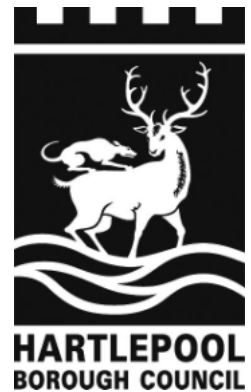


CHILDREN'S AND COMMUNITY SERVICES PORTFOLIO DECISION SCHEDULE



Tuesday 19 June 2012

at 10.00 am

in Committee Room C, Civic Centre, Hartlepool

Councillor Hill, Cabinet Member responsible for Children's Services will consider the following items.

1. KEY DECISIONS

- 1.1 Schools' Capital Works Programme 2012/13 (Phase 2) – *Head of Planning & Development*

2. OTHER ITEMS REQUIRING DECISION

- 2.1 Loan in 2013: Lucian Freud "Head of a Woman" – *Assistant Director, Community Services*
- 2.2 OSCARS Pricing Structure – Increase in Prices – *Director of Child and Adult Services*
- 2.3 Annual Report and Statement of Purpose for Exmoor Grove Short Break Care Unit – *Director of Child and Adult services*
- 2.4 Young Carers Strategy 2012-15 – *Director of Child and Adult Services*

3. ITEMS FOR INFORMATION

- 3.1 Adoption Score Cards – *Director of Child and Adult Services*

4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

No items

CHILDREN'S AND COMMUNITY SERVICES REPORT

19 JUNE 2012



Report of: Head of Planning & Development

Subject: SCHOOLS' CAPITAL WORKS PROGRAMME
2012/13 (PHASE 2)

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key decision, test 1 and 2 apply. Forward plan reference: CAS 123/12

2. PURPOSE OF REPORT

- 2.1 To seek approval to the formation of a Schools' Capital Works Programme for 2012/13 – Phase 2.

3. BACKGROUND

- 3.1 On 27 March 2012, a report was submitted to the Portfolio Holder for Children's Services outlining Phase 1 Schools Capital Works Programme for 2012/13.
- 3.2 The report provided detail of funding available and set out condition and development fund programmes to enable works to proceed during the summer break for schools unaffected by a national announcement for Priority Schools Building Programme (PSBP). The Portfolio Holder approved the recommendations in that report.
- 3.3 A report was submitted to Cabinet on 24 October 2011 indicating that expressions of interest for PSBP had been submitted to Partnerships for Schools (PfS) – now known as the Education Funding Agency (EFA) for the following four Hartlepool schools:
- Manor College of Technology
 - Barnard Grove Primary School
 - West View Primary School
 - Holy Trinity Church of England Primary School

- 3.4 On 24 May 2012, the Secretary of State announced the names of the schools to be taken forward in the PSBP. The Local Authority (LA) were informed that three out of the four expressions of interest made have been successful, these being:

- Manor College of Technology
- Barnard Grove Primary School
- Holy Trinity Church of England Primary School

It is expected the LA will be contacted shortly to be given an indication when work will start to develop proposals for these schools. However, it will be a Governing Body and Cabinet decision whether to take the programme further and that decision cannot be made until further details of the Terms and Conditions of the Private Finance Initiative (PFI) arrangements are known.

4. PROPOSALS

- 4.1 Capital works schemes for the PSBP schools are a high priority but it is prudent to defer further works at these schools until a final decision has been made. However, it will be necessary to carry out some works at Manor College of Technology and Barnard Grove to meet health and safety regulations and to address areas of the school which require immediate attention. The level of these works will be discussed with building surveyors, mechanical and electrical engineers when further details of timescales are known.
- 4.2 It is proposed to further protect the funding required to carry out works at Manor College of Technology and Barnard Grove schools should PSBP not go ahead. This funding will be in the region of £1.4m and will be released to carry out other worthy schemes should these schools go forward for the PSBP. Therefore a Phase 3 Programme will be provided to Portfolio Holder when further information is obtained.
- 4.3 As explained in the March Portfolio report, further details in relation to a Phase 2 programme were promised as soon as the PSBP announcement had been made.
- 4.4 West View Primary School was not selected to go forward for the PSBP. It is therefore proposed to include capital works for West View Primary School in the Phase 2 programme as detailed in **Appendix 1**.
- 4.5 The schedule of Phase 2 works detailed in Appendix 1 is derived from condition surveys and consultation with LA officers. The Council's technical officers highlight priorities across a range of building elements. It is these schemes and works required in relation to Health & Safety, Special Educational Needs and Development schemes which are included in **Appendix 1**.

5. RISK IMPLICATIONS

All works proposed will ensure that schools will continue to operate in a safe environment. Failure to undertake any of these works could provide a school setting that contains unacceptable risks.

6. FINANCIAL CONSIDERATIONS

Funding to works in **Appendix 1** is available through the Schools Capital Funding Programme.

7. ASSET MANAGEMENT CONSIDERATIONS

The works proposed are in line with the recommendations arising from surveys and inspections that are designed to highlight any deficiencies in school facilities.

8. RECOMMENDATIONS

It is recommended that:

- Further defer capital schemes for Manor College of Technology and Barnard Grove Primary School until a final decision on PSBP is made.
- The schedule of 2012/13 capital works schemes – Phase 2 are approved as summarised at Appendix 1, subject to the LA agreeing contributions from schools towards individual schemes in line with the shared funding principles established by the Schools Forum.
- The Child and Adult Services Department be allowed dispensation and discretion to authorise works where a significant health and safety risk is exposed in advance of formal approval by the Portfolio Holder for Children's Services.

9. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

10. BACKGROUND PAPERS

Report to Cabinet 24 October 2011 and Children's Services Portfolio 27 March 2012.

11. CONTACT OFFICER

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2012/13 CAPITAL PROGRAMME – PHASE 2

School	Scheme	Estimated Costs £
CONDITION		
Golden Flatts Primary School	Mechanical Works	150,000
St Helen's Primary School	Electrical Works	78,000
High Tunstall College of Science	Heating Distribution / Boiler	115,000
High Tunstall College of Science	Lighting/Wiring	15,000
West Park Primary School	Heating / Hot & Cold Water Distribution	75,070
West View Primary School	Window Replacement (Block A)	76,260
West View Primary School	Roofing (Phase 1)	88,500
HEALTH & SAFETY / SPECIAL EDUCATIONAL NEEDS		
Stranton Primary School	Perimeter Fencing	25,000
St Helen's Primary School	KS1 Toilet Provision	25,000
DEVELOPMENT FUNDING		
West View Primary School	Small classroom extension	67,081

CHILDREN'S AND COMMUNITY SERVICES REPORT

19 June 2012



Report of: Assistant Director, Community Services

Subject: Loan in 2013: Lucian Freud "Head of a Woman"

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non-Key.

2. PURPOSE OF REPORT

- 2.1 To seek authorisation from the Portfolio holder for the temporary loan of a painting from the Museum Collection to an international touring exhibition during 2013.

3. BACKGROUND

- 3.1 Culture and Information Services have been approached by the British Council to request the temporary loan of our painting *Lucian Freud "Head of a Woman"* (HAPMG 1971.38) for inclusion in their exhibition *Lucian Freud: Brazil / Venezuela 2013*.
- 3.2 The exhibition will take place in three locations sequentially. It will open in Brazil at the renowned *Museu de Arte de São Paulo* in late February 2013, process to the prestigious *Paço Imperial* in Rio de Janeiro by mid June, before being shown at the *National Museu de Arte Contemporaneo*, Caracas, Venezuela from late September to early December 2013.
- 3.3 The touring exhibition will focus primarily on Freud's output in print spanning the period from the late 1940s up to 2006-7, with over 30 etchings coming from the collections of the National Museu de Arte Contemporaneo, supplemented by further prints from both public and private collections in the UK. In addition, the exhibition will feature a small selection of up to six key paintings drawn from public collections and 20 photographs of the artist in his studio taken by his assistant of the last 20 years, David Dawson. The two significant paintings in the British Council Collection, *Girl with Roses*, 1947-48, and *Naked Girl with Egg*, 1980-81, will also feature in the exhibition. It is

to complement these latter two works that they would like to include our important artwork.

- 3.4 The artwork is currently on loan to Blain/Southern and is just finishing its public showing at Acquavella Galleries in New York. It is due for return to Hartlepool late this summer.
- 3.5 The requested period of the British Council loan is mid January 2013 to mid January 2014.

4. PROPOSALS

- 4.1 That all associated costs of the loan to be covered by The British Council.
- 4.2 That the artwork will be transported in its bespoke crate, door-to-door, nail-to-nail, by highly experienced international art handlers and shippers.
- 4.3 That a professional art courier will accompany the work during transportation.
- 4.4 That the British Council supplies us in advance with facilities reports for all three tour venues. These are formal statements best practice for each tour venue. These include comprehensive details of each exhibition space, storage, their security and environmental controls, as well as who would pack and hang the painting.
- 4.5 That the British Council considers the reciprocal loan of works in their own collection to Hartlepool Borough Council for exhibition in 2014.
- 4.6 That we continue with our original plan to place Freud's "Head of a Woman" back on public display at Hartlepool Art Gallery in November and December 2012.
- 4.7 On the artworks return from the British Council in January 2014 that it is not loaned out again until 2015.

5. RISK IMPLICATIONS

- 5.1 Minimal, given that all the specific conditions above are met as part of a detailed formal loan agreement with the lender.

6. RECOMMENDATIONS

- 6.1 That the Portfolio Holder approves this loan to the British Council.

7. REASONS FOR RECOMMENDATIONS

- 7.1 This loan significantly raises the public profile of the quality of the collection of the Museum of Hartlepool.

- 7.2 It gives us the opportunity to develop strong links with both the British Council, and other International arts organisations, especially those who could lend to us in return.
- 7.3 We would be directly contributing to the British Council's core mission to build Cultural, Educational and Business links between Britain and Overseas. This exhibition is a cultural showcase which will help the UK to build understanding with countries in South America.
- 7.3 Lucian Freud is widely regarded as one of the greatest British artists of all time. Exhibitions of his work are major events in the arts and cultural world, and it is a great privilege to be asked to contribute to this exhibition.

8. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

None

9. BACKGROUND PAPERS

None

10. CONTACT OFFICER

John Mennear, Assistant Director, Community Services.

CHILDREN'S AND COMMUNITY SERVICES REPORT

19th June 2012



Report of: Director of Child and Adult Services

Subject: OSCARS PRICING STRUCTURE – INCREASE IN PRICES

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key.

2. PURPOSE OF REPORT

- 2.1 To seek approval for a change in charges for OSCARS out of school service.
- 2.2 To seek approval to offer an additional service of a breakfast service during school holidays.

3. BACKGROUND

- 3.1 OSCARS is an all year round childcare service operated by Hartlepool Borough Council. It offers both after school club provision and holiday club provision. The quality and standards of care at both settings is rated as 'good' by their regulator Ofsted. Records are maintained and the monitoring and evaluation of the service is excellent and used as good practice in other childcare settings. The service is town wide and open to children from 3 – 16 years of age and this is extended to 18 years old if the young person has additional needs and is still in education.
- 3.2 The after school service operates from 3.15pm - 6pm for 39 weeks a year. The holiday service operates from 8.30am - 5.45pm for 11 weeks of the year. The service is closed for 2 weeks over the Christmas period.
- 3.3 The Council currently has a statutory duty to ensure that there is sufficient childcare for parents in training and employment. This duty does not cover parents not in work or training.

4. PROPOSALS

- 4.1 The existing fee structure was approved by Children's Services Portfolio Holder in August 2010. It is proposed to increase prices from September 2012.

	Current price	Proposed price	Increase
After school session	£7.20	£7.50	30p (4.1%)
Holiday Club	£16.75	£17.50	75p (4.4%)

- 4.2 The price for afterschool is higher than comparisons with other providers. The average market price for afterschool care is £7.10 (excluding school based provision). The price for holiday care is slightly lower than comparisons with other providers. The average market price for holiday care which is £17.84 (excluding school based provision).

5. ADDITIONAL SERVICE – BREAKFAST CLUB

- 5.1 Hartlepool Borough Council's Childcare Sufficiency Assessment Report 2010- 2011 suggests that more than half of the parents that responded to research worked outside of the normal 9 – 5 working day. With more and more parents working shifts, weekends and bank holidays current childcare provision does not always meet their needs.
- 5.2 Oscars surveyed parents to establish the demand for a breakfast club. 40 questionnaires were returned. 15 parents indicated that they would require the service. One parent has stated that if the service is not available for her child she will have to source alternative provision to assist with her childcare arrangements.
- 5.3 It is proposed that OSCARs offer a breakfast club before the holiday care:

Aim of the new service

- Oscars wish to offer a more flexible service that meets the needs of a changing working population;
- To increase occupancy;
- To increase income;
- To assist the setting with sustainability issues.

Benefits of the new service

- No additional cost to run the service;
- Only cost would be the cost of providing a breakfast;
- Adds value to the overall service;
- Unique selling point;
- Income generating service;

- Meet parents requirements;
- Bring Oscars in line with opening hours of some other childcare providers.

5.4 The opening hours of the service will be 8am – 8.30am during school holidays.

5.5 It is proposed that a fee of £1.00 is levied to cover all the costs. The average market price for breakfast club is £1.84 per hour.

6. RISK IMPLICATIONS

6.1 There is a risk that if fees are increased, parents will choose to remove their children from the childcare due to affordability. This will initially reduce income. Research carried out to ascertain where parents live who access OSCARs show that the majority come from more affluent areas therefore implying that a rise in fees will not have substantial impact. Parents on low incomes can claim working tax credits for childcare and therefore will not feel the impact of the increases. It must also be noted that the increases are relatively small.

7. RECOMMENDATIONS

7.1 For Portfolio Holder to approve the increases in prices for out of school care and holiday care.

7.2 For Portfolio Holder to approve OSCARs to deliver an additional service of a breakfast club during school holidays.

8. REASONS FOR RECOMMENDATIONS

8.1 To ensure that OSCARs can be sustainable and to support families through offering flexible childcare options.

9. CONTACT OFFICER

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CHILDREN'S AND COMMUNITY SERVICES REPORT

19th June 2012



Report of: Director of Child and Adult Services

Subject: ANNUAL REPORT AND STATEMENT OF PURPOSE
FOR EXMOOR GROVE SHORT BREAK CARE UNIT

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to present to the Portfolio Holder the Annual Report of Exmoor Short Break Care Unit 2011/12 and the Exmoor Grove Statement of Purpose for 2012/13.

3. BACKGROUND

- 3.1 The Children's Home National Minimum Standards 2011, require the authority to review the Statement of Purpose on an annual basis. The Annual report and statement of purpose provide families, carers, children and young people and other agencies with information relating to the service and the care provided to children and young people within the unit.
- 3.2 Exmoor Grove short break services are part of a range of support provided to children and their families as documented with Hartlepool Borough Council Short Break Care Statement.
- 3.3 The unit provides a range of care packages ranging from teatime visits, planned overnight stays and for one young person, an extended stay.
- 3.4 Exmoor Grove Statement of Purpose (**Appendix 1**) is produced in line with statutory guidance and provides information relating to the criteria for access and admission to the service and the accommodation provided. It outlines how the service will support children to stay safe (including from bullying), to make a positive contribution, to maintain good physical and emotional health, to enjoy and achieve and preparing for the transition to adulthood.

- 3.5 The Annual Report of Exmoor Grove (**Appendix 2**) aims to provide the Portfolio Holder with an overview of the provision of short break care at Exmoor Grove for 2011 – 2012.
- 3.6 Exmoor Grove has had a very positive 12 months following the refurbishment and reopening in February 2011. The staff team has remained consistent and the unit has received positive feedback OFSTED inspections, Regulation 33 independent visits and from children, their parents and carers.
- 3.7 In November 2011, OFSTED carried out an inspection of Exmoor Grove and judged the service to be good with some outstanding element. Previously the service had been judged as satisfactory. OFSTED visited again in February 2012 and reaffirmed the unit's good judgment and advised that the unit was continuing to make good progress.
- 3.8 The Friends of Exmoor Grove was established in 2011. The unit staff support parents and carers undertake fundraising activities for the unit which includes staff, children and their families.

4. RECOMMENDATIONS

- 4.1 That the Portfolio Holder approves the Exmoor Grove Statement of Purpose for publication and notes the 2011-12 Annual Report.

5. REASONS FOR RECOMMENDATIONS

- 5.1 The Statement of Purpose and Annual Report of Exmoor Grove provide the Portfolio Holder with information on the effectiveness of services.

7. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

Appendix 1 Exmoor Grove Statement of Purpose 2012/13

Appendix 2 Exmoor Grove Annual Report 2011/12

8. BACKGROUND PAPERS

Children Home National Minimum Standards

9 CONTACT OFFICER

Jane Young
Head of Service
Specialist Services
Child and Adult Services

2.3 Appendix 1

Statement of Purpose

February 2012



EXMOOR GROVE

PROVIDING SHORT BREAK CARE FOR CHILDREN WITH LEARNING DISABILITIES



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INTRODUCTION

As service providers Hartlepool Borough Council is underpinned by the principle that the welfare and needs of the child are paramount. Services are therefore required to reflect this in terms of both provision and philosophy. Hartlepool's Short Break Service Statement outlines the vision for the services. 'Our vision is that we are committed to ensuring that all disabled children and young people and their families in Hartlepool should have equal access to a range of flexible services that support their ambition to live ordinary lives, enjoy a happy and fulfilling childhood and grow up to achieve their full potential.' The short break services provide a range of services aimed at meeting the needs of the child and the families supporting individual choice. 16 Exmoor Grove provides a specialist residential service as part of this range of short break services.

We will work in partnership with children and families to offer purposeful and pre-planned care in response to their individual and assessed needs. These can take the form of overnight stays, after school care, weekends and holiday breaks offering flexibility to families. Normally these stays will be on a regular, planned basis but additional stays may, on occasion be arranged to meet the unexpected needs of the families. This could include planned extended stays if required.

