

CITY OF  
WOLVERHAMPTON  
COUNCIL

# Corporate Parenting Board Meeting

Thursday, 22 September 2022

Dear Councillor

## **CORPORATE PARENTING BOARD - THURSDAY, 22ND SEPTEMBER, 2022**

I am now able to enclose, for consideration at next Thursday, 22nd September, 2022 meeting of the Corporate Parenting Board, the following reports that were unavailable when the agenda was printed.

### **Agenda No    Item**

- 6      **Health Services for Children and Young People in Care Annual Report 2021 - 2022 (Pages 3 - 32)**

[To receive the annual health report.]

- 7      **Annual Fostering Report 2021 - 2022 (Pages 33 - 68)**

[To approve the Annual Fostering Report 2021 – 2022.]

If you have any queries about this meeting, please contact the Democratic Services team:

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**BLACK COUNTRY INTEGRATED CARE BOARD (BC ICB)  
WOLVERHAMPTON PLACE**

**Corporate Parenting Board**

Health Services for Children and Young People in Care (CYPiC) Annual Report (Aug 2021 – July 2022)

<b>TITLE OF REPORT:</b>	Health Services for Looked After Children Annual Report Aug 2021 – July 2022
<b>PURPOSE OF REPORT:</b>	This report aims to summarise the key areas of development and outcomes achieved by local health service providers during the identified time frame.
<b>REPORT WRITTEN BY:</b>	Fiona Brennan, Designated Nurse CYPiC, BC ICB Laura Powell, CYPiC Team Lead, Royal Wolverhampton Trust.
<b>REPORT PRESENTED BY:</b>	Fiona Brennan Laura Powell Dr Wendy Harrison Frazer - <b>CAMHS</b>
<b>EXECUTIVE RESPONSIBLE</b>	Sally Roberts, Chief Nurse and Director of Quality, <b>BC ICB</b>
<b>KEY POINTS:</b>	Whilst the <b>CAMHS</b> report forms part of our overarching health offer, it has been submitted this year as a separate report.
<b>CORPORATE PARENTING BOARD ACTION REQUIRED:</b>	Decision Approval ✓ Assurance

<b>Implications on resources</b>	
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### 1.0 Foreword

#### **Opportunities for system working – Black Country Integrated Care Board**

- At the end of July 2022, Black Country and West Birmingham CCG (BCWB CCG) transitioned into the BC ICB, and as such are responsible for developing a plan in collaboration with other system partners to meet the health needs of the population. It will also be accountable for NHS spend and performance across the Black Country.
- One of the real strengths of our ICB has been the emphasis on shared purpose and real ambitions, such as tackling health inequalities for colleagues and communities (see 3.4 Ensuring Equity)
- This will strengthen alignment of work, with a greater ambition for resilience and resource
  
- We will however refer to the former (BCWB CCG) for the purpose of this report.
- This report outlines how BCWB CCG work with provider and partner agencies in discharging statutory responsibilities to promote the health and wellbeing of CYPiC, who are the responsibility of Wolverhampton (W-ton) City Council (WCC).
- Challenges and good practice will be highlighted, with recommendations for future development.

### 2.0 Purpose of Report

- The purpose of this report is to inform and assure members of the Corporate Parenting Board around activity and performance in relation to the health care of our CYPiC wherever they are placed.
- This report will provide assurance that we continue to strive to meet statutory requirements and will demonstrate a model of continuous improvement. It will also highlight challenges and areas for improvement.

## 3.0 Black Country and West Birmingham Clinical Commissioning Group

- Working Together to Safeguard Children 2018 states that Clinical Commissioning Groups (CCGs), as major commissioners of local health services, should employ or have in place a contractual agreement to secure the expertise of Designated professionals for CYPiC.
- In line with intercollegiate guidance, the W-ton CCG Team employs a full time Designated Nurse for CYPiC (DN CYPiC), and a part time (1 day a week) Designated Doctor for CYPiC (DN CYPiC). They take a strategic and professional lead across the health community on all aspects of CYPiC, including provider organisations which are commissioned to undertake this service.

### 3.1 Core health activities

- The core health activities that require commissioning for CYPiC relating to statutory duties are:
  - **Initial Health Assessments (IHA)** - The initial health assessment should take place in time to inform the child's first CYPiC review within 20 working days of entering care.
  - **Review Health Assessments (RHA)** - The review of the child's health plan must take place once every six months before a child's fifth birthday and once every 12 months after the child's fifth birthday.
  - **Leaving Care Health Summaries (LCHS)** - Care leavers (CL's) should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments), with guidance on how to access a full copy if required.
  - **Adoption Reports** - the collation of reports for adoption and fostering panel.

### 3.2 Demographics and Current Commissioning Arrangements

- Our Provider health service is the Royal Wolverhampton NHS Trust (RWT). Their health care provision includes all children placed in and outside of W-ton, within a 50-mile radius. This continues to ensure improved consistency and oversight.
- Black Country Healthcare Foundation NHS Trust are the commissioned healthcare provider of CAMHS, offering a specialist therapeutic service to our CYPiC.

- 13% of our children are currently placed further than 50 miles away, a 4% increase as reported in 2021. The CCG are responsible for the coordination and quality assurance of health assessments for this cohort.
- In July 22, W-ton had 515 CYPiC, with a significant number placed out of City – please see figure 1, and figure 2 for comparison with our neighbours. Whilst W-ton has a higher percentage placed out of City, it is reassuring to note that only 45 (9%) however are placed 50 miles plus, meaning that 91% of our children are under the care of RWT.
- Figure 3 highlights the numbers of up to date health assessments for our CYP placed outside of 50 miles, showing at 91%, a 1% decrease on last year. This remains encouraging, and highlights sound communication with hosting CCG’s and local health care providers.

Figure 1 – W-ton data

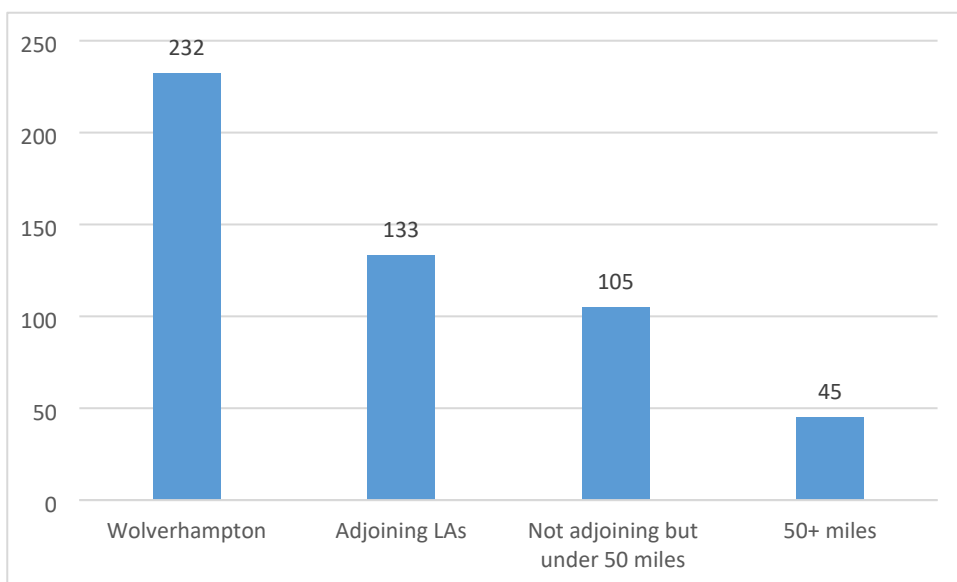


Figure 2 – Our neighbours (no Walsall data available)

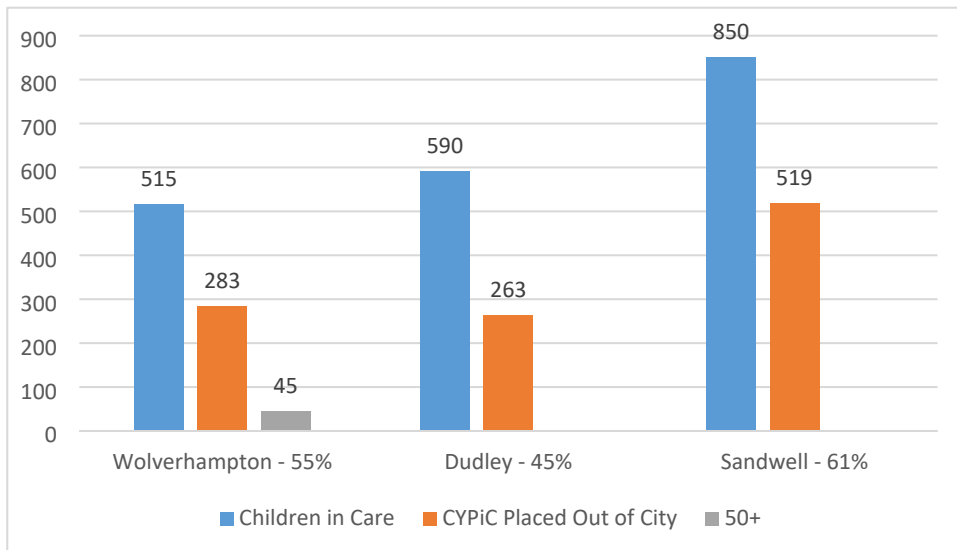
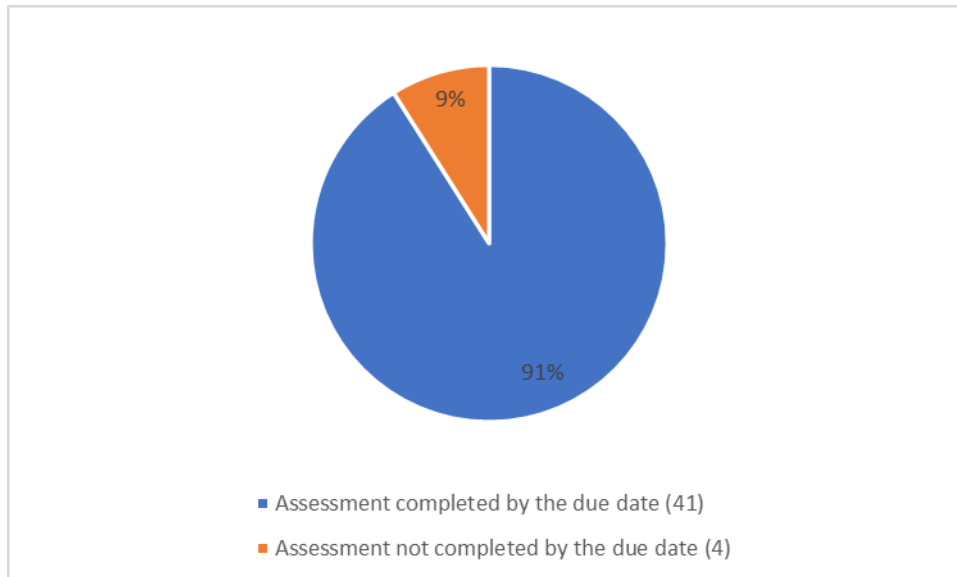


Figure 3 – Up to date assessments



### 3.3 Quality, Governance and Performance

- Whilst there remains a challenge in achieving 95% compliance for statutory health reviews, we have assurance through reporting arrangements that although timescales are sometimes not met, all initial and review assessments are completed

(unless refusal by CYP), with 100% quality assured as required. 100% of CYP entering care are offered an IHA but turning this around within the 20 working days remains a national challenge, with a significant amount of work taking place to resolve this locally, as detailed further on in the report.

### **3.4 Key Priorities for BCWB CCG**

#### **Listening to our CYP**

- We remain committed to working with stakeholders and commissioned services to ensure the health, safety and well-being of our CYPiC, wherever they are placed. Advocating for this cohort of children is a key part of our approach to commissioning, with a focus on quality.
- We recognise the importance of our CYP's voices and involving them in decision making within health is key. Quality assurance of health assessments is based on how effectively we are capturing the CYP voice, and their feelings about health and the services offered to them.
- We have learnt a lot throughout the pandemic. A hybrid approach encompassing face to face and virtual appointments was adopted during this period, and been positively received, providing more flexibility. Additionally, this has supported in engaging young people who were previously difficult to reach. We will be considering the benefits of this moving forwards.
- Wolverhampton City's 3 year (2022 – 2025) Corporate Parenting Strategy, outlines our commitments, challenges, and the key steps we shall take to ensure that our children have the best possible health outcomes. This is to ensure the experiences and opinions of the young people are embedded into service delivery and development, and most importantly decision making.

#### **Ensuring Equity**

- DN CYPiC met with the Health Inequalities Lead to discuss the proposal of free prescriptions for all Care-leavers across the STP. A draft copy of the proposal was submitted to the CYP Board in March 22 and was approved. This will be added to the City's core offer for Care-leavers, alongside ring-fenced apprenticeships within the health sector.
- Successful bid for NHSE monies has helped to fund translation leaflets for our Unaccompanied Asylum Seeking Children. These focused on BBV's and will be given to all CYP during their initial health assessment. These are accessible on the RWT intranet and have proved a great success.

<https://www.royalwolverhampton.nhs.uk/patients-and-visitors/patient-information-leaflets/service-name-a-z/g/#gemcentre>



<https://www.royalwolverhampton.nhs.uk/patients-and-visitors/patient-information-leaflets/leaflet-name-a-z/b/>

- A BC ICB Health Equity Policy was drafted in July 2022, and states; '*Health equity simply means ensuring that everyone has the chance to be as healthy as possible. Working toward health equity is a way to correct or challenge the factors that place barriers in front of people*'.

## **Compliance and Improvement**

- The court found that the Agency Decision Maker (ADM) in Somerset had not made the decision that children should be placed for adoption in accordance with the Adoption Agencies Regulations (AAR) 2005.
  - In Feb 22, Coram Baaf advised that all local authorities check that their procedures, with a key issue being the way in which the medical advisor is appointed to sit on the adoption panel.
  - Designated professionals met with Adoption@Heart, where compliance was confirmed. In addition, a job description and appointment letter were created for use across the STP for the medical advisor post, to formalise the process around recruitment and expert decision making.

## **3.5 Challenges**

### **Statutory compliance**

- Health and the LA continue to work closely together to improve compliance rates for statutory health assessments and Leaving Care Health Summaries. This will be discussed in more detail further on in the report.

### **Unwarranted Variation**

- There remains variance in the way the 4 areas are commissioned across the Black Country to deliver services. Designated CYPiC professionals meet regularly to prevent duplication of work, outline individual and place-based responsibilities, and align commissioned services. As members of the regional and national forums, we have the opportunity to share and bring back best practice to address issues locally. A single dashboard will be developed to report performance across the Black Country from September 2022.

- There remains significant unwarranted variation for CYPiC placed outside of their originating authority. Wolverhampton continue to see complex YP from other areas placed into City in unregulated accommodation. The DN CYPiC continues to raise individual cases with our multi-agency safeguarding leads across the partnership, and this remains a priority on CYPiC ICB work plan. On a positive note, W-ton CCG has a sound oversight of those who are placed over 50 miles, and communication with hosting CCG's when health issues are escalated is excellent. This has proved very effective, particularly in sharing identified risk, and ensuring access to health services are not delayed.

### **Health representation**

- The DN for CYPiC and local authority exploitation leads discussed partnership arrangements within the exploitation hub. There is currently not a Provider health presence within the hub, and this has been identified as a gap and significant risk. Additional resource to fund an exploitation lead post within health is being scoped at system level. To mitigate risk in the interim, it has been agreed that the DN CYPiC will attend the daily briefings to ensure information sharing and involvement in threshold decisions.

## **4.0 Public Health (PH)**

- PH holding the commissioning responsibilities for dental and optical health and immunisations, so will be able to present more detailed information if required on request.
- They will be including, for the first time, an identifier for CYPiC in the anonymous online Health Related Behaviour Survey (HRBS 2022). This will help provide valuable data on specific health related lifestyles and behaviour of CYPiC in W-ton. Unfortunately, due to the disruption caused by Covid-19, the survey has been delayed, but DN for CYPiC has met with Public Health data officer who is confident this will be implemented in the near future.

