child/young person would benefit from support or extra help; it can also identify where the carers may need extra help and support.
- Identify where a child or young person is doing well and can provide a focus for further work on improving these areas. This information also helps carers and social workers to understand how they can positively support children and young people to achieve goals and outcomes.
- Professionals to evaluate the child/young person's progress against emotional wellbeing outcomes.

The Government requires Local Authorities to use the Parent/carer SDQ to assess the emotional well-being of individual children in care and should be completed by the main carer for each child or young person that is in care aged 4-16 years. Anonymous information is returned to the Department of Children, Schools, and Families.

When is the SDQ completed?

Young people aged 4-16 years of age are required to have the parent/carer version of the SDQ completed annually.

It should be completed 4-6 weeks prior to the child's Review Health Assessment date, thus ensuring that the scores are relevant and up to date, meaning any emotional/behavioural needs can be fully considered by the Looked After Children Specialist Nurse. These elements of the assessment will be included in the child/young person's health care plan.

Completing the SDQ

The SDQ should be completed by the carer who knows the child/young person best.

- The child's social worker or your adoption/fostering social worker will be able to answer your questions about the form and support you with completing this.
- Completion should be straightforward and take around 10 -15 minutes.
- SDQ completion does not need input from the child/young person, but it is expected that they will know about the questionnaire being completed if they are old enough and able to understand.
- Please write clearly on the form who you are and how long you have known the child/young person.
- Ensure that you include the date of completion.

Strength and Difficulties Questionnaire: A guide for foster carers

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- Ensure that you include the date of completion.
- Read the statement and judge how well it describes the child/young person then tick the appropriate response for each question.
- Please answer every question as incomplete questionnaires cannot be scored.
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The results will be discussed at:

- The Personal Education Plan (PEP) meeting.
- The Looked After Child review meeting and will be recorded in the child's Independent Reviewing Officer's (IRO) Chair's report.

Cambridgeshire and Peterborough Strength and Difficulties Questionnaire (SDQ) Pathway

14 weeks prior to RHA due date SW to send Health Assessment Questionnaire (HAQ) referral to CiC Health Team

4 – 6 weeks prior to RHA due date the CiC Health Team:

Email Carer SDQ and SDQ leaflet to carer, with request for completion and return within 5 working days
Email the Self SDQ (aged 11-16 years only) to SW with a request for them to support the young person to complete this at their next meeting

Carer completes SDQ and returns SDQ to CiC Health Team

Carer SDQ completed:

CiC Health Team score the SDQ and record on SystmOne (Sy1) (Health IT system).
Send score and completed SDQ to SW

If score is 17 or above, where appropriate due to concern/need, CiC Health Team to discuss with SW re possible need for onward referral (universal or specialist)

Self SDQ completed:

CiC Health Team score the SDQ and record on Sy1
If young person declines, record on Sy1
Send score and completed SDQ to SW.

If SDQ scores available at RHA:

CiC Health Team Clinician discusses SDQ with carer and young person and uses to inform holistic assessment.

Scores are recorded in the Health Action Plan (HAP)

If SDQ not available at RHA and when HAP completed:

Clinician to include SDQ completion as an HAP action for SW to follow up with carer and for SW / carer to provide CiC Health Team with completed SDQ within 5 days.

Carer SDQ not completed:

Carer given SDQ at RHA or SDQ resent via email with request for completion and return within 5 working days.

SW ensures carer completes SDQ

SW to provide CiC Health Team with completed SDQ or ensure the carer provides the SDQ within 5 days.

Young person aged 11 – 16 years (inclusive)

At planned social care review meeting:

SW discusses SDQ purpose, Self SDQ and benefits of completing SDQ with young person.

SW supports young person to complete their SDQ

SW sends completed SDQ to CiC Health Team for scoring. If young person declines to complete, SW records this on Liquid Logic (LL) (Social Care IT system) and notifies CiC Health Team.

Social Care uploads SDQ and score to LL.

SW to review SDQ and score in relation to needs of CiC and feed this into the CCR and PEP.

Self SDQ: SW discusses score and outcomes with young person.

If SDQ Score 17 or above

SW notifies Designated Teacher at child/young person's school/college

Education setting to complete the Teacher SDQ and return to the SW within 5 working days

SW to return to CiC Health Team: cpm-tr.PeterboroughCIC@nhs.net / CCS-TR.HuntsLAC@nhs.net

CiC Health Team score Teacher SDQ and share score with SW

SW shares SDQ score with Designated Teacher in child/young person's school/college

Education setting to consider SDQ score and include a SMART outcome within the PEP to support need as appropriate.

SW to triage/review all available scores and completed SDQs and includes this in the CCR and care planning.

SW to make onward referrals or discuss with CiC Health if advice required.

Where there is a concern, SW to review this as part of wider care planning to ensure child's needs are being addressed.

SDQs to be reviewed within supervision linked to the above and CCR decisions

Independent Reviewing Officer (IRO) Annual Report 2021-22

To: Corporate Parenting Sub-Committee

Meeting Date: 3rd August 2022

From: Ricky Cooper Assistant Director, Children's Services
Fostering, Regional Adoption and Specialist Young People's Services

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable

Outcome: This report is submitted to each formal and informal Corporate Parenting Sub-Committee as part of the standing work programme item in relation to performance.

Recommendation: The Sub-Committee is recommended to:

- a) Note the content of the report, and
- b) Raise any questions with the lead officer

Officer contact:

Name: Olly Grant
Post: Service Manager, Independent Chairs
Email: olly.grant@cambridgeshire.gov.uk
Tel: 01353 612805

Member contact:

Names: Councillor Anna Bradnam
Role: Chair
Email: anna.bradnam@cambridgeshire.gov.uk
Tel: 01223 706398 (office)

1. Summary

- 1.1 This report provides an overview of the activities of Independent Reviewing Officers (IROs) in Cambridgeshire for the period 1 April 2021 to 31 March 2022.
- 1.2 Highlights of the report include commentary on the cohort of children in care, which rose in number by 5 to 592 during the year.
- 1.3 The IRO service held 1,655 Child In Care Reviews during the year, and timeliness of these reviews remained excellent.
- 1.4 Children and families' feedback reflected positively the IROs use of their skills to amplify the voice of the child in Care Planning.
- 1.5 IROs use of the Escalation Protocol remains fully embedded across the service and evidences the IROs oversight of care planning for children.

2. Background

- 2.1 The appointment of the IRO is a legal requirement under s.118 of the Adoption and Children Act (2002). Amendments to statutory guidance in 2010 embedded the IRO role further within 'Care Planning Placement and Case Review' and 'The IRO Handbook'.
- 2.2 The IRO Handbook states: 'The manager should be responsible for the production of an annual report for the scrutiny of the members of the corporate parenting panel. This report should identify good practice but should also highlight issues for further development, including where urgent action is needed.' (IRO Handbook 2010, page 48, paragraph 7.11.)

3. Main Issues

- 3.1 **Purpose of the IRO Service:** It is a key responsibility of the IRO to ensure that the local authority gives due consideration to the views expressed by the child within care planning. The core mechanism for reviewing the child's care plan and ascertaining the child's wishes and feelings is the child's 'Child in Care' (CIC) Review, which are held at statutory intervals. The IRO has a responsibility to monitor the local authority's performance of its functions in relation to the child's case. If the IRO has concerns with respect to drift or delay within the child's care planning, they will escalate the issue through the Case Alert and Dispute Resolution Protocol.
- 3.2 **Profile of the population of children in care:** There were 592 children in care at the end of March 2020.
- 3.3 **Professional Profile of the IRO service:** There is one Service Manager and 8.8 full-time equivalent IROs in the team.
- 3.4 **Performance of the IRO service:** Each IRO works with approximately 61 children in care, which is considered to be a moderate caseload. Over 99% of Children in Care

reviews were in timescale during the year.

- 3.5 **Voice of the child in care planning:** This year 56% of children over the age of 4 attended their Reviews in person, although not all children and young people wish to attend their meetings. 27% conveyed their views via another person, met with their IRO separately or completed a consultation document.
- 3.6 **Observations of the operational practice and performance with children and young people in care:** Over the year, IROs raised 404 escalations to social care managers to prompt them to address the specific issues of drift or delay raised. This is roughly two-thirds of the number of escalations raised the previous year. The types of issues raised by IROs fell loosely into the following categories:
- Planning for permanence
 - Accountability and record-keeping
 - Preparation for leaving care
 - Safeguarding
 - Child's holistic needs or rights
 - Professional network issues
 - Child's legal status
 - Funding decisions
- 3.7 **Feedback on the IRO service:** Feedback from children and young people was generally positive this year – children and young people said they feel their IRO listens to them, that their IRO is open and honest, and they feel supported during their Children in Care Reviews.
- 3.8 **Impact of the IRO service:** There is evidence that decisions made by IROs during Children in Care reviews and where necessary any subsequent escalations, have positively impacted children. More detailed examples of this impact are described in the report attached. The IRO's independent oversight on planning for children enables them to support the social work team to keep focus on the needs and views of children and young people throughout their care journey.
- 3.9 **Review of the IRO Service Action plan for 2021-22:** Please see the full report, attached.
- 3.10 **IRO Service Action Plan 2022-23:**

Objective 1: Continue to review the existing mechanisms for a constructive feedback loop between the IRO Service and social care.

Objective 2: Continue to progress the Pathway Planning Project, with IROs supporting the development of improved versions of pathway plan templates for social workers and personal advisers to use as a basic tool when planning with young people preparing to leave care.

Objective 3: Review the format of consultation forms for children so that they can be completed quickly and easily via an online form as well as through paper consultation forms.

Objective 4: Review the existing format of the social worker's pre-review report which is shared with the IRO prior to the child's CIC Review, to make sure that this is sufficiently informed by the child's views and experiences.

Objective 5: Integrate the local authority's 'Promise' to children in care into the usual agenda for CIC Reviews, so that children and young people can give their feedback directly in relation to whether they feel the commitments that the local authority has made to them are being delivered in reality.

Objective 6: IROs to strengthen their oversight of children missing from education or care.

4. Alignment with corporate priorities

4.1 Environment and Sustainability

There are no significant implications for this priority.

4.2 Health and Care

here are no significant implications for this priority.

4.3 Places and Communities

There are no significant implications for this priority.

4.4 Children and Young People

Implications for this Priority are detailed in 3.1 and 3.6 above.

4.5 Transport

There are no significant implications for this priority.

5. Source documents

5.1 None.

Appendix A

Safeguarding and Quality Assurance

IRO ANNUAL REPORT

April 2021 to March 2022

Olly Grant
Independent Reviewing Service Manager
Safeguarding and Quality Assurance

Executive Summary

The Annual Independent Reviewing Officer (IRO) report provides quantitative and qualitative evidence relating to the IRO Services in Cambridgeshire as required by statutory guidance. This report covers the period from 1 April 2021 to 31 March 2022.

Key highlights of this report are:

- The number of children in care rose by 5 this year (from 592 at the end of March 2021 to 597 at the end of March 2022).
- A total of 1,655 Child in Care Reviews were held this year.
- Timeliness of Reviews continues to be excellent.
- Feedback from children and families positively reflects the IROs' use of their skills to amplify the voice of the child in Care Planning.
- The IRO Escalation Protocol continues to be fully embedded across the service. IROs' use of Case Alerts and the Dispute Resolution Process continues to evidence the impact of their oversight of children's Care Plans.

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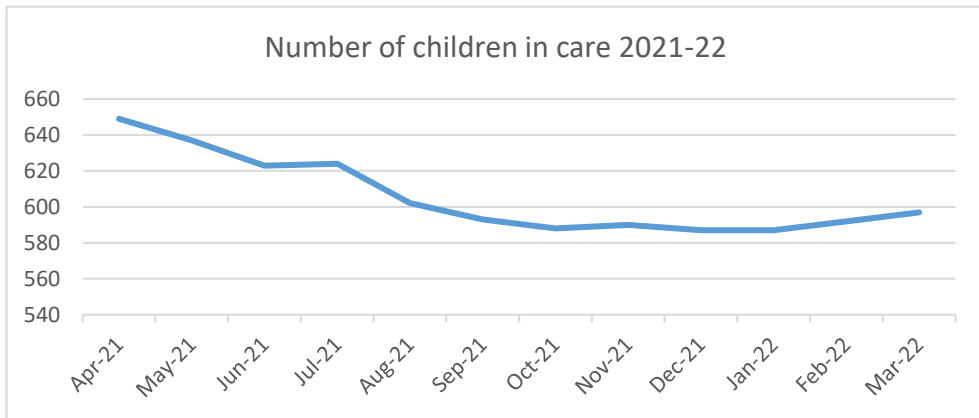
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1.0 Legal context of the IRO Service

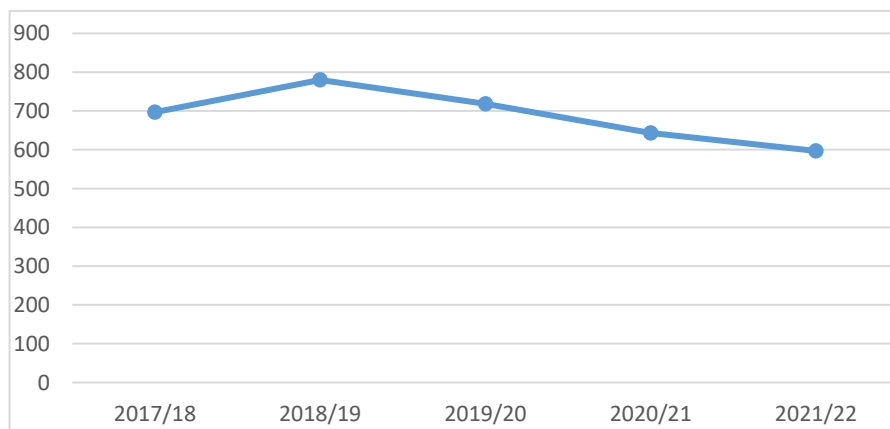
- 1.1 The appointment of the Independent Reviewing Officer (IRO) is a legal requirement under Section 118 of the Adoption and Children Act (2002). Amendments to statutory guidance in 2010 embedded the IRO role further within 'Care Planning Placement and Case Review' and 'The IRO Handbook'.
- 1.2 Local authorities have a statutory duty to ensure that every child who is looked after (in this report referred to as "in care") must have a Care Plan. The Care Plan must detail the long-term plan for the child's upbringing and the arrangements made to meet the child's day-to-day needs.
- 1.3 It is a core responsibility of the IRO to review the child's Care Plan and ensure that the local authority gives due consideration to any views expressed by the child within Care Planning. The IRO has a responsibility to monitor the local authority's performance of its functions in relation to the child's case.
- 1.4 The core mechanism for reviewing the child's Care Plan and ascertaining the child's wishes and feelings, is the child's 'Child in Care' (CIC) Review, which are held at statutory intervals; initially within 20 days of the child coming into care, then within three months, and then at least once every six months after that until the child leaves care.
- 1.5 The IRO Handbook states: 'The manager should be responsible for the production of an annual report for the scrutiny of the members of the corporate parenting panel. This report should identify good practice but should also highlight issues for further development, including where urgent action is needed.' (IRO Handbook 2010, page 48, paragraph 7.11.)

2.0 Population of children in care

- 2.1 At the end of March 2022 there were 597 Cambridgeshire children in care. This number continued a steady downward trend until December 2021, since which point, the number has slowly begun to rise again.



- 2.2 The overall population of children in care has steadily reduced over the past four years.