PURPOSE

16 Exmoor Grove will provide planned, regular short breaks for children and young people

The service will ensure that positive outcomes are achieved for all children and young people using the short break service. The outcomes are identified as:-

- Helping children to be healthy
- Ensuring children stay safe
- Encouraging children to make a positive contribution
- Supporting children in achieving economic wellbeing
- Ensuring children are given the opportunity to enjoy and achieve.

16 Exmoor Grove is provided by Hartlepool Borough Council as part of a range of resources to meet the needs of children and their families. 16 Exmoor Grove does not operate in isolation and great importance is attached to the need to work in partnership with the range of services and people involved with each individual child accessing the service.

We aim to provide a stimulating, creative and varied environment that promotes the child's development and maximises their quality of life and opportunities. We also aim to meet the wide range of differing needs by providing short breaks as a positive and flexible service. Promoting self esteem, confidence and independence, underpin the ethos of the service enabling children and young people to make informed choices about their lives, whilst helping maintain them within the family home.

The staff at 16 Exmoor will deliver services that value equality and diversity, individual care plans and care packages will be responsive to race, background, culture, religion, ethnicity, gender, sexual orientation, daily needs and life experience

CRITERIA FOR USE OF THE SERVICE

The service is available to children and young people of either gender, aged from five years up to the child's eighteenth year. The criteria for accessing the service is as follows:-

- The child will have a learning disability
- The child will also have associated challenging behaviour categorised as mild to moderate.

The level of service provided will be dependent upon the needs of the individual child and his/her family. Once a young person reaches the age of 18 years, they will transition to adult services, however on occasion provision of short break care at Exmoor Grove may be extended beyond the child's 18th birthday to ensure a smooth transition to adult services.

The service liaises closely with health professionals to ensure that children who require medication are able to safely access our service.

ADMISSION TO THE SERVICE

Admission to the service follows an assessment of need by a social worker and the preparation of a plan which identifies the provision of short break care as a service required by the child and his/her family. The decision to refer a child for short break care at Exmoor Grove is made by the Resource and Placement Panel who will look closely at the assessed needs of the child and how best these needs can be met.

In an emergency situation Exmoor Grove can admit a child without panel approval, but the child must meet the criteria for the service and with the approval of the Head of Business Unit Specialist Services.

Exmoor Grove can provide overnight stays for up to seven children and young people at any one time. This number will not be exceeded under any circumstances.

INTRODUCTIONS TO THE SERVICE

Once it has been decided that a young person will access the service, an individual plan will be formulated with the family, the child and the social worker to introduce the child to the service and facilitate a consistent and smooth transition for the child and reassure parents and carers that the child is comfortable and confident within the unit. A 'Child Appreciation' day is held prior to admission, involving the family and all professional's involved in the life of a child/young person to ensure Exmoor Grove staff understand the child's needs and can be responsive to these during any stay.

This plan will be individual to each child; it will begin with a visit to the service by the child with their parents/carers, at this visit a key worker will be arranged for the child. This will be followed by planned tea visits, as many as it takes for the individual child to feel comfortable accessing the service. This will then be followed by longer day care sessions and eventually overnight stays if required.

Prior to the visits beginning the child's social worker will be expected to provide all appropriate documentation as set out in the National Minimum Standards this will include all information required for the child's placement plan and to ensure the care

provided meets the child's assessed needs. Care is taken to ensure that the needs of all children will be fully met, and that children are 'matched' with others and appropriate staffing levels are in place. This is achieved by careful booking arrangements being in place.

After a three month period a review meeting is held to determine how well the introductory period has gone and whether the service is successfully meeting the identified needs of the child. Statutory Looked After Reviews are then held in accordance with legislative requirements. The outcomes following the review are recorded in the child's file and any changes to the placement plan are implemented by the registered person.

Once the young person has been successfully introduced to the service, their key worker will liaise on a minimum monthly basis with the parents/carers to ensure the young person is fully supported during their time at Exmoor and any potential issues/problems are raised and dealt with as quickly as possible.

TRANSPORT

Monday – Friday during term time children attending Catcote Secondary school will be collected and returned by school transport.

Children attending Springwell Primary School will be collected and returned by staff from Exmoor Grove as per our agreement with the Local Authority. During weekends and school holidays children will need to be dropped off and collected by parents.

Exmoor Grove has use of its own twelve seater mini bus, for use by the children during their stay at Exmoor Grove.

LOCATION

Exmoor Grove is situated in a local residential area a short distance from the town centre. It is close to local amenities and there are bus stops nearby and a regular bus service to the town centre. The home is in a good position to access leisure centres, the cinema and local swimming pool.

ACCOMMODATION

Exmoor Grove is a purpose built bungalow which has a communal lounge, separate dining room, kitchen and laundry. A large playroom is available which is equipped with toys and games. In addition there is a computer room equipped with five personal computers.

There are seven bedrooms all single occupancy. Each bedroom is individually decorated in either a calm muted colour scheme or in a bright colourful one to suit the needs of individual children. Every effort will be made to allow children to choose which bedroom they would like to use and personalise it with their own bed linen and personal possessions.

There are two bathrooms, and an adapted shower room. Taps in all bathrooms are thermostatically controlled.

The property is equipped with a fire alarm system including emergency lighting.

There are two offices available for staff and a staff bathroom.

The bungalow has a large secluded garden which has recently been renovated to include a large sandpit with a climbing frame, a large bucket swing and a roundabout. The garden has security fencing to its perimeter.

FIRE PRECAUTIONS

The building is fitted with smoke detectors, fire doors, fire fighting equipment and a fire alarm system which are regularly checked and maintained. Exmoor staff are trained in Fire Safety on a minimum annual basis.

Weekly fire drills are carried out and recorded as is a monthly full evacuation of the building. Staff will vary the day and time of the evacuations to ensure as many individuals as possible are given the opportunity to experience an evacuation at differing times of day/night.

ENABLING CHILDREN TO MAKE A POSITIVE CONTRIBUTION

It is important that every opportunity is given to enable children to access appropriate community based leisure activities. Staff at Exmoor Grove will encourage and support children and young people to engage in positive behaviour, and take an active part in decision making to help develop self confidence and esteem. A wide range of activities are available to children accessing the service, these include

bowling, swimming and visits to local cinemas, theatres, parks, libraries and local youth facilities.

Exmoor Grove provides a range of in-house activities including art, crafts, cooking and a variety of electronic games machines including a Nintendo Wii, a PlayStation 2, a Nintendo DS and five personal computers. Children also have access to a range of DVDs and videos.

The views of young people are an essential part of the successful running of Exmoor Grove. There are weekly children's meetings to seek the views of children accessing the service. Key workers also regularly seek the views of the children in their care on an informal day to day basis.

Exmoor Grove uses a variety of differing communication approaches dependent on the needs of the child to ensure that the child's views are sought.

ENSURING CHILDREN STAY SAFE

A hard copy of Hartlepool Borough Council's Safeguarding Children's Board Procedures is kept at Exmoor Grove and an electronic copy of the procedures is available at www.hartlepool.gov.uk. Exmoor Grove also has its own specific safeguarding procedures which have been approved by the Safeguarding Board.

The registered manager ensures that all staff have read and understand the procedures and annual training is carried out by the Council to ensure staff maintain their knowledge base up to date.

Any allegations or suspicions of abuse by staff or by other children staying in the home are dealt with in accordance with the Hartlepool Safeguarding Children Board procedures.

ENCOURAGING CHILDREN TO ENJOY AND ACHIEVE

Exmoor Grove aims for children and young people to attend and enjoy school. During term time children are supported with their education. Staff at Exmoor will assist children with any homework or after school activities they may be involved in.

The staff at Exmoor Grove have built strong positive links with both the local primary and secondary schools. Staff appreciate how important effective communication is and we regularly use home school books to communicate and or telephone conversations where appropriate.

HELPING CHILDREN TO BE HEALTHY

Staff at Exmoor Grove aim to promote a healthy lifestyle and there is a no smoking and alcohol policy in operation. Each young person is encouraged to undergo a regular health assessments in order to protect and promote good health.

For any child for whom it is appropriate, a record of medication is maintained and parents are expected to sign in the required amount of medication prior to the child's stay. All medication must be brought in original packaging with the child's name dosage and directions clearly printed on the label.

Responsibility for administering medication is allocated on the monthly rota and it is the responsibility of the allocated person to nominate a second member of staff to assist in the dispensing of the medication and to countersign records.

If a child becomes ill during their stay at Exmoor Grove, parents will be contacted and the child may go home. Should medical assistance be required, families will be notified and if possible the family GP contacted however in the case of an emergency, help will be sought from The Accident and Emergency Department of Hartlepool General Hospital.

Staff at Exmoor Grove are fully aware of the importance of a healthy diet and physical exercise for the young people in their care and constantly strive to promote the importance of both to the young people. Examples of this are: - management and staff have recently introduced a simple traffic light system for meals to assist children to make more informed healthier choices. Staff have recently purchased a Wii Fit and Wii Bicycle to complement the Wii Sports package children already had access too as they know the importance of ensuring being healthy is fun for children. Staff have also purchased an Xbox 360 with connect and several keep fit games including Dance and Zumba. Children are actively encouraged to use this equipment and staff regularly give out certificates for fitness achievements.

MEALS AND DIETARY REQUIREMENTS

All food is prepared on the premises. A healthy, varied and nutritious diet is provided. Each young person's preferences and dietary and cultural requirements are taken into consideration, with guidance from a dietician if needed.

Meal time is viewed as an important social event and every attempt will be made to encourage a relaxed and pleasant atmosphere.

Where a child has issues around food or meal times staff will work closely with family and other professionals to ensure minimum disruption to the child's routine.

SUPPORTING AND ENCOURAGING DIVERSITY

Staff at Exmoor Grove acknowledge, that children and young people using Exmoor Grove have different religious beliefs and values and may come from different cultural backgrounds. We will do our utmost at all times to ensure each individual child's values and beliefs are respected.

Exmoor Grove aims to support young people in maintaining their cultural background and to attend religious ceremonies as appropriate.

We operate an anti-discriminatory policy and derogatory remarks or attitudes based on race, gender, sexuality, age, ability, religion or cultural and ethnic background will not be accepted or tolerated. We firmly respect the right to individualism and the holding of personal values and beliefs.

SUPPORTING CHILDREN IN ACHIEVING ECONOMIC WELLBEING

All children and young people receiving short break care at Exmoor Grove will be encouraged to reach their full potential. Economic disadvantage will not prevent any child or young person being involved in any of the activities on offer.

Young people will be supported to develop skills in handling money and making choices and decisions in order to prepare them for the transition to adulthood.

BOUNDARIES

Staff at Exmoor Grove are aware of the importance of appropriate boundaries and consistency for children and young people. Staff use a team approach to ensure that children are clear what is expected of them and of the staff.

It is expected that everyone at Exmoor Grove, staff and young people, respect each other and be mindful of other people's needs and feelings. The staff team work proactively to encourage this through the building up of positive relationships between staff and young people.

BEHAVIOUR MANAGEMENT

It is acknowledged that children with a disability can sometimes find verbal communication difficult; as a result difficult behaviour can become a form of communication. Every attempt is made to resolve such difficult situations and sanctions will only be imposed as a last resort.

These may include a restriction or a withdrawal of an activity or outing but would never include any form of corporal punishment or deprivation of food or drink. All sanctions will be appropriately and fully recorded.

All staff are trained in the use of P.R.I.C.E. Protecting Rights In a Caring Environment is a nationally recognised training provider in how to safely and appropriately respond to challenging behaviour, delivering bespoke training and consultancy services to a wide range of social care and health organisations. PRICE Training places a significant focus upon preventative strategies as well as the de-escalation and diffusion elements of supporting behaviour whilst recognising it is sometimes necessary to use physical intervention to hold a service user in order to protect their well being and the welfare of others.

Our training programmes are designed to offer staff a 'toolbox' of skills and strategies to better deal with the everyday occurring situations that can escalate and develop into conflict, without compromising the ultimate welfare and safety of the service user or staff member.

Since 1994, the company has trained several thousand frontline workers in over 200 organisations across a diverse range of sectors, from residential homes (children & adult), therapeutic communities, EBD schools, NHS Trusts, Secure Unit provision, to services for adults with learning disabilities and autism.

Physical restraint will be used only as a last resort when there is immediate danger to the child or another person or serious risk to property. If it is used it will follow the P.R.I.C.E. training techniques.

BULLYING

Living in a group can be difficult for children, particularly when the membership of that group may be different each time the young person stays. There may well be

times when some young people attempt to bully others. Whether by physical, verbal or emotional means, the victim will always feel hurt and distressed. Exmoor Grove has high staffing levels which help ensure no child becomes the victim of bullying.

The provision has a clear policy on bullying:

- Any form of bullying is unacceptable
- We do not accept any excuses for bullying
- Its alright for victims to tell
- Everyone has to take responsibility for ensuring that bullying is discovered and dealt with
- Bullies need help in changing their behaviour

We will keep parents and social workers informed of bullying incidents and keep appropriate records.

UNAUTHORISED ABSENCES

The children receiving short breaks usually require a high level of staff support as such it is highly unlikely that any of the young people accessing Exmoor Grove would be able to leave the premises unnoticed. In the unlikely event that this did occur departmental procedures would be followed ensuring police and parents are notified immediately.

CONTACT FOR THE CHILDREN AND YOUNG PEOPLE

We promote contact with children and young people wherever possible. We provide practical means to maintain contact e.g. accessible telephone and private space.

Parents and carers are welcome to visit the unit during their child's stay. We are committed to maintain regular communication with parents.

KEY WORKER SYSTEM

Exmoor Grove has a robust key worker system in place. Each child will be allocated a key worker during their initial visit. The key worker will meet the child and give them, their own 'About Me' booklet in order for the child to be given some information about the key worker before they enter the service.

The role of the key worker is to develop and maintain close links with the family, school and other professionals. The key worker is responsible for completing a monthly report following the five outcomes a copy of which is sent to the family and the child's social worker. The key worker is also responsible for undertaking a monthly meeting with parents/carers to ensure that the service provided is meeting the needs of the child and any issues are dealt with as they arise.

It is also the responsibility of the key worker to ensure implementation of a child care plan, attend Looked After Reviews for the child and submit written reports for those and other professional meetings.

LOOKED AFTER REVIEWS

All children receiving short breaks are accommodated under Section 20 of the Children Act 1989, which requires short break provision to be reviewed within the

statutory review requirements. Exmoor actively promotes and supports participation and consultation with the child and their parents or carers.

CARE PLANS

Each child and young person will have a Care Plan for Looked After Children, which describes the purpose of the placement and the development plans for each child based on the individual needs of the child.

Each child also has an About Me Plan which informs all staff working with the child everything they will need to know to work effectively with the young person. Each plan is regularly reviewed to acknowledge any changes with regards to the young person's needs.

INSPECTION PROCESS

16 Exmoor Grove is a registered children's home and is therefore subject to monitoring and inspection. Monthly Regulation 33 unannounced monitoring visits take place. In addition, officers from OFSTED will formally inspect 16 Exmoor Grove twice a year unannounced.

Parents, carers and children can contact OFSTED if they wish to make a comment at:

OFSTED

Piccadilly Gate

Director

Store Street

Manchester

M1 2WD

Tel: 03001231231

E mail: enquires@ofsted.gov.uk

Children's Rights Director

Office of the Children's Rights

OFSTED

Aviation House

125 Kingsway

London

WC2B 6SE

COMPLAINTS AND COMMENTS

Children's Services welcomes discussion with parents and young people relating to service provision, as each have the right to comment on any aspect of the service they receive. Where appropriate an advocate may be appointed.

The aim of the Children's Services policy is that complaints should be resolved within the service where possible and it is anticipated that issues would be first raised with the manager. If unresolved, the child or parent should contact the Complaints Officer at:

Child & Adult Services

Hartlepool Borough Council

Civic Centre

Hartlepool

TS24 8AY

Copies of the complaints procedure are available on first entering the service and are also available within the establishment.

It is acknowledged that many disabled children have difficulty in understanding their rights and making their views known. We are constantly seeking ways to better support and encourage children to more easily express their feelings and opinions.

STAFFING

Exmoor Grove is staffed according to the needs of the individual children accessing the service on any given day. In general there will be 3-4 Residential Social Care Officers on any day shift which can include either the deputy manager or a shift leader. However this will be increased depending on the needs of the children accessing the service on any given day. The manager works a shift system over a seven day period between the hours of 9am and 7pm to ensure regular contact with all children accessing the unit.

Exmoor has recently implemented an annualised rota system; this is to maximise the flexibility of the staff team to best meet the needs of the young people accessing the service.

Where it is not possible for Exmoor staff to cover required shifts, then Exmoor Grove will utilise its own team of dedicated bank staff. Of the staff on duty, at least 50% will be permanent members.

Exmoor is open Monday to Sunday. The shift pattern is 3pm until 9.15pm Monday to Friday and 9am until 9.15pm Saturday and Sunday. The extended shift pattern on a weekend was found to be beneficial to the young people accessing the service as it minimised the disruption caused by changing shift mid way through the day and it allows staff and young people the opportunity to access activities further afield than was possible when staff were required to finish at 3pm.

During holiday periods Exmoor will also be open seven days a week and will offer extended day care and additional overnight care as required and assessed by social workers.

During the night Exmoor has two dedicated waking night officers on shift from 9pm until 9.15am.

Exmoor Grove also employs one domestic working twenty two hours per week and one cook working twenty four hours per week.

STAFF DEVELOPMENT AND SUPERVISION

Staff members participate in a wide range of courses provided through Children's Services training section. This includes all training specifically required by the

National Minimum Standards. NVQ Level 3 in Caring for Children and Young People is the recognised qualification for residential childcare workers.