### **4.1 Dental Health**

- The percentage of up-to-date dental health checks is steadily rising. This continues to be closely monitored in W-ton through statutory health assessments, with 100% of cases identified where a child needs a dental intervention being addressed and actioned within their health plan.
- Any issues that have arisen and in need of escalation have been addressed by the DN's CYPiC, who has liaised directly, and effectively, with dental practices.

- As re-iterated in last year's report, it is important to note that if our Care-leavers are referred to an orthodontist **before** their 18<sup>th</sup> birthday, this will be the key qualifying criteria for commencement of treatment into adulthood, and communication has taken place with the LA to ensure young people and carers are aware.

## 4.2 Immunisations

- It is reassuring to note that following a dip sample audit of those placed 50 miles plus:
  - Immunisation status was recorded in **100%** of IHAs, with actions to follow up if incomplete
  - Immunisation status was recorded in **100%** of RHAs with actions to follow up if incomplete
- Unaccompanied asylum-seeking children (UASC) are at risk of infection with blood borne viruses (BBV). All UASC seen by a doctor for their IHA continue have routine testing for latent tuberculosis and a blood test for BBV screening.

## 5.0 Provider Service: The Royal Wolverhampton NHS Trust (RWT)

### 5.1 The RWT CYPiC team

This report covers from August 2021 to July 2022. There have been some recent changes within the management structure and as of July 2022, the team now have a permanent team lead who line manages all nursing and administration staff.

The team (managed by Head of Safeguarding) currently consists of:

- Named Doctor for CYPiC (who is also one of two Medical Advisors for Adoption and Fostering) (Community Paediatricians with allocated hours for CYPiC)
- 2 Medical Advisors for Adoption and Fostering
- Speciality Paediatric Doctor
- GP with a Special Interest in Paediatrics
- CYPiC Team Lead
- 2 Named Nurses CYPiC
- 2 Specialist Nurses CYPiC
- Administration team (including: 4 permanent members of staff)

### 5.2 Statutory health activity

#### Statutory Health Assessments

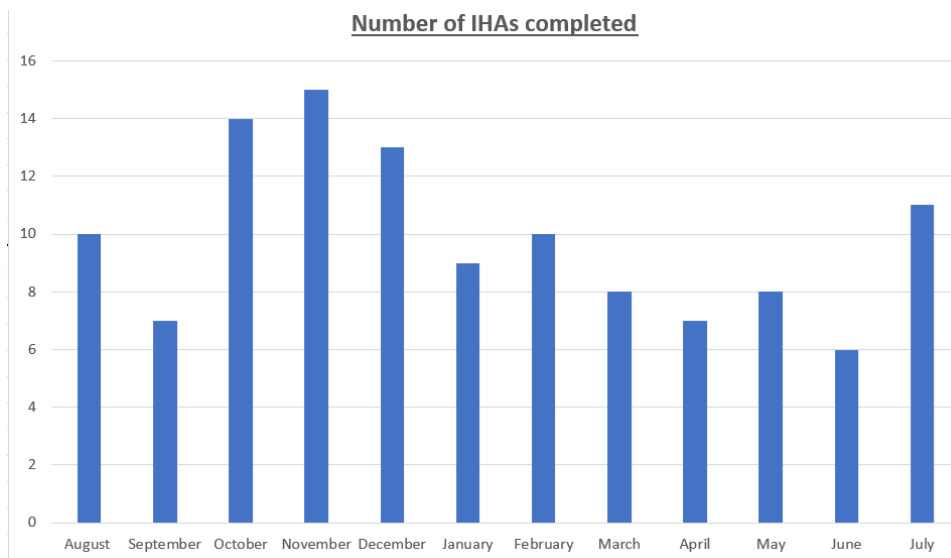
- IHAs are undertaken by the Community Paediatricians
- RHAs are undertaken by:
  - Named Nurses for CYPiC
  - Specialist Nurses for CYPiC
  - 0-19 Service including Health Visiting, School Nursing and Partnering Families Team
- The team complete all RHA's for those CYP placed up to the 50-mile radius.
- All RHA's are RAG rated to ensure the assessment is undertaken by the same practitioner for continuity for the child and in a setting to best meet the needs of the child.
- The team complete assessments for CYP placed within W-ton under the care of other Local Authorities. For this report, focus will be on those assessments undertaken for CYP looked after by W-ton only.
- All RHAs are undertaken face to face following adaptations being made during covid. Albeit virtual assessments are considered if there are significant difficulties engaging young people with the discussion and agreement with the Local Authority on an individual basis.

### Initial Health Assessments (IHAs)

Figure 4 shows the number of IHAs completed within the reporting period. A total of 118 assessments were completed. There was a noticeable peak again in October, November and December.

In addition, 30 IHAs were completed for children placed in W-ton by other local authorities.

Figure 4



In view of changes being made within the reporting framework as of April 2022, the following graphs show the compliance of IHA completion for the reporting period.

Figure 5a - IHA completion within 13 working days upon receipt of request

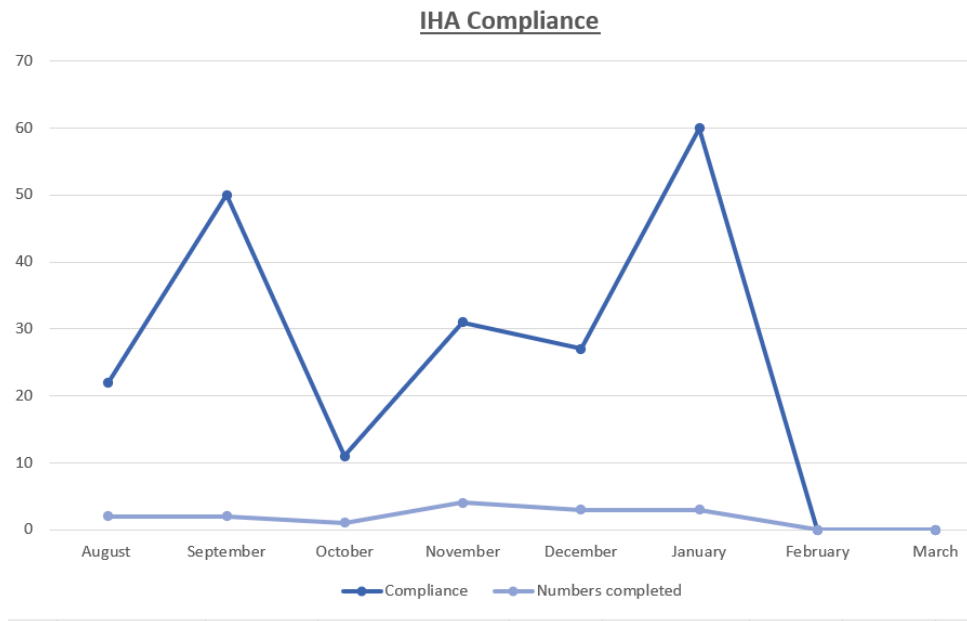
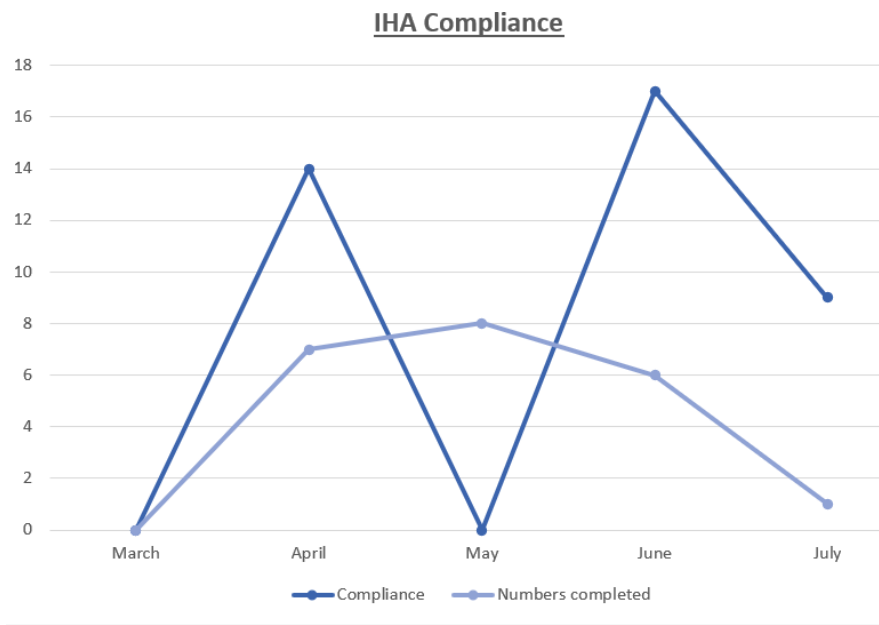


Figure 5b – IHA completion within 20 working days within day the child entered care



- There has been a significant dip in compliance of IHA completion within 20 working days during this reporting period. During the beginning of 2022, there was a considerable increase in the number of Unaccompanied Asylum-Seeking Children and the decision was taken to book a double appointment given their increased

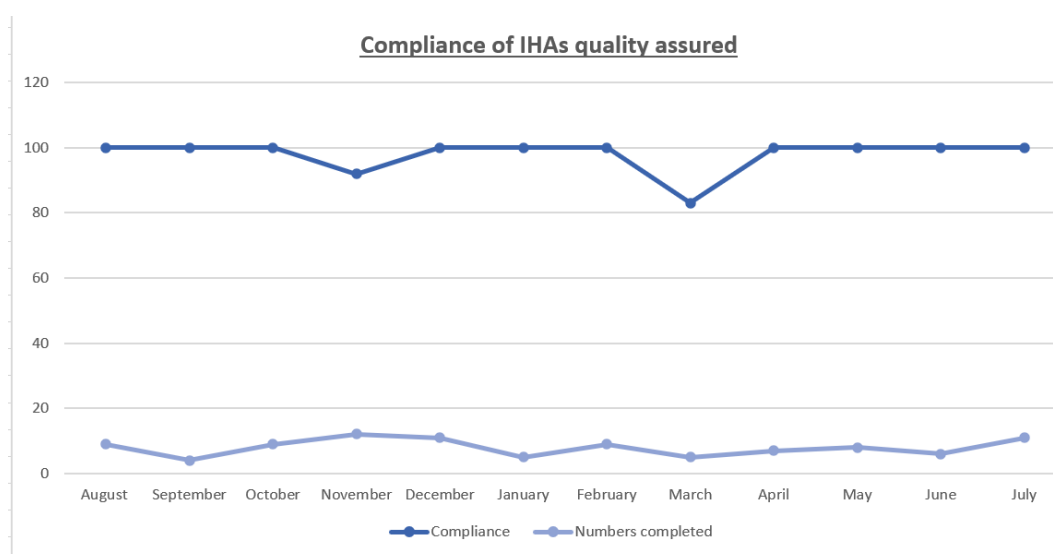
vulnerability and needs. There were also difficulties in securing translators and chasing outstanding paperwork. This did have a direct impact on clinic capacity and timeliness. We now access translators from both health and LA providers, virtually if they are unable to attend in person, reducing any delay.

- Another challenge was the increase in non-attendance and cancellations by carers (audit completed) as well as incomplete paperwork. Both were escalated to the LA and clear pathways were implemented. A briefing note was sent to out of area CYPiC teams, with an automated email generated advising incomplete referrals would not be processed and only one appointment would be offered. This was to ensure all Wolverhampton children are seen within a timely basis and appointments were not being wasted.
- There was a delay noted both in the time the child entered care to health being notified, and referrals for the IHA being received. In line with the new process implemented as of 1<sup>st</sup> July 2022, the team are now notified from the weekly LA admissions to care report and the live spreadsheet. The new process stipulates for all IHA requests to be submitted to the health administration team within 5 working days. The impact of this should be evident by Quarter.
- It is important to note there have been changes made for data reporting within health as of April 2022 which now aligns with LA reporting, supporting clarity in addition to a joint live spreadsheet to highlight current position on IHAs.
- Health passports continue to be issued to the child or young person at their IHA and should follow the child or young person through their care journey and contribute to their understanding of health, development and wellbeing.

### Percentage of IHAs quality assured within 5 working days of completion

- Figure 6 demonstrates the percentage of IHAs which were quality assured.

Figure 6



## Review Health Assessments (RHAs)

- All RHAs are undertaken face to face following the covid restrictions unless there are identified difficulties with engagement whereby a case-by-case decision will be made by the nurse and social worker.
- The nursing team continue to RAG rate all RHA requests to ensure the most appropriate method of contact, environment and practitioner is selected to support continuity and engagement. Following this, the administration team contact the carer and/or young person to arrange an appointment convenient to them.
- The team now offer 'out of school hours' appointments to support with attendance
- Figure 7 shows the number of RHAs which were received on time from the LA and completed by the due date (within provider control). There was a total of 483 RHAs reportable to the CCG over the reporting period. As figure 7 demonstrates, there has been a considerable improvement in compliance with an average compliance rate of 71% in comparison to 45% for the last reporting period. These figures are continually monitored and provided for assurance within the monthly Trust Group.

Figure 7

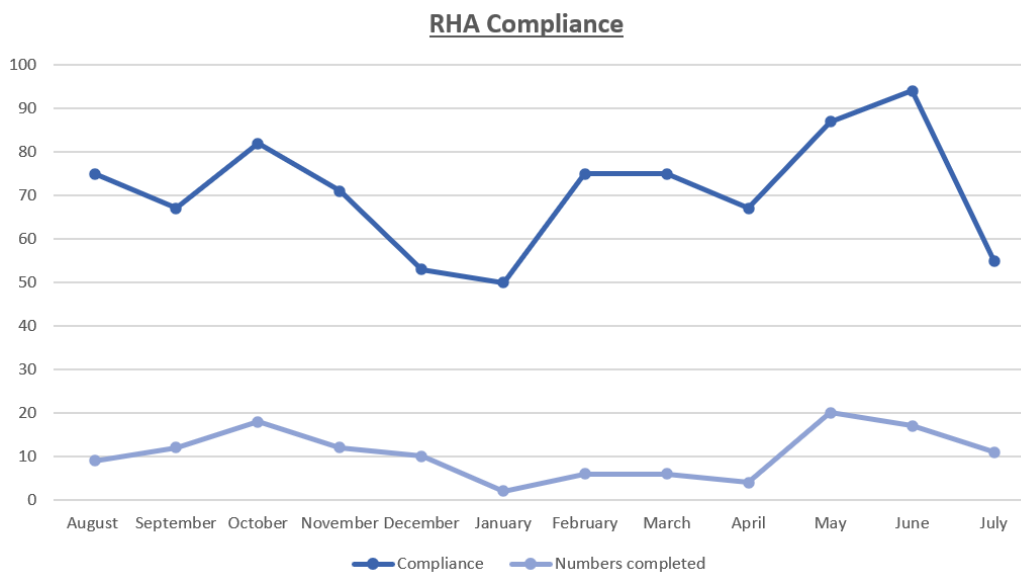
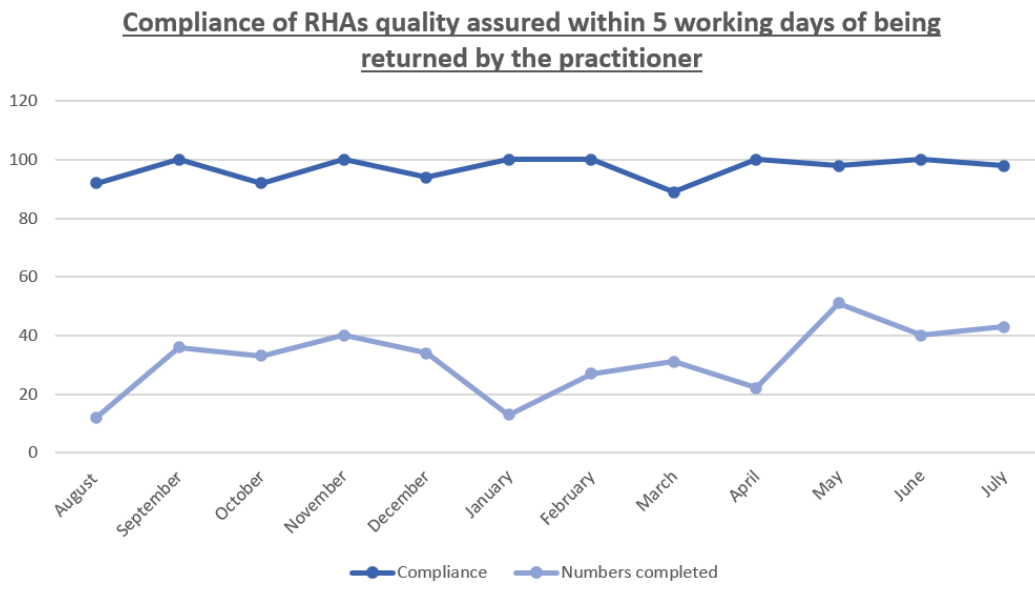