- 2.3 44% of Cambridgeshire's children in care live outside of Cambridgeshire county borders.

3.0 Professional Profile of the IRO Service

- 3.1 In Cambridgeshire the IRO Service sits within Safeguarding and Quality Assurance (SQA) and is accountable to the Assistant Director of Safeguarding and Quality Assurance. SQA serves as a 'critical friend' to the organisation.

The wider functions of SQA include:

- The Child Protection Service: chairing conferences and quality assuring CP Plans.
- The LADO Service: managing allegations against staff and volunteers working with children.
- Children's Complaints and Feedback Team: addressing customer feedback including complaints, from across People and Communities Directorate.
- Quality Assurance: carrying out audits and delivering workshops to support practice improvement as outlined in the QA framework.
- The Clinical Service: enhancing therapeutic abilities of carers and relational social work
- The Participation Service: engaging with children and ensuring their voices influence service development
- Principal Social Worker: championing best social work practice.

- 3.2 In February 2021 Cambridgeshire and Peterborough SQA services formally aligned into one shared service. This means that Cambridgeshire and Peterborough IROs and Child Protection Chairs are one large team, and the roles of IRO and CP Chair have merged to that of 'Independent Chair' (IC). Some ICs work across CP and children in care, and some have caseloads that are just children in care or child protection.

Staff Team

- 3.3 The staffing establishment for the team is 8.8 IROs (full-time equivalent). Since December 2018 there has also been additional agency IRO cover in place to help to manage the volume of work for the team.
- 3.4 The IRO service continues to have consistent and stable management and has done since 2017.

Staff Development and Support

- 3.5 Each IRO has 1:1 supervision once every 6 weeks with their line manager to reflect on performance, practice, development, and support, as well as access to informal supervision when needed.
- 3.6 Monthly IRO Team Meetings have continued to be held over the past year. While covid restrictions still limit occupancy of rooms team meetings are held over a virtual platform. Often visitors from other parts of the organisation are invited, which helps to maintain good working relationships and communication between the IROs and the wider professional network working Cambridgeshire's children in care.
- 3.7 In terms of training opportunities, the nature of the lockdown restrictions opened up the breadth of online learning events available for staff. As well as participation in national events such as Community Care Live, staff have attended short courses and talks delivered by Making Research Count and NIROMP. Internally there have also been opportunities for embedding learning, such as bespoke refresher training in Motivational Interviewing and specialist IRO workshops led by the Service Managers.

Workload demand

- 3.8 The IRO Handbook recommends a caseload for each full-time equivalent IRO is between 50 and 70 children. This volume of cases should allow the IRO to fulfil all their statutory functions to the best of their ability. In Cambridgeshire an average caseload of 60-61 per full-time IRO has been maintained through the year.
- 3.9 Effective business support staff use established systems to support the IROs. This does not include the typing of review reports, which the IROs complete themselves. All IROs ensure that they distribute the decisions from CIC Review meetings to the responsible Team Manager within five working days of the review in accordance with the statutory guidance.
- 3.10 In Cambridgeshire the IRO service has responsibility for convening and chairing statutory Secure Accommodation Reviews (SAR) for all children living in a secure setting. Each SAR is chaired by a member of the IRO team and another member of the IRO team acts as one of the members of the decision-making Panel at the SAR. The child's allocated IRO also attends the SAR as an observer. In 2021/22 one Cambridgeshire young person was placed in secure accommodation, therefore this

area of work did not present a significant contribution to the workload of the IRO team this year.

- 3.11 The IRO service has responsibility for convening and chairing Placement Breakdown Meetings (PBM) when long-term, matched foster placements comes to an end. Over the past 12 months there have been 25 such placement breakdowns (which is the same figure as for 2020-21). This presents a significant commitment for IROs because as well as chairing the PBM the task involves in-depth preparation and the writing of a comprehensive report after the meeting. A final report is produced by the chair for each PBM which includes recommendations and learning points. These are circulated to all attendees and to the service managers for Fostering and Corporate Parenting. In addition, every six months the IRO Service Manager reports on the themes of learning from PBMs and shares this with Heads of service.

4.0 Performance of the IRO Service

- 4.1 A total of 1,655 CIC Reviews were held in the year 2021-22.
- 4.2 In 2021-22 over 99% of CIC Reviews were held within statutory timescale, which is not significantly different from last year.
- 4.3 Gradually over the last year CIC Reviews have returned to being predominantly face-to-face. The reviews take place wherever the child or young person feels most comfortable to be able to engage in the meeting; often this is in their foster home or semi-independent accommodation.
- 4.4 Monthly IRO peer and manager audits of CIC Review Reports and annual direct observations of chairs continued this year. Feedback to IROs helps to focus on the strengths of their work and ensures there is a consistent and high standard of written and direct work the whole team.

5.0 Voice of the child in Care Planning

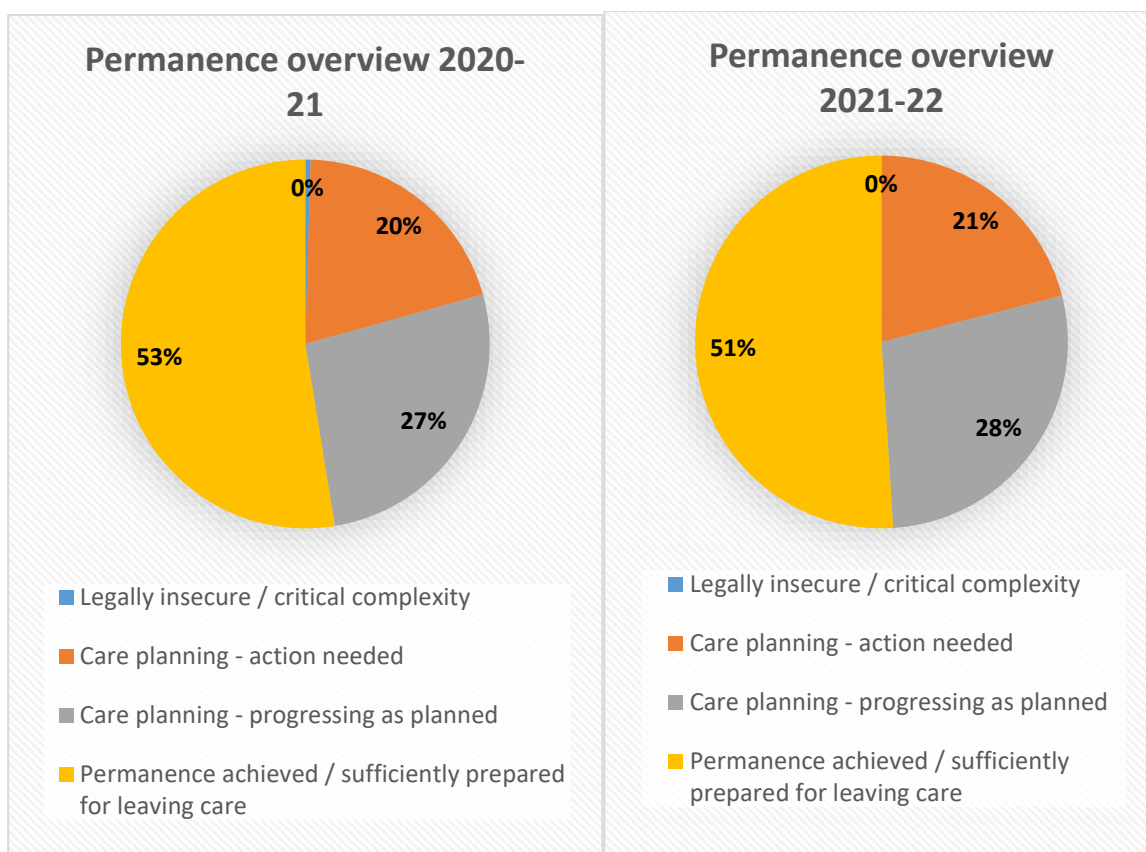
- 5.1 There is an expectation nationally that children's views are sought for their CIC Reviews. This year 56% of children (over the age of 4) participated in their Reviews in person. This is a slightly higher proportion than last year. 27% of children have preferred to engage less directly and have either just met on their own separately with their IRO or have given their views via another means.

- 5.2 IROs routinely keep in touch with children and young people between Reviews, usually by visiting in person or otherwise via Whatsapp or phone if this is the young person's preference.
- 5.3 NYAS (National Youth Advocacy Service) provides advocates where they are requested by Cambridgeshire children in care. This year 21 children were accompanied by an advocate in their CIC Review, and other children used advocates to support them with specific issues outside of their CIC Reviews.

6.0 Observations of the organisation's practice and performance with children in care

Permanence tracking

- 6.1 The IRO Service is instrumental in the monitoring and tracking of permanence for children in care. The IRO Service manages a Central Permanence Tracker (CPT) which is updated regularly from the outcomes of Reviews and escalations. The CPT is used to track any patterns and themes that indicate obstacles to permanence for children and areas where there have been improvements.
- 6.2 All children in care are colour coded on the CPT in relation to how effectively their Care Plans are progressing towards 'permanence' (i.e., where the child can achieve relative physical and psychological stability; a sense of 'being settled'). For 16-17-year-olds the CPT tracks the progress of their preparation for independence.
- 6.3 Over half of Cambridgeshire's children in care have an appropriate legal status and a well-matched, stable placement that they can remain in until independence (coded green). This does not include adoption, as adopted children are no longer in care and therefore are not part of the children in care cohort. The graphs below show that there has been a small degree of overall improvement over the last year in supporting children and young people to achieve permanence in a timely way, which is positive.



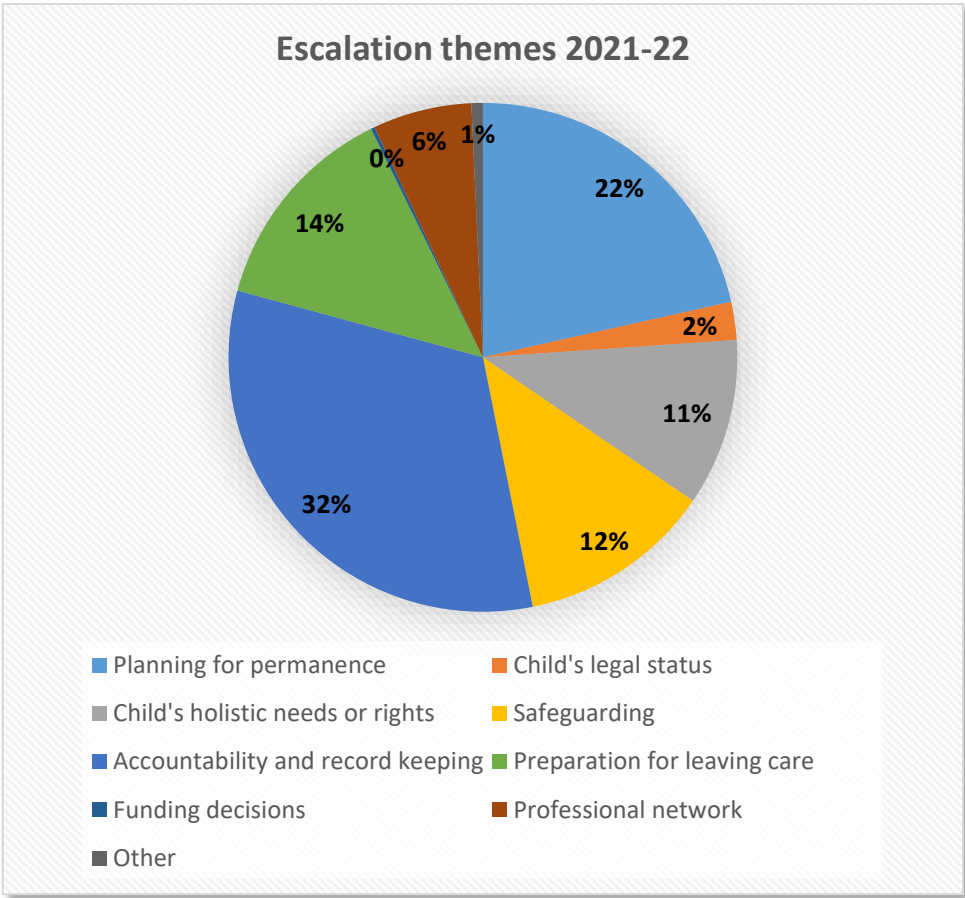
6.4 These graphs also illustrate that there are still a significant proportion of children and young people who need specific action in order to progress towards permanence. These children are at risk of drift and instability within the care system and are therefore the subjects of close attention and often escalations from IROs.

IRO Escalations

6.5 A core function of the IRO role is to seek resolutions to delays or problems that arise within Care Planning. It is a statutory responsibility of the IRO Service to have a formal process in place to raise concerns and to ensure that this process is respected and prioritised by managers. In Cambridgeshire this is referred to as the Escalation Protocol.

6.6 Over the 12 months between April 2021 and March 2022, IROs raised 404 escalations to social care managers to prompt them to address the specific issues of drift or delay highlighted. This number can reflect more than one alert raised on an individual case. This is fewer than over the previous year. One hypothesis for this is around the reduction in the number of children in care, as well as areas of improved practice.

6.7 The types of issues raised by IROs fell loosely into nine categories:



6.8 The above graph illustrates that most issues raised by IROs were concerned with accountability and record keeping. The alerts in this category included insufficient evidence of management oversight on the child’s file, delays in recording, and pre-CIC Review Reports not being prepared in time for the child’s Review.

6.9 Over a fifth of the issues escalated by IROs related to drift or delay in permanence planning. Within this category most of the IRO alerts concerned delays in decisions being made about Care Plans that were either not up to date, not appropriate for the child, or didn’t sufficiently address the child’s needs in a specific and measurable way.

6.10 A key area of focus for IROS has been on children in residential care, for whom the long-term plan for the child to live with a foster family is sometimes a challenge to achieve. There have been improvements this year in terms of management oversight of the Care Plans for these children and this has helped to limit drift overall. The Corporate Parenting Service accepts that in general Care Plans for children in residential care need to be more measurable and aspirational. SQA has

agreed therefore to re-deliver a series of workshops to support staff involved in Care Planning for children who find themselves living in childrens homes.

Unplanned endings for children in long-term foster care

- 6.11 Both quantitative and qualitative data is collected by the IRO Service relating to sudden endings of foster placements that have been matched long term through PBMs.
- 6.12 Between April 2021 and March 2022 there were 25 long-term foster placements that ended prematurely. This is the same number as the previous year.
- 6.13 Of those whose long-term foster placements ended 60% were boys and 40% were girls.
- 6.14 56% of foster placements that ended prematurely this year were with foster carers from Independent Fostering Agencies. 28% of foster placement endings were arrangements where a person connected to the child, such as a relative or a family friend, had become approved foster carers for a specific named child. 16% were placements with Cambridgeshire in-house foster carers.
- 6.15 Every six months the IRO Service provides an overview of data to the Service, which includes a summary of learning and recommendations made for future practice that have been established through the PBMs.

7.0 Impact of the IRO Service

Impact for children

- 7.1 Regular Reviews by IROs ensure that Care Plans are progressing for children and that there is always a meaningful purpose for the child to remain in care. IROs maintain a consistent overview of case activity through ongoing monitoring. This includes scheduled monitoring points between Reviews and the use of specific monitoring forms, which provide the social work team with a child-focussed short audit of progress against agreed actions set in CIC Reviews.
- 7.2 The escalations raised by IROs elicit management attention where there are issues causing drift or delay. Over the last year 63% of IRO alerts were resolved as soon

as they were received by the relevant social work team managers. This is a significantly lower proportion than last year (77%), which suggests that team managers had less capacity/capability to attend to the issue within the timeframes needed by the child and set out by the IRO. In these instances the IRO escalated the issue to the relevant Head of Service. This led to swift resolution in most cases.