The training, practice and overall development of each staff member is monitored through formal supervision by the management team, and a record is kept of each session with details logged in a bound numbered book which is signed by both parties and lists the date and length of the supervision.

Once a year every member of staff has their performance appraised in accordance with Hartlepool Borough Council policy by the manager or deputy manager. The appraisal includes current performance, targets for the coming year and agreed training objectives as part of a personal training plan.

STAFF MEETINGS

Staff meetings take place at least once a month. The purpose of the meetings is to discuss the children using the service and the service provision.

There is also an opportunity to meet other professionals who can give valuable input in setting up strategies to meet the needs of children who have complex needs.

LINE MANAGEMENT RESPONSIBILITY

Jane Young

Head of Business Unit (Resources & Specialist Services)

8 – 9 Church Street

Hartlepool

TS24 7DJ

STAFFING CHART – 16 EXMOOR GROVE

<u>Registered Manager</u> Sylvia Lowe
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<u>Deputy Manager</u> Christine Purvis

<u>Residential Social Care Officers</u> Karen McMorris, Nora Dickson, Jodie Scott, Helen Haycock, Steven Morter, Katie Bage, Steve Morrell, Samantha Todd, Maria Drummond.

<u>Dedicated Waking Night Officer</u> Angela Young, Debbie Wray, Joanne Morter, Lindsay Bage
--

<u>Domestic/Cook</u> Sally Craigs/Maureen Bage

STAFF PEN PICTURES

Sylvia Lowe, Manager – Qualifications: BA Hons History, DIPSW, DIPHE, NVQ4 Management, PQ1, BA Hons Specialist Award Children and Young People, Safeguarding Children, First Aid, PRICE Training, Fire Safety, Medication Training, Risk Assessment for managers, Bullying Awareness Training.

Experience: Sylvia has over seventeen years experience in working in a social care setting. She spent five years as a residential support worker in a home for adults with learning disabilities and challenging behaviour. She then moved to the TNEY Trust working for two years as a Community Support Worker before being promoted to Area Coordinator, during her three years as Area Coordinator Sylvia assisted in the setting up and management of a respite unit for two teenage boys with learning disabilities and significant challenging behaviour. Following this Sylvia moved to Hartlepool Borough Council where she worked as a Social Worker in a children and families team for two years before taking up her current position as Unit Manager of Exmoor Grove, a position she has held for seven years.

Christine Purvis, Deputy Manager – Qualifications: NVQ4 Management, NVQ4 Children and Young People, Child Protection for Managers, First Aid, Moving and Handling, PRICE Training, Fire Safety, Medication Training, Key worker Training, Bullying Awareness Training.

Christine has over twenty five years experience working in social care. She has worked in a variety of settings including elderly care, adults with learning disabilities, a supported living setting and five years in her current position as Deputy Manager of

Exmoor Grove.

Karen McMorris, Residential Social Care Officer – Qualifications - Karen has an NVQ3 in children and young people. An NVQ4 in Social Care. Karen has completed all mandatory training including Child Protection, First Aid, Moving and Handling, PRICE Training, Basic Food Hygiene, Bullying Awareness, Medication Training.

Experience- Karen has over twenty years experience in residential child care in her current position as a Residential Social Care Officer at Exmoor Grove.

Nora Dickson, Residential Social Care Officer - Qualifications: NVQ3 Children and Young People, Nora has completed all her mandatory training including:- Child Protection, First Aid, Moving and Handling, PRICE Training, Basic Food Hygiene, Bullying Awareness, Medication Training.

Experience: Nora has over twelve years experience in social care, Nora volunteered for four years within a children and families setting, she also worked in a council nursery before taking a post with teenagers in a residential setting. Nora has been in her current post as a Residential Social Care Officer at Exmoor Grove for six years.

Katie Bage, Residential Social Care Officer – Qualifications: NVQ3 Health and Social Care, Child Protection, First Aid, Moving and Handling, PRICE Training, Fire Safety and Key Worker and Working with Parents training. As a new member of staff Katie will receive all mandatory training during her first six months of service.

Katie has spent two years as a member of Exmoor Grove's temporary Register working

on a casual basis before successfully gaining a post in April 2011.

Joanne Morter, Dedicated Waking Night Officer - Qualifications: NVQ3 Children and Young People and an NVQ4 Social Care. Joanne has completed a range of mandatory training including:- Child Protection, First Aid, Moving and Handling, Basic Food Hygiene, Bullying Awareness, Medication Training.

Joanne has over ten years experience in care, she worked for the TNEY Trust as a Community Support Worker for over two years before joining Exmoor Grove as a Residential Social Care Officer

Steven Morter, Residential Social Care Officer – Qualifications: NVQ3 Children and Young People. Steven has completed all his mandatory training including:- Safe Guarding Children, First Aid, Moving and Handling, PRICE Training, Basic Food Hygiene, Bullying Awareness, Medication Training.

Steven has over eight years experience in social care, he worked for the TNEY Trust for four years as a Community Support Worker and Residential Social Care Officer before joining Exmoor Grove as a Residential Social Care Officer a position he has held for four years.

Helen Laycock, Residential Social Care Officer - Qualifications: NVQ3 Advanced Health and Social Care. NVQ3 Children and Young People. Helen has completed all of

her required mandatory training including:- First Aid at work, Fire Safety, Safeguarding Children, Moving and Handling, Basic Food Hygiene, Bullying Awareness and Medication Training.

Helen has over seven years experience of working with children, she spent three years in paediatrics as a physiotherapist's assistant and five years at Exmoor Grove.

Jodie Belbin, Residential Social Care Officer – Qualifications: BTEC National Diploma in Biomedical Sciences, NVQ3 Children and Young People, NVQ 4 Health and Social Care Children and Young People.

Jodie has completed all of her required mandatory training including:- First Aid at Work, Fire Safety, Safeguarding Children, Moving and Handling, Basic Food Hygiene, Bullying Awareness and Medication Training.

Jodie has over three and half years experience of working with children with disabilities at Exmoor Grove.

Debbie Wray, Dedicated Waking Night Officer- Qualifications: BTEC Diploma in Childhood Studies NVQ3 Children and Young People, NVQ4 Care. Debbie has completed all of her required mandatory training including:- First Aid at Work, Fire Safety, Safeguarding Children, Moving and Handling, Basic Food Hygiene, Bullying Awareness, PRICE Training and Medication Training.

Debbie has over thirty years experience of working with children including working as a

Nursery Nurse, working in Special Needs Schools and the Children's Society before joining Hartlepool Borough Council in 2002 as a Family Resource Worker.

Maria Drummond, Residential Social Care Officer- Qualifications: Early Childhood Studies Degree, AVCE Health and Social Care, PRICE Training, MIDAS Training, Fire Safety Training, Manual Handling Training, Key Worker and Working with Parents Training, Safe Guarding Children and Autism Awareness.

Maria has experience of working in an early years setting, primary schools both main stream and special needs and an out of school club where she provided support for a child with physical and learning disabilities. Maria joined Exmoor Grove in April 2011

Samantha Todd, Residential Social Care Officer- Qualifications: G.N.V.Q Health and Social Care, Joint Hons Degree Children's Play and Play work Studies and Childhood Studies 2:1, Fire Safety, Manual Handling, PRICE Training, Key Worker and Working with Parents Training.

Samantha has experience of working with children 0- 18 in a variety of settings including nurseries, primary schools and after school clubs. Samantha joined Exmoor Grove in April 2011.

Lindsay Bage, Dedicated Waking Night Officer- Qualifications: NVQ level 2 and 3 in Social Care, Special Needs Assistant Certificate, A1 Assessors Award, Care of Medicines Foundation Module, PRICE Training, Fire Safety, Manual Handling, Key

Worker and Working with Parents Training, Safeguarding Children, First Aid and Fire Safety.

Lindsay has experience of working in a day nursery with children aged between 0-5 years old, she has managed a children's play area and has supported disabled children in the community. Lindsay joined Exmoor Grove in April 2011.

Steve Morrell, Residential Social Care Officer- Qualifications: Youth and Community Certificate, Emergency First Aid, Deaf Awareness, Behaviour Management, Fire Safety, Manual handling, PRICE Training and Key Worker and Working with Parents Training.

Steve has a wealth of experience working with Children, he is a qualified Foster Carer and has fostered for many years both for the local authority and later a private agency. Steve has also worked as an escort for children with disabilities transporting them too and from school for several years. He has worked at Exmoor on the temporary register for two years before successfully gaining a post in April 2011.

2.3 Appendix 2



ANNUAL REPORT May 2012

EXMOOR GROVE PROVIDING SHORT BREAK CARE FOR CHILDREN WITH LEARNING DISABILITIES



1.0 INTRODUCTION

- 1.1 The Exmoor Grove Annual Report provides information about the activity and outcomes achieved by the service during 2011/12 and outlines plans and priorities for 2012/13.

2.0 AIMS AND OBJECTIVES

- 2.1 The aim of Exmoor Grove is to provide high quality short break care to Hartlepool families who have children with a learning disability and associated challenging behaviour. This is achieved through the following objectives:

- To ensure that where there is a need children with a disability have the opportunity to access a service that is able to meet their needs.
- To provide an ongoing assessment of need.
- To provide advice and support to families as needed.
- To provide detailed plans that are implemented with young people and their families to ensure all children are able to meet their full potential.
- To fulfil statutory requirements in relation to the Children Act 1989, The Children's Homes Regulations 2001 and the National Minimum Standards for Children's Homes.

3.0 STATUTORY FUNCTIONS OF EXMOOR GROVE.

- 3.1 Exmoor Grove is managed in accordance with the Children's Homes Regulations 2001 and the National Minimum Standards for Children's Homes.

4.0 EXMOOR GROVE TEAM STRUCTURE

- 4.1 The team at Exmoor Grove currently consists of 16 care staff as follows:

1 Manager	-	37 hours per week
1 Deputy	-	37 hours per week
5 Residential Social Care Officers-		24 hours each per week
4 Residential Social Care Officers-		20 hours each per week
5 Waking Nights Officers	-	24 hours each per week

- 4.2 In recognition of the increasing demand on the service, 2 of the 20 hour posts are being increased to 24 hour posts and the service is currently securing funding to add an additional 24 hour post to the team on a fixed term basis for 1 year.

5.0 TRAINING FOR EXMOOR GROVE STAFF

- 5.1 Regulation 25 of the Children's Homes Regulations 2001 states that the manager will ensure a sufficient number of suitably qualified, competent and experienced persons shall be employed at the home. With this in mind Exmoor Grove has a comprehensive training programme and staff spend a week annually undergoing an intensive training package which includes Fire Safety, Health and Safety, Basic Food Hygiene, P.R.I.C.E Training, Medication Training, Complaints Training and Safeguarding Children Training. Staff will also attend specific training throughout the year as the need arises and in the past year have undertaken training around Autism and Intensive Interaction.

6.0 BUDGET

- 6.1 Exmoor Grove annual budget for 2011/12 was £489,076 with a total outturn expenditure of £494,306. The overspend at the end of the year was as a result of the unit being open 7 days per week from August 2011 in order to meet the needs of a young person who required an extended stay and this overspend was anticipated and contingency plans were in place.

7.0 EXMOOR GROVE ACTIVITY

- 7.1 Exmoor Grove is currently providing care for 13 children, each care package is unique to the individual child and is formulated as part of an holistic assessment of need. There are some children that require 2-1 or 3-1 staffing to ensure the provision of safe and quality care.
- 7.2 The individual packages of care, range from a full time placement for one child, shared care arrangements for others that provide significant care packages to support children, and their families, aimed at maintaining children within the family unit. For some children and their families regular planned overnight stays or day care arrangements provide the care and support they need.
- 7.3 Given the complex needs of the children, it is essential that careful matching and planning is undertaken to ensure children receive the highest standards of care and their individual and group needs are met.

8.0 SUFFICIENCY

- 8.1 Over the last 12 months the demand for support services from Exmoor Grove has increased significantly. It is anticipated, given the significant needs of some of the children and young people accessing Exmoor Grove that the support provided to both them and their families will, as the children grow older, need to be more robust. In light of this the manager has sought advice from OFSTED with regards to the registration requirements placed upon the unit and a long term needs analysis and service review will be completed to ensure Exmoor is in a position to meet the demands upon the service in the coming years.

9.0 ACHIEVEMENTS IN 2011/12

- 9.1 Exmoor Grove reopened in February 11 following a very successful refurbishment of the building.
- 9.2 Exmoor Grove has successfully implemented an annualised rota system which offers greater flexibility and consistency for children.
- 9.3 Exmoor Grove was successful in raising its OFSTED inspection judgement from Satisfactory to Good in November 2011.
- 9.4 The looked after nurse for Children Looked After has supported Exmoor Grove to implement a healthy living regime. Staff have supported one young person ensuring all his health needs are met and as a result the child now has a healthy BMI, after following a healthy lifestyle plan at Exmoor Grove and losing over three stone in weight.
- 9.5 The staff at Exmoor Grove have supported parents, carers and friends to set up a 'Friends Of Exmoor' group and this group has been instrumental in raising money for children's activities in the summer.
- 9.6 Exmoor Grove has registered as an ASDAN site and as a result the staff team are offering a wide range of independent living courses suitable to the needs of the young people accessing the service and improve young people's transition to adulthood.
- 9.7 Exmoor Grove has implemented a robust consultation system with both children and families. The child's keyworker visits the family home every month to consult with parents. Children and young people accessing Exmoor Grove are also able to participate in Children's Meetings which are held on a fortnightly basis. In addition children and young people from Exmoor are members of the Hartlepool Children In Care Council.
- 9.8 Exmoor Grove successfully kept its good judgement when re-inspected in February 2012 and was also deemed to be making good progress.

- 9.9 The manager of Exmoor Grove has recently joined a manager's network group which consists of regional unit managers who meet to share good practice and provide peer support
- 9.10 The home has recently implemented a reward scheme for young people that allow them to earn points to buy prizes and activities of their choice. They do so by carrying out a variety of tasks and extra responsibility of their choosing with support from staff, this has been extremely popular with young people.

10.0 PLANS FOR 2012/13

- 10.1 Exmoor Grove intends to continue to build on the progress made over the past twelve months to ensure at the very minimum our OFSTED judgement remains good though all staff are working hard to try and secure an outstanding performance at our next inspection.
- 10.2 Staff at Exmoor Grove are working closely with the Friends of Exmoor Grove to continue to raise funds throughout 2012 and beyond, with the aim of securing sufficient funds to plan a trip to Euro Disney for the children accessing the service in 2013/14.
- 10.3 In partnership with Aiming High, Exmoor Grove are planning a family fun day at Flamingo Land for all children who access the service and their families. This will be supported by the team at Exmoor, who will assist families to ensure all the family members are able to enjoy a positive day out together.
- 10.4 The demand for the service has increased in the past 12 months both for short break care packages and shared care arrangements as well as more permanent support. Having reviewed the needs of the children, young people and their families currently accessing the service, it is anticipated this need will continue to increase in coming years and advice has been sought from OFSTED to inform a needs analysis and service review which will inform long term strategic planning for the provision of short break residential care.
- 10.5 Exmoor Grove will maintain its current high levels of consultation with both families and children to ensure that all parties remain fully involved and consulted with regards to the current and future provision.
- 10.6 Exmoor Grove strives to provide individual care to meet the assessed needs of the children and young people and we will continue to ensure the care packages and support given to families reflects the uniqueness of each individual child.

Sylvia Lowe
Unit Manager
Exmoor Grove

Jane Young
Head of Business Unit Resources
and Specialist Services

CHILDREN'S AND COMMUNITY SERVICES REPORT

19th June 2012



Report of: Director of Child and Adult Services

Subject: YOUNG CARERS STRATEGY 2012 - 15

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Not applicable

2. PURPOSE OF REPORT

2.1 To seek approval from the Portfolio Holder for Children's and Community Services of a Young Carers Strategy, revised Policy and Procedure and proposed improvements to service provision, including tendering for a new service.

3. BACKGROUND

3.1 The Council has a statutory duty and responsibilities for young carers. These are defined by a range of legislation, in particular the Children Act 1989 and the Carers (Recognition and Services) Act 1995.

3.2 Over the past year, taking into consideration the learning from the Young Carers Pathfinder, work has been undertaken to establish how to improve services for young carers. Consultation has been undertaken with young carers; those they care for; staff from Hartlepool Carers who currently provide the service and managers within both elements of Child & Adult Services.

3.3 The outcome from this work has identified that the two most significant issues both locally and nationally relate to identifying and supporting children and young people who care for adults who misuse alcohol and/or drugs or have poor mental health.

4. PROPOSALS

4.1 The Young Carers Strategy, policy and procedure and action plan are attached as **appendices** to this report. This is the first strategy specifically focussed on the needs of young carers in Hartlepool. The strategy reflects

the national strategy launched in July 2008 *Carers at the heart of the 21st century families and communities*. The key objective of the national and the local strategy is that young carers do not undertake inappropriate caring roles and they can achieve and enjoy life alongside their peer group; making real choices now and in the future. The strategy is also underpinned by a commitment to a “Think Family” approach to supporting and safeguarding both young carers and those they care for (HMG 2010).