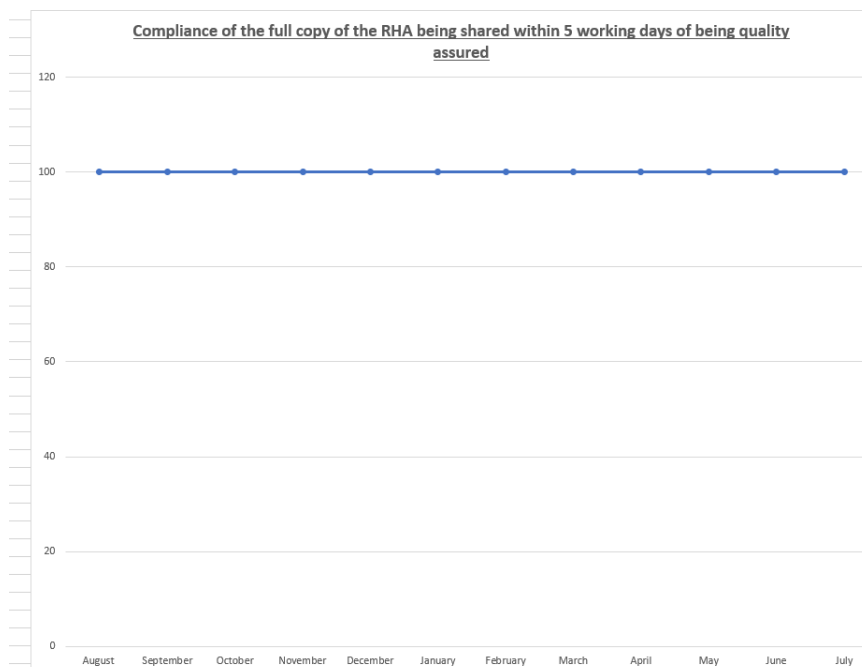
Figure 8 shows the percentage of RHAs quality assured within 5 working days of being returned by the practitioner.

Figure 8



- The nursing team continue to complete training around completion of RHA on a monthly basis to support with ongoing quality improvement.
- Figure 9 provides assurance of the sustained full compliance of RHAs being returned to the Local Authority within 5 working days of being quality assured. At 100%, this is a significant improvement to the last reporting period.

Figure 9



**Mitigation and Assurance**

- Whilst there have been significant changes made within process and actions taken to mitigate risk, clinic capacity was still recovering from backlogs outlined above, in



particular with IHAs as of the end of this reporting period. There continues to be a monthly Health Operational meeting held with management from health and LA to ensure close monitoring, improvement and sustainability.

- Changes in key process were implemented on 1<sup>st</sup> July 2022 whereby health send a list of all CYP due their RHA 4 months in advance, requesting all paperwork is returned within a month. This will support with booking and seeing the children in a timely manner as well as reducing the risk of late requests which impact directly upon capacity.
- The CYPiC nursing team have delivered 2 training sessions to social workers to advise around statutory health assessments and processes. There is a further session to be held in September. These will run on a 6 monthly basis and are mandated for all Social Workers to attend.
- A risk register is maintained and reviewed on a monthly basis by the CYPiC Team Lead and Governance Officer to ensure all gaps are identified and controls in place to mitigate.

### **Leaving care health summary**

- It is a statutory requirement that a LCHS is completed. This provides young people with health information from birth to 18 years. Given the nature of the sensitive health information shared, it is imperative consent is obtained. If the young person does not wish to have a LCHS completed, it is documented within their records, and they are provided with the details of how to access copies of their health records in the future.
- Since the last reporting period, there has been an increase in the number of consent forms obtained both through the young person's final RHA and from liaison with the social worker. All LCHS that have received consent have been allocated for the remainder of 2022.
- A KPI to monitor compliance was implemented to reporting dashboards as of April 2022. Due to a significant backlog, a trajectory has been agreed and commenced.

### **Adoption**

- There are two paediatric consultants who act as medical advisors in W-ton supported by a specialty paediatric doctor and a GP with a special interest in paediatrics. The medical advisors regularly attend adoption panels as part of the Black Country Regional Adoption Agency, Adoption@Heart.
- The medical advisors and supporting team of doctors also complete adoption medical reports, providing advice on the health needs of individual CYPiC, and advise on adult health assessments for prospective adopters and foster carers.
- Medical advisors also have meetings with prospective adopters to discuss the child's health, development, emotional/behavioural presentation, past experiences, and in-

utero exposure, to ensure they are aware of any past, current and potential future difficulties the children to be placed with them either have or may develop.

- The medical advisors have completed a Quality Improvement project to create standard impact statements for conditions such as adverse childhood experiences (ACES) and foetal alcohol disorder (FAD) that is now being delivered across the ICB.
- Within the reporting period there have been:
  - **14** prospective adopters' meetings
  - **148** adoption medical reports prepared
  - **175** adult health reports prepared for prospective adopters and foster carers.

This demonstrated a reduction in the number of prospective adopters' meetings by 44%. The number of adoption medical reports prepared increased from 77 in the last reporting period to 148 (52%). This correlates with the increase in frequency of these reports being written, now 6 monthly. The number of adult health reports remained stable.

- The team are working with Adoption@Heart to improve timeliness of Adult Health reports by strengthening pathways within the CYPiC health team but also by educating GPs on the importance of the health reports to the adoption process.
- As of 1<sup>st</sup> April 2022, the team complete adoption medical reports on a 6 monthly basis (previously 12 monthly) to improve the accuracy of the information being provided. This aligns with other areas across the STP.

### **5.3 RWT Key Activity and Progress**

- As part of the Business Case the team have successfully recruited a Band 8a CYPiC Team Lead who is now in position.
- There is strategic oversight of the service as part of the safeguarding assurance framework. The service lead attends the Trust's Safeguarding Operation Group, local Governance meeting and Steering Group and provides assurance through monthly dashboard, quarterly and annual reports as well as fortnightly meetings with the Designated Nurse for CYPiC.
- Audits and analysis continue to take place to monitor and improve performance, including DNA and cancellation rates for both IHA and RHA assessments and completion of Strengths and Difficulties Questionnaires by the LA which has resulted in an improvement being made. Outcomes have enabled discussion and subsequent changes in practice.
- The annual IHA and RHA record keeping audit was completed demonstrating health actions were evidenced and cross referenced from IHAs and an improvement in referencing emotional wellbeing and mental health.
  - 30% of IHAs were completed within 13 working days (the KPI at the time of the audit) therefore actions implemented to address this which are outlined throughout this report.

- 65% of RHA requests received from the Local Authority were incomplete in comparison to 95% from the previous year.
  - Improvements noted in all other areas include 100% of RHAs having documented whether previous health actions had been completed (in comparison to 85%)
  - 100% of care plans were SMART
  - SDQs were completed for all applicable CYP and the wishes and feelings of CYP were evidenced in 95% of the RHAs in comparison to 15% in the previous audit.
  - RHAs reviewed that were quality assured within 5 working days increased from 70% to 95%.
- The CYPIC policy is now in place to support, advise and provide guidance to staff trust wide.
  - The electronic database is currently under review and the pilot is due to be launched September 2022.
  - The duty service commenced in January 2021 which provides support and guidance to practitioners Monday to Friday 09:00-17:00. Activity has significantly increased with 203 advice calls being received from January 2021-July 2021 in comparison to 635 calls for this reporting period. This service is accessed by health practitioners, Local Authority, carers, and young people. The duty nurse also attends any urgent or unplanned meetings including strategy discussions and discharge planning meetings that may arise.
  - The duty nurse also completes a drop in to the acute setting including A21 (Children's Ward), Paediatric Assessment Unit, A23 (Paediatric Surgical Unit), Emergency Department and Neonatal Unit three times per week providing advice and support to practitioners and seeing our CYP on the ward prior to their discharge.
  - The RWT team link with other CYPiC health teams across the region to share areas of good practice and improve local services. During this period, the team have initiated quarterly peer review meetings for both Named and Specialist Nurses. This enables the potential to share ideas, standardise practice and improve services for our CYP placed in neighbouring boroughs.
  - In response of the increased number of Unaccompanied Asylum-Seeking Children, a new initiative has been commenced whereby following the IHA, the young person will be allocated a Named Nurse for CYPiC who will complete a follow up appointment 6 weeks following their IHA and then again 12 weeks following this. This is to ensure action plans from their IHA are being progressed and they have allocated time and support given their increased vulnerability. Furthermore, the Named Nurses attend the UASC panel meetings.

- The team will be moving towards using electronic records over the next reporting period.
- The CYPiC nursing team now complete monthly drop ins to the Oasis hub in order to increase accessibility and visibility to our young people and Social Workers. This includes providing advice, support, signposting, and health education.
- The team now attend Foster Carer forums to provide advice and support whilst providing education around the health assessment to support engagement.
- The CYPiC intranet page has been developed and is now live; providing support, guidance and resources for staff trust wide.

## **Training**

- CYPiC level 3 training forms part of the Safeguarding Children Level 3 training (eLearning) package. This is a national package to meet all standards required as per Intercollegiate Document (2020). Levels 1 and 2 are going to be incorporated within the Safeguarding Children training packages by end of 2022 to support with completion and compliance.
- Teaching by the Named Doctor for CYPiC is incorporated into a regular teaching programme for trainee paediatric doctors and their colleagues at the hospital. This was completed once within the reporting period with the opportunity for trainees to attend the bi-monthly CYPiC peer review meetings to maintain their safeguarding and CYPiC competencies.
- The CYPiC nursing team continue to offer bespoke training as required across the trust.
- The nursing team continue to complete training around completion of RHA on a monthly basis to support with ongoing quality improvement within the 0-19 service. The current compliance for this is 93%.
- The team have attended bespoke training sessions and national conferences to further enhance their knowledge base and skills.
- The CYPiC team are compliant with mandatory training required for their role and all nursing and medical staff are level 4 compliant.

## **Safeguarding Supervision**

- All staff in the team receive safeguarding supervision on a quarterly basis and access supervision as required in addition to this.
- The CYPiC team provide supervision to the wider health team upon request and on identification of need however the Safeguarding Children Supervision Policy has

been reviewed to include CYPiC supervision. Upon trust sign off this will be integrated into practice with group supervision being provided to all caseload holders including 0-19 service, Community Children's Nursing team and the Clinical Nurse Specialist Team.

- Peer review meetings with the CYPiC team and Named and Designated Doctor for CYPiC have continued to take place, in addition to quarterly supervision accessed from a trained supervisor.

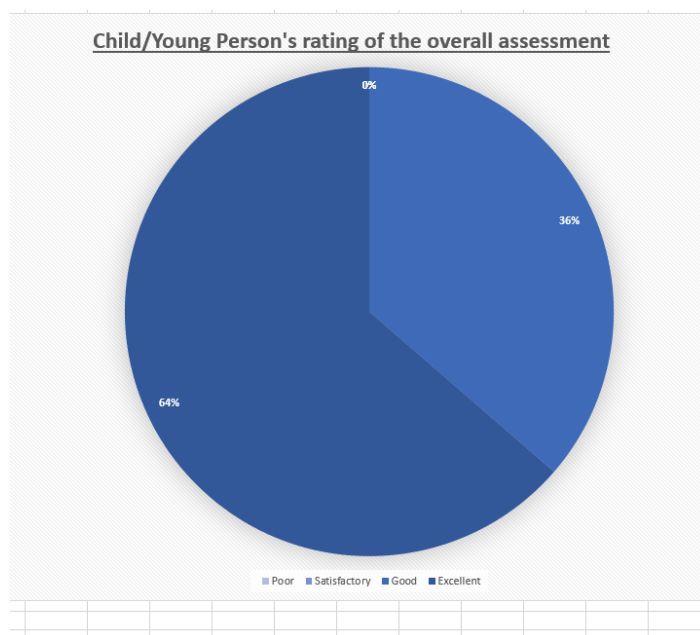
### **Voice of Children / Young People & Engagement**

- The feedback we receive and ensuring the voice of our children, young people and carers is imperative in our service. We continue to collate all service feedback from both IHAs and RHAs and provide this in a quarterly report with any identified actions feeding into our service development and action plan.
- The CYPiC Team Lead and Named Nurse for CYPiC attended the Steering Group where our CL's expressed their health priorities. Actions taken from this included the development of a Transition Nurse role which is now being processed.
- The CYPiC Team Lead attended the Children in Care Council meeting to hear the views and wishes of our young people, and how they think health services should look. This was positively received, and all feedback supported actions being implemented into our service delivery.
- There is currently a survey out to collate the views of our young people in regard to their termly reviews in school. Do they feel they want them?

### **Feedback from CYPiC**

- Service feedback enabled us to obtain the views of our children, young people and carer's views on the current service being provided. The following results continue to be very positive and complementary of the service. This feedback will continue to contribute to further planning in terms of service development.
- Figure 10 shows 64% of our CYP rated their overall assessment as excellent with the remaining 36% rating this as good. 100% of carers rated the overall assessment as excellent.

Figure 10




- 100% of CYP and 95% of carers felt the setting was appropriate.
- 100% of CYP and carers felt the date and time was appropriate.
- 100% of CYP and carers felt they were listened to.
- 100% of CYP and 95% of carers stated they had the opportunity to speak to the nurse alone.
- 100% of CYP and carers felt they were given the opportunity to ask questions in addition to being made aware of what would happen next.
- There was no negative feedback, or no gaps identified that required changes to the current service provision.
- We will continue to receive feedback using the form developed from both CYPiC and their carers to ensure we tailor our service to best meet their needs and provide holistic and individualised care.

# Corporate Parenting Board

Children in Care CAMHS Report

September 2022

Dr Wendy Harrison-Frazer Consultant Psychologist

Together with you to achieve   
**healthier, happier lives**

## **Executive Summary for Children and Young People in Care CAMHS Report**

The Child and Adolescent Mental Health Service (CAMHS) Children and Young People in Care (CYPiC) team provides a therapeutic service to those whom may be either in care and/or adopted and present with mental health difficulties. Typically, these children will have suffered considerable trauma and will present as being insecurely attached. Some will have their own resilience and will find other protective factors in the new systems around them. However, some CYPiC will require specialist intervention.

In recognition of this, Wolverhampton CAMHS, in conjunction with the Local Authority, Social Services and Education Department, have resolved to provide a quality service to this cohort and those adopted.

The CAMHS provides an integrated and consistent approach to CYPiC by placing the child at the centre of care provided. If a child is already working with a clinician prior to going into care this will continue following placement rather than allocation to a new clinician.

The service is able to access specialist medical expertise, systemic family psychotherapy, and the neurodevelopmental assessment clinic when it is needed. Alongside this service wide support for CYPiC, there is some limited therapeutic capacity provided by a small number of clinicians, who have some of their time dedicated exclusively to this cohort.. These clinicians have received specialist training in approaches that are evidence based for the highly complex needs of these children. They are therapeutic approaches that are often recommended in court reports and are costly to provide in the private sector. They are not routinely available by many CAMHS or the core CAMHS team.

### **Preface**

The Black Country Healthcare NHS Foundation Trust migrated over to a new information system last year. However, the way that CYPiC were identified did not successfully transfer and this consequently means that the data for this population is not yet valid. We are therefore not able to report on quantitative data. This is being rectified by our business intelligence colleagues to support future data collection and is currently being piloted. This report will therefore focus on what have been challenges, what is working well and plans for the future. The report will cover the period July 2021 to August 2022.