7.3 Of the 404 escalations raised over the year, seven had to be escalated by the IRO to the Assistant Director using the formal Dispute Resolution Process (DRP). This was only one more than the previous year, when six DRPs were raised over the 12 months from April 2020 to March 2021.

7.4 Significant issues raised within DRPs included:

- A 12-year old boy had a care order made when he was 8. However since this time he had not had a permanent foster home secured and he had moved four times since coming into care. His IRO was very concerned about the impact of such instability and so recommended that the local authority undertakes a formal matching assessment in order to determine whether his existing foster carers would be a good match with him long-term.
 - This DRP brought this issue of drift and its impact to the attention of the Head of Service, who was able to address the issues of delay and ensure that this assessment was at the top of the priorities for the social worker to complete.
 - This boy and his carers were delighted to hear the outcome of the assessment, and after 15 months of living together they were finally informed of the agreement for the placement to be matched long-term. The boy can finally know that he can stay where he is until he is ready to leave care.
- A 17-year-old girl was proud to learn that, after her hard work through sixth form, she had been offered a place at university. However on reviewing the plans for the young person the IRO was concerned that there were no specific arrangements in place for accommodation during the university holiday periods. The IRO felt there was insufficient attention being given to this part of the plan, and that the young person may find herself essentially homeless outside of term time. The IRO activated the DRP after initial case alerts were not able to resolve the issue.
 - Following the IRO's escalation the leaving care personal adviser met with the young person and made detailed plans with agreements for where the young person would stay during university holidays;

lifting a heavy burden of worry for the young person and enabling her to focus on her degree studies ahead.

- A young person with learning difficulties was beginning to think about her pathway plan after she turned 16. Her IRO wanted to make sure that the young person was sufficiently aware of the savings that had been made for her by her carers over the four years that she had been in care. On undertaking the CIC Review the IRO discovered that there was some uncertainty as to where the young person's savings were located and who was taking care of this money.
 - The IRO escalated the issue straight away, advocating for the young person and her right to her savings which would support her financial security after leaving care. The young person's social worker and the team manager were unable to resolve the issue and so the IRO activated a DRP. Eventually the details of the savings accounts were identified and the IRO ensured that the young person's savings were safely consolidated into her Junior ISA.

Impact for the organisation

- 7.5 The IRO Service composes and circulates the Positive Practice and Escalation Report on a monthly basis. The report summarises current themes of escalations and raises awareness of ongoing areas of practice concern. The report also includes observations of positive practice that have been appreciated by the IRO Service and Child Protection Chairs on behalf of children each month, thereby offering the wider organisation regular balanced feedback.
- 7.6 A small working group within the IRO Service has begun to review the design of the Pathway Plan alongside members of the Care Leavers Forum. The new draft versions of the Pathway Plan have been designed to be more accessible and young-person focussed than the existing form of the Pathway Plan which is system-generated.
- 7.7 The IRO Service Manager has led on a series of training sessions with social workers and other staff which focussed on Care Planning. These sessions included the importance of incorporating the child's views into their plans, as well as looking at how we can ensure the language we use in children's plans avoids stigmatising or institutionalising them.

8.0 Feedback for the IRO Service

- 8.1 After each Review the IRO offers the opportunity to the young person, their parents, and professionals to complete and return a feedback form. Informal feedback is also elicited through activities organised by the Participation Service and through IRO Service Manager attendance at Foster Carer Support groups at least once a year.
- 8.2 Written feedback from young people about their IROs was generally very positive this year. The majority of young people said they always feel that their IRO listens to them, always feels their IRO is open and honest, and they always feel supported during their Reviews.
- 8.3 The feedback from parents was variable, with some feeling appreciative of the IRO's relationship with their child, while others had wanted to feel more included in the child's life so that they would have more to input to the Review.
- 8.4 Older young people are encouraged to chair or co-chair their Reviews. This often takes the form of the IRO and the young person agreeing together how the agenda for the meeting will be managed and both of them taking a role in guiding the conversation within the meeting.

9.0 Review of the IRO Service Action Plan 2021/22

Objective	Outcome
Continue to strengthen the relationship between the IRO Service and the Children in Care Council (CiCC).	<p>The IRO Service Manager has attended the CiCC this year, to develop the connection between the two services. Some IROs have attended the CiCC Awards Day in July 2021 which has also helped to build rapport between individuals.</p> <p>The IRO Service Manager is also the Service Manager for the Participation Service which helps ideas for collaboration across the two services to be easily shared.</p>
Continue to enhance the IRO's 'footprint' on the child's record, evidencing the IRO's involvement and oversight of the case progression.	Twice yearly 'Footprint Audits' have demonstrated that the IROs presence within the child's case records has continued to improve this year.
Strengthen the IRO oversight of pathway planning to support successful and timely moves to independence for young people leaving care.	A Pathway Planning working group has been set up and has already consulted with key stakeholders including the Care Leavers Forum. The project continues this year with the plan for the new pathway plan templates to be launched, to coincide with new guidance and a series of training sessions for social workers and staff.
Review the format of consultation forms for children so that they can be completed quickly and easily via an online form as well as through paper consultation forms.	Unfortunately this has not been progressed this year as attention has been focussed on the Pathway Planning Project, so this will roll-over as one of the service goals for 2022-23.
Continue to support placement stability as this is key to the emotional wellbeing of children and young people. IROs will continue to conduct	IROs have chaired 25 Placement Breakdown Meetings this year, which have been shared with relevant managers for their oversight of the lessons learned from each of these unplanned endings for children. In addition a thematic report has been completed by the IRO Service which highlighted to senior managers the key factors that appear to repeatedly impact on

independent evaluations of unplanned endings in foster placements (through 'Placement Breakdown Meetings') and will also undertake appreciative enquiries of what works well, so that all learning can be woven back into practice.	placement stability, and some recommendations for future practice have been made.
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10.0 IRO Service Action Plan 2022/23

10.1 Objective 1

Continue to review the existing mechanisms for a constructive feedback loop between the IRO Service and social care.

10.2 Objective 2

Continue to progress the Pathway Planning Project, with IROs supporting the development of improved versions of pathway plan templates for social workers and personal advisers to use as a basic tool when planning with young people preparing to leave care.

10.3 Objective 3

Review the format of consultation forms for children so that they can be completed quickly and easily via an online form as well as through paper consultation forms.

10.4 Objective 4

Review the existing format of the social worker's pre-review report which is shared with the IRO prior to the child's CIC Review, to make sure that this is sufficiently informed by the child's views and experiences.

10.5 Objective 5

Integrate the local authority's 'Promise' to children in care into the usual agenda for CIC Reviews, so that children and young people can give their feedback directly in relation to whether they feel the commitments that the local authority has made to them are being delivered in reality.

10.6 Objective 6

IROs to strengthen their oversight of children missing from education or care.

‘Siblings Forever’ Project Report 2021-22

To: Corporate Parenting Sub-Committee

Meeting Date: 3rd August 2022

From: Ricky Cooper Assistant Director, Children’s Services
Fostering, Regional Adoption and Specialist Young People’s Services

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable

Outcome: This report is submitted to each formal and informal Corporate Parenting Sub-Committee as part of the standing work programme item in relation to performance.

Recommendation: The Sub-Committee is recommended to:

- a) Note the content of the report, and
- b) Raise any questions with the lead officer

Officer contact:

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Member contacts:

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Role: Chair
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1. Background

- 1.1 The report provides an overview of the activities and impact of the Siblings Forever project in Cambridgeshire for the period 1 April 2021 to 31 March 2022.
- 1.2 The report notes that the project had been suspended over most of 2020 and 2021 because of the Covid pandemic, but that once restrictions were relaxed the team were able to provide two trips for sibling groups to have memorable bonding experiences together.
- 1.3 The report will note the benefits of the project, give some detail about the children and young people who were involved and their thoughts on what the experience gave them.

2. Main Issues

- 2.1 **Background:** Siblings Together is a project that brings together siblings who have been separated through care for a short residential multi-activity trip at Grafham Water. The project has been running since 2013 and is staffed by volunteers from Children's Social Care who give their time to facilitate the trip. The project is designed to strengthen family bonds that would otherwise be fragmented when a child is in care which supports children in developing social capital as they move into adult life.
- 2.2 **The young people:** Workers in Children's Social Care nominate sibling groups for the project and, in 2021-22, 6 sibling groups (19 children) attended one of two residential trips. The young people were aged between 9 and 16, and over half live outside Cambridgeshire. Two brothers were placed together until a year ago and now live some distance apart, so the project was ideal for giving them a memorable holiday together.
- 2.3 **Impact of the project:** The project allows siblings to spend quality, relaxed time together, which is a contrast to often constrained contact time with parents or carers present. Young people are asked for feedback about the trip, and the attached report gives further detail of their experiences. Common themes include:
 - Young people would recommend the project to others.
 - Young people enjoyed all aspects of the trip even routine bickering with their siblings.
 - Young people stayed up chatting with siblings and everyone went home exhausted but happy.
- 2.4 **Future plans:** The project is being funded for 2022-23, with two trips being planned.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority.

3.2 Health and Care

There are no significant implications for this priority.

3.3 Places and Communities

There are no significant implications for this priority.

3.4 Children and Young People

The report above sets out the implications for this priority in paragraph 2.1.

3.5 Transport

There are no significant implications for this priority.

4. Source documents

4.1 The full project report is attached.

Appendix A



Project report 2021-22

Introduction

This report summarises the Siblings Forever project in terms of its delivery and impact of the between April 2021 and March 2022.

After a suspension of the project over most of 2020 and 2021 carers, children and project staff were pleased to finally be able to offer two Siblings Forever trips this year; one in October half-term 2021 and one in February half-term 2022.

What is Siblings Forever?

Siblings Forever is a project that brings together brothers and sisters who have been separated through being in care for a 2-night residential multi-activity trip. Based at Grafham Water Centre the project takes the opportunity to build on individual confidence and self-esteem as well as creating memories for the siblings. In addition to the range of adventurous outdoor activities there is also a craft session where the children get the opportunity to create photo frame collages of them and their siblings to take home with them.

Siblings Forever has been running since November 2013. Olly Grant (Independent Reviewing Service Manager) developed the idea to create a space for children who have been separated through care to have some time together that allows them to be siblings first, and everything else second. Since then, there have been 13 trips and a total of 140 Cambridgeshire children have participated so far. Some young people have attended more than once, sometimes with different siblings and sometimes at their request to return a second time if they felt they benefitted a huge amount from the first time.

The young people



This year a total of 6 sibling groups have attended Siblings Forever, which is a total of 19 children. Some groups were pairs of siblings and the largest group was of 6.

The young people's ages ranged from 9 to 16. While it was important not to split the sibling groups within the activities to promote them spending time together, the broad age range did sometimes pose challenges around keeping all of the young people engaged on all of the activities all of the time.

Just over half of the children reside outside of Cambridgeshire, which does impact on how regularly they normally see each other in person. The trip was able to reunite one pair of brothers who were living together up until last year, and now one resides in Kent and the other in Coventry. They hadn't seen each other in person since they had separated.

The usual routines for contact between the young people varied broadly. Some of the sibling groups were able to see each other fairly regularly but it was often the case that one or other members of the group would be unable to attend. For other sibling groups this trip was the first time they had been able to spend quality time together since before the pandemic.

The staff

The trips are staffed by volunteers from across Cambridgeshire and Peterborough children's services. The staff ratio is always at least 1:3 in addition to the qualified instructors that are provided by Grafham Water for each individual activity.

Olly Grant continues to be the Project Manager, and this year welcomed Julie Costello (Virtual School Inclusion Manager) as the On-Site Lead for the trips. The other volunteers came from the Independent Reviewing Service, Business Support, and the Leaving Care Service. All staff received specific employee recognition awards after the trips in appreciation of the time and energy that they contributed to the project.

The impact

This project enables brothers and sisters to build on and strengthen their relationships, in a way unlike any other. The length of the trip allows them to re-connect and relax into their natural dynamics while also being able to promote one another's self-esteem and confidence through approaching new activities and challenges together. By nature of the trauma experienced by many of children in care there can be intensity of emotion at times. The staff support the children where rivalries or arguments arise, and they encourage the siblings to comfort one another if there are anxieties or tears.

After each trip each individual young person and their carer is asked for some feedback on how they felt the trip was, and any ideas on how it could have been improved.

Almost all the children said that they would recommend the trips to other young people and even those sibling groups with quite turbulent dynamics fed back that they would like to come again on the trip. This suggests that being together is really important for these children, even when there is drama, high emotion and sometimes conflict.

After the trips each young person who has participated was sent a personalised certificate to recognise their achievements in the activities and also as a sibling.



Testimonies

From young people:

It was really fun! It was kind of exhausting. The best bit was seeing our siblings. There were a few squabbles but it was fine.

I really enjoyed it! I don't think anything had to change. It was good to spend time with my brothers and sister. I really enjoyed all of it.

It was pretty good sharing a room with my brother. We didn't get any sleep the first night and only three hours the second night! I was tired but I've slept loads since I've been back. I would recommend the trip to other people.

From carers:

Yeah he had a lovely time. He said it was lovely to spend time with his brother, even though he got angry at one point. He has his photo collage on his shelf in his bedroom.

He was absolutely exhausted when he got home but he had a fantastic time. He was very quiet on the way home but the next day he was full of it.

She's fine. She had a great time. Hasn't stopped talking about it.

From a volunteer staff member:

It was my first time doing something like this, and I found it incredibly intense, yet rewarding, and fun. I wasn't quite sure what to expect to start with, but I am pleased I did it. It is a big commitment, but it means so much to these kids. It is an event which young people really depend on and get so much from. In my view, an essential event which should be funded to happen multiple times a year. It could easily (finances aside) be upscaled to become a mini service in itself with trained and paid staff attending, organising each event, and building relations with the young people... It was a shame not to be able to reassure young people that they would definitely be able to come back on it again and I feel they would all jump at the opportunity to return.

I found the event genuinely moving at the end, it was hard to see how upset they got when they had to leave each other, or in some instances, unable to say goodbye at all.

The future

The plan is to hold two Siblings Forever trips over the next 12 months. Funding has been agreed for these trips from SQA. Once the dates for the trips are confirmed work will begin on promoting the trips and seeking referrals from interested young people...



Participation Report

To: Corporate Parenting Sub-Committee

Meeting Date: 3rd August 2022

From: Participation Team, Safeguarding and Quality Assurance

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable

Outcome: An update on the activity of the Participation Service in relation to Children in Care.

Recommendation: The Sub-Committee is recommended to:

- a) Note the contents of the report; and
- b) Raise any queries with the lead officers.