- 4.2 The purpose of the Young Carers Strategy is to set the framework for improvements in the planning; co-ordination and delivery of services to support young carers to achieve good outcomes. The strategy acknowledges the role of young carers and provides a planning structure to develop practical support that will measurably increase their life opportunities and support their ongoing development
- 4.3 Most children and young people are expected to help out in and around the home. This may include practical tasks such as cleaning or shopping, or looking after a younger sibling. When trying to distinguish young carers from other children it becomes important to focus on the tasks and responsibilities over and above these “normal” expectations.
- 4.4 The reasons that children and young people feel it necessary to take on additional and sometimes inappropriate caring roles can be complex. This could be to do with the size or structure of the family unit, income, culture, gender and the type, severity and duration of the illness, disability or addiction of those for whom they provide care. Other factors will also include the quality and levels of care and support that is or is not provided by other members of the family or statutory services to the person being cared for.
- 4.5 Young carers live and care in a range of circumstances and identifying them can be difficult. Young carers may be reluctant to disclose their situation to friends or professionals.
- 4.6 In 2011, Hartlepool Carers was providing support to 83 children and young people who had a caring responsibility. This service has been provided by Hartlepool Carers since 1999 and Young Carers was established in 2001. Historically, Hartlepool Borough Council has contributed to the funding of the service. Through the implementation of this strategy, the intention is to commission for services to support young carers to ensure that services provided are effectively targeted and support the local authority to fulfil its statutory functions.
- 4.7 In July 2011 local consultation work with young carers (junior & senior groups) and their parents/carers was undertaken in Hartlepool as part of developing the strategy and to assist with the commissioning of services for young carers. Twenty young carers and four parents took part in the consultation. The overall message that came from this consultation was young carers and their parents wanted support for the whole family. The three themes that underpinned this message and what they said they wanted from services were:

- Someone to talk to and get practical help and information;
- Get a break from caring;
- Help who I care for get the support they need.

4.8 Not all young carers will have the same needs or be undertaking the same caring roles and responsibilities. It is also important to recognise the help and support young carers need will change over time as they grow older and face the challenges of key transitions e.g. into education, employment or training. Those who do need services will require a clear pathway into and through different levels of support. This strategy proposes the development of an integrated Think Family approach by managers and practitioners within Child & Adult Services; other statutory agencies and service providers; which reflects the continuum of need across universal, prevention and safeguarding services.

5. RECOMMENDATIONS

5.1 To seek approval from the Portfolio Holder for Children's and Community Services of the Young Carers Strategy, revised policy and procedure and proposed improvements to service provision, including tendering for a new service.

6. REASONS FOR RECOMMENDATIONS

6.1 To ensure that Hartlepool Borough Council and its partners have robust mechanisms in place to improve outcomes for young carers, in particular, when parental mental illness and substance misuse were the reasons for children and young people being young carers.

7. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

- Young Carers Strategy 2012 Appendix 6
- Young Carers Policy and Procedure 2012 Appendix 7
- Young Carers Appendices 1 to 5

9. BACKGROUND PAPERS

None.

10. CONTACT OFFICER

Ian Merritt, Strategic Commissioner – Children's Services
Tel: 01429 523774.
E mail: ian.merritt@hartlepool.gov.uk

Appendix 1

Listed below are examples of reasons given by young carers as to why they may be reluctant to disclose their situation to friends or professionals. They include young carers being:

- worried they will become stigmatised or bullied;
- fear they won't be taken seriously;
- feel resentful, angry or guilty towards a parent or sibling;
- feel protective and loyal to their parent ;
- worried that they might be taken into care or their parent might be taken into hospital;
- embarrassed or ashamed;
- suspicious of outside help.

For those professionals within schools and colleges there are signs that, whilst not conclusive, may combine to indicate that a pupil may be a young carer. They include young carers being:

- Persistent tiredness, distraction, or lack of concentration;
- Frequent absences from school without adequate explanation;
- Low self esteem or excessive attention seeking;
- Disruptive behaviour;
- Late rushed or non existent home work or course work;
- Underachievement of potential;
- Not engaging in out of school activities;
- Failure of parents to respond to communications, or attend meetings at school;
- Inappropriate uniform/poor personal hygiene.

Appendix 2

The quantitative headline data from the report “Young Carers in the UK 2004” is presented below:

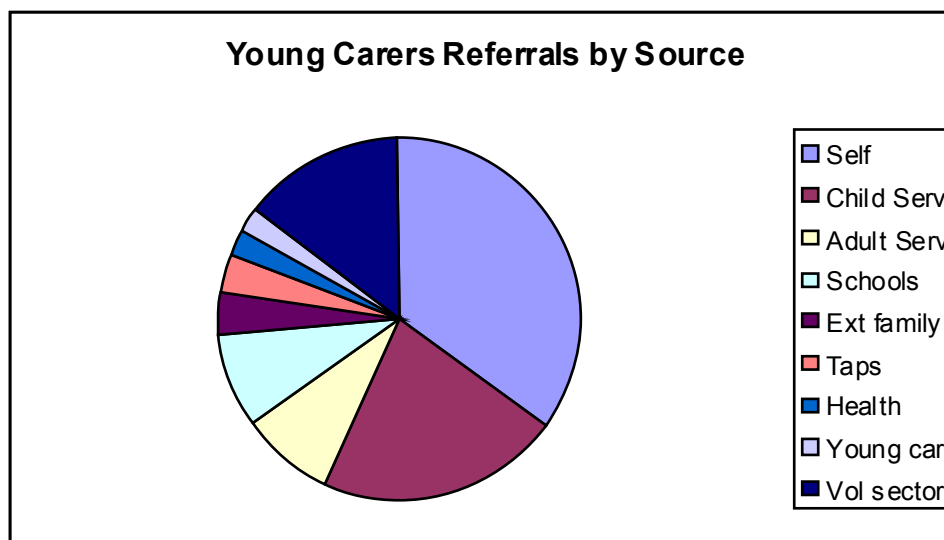
- 56% were girls and 44% were boys
- Their average age was 12
- 84% were white and 15% were from ethnic minorities
- 56% were living in single parent households
- 27% of secondary school age were experiencing difficulties in attending and achieving at school
- 30% were supporting parents with mental health needs

Appendix 3

Local data on sources of referrals to the Young Carers Project

Chart one provides the sources of referral for the 83 children and young people who were in receipt of services from the Young Carers Project in May 2011.

Chart 1

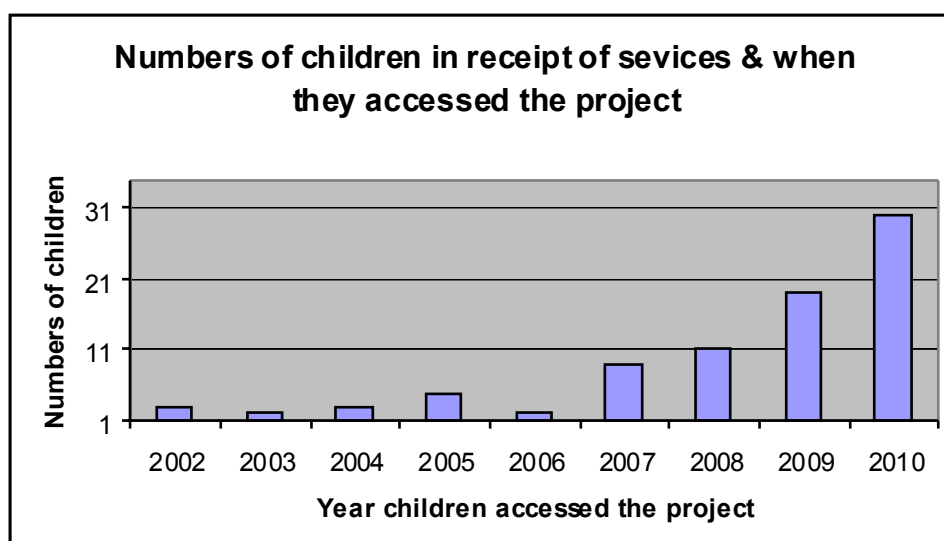


Self 29, Children's Services 18, Adult Services 7, Schools 7, Extended Family 3, Team around the Primary School 3, Health 2, Young Carers 2, Voluntary Sector 12.

Local data on when children and young people accessed the Young Carers Project and how long they have received services

Chart two provides data on when the 83 children and young people in receipt of services in May 2011 accessed the Young Carers Project and how long they have been receiving services

Chart 2



Appendix 4

Chart 1 presents comparative data on spending by local authorities on young carers services in the Tees Valley. The comparison is based on spend divided by numbers of children aged between 5 and 19 in the local populations.

Chart 1

Authorities	Total Spend per Annum	Children & Young People in the population	Spend per Head From Local Authority
Darlington	£60,000	18200	£3.29
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Sources

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Appendix 5 Action Plan

Outcomes	Outputs	Responsible Officer	Timescale	Progress (red, amber & green)
Establish Child & Adult Services led Multi Agency Strategic Steering Group for Young Carers	Agree Membership	Wendy Rudd	April 2012	
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Ensure young carers of parents who have mental health problems	Adult Drug & Alcohol Services are represented in the Multi	Wendy Rudd	August 2012	

or misuse alcohol or drugs are identified and supported	Agency Group			
Staff from Child & Adult Services and partner agencies receive training on the policy and procedure for young carers and the issues that effect their lives	Identify training required Ensure the training is delivered	Wendy Rudd Maria Richardson	August 2012 Start October 2012	

YOUNG CARERS STRATEGY 2012/15

CHILD AND ADULT SERVICES



PREVENTION SAFEGUARDING AND SPECIALIST SERVICES

Date Issued:	March 2012	Document owner::	Keith Munro
Review Date:	March 2014	Procedure No:	PM

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1. Introduction

- 1.1 This is the first strategy specifically for young carers in Hartlepool. The strategy reflects the national strategy launched in July 2008 *Carers at the heart of the 21st century families and communities*. The key objective of the national and the local strategies is that young carers do not undertake inappropriate caring roles and they can achieve and enjoy life alongside their peer group; making real choices now and in the future. The strategy is also underpinned by a commitment to a “Think Family” approach to supporting and safeguarding both young carers and those they care for (HMG 2010).
- 1.2 Copies of the draft version of the strategy were circulated within Child & Adult Services, the Young Carers Project and partner agencies for comments during January 2012. Young carers and their parents/carers and staff from the Young Carers Project were also consulted during the development of the strategy. This approach was used so that the perspectives of children and young people who are young carers, their families and those who provide the young carers service would be the heart of the document.

2. Purpose

- 2.1 The purpose of this strategy is to oversee and set the framework for improvements in the planning; co-ordination and delivery of services to support young carers achieve good outcomes in Hartlepool. The strategy will:

Recognise the role of young carers and plan and develop practical support that will measurably increase their life opportunities and support their ongoing development

3. Vision

- 3.1 The Hartlepool Children and Young Peoples Plan sets out the overarching vision for children and young people in the town:

In Hartlepool we will work together through the Hartlepool Children's Partnership to keep children, young people and their families at the centre of services that we provide
- 3.2 As commissioners and service providers we work with and through the Hartlepool Children's Partnership to better understand the needs of children, young people and their families and communities in Hartlepool, listen to what they want and work with them to design, improve and re-commission services.
- 3.3 By enabling all children and young people to achieve their full potential, they will have the confidence and ability to enjoy a successful life. Services in Hartlepool should be organised in such a way that they help all children and young people achieve their full potential and maximise their chances in life by

providing integrated provision which is of high quality, effective and excellent value for money.

The Entitlement of Young Carers in Hartlepool:

Young carers in Hartlepool will receive appropriate support which meets their assessed needs.

- 3.4 This will be achieved by reducing the numbers of families with unmet care needs relying on care from a young carer. Caring can impact negatively on the well being and life chances of young carers. Child & Adult Services in conjunction with a young carer's service will provide effective assessment and support to those children and young people who continue to be affected by a caring role within the family.
- 3.5 Young carers will often be responsible for a great deal of their own care and carry out significant caring tasks normally undertaken by an adult which can include care for siblings. They should not be expected to carry the same caring responsibilities as an adult. Young carers should have the same life opportunities as other children and young people and will require support to achieve this. The level of caring duties they undertake should be proportionate to their age, level of understanding, physical ability and emotional capacity to undertake these tasks.

4. How will the Vision be met?

- 4.1 The vision and entitlement for young carers will be met by the implementation of this strategy. This includes the action plan attached as Appendix 1 and through the updating of the policy and procedure for young carers..

5. Who are Young Carers?

- 5.1 Most children and young people and young carers are expected to help out in and around the home. This may include practical tasks such as cleaning or shopping, or looking after a younger sibling. When trying to distinguish young carers from other children it becomes important to focus on the tasks and responsibilities over and above these "normal" expectations.
- 5.2 The reasons that children and young people feel it necessary to take on additional and sometimes inappropriate caring roles can be complex. This could be to do with the size or structure of the family unit, income, culture, gender and the type, severity and duration of the illness, disability or addiction of those for whom they provide care. Other factors will also include the quality and levels of care and support that is or is not provided by other members of the family or statutory services to the person being cared for.
- 5.3 The key pieces of legislation that recognise the needs of young carers are:

The Children Act 1989

The Carers (Recognition and Services) Act 1995

The Carers and Disabled Children Act 2000
The Carers (Equal Opportunities) Act 2004 and
The Children Act 2004

- 5.4 Several definitions of young carers exist within legislation and guidance. Generally young carers are defined as children and young people up to the age of 18 whose life is or about to be affected by looking after someone with a disability or long term illness on a regular and substantial basis. The person they care for may be a parent and/or a sibling, another family member or friend, but may not necessarily live in the same house as them. The care they give may be practical, physical and/or emotional. The terms disability and long term illness do not just mean a physical disability or illness, but also cover for example, mental illness, learning disability, substance misuse, frailty and old age.
- 5.5 Therefore, to provide the strategy with clarity and focus a definition of young carers from legislation is provided below:

The Carers (Recognition and Services) Act 1995

Children and young people (under 18) who provide or intend to provide a substantial amount of care on a regular basis.

6. Identifying Young Carers

- 6.1 Young carers live and care in a range of circumstances and identifying them can be difficult. Young carers may be reluctant to disclose their situation to friends or professionals. This could be for a number of reasons for example they could be embarrassed or ashamed. A range of reasons given by young carers as to why they may not disclose their circumstances are included in Appendix 1.
- 6.2 For those professionals within schools and colleges there are signs that, whilst not conclusive, may combine to indicate that a pupil may be a young carer. Examples include persistent tiredness, underachievement and a failure of parents to attend meetings at school. A larger set of potential indicators are contained in Appendix 1.
- 6.3 Sometimes young carers and their families do not consider they are doing anything unusual. Therefore, they may not see themselves as carers and might not know they may be entitled to an assessment of their own needs or that help may be available.
- 6.4 Other young carers may have been told, sometimes by a parent, not to tell anyone. This is because their parents do not want any outside interference, perhaps through shame or embarrassment or through fear of involvement by statutory services in the lives of their children because they are taking illegal drugs.

- 6.5 Despite this concealment, any professional who has made a thorough assessment of a child or young person and or their parent or carer should have the necessary information to know if a child or young person may be a young carer. It is not inevitable that children and young people whose parents have caring needs have to undertake inappropriate caring responsibilities. Often it is a failure by professionals to identify young carers and ensure they receive help and support that results in this caring being long term.
- 6.6 Therefore, due to the range of factors outlined above, the strategy recognises that at present there is an element of under identification of children and young people as young carers. However, as the strategy is underpinned by a Think Family approach, it is envisaged that there will be a reduction in the under identification of children and young people who intend to or who are undertaking regular and substantial caring duties.

7. National Data and Messages from Research

- 7.1 The 2001 census estimated that there were up to 175,000 young carers under the age of 18 in the UK. The majority cared for up to 19 hours a week. Across England 22,000 (16%) were reported to be caring between 20 to 50 hours a week (Census 2001).
- 7.2 In 2004 the Young Carers Research Group at Loughborough University surveyed 87 projects and 6178 young carers. This study remains the most comprehensive source of information about the caring responsibilities of those under 18. The quantitative headline data from the report "Young Carers in the UK 2004", such as the average age of a young carer, is outlined in Appendix 2.
- 7.3 In 2008 the Children's Society produced a report commissioned by the former Department for Children Schools and Families on young carers and basic good practice. Entitled "Young Carers, Parents and their Families: Key Principles of Practice" this document has been adopted and used by many local authorities in England to inform strategies for young carers. The six principles of the report will underpin the young carer's strategy in Hartlepool. The principles are:
- There is a need to safeguard children by, working towards the prevention of children undertaking inappropriate care of any family member;
 - The key to change is the development of a whole family approach to needs led assessments, to ensure that service provision is child focused and family orientated;
 - Young carers and their families are the experts in their own lives and as such must be fully involved in the development and delivery of support services;

- Young carers will have the same access to education and career choices as their peers;
- It is essential to continue to raise awareness of young carers and, to support and influence change effectively, work with young carers and their families must be monitored and evaluated regularly;
- Local young carer's projects and other direct services should be available to provide safe, quality support to those children who continue to be affected by any caring role within their family;

7.4 In June 2009 OFSTED published a report about young carers from work undertaken with eight local authorities. There were two main recommendations from this report. These were a need to improve the identification of young carers and to ensure Children's and Adults Services Departments, especially where they were separate directorates in local authorities, undertake and deliver holistic assessments and services that meet the needs of whole families. These recommendations have also been identified in local reports referred to in the needs analysis section of this strategy. In addition in all eight council areas young carers whose parents had drug and or alcohol related problems were challenging to identify.

7.5 The research used to develop the strategy also found that all of the 10 local authorities examined had developed strategies for young carers over the last three years. The strategies and/or the associated action plans involved the local authorities establishing a multi agency young carers group. These groups are led and managed by a lead officer from the local authority with the responsibility for overseeing the strategy and ensuring the action plan is implemented and reviewed.

7.6 The importance of senior managers within local authorities providing strategic leadership and ownership for services and outcomes for young carers was recognised in a joint report, "Signposts", from the Associations of Directors of Adult Social Services and Children's Services (2011). The report stressed the need for leadership and ownership by local authorities to improve outcomes for young carers, in particular, when parental mental illness and substance misuse were the reasons for children and young people being young carers.

8. Local Data and Needs Analysis

8.1 In May 2011 the service for young carers was providing support to 83 children and young people. Data on the sources of referrals to the Young Carers Project and how long these young carers have been receiving support from the Project are contained in Appendix 3 charts 1 & 2.