### **1.0) Children in Care CAMHS Team - Staffing**

Wolverhampton CAMHS are not commissioned to provide a separate CYPiC service but, recognising the vulnerability of this cohort of young people the service has developed a small, dedicated provision with a workforce with specialist expertise. Historically this team has consisted of 2.2 full time multi-disciplinary workforce members; clinical leadership by the Consultant psychologist and managed by the CAMHS Wolverhampton Service Manager.

Due to maternity leave and a secondment and recruitment difficulties in backfilling short term posts most of the year consisted of 1.0 whole time equivalent. The team continued to offer assessments within 4 to 6 weeks which is well within the 18 week national KPI for



access and waiting times. Unfortunately, some children were placed on a waiting list for intervention. The two posts have now been released for recruitment and so the team will be back to full capacity. There has also been further financial investment to recruit two more posts. We have recruited an art psychotherapist and a child psychotherapist who join the team in January.

**Fig 1: Children in Care CAMHS Team**

WTE	Professional Title
0.40	Consultant Psychologist - Lead (CYPiC)
0.6	Specialist Therapeutic Social Worker (CYPiC)
0.5	Senior Clinical Psychologist (CYPiC) – Seconded – Notice given - Post out to advert
0.5	Senior Counselling Psychologist (CYPiC) – Maternity leave –Notice given Post out to advert
0.5	Art Psychotherapist (CiC) – Joined service May 2022
1.0	Child Psychotherapist (CIC) – Joins service January 2023

## **2.) Referral and Pathway through CAMHS:**

See Appendix I

Wolverhampton CAMHS CYPiC team receive referrals for children in care living in Wolverhampton. These will be children under the care of Wolverhampton City Local Authority as well as children under the care of many other local authorities who have placed their children in Wolverhampton. Wolverhampton house a significant number of private children’s homes and as such Wolverhampton CAMHS receive a high number of referrals for out of City children.

The referral process to the CAMHS CYPiC Team has remained the same. The only change is we have combined the two referral forms that are required for CYPiC to quicken the process and make it easier for Social Workers.

The process always starts with a professional’s meetings. This is because there are always a number of professionals in the network around a child in care who hold lots of valuable information. CAMHS need to gather as much information as possible to understand the child and develop a good working formulation to inform an appropriate intervention. The child/young person is not invited to this meeting because sharing their information can often be painful and professionals may feel limited in how open they can be. However, the voice of the CYP is equally important, and a ‘Voice of the Child’ meeting also takes place where we meet with them to gather their information, what they would like to happen and how they would like it to happen.

When both meetings have taken place all information is taken to the CAMHS CYPiC teams multi-professionals meeting to think carefully about what would be a most helpful way forward and what therapeutic intervention would be most appropriate. Once this has been agreed the child/young person is allocated or placed on the waiting list (if there is no room on anyone's caseload). The number of sessions are driven by clinical need and these will continue until the goals on an agreed care plan are met.

### **3). What CAMHS CYPiC Offer to Children, Young People, Carers and Families and Professional's**

#### **➤ Direct Therapeutic Work**

Direct therapeutic work involves the following according to the needs of the child:

- Child on their own
- Child and carer together
- Carer on their own
- A worker to see the child and another to see the carer

The clinicians in Wolverhampton CAMHS CYPiC are highly skilled and trained in evidence based approaches for working with CYPiC e.g. Theraplay, Dyadic Developmental Psychotherapy, Cognitive Behaviour Therapy, Dialectic Behaviour Therapy, Mindfulness Eye Movement Desensitisation Reprocessing, Trauma Focussed Cognitive Behaviour Therapy and others. This is not the case in all CAMHS teams and in many areas these pieces of specialised work have to be commissioned out.

Clinical interventions aim to integrate attachment, systemic, psychodynamic and psychoanalytic traditions in practice recognising the individual needs of the child or young person. These approaches involve working with others involved in their care (foster carers, residential workers, CYPiC nurses) as an approach to actively engage them within the service. This is because the system around them is vitally important and daily impacts the dynamics within the relationship. Sometimes the work with the foster carer and others is just as or even more important than with the young person, especially if they are not ready to engage in therapy.

For the young people who are actively engaged in individual appointments several approaches are utilised. The benefits of which include,

- Feeling listened to and understood
- Able to talk or be quiet depending on what feels right for them at the time
- Assistance to make sense of often difficult, painful and confusing feelings
- Exploration of relationships with significant others i.e., carers, with the young person directly or with the carer separately with another worker.

Additional benefits include stabilisation of placements through effective exploration and thus understanding of relationships whilst also achieving improved school attendance and attainment.

Sometimes outcomes can be more limited as therapy is challenging and can prove painful for the child or young person, which may result in a requirement for extended exploration and containment prior to being able to achieve noticeable outcomes following therapeutic consultations. Each child is unique and following a thorough assessment will have an understandable plan which will be developed with colleagues and the child/young person.

➤ **Nurturing Attachments and Complex Trauma Training Programme**

The Service has continued to deliver the Nurturing Attachments and Complex Trauma Training programme for foster carers who foster children/young people who meet the criteria for specialist CAMHS, in order to provide them with the necessary knowledge and skills to provide attachment focused parenting.

Parenting children with histories of abuse and neglect requires sensitive caregiving.

The more carers understand about the impact of abuse and neglect on children, the more likely they are to offer therapeutic nurturing care. Traumatized children need to be helped to work through their trauma as they may continue to experience the neurological, developmental and psychological impact from their early histories even when they are placed with a supportive and loving family. Traditional parenting techniques may not work with these children and foster carers are helped to develop alternative therapeutic parenting techniques to help build their resilience.

The 'Nurturing Attachment Training Programme' is a manualised programme (Golding, 2013) that is designed to provide support and guidance to foster carer and adoptive parents who are parenting children who have experienced maltreatment, trauma or are having attachment related difficulties. The training resources include theoretical content and a range of activities supported by reflective diary sheets, activity sheets, and handouts. The programme is based upon the concepts of attachment theory, an understanding of child and relationship development and the impact of trauma on children's development.

The programme is an 18 week course and each week is 3:5 hours. The course is run by 2 experienced and trained clinicians. The training is also being delivered within the Local Authority to the Local Authority foster carers and their supervising social workers so that foster carers can be supported within the model.

➤ **Reflective Practice to support the model of Therapeutic Parenting delivered by CYPiC-CAMHS for Local Authority Foster Carers.**

Reflective Practice is offered to Local Authority Foster Carers trained in the Therapeutic Parenting Model on a fortnightly basis. The Reflective Practice sessions offer a highly collaborative approach for Foster Parents in order to promote family relationships, sensitive parenting and reduce the number of conflicts, bringing about behavioural changes and greater harmony. One of the core thread of the sessions is to promote mentalizing in foster parents (i.e. the ability of a foster parent to understand the thoughts, feelings and needs of both themselves and their foster children they care for). There is extensive evidence about the importance of understanding the intentions behind their child's behaviour, and also getting a greater sense of their own mind (mentalizing) in human relationships and its relationship to attachment.

Reflective Practice encourages and supports the use of Reflective Thinking in all the interactions Foster Parents have with their children. Reflective Practice which supports Therapeutic Parenting enables the Foster Parent to see the world from his or her own perspective and from their child's perspective. It means recognizing that all behaviour is linked in a meaningful way to underlying mental states- such as emotions, intentions, beliefs, goals and thoughts. The child's behaviour is linked to something in the child's mind and the Foster Carers behaviour is linked to something in their mind. We support Foster Carers in understanding that the behaviour is on the outside; the meaning of the behaviour is inside the mind. They see the behaviour. The mind is hidden. Therefore they can only be curious about and infer what the meaning of the behaviour might be. We encourage and support the continued use of PACE in their interactions and parenting of the Young Person.

Reflective Practice for Foster Carers promotes positive development for the child. Creates a strong relationship bond between parent and child. Transmits the capacity for reflective thinking to the child, which enables them to become a well-functioning mature adult.

We encourage Foster Carers through Reflective Practice to see and understand that all healthy child development occurs in the context of a relationship. That is no absolutely one right way of parenting, that there is no such thing as a perfect parent. We encourage through reflection how to use Therapeutic Parenting and understanding to guide their response to a child to help a child learn to cope with stress and difficult experiences. We revisit the two hand of parenting and connection before correction as discussed in the model of Therapeutic Parenting this fosters closeness and promote separateness. We reflect on how to pay more attention to strengths and what is right, than weaknesses and what is wrong. We explore how misunderstanding and conflict are normal and inevitable. But if they cause a rupture in the relationship, the rupture must be repaired, again this is supporting the Model of Therapeutic Parenting.

### ➤ **Consultation**

CYPiC-CAMHS Consultation is an opportunity for colleagues to begin to think about the Psychological needs of CYPiC on their caseload.

Consultation is an activity in which one practitioner helps another through a process of joint enquiry and exploration. The practitioner is helped and encouraged to think about the impact of the child's experiences and environment on their emotional wellbeing and current presentation. This is a collaborative approach rather than an expert one.

- It can speed up the accessing of specialist help, where appropriate
- It can prevent an on-going referral culture, enabling the child to stay with the original practitioner where appropriate
- It can help develop confidence and skills in understanding and assessing the child's emotional wellbeing.
- It can help normalise the child's difficulties
- It can help manage workers anxiety about the perceived problem

- It can help challenge the idea that every child needs therapy immediately
- It promotes a wider view of the child's problem
- It demystifies 'therapy'
- It can lead to intra-and inter-professional developments, including service development.
- The unique perspective (i.e. that of the consultee/Social Worker) is inherently validating of the consultee's skills
- Consultation enhances skills across groups of professionals, rather than in one individual
- The focus on the skills and understanding of the consultee facilitates the identification of training and other needs
- Consultation can prevent on-going referral, enabling the person or family to stay with their original 'front line' practitioner
- Consultation enables us to offer timely support, Helps prevent inappropriate referrals. Can help reduce waiting times and helps people to start to think differently about Mental

Consultation Sessions have been booked and attended by a range of professionals including, Foster Carers, (Supervising) Social Workers, Independent Review Officer, and schools.

All consultation sessions have been undertaken virtually using MS Teams, this has worked very well, allowing for more systemic and psychological thinking with a wider range of professionals/carers supporting CYPiC .

#### ➤ **CAMHS Clinical Specialist External Placement Panel (EPP)**

For most of the reporting period the CAMHS clinical specialist EPP post has been vacant. The CAMHS CYPiC Lead and Specialist Therapeutic Social Worker have endeavoured to cover this role when an expert opinion has been needed on the health needs of a child and appropriate out of City placement. However, in August 2022 a CAMHS clinical specialist for external placements was employed whose role will be specifically to attend the panel and work closely with all CYP, needing funding from health commissioning. This specialist will closely monitor and quality assure all placements and therapeutic intervention's provided.

#### **4) In Conclusion**

It is unfortunate that we are unable to provide any qualitative data for this report due to the changeover of information system and concern over inaccurate recognition of CYPiC

referrals. This is in process of being rectified and over the next few months this cohort will be easily identifiable to ensure accurate reporting.

### **Challenges**

Having reduced staffing for most of the year has been a challenge, however we have worked creatively to meet the need as far as possible to reduce the numbers needing to go on the waiting list. We also used our resources to train foster carers in our nurturing attachment training programmes and we saw an increase in the use of consultations that supported and empowered other workers to continue their work. This is especially important as it empowers the professional and also protects the relationship already developed with the child.

Therapeutic work with CYPiC is complex and placement break downs can occur despite the efforts of the various professionals and carers working with the child. This is particularly heart breaking in the case of adoption breakdowns. Referring a child to CAMHS to prevent a placement breakdown is not always the best course of action. Therapy is not an instant fix and takes a while to work. In most cases, when a child starts to access their difficult memories, their behaviour escalates and they become destabilised before they start to settle and emotionally regulate.

### **Successes and Plans**

- Despite challenges with staffing and recruitment the team have continued to offer an effective and comprehensive service to the CYPiC referred to CAMHS. The team are looking forward to being back at capacity and welcoming staff from the new investment to bring the team to 4.0 whole time equivalents with an improved multi-professional mix.
- The CYPiC team have worked very closely with other teams within the wider CAMHS service especially the Crisis Team and Psychiatry. The CYPiC team have seen a high number of referrals from private children's homes within Wolverhampton who are highly complex requiring crisis and psychiatry input as well as therapeutic intervention. The same high-level resource is also required for Wolverhampton children too at times.
- Wolverhampton CAMHS have historically been commissioned to provide a service for CYPiC who live in Wolverhampton area and for Wolverhampton local authority children who live within a 20 mile radius of Wolverhampton. In October 2021 the West and East Midlands Clinical Networks jointly published a paper 'Children and Young People in Care Out – of – Area: Midlands Mental Health Principles of Good Practice' which stated that children in care should be referred to and seen by the CAMHS team in the area where they live. In May 2022 the Black Country Healthcare NHS Foundation Trust CAMHS Medical Director wrote to Wolverhampton City Local Authority to inform them that we will be working with these principles of good practice and as a result Wolverhampton CAMHS CYPiC team will no longer operate a 20-mile radius for Wolverhampton City Local Authority children. This is positive meaning the children get a service local to where they live,

do not have to miss so much school to travel so far to appointments and can work with a service who already have relationships with the systems around the child such as education in their locality. (The paper 'Children and Young People in Care Out of Area: Midlands Mental Health Principles of Good Practice' can be provided on request).

- Last year we reported that the CYPIC team were planning to set up a 'Trauma Assessment Clinic' for CYPIC where we identify there is more complexity than the developmental trauma and a full psychological assessment will be needed to assess any possible co-morbid or neuropsychological traits that might need a referral to specialist clinics within CAMHS. This would involve using wider assessment tools, psychometrics, and techniques to support a formulation and a report. This has taken place with a number of children who were identified.
- Training is being undertaken for the team into the Cultural Receptivity in Fostering Scale (CRFS) questionnaire which measures foster parents' openness toward participating in activities that promote children's cultural development. Specifically, it involves one's openness to support foster children's relationships with adults and children who share their cultures, find resources where the children can go to get their cultural needs met, learn about parenting strategies of the children's cultures, and learn from others who have successfully parented children of different cultures. Understanding this helps to understand the attachment between the child and the new carer which is important. For many of our children we know the 'damage' occurred in their early relationships. It is because of this 'healing' needs to take place through relationships. The child-foster carer relationship is so important and therefore the carer needs to understand their child for the child to feel accepted.
- The team currently use SDQ's as an outcome measure. However this is not the best measure to understand the mental health needs of CYPiC.. The team are going to explore other measures to establish what might be useful for measuring other significant presenting difficulties pertaining to attachment and trauma.
- Commissioners and Senior Managers are working on looking for 'best practice' in CYPIC CAMHS provision to attempt to align all four Black Country services to provide best practice across the Black Country footprint. This will need to be within the financial envelope available and is currently being scoped.

## **Finally**

Working with CYPiC can be difficult and exposing, but it is a privilege. CAMHS clinicians could not achieve successful outcomes without working in partnership, and we recognise we are only part of a wider professional system that has a part to play in changing and shaping the future of our CYP.





<b>CITY OF WOLVERHAMPTON COUNCIL</b>	<b>Corporate Parenting Board</b> <b>22 September 2022</b>
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<b>Report title</b>	Annual Fostering Report 2021 - 2022	
<b>Cabinet member with lead responsibility</b>	Councillor Beverley Momenabadi Children and Young People	
<b>Wards affected</b>	All wards	
<b>Accountable director</b>	Emma Bennett, Executive Director of Families	
<b>Originating service</b>	Fostering Service	
<b>Accountable employee</b>	Lisa Whelan	Service Manager
	Tel	07535159421
	Email	Lisa.whelan@wolverhampton.gov.uk
<b>Report has been considered by</b>	Children and Education Leadership Team	8 September 2022

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**Recommendation for decision:**

The Corporate Parenting Board is recommended to:

1. Approve the Annual Fostering Report – 2021-2022

## **1.0 Purpose**

- 1.1 The Annual Fostering Report reflects the function of the fostering service 2021-2022, reviews the progress and sets objectives for service improvement 2022-2023.