Officer contact:

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Member contact:

Names: Councillor Anna Bradnam
Role: Chair, Corporate Parenting Sub-Committee
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1. Summary

- 1.1 The Participation Team continues to promote the voice of children and young people in care by offering a variety of opportunities for engagement and feedback, and ensuring action is taken as a result of that feedback.
- 1.2 The summer engagement activities programme for Children in Care (CiC) has been shared, alongside details of the annual art exhibition and CiC awards.
- 1.3 The CiCC enjoyed the opportunity to meet Corporate Parents at the face to face informal Corporate Parenting Sub-Committee in May, and the group is thinking of ways they can take more ownership of the meetings.
- 1.4 The Ideal Workers video has been launched, alongside the Ideal Carers video launched previously. A video explaining the CiCC's Coming into Care Packs has also been created and shared.
- 1.5 The Care Leaver Forum (CLF) is aiming to complete its current project, a Performance based project to give young people in care the opportunity to build confidence and skills in this area, by the end of the summer. Care Leavers are also designing and facilitating a workshop at the Virtual School Conference in late June.

2. Background

- 2.1 The Corporate Parenting Sub-Committee has requested an update on the work of the Participation Service in relation to Children in Care at each meeting.
- 2.2 This report sets out recent activities of the Participation Service and an update on the work of the Children in Care Council and Care Leaver Forum.

3. Main Issues

- 3.1 The Participation Team continues to promote opportunities for children and young people through regular newsletters, as well as creating event-specific publications to encourage engagement. Recent newsletters have advertised training and mentorship opportunities, encouraged young people to sign up to attend upcoming engagement events, and updated young people on the work of the Young Inspectors group.
- 3.2 The Children in Care Council (CiCC) has been discussing ideas on the annual CiC awards, which will take place in late July. The group has opted for a similar fun day style event to last year, and have decided what activities, entertainment and refreshments they want. Invitations have been sent to Children in Care and carers, and members of the Corporate Parenting Sub-Committee, and nomination forms have been shared with professionals.
- 3.3 The CiCC has also given their suggestions on the summer engagement events. Activities planned include a visit to a farm, a spy mission challenge, an outdoor adventure day with raft building, canoeing, crate stacking and archery and ice skating. A creative virtual session has also been planned for children and young people who prefer to join online.

- 3.4 The CiCC worked with their PCC counterparts to decide the themes of the annual art exhibition. In addition to the virtual art exhibition, the group has decided to ask children and young people to bring their art entries to the annual awards day, so the artwork can be seen by all attendees at the event.
- 3.5 The CiCC continue to meet in person on a monthly basis to work on their projects and consultation requests, meet professionals and give feedback on services. Recent consultations have included giving feedback on the new Fostering Service logo, and reviewing and adding to screening questions used for potential foster carers.
- 3.6 Members of the CiCC attended the informal Corporate Parenting Sub-Committee in May, and enjoyed the opportunity to meet face to face with Corporate Parents. The CiCC is looking forward to working with the Sub-Committee to make the meeting more child-friendly, and will be discussing and sharing their ideas of how to make sure young people are fully engaged throughout the meeting and are encouraged to take ownership of it. The CiCC would also like to get to know members of the Sub-Committee better and have requested that members complete a proforma, introducing themselves, and summarising their role and areas of focus.
- 3.7 The updated Promise to Children in Care was launched by the Participation Team and CiCC, with copies being shared with frontline practitioners, managers, carers and the Corporate Parenting Sub-Committee. The CiCC would like to know how staff and corporate parents will ensure these promises are being met, and plan to seek feedback from frontline practitioners via the Young Inspectors group, and also from corporate parents via the proforma and through discussion at the Informal Corporate Parenting Sub-Committee meeting.
- 3.8 The CiCC have completed their work on the Coming into Care Packs and created a [video](#) to explain why they created the packs and what each contains. Packs are being made available to social work teams who work with children at the point they come into care.
- 3.9 The CiCC, Young Recruiters and Young Trainers completed their ideal worker video project, working with their PCC counterparts to launch a video entitled '[Our Ideal Workers](#)', which will supplement existing recruitment, training and development materials for staff.
- 3.10 Young Recruiters continue to be actively involved in recruitment and were involved in interviews of newly qualified social workers for the ASYE (Assessed and Supported Year in Employment) in June and have been asked to help conduct Open University social work course interviews in July.
- 3.11 The Young Inspectors published their report following their Supervised Contact Centre inspections across Peterborough and Cambridgeshire. A response has been received from the Supervised Contact service and the Young Inspectors will meet to discuss the feedback and agree dates to go back to the centres and review progress against their recommendations.
- 3.12 In May, Young Trainers delivered training to prospective Foster Carers within the Fostering Team's training programme. The young people were supported by the Participation Team to facilitate an activity looking at Foster Carer skills and attributes and went through scenarios with the group on how to help young people settle into new placements. The

Young Trainers were able to show their '[Ideal Foster Carers](#)' video at the training and were happy with the impact it made. The Young Trainers will be facilitating as part of the next course in July.

- 3.13 CLF members have been working closely with the Virtual School to create and deliver their workshop for the Virtual School Conference in late June. After the conference, the Care Leavers intend to create a Care Experience Roadshow, to increase awareness and provide education around the experience of children and young people in care, to help dispel myths and reduce any negative stigma and stereotypes around being in care.
- 3.14 A team of Care Leavers continue to develop their Performing to Change project. Recently they have been supporting young people in drama, song lyric writing and poetry writing workshops, to develop their skills. The team are now looking towards the final event of the project, where young people will get to showcase their skills in a series of short performances.

4. Alignment with corporate priorities

4.1 Environment and Sustainability

There are no significant implications for this priority.

4.2 Health and Care

There are no significant implications for this priority.

4.3 Places and Communities

There are no significant implications for this priority.

4.4 Children and Young People

See wording under Section 3 above.

4.5 Transport

There are no significant implications for this priority.

5. Source documents

5.1 None.

Report from Cambridgeshire Fostering Service and Cambridgeshire Foster Carer Association

To: Corporate Parenting Sub-Committee

Meeting Date: 3 August 2022

From: Ricky Cooper, Assistant Director Fostering, Regional Adoption and Specialist Young People's Services

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable

Outcome: This report has been submitted by the Fostering service in partnership with the Cambridgeshire Foster Carer Association.

Recommendation: The Sub-Committee is recommended to:

- a) Note the content of the report; and
- b) Raise any queries they have with the lead officers.

Officer contact:

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Member contact:

Names: Cllr Anna Bradnam
Post: Chair
Email: anna.bradnam@cambridgeshire.gov.uk
Tel: 01223 706398 (office)

1. Summary

- 1.1 This report has been prepared to update the Corporate Parenting Sub-Committee on engagement activity with the Cambridgeshire Fostering Community, and to provide an overview of development activity Foster Carers have participated in within the service.
- 1.2 The Fostering Service has attended meetings with the Cambridgeshire Foster Carer Association (CFCA) to hear feedback from Foster Carers on what is working well and what Foster Carers feel needs to be considered or addressed by the Fostering Service and colleagues within the wider children's services. The CFCA meetings took place monthly, in April, May and June. The Head of Service for Fostering, the Head of Service for Corporate Parenting and the Support and Supervision Service Manager for Fostering are also invited to attend the CFCA meetings.
- 1.3 The Head of Service for Fostering meets monthly with the Chair and Vice Chair of the CFCA and the Peterborough Foster Carer Committee (PFCC) which is a good opportunity to discuss service developments and plans in more detail and review feedback from Foster Carers received at formal meetings. In June, the Chair and Vice Chair of the CFCA have agreed to share more of the responsibilities and activity relating to CFCA business.
- 1.4 The CFCA are involved in some of the work being initiated within the service alongside other members of our Foster Community. The service recognises that there are further opportunities for the CFCA as an Association to be involved in service development and we will work with the CFCA to utilise its support to engage more carers in working groups relating to recruitment, retention, training and mentoring. The service and the CFCA will work together to continue to develop this partnership.
- 1.5 In April, there was a new initiative focused on carer retention. A working group meets monthly and is attended by staff from all functions within the service, Foster Carers from across both Local Authorities and the Chairs from both the CFCA and the Peterborough Foster Carer Community (PFCC). The working group has focussed on improving the following areas: financial processes, feelings of isolation, allegations/complaints and managing complex behaviours. The impact of the group has seen an improvement in retention of carers in Quarter One compared to the same period last year. In addition, to support the work of the group, retention visits are carried out to all carers who have indicated they may wish to leave the service to discuss their situation and to agree how the service can support them to remain within our Fostering Community. This approach has proven positive and will be developed further in partnership with the CFCA.
- 1.6 The Fostering Recruitment Ambassadors from within the wider Fostering Community continue to work alongside the service supporting recruitment activity and raising the awareness of Private Fostering in their communities using their wealth of knowledge and experience of the fostering task. Our Recruitment Ambassadors attend and support with our Information Sessions for prospective carers who have registered an interest in fostering.
- 1.7 The Mentoring Scheme for Foster Carers continues to be developed and we are currently working to align the approach in both Local Authorities. More recently, we have provided training via the Local Authority Designated Officer (LADO) to one of our Mentors so that they can focus their support to Foster Carers who are subject to allegations or concerns. This is a voluntary arrangement, but we hope that Foster Carers will find it beneficial. The

role of a Foster Carer Mentor is to support Foster Carers in their first year of being approved, to provide peer support to enable carers to look after children with complex needs and prevent unplanned moves for Children in Care.

- 1.8 The Chairs of the CFCA and PFCC also provide Mentorship support to other carers. To improve the support, we provide our Foster Carer Mentors, the Service is also providing specific Mentorship training via 'Cambridgeshire Skills' which is a ten-week course and currently seven Foster Carers are attending.
- 1.9 Foster Carer Support Groups are being delivered using a hybrid model of 'face to face' and virtually, which has proven successful in increasing the number of attendees. Four groups are held in Cambridgeshire and two in Peterborough which run on a monthly basis. A specific group is held to support Foster Carers who care for children with disabilities. More recently, we have also introduced a monthly virtual Teenage Support Group which focusses on the needs of this cohort of children. The first Teenage Support Group was held in June and was attended by 28 fostering households. The CFCA and PCC Chair and other members of the committees are very proactive in attending and supporting the carers groups.
- 1.10 The service involved some of our Foster Carers in reviewing the training course provided to applicant carers following feedback received in the Foster Carer Survey conducted in 2021. The service has now adopted the Journey2Foster course which has replaced the Skills to Foster course which has received positive feedback from applicant carers. The Young Trainers and our experienced Foster Carers provide an invaluable contribution to this training.
- 1.11 The service has launched its new branding and logo in consultation with Foster Carers and the Children in Care Council. The branding is more dynamic and reflective of our new shared service.



2. Main Issues Raised by CFCA

- 2.1 Foster Carers have asked the service to continue to support the CFCA to raise the profile of the Association and continue to request that the service share the contact details for Foster Carers from the wider Foster Community. This issue has been outstanding since 2019. The CFCA have been exploring options to provide all CCC foster Carers with a dedicated email address specifically for their fostering role.

Service response

- 2.2 The new Foster Carer Agreements will be sent to Foster Carers shortly and we are exploring whether we can ask Foster Carers to 'opt in' to sharing their personal contact details with the CFCA and PFCC.
- 2.3 The service has explored the request from the CFCA to provide Foster Carers with

Cambridgeshire County Council email addresses, but regrettably this is not currently possible. As reported at the last Sub Committee, it has been clarified that email addresses cannot be provided in isolation of other network services provided to Council Officers or Council employees.

2.4 The profile of the CFCA continues to be raised as follows:

- Inviting the CFCA to contribute to the bi-monthly Newsletter and the service invites material for future issues. The CFCA requests more autonomy when submitting information for the Newsletter and the service will work in partnership with the CFCA to ensure submissions reflect the purpose of the Newsletter whilst remaining informative to the wider Fostering Community.
- The CFCA and PFCC Chairs and Vice Chairs were invited to the Fostering Service Relaunch on 01 April 2022. However, there was some dissatisfaction from the wider Fostering Community, whose invitations were belatedly withdrawn, due to venue restrictions regarding Covid. The service has apologised to the Carers who had confirmed their attendance and agrees that this could have been communicated at an earlier opportunity.
- The CFCA and PFCC attended the New Carers Event held on the 13 May 2022 and spoke about their role to new Foster Carers who joined our Fostering Community during the height of the pandemic. The CFCA has fed-back that it would have been advantageous to have more notice and planning for this event. It is the intention of the service to work with both the CFCA and PFCC to deliver this event annually.
- Ensuring Supervising Social Workers share information about the CFCA and PFCC with the Foster Carers they support, depending on which Council they foster for.

2.5 CFCA would like clear 'Terms of Reference', in order that they are able to function within an agreed framework and are fully aware of their role within the service. There was an historic 'service level agreement' in 2019. However, despite regular requests by CFCA to implement 'Terms of Reference' this continues to be an outstanding task.

2.6 Service response: The service is advocating that the CFCA produce their Terms of Reference with support from the Supervision and Support Service Manager, in order that everyone is clear about the role, remit and function of the CFCA.

2.7 The CFCA have raised the need to recruit more carers. There is also an acknowledgment that the needs of children have increased, and that Foster Carers are keen to work with the service to support sufficiency needs. The CFCA has supported the service by reaching out to carers via their Facebook Group for children who need Foster Care in an emergency.

Service response: The service welcomes the CFCA offer of support.

2.8 Transport for children continues to be a major challenge for Foster Carers. The CFCA have fedback that this has continued to cause Foster Carers a great deal of anxiety. Arrangements are often delayed in being set up due to how the system is currently working, and there is no system in place that enables Foster Carers to change arrangements for transport in an emergency.

- 2.9 **Service response:** The Fostering Service Manager attends all Transport related meetings in both Local Authorities and is discussing how the new transport portal can also be accessed by Fostering Social Workers to support Foster Carers and children with these changes in transport requirements. The service continues to escalate individual concerns to the wider organisation.
- 2.10 Obtaining passports for Children in Care in a timely way continues to be an issue in both Local Authorities, which has been further affected by delays stemming from delays within the Passport Office. Foster Carers need clarity regarding the legal responsibility of applying for a passport and have offered to support the Children's Teams in any way they can.
- 2.11 **Service response:** The Fostering Service continues to escalate individual concerns and are awaiting the outcome of the process review being undertaken in Corporate Parenting.
- 2.12 Access to dental appointments for Children in Care remains an issue, particularly in Cambridgeshire. Foster Carers have requested a list of dentists that will accept children onto their patient list.
- 2.13 **Service response:** The Designated Nurse for Children in Care has provided a letter from NHS England which confirms that 40 dental practices across the region have volunteered to provide dental care and where these practices are. This will be resent to Foster Carers.
- 2.14 Foster Carer's have feedback that there have been delays in obtaining consent or approval for important events such as medical consent, vaccinations, school trips, contact, respite, transport, overnight stays and DLA spend. The CFCA would like to work with the children's teams to develop an escalation process that ensures requests are responded to and progress tracked in a timely way.
- 2.15 **Service response:** The service welcomes the CFCA's offer of support and would be keen to work together to develop a feedback loop for traceability.
- 2.16 Across both Local Authorities, staffing pressures within the wider children's services has meant that children have experienced changes in their Social Workers and caused difficulties for Foster Carers being able to make contact with them when they need to. The CFCA feel that it would be advantageous for social workers to have a better understanding of the foster care role, remit and pressures.
- 2.17 **Service response:** Improving the recruitment and retention of Social Workers is a priority for both Local Authorities and the Fostering Service is developing a strategy to ensure that the role and remit of Foster Carers is better understood within the wider organisation. This will be shared shortly with the CFCA and PFCC and their support in delivering this is welcomed.
- 2.18 Following feedback from Foster Carers, funding for respite arrangements and expectations around pocket money for children are being reviewed. The CFCA is keen to provide the service with more support when major changes to financial payments are being considered to identify any potential issues for foster carers and also support to communicate any changes effectively to the wider fostering community.