8.2 Two local reports provided information and analysis about the current young carer's service and the local needs of young carers. The first was an Evaluation Report on the Hartlepool Young Carers project (December

2009) and the second was the Hartlepool Think Family Pathfinder Project report (May 2011). Both reports recognised the need to reform the pathway process for young carers to ensure that they can receive a statutory assessment of need under section 17 of the Children Act 1989. The Think Family Pathfinder Project like the OFSTED report in 2009 also found difficulties in identifying any young carers whose parents disclosed substance misuse. Although a small number of parents did disclose alcohol misuse.

8.3 Findings from local evaluations identified there was a need to:

- Improve the identification of young carers;
- Establish a joint referral pathway between and through Child & Adult Services for the statutory referral and assessment of young carers and those they care for by using a whole family child and adult approach to assessments and service delivery;
- Offer support based on statutory assessment of needs to young carers and their families in order to reduce the number of children and young people where caring is impacting negatively on their well being;
- Offer training to staff from Child & Adult Services and staff from partner agencies on the identification of and the support required by young carers and those they care for;
- Raise awareness about young carers, their families and their issues;
- Establish agreed services and a set of outcomes to be commissioned as part of the commissioning of future services for young carers.

8.4 It will be important to ensure that procedures and practices are developed through the strategy which enable young carers to be identified correctly and for their families to feel safe and confident to ask for an assessment and support from services.

9. What Young Carers Want

- 9.1 National consultation found that young carers said consistently that their top priority was better support for their family and those they cared for. They expressed particular concerns about the lack of high quality and reliable support. The consultation also found that many young carers did not want to stop caring altogether. However, they did want a life of their own with time to study, to be with friends and be able to have the aspirations and opportunities to progress as others do (HMG 2007).
- 9.2 In July 2011 local consultation work with young carers (junior & senior groups) and their parents/carers was undertaken in Hartlepool as part of developing the strategy and to assist with the commissioning of services

for young carers. Twenty young carers and four parents of young carers took part in the consultation groups.

- 9.3 The overall message that came from this consultation was young carers and their parents wanted support for the whole family. The three themes that underpinned this message and what they said they wanted from services were:

- Someone to talk to and get practical help and information;
- Get a break from caring;
- Help who I care for get the support they need.

- 9.4 Some examples of quotes from the consultation with young carers which are reflected through the three themes are:

“I can speak to people about home without them thinking I’m lying”

“Some one who understands my caring role and to talk to if I need it”

“Go places where my family can’t take me because of caring”

“Help the family get the services that will help us”

10. Tasks Young Carers Undertake

- 10.1 In some situations the young carer is the main or only carer for their parent and / or sibling. In others they may have less responsibility, but the impact on their lives and outcomes may still be very significant, depending on a wide range of other factors.

Tasks undertaken by young carers include one or more of the following:

- Intimate personal care, including dressing, bathing and toileting;
- Giving emotional support to a parent;
- Managing the family budget;
- Practical support including lifting;
- Giving medication;
- Additional housework, cooking, shopping or other errands;
- Managing the behaviour of younger or older siblings;

- Staying in to keep a parent company – rather than going out with friends;
 - Taking responsibility in social situations e.g. accompanying an adult or sibling in a wheel chair.
- 10.2 The needs of the person cared for and therefore the demands on a young carer can often change, sometimes quickly and occasionally dramatically. For example if the person they care for has an acute mental health episode, an alcohol binge or enters the terminal phase of a physical illness. This inevitably has a big impact on the young carer and sometimes means they need immediate additional support.

11. Current Service Provision

- 11.1 The Young Carers Project element of Hartlepool Carers, a local voluntary sector organisation, provides a service to young carers and has done so since the work was established in 1999. Children and young people access the Young Carers Project through a range of sources. This has been through self referral or a referral from a number of statutory agencies or voluntary sector organisations.
- 11.2 The support services delivered by the Young Carers Project that have evolved via this partnership are:
- One to one support for young carers and their parents/ carers (advice, assistance, practical and advocacy);
 - Family Support;
 - Themed group work (junior and senior groups);
 - Holiday and respite activities (access to and respite);
 - Volunteer services;
 - Counselling
 - School liaison and one to one work
 - Transitions for 16 to 19 year olds (education, employment, training and support and link to Adult Services);
 - Support young carers to attend regional events and the national young carer's convention;
 - Raising awareness of young carers and the issues that affect their lives

- 11.3 Research on services for young carers found this range of support to be similar to services that are provided to young carers in other areas of England.

12. Funding & Commissioning

- 12.1 A comparative funding exercise was undertaken as part of the 2009 Young Carers Evaluation Report. Funding was compared between the five local authorities in the Tees Valley against the number of children and young people aged 5 to 19 in the local populations. Hartlepool provided the third highest funding per head of the five local authorities to the local Young Carers Project. A service for young carers is due to be re-tendered and the commissioning process forms a key element of the action plan attached as Appendix 5.

13. The Provider Market

- 13.1 There are a number of service providers in the north east region which deliver a young carer's service. These range from local voluntary sector organisations such as Hartlepool Carers and The Junction in Redcar & Cleveland to national children's charities such as Barnardo's who provide the service in Middlesbrough. Therefore, it is anticipated that the re-tendering of a service for young carers will be through a competitive tendering process.

14. Model of Service Delivery

- 14.1 Not all young carers will have the same needs or be undertaking the same caring roles and responsibilities. It is also important to recognise the help and support young carers need will change over time as they grow older and face the challenges of key transitions e.g. into education, employment or training. Those who do need services will require a clear pathway to and through different levels of support. This strategy proposes the development of an integrated Think Family approach by managers and practitioners within Child & Adult Services, other statutory agencies and service providers which reflects the continuum of need across universal, prevention and safeguarding services. Universal Services can through minor adjustments make the life of a young carer easier. A good example of this is enabling the use of a mobile phone for contact during the day.

- **Universal Services**

The key task for Universal Services, for example Schools or the Health Service, will be to ensure that all relevant staff can identify young carers and be proactive in supporting them and their families. Staff should understand how to provide basic support and have the knowledge and confidence to know how, when and where to signpost young carers to other services or refer them or their families for further help or assessment.

- Prevention Services

Young carers and their families should be able to access Prevention Services to help prevent and protect them against having to undertake inappropriate caring responsibilities. Access for referral to Prevention Services can be made via the Child & Adult Duty Team. The Duty Team will screen referrals and when appropriate, for those children and young people who they judge do not meet the statutory definition of a young carer, forward referrals to the Common Assessment Framework (CAF) Team. They will provide prevention support and link with colleagues from Adult Services, Education, the Health Service plus community, voluntary and private organisations. This is to ensure the person being cared for by the young carer is receiving or will receive support services to prevent the child or young person from undertaking inappropriate or harmful caring duties.

- Specialist Services

Those young carers and their families identified with the greatest need for support will need to be referred to the Duty Team for Child & Adult Services. If they are judged to be undertaking or intend to provide a substantial amount of care on a regular basis they will have their needs assessed by a social worker under section 17 of the Children Act 1989. This assessment will also need to be linked to and with Adult Services and the Health Service via the Think Family approach. This is to make sure the person being cared for by the young carer is receiving or will receive support services to ensure that the child or young person is not undertaking inappropriate or harmful caring duties.

- 14.2 Access to a commissioned service for young carers will be through the assessment of need where it is identified that they meet the statutory definition of a young carer. Young carers who have received services that reduce their caring roles and responsibilities below that of regular and substantial caring duties can access the Links group run by the Integrated Youth Support Service. This group links former statutory young carers, carers and peers into universal youth provision. Further details of the process of the model of service delivery are contained within the procedure for young carers.

15. Conclusion

- 15.1 The successful delivery of the vision for young carers in Hartlepool requires strategic leadership and ownership from senior managers in Child & Adult Services based on a "Think Family Approach" This must be underpinned by an updated policy and procedure combined with training for workers from Child & Adult Services and staff from partner agencies and the voluntary sector about how to identify, assess and support young carers and the people they care for.

Appendix 1

Listed below are examples of reasons given by young carers as to why they may be reluctant to disclose their situation to friends or professionals. They include young carers being:

- worried they will become stigmatised or bullied;
- fear they won't be taken seriously;
- feel resentful, angry or guilty towards a parent or sibling;
- feel protective and loyal to their parent ;
- worried that they might be taken into care or their parent might be taken into hospital;
- embarrassed or ashamed;
- suspicious of outside help.

For those professionals within schools and colleges there are signs that, whilst not conclusive, may combine to indicate that a pupil may be a young carer. They include young carers being:

- Persistent tiredness, distraction, or lack of concentration;
- Frequent absences from school without adequate explanation;
- Low self esteem or excessive attention seeking;
- Disruptive behaviour;
- Late rushed or non existent home work or course work;
- Underachievement of potential;
- Not engaging in out of school activities;
- Failure of parents to respond to communications, or attend meetings at school;
- Inappropriate uniform/poor personal hygiene.

Appendix 2

The quantitative headline data from the report “Young Carers in the UK 2004” is presented below:

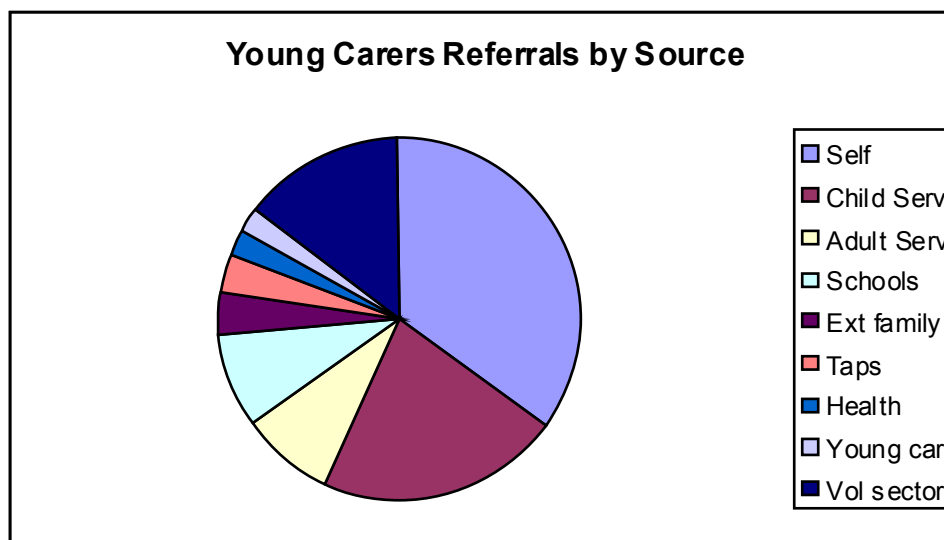
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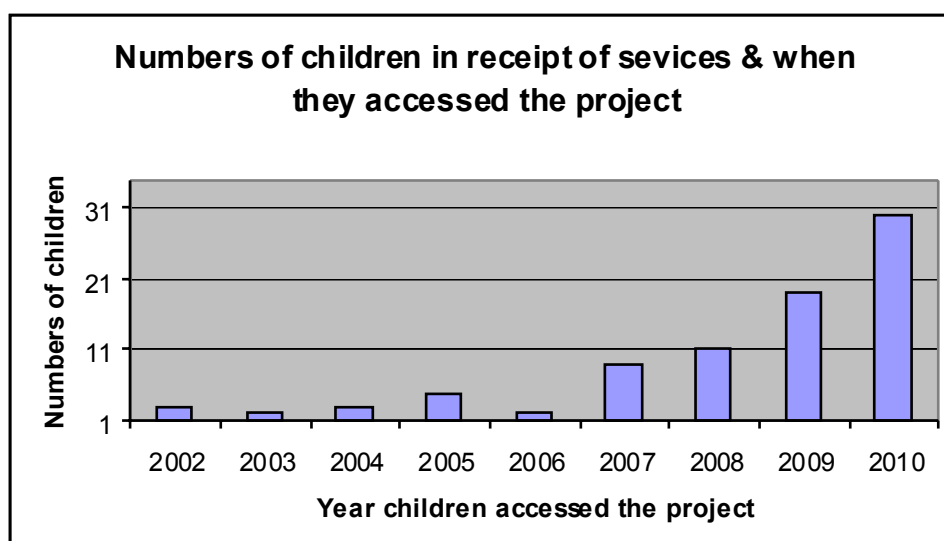


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Local data on when children and young people accessed the Young Carers Project and how long they have received services

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Appendix 4

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Authorities	Total Spend per Annum	Children & Young People in the population	Spend per Head From Local Authority
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	Group to meet quarterly	Wendy Rudd	From May 2012	
Re-tender service for young carers	Agree services to be provided in the service specification	Wendy Rudd	August 2012	
	Set outcomes to be measured	Wendy Rudd	August 2012	
	Market test	Ian Merritt	September 2012	
	Re-tender	Ian Merritt	October 2012	
Ensure young carers of parents who have mental health problems or misuse alcohol or drugs are identified and supported	Adult Drug & Alcohol Services are represented in the Multi Agency Group	Wendy Rudd	August 2012	

Staff from Child & Adult Services and partner agencies receive training on the policy and procedure for young carers and the issues that effect their lives	Identify training required	Wendy Rudd	August 2012	
	Ensure the training is delivered	Maria Richardson	Start October 2012	

YOUNG CARERS POLICY, PROCEDURE AND PRACTICE GUIDANCE

CHILD AND ADULT SERVICES



Date Issued:	March 2012	Document owner::	Keith Munro
Review Date:	March 2014	Procedure No:	PMxxx

POLICY

National Carers Strategy
“Carers at the Heart of the 21st Century Families and Communities”
HM Government 2008

“Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes”

In Hartlepool we will promote and safeguard the well-being of young carers, support them so they can take part in normal childhood experiences and activities and enable them to reach their full potential.

1. INTRODUCTION

- 1.1 The aim of this policy is to set out a framework for the delivery of effective and efficient services for young carers and their families in Hartlepool.
- 1.2 This policy is supported by a procedure and guidance which outlines how to implement the policy. The document provides guidance to staff in Hartlepool Borough Council Child & Adult Services Prevention Safeguarding and Specialist Services along with colleagues in Adult Services on how to achieve good outcomes for young carers and their families.

2. POLICY STATEMENT

- 2.1 Hartlepool Borough Council Child and Adult Services Department is committed to providing high quality services to children, young people and their families in the town. Achieving this requires all staff within the service to be professionally competent, confident and properly supported by a framework that delivers support, guidance and direction to build effective professional practice for and with young carers and those they care for.

3. LEGISLATION

- 3.1 There is a range of legislation and guidance in relation to young carers, including

The Children Act 1989

The Carers (Recognition and Services) Act 1995

The Carers and Disabled Children Act 2000
The Carers (Equal Opportunities) Act 2004 and
The Children Act 2004

4. DEFINITION

- 4.1 Several definitions of young carers exist within legislation and guidance. Generally young carers are defined as children and young people up to the age of 18 whose life is or about to be affected by looking after someone with a disability or long term illness on a regular and substantial basis. The person they care for may be a parent and / or a sibling, another family member or friend, or may not live in the same home as them. The care they give may be practical, physical and/or emotional. The terms disability and long term illness do not just mean a physical disability or illness, but also cover for example, mental illness, learning disability, substance misuse, frailty and old age.
- 4.2 Therefore, a definition based on legislation has been developed to support the implementation of the policy and procedure. The definition for Hartlepool taken from The Carers (Recognition and Services) Act 1995 and contained within the Young Carers Strategy for 2012-14 is:

Children and young people under (18) who provide or intend to provide a substantial amount of care on a regular basis

5. IMPACT OF BEING A YOUNG CARER

- 5.1 There is a solid body of evidence that demonstrates being a young carer can have a significant effect on the life chances of children and young people (Loughborough University 2004). Young carers often report a range of impacts about their caring role. For some the effect can be a positive and rewarding experience, a part of their life which they are proud of giving them a sense of value and purpose, building confidence and self esteem. However, other impacts can include anger, guilt or frustration when caring gets in the way of the life they would like to lead.

6 PRINCIPLES

- 6.1 In order to address the impact of being a young carer the former Department for Children, Schools & Families commissioned a report from the Children's Society on young carers and basic good practice. Entitled "Young Carers, Parents and their Families: Key Principles of Practice" (2008), this document has been adopted and is being used by many local authorities in England to inform strategies and practice with and for young carers. The policy and procedures for young carers in Hartlepool will be underpinned by the six principles within the

context of a “Think Family” approach. This is in order to reduce the negative impact of caring and promote support to and the safeguarding of young carers so they can reach their full potential. The principles are:

- There is a need to safeguard children by working towards the prevention of children undertaking inappropriate care of any family member;
- The key to change is the development of a whole family approach to needs led assessments, to ensure that service provision is child focused and family orientated;
- Young carers and their families are the experts in their own lives and as such must be fully involved in the development and delivery of support services;
- Young carers will have the same access to education and career choices as their peers;
- It is essential to continue to raise awareness of young carers and, to support and influence change effectively, work with young carers and their families must be monitored and evaluated regularly and
- Local young carer's projects and other direct services should be available to provide safe, quality support to those children who continue to be affected by any caring role within their family.

PROCEDURE

1. IDENTIFICATION & ACCESS TO SERVICES

- 1.1 Young carers can be identified by a wide range of staff working with children, young people and adults in statutory agencies and in the voluntary sector. They could be identified through their caring role, the needs of the adults or children they care for or through assessments of other needs they may have. Some parents will contact Child & Adult Services themselves when they become aware their children maybe entitled to an assessment and support as young carers.
- 1.2 When it is identified that a child or a young person could be undertaking inappropriate caring duties or is or about to begin undertaking a caring role on a regular and substantial basis, they should to be referred to the Child & Adult Services Duty Team 01429 523872. This is order their circumstances can be screened for access to services.
- 1.3 Young carers can often be responsible for a great deal of their own care and carry out significant caring tasks undertaken by an adult. They should not be expected to carry the same caring responsibilities as an adult. Young carers should have the same life opportunities as other children and young people and will require support to achieve this. The decision by the Duty Team about whether or not a child or young person is a young carer and entitled to a statutory service or requires support from universal or prevention services should be based on the following factors:

The level and regularity of the caring duties they undertake which should be proportionate to their

- Age,
- Level of understanding,
- Physical ability and
- Emotional capacity to undertake these tasks.