## **2.0 Background**

- 2.1 This report provides a description of the structure, aims and duties of the City of Wolverhampton Fostering Service and details the performance of the service over the last twelve months. The National Minimum Standards for Fostering Services (2011) requires that all Fostering Services provide written reports to their Executive or Trustees on a regular basis. In the case of Local Authorities, the 'executive' is the Elected Members of the City of Wolverhampton.
- 2.2 The Fostering Service is located within the Children and Young People Directorate of the City of Wolverhampton Council (CWC). The Fostering Service recruits, supports, and develops foster carers to care for and support vulnerable children placed in their care.
- 2.3 The activity of the service works in conjunction with the following legislation:
- Children Act 1989
  - Children Act 2004
  - Children & Young Persons Act 2008
  - Care Standards Act 2000
  - Fostering Services: National Minimum Standards 2011
  - The Children Act 1989 Guidance and Regulations Volume 4: Fostering Services 2011
  - The Children Act 1989 Guidance & Regulations Volume 2: Care Planning, Placement and Case Review 2010 & Update 2013
- 2.4 The Fostering Service was last inspected by Ofsted as part of a Single inspection of Children's Services in March/April 2022 and was rated 'Good'.
- 2.5 The Children and Young Persons Act 2008 imposes a duty on Local Authorities to find enough appropriate Fostering provisions in its local area. The Fostering Service is committed to provide stability, care, and security to children in care and ensure that foster carers can meet the individual needs of children. As such the Recruitment Marketing Strategy outlines how, we aim to provide placement choice. The importance of placing children within their family and friend's network, within their community and with their siblings remains paramount in securing stability for the child as well as ensuring their education is not disrupted and their well-being promoted.
- 2.6 The Fostering Service seeks to provide a comprehensive and excellent quality foster care to all children in the care of the City of Wolverhampton. Foster carers provide children in care a positive experience of family life within an environment that promotes their physical, emotional and health needs. Working in partnership with Health, Education and other allied professionals enables foster carers to provide a warm, safe, and caring family environment ensuring that the children's emotional health and development is promoted. Foster carers ensure children in care have access to available opportunities to promote children's

attendance and their academic achievements, thus maximising all opportunities for children to achieve their full potential.  
of casework. There are currently two full-time vacancies

### **3.0 Progress**

#### **3.1 Key Achievements in 2021-2022:**

- a. Permanence, 21 SGO orders have been achieved.
- b. Placement stability has been steadily maintained, however whilst long term stability has reduced by 3.9%, the year ended with more children in internal foster than within external foster care.
- c. Despite the Covid pandemic, robust and effective recruitment. Continued increased enquiries supported through sophisticated media campaigns and digital advertising including a TV advert.
- d. Assessment timeliness has been affected by the Covid pandemic; however, performance remains positive compared to previous years.
- e. The new model of fostering “Foster Families United” has been further developed and there are currently three teams, each led by an experienced carer, supporting up to five fostering families in each team.
- f. Wolverhampton worked collaboratively with Black Country Authorities to look at ways of further improving consistency of practice, panel relationships were strengthened, and a shared CRM system was agreed.

#### **3.2 Objectives for 2022-2023:**

- a. The Ofsted Inspection March/April 2022 highlighted three areas of service improvement – Supervision of fostering staff, foster home reviews and quality of fostering assessments. These areas will be prioritised, and progress reviewed monthly to ensure improvements and achieved and sustained.
- b. Realise a net gain of five foster carers 2022-23.
- c. A return to in-person recruitment events blended with virtual opportunities to enable easier access for some.
- d. Relaunch Foster Families United – September 2022 and ensure the model is encompassed across the cohort of mainstream and connected carers.
- e. To ensure that the Linking and Matching policy is fully understood, and that practice reflects an increase in arrangements. Celebrate the linking and matching of children and young people with foster carers.
- f. A fully functioning foster carers register is in place that reflects the approval status of all mainstream foster carers.
- g. The list of dormant carers reflects a realistic return to fostering or supports carers to make a decision to resign if there is ambivalence regards returning to fostering.

- h. Ongoing support to foster carers to ensure that all consider a 0-18 age range of children and young people and that carers feel confident they can manage the needs of an 0-18 cohort.
- i. Fostering Improvement Action Plan is reviewed via the Family Values monthly meeting to ensure progress is tracked regards Foster Families United, Managing Allegations, Foster Home Reviews, matching, Linking and Matching.
- j. Carers for Disabled Children and Young People continue to be a focus or recruitment and a support offer is developed and agreed.

#### **4.0 Financial implications**

- 4.1 The annual approved budget for the fostering service for 2021-22 is £6.5 million with costs associated with the Foster Family United model contained within the existing budget.
- 4.2 As more foster carers are recruited and approved in-house costs will increase but cost reductions will be seen against other placement budgets such as residential and independent fostering arrangements which generate on average a weekly saving of £394.  
[JG/13092022/F]

#### **5.0 Legal implications**

- 5.1 The legal relevant legislation and guidance is contained within the body of the report. There are no direct legal implications arising from this report.  
[SB/15092022/K]

#### **6.0 Equalities implications**

- 6.1 The fostering service works with foster carers and colleagues from a diverse background to meet the needs of children and young people from a diverse background in respect of ethnicity, culture, age, and disability. This is detailed in the body of the report.

#### **7.0 All other Implications**

- 7.1 There are no other implications.

#### **8.0 Schedule of background papers**

- 8.1 There are no background papers.

#### **9.0 Appendices**

- 9.1 Appendix 1: Annual Fostering Report 2021-2022

# **ANNUAL FOSTERING REPORT**

**APRIL 2021– MARCH 2022**

**Author: Lisa Whelan– Service Manager – Children and Young People in Care Service**

**CITY OF  
WOLVERHAMPTON  
COUNCIL**



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#FOSTERINGFORWOLVES

## **Section 1: Introduction**

- 1.1 This report provides a description of the structure, aims and duties of the City of Wolverhampton Fostering Service and details the performance of the service over the last twelve months. The National Minimum Standards for Fostering Services (2011) requires that all Fostering Services provide written reports to their Executive or Trustees on a regular basis. In the case of Local Authorities, the 'executive' is the Elected Members of the City of Wolverhampton.
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- 1.4 The Fostering Service was last inspected by Ofsted as part of an Inspection of Local Authority Children's Services in March/April 2022 and was rated 'Good'.
- 1.5 The Children and Young Persons Act 2008 imposes a duty on Local Authorities to find enough appropriate Fostering provisions in its local area. The Fostering Service is committed to provide stability, care, and security to children in care and ensure that foster carers can meet the individual needs of children. As such the Recruitment Marketing Strategy outlines how we aim to provide placement choice. The importance of placing children within their family and friend's network, within their community and with their siblings remains paramount in securing stability for the child as well as ensuring their education is not disrupted and their well-being promoted.
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## Section 2: Functions/roles within the Fostering Service

### Social work staffing

2.1 The Fostering Service has a full complement of 22 full time equivalent qualified social work posts, and 1.5 equivalent unqualified posts. The Fostering Service is divided into two teams:

- **Recruitment and Assessment (Mainstream and Connected)** – All Recruitment activities are progressed, with support from a marketing executive. The team has responsibility for completing Form F assessments (combination of external and in-house assessors) and Form C assessments (all completed in-house), Private Fostering Assessments and Stepparent Adoption Assessments.
- **Fostering Support** – The team are responsible for the supervision of all foster carers (Mainstream and connected) Training spans across both services, however within supervision, it is expected that all carers personal development plan and training needs are identified. The Special Guardianship function sits within the support team and all Special Guardianship Order (SGO) reports for children and young people in care C&YPiC are completed, whilst all SGO support plans completed across all teams are reviewed before they are filed in court. The financial part of SGO support plans are reviewed annually or when there is a significant change in a SGO carers circumstances.

2.2 Each team is managed by the team manager and each team manager is supported by senior social workers who supervise up to 4 social workers and manage half a caseload of casework. There are currently 2 full-time vacancies within the service no agency social workers at this time.

The tables below reflect the demographics of the children in care and within Wolverhampton as at 31<sup>st</sup> March 2022 and social care staff within the Children and Young People in Care service.

Ethnic Group	CYPiC Cohort
White: British	58.7%
Mixed: White and Black Caribbean	10.1%
Black: Caribbean	5.2%
Other: Any other ethnic group	5.0%
Mixed: Other Mixed	3.7%
Black: African	3.5%
Mixed: White and Asian	2.5%
Asian: Indian	1.9%
White: Other White	1.9%
Mixed: White and Black African	1.9%
Asian: Other Asian	1.6%
Asian: Pakistani	1.6%
Other: Arab	1.2%
Black: Other Black	1.0%
White: Irish	0.2%



## Children and Young People in Care Employee Ethnicity

Ethnic Group	CYPIC Cohort
Asian	7.59%
Black	15.86%
Mixed	8.28%
Not Stated or Other	24.83%
White	43.45%

These tables reflect that the cultural needs of children and young people in care can be well met.

2.3 In addition to the two social work teams there are two other teams which work closely to support the work of the Fostering Service. These are the Personalised Support Team (PST) and Independent Reviewing Officers.

2.4 The PST sits within the Commissioning Service. It works in conjunction with the Fostering Service and is responsible for all placement searches for children and young people needing a foster or residential placement. The PST hold the register of internal foster carers which details all placements and highlights any vacancies, the register is routinely updated by the PST and the Fostering Service. The register is available to the Emergency Duty Team who can make out of hours placements. All short-term placements are made via this team by the social worker completing a Placement Information Request via the electronic record on Eclipse. This should include the history of the child together with the presenting circumstances that have led to a placement being sought. In addition, the wishes and feelings of the child and their birth family should be included so that we can identify a suitable foster placement; for example, the right location to maintain access to school and contact with family members, and where possible matching the cultural and religious needs of the child. Each entry on the foster carer register includes a carer profile and a copy of the carer's Form F, which is available for social workers to discuss with children and young people. There is currently an extensive piece of work in progress to update the register and align it with Eclipse.

2.5 There are three part-time Independent Reviewing Officers who undertake all reviews of Foster Carers' households. The Independent Reviewing Officers are managed within the Safeguarding Service. The Independent Reviewing Officer completes a Foster Home Review report annually which is shared with the Fostering Team and the Fostering Panel. The independent Reviewing Officers routinely meet with the Fostering Service throughout the year to discuss and concerns or performance related issues.

### Staff training

2.6 There is a Workforce Development Plan in place which includes a wide range of training and development opportunities for staff throughout the year. This includes staff briefings and Children in Care staff conferences. All members of staff are supported with their continual professional development. During 2021/22 one member of staff in the Fostering Service has undertaken stage one of the Practice Educators award through Wolverhampton University. During 2021/22 all staff

continue to attend bi-monthly Reflective Fostering sessions “Supporting Therapeutic Parenting” facilitated by a CAMHS Social Worker, this model complemented the training the same worker also delivered to foster carers. Likewise, the innovative approach to the supervision between carers and supervising social workers is currently being developed within the Fostering Service. Advanced Practitioners offer city-wide reflective sessions and workshops which can be accessed by fostering staff.

### **Section 3: The Family Values Project**

The Family Values project started in May 2017 following a review of the fostering service, which was undertaken by external consultants iMPower. The overall project aimed to transform the service by improving sufficiency and enabling more looked after children to be cared for by ‘in-house’ foster carers.

iMPower provided a range of scenarios that detailed the metric outcome the project could achieve, there was a base, stabilise, good and excellent scenario. The Project Lead decided Wolverhampton would aim for the ‘Excellent’ scenario, at the end of the project in 2021 this would result in: -

- A net gain of 81 foster carers
- 281 overall foster carers
- 63% of Children and Young People in Care placements in in-house fostering placements

The project originally consisted on 3 areas of focus, these included increasing enquiry generation, improved handling of enquiries and improved support and supervision. As the project has developed the enquiry handling workstream was closed after the first year as all actions and improvements had been completed. The Support workstream was also closed in 2020 following completion of activities, and three new workstreams were created – Foster Families United, Placement Matching and Carers for Disabled Children & Young People.

The aim of each workstream is listed below:-

1. Enquiry Generation - undertake ‘Word of Mouth’ campaigns and marketing communications targeting various sectors resulting in increased foster carer referrals and enquiries.
2. Foster Families United - to create an in-house hub of foster carers. The model aims to deliver an extended family approach which provides respite care, peer support, joint planning and training from a multi-agency perspective and social activities.
3. Placement Matching - to improve the quality of placement matching of children and young people placed with internal foster carers.
4. Carers for Disabled Children & Young People - to develop an offer to potential carers of disabled children and young people including short breaks, and to recruit new carers specifically for this workstream.

The project concluded its third year on 31<sup>st</sup> March 2021 and this report charts the progress made and the impact of the project on recruitment and support of foster carers. The project has created energy and has served as a platform for ideas beyond the original objectives set at the outset. It was agreed that the project will continue

meeting monthly and reporting to end July 2021. After July 2021 the project moved into business as usual (BAU).

After July 2021, there were monthly meetings to review progress and targets throughout the year. It is proposed that the following workstreams will remain in scope:

- Foster Families United
- Carers for Disabled Children and Young People
- Placement Matching

### Benefits realisation

The key deliverables of the project outlined in the Project Closure report are outlined in the table below with comments to update on current position:

Key Deliverables	Project close July 2021	Update July 2022
Increase the volume and quality of foster carer enquiries	Our volume of foster carers (in house) has increased by 11% (30 YP) since the project began and there has been a reduction of IFA placements by 34% (76 YP).	Since July 2021, the overall number of children in care has reduced from 538 to 505 (6%). Data for the past 12 months shows a reduction of 5 YP (3%) in internal foster placements, however we have seen a more significant reduction in the proportion of IFA placements across the year with 11 YP (9%) less than July 2021. This has resulted in an increase of the gap between the number of internal and IFA placements from 65 to 71 at the end of July 2022.
Strengthen enquiry handling	Improvements have been made to the enquirer's experience, screening and approval process. All enquiries are followed up within 24 hours, with clear guidelines as to next steps. This has led to a more streamlined procedure.	This has been maintained.
Enhance supervision and support	Foster carers receive monthly supervision with their supervising social workers whilst there is further support offered by buddies for newly approved carers and monthly Foster Carers Forum and access to the Foster Carers Portal. In 2019 the Fostering Families United (FFU) model was introduced, and this further enhances support offered within fostering teams headed by a lead carer who offers additional telephone support particularly at times of crisis, and arranges activities for carer and their children to engage in.	Foster carers supervision, buddies for newly approved carers and monthly Foster Carers Forum and access to the Foster Carers Portal have all be continued. FFU has been reviewed and there is no longer a lead carer role with all supervising social workers playing a more active role in extending the buddying scheme to all carers, coordinating support, activities and sleepovers. The aim is all foster carers will be part of a FFU support group.

Wolverhampton fostering service continues to increase the capacity of the foster carer population. However, the recruitment of mainstream foster carers over the past two years is facing an unprecedented challenge. This report provides evidence that despite significant activity, conversion to actual leads and subsequent approvals has decreased, culminating 2021/22 in a net loss of foster carers for the first time since 2017, this is despite maintaining our cohort of carers with de-registrations in the main due to retirement, providing further evidence that our current cohort of carers want to foster for Wolverhampton.

The effect of the pandemic cannot be underestimated with many families rethinking their properties/life plans and more recently the cost-of-living crisis has seen families concentrating on their own household with less focus on expanding commitments and responsibilities.

In consideration of a realistic target 2022-23 and 2023-24, and taking all the above factors into account, fostering for Wolverhampton propose:

- 2022/23 – Net gain target 5
- 2023/24 – Net gain target 20

Overall, 52% of all Children and Young People in Care placements are in-house fostering placements.

## Learning from lessons

Lessons learnt were gathered from the Steering Group in July 2021. In total 24 lessons learnt have been identified, these include 7 areas of improvement and 17 areas of success. An update on the areas for improvement is outlined below.