- 2.19 **Service response:** The service welcomes the CFCA offer of support.
- 2.20 The CFCA would like more clarity on the support provided to Foster Carers who look after young people in a Staying Put or Supported Lodgings arrangement in the event that the young person defaults on their contribution towards the cost of their rent. This puts the foster carers in a difficult position, whereby they want to support the young person, but this has a detrimental and direct impact on their finances, which in turn jeopardises the care arrangement.
- 2.21 **Service response:** Where there have been issues related to these care arrangements, which impact on the foster carer's financial viability, these have been rectified by the service. Moreover, the service will work with the Corporate Parenting Service to review and improve these care arrangements.
- 2.22 The CFCA are concerned that the transferable skills that all new applicants have, including Foster Carers transferring from Independent Agencies, are equally recognised when decisions are made about their Accreditation Level on approval.
- 2.22 **Service response:** The service carefully considers the skills and experience that all new carers bring with them when they join our Fostering Community and fostering assessments are strengths based whilst addressing areas for development. In 2021, the service introduced a mechanism to review a Foster Carers accreditation level when they have demonstrated the required competency which has seen a number of carers moving up the framework outside of their Annual Review.
- 2.23 The CFCA advises that Foster Carers feel financial acknowledgement needs to be provided to existing carers who care for children with complex needs.
- 2.24 **Service response:** The service will continue to consider individual funding requests based on the child's needs.
- 2.25 The CFCA advises that Foster Carers feel that there is a need for more professional qualification recognition and accredited training opportunities.
- 2.26 **Service response:** The service will explore this in the training programme for 2023-2024.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority.

3.2 Health and Care

There are no significant implications for this priority.

3.3 Places and Communities

There are no significant implications for this priority.

3.4 Children and Young People

The entire report is aligned with this priority as the Fostering Service is responsible for delivering safe, secure and local foster homes for Cambridgeshire's Children in Care

3.5 Transport

There are no significant implications for this priority.

4. Source documents

4.1 None.

Cambridgeshire Fostering Service Annual Report

To: Corporate Parenting Sub-Committee

Meeting Date: 3rd August 2022

From: Ricky Cooper, Assistant Director Fostering, Regional Adoption and Specialist Young People's Services

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable.

Outcome: This report has been submitted to provide the Corporate Parenting Sub-Committee with an overview of key activity within the Cambridgeshire and Peterborough Fostering Service for the year 2021-2022.

Recommendation: The Sub-Committee is recommended to:

- a) Note the content of the report; and
- b) Raise any queries they have with the lead officers

Officer contact:

Name: Sue King
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Member contact:

Names: Cllr Anna Bradnam
Post: Chair
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1. Summary

- 1.1 The Fostering Services Regulations 2011 require that the Fostering Services provides written reports on the management, outcomes, and financial aspects of the Local Authority's Fostering Service. This report provides an overview of activity from the last financial year, April 2021 to March 2022, and outlines the priorities from the service for the forthcoming year, April 2022 to March 2023.

2. Background

- 2.1 The purpose and content are fully detailed in the report.

3. Main Issues

- 3.1 Please see report attached at Appendix 1.

4. Alignment with corporate priorities

- 4.1 Environment and Sustainability

There are no significant implications for this priority.

- 4.2 Health and Care

The entire report is aligned with this priority as the Fostering Service is responsible delivering safe, secure and local foster homes for Cambridgeshire's Children in Care

- 4.3 Places and Communities

There are no significant implications for this priority.

- 4.4 Children and Young People

The entire report is aligned with this priority as the Fostering Service is responsible delivering safe, secure and local foster homes for Cambridgeshire's Children in Care

- 4.5 Transport

There are no significant implications for this priority.

5. Source documents

- 5.1 None



Appendix 1

Fostering Annual Report

Cambridgeshire County Council & Peterborough City Council

Period Covered	1 April 2021 – 31 March 2022
Date Completed	May 2021
Name / position of author	Sue King Service Manager Practice Standards and Household Review

Report Context

The Fostering Services Regulations 2011 require that the Fostering Service provides annual written reports on the management, outcomes and financial aspects of the Local Authority's Fostering Service. This report provides an overview of the activity of the Cambridgeshire and Peterborough Fostering Service for the last financial year, April 2021 to March 2022 and covers the activity for both Local Authorities, reflective of the shared fostering service.

Executive Summary

The reporting period of 2021 – 2022 represents the first full year of operations for the Cambridgeshire and Peterborough Fostering Service, which launched on 01 December 2020.

Some of the core roles and functions of our Fostering Services have continued to remain separate, for example Cambridgeshire staff supervise Cambridgeshire foster carers, and Peterborough staff supervise Peterborough foster carers. There is a combined recruitment and assessment function, supervision and support

function and a combined dedicated team that undertakes independent household reviews and monitors practice to ensure quality and compliance with the Fostering National Minimum Standards.

The report outlines the development of the key areas of the service and the progress made in each.

During the year, the Fostering Service has experienced the lifting of the Coronavirus restrictions, and the impact of this is referenced where relevant.

Cambridgeshire County Council

In this reporting period, the service recruited 12 new fostering households.

As of 31 March 2022, there are a further 13 new fostering assessments in progress. This work will carry over into 2022/23.

In this reporting period, 35 fostering households resigned from fostering leaving an overall net loss of 23 households.

2 fostering households transferred to an Independent Fostering Agency (IFA) from Cambridgeshire.

On 31 March 2022 of the 415 children and young people in care living with Foster Carer, 228 (55%) were living with in-house carers who were supported by the fostering service (all fostering types) as opposed to 45% living with Independent Foster Agencies.

There was a total of 77 assessments of Special Guardianship applicants completed in the reporting period.

There was a total of 8 Private Fostering assessments completed in the reporting period and 11 school holiday boarding were received.

Peterborough City Council

In this reporting period, the service recruited 15 new fostering households.

As of 31 March 2022, there are a further 6 new fostering assessments in progress. This work will carry over into 2022/23.

In this reporting period, 12 fostering households resigned from fostering leaving an overall net gain of 3 households.

1 Foster Carer household transferred to an Independent Fostering Agency (IFA) from Peterborough.

On 31 March 2022 of the 244 children and young people in care living with Foster Carers, 139 (58%) were living with in house carers who were supported by the fostering service as opposed to 42% living with Independent Foster Agencies.

There was a total of 45 assessments of Special Guardianship applicants completed in the reporting period.

There was a total of 2 Private Fostering assessments completed in the reporting period.

Audits and inspections

Fostering Service Self-Assessment

The Fostering Service carried out a self-assessment in March and April 2022.

It highlighted the following areas of positive progress:

- All Foster Carer annual reviews were in date by January 2022.
- Foster Carers consistently reported feeling well supported by knowledgeable fostering staff.
- Foster Carer participation in the development of services had increased in a variety of ways including the appointment of Recruitment Ambassadors to support recruitment activity for new foster carers and in training focus groups.
- Some Foster Carers Support Groups returned to in person following the lifting of Coronavirus restrictions, which was well received. The service will continue to offer a hybrid model of Support Groups as this model supports more carers to attend.
- Preparation training for Special Guardians was designed and implemented. The training is supported by a Special Guardian who attends every course which has received positive feedback from attendees.
- An extensive and wide-ranging Training Programme has been designed. It included delivery by internal staff and external providers, virtually and in-person to meet the learning needs of as many Foster Carers as possible.

The areas where the service needs to improve are:

- Recruiting more Foster Carers: improving sufficiency of local foster homes for local children and developing a strong pipeline of confident Foster Carers who meet the care needs of our children and young people in care.
- Supporting and developing existing Foster Carers to expand their offer and enable them to care for our most vulnerable children and young people through extended offers of training, support from clinician services and more widely from relevant support services.
- There are insufficient Foster Carers able to care and provide short breaks to children and young people with disabilities.
- Developing the business intelligence systems to support better data collection and performance monitoring.

- Working more cohesively and collaboratively with our partners and stakeholders to ensure a streamlined and comprehensive service which benefits the children in foster care and Foster Carer households.

Ofsted Inspections

Cambridgeshire Children's Services received a focused visit from Ofsted in March 2022. Inspectors looked at the Local Authority's arrangements for children in need and children subject to a protection plan. Inspectors considered the experience and progress of children, the application of thresholds, step-up/step-down arrangements, and children subject to edge of care or pre-proceedings support. There were no comments relating directly about the Fostering Service.

Peterborough received a focused visit from Ofsted in August 2021 when inspectors looked at the Local Authority's arrangements for Children in Care.

Ofsted considered that the quality of matching children to Foster Carers is an area of strength, and staff make best use of limited options. Foster Carers make informed decisions when they are asked to care for children, are highly committed to them and encourage and support children to engage in a wide range of social and leisure activities. Leaders value the role of carers and understand that they are key to improving children's lives and experiences. Carers are well supported and are active and influential in recruitment and marketing campaigns run by the authority.

Summary Fostering Households Year End

Cambridgeshire

The Fostering Service was supporting 180 Fostering Households which included:

- 150 Mainstream households (Professional Foster Carers)
- 12 Link households (short breaks for children with disabilities)
- 16 Connected Carer households (fully approved Kinship Carers)
- 2 Supported Lodgings households

Peterborough

The Fostering Service was supporting 94 Fostering Households which included:

- 83 Mainstream households (Professional Foster Carers)
- 1 Link household (short breaks for children with disabilities)
- 7 Connected Carer households (fully approved Kinship Carers)
- 3 Supported Lodging households

Foster Carer Recruitment and Retention

The 2021–22 Recruitment, Marketing and Communication strategy outlined the key aims and priorities for the Fostering Service in respect of increasing the number of Foster Carers, their diversity, skills and experience. The key priority was to recruit carers to look after teenagers and children and young people with disabilities. The following media campaigns took place during this reporting period:

March 2021	LGBTQ+ Week
May 2021	Foster Care Fortnight
July 2021	It's the little things campaign
Sept 2021	Faces of Fostering campaign
Oct 2021	Sons & Daughters Month
Nov 2021	November emergency fostering appeal
Dec 2021	Christmas Wishes campaign
Jan 2022	New Year New You campaign
March 2022	LGBTQ+ Week Private Fostering

Monthly Information Sessions for prospective enquirers have been held virtually either in the early evening or at lunch times. Virtual Information Sessions proved to be more successful in terms of attendance than the in-person events which the service previously held.

The Recruitment Team (Front Door to the Fostering Service) has 3 full time Recruitment Officer posts, which includes a new Senior Recruitment Officer post whose role it is to support the consistency and the development of the team.

Fostering Recruitment Activity

Activity	Annual figure CCC 2020/21	Annual figure CCC 2021/22	Annual figure PCC 2020/21	Annual figure PCC 2021/22
Enquiries	329	239	161	78
Initial Visits	101	68	60	24
Application forms received	79	26	26	11
Attended Skills to Foster	47	22	16	14
End of year assessments in progress (Form F commenced)	10	13	10	6
Approved	25	12	6	15
Number of resignations and de-registrations	19	35	6	12
Net gain	6	-23	0	+3

Cambridgeshire

The conversion rate from enquiry to assessment this reporting period was 11%.

The conversion rate from application forms sent out to prospective carers and returned was 43%.

Peterborough

The conversion rate from enquiry to assessment in this reporting period was 14%.

The conversion rate from application forms sent out to prospective carers and returned was 57%

For 2021-2022, the Fostering Service set aspirational targets to achieve a net gain of 45 new fostering households across Cambridgeshire and Peterborough, specifically, 25 fostering households plus 6 Link Carers in CCC and 10 fostering households plus 4 Link Carers in PCC. This target was not achieved and in the current national climate following the impact of COVID-19, it is recognised that it was also not realistic.

Other Local Authorities are reporting a similar picture in terms of low net gains of new fostering households and an increase in the reporting of net losses. It is believed that this is partly due to the uncertain economic climate during the height of Covid-19 but also several Foster Carers who had been planning to retire have brought their plans forward or having taken on the care of older relatives, no longer felt they could foster.

We know there continues to be a need to recruit more carers for children aged 11 years and older, carers who can look after brothers and sisters keeping them together and children with more complex needs and disabilities. We also know that we need to challenge ourselves and our carers to maximise utilisation of vacant beds to ensure that children and young people do not move to live in externally purchased provision at a distance from their support networks.

The engagement and retention of carers has been a priority in the last year and remains so for the coming year.

In this reporting period the Fostering Service has:

- Developed a Retention Working Party involving staff and Foster Carers to explore how Foster Carers can be actively supported to stay with the Fostering Service and to understand the barriers that they experience in fostering.
- Developed a mechanism to identify all Foster Carers who have indicated that they were considering leaving the service. Retention visits are carried out to discuss the Foster Carer's specific concerns and to seek a resolution where possible. This individualised approach was successful in retaining 50% of the carers who were visited.
- An Exit questionnaire was introduced during this reporting year. Foster Carers who decided to leave the service were requested to complete a questionnaire which provided valuable information on areas for improvement or development. Feedback has included dissatisfaction about the limited number of children they were approached to care for (in the under 5-year

age band), the level of support provided in their first year of fostering and changes to fostering fees and allowances. Foster Carers also provided positive feedback to the service including compliments about the level of support they had received from fostering managers; the training offer especially in the first year of fostering and the level of communication between the service and Foster Carers. Foster Carers also have the option to meet with a representation from the Household Review and Practice Standard team for an exit interview.

- The service collated and monitored all reasons given by Foster Carers who choose to leave the service so that it can address these, where it can. In Cambridgeshire, the main reason given was retirement due to age and the second most common reason given was family reasons, including the impact of fostering on birth children. In Peterborough, the most common reason given was family and other commitments and the second reason given was retirement due to age. Other reasons given which relate to both Local Authorities were ill health, children in preferred age ranges not being available to foster (0–4-year-olds), moving area, following an investigation and dissatisfaction with foster carer fees.

Core functions of the Fostering Service

The Fostering Service's aim is to provide a high-quality responsive child-centred service in relation to its core functions and to recruit new local Foster Carers from within our diverse communities that reflect the needs of local children and young people in care.

The service prepares applicants through training to be able to manage with the range of issues that Foster Carers face when looking after children. The service assesses Foster Carer applicants for the following types of care arrangements: Mainstream/Professional Foster Carers, Connected Persons Carers, LINK Carers, Supported Lodgings Carers and those who offer Private Fostering. The service undertakes comprehensive assessments and checks to ensure that prospective carers are suitable to foster and able to carry out their role.

We supervise, support and develop the skills and knowledge of Foster Carers so that they are able to provide the highest standards of safe, therapeutically minded family-based care to our children and young people in care so that their outcomes are improved.

The types of Foster Care offered include Short Term/Time Limited, long-term; parent and child; short breaks LINK care for children with disabilities; respite, emergency, supported lodgings and PACE.

PACE: The Local Authority has duty to provide accommodation to children and young people under the age of 18 years who have been arrested and charged in relation to a criminal offence. PACE stands for Police and Criminal Evidence Act 1984 which placed this duty. PACE transfers take place in order to limit the amount of time children and young people are required to spend in police custody with the young person being transferred to Local Authority accommodation overnight before being presented to Court the following morning.

The service also supports young people to stay with their Foster Carers beyond the age of 18 years in a 'Staying Put' arrangement if this is considered the best plan for the young person. This is not a regulated fostering activity, and the young person, having left care, no longer has a social worker and the Foster Carer no longer has a Supervising Social Worker, but the young person continues to receive support, advice and guidance from their Personal Advisor who is employed by the Local Authority.