2. ASSESSMENT OF YOUNG CARERS

- 2.1 The Duty Team initially screen referrals and decide whether a referral should be progressed for assessment. Through the process of screening, if the decision is made that a child or a young person is not undertaking or about to undertake a caring role on a regular and substantial basis, the Duty team will contact universal

or prevention services to seek support for the child dependent upon their level of need.

- 2.2 If the referral is accepted the child or young person will have their needs assessed by a social worker from the Initial Response Team. The assessment will be undertaken through the Framework for Assessment of Need under section 17 of the Children Act 1989. The assessment should also use the "Manual for Measures of Caring Activities & Outcomes for children & young people" (2009). This tool can be found on the Children's Services Practice Manual under child in need section 4.1 Hartlepool documents. The purpose of the assessment is to ensure that young carers are not undertaking inappropriate and harmful caring roles and identify if they have any other unmet needs.
- 2.3 In some instances information about a child or a young person undertaking caring duties and responsibilities emerge from referrals for other issues, for example family dysfunction. When this occurs social workers should use the "Manual for Measures of Caring Activities & Outcomes for children & young people" (2009) to assess whether or not the caring duties undertaken by the child or young person are substantial and regular.
- 2.4 In addition where a young person is aged 16 or 17 and providing regular and substantial care for a disabled adult, they can request a separate Carers Assessment under the Carers and Disabled Children Act 2000 and should also be advised of how they can access welfare rights information.
- 2.5 Some of the key factors to be considered in the assessment include whether the child or young person is the primary (sole) carer or secondary carer, what tasks the young carer undertakes, how long it takes them per week to undertake these tasks, why they do it and the physical and emotional impact it is having on their life. A key question the assessment should ask is "What needs to change to prevent a child or young person caring and/or ensure they are not undertaking inappropriate or harmful caring duties?"
- 2.6 During the assessment the social worker should ask the parent or carer of the child or young person undertaking the caring role about what services are being provided to the person (adult or child) requiring the care and what organisations are providing the care. When appropriate the social worker, with the informed consent of the person being cared for, should make a referral to Adult Services and / or the Health Service to ensure that services are put in place to reduce the level and / or frequency of the caring duties of the young carer.
- 2.7 When consent is not given for the social worker to contact and or make a referral to Adult or Health Services this decision may significantly affect the life of the young carer. If concerns arise from the assessment and / or this decision which indicates the young carer has suffered or is likely to suffer significant harm, because of the tasks they will continue to undertake or for any other reasons,

staff should consult with their line manager and follow the Hartlepool Safeguarding Children's Board Safeguarding Procedures.

3. OUTCOMES FROM THE ASSESSMENT

3.1 There are three possible outcomes from the assessment:

- The initial assessment may conclude that the child or young person is not about to or is not undertaking a caring role on a regular and substantial basis and there are no other unmet needs. However, the child or young person may be assessed as undertaking a caring role below that of substantial or regular caring duties. In these circumstances consideration should be given to referring the young person to universal or prevention services for support with the informed consent of the child or young person and their parent(s).
- The child or young person is or is about to undertake a caring role on a regular and substantial basis and these tasks have been assessed and are not inappropriate or harmful. Services are in place from Adult Services and or the Health Service to support the person being cared for. With the informed consent of the young carer and their parent(s) a referral can be made to the young carers service 01429 283095. This service provides a range of support and activities for young carers ranging from one to one work, themed group work and holiday activities. If the young carer has no other unmet needs the referral can be closed to Safeguarding and Specialist Services.
- The child or young person is undertaking a caring role on a regular and substantial basis and these tasks have been assessed and are not inappropriate or harmful. With the informed consent of the young carer and their parent(s) a referral can be made to the young carer's service. If the young carer still has other unmet needs the case will remain open as child in need case until it is assessed those needs have been met and further ongoing support is not required from Safeguarding & Specialist Services.
- If the assessment identifies that a child or young person is or about to undertake a caring role on a regular and substantial basis, and these tasks have or may have put the child or young person at risk of suffering significant harm, workers should immediately seek advice from their line manager and follow Hartlepool Safeguarding Children Board Safeguarding Procedures.

4. ASSESSMENT OF THE PEOPLE YOUNG CARERS CARE FOR

- #### **4.1**
- When staff from Adult Services or partner agencies or social workers and from the children with disabilities team assess people that children or young people are about to or do care for they should use a Think Family Approach. When children and young people live in the family or live outside the family home and

are about to or do provide care then an assessment of their needs must be considered.

- 4.2 If the child or young person is or is about to undertake a caring role on a regular and substantial basis and these tasks have been assessed and are not inappropriate or harmful and services are or about to be put in place from Adult Services and or the Health Service to support the person being cared for. A referral should be made to the Duty Team with the informed consent of the young carer and their parent(s) on 01429 523872 for the child or young person to be assessed for services as a child in need. In these circumstances if a parent does not give their informed consent for a referral to be made then staff should contact their line manager and or the Duty Team for advice and guidance.
- 4.3 If the child or young person is or about to undertake a caring role on a regular and substantial basis, and these tasks may or have put the child or young person at risk of suffering significant harm as a consequence, workers should immediately seek advice from their line manager and follow Hartlepool Safeguarding Children Board Safeguarding Procedures. In addition if the adult or child being cared for chooses not to accept an offer of services and they place themselves at risk of suffering or have suffered significant harm workers should immediately seek advice from their line manager and follow the Hartlepool Safeguarding Adults Board Safeguarding Procedures.

5. OUTCOMES FOR YOUNG CARERS

- 5.1 There is an expectation that the implementation of this policy and procedure will have a positive impact for young carers and those they care for. Data will be collected from the service commissioned to provide support to young carers on statistical trends for example whether or not the service receives more referrals. In addition qualitative data will also be gathered about how the procedure has helped improve the lives of young carers. This will be achieved through the inclusion of data collection in the contract with the service provider.

REFERENCES

Department of Health (2008), "Carers at the Heart of 21st century, families and communities. A caring system on your side. A life of your own".

Frank, J. & McLarnon, J. (2008) Young carers, parents and their families: Key Principles of Practice. Supportive practice guidance for those working directly with, or commission services for, young carers and their families, The Children's Society 2008

Hartlepool Adults Safeguarding Children's Board Safeguarding Procedures, (2011)

HM Government, (2010) Working Together to Safeguard Children

Joesph, S. & Becker, F & Becker, S. "Manual for Measures of Caring Activities & Outcomes for children & young people" (2009) Princess Royal Trust

Loughborough University Young Carers Research Group, (2004) Young Carers in the UK

CHILDREN'S AND COMMUNITY SERVICES REPORT

19 June 2012



Report of: Director of Child and Adult Services

Subject: ADOPTION SCORE CARDS

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key.

2. PURPOSE OF REPORT

The purpose of this report is to inform the Portfolio Holder of the Council's performance in relation to the recently published Adoption Scorecards which measure the effectiveness of local authorities in placing children for adoption.

3. BACKGROUND

3.1 The Department for Education has recently published adoption scorecards detailing local authorities' performance in relation to the placement of children for adoption. The scorecards form part of the new approach by the Government to address delay for children within the adoption system as set out in the government Action Plan for Adoption: Tackling Delay which was published in March 2012. In publishing national adoption score cards, the Department for Education hope to encourage local authorities to monitor their own performance and compare it with that of others.

The data within the adoption score card is based on a three year rolling average (2008-09 to 2010-11) and the data will be updated later in 2012 with performance for 2011-12 when that data becomes available.

The adoption score cards currently provide performance data against three indicators:

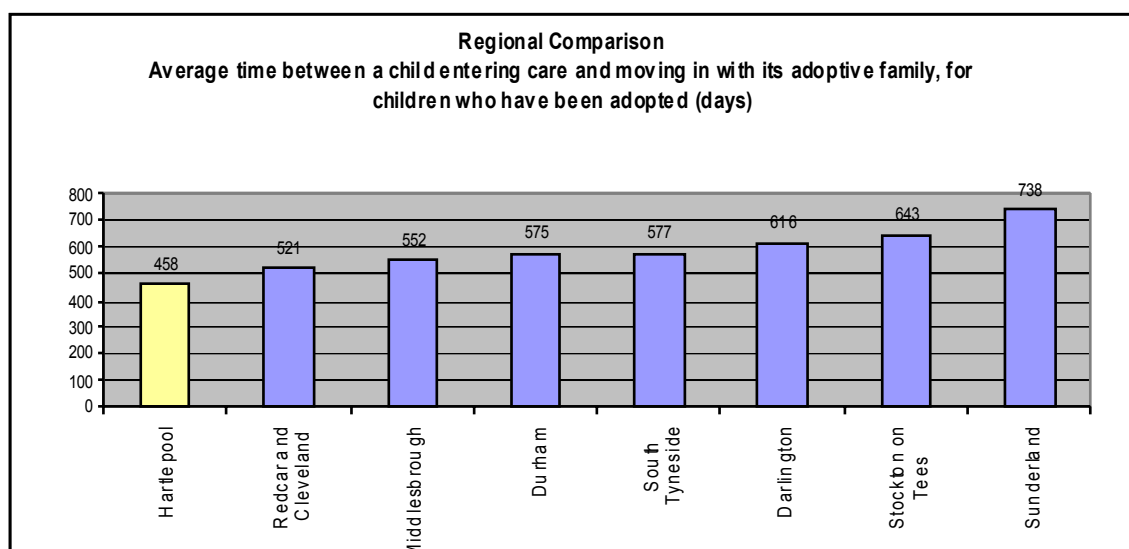
- **The average time between a child entering care and moving in with its adoptive family, for children who have been adopted;**
- **The average time it takes for a local authority to match a child to an adoptive family once the council has formerly decided that**

adoption is the best option against a target that has been set at 7 months (213 days);

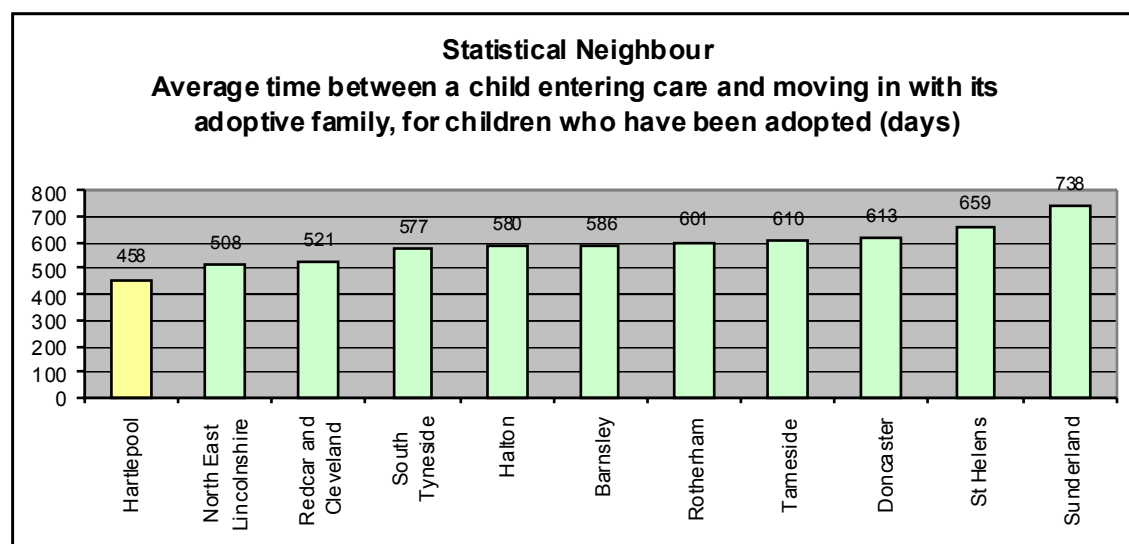
- **Children who wait less than 21 months between entering care and moving in with their adoptive family expressed as a percentage.**

3.2 In relation to the 'average time between a child entering care and moving in with its adoptive family, for children who have been adopted', children in Hartlepool wait an average of 458 days from entering care to being placed with their adoptive family, the England average is 625 days. Hartlepool, has achieved the DFE threshold of 21 months or 639 days. Hartlepool is ranked 5th in performance tables of all local authorities within England and demonstrates excellent performance against this indicator.

The table below provides a comparison between Hartlepool's performance against that of our regional neighbours.



The table below provides comparison between Hartlepool and our statistical neighbours.

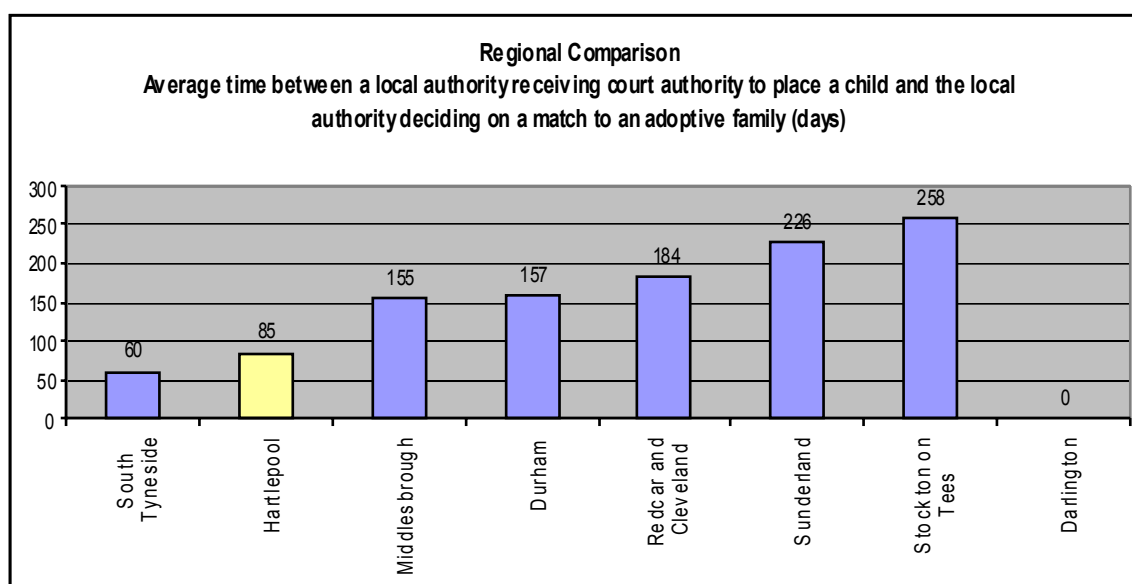


and increasing numbers of children being placed for adoption it is important to ensure continued focus and timely decision making to maintain positive outcomes for children.

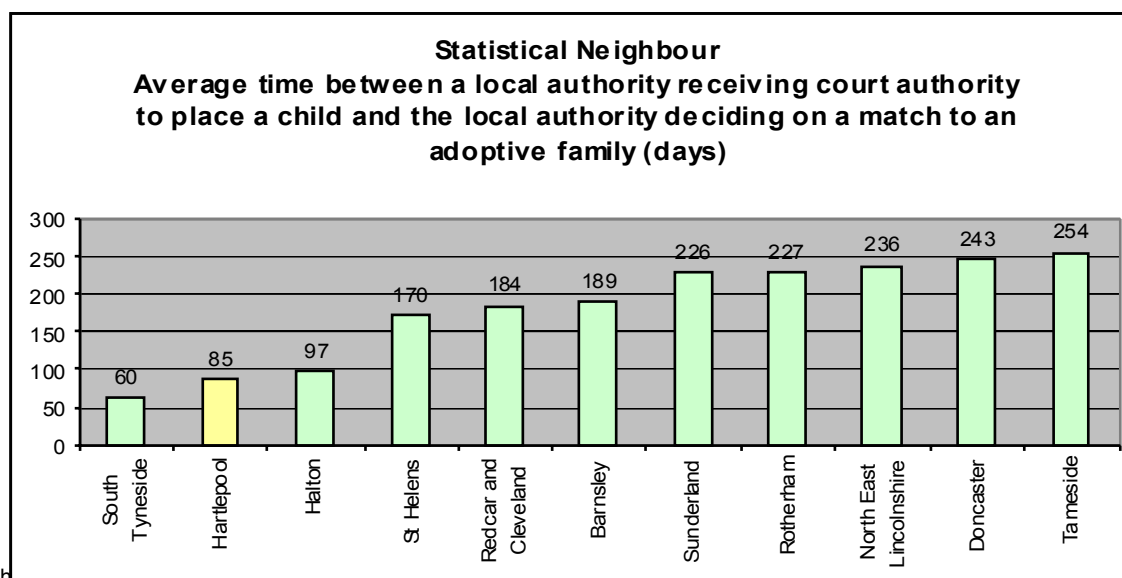
- 3.3 The second indicator measures the average time it takes for a local authority to match a child to an adoptive family once the council has formerly decided that adoption is the best option, the DFE threshold has been set at 7 months (213 days).

Hartlepool's average performance in this indicator is 85 days, the England average is 171 days, demonstrating good performance by the council, significantly under both the England average and the threshold set by DFE. In this indicator Hartlepool is ranked 20th when compared with performance nationally.

The table below provides a comparison between Hartlepool and our regional neighbours.