Areas for Improvement	
Situation	Action Taken
The system (shared spreadsheet) used for tracking leads and enquires is very clunky and not streamlined	<ul style="list-style-type: none"> <li>• A CRM system is currently being explored as part of the Black Country Fostering project. Now in testing phase.</li> </ul>
Newly approved carers who have not yet cared for a child needs to be further understood E.g. 5 carers were approved between January & March 2021, but no child has been placed with them to date, this is likely to carers wanting to be placed with a child under 5	<ul style="list-style-type: none"> <li>• Assessing Social Worker to have a specific conversation around referrals and how the carer would feel about having a particular child placed in their care. This has been achieved.</li> <li>• Work closely with carers around what their preferences for placements are. There is currently a pilot taking place using a behaviours/scenarios/preference toolkit.</li> </ul>
Recruiting Lead Carers for the FFU workstream has been a challenge	<ul style="list-style-type: none"> <li>• FFU has been reviewed and there is no longer a lead carer role.</li> </ul>
The need for a dedicated Family & Connected Carers FFU team needs to be revisited	<ul style="list-style-type: none"> <li>• FFU has been reviewed. The aim is all foster carers will be part of a FFU support group.</li> </ul>
Additional training to be explored - e.g. further development of the therapeutic parenting course and clinical oversight	<ul style="list-style-type: none"> <li>• Train up Senior Social Workers and Supervising Social Workers to free up the CAMHS social worker to concentrate on other areas e.g. consultation work. A FSW is delivering the next cohort with the CAMHS social worker in September 2022.</li> </ul>
The Matching workstream took a long time to progress and understand - a matching policy and process was needed from the outset	<ul style="list-style-type: none"> <li>• Matching policy is now in place.</li> </ul>
It would have been beneficial for a robust performance system to have been developed	<ul style="list-style-type: none"> <li>• Performance monitoring requirements reviewed at the start of the project. Performance is now monitored BAU.</li> </ul>

## User Voice

Compliments from foster carers at their Foster Home Review for individual supervising social workers. “The carers stated that the support they received from SSW in caring for child during some very difficult and challenging times was second

to none, they were guided well by SSW and he was always available to support them even outside his normal working hours”.

“I would like to say a Big thank you from children & myself for arranging the Wolves match last night. The boys really enjoyed themselves and they couldn't stop talking about it on the way home, it probably will be the highlight of the 6-week holiday for them. Thank you again”.

Feedback provided by child's Independent Reviewing Officer for the recent child in care meeting and feel proud to say that the standard of care being afforded is second to none!

Feedback provided by child's social worker speaking very highly about the care afforded to child by foster carers. “I would personally like to thank you both for your commitment to child, it is very evident that you have high aspirations for her and with your love and support she is undoubtedly achieving these. In addition, she has been supported to feel part of the family which has boosted her confidence, hence, is thriving in every aspect of her life! Social Worker states, ‘It never feels like a “placement” when I am there and honestly feels like a home from home’.

During direct work one child gave her fostering home – 10 out of 10!

Foster parents are part of workstream meetings such as developing the Portal, Foster Home Review process and the Family Values Steering Group. We have a bank of foster parents who have expressed an interest in reviewing and developing policies. Foster parents are currently reviewing the Independence Packs, they are encouraged to support with delivery of training, events and taking ownership of these. Foster parents offer peer to peer support.

Foster carers are engaged with service events such as support with recruitment events, events for carers and children, compared at the Foster Carer Conferences and online training such as Prevent, Incontinence, TSDS, record keeping and SGO process.

## **Section 4: Service Delivery**

### **4.1 Recruitment of foster carers**

The Service has responsibility for marketing, enquiry generation, recruitment, assessment, and training activities.

Within the team is a dedicated marketing person from the Council's Corporate Communications Team. An annual marketing activity plan ensures that recruitment campaigns are planned and spread throughout the year. This year our initial enquiries from prospective foster carers have mainly come via the website and Facebook leads. The enquiries are recorded and screened by our specialised customer service officer or our dedicated marketing person. If the initial enquiry is recommending eligibility to foster, then our Recruitment and Assessment Team will book an Initial Assessment. If the Initial Assessment proves positive the Full Form 'F' Assessment is completed by an assessor sourced via You Recruit. A proportion of Form F assessments are

completed by Wolverhampton fostering social workers, whilst all Independent Fostering Agency carers seeking to transfer are all completed in-house.

The team carried on throughout the year with new ways of working that were adopted in 2019/20 following government guidelines during the covid pandemic. A calendar of online information events via Microsoft teams was promoted through a digital marketing campaign, advertising on google, social media and partner websites. We also repeated the Sky TV advert and used real footage supplied by foster carers for further promotion on social media platforms. As part of our collaboration work through the West Midlands Regional Fostering Recruitment Forum, we joined together with a total of 34 local authorities to produce a high-quality film 'Out There'. This was a real asset to our recruitment of new foster carers.

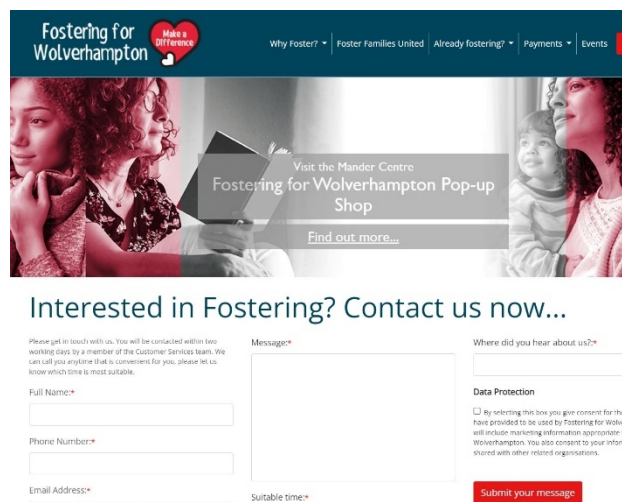
Despite the number of leads reducing throughout the year, activity levels have been high as the Recruitment and Assessment Team have worked hard at remarketing to previous contacts known as 'the warm list'. There have been a number of quality applicants that have not progressed due to personal circumstances and a common theme has been 'strained' or 'poor' financial circumstances.

Despite the challenges the Recruitment and Assessment Team have continued to recruit new foster carers, albeit not at the same levels as the previous few years.

Between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022 our enquiries were 232, which is our lowest number for a few years. Of these 167 have been made via our website, accounting for 72% of all first contacts. Google search is the most popular source of enquiry accounting for nearly 50% followed closely with Facebook being the second most popular source at 21%. A total of 38 Initial Assessments were completed during the year.

The Fostering for Wolverhampton online presence continues to be strong and the stand-alone website, which was introduced in 2018, has been invaluable during these difficult times. There were 12,698 visits to the website last year, which equates to an average of 35 daily, which is a reduction on the previous year.

A new Google Ads campaign is being developed to start mid 2022. A decision to refresh the brand, imagery and key messages was made towards the end of the financial year. A new look campaign is being created and developed in time for launch at the beginning of April 2022 and face to face recruitment was planned to start again in June with the re-opening of the fostering pop up shop in the Mander Centre.



The screenshot shows the top navigation bar of the 'Fostering for Wolverhampton' website. The main banner features a photograph of a woman and a child, with text promoting a 'Visit the Mander Centre Fostering for Wolverhampton Pop-up Shop' and a 'Find out more...' link. Below the banner is a section titled 'Interested in Fostering? Contact us now...' which contains a contact form. The form includes fields for 'Full Name\*', 'Phone Number\*', and 'Email Address\*', a 'Message\*' text area, and a 'Where did you hear about us?\*' dropdown menu. A 'Submit your message' button is located at the bottom right of the form. A 'Data Protection' section with a checkbox for consent is also visible.

Recruitment continues throughout the year but there are also three main periods of campaign activity throughout the year in Foster Care Fortnight in May, an autumn campaign in September/ October and a new year January campaign. With no option of physical face to face events this year, these have been promoted through targeted



*The Fostering Pop-Up Shop in the Mander Centre*

digital advertising through Google Ads and Facebook and other sites, social media posts and public relations, a chronicle wrap, a local Sky TV ad, radio advertising, email marketing

We all know that foster carers can portray a realistic and positive view of fostering, we use several foster carer champions who work with the Recruitment and Assessment Team to support the innovative marketing and recruitment campaigns. This year foster carers have supported us with films and personal stories and our recruitment campaign during LGBT Awareness month. Alongside this, approved foster carers also continue to support our online information sessions and preparatory “Skills to Foster” training for new applicants.

Web and telephone enquiries continue to be routed through Customer Services and fostering recruitment team are available to respond immediately to callers who want more information and will arrange initial visits to further discuss. Training sessions are continuing to be offered by the social workers in the recruitment and assessment team to the Customer Service officers. Read only access of the Fostering Portal is shared with Customer Services staff to keep them updated with the latest news/campaigns to enhance their awareness & understanding, customer services and the fostering service continue to develop their relationship to improve outcomes and timeliness for responding to initial enquiries regarding prospective carers.

The Recruitment and Assessment Team includes a dedicated fostering marketing executive and there is a Marketing and Communications plan in place for on-going

recruitment campaigns. Weekly and monthly meetings take place between Marketing and The Fostering Service, to plan future events and reflect on previous events and share thoughts and ideas.

Our regular information events used to be held throughout the year which provided opportunities for prospective foster carers to meet the Recruitment Team to find out more about fostering, were replaced during the pandemic with regular planned online information events via Microsoft Teams. We hold on average 2 sessions per month and prospective foster carers are asked to book on via our website. Our foster carer champions also attend these online events and can give first-hand advice about becoming a foster carer. Attendance has been patchy throughout the year, but we have had a few quality applicants that have progressed. We are planning to reintroduce face to face events from May/June 2022 with the reopening of the fostering and will continue a mixed approach over the coming months.

Targeted Facebook advertising is ongoing throughout the year and is refreshed regularly for each campaign. The Fostering for Wolves Facebook page is also regularly updated with news, video case studies and events and shares national news and information from the Fostering Network. Content is also shared on the council's corporate channels including Facebook, Twitter, and Instagram.

Foster carers receive a weekly allowance to cover all living costs associated to the child/ren they care for. Wolverhampton rates follow those recommended by the Department for Education (DfE); and are paid in accordance to the child's age. Foster carers are expected to open a bank account (preferably and ISA) in which they must save a weekly amount for the child's future. The specified amount of money to be saved for children and the pocket money rates are again age related and are provided annually by the Fostering Service to all foster carers. Birthday, holiday, and festival allowances are paid in addition to the above.

The Fostering Fees model is one which rewards foster carers in unity with their skills, experiences, and expertise in meeting the needs of children in care; in addition to the number of children placed, this is with a view to further encourage foster carers to consider sibling placements where they have capacity in their home.

## **4.2 Assessments**

The assessment is completed over an average timescale of six months inclusive of stage 1 and stage 2 which now run concurrently. Historically these processes followed each other however by running concurrently the time to approval has reduced by two months from eight months, the assessment is then presented to the Fostering Panel who recommend their approval which is subsequently ratified by the Agency Decision Maker. If an assessment is aborted at stage one a letter is sent to the applicants by the agency decision maker, explaining the rationale for the decision.

Assessments are part of the core work of the Recruitment and Assessment Team which enables the building of a comprehensive picture of the applicants. Evidence based, and analytical assessments are completed on all prospective foster carers to help understand their motivation and ability to care for children who have experienced loss, separation, and trauma. Caring for such children requires foster carers with a degree of resilience and patience in understanding the needs and presenting behaviours of children who have experienced childhood trauma including neglect and abuse. In addition, to collating information the assessment explores the applicant's



own experience of childhood, their parenting skills, understanding of safeguarding children and ability to create a warm and nurturing home for children.

The full fostering Form F Assessment is commissioned from an Independent Social Worker sourced via You Recruit. Review meetings are held to review ongoing assessments and any concerns highlighted within set timescales, thus ensuring panel dates can be adhered to.

Foster carers are approved under a generic approval category for children and young people between the ages of birth and 18 years. If there is a smoker within the fostering household, they will be approved for five to 18 years. This approval enables foster carers to care for children on a temporary and permanent basis. In addition, consideration, can be given to respite care and emergency placements.



The preparation course follows the “Skills to Foster” programme, devised by the Fostering Network. Wolverhampton continues to be part of the Black Country Consortium, along with Sandwell, Dudley, and Walsall. The authorities work in partnership offering two places to any of the other local authorities on every course they run. Each of the local authorities delivers the course a varying number of times, with Wolverhampton running the course six times yearly. Wolverhampton usually runs the Skills to Foster course every other month offering applicants the maximum flexibility to attend at a time most convenient to themselves. This was adapted during 2021/22 to take account of the covid pandemic, with courses extending during the day from 8am-10pm including weekends.

Skills to Foster continues to be attended as part of the assessment process for all foster carers. Thus, 9 courses were delivered in 2021/22 to both mainstream and connected carers attended by 35 households.

There are currently 7 Form F (Mainstream assessments) underway and 12 Form C (Connected).

### **4.3 Support**

The Support Team has responsibility for providing supervision, support, and post approval training to all mainstream and family and friends foster carers. The assessments of existing foster carers who wish to secure permanent placements for the children in their care are also undertaken within the service.

As of 31st March 2022, there were 180 approved mainstream fostering households, which offered a total of 254 placements. Of these, there are 15 fostering households currently dormant due to ill health or home improvements being undertaken, it is unlikely that they will all resume fostering, however they will all be contacted monthly for an update on their situation.

Family and Friends Foster Care remains an area of growth and as of the 31st March 2022 there are 61 approved households offering 96 placements.

All approved foster carers are allocated a qualified supervising social worker. Following approval, the supervising social worker is responsible for supervising and supporting carers, ensuring that they have the necessary guidance, support, challenge, and direction to maintain a quality service, including safe care practices. This includes an agreement that they must work within the agency's policies, procedures, and guidance. Two supervising social worker posts have been protected within the support team to exclusively support and supervise Family and Friends (Connected Carers).

Our focus is placement stability, reducing placement moves and improving outcomes for children. During 2022-22 over 50 placement stability meetings were attended by fostering staff where placement moves were averted by providing additional support to carers to minimise further disruption. All our foster carers have direct access to local partners in Health and Education who also provide them with advice and support. Foster carers provide placements for children and young people who present challenges and have a range of complex needs. All foster carers are offered support to meet these challenges. In addition, the Fostering Service provides specific training to foster carers to help them understand and manage the child's presenting needs.

Training is a continual process and all approved Wolverhampton foster carers are offered new and refresher training courses to update their skills on a regular basis. Foster carers are required to complete the evidenced based Training, Support and Development Standards (TSDS) workbook within the first year of approval (first eighteen months for family and friends foster carers). During 2020-21, frequent TSDS workshops were run. At the end of March 2022 out of the 180 approved mainstream foster carers, all have either completed or are in the process of completing TSDS. However, figures suggest that there need to be a continued drive to ensure that foster carers complete TSDS workshops in a timely manner. Newly registered foster carers are being supported to achieve the standards within twelve months of approval. This is facilitated by the TSDS workshops.

To develop and enhance the training and development of foster carers there is a full-time training social worker within the Fostering Team. Her role is to strengthen the importance of continual development and to ensure that foster carer's training is targeted to meet the needs of children placed. Completed training will be recorded on the foster carer's file and reviewed during supervision and their Personal Development Plan (PDP).

The support package offered to all Wolverhampton's foster carers includes:

- Fostering Handbook contains pertinent information useful to carers and is regularly updated to reflect any changes.
- Carer profiles have been completed and filed on both carers' records and on the foster carers' register which supports the PST when identifying placements.
- Foster carers' training needs are identified as part of their PDP and reviewed regularly during supervision. The PDP's assist in identifying gaps in foster carers

skills and knowledge and to ensure that they can meet their obligations in accordance with their Fostering Agreement.