Safeguarding - allegations & standards of care

Allegations against Foster Carers, outcomes and timescales

Allegations against foster carers	CCC	PCC
The number of allegations against Foster Carers made by fostered children	3	1
The number of allegations against Foster Carers made by other sources	5	1
The number of children who have made allegations against their Foster Carers	3	1
The number of Foster Carers who have been subject to allegations	8	2
Information about the categories of alleged abuse		
Physical abuse	5	0
Sexual abuse	0	0
Neglect	1	1
Emotional abuse	2	1
Information about the outcome of investigations of allegations		
Concern(s) resolved - no further action	3	1
Continued monitoring for an agreed period	1	0
Concern remained, referred to Fostering Panel to review Foster Carer approval	4	1

Timescale for investigations		
less than 21 working days	1	1
22-30 working days (4 - 6 weeks)	4	1
31-50 working days (6 - 10 weeks)	1	0
More than 50 working days (> 10 weeks)	2	0

10 fostering households were subject to allegations during this reporting year, which was lower than the previous year where there were 15 fostering households subject to allegations.

All investigations are carried out by Fostering Reviewing Officers who are independent of the Supervision Teams, providing objectivity to the process. Following an allegation, a Foster Carer's suitability to continue to foster will be considered by the Fostering Panel and Agency Decision Maker.

Being subject to an allegation or concern process can be very distressing for a Fostering Household and in recognising this, in this reporting year the service secured an offer of free and confidential emotional health and well-being advice to Foster Carers via the Councils' Employee Assistance Programmes. This support offer can be accessed directly by Foster Carers.

Compliments and complaints

The following are a selection of the compliments received by the service.

About our Foster Carers:

From a Child's Independent Reviewing Officer: X fostered 4 children from the same family for over 10 years. They are still offering Staying Put for two of them and the other two have moved on. . . The very fact they took on 4 children in 2007 aged 2-5 from the same family is pretty amazing in itself. This meant the children were able to grow up with each other and be part of a family again. . . they never gave up on them they continued to support them and include them as part of the family. I just wanted to say a very big thank you to X and Y who always made me feel welcome, . . . they were excellent at advocating for the children's needs.

From a Young Person: When I first came to A and B I clicked with them so well and I see them like a second mum and dad . . . they have helped me stop smoking and drinking and helped me get my life on track and I am very grateful.

From a Children's Team Manager: Whilst this was a very challenging situation, F really stuck by C, enabling him to stay in a foster placement as a bridge to his new placement. F went above and beyond in this situation, and we are very grateful for what he did.

From a Child's Social Worker: The support M has given is over & above, I am entirely grateful because without a lot of M's organising and support, I don't think [contact] would have gone ahead. . . . the children have been the focus and their relationship has been able to continue because of M, so I just wanted to say a big thank you M.

About our staff from Foster Carers:

K would like to note that she holds the training team in high regard and without their drive to deliver courses during the pandemic it may have dropped off the radar especially with the changes taking place in the service. She also values being a member of the training focus group.

A and B describe their social worker as being incredibly supportive and she protects them from themselves. They had a steep learning curve in the last year and without her support they would have really struggled to see it through.

H . . . said she appreciated the strong and excellent support from both her FSW who has offered exceptional support throughout and the Service Clinician who had worked with her and her partner) . . . and has continued to support her for as long as she needs. H was also moved by the calls she received from the Service Manager who called a few times to just check how she was coping. She is extremely pleased with the Fostering Service who have genuinely cared.

JC - 'on a personal side we would like to thank you for your help with this and your warm and professional approach to us and some of the more sensitive issues has made this process a lot easier'.

In this reporting period there was a total of 6 complaints received.

Summary of complaints and outcome

COMPLAINANT TYPE	SUMMARY OF COMPLAINT	OUTCOME
CCC		
Foster Carer	Foster Carer dissatisfied with decisions about child's care plan	Partially Upheld
Relative	Unhappy with care of her grandchild by Foster Carer	Partially Upheld
PCC		
Foster Carer	Foster Carer unhappy about support from their social worker	Upheld
Foster Carer	Used incorrect finance policy	Upheld
Foster Carer	Decision in relation to fostering enquiry	Not completed
Former Foster Child	Foster Carer attitude	Partially Upheld

Of the six complaints made, two were upheld, three were partially upheld and none were not upheld. One is not yet completed.

The service always seeks to speak to the complainant directly to understand the complaint fully, and to seek early resolution of any concerns. Learning from complaints is taken back to the service to improve practice.

Foster Carer training and development opportunities

The year saw a return to face-to-face training as the Covid restrictions lifted, with a hybrid delivery model being used. The Training Survey that was carried out showed that Foster Carers value having a range of course delivery options. Virtual learning remains the most popular choice, with Foster Carers stating that this fits more easily with their lives when taking children to school and nursery, is greener and less expensive for them.

In this reporting year, 1,205 course places were attended across 95 one-day courses, and 2 two-day courses. This comprised of courses from a range of sources internally delivered by our training lead and staff, from within the Local Authority by our Virtual Schools and Youth Offending Service (YOS) and from partner agencies such as CASUS (Children and Adolescence Substance Use Service). We also commissioned

specialist courses which included first aid, courses on trauma, therapeutic parenting, autism, child development, gender and sexuality.

The feedback the service received confirmed that our Training Programme was very well received with many courses full and waiting lists in place for some.

E-learning was also offered to Foster Carers with 707 Foster Carers enrolling in ME Learning courses with 367 courses being completed and 2904 e-learning modules being completed via the Foster Carer Training Hub.

Special Guardianship Carer preparation training was developed and introduced from September 2021 with 47 prospective Special Guardians attending the training during this reporting period. A Special Guardian co-facilitates the course alongside the service, which has been very valued by attendees.

A 'Next Steps' training framework has been developed for new Foster Carers which supports them to understand their role and responsibilities, encourages their engagement, and develops their understanding of the needs of foster children and the support available to them. The programme is co-delivered internally by the Fostering Service and Reunification and Placement Stability Service (RAPSSs).

Carer consultation, engagement and support

Support Groups have operated for both Cambridgeshire and Peterborough Foster Carers throughout the year with face-to-face groups resuming when Covid-19 restrictions allowed. These groups are organised and run by the service in collaboration with Foster Carers. Alongside the local based Support Groups, a Support Group for Foster Carers looking after children aged 0 – 5 years has offered the opportunity to explore age specific training needs in an informal setting and a specific Support Group is also provided for Foster Carers who offer short breaks to children with disabilities.

All new Foster Carers are linked with a Mentor who is an approved Foster Carer prior to their approval to offer peer support in the early stages of their fostering career.

Events have taken place throughout the year for fostering households to meet with each other and staff including day trips to Wicksteed Park and Christmas parties, both of which were well attended.

The Assistant Director has held 'Coffee and Cake' virtual sessions which are an informal opportunity for Foster Carers to meet with Senior Managers and is a forum where they can raise questions and hear about developments in the service and wider children's services.

Senior Managers meet regularly with the Chairs and Vice Chairs of the Cambridgeshire Foster Carer Association and Peterborough Foster Carer Community and representatives also attend their respective meetings. This provides an opportunity to hear about what is working well for Foster Carers and areas that need to be addressed or developed.

During the year Foster Carers were consulted on the additional allowance payments which included mileage and payments for emergency clothing. This consultation concluded on 01 April 2022. Following further feedback from Foster Carers, expectations around the amount of pocket money provided to children and respite payments to Foster Carers remain under review.

A Foster Carer Survey was launched in the summer of 2020 which was supported by the established Foster Carer forums in both Local Authorities: Cambridgeshire Foster Carer Association and Peterborough Foster Carer Committee (now Peterborough Foster Carer Community). Foster Carer engagement with the survey was good and responses received have been considered by the service when developing a three-year Fostering Strategy.

Foster Carers continue to be invited to formal Council meetings of the Corporate Parenting Committee in Peterborough and the Corporate Parenting Sub Committee in Cambridgeshire to represent Foster Carers and ensure their views are heard by Elected Members.

Bimonthly Foster Carer Newsletters from the Service provide an informal mechanism to update fostering households about any changes in staffing, new developments in the Service, training and support.

In addition to Foster Carer Ambassadors supporting recruitment and marketing activity, a Foster Carer Training Forum was established to support the training team to consider the needs of Foster Carers and hear their views on the programme and other aspects of training. Foster Carers were instrumental in developing a revised and streamlined Personal Development Plan for Foster Carers which is now in use.

Fostering Panel

The Cambridgeshire and Peterborough Fostering Panels have continued to operate separately and virtually during this reporting year. The business of the Fostering Panel has remained the same, with both considering Foster Carer's suitability to continue to foster or to be Foster Carers, post allegation reviews, noting resignations, extensions of temporary approval and changes to Foster Carer terms of approval.

In Cambridgeshire, 24 Fostering Panels sat during the year and in Peterborough 16 Fostering Panels sat. Panel members have continued to receive medical advice and legal advice when required. The Fostering Panel Adviser role was held by Stuart Stapleton for both Cambridgeshire and Peterborough. Additional panels were convened to prevent drift and consider cases in a timely way. No panels were cancelled due to lack of quoracy.

In Cambridgeshire Richard Holland is the Panel Chair and Elaine Barry was appointed to Vice Chair.

In Peterborough Mick Cunningham is the Panel Chair and Fernley Copping is Vice Chair.

Panel training days were held for Peterborough on 06 October 2021 and for Cambridgeshire on 11 October 2021.

Appraisals for the chairs and panel members have been carried out during the year in line with requirements.

Fiona Van Den Hout, Head of Service for Fostering and Supervised Contact acted as Agency Decision Maker for the Fostering Panel.

Heads of Service Sam Nour, Samantha Howlett, Fiona Van Den Hout and Myra O'Farrell acted as the Local Authority's Nominated Officers for Regulation 24 temporary fostering arrangements.

Management arrangements

The management of the service was carried out by Lou Williams, Service Director Children's Services across both Local Authorities until February 2022 when Nicola Curley was appointed Interim Service Director for Children's Services.

Ricky Cooper, Assistant Director for Fostering, Regional Adoption and Specialist Young People's Services was appointed in the reporting year and has overall responsibility for the Fostering Service.

Fiona Van Den Hout, is the operational Head of Service for the Cambridgeshire and Peterborough Fostering Service. Fiona was supported by three lead Service Managers during this reporting year, who in turn were supported by their Team Managers as follows:

Recruitment and Assessment:

Service Manager - Anita Hewson

Team Manager – Jo Laur

Team manager – Jenni Woodcock

Team Manager – Tasalla Shaiyen

Supervision and Support:

Service Manager - Despina Kaoura

Team Manager- Amanda Carter (interim for Sharyl Acheampong)

Team Manager – Jayne Barrett McGrath

Team Manager – Mariepearl Camfield

Household Review & Practice Standards:

Service Manager - Sue King

Team Manager – Jenny Braddock (now Stuart Stapleton)

Operational team meetings for staff and managers have been held monthly and both Council's have virtually provided corporate support opportunities for staff including monthly wellbeing sessions and weekly briefings by Senior Council Leaders.

Children in Care participation and consultation

The Service works closely with the Councils Participation Teams who support children and young people in care to provide their views on specific topics via the Children in Care Councils and Care Leaving Forums. For example, the service consulted with the young people on the Children's Guides for Fostering and included some of their artwork in the Guides. The Guides provide information to children and young people about living with Foster Carers and how to make a complaint if they are unhappy about the that they are receiving.

The Children in Care Awards are held annually by each Local Authority and is an event that the whole fostering household is encouraged to attend and is supported by staff from the Fostering Service.

The service attends the Participation Group and has collaboratively developed a service Participation Plan.

Young Recruiters have helped to interview applicants for social care roles, and Young Trainers have helped deliver training to carers and staff. The Young Trainers received excellent feedback from prospective Foster Carers.

Feedback has been sought from children and young people in care about their experience of living with in house Foster Carers as part of the Foster Carer's annual review process.

Private Fostering

Local Authorities have a statutory duty to monitor the safety and wellbeing of children and young people living in Private Fostering arrangements. Private Fostering arrangements are made between parents or carers who have parental responsibility for that child and another individual in order that they can take on care of their child for a period of longer than twenty-eight days. This arrangement should be reported to the Local Authority for a safeguarding assessment and monitoring.

Cambridgeshire and Peterborough local authorities have established private fostering processes in place. The number of Private Fostering arrangements has continued to be affected by Covid-19 with language schools remaining closed throughout 2021-2022.

In Cambridgeshire, six notifications were received for mainstream children with two Private Fostering Arrangements being assessed as unsuitable. Notification was received from one boarding school of eleven children remaining resident over the Christmas school holidays.

In Peterborough, two notifications were received for mainstream children with two Private Fostering Arrangements being assessed as being unsuitable.

There were no Private Fostering notifications from Language Schools or other schools who take international students in either Local Authority.

At the end of March 2022, in Cambridgeshire there was one Private Fostering Arrangement in place and in Peterborough there were five.

The Private Fostering Communication Strategy was reviewed during this reporting period following the lifting of Covid-19 restrictions.

Connected Persons

Connected Persons is often better understood as Kinship or Family and Friends care which is when a child or young person cannot live with their birth parents, and they are looked after by extended family members or others with whom they have a relationship or a connection. Most Connected Persons are related to the children they look after, and the majority are grandparents, aunts and uncles, siblings or other family members, but some are family friends.

The Local Authority has a duty to consider placing a child or young person (if care is needed) with a Connected Person rather than into foster care or residential care as part of legal proceedings and or childcare planning. The Fostering Service undertakes assessments of Connected Persons in order to recommend to the Court whether the Connected Person is suitable to act as a Special Guardian and care for the child or young person throughout their minority. In such cases the Court is able to issue a Special Guardianship Order to the Connected Person which gives them residency and overriding parental responsibility enabling them to be the decision maker for the day to day needs of the child or young person.

The Local Authority has a duty to submit a Special Guardianship Support Plan alongside the assessment which sets out the Local Authority's post order support. This may include financial support and/or therapeutic support.

The Fostering Service received 84 new referrals relating to Cambridgeshire children and completed 77 Connected Person's assessments and received 52 new referrals relating to Peterborough children and completed 45 Connected Person's assessments.

Service Priorities for 2022-2023

The Fostering Service is developing a three-year strategic plan to address the sufficiency need for local family-based care in both Councils. The strategic plan is built on four building blocks which includes the following priorities:

Recruitment

We will focus our marketing and recruitment activity primarily on attracting new professional carers who are able to offer family-based care for children and young people aged 5 to 18 years old, carers who have the capacity in their home to offer to care for brothers and sisters so that they can remain living together and Foster Carers who have the skills to offer short breaks (Link Care) for children with disabilities.

We will also focus on expanding our cohort of Foster Carers who offer emergency and PACE care for children who need a local foster home in an unplanned way so that they can remain close to their family, friends and school.

We also recognise that we need to do more to increase the diversity of the Foster Carer Community so that it better reflects the needs of our children and young people. A Diversity Strategy will be developed early in the next reporting year to support marketing and recruitment activity alongside a Diversity Survey which our existing Fostering Community will be asked to complete to help the service to better understand our current carer demography for example ethnicity, gender, sexual orientation, age, disability (hidden and/or otherwise).

We will continue to develop our Unique Selling Points as a not for profit, locally based Fostering Service to attract more applicant Foster Carers who want to foster for their Local Authority and provide family-based care for children and young people from within their local communities.