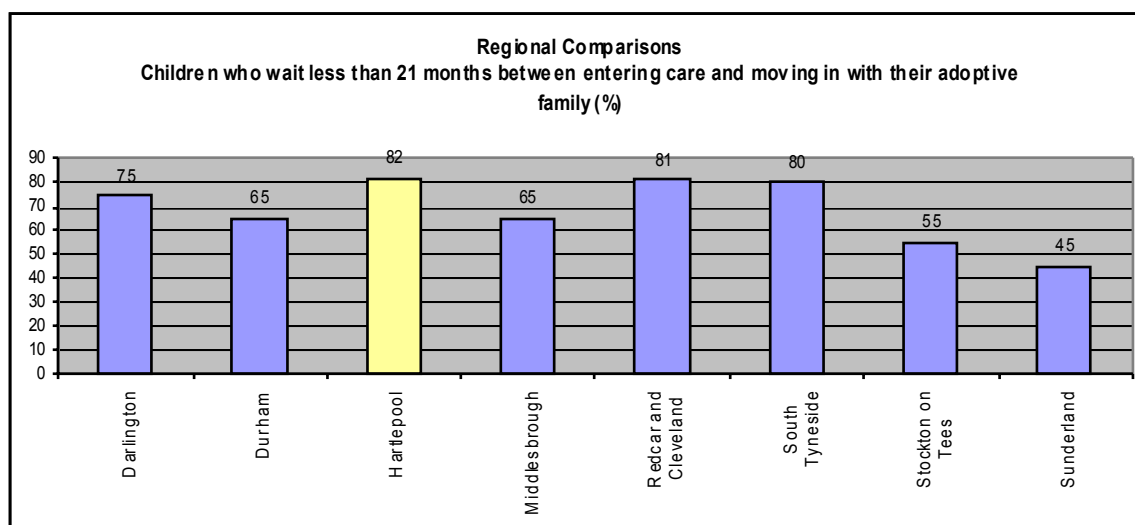
The table below provides a comparison between Hartlepool and our statistical neighbours.



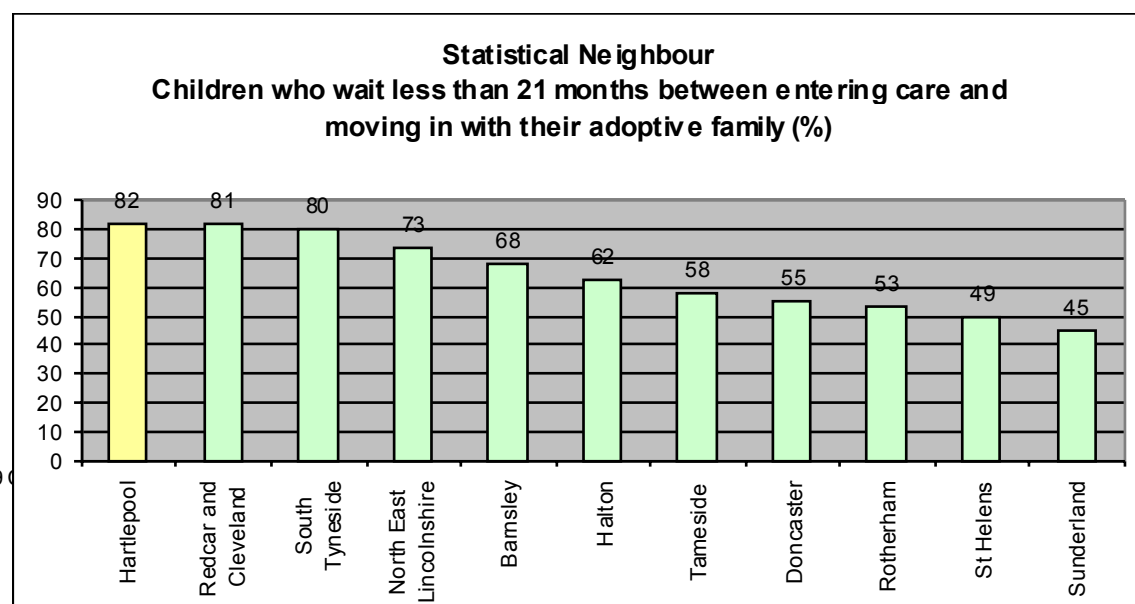
Again this indicator shows good performance by the Council; the authority has been successful in recruiting adopters to provide placements for children from Hartlepool as well as providing adopters for children from other local authority areas. The publicity surrounding the publishing of adoption performance information in October 2011 had a positive impact on local recruitment of adopters and the service was able to run 3 adoption preparation groups in 2011/12. The service intends to continue to use the positive publicity alongside the implementation of a recruitment strategy to continue to encourage adopters to come to Hartlepool. The focus for the coming year will be to ensure the service recruits a sufficient supply of adoptive families for Hartlepool children needing placements and looking more closely at providing families for sibling groups and older children.

- 3.4 The third indicator relates to children who wait less than 21 months between entering care and moving in with their adoptive family, in Hartlepool, 82% of all children who are placed for adoption are placed within the adoptive family within 21 months, the UK average is 58%. Again demonstrating good performance locally in this indicator.

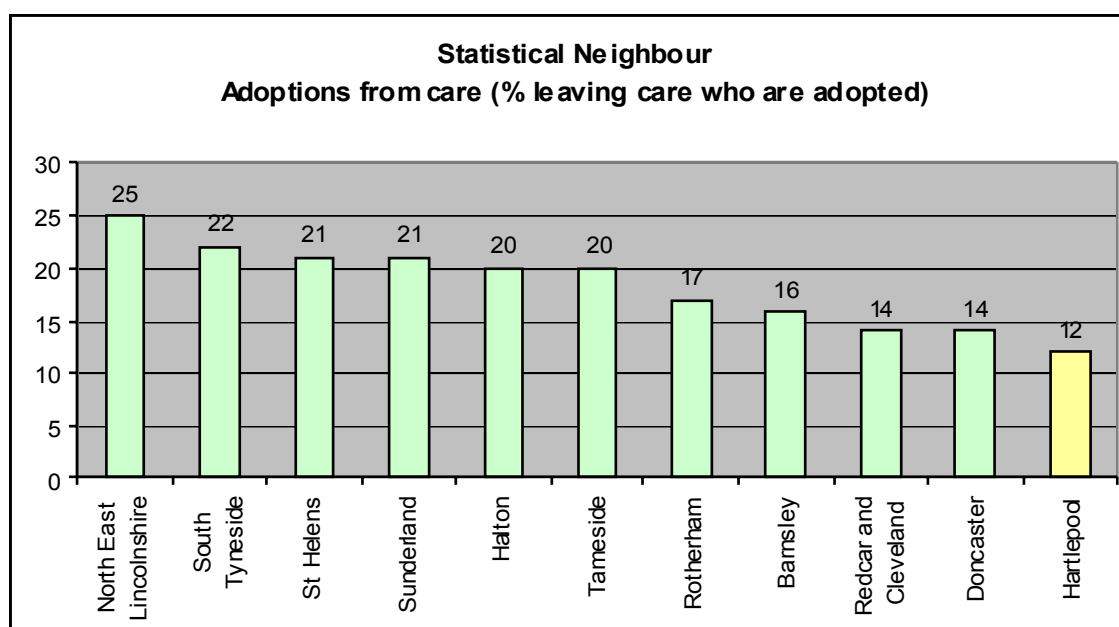
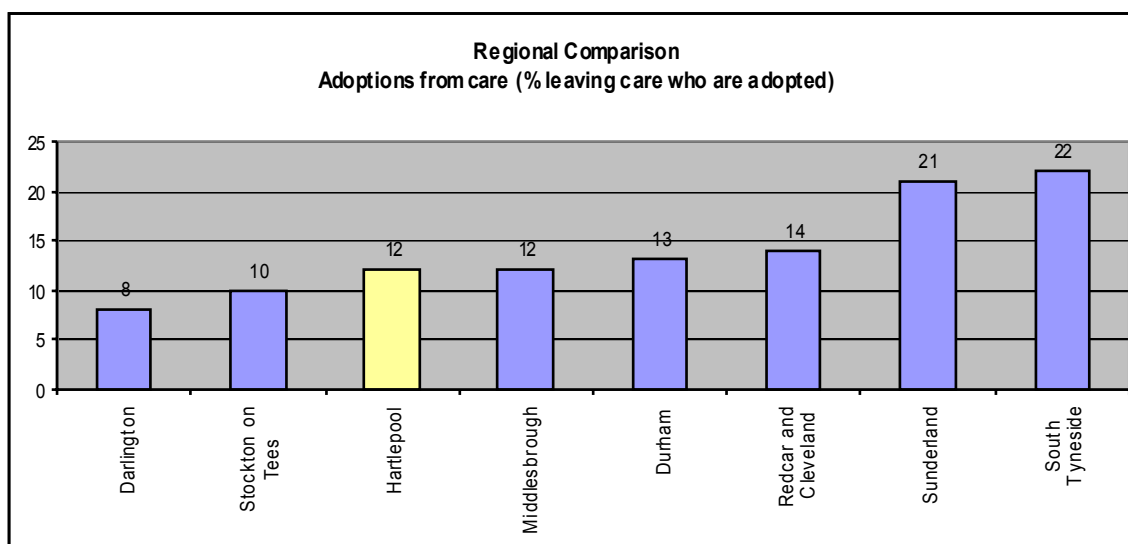
The table below provides a comparison between Hartlepool and our regional neighbours.



The table below provides a comparison between Hartlepool and our statistical neighbours.



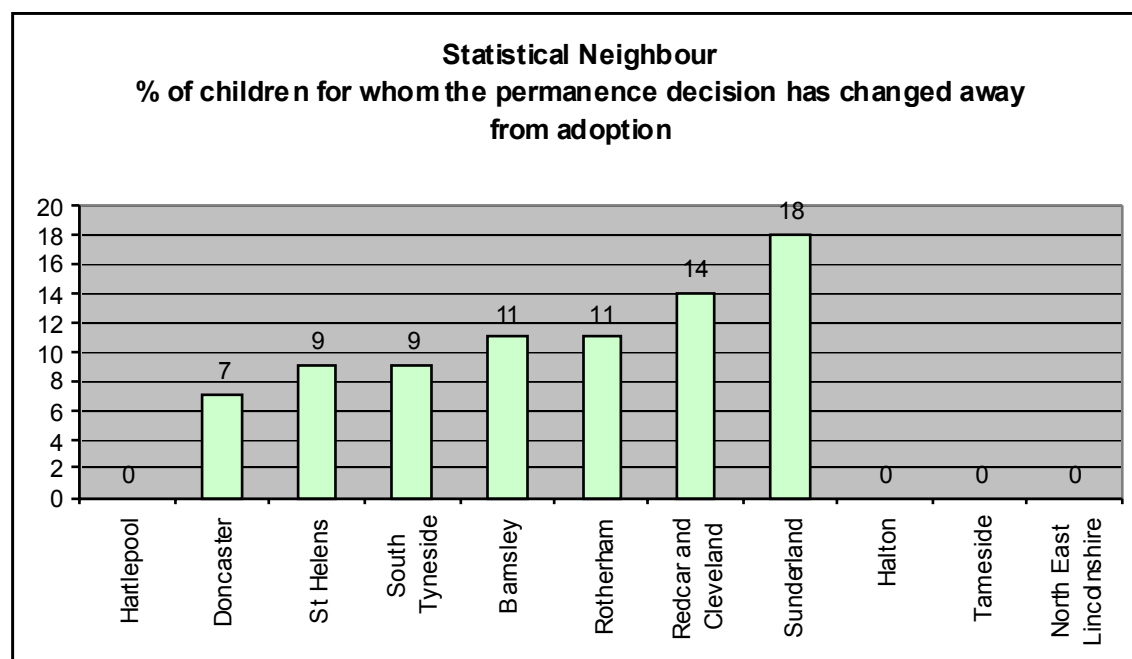
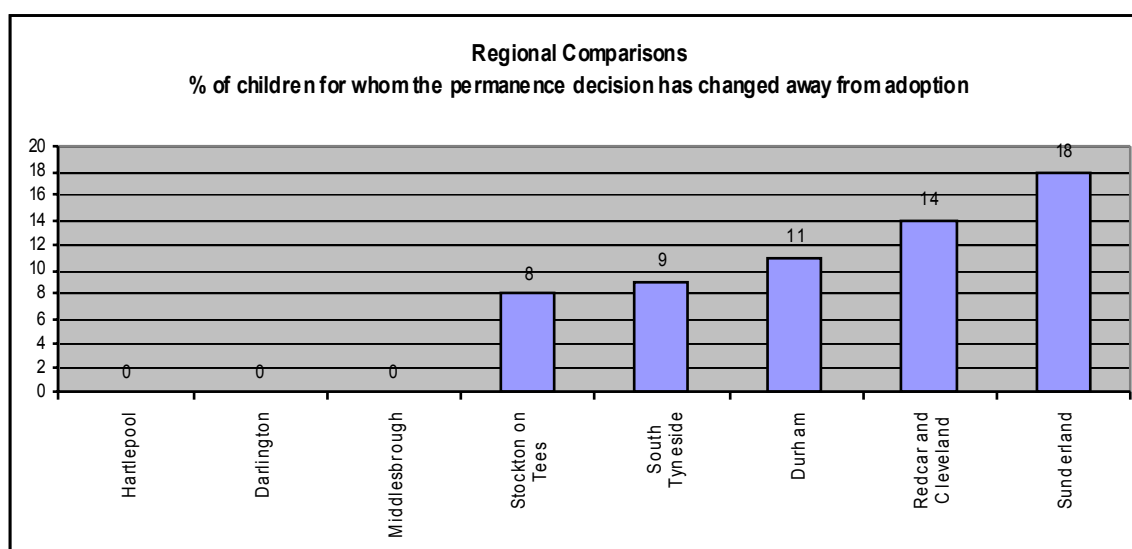
- 3.5 In addition to the three key indicators detailed above, there are a number of related indicators that have been included within the adoption score card.
- 3.6 Adoption from care, the number and the % of children leaving care who are adopted. Hartlepool performance is currently in line with the England average of 12%. The tables below provide a comparison between Hartlepool and regional neighbours and statistical neighbours.



As can be seen from the tables, Hartlepool performance when compared regionally does appear to be in line with most other authorities with the exception of Sunderland and South Tyneside. When compared to statistical neighbours the Hartlepool average is the lowest. This is an area were

further analysis of permanency planning for children is needed to ensure that plans are appropriate to meet the individual needs of children. The local authority needs to satisfy itself that it is considering adoption as the first permanency option for children, if they need to be placed outside of their family and ensure the service strives to find those families, particularly for older children and sibling groups.

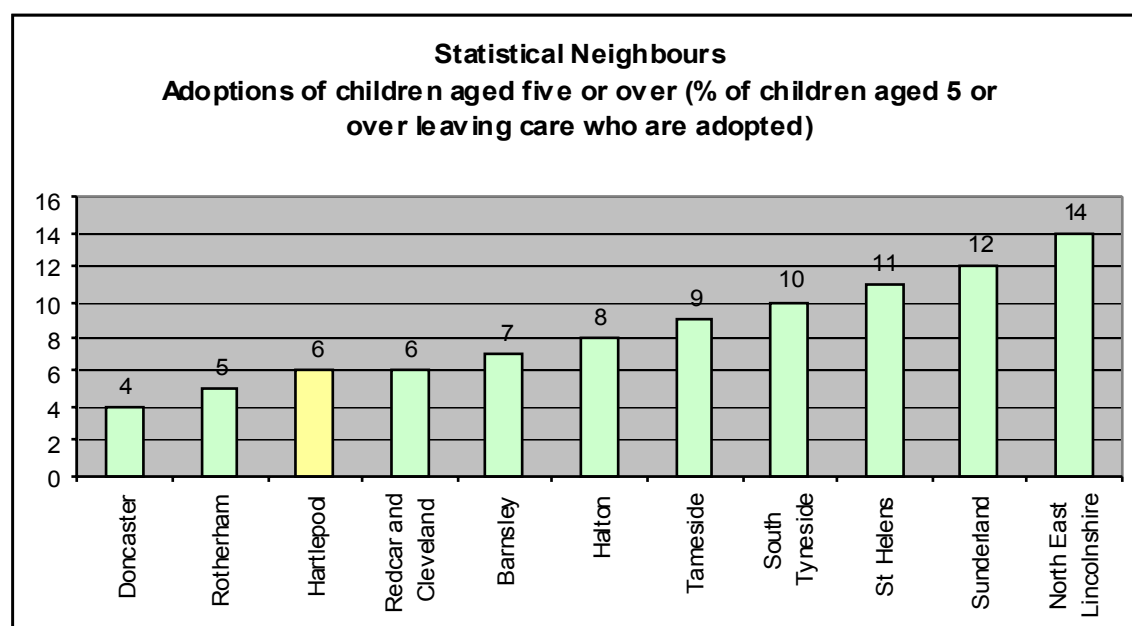
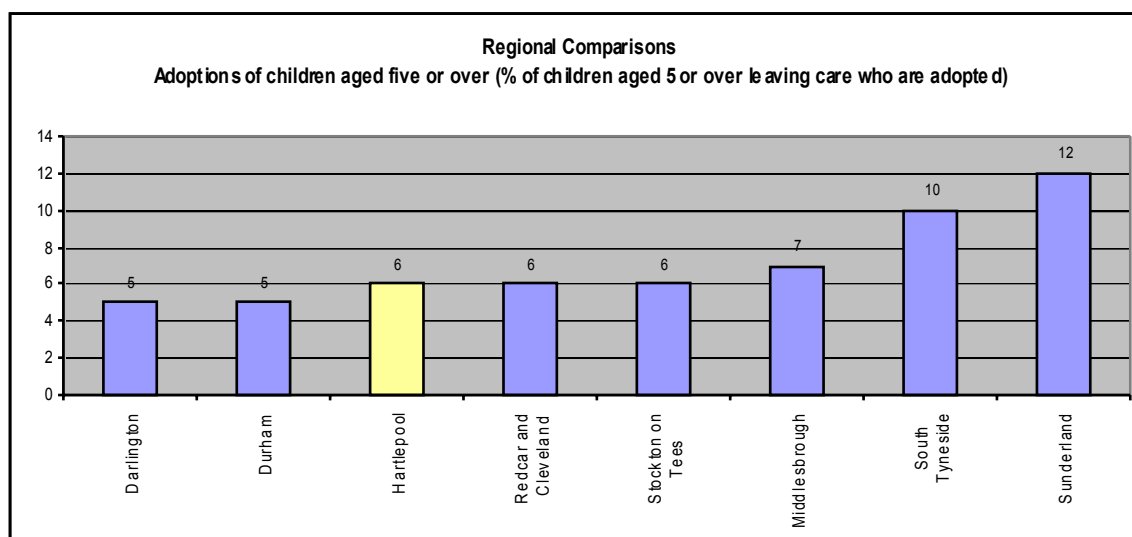
- 3.7 'Number of children, expressed as a percentage, for whom the permanence decision has changed away from adoption', in Hartlepool we had a 0% return for this data. England average is 7%, and the tables below show our performance against regional and statistical neighbour.