- Approximately eighty different courses are provided to Wolverhampton foster carers each year, these courses are provided by both internal and external providers and include on-line courses.
- Therapeutic Parenting Training courses are held two/three times yearly (one evening course) whilst the Nurturing Programme is held three times per year.
- A focus on Restorative Practice has been incorporated into all training events.
- Approved foster carers who live a distance from Wolverhampton are offered the opportunity to complete their training on-line, via a local training provider -AC Education.
- “Buddy Scheme” in place and all Level 3 carers provide buddy support to less experienced foster carers. 30 foster carers were trained as buddies with 65 to date paired up with newly approved or less experienced foster carers. All newly approved foster carers receive weekly visits for six weeks following approval at panel.
- Fostering Families United is currently being revised and will by end October 2022 offer support across the entire fostering cohort.
- The Foster Carers Portal allows all carers access to pertinent information regarding training and events and is interactive, supporting the recording of fostering logs and regular updates.
- The Foster Carer Forum meets monthly, all foster carers are invited to attend, these remain predominantly on-line.
- Special events for foster carers and their families including an Easter Egg Hunt, Summer Picnic in the Park, and a Christmas party. These events returned to face to face events following the Covid pandemic.
- Foster Carers’ Conference. (Due to the Covid pandemic this event was spilt into two half days and presented on-line during 2021, however returned to face to face in July 2022.
- The “Love of Fostering Awards” an annual event where carers were recognised for their commitment to fostering throughout the year was held at the Molineux in December 2021.
- Foster Talk offer support to all of Wolverhampton’s approved foster carers including; legal and expenses advice, insurance cover, a 24-hour legal advice helpline, a 24-hour counselling support helpline, an education support line, a Social Work support helpline and access to discounts and exclusive offers via the use of a MAX card.
- Festivals/Cultural events have been promoted on the carers portal to ensure all faiths recognised, including Ramadan and Holi.



*The Annual Foster Carers Conference 2022 held at Molineux Stadium.*

Newly approved foster carers are generally reviewed after six months and then annually thereafter by an Independent Reviewing Officer, however following the Ofsted inspection – March/April 2022, a decision has been made that all newly approved foster carers will receive their first annual review after twelve months in line with statutory guidance. This will involve the foster carer meeting with the Independent Reviewing Officer who will discuss the activity of a foster carer to ensure they continue to be suitable. The Independent Reviewing Officer will seek the views of the foster carer, the child in placement (subject to age and understanding), the child's social worker, the child's Independent Reviewing Officer, the supervising social worker and any other appropriate person during the review process. Views are collected using consultation questionnaires. The review is also an opportunity for the foster carer to review the service and support given to the children placed. An early Foster Home Review maybe requested by the Fostering Service where there are concerns about foster carers practice or where there have been allegations.

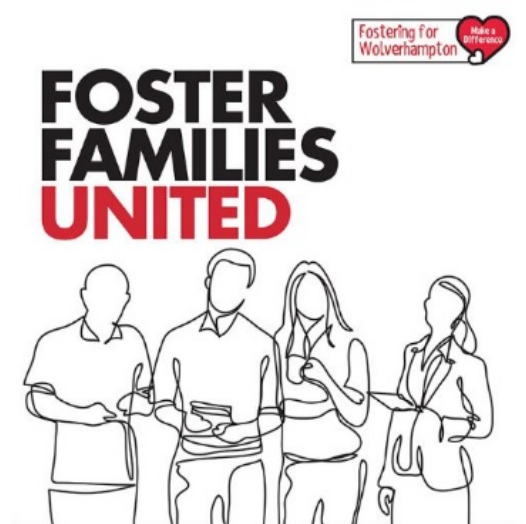
During the period 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022, 199 Foster Home Reviews were undertaken, as detailed below.

- Mainstream – 154
- Connected – 45
- Shared Care - 0

Overall, the reviews have remained positive, and the standard of foster care delivered to children and young people in care remains good. However, some concerns have been raised about the quality of some information shared in reports to present to foster home reviews by both fostering and children's social workers. Whilst in part, the new Eclipse system has impacted, a piece of work to address this is currently underway with standards of practice to improve over the coming months. There continues to be an extensive piece of work undertaken to further improve the effectiveness and timeliness of foster home reviews.

A Foster Carers Level 3/4 Panel has been set up quarterly where foster carers present their application alongside their supervising social worker to be considered for escalation from Level 2 to Level 3 or Level 3 to Level 4. Three panels were held during 2021-22 with seven carers progressing from Level 2 to 3. The panels are facilitated by fostering service and team managers with foster carers and their supervising social workers attending to present their application for consideration. There is appropriate challenge at panels to ensure carers have completed training and are willing to engage in recruitment events and act as buddy's to less experienced carers before a decision can be agreed. During the covid pandemic, some decisions were made outside of panel dates, however 2022 has seen a return to all applications considered at panel.

Foster Families United was introduced in May 2019. The approach is based on a family model centred around one foster home which acts as a team carer offering planned and emergency respite, advice, guidance, training, and support to up to 6 carers within the team. The team empowers families to support each other and overcome potential problems before they escalate and offers children and young people a more positive experience of care. An enhanced support, training and financial package is offered with the same dedicated supervising social worker to all carers within the team and clinical supervision from a CAMHS practitioner building on the therapeutic training model offered. A pilot project in 2019



evidenced that the model increased placement stability and improved carer wellbeing.

It was agreed in December 2019 that three more Foster Families United Teams would be developed during 2020/21 including a step-down from Residential team, all led by experienced Level 4 carers. As at March 2021, three Foster Families United Teams (FFU) were operating with a fourth planned in June 2021. However, challenges in recruiting lead carers became an obstacle in developing further teams and thus a decision was made to redesign the model. Going forward, the model will not be dependent on lead carers and a vision will be shared over the coming months that involves the whole fostering cohort as part of foster families united.

#### **4.4 Permanency through Long Term Fostering**

The City of Wolverhampton Fostering Service seeks to achieve permanency for children and young people with a Care Plan of Long-Term Fostering. Children needing permanent placements who are placed with foster carers who cannot offer Long Term care are referred to the PST. Placement meetings will be convened to include the child's social worker and the supervising social worker. Internal foster carers' availability will be explored to offer permanency. Where there is no availability external provision would be sought. Permanent carers make a commitment to care for a child or young person until they reach the age of independence. These carers often go on to provide 'Staying Put' arrangements for young people to remain in the household post 18 years.

This year the Fostering Service has secured nine Long-Term placements for children via the Linking and Matching process. One of the Long-Term Placements were for sibling groups of two children and another for a sibling group of three. Most of the Long-Term placements were secured for children with their current foster carers which were provided by both internal (five) and external resources (four).

The child's social worker together with the fostering supervising social worker are responsible for progressing permanency for the child within the first year of placement where their plan is that of permanency outside the family. A new policy & procedure to reflect the Linking and Matching process has recently been agreed and a streamlined process now in place whereby a full report is presented to the Agency Decision Maker for consideration and if a match agreed, panel are advised. Early indications from social workers are that this has significantly improved the process, particularly with regard to timeliness.

#### **4.5 Family and Friends Carers (Connected Persons Carers)**

Local authorities have a responsibility to consider members of the child's family, or friends (Connected Persons Carers) during Care Proceedings and when a child is facing the possibility of coming into care. They are assessed by the service as to their suitability to provide appropriate care in accordance with the Fostering Regulations 2011. All Connected Person's Assessments are presented to the Fostering Panel who recommend their approval which is subsequently ratified by the Agency Decision Maker.

From April 2021 – March 2022 there were 15 family and friends' carers approved which contributed overall to providing a total of 96 placements in the year for children in care.

The Recruitment and Assessment Team work together with Strengthening Family Teams advising and completing joint Viability Assessments of prospective family and friends foster carers. The location of some relative foster carers can place an added pressure on the service due to the time involved in travel. We currently have 20 out of city placements.

The recruitment and Assessment Team have undertaken 98 Viability Assessments of which seven were Schedule 4 (temporary approval) assessments from 1st April 2021 to 31st March 2022.

Family Group Conferences/Family Meetings are required as part of the process for family and friends foster carers, to reduce the number of referrals for multiple Viability

Assessments for the same child. This should, subsequently reduce the number of assessments which do not progress onto a full assessment during Care Proceedings. It will also allow for assessments to be allocated at the earliest opportunity to avoid delay in allocation, completion, and restrictions in Panel availability. This has been effective in reducing the number of assessments with a negative recommendation.

Schedule 4 assessments whereby family and friends foster carers are granted temporary approval require allocation of a social worker to supervise and assess the placement suitability within a sixteen-week timescale. An extension of eight weeks continues to be applied where required and a clear process is now being followed via Panel and the Agency Decision Maker to reduce the number of unregulated placements. These are likely to occur due to a delay in checks and references, rather than assessment completion. There are currently 5 Schedule 4 assessments within the service, all progressing to completion of a Form C.

During the period of 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 there were 15 positive Form C Assessment approvals. These assessments were completed within internal resources. There were 11 ongoing Form C assessments on 31<sup>st</sup> March 2022 which were all being undertaken by social workers within the Recruitment and Assessment Team.

Family and friends' carers have access to all training courses offered by the services and complete their Training, Support and Development Standards and are supported to undertake learning and development to the same as mainstream foster carers.

#### **4.6 Special Guardianship**

The responsibility for the assessment and support of Special Guardianships is that of the Fostering Service. This encourages a more joined up approach between teams with the completion of SGO assessments being a joint activity between a social worker in the Fostering Service and a social worker for the child. If the Care Plan for the child recommends Long-Term Fostering with either mainstream or Family and Friends as a permanency option a Special Guardianship Order should be encouraged where this is deemed to be in the child's best interests, essentially removing the child from the care system, and transferring parental responsibility to the carer.

There are currently 258 established SGO carers in Wolverhampton. There is one full-time Senior Social Worker and two SGO Support Social Workers dedicated to the role of advising foster carers about the details of caring for children under a Special Guardianship Order should they consider this to be a future option. The SGO support social worker is also able to discuss on-going support plans to ensure that the needs of the child and Special Guardian continue to be met. The SGO team also offer an annual review to the established SGO families and respond to any SGO related queries.

All finances relating to SGO plans are reviewed annually to ensure appropriate funding is in place. A designated business support worker supports the SGO financial review function.

The SGO support social worker delivers an SGO training module specifically for family and Friends Foster carers which runs directly after each preparation course. This has been planned to inform the prospective foster carers of their options at the earliest opportunity.

The Senior social worker in the SGO team offers bespoke face to face consultations with prospective SGO carers and birth parents, offering them the opportunity to ask any questions and provide clarity regarding post SGO support and services. This is alongside any offer of independent legal advice to ensure SGO is the right plan for the young person and their family.

There is a step-by-step flow chart to assist social workers in completing SGO reports and plans and the opportunity to consult with the SGO team throughout.

The supervising social worker and the child's social worker jointly complete the Special Guardianship Report, in partnership with the foster family and young person to ensure a seamless transition from foster care to SGO with the young person's best interest at heart.

A tracking tool has been devised and there is monthly oversight of progress to ensure permanency is achieved via Special Guardianship Order (SGO) in a timely manner.

A total of 18 Special Guardianship Orders were granted across all teams in the year 2020/21 this increased to 21 in the year 2021/2022 despite the impact of the COVID 19 pandemic. We have secured 6 SGO's this year (2022-23) and we currently have 51 families on the SGO tracker to be assessed and progressed. The target to increase positive permanency for our young people and their families year on year via SGO Orders is well on course.

### **Post SGO support**

The Support Plan is reviewed annually by the SGO support social worker who currently sits within the Fostering Support Team and post-SGO support remains high on the agenda for this current fiscal year. Special Guardians can access all training that is currently offered to our internal foster carers.

The SGO team are responsible for interagency joint working and ensuring that transfers of SGO support are made in a timely manner, this ensures that SGO families living outside of Wolverhampton can access support within their local area.

The SGO team promote virtual coffee mornings for all SGO carers and invite guest speakers to talk and discuss issues that are relevant to our SGO families. We are hoping to extend the coffee mornings to face to face meetings and are consulting with our SGO families as to when this should commence.

The SGO team have created an online portal which provides updates, information, guidance and advice and links to community-based resources and additional support for our SGO families. We are in the process of compiling a newsletter to share with our SGO families to include the information available on the portal for those who prefer email updates as opposed to online portal access.

The SGO team complete Needs assessments in partnership with our SGO families to make Adoption Support Fund applications for those eligible. We work alongside therapists and families to ensure support is reviewed and any ongoing recommendations are progressed.



The SGO team are part of a regional group where we meet with other Local Authorities and Trusts to share best practice ideas and work together to continually improve and promote our support and offers to our SGO families.

## Private Fostering

This is regulated under the Children (Private Arrangement for Fostering) Regulations 2005. The service is responsible for raising awareness with the public, professionals, parents, and children. The assessments, training, and support of Private Foster Carers is also the responsibility of the Fostering Service. There are three Private Fostering Champions within the fostering service who regularly attend team meetings across Children's services, and Private Fostering Champions within the teams of our partner agencies and the voluntary sector, with

workshops held to further increase, awareness and understanding. The Fostering Service supports Private Fostering Week in July each year and refreshes all material/leaflets whilst Private Fostering Champions within the service deliver workshops and attend meetings to increase awareness and understanding. Private Fostering Forums are held quarterly where information is shared, and updates noted with regards to referrals and enquiries. The Annual Private Fostering Report is completed each year and is presented to The Local Safeguarding Children's Board (Wolverhampton Safeguarding Together). An action plan is updated quarterly to ensure this area of practice continues to be reviewed.



**Short Breaks** There is one approved short break foster carer providing shared care placements for disabled children. The short break carers are usually professionals who work full time. They offer regular breaks to parents and carers who have children who have disabilities so that they can have a break from their caring responsibilities. We continue attempts to enhance this area within the recruitment and communication strategy for 2021-22 and will incorporate expertise from within the Disabled Children and Young People's Service and Voice 4 Parents who attend a newly developed designated workstream within the family values progress to recruit carers for disabled children and young people and to extend short break opportunities across Children's services.



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## **Section 5: Quality Assurance within the Fostering Service**

### **5.1 Performance data**

The 2020/21 target was to achieve a net gain of 26 mainstream and connected foster carers. Between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021, with 31 approvals (mainstream and connected) and eight de-registrations we achieved an overall net gain of 23 foster carers.

<b>Period</b>	<b>Approvals at panel</b>	<b>Number of de-registrations</b>	<b>Net gain</b>
April 2015 – March 2016	18 approvals		
April 2016 – March 2017	11 approvals		
April 2017 – March 2018	19 approvals		
April 2018 -March 2019	23 approvals	0	23
April 2019- March 2020	25 approvals	3	22
April 2020-March 2021	31 approvals	8	23
April 2021-March 2022	22 approvals	31	-9

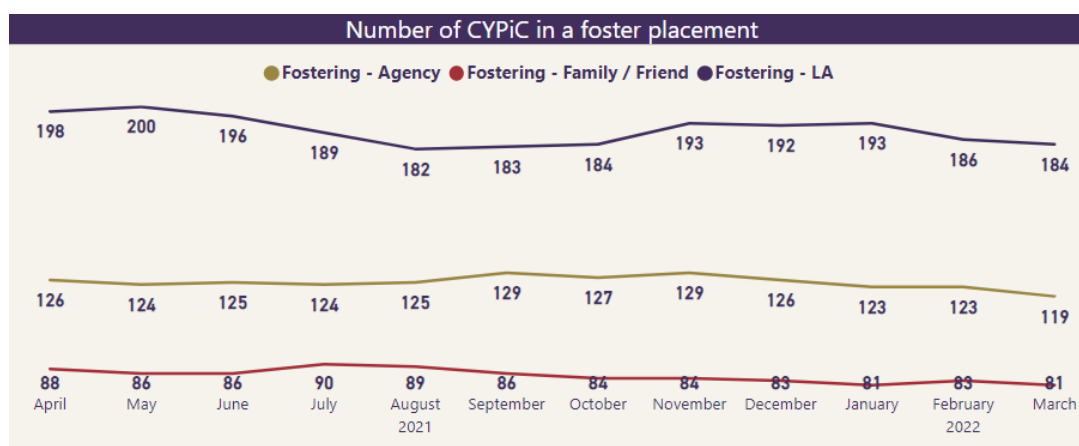
In the year the local authority lost 31 mainstream foster carers who de-registered. Mainly these were due to retirement.