Reputation

We recognise the uncertainty that our Fostering Community has experienced over the last several years and that we need to continue to build the trust and confidence of our Foster Carers. Through our continued work with the respective Foster Carer forums, we will continue to look at ways of engaging our local Fostering Community in building and improving our service.

We will maintain a Customer Focus that is at the heart of service delivery, cultivating a culture of good customer service within the organisation and within our workforce by setting clear Customer Service Standards such as:

- We will aim to respond to telephone calls, emails and other requests within 24 hours, even if it is to let you know that we are going to need longer to respond to your request

- We will promptly pay you your weekly allowance and expenses on time and where we are unable to do this, we will let you know the reasons why and when you will expect to receive your payment
- Alongside standards as set out in Regulations we aim to progress your enquiry and application to Foster within four months and fast track applications sooner if prospective Foster Carers are suitable to foster children from specific high needs cohorts of where approved Foster Carers are wanting to transfer from another agency to us

We know there is much to do in supporting and changing the narrative of some of the perceptions about Foster Carers and in how they are treated, valued, cared for and respected. We will develop an Engagement Strategy alongside our Foster Carers which will include:

- Developing the role of Fostering Champions within the wider Children's Services.
- Developing our brand identity and defining and embedding our Customer Service Standards.
- Improve the understanding of the role of and the challenges that Foster Carers experience to enhance relationships between the service, the wider service and the Fostering Community.
- Celebrate compliments and learn from complaints.
- Continue to engage meaningfully in participation activity with children and young people and use respectful language for example, we will not use 'placement' to refer to either children or where they live.
- Managers and Leaders will role-model customer service principles, so staff feel confident and competent to use the same principles when interacting with Foster Carers and we will support Foster Carers to adopt the same principles when interacting with our staff.

Resilience

We will continue to build resilience in our Foster Carer Community to enable and equip them to care for the children and young people that we need them to and continue to improve on the number of children living with in house Foster Carers.

- We will continue to develop our wrap around support offer to Foster Carers and with our Foster Carers engage with the wider Children's Services to learn from unplanned and distressing endings in care arrangements to reduce these in frequency.
- We will continue to review the training offered to Foster Carers through feedback and surveys.
- We will focus on the training needs of our staff, identifying specialists training and access to resources so they have the right tools to do the job.

- We will continue to make every effort to recruit to vacancies in our workforce in a timely way so that caseloads remain manageable, and staff have the time they need to support applicant and existing Foster Carers.

Retention and Reward

Foster Carers are the Local Authorities' most valuable resource for children and young people in are and are integral to the wider workforce of the Council and Children's Services.

- We will continue to annually review and monitor payments made to Foster Carers and will make all efforts to remain competitive in offering a fair and transparent payment scheme that is in line with market rates, including the cost of living.
- We will encourage the need for Foster Carers to be viewed as having a professional status within the wider professional network and Council.
- We will continue to embed our retention activity through retention visits and a 'Let's Talk, before you walk' interview, providing a solution focused approach to breaking down any barriers or challenges Foster Carers are facing. When Foster carers do choose to leave us, we will continue to consistently gather feedback to learn from their experience and develop our practice, disseminating this learning within the wider Children's service as necessary.
- We will continue to streamline paperwork Foster Carers are required to complete and enhance our offer of developing technologies to make the fostering task easier where it relates to the recording and sharing of information remotely.
- We will develop a quarterly feedback mechanism to be utilized by the Foster Carer forums demonstrating how the voices of Foster Carers have been heard and acted on where necessary.
- We will continue to run a series of events including regular support groups that evidences to Foster Carers that they are valued and respected by the organisation.
- We will celebrate the achievements of Foster Carers at every opportunity.

Completed by:

Sue King Service Manager: Household Review and Practice Standards Team

28.06.2022

Corporate Parenting Sub-Committee Annual Report 2021 - 2022

To: Corporate Parenting Sub-Committee

Meeting Date: 3rd August 2022

From: Ricky Cooper Assistant Director, Children's Services
Fostering, Regional Adoption and Specialist Young People's Services

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable

Outcome: This report is submitted to each formal and informal Corporate Parenting Sub-Committee as part of the standing work programme item in relation to performance.

Recommendation: The Sub-Committee is recommended to:

- a) Note the content of the report, and
- b) Raise any questions with the lead officer.

Officer contact:

Name: Myra O'Farrell
Post: Head of Service Corporate Parenting
Email: Myra.O'Farrell@peterborough.gov.uk

Member contact:

Names: Councillor Anna Bradnam
Role: Chair
Email: anna.bradnam@cambridgeshire.gov.uk
Tel: 01223 706398 (office)

1. Summary

- 1.1 This report is to provide an overview of the role of the Corporate Parenting Sub-Committee for 2021/ 2022.

2. Background

- 2.1 In April 2017, the Corporate Parenting Sub-Committee of the Children and Young People (CYP) Committee became active following a review of the long-established Corporate Parenting Board. The new arrangements reflected the drive to strengthen arrangements for oversight and decision making in respect of corporate parenting activity with clear accountability to the CYP Committee through adopting a scheme of delegated authority and a framework for decision making.
- 2.2 The Corporate Parenting Annual Report for 2021/22 is attached at Appendix 1.

3. Main Issues

- 3.1 Due to Covid restrictions the committee meetings were held remotely from July 2020 to May 2021. Although this was the case for most of the past year, the use of virtual sub-committee meetings did allow for council members to still hear the views of young people in their own words directly from them. Once easing of restrictions occurred the sub-committee has moved back to face to face in line with the government guidance into 2022.

4. Alignment with corporate priorities

- 4.1 Environment and Sustainability

There are no significant implications for this priority.

- 4.2 Health and Care

The report above sets out the implications for this priority.

- 4.3 Places and Communities

There are no significant implications for this priority.

- 4.4 Children and Young People

The report above sets out the implications for this priority.

- 4.5 Transport

There are no significant implications for this priority.

5. Source documents

5.1 None

6. Accessibility

6.1 An accessible version of Appendix 1 – Corporate Parenting Sub-Committee Annual Report 2021/22 is available on request from Myra.O'Farrel@peterborough.gov.uk.

Appendix 1

Cambridgeshire County Council

Corporate Parenting Sub-Committee

Annual Report

2021-22

Foreword by Councillor Bradnam, Chair of the Cambridgeshire Corporate Parenting Sub-Committee

Hello and welcome

This year has been busy for the Corporate Parenting Sub-Committee. The report reviews the achievements of the sub-committee over the last 12 months, demonstrating its value and impact given its unique function within the Council. In the past the sub-committee has had Council members who were care experienced. This is not the case at present, but the sub-committee would welcome representation from young people in care.

This year has seen an easing of the COVID restrictions and a return to more normal working arrangements for the sub-committee. This has meant face to face meetings have returned between the sub-committee young people and Council officers.

On reflecting on those achievements, I am mindful of the sub-committee's uniqueness in relation to its structure and format. The Sub Committee listens to the feedback directly from young people and children who attend the Sub Committee during informal sessions from the Children in Care Council and provides an opportunity for Members to listen directly from young people about the things that are important to them. Similarly, young people are able to speak to members and raise any points. We are planning in the coming months to work towards co-chairing the Sub Committee with children and young people and look forward to the rich opportunity this will provide. Over the year I have had the wonderful opportunity to see young people grow in confidence but also feedback to us on a range of topics that are meaningful to them.

We also have Foster Carers for Cambridgeshire who attend and represent the Cambridgeshire Fostering Association. This provides an opportunity for members to hear directly from foster carers about their experiences of Fostering for the Local Authority as well as enabling foster carers to speak directly to members about to raise the things that are important to them, to inform service developments and to celebrate the great achievements of our Fostering Community who care for our children and young people every day. The sub-committee has routine attendance from Council officers.

The three-dimensional approach of having direct feedback from those that use the service in a variety of ways makes this sub-committee, in my view, unique and dynamic. The value of the sub-committee comes from this through promoting accountability from that direct and sometimes challenging lived experiences of those using the services.

Over the last year the sub-committee has had presentations from partners such as Education and Health on key areas of interest. These have demonstrated a wider collaborative approach across services to improve outcomes for children.

The sub-committee offers a 'golden thread' through being aligned with the internal processes of the Council. The sub-committee is supported by the Corporate Parenting Partnership Board whose function is to ensure partners are collectively

delivering on the objectives from the sub-committee and the objectives of their respective areas.

Introduction

The Corporate Parenting Sub-Committee for Cambridgeshire has been in existence since 2017. It is a well-established Sub-Committee and is regularly attended by Council Members, Council Officers, representatives from the Foster Carer Association, Children in Care and Care Leavers. In that time, it has developed and changed into its current formulation of a thematic approach to key areas of activity. These are placements and care planning, health, and education of children in care and those that have had a care experience.

The Purpose of the Report

The purpose of the report is to provide the Children and Young People Scrutiny Panel with an overview of the work carried out by the Corporate Parenting Sub-Committee 2021-2022.

The report addresses the terms of reference of the Sub-Committee over the last 12 months and the impact the Sub-Committee has had in delivering on its objectives.

Background

The meeting format changed in 2021 to thematic and has worked well in enabling Council Members to focus on key areas of Council and partnership activity in more depth, offering scrutiny and challenge to Council Officers. The Sub-Committee is ambitious in its aspirations for Children in Care and Care Leavers and supports the needs and aspirations through a more in-depth review of three key themes. These are Education, Health and Placements.

Reporting Mechanism and Work Programme

The Sub-Committee has three informal and three formal meetings per year. The purpose of which is to enable Children and Young People to attend the informal meetings without the intrusion of this being a public meeting. The three informal meetings enable children who are in care and those that have left care to the meeting alongside the Sub-Committee Chair. In doing so the Sub-Committee has a robust understanding of how those who have experience of being in care and those who have left care, their views of the service and how best to improve it. The formal meetings include the voice of Foster Carers who are recruited by Cambridgeshire Fostering Service. Their voice and views have enabled the Sub-Committee to understand more fully their aspirations for Children and Young People along with feedback on the service.

At each meeting, monthly performance data called the Scorecard (attached as Appendix) is reviewed by Council Members. This enables Council Members to

scrutinise in more depth any issues related to the performance of the Council in its responsibilities to promote and be aspirational in its outcomes for Children in Care and Care Leavers.

The Chair remains as Councillor Anna Bradnam and the Vice Chair is Councillor Philippa Slatter.

Links to Participation and Promoting the Views of Children with Care Experience.

The Sub-Committee listens directly to the views and feedback from Children and Young People relating to their experiences. Children and Young People share their achievements with Council Members along with how they are influencing the delivery of services for Children in Care. This year the Children in Care Council and the Care Leavers Forum have reviewed and updated the 'Our Promise to Children and Young People in Care'. This key pledge was launched in June 2022. The CIC Council has produced their own personal goodbye cards for Social Workers to use. They have produced two You Tube Videos, one for Foster Carers and the other for Social Workers related to the type of skills children feel they need. These were viewed by Council Members and have been shared across Children's Services. They have designed and commissioned welcome packs, age appropriate, for other children who come into care so that they feel welcome and understand more fully what is happening to them. They also commissioned luggage to enable them to move placements with dignity. The Children in Care Council is now beginning a programme of inspection across key areas of the service, providing a report and action plan on their expectations where improvements are required. This will become a feature going forward.

Outcomes from Corporate Parenting Sub-Committee

- Reviewed the Strengths and Difficulties questionnaire used by Health, Education and Children's Social Care to ensure it works seamlessly and promotes appropriate resource allocation for children in care.
- Wrote to NHS England advocating on behalf of children in care about the lack of available dentists in the Peterborough area. This resulted in Health improving their offer to children in care, through clear pathways for foster carers and placements to access.
- Provided scrutiny on placements out of area to lead officers.
- Provided scrutiny and constructive feedback on placement stability.
- Provided scrutiny and monitoring of key areas of performance including statutory visiting.
- Provided scrutiny and monitoring of the fostering service and the support to foster carers overall, including improving the fostering allowances.
- Worked collaboratively with the CIC council and the care leavers forum on promoting 'goodbye cards' when a SW end their involvement with children.
- Worked collaboratively with the CIC council and care leavers forum to produce personalised bags for children when leaving their placement.

- Supported the Young Inspectors' inspection of the supervised contact centres.

Foster Carers

Representatives from the Cambridgeshire Foster Carer Association have been an integral part of the subcommittee this year and their valuable contributions have meant the subcommittee has had a more nuanced understanding of their skills, challenges facing them and the support they need to undertake their role. This year the subcommittee drove the review of the foster carer allowances.

The National context

The Independent (Care) Review

The Independent Care Review was published in June 2022. It is anticipated this will have significant impact in the operational delivery of services for children who are experiencing care and those that have experienced care. The government response to this is expected in the Autumn. The main points for Corporate Parenting are outlined below.

The review proposes the creation of regional care cooperatives, which would have regional sufficiency duty but would ultimately become responsible for all fostering, adoption and residential services within a defined region yet to be determined. The review envisages that key stakeholders such as Health, the youth offending justice system, would align with the regional care co-operatives to offer a rounded service. There would also be a national foster carer recruitment campaign and an expectation that areas adopt an extended foster carer support model. The review proposes closing all secure training centres and create more local secure units to meet the needs of these young people.

For those children who have had experience of the care system the review proposes a refreshed Care Leaver Covenant with statutory protections up to the age of 25. It focuses on offering lifelong links programmes to care leavers, new powers around housing and homelessness and enhancement to the leaving care grant. The review proposes staying put and supported lodgings should be extended to 23 and the virtual school should provide services until 25. There would be the offer of extended apprenticeships, and a renewed focus on the physical and mental health of care leavers.

Meeting the Educational Needs of Children in Care

In the last 12 months the Sub-Committee has had a keen focus on Children in Care's education within the period of restrictions linked to COVID and the subsequent easing of these. Children in Care were given priority status to attend school, and this occurred. Education and Children's Services worked closely together to support children's learning through their Personal Education Plans ensuring this group of vulnerable children did not fall behind academically in this period.

There has been a keen focus on children's emotional well being in this period and the Sub-Committee focused further attention to the strengths and difficulties questionnaire which is used as an assessment tool when a child comes into care to understand their emotional needs. The Sub-Committee has supported the collaboration across the partnership between Health, Education, and Children's Social Care in developing a seamless process of how services work to review the information to improve outcomes for children. This has included supporting the request from Foster Carers to have additional training in this area.

Meeting the Health Needs of Children in Care

The overall health of children in care has been a focus for the Sub-Committee with a special focus on initial health assessments and the lack of access to routine dental treatment during COVID. The Sub-committee supported the review of the process between Health and Children's Social Care through its scrutiny of the data. The impact has seen an improvement in this area. A significant concern for the Sub-Committee has been the lack of access for Children and Young People receiving timely and responsive dental treatment. Through the Designated Nurses attendance at Sub Committee, Members continue to keep a watchful eye on this particular issue and hold Officers and Health colleagues to account in meeting the dental health needs of Cambridgeshire children and young people. The Sub-Committee was not satisfied with the alternative arrangements in place and collectively wrote to NHS England expressing their concern and calling for action in finding a more child centred solution to the problem. This approach and the subsequent accountability approach of the Sub-Committee has supported a significantly improved offer for Children in Care placed within Cambridgeshire and Peterborough in accessing appropriate dental care.