Our performance in this area has been exceptionally good. From the information currently available for 2011/12 this figure will increase and this will be a challenge for the department in the future. An increased focus

around ensuring adoption is considered as a preferred plan in the first instance, coupled with the national shortage of adopters, will require a robust adoption recruitment strategy if we are to be successful in achieving positive outcomes for children via adoption. It is equally important to ensure plans for children are robust and realistic and practitioners will need to ensure planning is timely and effective, as a change of plan will cause delay in achieving permanency for a child which can have a detrimental impact upon children's outcomes.

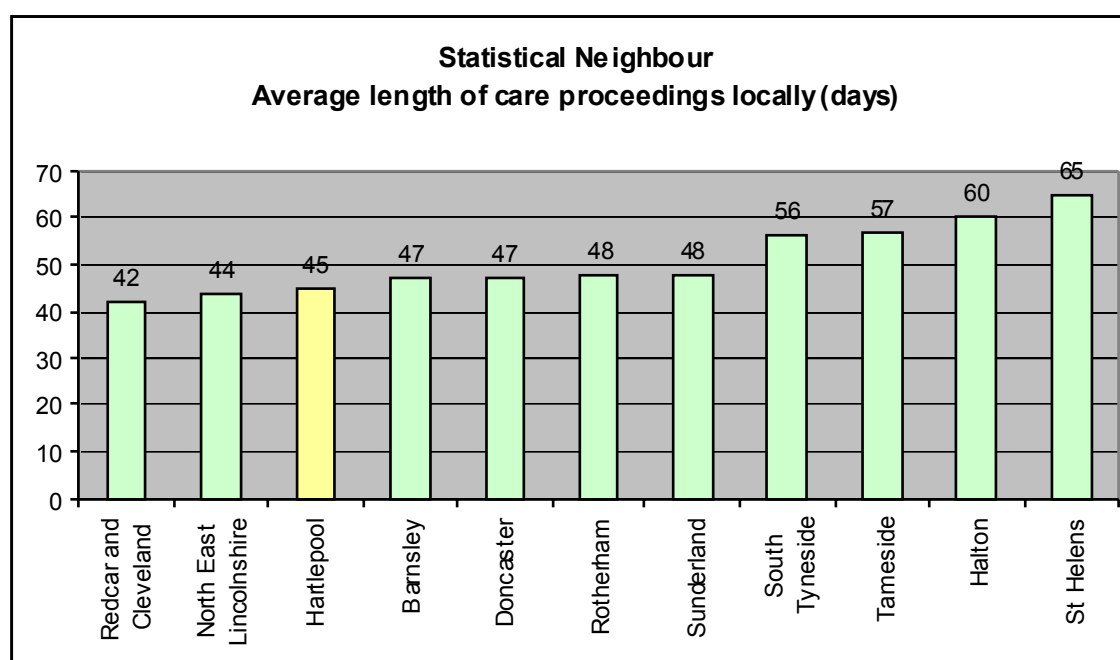
- 3.8 'Adoption of children from ethnic minority backgrounds (number adopted and % of BME children leaving care who are adopted)'. Hartlepool's data has been suppressed as number is less than 5, so data can not be appropriately or securely compared.
- 3.9 'Adoption of children aged five or over (number adopted and % of children aged 5 or over leaving care who are adopted)'. Hartlepool's performance is 6%; England's average is 5%. Performance in relation to regional and statistical neighbours is contained in the tables below.



The performance shows that Hartlepool is at the lower end of performance when compared with both regional and statistical neighbours. The service will need to ensure that planning for older children is not compromised by the current lack of adopters or by the key performance indicators contained within the adoption score cards. It is essential that plans for children are based upon the assessed need and the local authority proactively seek the appropriate permanence option to meet those needs.

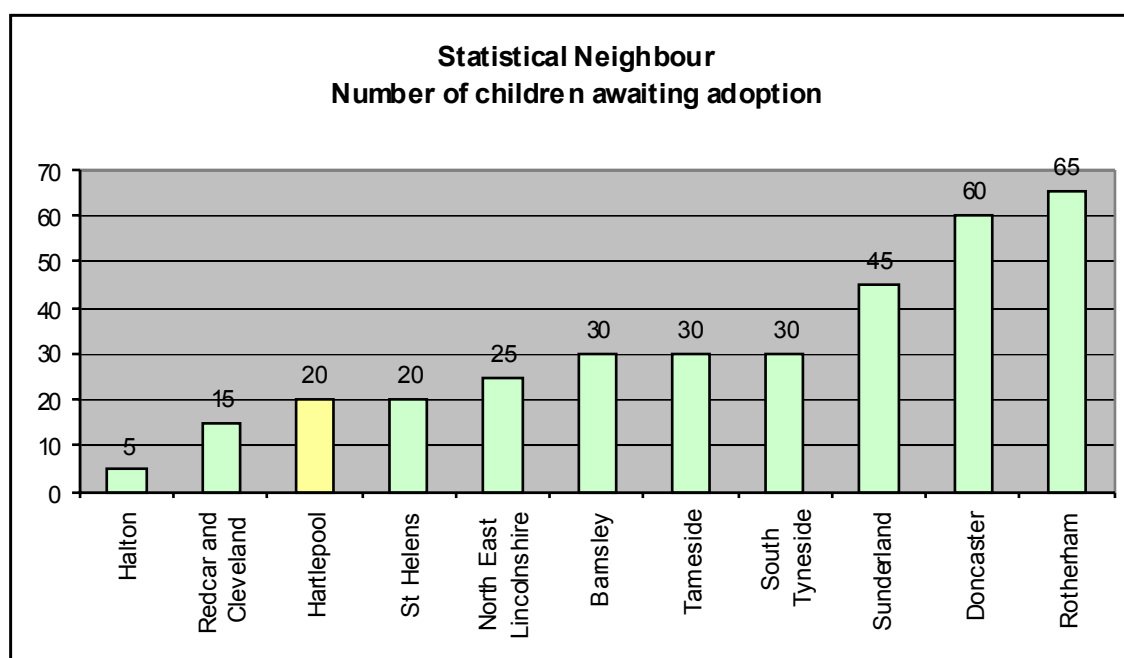
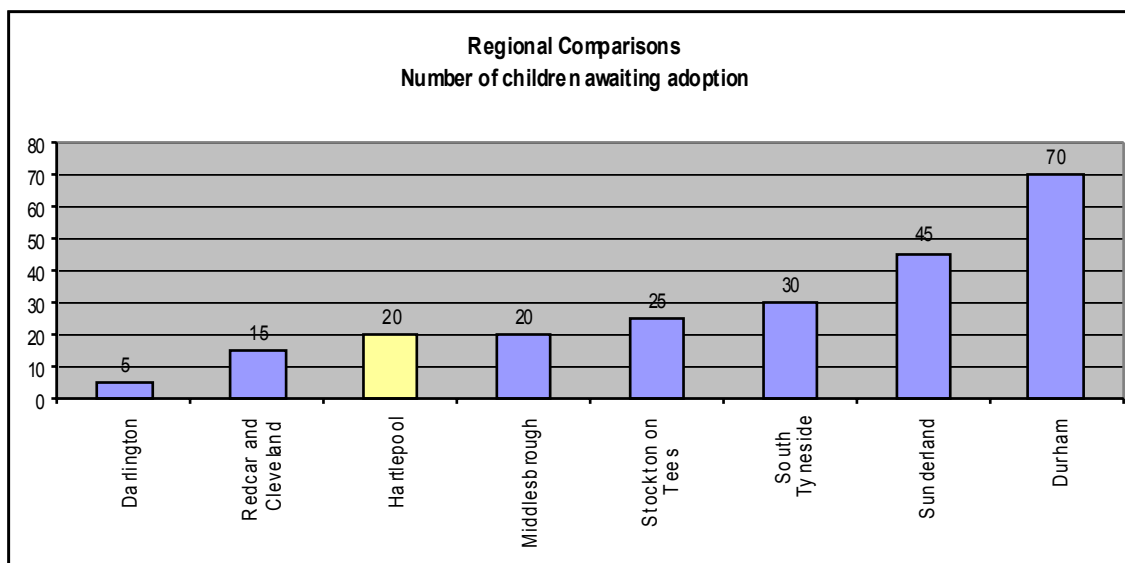
3.10 'Average length of case proceeding locally (weeks)'.

Hartlepool's average is 45 weeks which is below the England average of 52 weeks. The tables below detail regional and statistical comparisons.



Care proceeding initiated by Hartlepool, Stockton, Redcar and Cleveland, Middlesbrough, Darlington and Durham, are considered by the Teesside Family Proceedings Court. Assistant Directors from the Tees Valley Local Authority's meet regularly with His Honour Justice Taylor to improve communication and to informally consider issues relating to court matters. These meetings have been effective in improving court process and ensuring delays in proceedings are kept to a minimum. Alongside this robust court time tabling and the local authority ensuring reports for court are provided within timescales, ensures good performance in this area.

3.11 'The number of children awaiting adoption (as at 31 March 2011)'. Hartlepool had 20 children waiting for adoption, see the tables below.



As at 31 March 2012 the local figure has reduced significantly from the 2011 data. This is an area of performance that is and will continue to be closely monitored and reported 6 monthly to portfolio holder. The aim is to keep to a minimum the time children wait for a permanent home but it is important to recognise the complex nature of finding the right adoptive parents and this assessment can not be compromised by undue haste in making decisions.

- 3.12 'The number of approved prospective adopters as at the 31 March 2011'. Currently there is no data published in relation to this performance, however, it is the intention of the DFE to publish data on how local authorities and adoption agencies deal with prospective adopters. The service has reported data to portfolio on the numbers of adopters approved during 2011/12 within

the Adoption Annual report including the average length of time taken from initial enquiry to approval.

- 3.13 The Government and DFE have expressed concerns around the length of time it takes for local authorities to approve adopters and it is proposing speeding up the process. In particular expecting prospective adopters training and information gathering to be completed within 2 months and the assessment process completed within 4 months. It is important that adopters are assessed in a timely but thorough way and it is essential that assessments are not compromised by imposed timescales.
- 3.14 Local performance in relation to timeliness of preparation, assessment and approval is currently good and would meet the requirements of this new expectation. In 2011/12 the service had enough applicants to run three adoption preparation groups which improved the timeliness of the assessment as applicants were not waiting to attend preparation groups. It is anticipated that the frequency and timing of the training course will have the most significant impact on meeting these timescales and therefore consideration is being given to the option of collaborating with other neighbouring authorities to provide regular preparation groups.

4. PROPOSALS

- 4.1 The attached action plan (**appendix 1**) sets out how Hartlepool aims to meet timescales expected within the adoption score cards. It is important to note that placing a child for adoption is likely to be the most significant life changing decision a social worker will make and as such local authorities have a duty to ensure such decisions are made robustly and carefully.

5. RECOMMENDATIONS

- 5.1 That the Portfolio notes the council's performance in this area and the action plan attached in **appendix 1**.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Adoption is a key statutory function of Children's Social Care and as such it is essential that portfolio holder has information in relation to the council's performance in this area.

7. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

Adoption Service Action Plan

8 BACKGROUND PAPERS

- 8.1 An Action Plan for Adoption : Tackling Delay- Department for Education
Adoption Score Cards- Department for Education

9 CONTACT OFFICER

Jane Young
Head of Service
Specialist Service
Child and Adult Service

ADOPTION ACTION PLAN 2012 – 2013

	Objectives	Actions	Responsible Officers	Timescale
National priorities	To implement government proposals for new timescales for approval of adopters to maintain positive outcomes for children being placed for adoption and to tackle potential delays.	<p>To produce rolling programme of adoption preparation training 3x a year</p> <p>2 months to complete preparation training</p> <p>4 months to complete Assessment process</p>	Adoption social Workers	July 12 October 12 Feb 13
	To implement government proposals regarding the focus on timescales for the child	<p>Ensure Permanency Process meetings held within 2 weeks of Permanency Planning meeting</p> <p>To hold regular family finding meetings – PP</p> <p>To hold monthly tracking meeting – Adoption team</p> <p>To have adoption cases as standing agenda item at team</p>	<p>Team manager</p> <p>Principal practitioner</p> <p>Team Members</p> <p>Chair</p>	Review Quarterly

3.1 Appendix 1

	Objectives	Actions	Responsible Officers	Timescale
		meetings		
	To address recruitment shortfalls – to provide placement choice and extend in-house resources	<p>Compile profile of children coming to panel over past 3 years</p> <p>To collate information regarding children whose plan has changed</p> <p>To revisit publicity materials and publicity activity</p> <p>To be more robust in collecting data on why people come forward and why chose Hartlepool.</p> <p>To evaluate why enquiries do not progress</p>	<p>Jacky Yeaman-Vass/Kath Ling</p> <p>Alison Garbutt</p> <p>Team Members</p> <p>Jacky Yeaman-Vass</p>	<p>By July 12</p> <p>July/Aug 12</p> <p>6 monthly</p>
	To ensure that adopters are valued and that the process is inclusive by seeking more detailed feedback regarding the experience of our adopters and that this relates to service improvement	<p>Review and update feedback forms/materials</p> <p>Collect and collate</p> <p>Analyse feedback from Preparation training</p> <p>Analyse feedback re: panel</p> <p>Send feedback forms on case</p>	<p>Alison Garbutt</p> <p>Team Members</p>	<p>July/Aug 12</p> <p>Review quarterly</p>

3.1 Appendix 1

	Objectives	Actions	Responsible Officers	Timescale
		closure Implementation of the Adoption Charter	Jacky Yeaman/Vass	July12
	Adoption Social workers to provide support to the Placing social workers in pursuing the plan for adoption	To continue to offer assistance with completion of profiles To support life story work and feedback delays to IRO, TM	Adoption social workers	On-going
	To ensure that Hartlepool adopters have the skills and knowledge to provide permanent placements to a variety of children	Training of adopters to be reviewed and updated on a regular basis To extend the foster carer telephone support to include the adopters To enable adopters to access to website information/articles The programme of post approval training to be updated and extended – to plan the provision of more child development, attachment and neuro-scientific research presentations	Team Members Jane Young Pam Swainson Adoption Social Workers	x3 annually July 2012 July/Aug 12 July 2012

3.1 Appendix 1

	Objectives	Actions	Responsible Officers	Timescale
	<p>To improve the quality of post adoption assessment.</p> <p>To ensure that adopters are aware of the support and that they are provided with an appropriate assessment of their needs</p>	<p>Implement a quality assurance framework.</p> <p>Review training needs of adoption workers.</p> <p>Post Adoption assessment and agreement documentation to be revised</p>	<p>Jacky Yeaman/ Vass</p> <p>Clare Frankland</p>	<p>By July 2012</p> <p>July 2012</p>
	<p>To ensure that Hartlepool meets the timescales for the child's journey through adoption and has systems in place to monitor progress and highlight and tackle potential delays</p>	<p>To implement a tracking system which records the dates of steps within the adoption process</p> <p>To monitor and meet the timescales required for a child's journey through to adoption - Currently 21 months (2016 – 14 months)</p> <p>To ensure that significant dates</p>	<p>Kath Ling/ Kay Forgie</p> <p>Jacky Yeaman-Vass/Kath Ling</p>	<p>By end of June 2012</p>

3.1 Appendix 1

	Objectives	Actions	Responsible Officers	Timescale
		<p>are collected and recorded</p> <p>To conclude Family finding following CO/PO within timescales Currently 7months (2016 - 4 months)</p> <p>To ensure that significant dates are collected and recorded</p>	<p>Adoption Social workers/Team Clerk</p> <p>Family Finders</p> <p>Adoption Social workers/Team Clerk</p>	
Local Priorities	To increase the in-house adopters available to be matched with the children of Hartlepool to ensure that they are robustly matched and achieve stability of placements.	Review and implement a recruitment strategy	Jacky Yeaman / Vass	September 12
	To ensure that Hartlepool adopters have access to range of flexible and effective resources in terms of post adoption support and that their needs and those of the children placed are properly assessed	<p>Improve quality of post adoption support assessment.</p> <p>Continue to facilitate support groups for adopters.</p>	<p>Jacky Yeaman/ Vass</p> <p>Adoption team</p>	<p>July 2012</p> <p>Review April 2013</p>

3.1 Appendix 1

	Objectives	Actions	Responsible Officers	Timescale
	and addressed.	Monitor the services commissioned from After Adoption to ensure the support provided is robust, timely and the needs of those accessing it.	Jane Young/ Commissioning team	Quarterly
	To ensure that the systems in place for the recording of adoption information are comprehensive and effective and that ICS supports this function.	Monitor the ICS system to ensure system operates to maximum effect. Feedback any issues to ICS practitioners group/ ICS Operational board.	Adoption team Jacky Yeaman/ Vass	On going Review April 2013

AAR - ADOPTION AGENCY REGS 2005

NMS (ADOPTION) - NATIONAL MINIMUM ADOPTION STANDARDS 2000

AG - ADOPTION GUIDANCE

ASSR - ADOPTION SUPPORT SERVICES REGS 2005