Meeting the Needs of Children in Care and their Placements

The stability of placements has been a focus for Council Members within the context of COVID and post this period. Council Members routinely scrutinise performance data asking and requesting information about how Council Officers are supporting children to remain in their placements. Over the last year the Sub-Committee has acknowledged the requests made by Foster Carers to make further adjustments to further improve the offer the Council makes to them and the Children and Young People they care for.

The last twelve months has seen a significant shift in the external placement market. This has been within a context of COVID whereby placement choice reduced. This has had an impact on the ability for placements and children to be a good match, with the continued challenge of placements being outside of Cambridgeshire. Work is ongoing with partners such as Commissioning and Education to ensure the wider needs of children and particularly those with Education, Health and Care Plans are considered when matching a child to a placement.

Children in Care Population

Power BI is now the standard reporting tool across Children's Services, and it is possible to monitor all current activity very effectively. The development of a static report (Dashboard) is now in place and a specific Corporate Parenting report developed.

Numbers of Children in Care

The number of children in care at the end of March was 632 and this was a reduction of just under 30 children from the previous year. The sub-committee has monitored this regularly throughout the year. The reason for the reduction is linked to the introduction of the family safeguarding model. The reunification team has also enabled children to return home safely and sustainably in the last year.

Statutory visits

These have been monitored throughout the year. Internal audit, dip sampling of case files has shown children are being seen within their placements routinely but that there has been a training issue within the service related to recording. Therefore, the performance data is showing a lower record of stat visits having occurred currently. This is an improving picture from the end of March at 72.5% to 78.6%.

Placement stability

At the end of March children who had had 3+ placement moves in 12 months was 11.8%. This data includes positive, planned and unplanned moves for children in this period. When compared with statistical neighbours Cambridgeshire is only 0.8% lower. However, the national picture is 9%.

For children who have been in their placement 2.5 years or more this was 64.5% at the end of March. However, when compared with statistical neighbours (67%) the region (70%) and the national picture (70%) we are showing as an outlier at this time.

Placement Sufficiency

This remains a challenge in 2021-2022, with demand outstripping supply nationally, regionally and locally. The work to stabilise placements to prevent placement breakdowns has been critical in managing the market. However, there has been an increase in children entering residential provisions in the last year, some of which traditionally would have a foster placement offer but within the current climate there isn't this option.

Children entering the care system are entering with more complex issues particularly those that are older teenagers. As a result, placement packages have increased significantly.

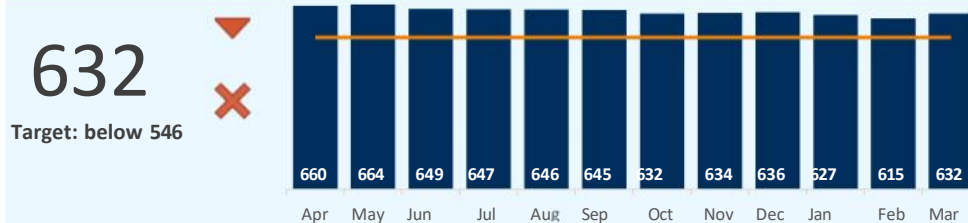
In an authority like Cambridgeshire, that has worked hard to maintain children and young people at home wherever this is in their best interests and that has a low number of children in care as a result, it follows that a higher proportion of those children and young people will have more challenging and complex care needs. This has created challenges for our Fostering Service in terms of trying to meet the needs of these children and has led to more placements out of area and at higher tariffs.

The Sufficiency Strategy 2021-2024 is supporting the investment in locally based placements. This is routinely monitored and scrutinised by the Corporate Parenting Sub-Committee.

CCC Corporate Parenting Scorecard

HEADLINE FIGURES

Number of children in care (CiC) on the last day of the month

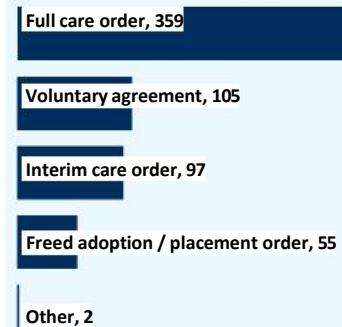


Staffing

	Establishment	Per Capita Caseload	Change*	Performance
Children in Care Qualified social workers	28	21	▲	-
Leaving Care Personal Advisors	20	16	▬	-
Independent Reviewing Officers	10.6	57	▼	-

*Change in average caseload is from March 2022 cc

Legal status of children in care



Length of time children have been in care



Key

Change since previous month

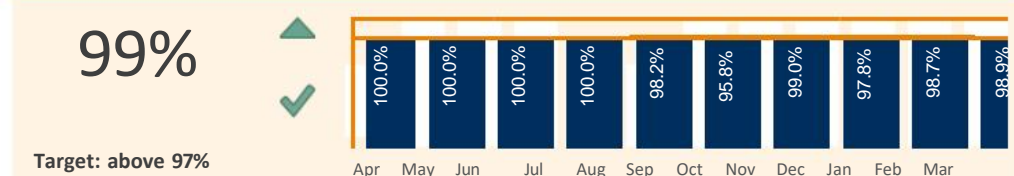
Performance against target

Improved ▲ Stayed the same ▬ Deteriorated ▼

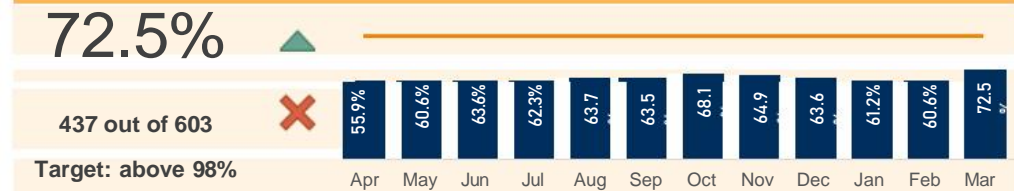
Strong ✓ Acceptable ! Poor ✗

SERVICE STANDARDS

% of CiC reviews which were held on time (year to date, and during each month)

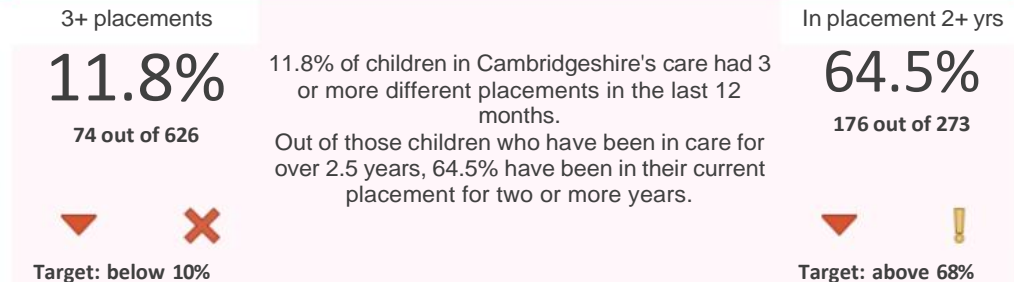


% of CiC statutory visits which were carried out on time (year to date, and during each month)

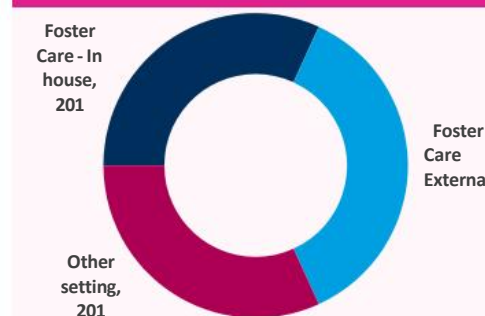


PLACEMENTS

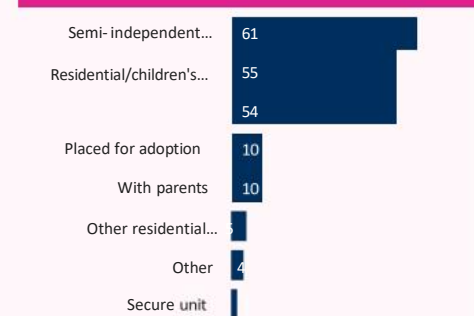
Placement stability



Type of placement of children in care



Other settings: breakdown



EDUCATION

Children in care by age group

16+; 174

10 to 15; 270

5 to 9; 100

1 to 4; 78

Under 1; 27

% of school-aged children in care who have a PEP in

98.0%

386 out of 394

A Personal Education Plan (PEP) was in place for 386 children in Y1

- Y11, who were in the care of CCC and on the role of the virtual school at the end of the Spring Term 2022.

% of school-aged children in care in good or outstanding schools

70.8%

269 out of 380

As of March 2022

70.8% of Cambridgeshire's children in care are taught in good or outstanding schools, as at the end of March 2022.

HEALTH - SERVICE STANDARDS

Children in care whose initial health assessment was completed on time (Year to date and by quarter)

39.0%

48 out of 123

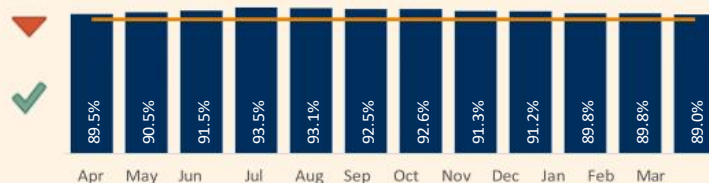
Target: above 95%



Children in care whose annual health assessment was completed on time

89.0%

Target: above 86%

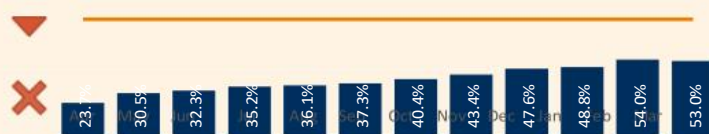


Children in care whose annual dental examination was completed on time

53.0%

245 out of 462

Target: above 82%



MISSING

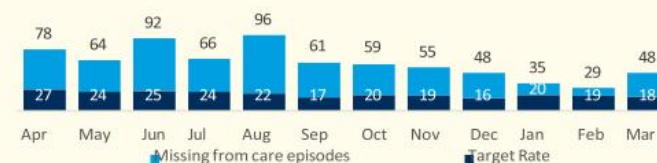
Children in care who go missing (with number of episodes)

18

Children

48

Episodes



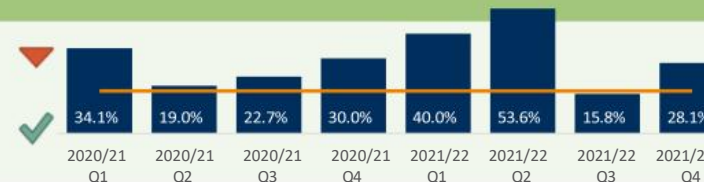
ADOPTION

% of children leaving care who are adopted (Year to date and by quarter)

33.3%

46 out of 138

Target: above 17%



Timeliness of adoption process

Time to placement

437

Target: below 430

For children adopted during the past 12 months, an average of 437 days passed between the child entering care and them moving into their adoptive placement. An average of 232.9 days passed between their placement order being granted and approval of a match with their adopters.

Time to match

233

Target: below 185

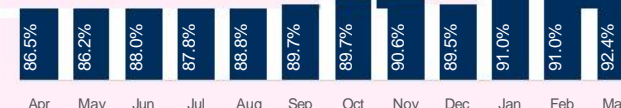
CARE LEAVERS

Care Leavers who have a pathway plan in place

92.4%

475 out of 514

Target: above 95%



19 to 21 year old care leavers who are not in employment, education or training (NEET)

106 out of 269

19 to 21 year old care leavers who live in unsuitable accommodation

29 out of 269

Corporate Parenting Sub-Committee Workshop and Training Plan

Each committee at the County Council has its own training plan to help its members learn more about the business that the Committee covers. Each training session is listed and a record is kept of which members of the committee attend.

Subject	Desired learning outcome	Priority	Date	Responsibility	Format	Audience	Attendance (Max attendees:14)
Member Induction Programme: Corporate Parenting Sub-Committee	To brief new and returning Members and Substitute Members on the responsibilities of the Corporate Parenting Sub-Committee	High	Monday 12 July	Nicola Curley/ Myra O'Farrell	Teams meeting	Members and Substitute Members of the Corporate Parenting Sub-Committee	Ambrose Smith Bird Bradnam Bulat Goodliffe M King Slatter van de Ven
Member Induction Programme: Safeguarding	To brief on Members on safeguarding issues.	High	08 October 2021	Charlotte Black/ Lou Williams	Teams meeting	All Members	Bulat Goodliffe Bird Bradnam Coutts Cox Condron Nethsingha van de Ven

Subject	Desired learning outcome	Priority	Date	Responsibility	Format	Audience	Attendance (Max attendees:14)
Corporate Parenting and Foster Care	To brief Members on their role as corporate parents, with a particular focus on the work of foster carers.	High	22 October 2021			All Members	Bulat Goodliffe Hay Slatter Nethsingha van de Ven
Supporting the mental and emotional health needs of children in care/on the edge of care	The aim of this session is to introduce CYP Members and the Corporate Parenting Sub Committee to the clinical framework and how it supports our foster carers and contributes to the emotional wellbeing of children and young people.		7 April 2022 1.30 – 2.30pm	Alison Bennett	Teams meeting	All CYP and CPSC members	

Subject	Desired learning outcome	Priority	Date	Responsibility	Format	Audience	Attendance (Max attendees:14)
Journeys for children in care including types of placement, placement matching and seeking permanent placements			04 May 2022	Ricky Cooper	Teams meeting	All Members	

Members are asked to review the training sessions below which were requested previously by the Sub-Committee, confirm whether these are required and prioritise them if so:

1. Care leavers: A Members' Seminar to brief Members on the Council's Local Offer for young people leaving care and the activity within the service ensuring young people leaving care are accessing education employment and training and appropriate accommodation.
2. Children in Care returning to live with their birth families: The Specialist Support Service to deliver training on the work they do to reunify children with their birth families where it is safe to do so. This training will include an overview of interim research findings on the Council's activity in this area which has been commissioned through Cambridge University. Open to members of the Corporate Parenting Sub-Committee and subs.

Corporate Parenting Sub-Committee Agenda Plan

Agenda Item No.13

Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public.

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log
- Workshop and Training Plan
- Agenda Plan

Summary

The Agenda Plan shows the dates and times of future meetings and what reports are expected to be considered. Unless otherwise stated, all public meetings will be held in the Red Kite Room, New Shire Hall, Alconbury Weald, Huntingdon PE28 4YE.

Informal Meeting (Not open to the public)

Meeting Theme:

Date: 07.09.22	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	1.		-		n/a
	2.		-		
	3.		-		

Corporate Parenting Sub-Committee Public Meeting

Meeting Theme: Education

Date: 16.11.22	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	1. Agenda Plan	Ricky Cooper	-	04.11.22	08.11.22
	2. Workshop/Training Plan	Myra O'Farrell	-		
	3. Cambridgeshire Foster Carers' Association report	Fiona van den Hout/ Kevin Arrowsmith			
	4. Virtual School Report	Claire Hiorns	-		

Informal Meeting (Not open to the public)

Meeting Theme:

Date: 11.01.23	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	1.		-		n/a
	2.		-		

Corporate Parenting Sub-Committee Public Meeting

Meeting Theme: Health

Date: 29.03.23	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	1. Agenda Plan	Ricky Cooper	-	17.03.23	21.03.23
	2. Workshop/Training Plan	Myra O'Farrell	-		
	3. Cambridgeshire Foster Carers' Association report	Fiona van den Hout/ Kevin Arrowsmith			

Date: 29.03.23	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	4. Health Report	Catherine York			