In the year there were 7 mainstream foster carers approved at an average timescale of 236 days with 21 were approved within timescale (183 days). The shortest time taken to be approved was 150 days, the longest time taken was 628 days. The table below shows this is the lowest number of approvals in any of the last four years with the highest average days since 2015/16.

<b>Year</b>	<b>Number of Mainstream Approvals</b>	<b>Average Days for Approval</b>	<b>% of Cases Approved in Timeframe</b>
<b>2015/16</b>	21	278	56% (8-month target)
<b>2016/17</b>	22	217	72% (8-month target)
<b>2017/18</b>	20	227	50% (8-month target)
<b>2018/19</b>	24	170	67% (6-month target)
<b>2019/20</b>	25	147	84% (6-month target)
<b>2020/21</b>	14	147	86% (6-month target)
<b>2021/22</b>	<b>7</b>	236	57% (6-month target)

During 2021/22 the Sufficiency Strategy continued to review every aspect of the recruitment process to achieve ambitious targets to grow local capacity of available in-house foster carers. The need to increase the proportion of foster care placements with internal foster carers remains. There have been significant improvements over the last six years as set out in the table below –

Type of Placement	Number of C&YPiC Placed								
	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22
Family and Friends	45	50	62	71	78	95	84	102	81
Internal Foster Carer placements	158	171	186	193	201	185	195	201	184
IFA placements	382	343	268	247	226	198	154	129	119



At the end of 2021/22, there were 265 young people placed internally, with either mainstream or connected carers, 30 less than the same point in the previous year. The number of young people placed with mainstream carers fell by 19 to 184 and the number placed with connected carers also reduced from 92 to 81. The number of children in IFA placements has reduced by 8 to 119, this means that the gap between internal and external agency placements has narrowed.

Taking a snapshot of placements at the 31<sup>st</sup>, March from each year, on 31st March 2022 there was a weekly saving of £12,372 in spend on foster care placements. Taking a snapshot of the end of June 2017, when the Family Values project started and comparing it to 31st March 2021, there is a weekly cost saving of £55,584. If this saving was replicated over a year, it would show a yearly saving of £2,890,368.

Date	Total Weekly Cost of Children in	Total Weekly Cost of Children in	Total Weekly Cost of Internal	Total Weekly Cost of Children	Total Weekly Cost of Foster Care	Change Since Previous Year

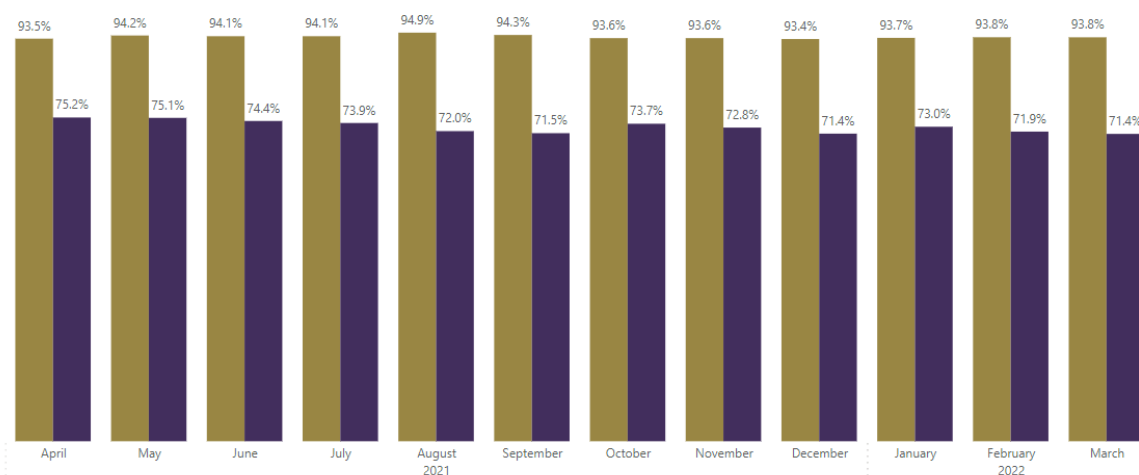
	Mainstream Foster Care	Friends and Family Foster Care	Foster Care	placed with IFA		
<b>31st March 2021</b>	£89,227	£22,211	<b>£67,016</b>	<b>£120,723</b>	<b>£209,950</b>	<b>-£24,351</b>
<b>31st March 2022</b>	£87,876	£19,043	<b>£68,833</b>	<b>£109,702</b>	<b>£199,578</b>	<b>-£12,372</b>

It should be noted that this saving is calculated purely on placement costs and does not incorporate any additional unit cost attributed to placing children internally.

Short Term Placement stability has remained consistent over the year, however Long-Term Placement Stability has seen a reduction of 3.9% in comparison to the end of the previous year. See below the chart for placement stability.

Short Term Placement Stability Pass and Long Term Placement Stability Pass %

● Short Term Placement Stability Pass ● Long Term Placement Stability Pass



Overall, there were 7 children leaving care to live with their foster carer via an SGO or Adoption Order in 2021/22.

Whilst children are being supported to achieve long term permanence through SGO and adoption there has been a decline in children being matched with their foster carer to secure long-term fostering arrangements. An updated Linking and Matching Policy and Procedure has led to a backlog of cases presented at panel and it is expected during 2022-23 that this will be addressed with an increase of recommendations.

Type of permanence	17/18	18/19	19/20	20/21	21/22
SGO by FC	11	20	13	10	5
Adoption by FC	5	14	14	5	2
LT matches	17	10	9	X	3

During 2022-23 we will be developing a more sophisticated data base including a new carers register linked to Eclipse which should support rolling accurate data immediately. Currently the fostering administrators maintain a database which records

complaints, allegations, DBS completions, Health & Safety, Delegated Authority, and unannounced visits. The team manager and senior social worker supply updated information to ensure accuracy of the database however it is reliant on the timeliness of information sharing whilst a database linked to Eclipse will update from all information input across the workforce. This remains an ongoing piece of work.

## 5.2 Wolverhampton Foster Panel

### Overview

Wolverhampton's foster panel has a crucial role to play in the provision and monitoring of foster care for the children and young people of Wolverhampton City. At the end of March 2021 303 of the City's children and young people were living in foster families.

For the last few years, the Government has emphasised that foster care should be a positive option for many children and young people (Fostering Better Outcomes – Department for Education DfE Jul 2018).

In line with this Wolverhampton's Foster Panel is striving towards five overarching ambitions

- 1) To ensure that children and young people are listened to and involved in decisions about their lives
- 2) Foster families receive the support and respect they need to care for children and young people
- 3) That there are enough good quality foster families for children and young people at the right time
- 4) That foster families are commissioned according to the needs of children
- 5) That children and young people experience stability and placements support them to achieve the same outcomes as every other child or young person.

Wolverhampton's Foster Panel therefore strives to ensure that the right foster carers are recruited and can respond to the needs of the local community. Further that individuals wanting to foster have the right skills, resilience, and abilities to understand children and to drive forward their needs, views and wishes.

As a team the foster panel members are committed to ensuring that the voice of children and young people remain central to the decision-making process. Foster Panel members have continued to champion the views of children and in the past twelve months Panel membership has been supported by the recruitment of another care experienced young person.

The virtual panel meeting process hosted by Microsoft Teams is now fully a fully embedded vehicle for meetings and the Foster Panel Teams site hosts the business of Panel as well as managing and tracking the Agency Decision Makers – ADM - long-term fostering and linking and matching arrangements. In addition, the Site is a communication and development hub for Foster Panel members. The 'chat' facility ensures a regular line of communication and as every member is issued with their own equipment to ensure that GDPR is adhered to, and security of highly sensitive information is not compromised. Panel business and functioning has continued to be driven by Marie Humphries. To describe Marie as Business Support is an understatement as Marie has continued lead change and to develop the Panel site and the considerable business processes which are required daily.

## **Panel Central List / Recruitment**

The Panel Central list has continued to evolve. The Independent Chair – Sally Stokes – has continued to be supported by the Vice Chair – Sure Partoon, herself a previous foster carer. Sally and Sue share the chairing responsibilities and support the Panel Advisor in the recruitment, development, and appraisals of the wider Panel.

## **Panel Meetings**

Panel meetings have continued to be held on a fortnightly basis with the addition of several extra panels being convened over the last twelve months.

Panel member commitment to attending meetings remains high and the central list continues to develop and is vibrant and cohesive as a group

## **Panel Training and development**

Panel training and development is inclusive and panel members have accessed the same training development opportunities following their induction as their Council and Children's Services colleagues. Induction continues to be mandatory and all new Panel members must complete Restorative Practice and Unconscious Bias training as well as standard 'new starter' training.

## **Regional Development**

The Theme for development during 2022 has been safeguarding particularly the management of allegations involving foster carers. Panel commenced this process in February with a workshop which focused on the outcome of Child Safeguarding Reviews involving foster carers. As the months have developed this Theme has become incorporated in the development of other foster panels across the Black Country Region and in October the Panel Advisors from the for, the 4 Black Country Fostering Project will host a regional event to expand the MOA involving foster carers. This will be the first event of its kind and commitment to present has been obtained from LADO's, FIRO's and Fostering Managers from across the region.

## **Panel Achievements**

- Panel member retention with a number of expressions of interest in joining Panel
- Annual Appraisals – completed within the twelve-month period
- Feedback from Panel members incorporated into training development
- Development of Regional Black Country Foster Panel network
- Profile of Foster Panel developing across other Black Country Foster Panels
- Foster Panel Coffee and Chat / regional foster panel conference
- Greater communication between senior managers, operational staff and Foster Panel
- Established Quality Assurance and feedback process
- Established practice development forum – bimonthly meeting between Independent chair, vice chair and Head Of Service and operational managers
- Opportunity to influence operational police and procedures
- Continued development of business processes and tracking arrangements
- Electronic feedback for individuals attending panels
- Greater opportunities to incorporate outcomes from quality assurance

## Panel Challenges

- Inconsistent working relationship with wider Children and Young People's teams
- Lack of awareness about the role and function of Foster Panel across the wider Children and Young People's teams.
- Inconsistencies in the quality of work presented to Foster Panel by individual social workers.
- On occasions Cases presented at short notice
- Inconsistent IT / connectivity in meetings
- Attendees / presenters at Panel not being properly prepared
- Inconsistencies in terms of understanding of operating procedures and policy changes

All areas of practice deficits are being addressed through a Fostering Improvement plan.

## Moving forward Panel Priorities for 2022 - 23

- Review and increase the diversity of the foster panel membership and in line with this increase its reach to the Young People in Care Services. To actively promote and learn from feedback following Panel attendance and to incorporate the views of care experienced children and young people during panel meetings
- Further develop and build working together and partnership arrangements with the wider operational service.
- Engage in further regional development events
- Continue to develop the business process of panel and to increase efficiency in line with the pace of change
- Further embed a restorative approach and to explore associated training for panel members, and provide opportunities to embrace diversity and the impact of difference
- Continue to work in accordance with Children and Young People's Service Plan and Children's Workforce priorities. Organisational operating policy and procedures
- Escalate concerns and utilise practice development meetings to raise concern and to explore areas for development
- Continue to work in accordance with key legislative frameworks and expectations and regulatory requirements
- Continue to be independent and to be effective
- Panel Advisor attendance at regional PA meetings and further development, regional conferences / policy and procedure development
- Maintain and improve Panel effectiveness and Efficiency
- Maintain working relationships locally and across the Region
- Manage feedback and use outcomes to inform Panel and operational practice moving forward



### 5.3 Complaints / Compliments

There were five formal complaints received about the fostering service during the year 2021 – 2021– This was slightly higher than the previous year, however, compares favourably with the national average of 18% of complaints that were from fostered children. There were also four informal complaints received which were managed and responded to at a lower level. The Fostering service received ten compliments.

The complaints received were around staff conduct, quality of service, special guardianship allowances challenged, and no respite offered. At the same time, there have also been seven compliments in relation to the Fostering Service recognising social workers commitment in their job role to families and young people. The Fostering Service, upon investigating and reviewing complaints received continue to ensure that learning is disseminated to staff and colleagues in order that adjustments and improvements can be achieved.

There was one IRM during 2021-22.

### **Section 6: Summary**

Like the rest of the country, 2021-22 continued to be characterised by the Covid pandemic, all staff were based working from home ongoing and during lockdowns, all work including visits and recruitment events were undertaken virtually. However, in the summer 2021, a return to face to face events, visits and meetings was realised. The Fostering Service continues to benefit from experienced managers and the compliment of social workers remains stable with no agency workers currently employed. Both teams have made significant progress during the year with many developments made across the service as described and outlined above. The foster carers have coped brilliantly during the year despite the challenges of covid and have continued to support children and young people in care, with examples of innovative ways of delivering home schooling shared on the carers portal and across the city to inspire others. Recruitment events have taken place albeit virtually and whilst there was disappointment at a net loss of carers at end 2022, the service is confident that the “Fostering for Wolverhampton” message is well received and there are people within the communities interested in becoming foster carers. Whilst the effects of the covid pandemic continue to reduce, the cost of living crisis being experienced across the country is having an effect on individual and families capacity to consider adding to their responsibilities. The service is acutely aware of the effect on our existing cohort of carers and extensive support is being considered, alongside our current support offer.

The Family Values Project continued throughout the year with new workstreams developed including placement matching and carers for disabled children and young people workstreams, ensuring that the diverse range of children’s needs could be met, these remain key priorities going forward. The project moved into business as usual in 2021 and a new vision for this aspect of the service will be shared in Autumn 2022. The momentum to further improve and develop the service will continue, with a particular focus on standards of practice and support to foster carers.

Positive progress despite the obvious challenges, continues to elicit energy and excitement and given such positive progress during the year, the thought continues that there is a real opportunity to continue to increase our cohort of mainstream and connected carers within a Fostering service that is fully open to challenge and change.

It is only by exploring and embracing these opportunities that we will truly as a service achieve our potential with our priority to improve the outcomes of the children and young people in our care.

## 6.1 Key Achievements

- Permanence, 21 SGO orders have been achieved.
- Placement stability has been steadily maintained, however whilst long term stability has reduced by 3.9%, the year ended with more children in internal foster than within external foster care.
- Despite the Covid pandemic, robust and effective recruitment. Continued increased enquiries supported through sophisticated media campaigns and digital advertising including a TV advert.
- Assessment timeliness has been affected by the Covid pandemic; however, performance remains positive compared to previous years.
- The new model of fostering “Foster Families United” has been further developed and there are currently three teams, each led by an experienced carer, supporting up to five fostering families in each team.
- Wolverhampton worked collaboratively with Black Country Authorities to look at ways of further improving consistency of practice, panel relationships were strengthened, and a shared CRM system was agreed.

## 6.2 Progress on Key Objectives 2021/22

Objective	Outcome
To achieve the target of a net gain of 25 foster carers to provide for the diverse range of Childrens needs.	2021-22 was a challenging year given the ongoing effects of the Covid pandemic. Despite ongoing recruitment activity, the year ended with a net loss of 9. Post pandemic, targets have been reset.
To develop a fully operational carers register, reflecting the carers status and related compliance record for each carer which provides at a glance compliance information on carers with regard to minimum standards and fostering regs.	Progress has continued, however this remains an outstanding piece of work for completion. Fostering continue to work alongside Business Intelligence and IT colleagues to achieve a fully effective carers register.
Resources redirected within the team into SGO support services, alongside a clearer definition of what services are available to special guardians.	The SGO service within fostering continues to evolve and the support offer to SGO carers has been further strengthened by experienced SGO social workers.
Placement matching is developed within a workstream, ensuring that children and young people are placed at the outset	This workstream has achieved its aim and a revised policy and procedure to

with carers who understand their needs and provide them with a sense of belonging regardless of their diverse needs.	reflect placement matching is to be agreed.
An action plan focussed on Standards of practice is progressed, to include processes at foster home reviews, concerns regarding carers practice and support offers to carers are understood across all of children's services and evidenced within quality information shared to inform decision making and recommendations.	A fostering action plan is in place which encompasses all areas of practice within fostering as identified as requiring improvement. Foster Home Reviews, Therapeutic Training, Carers for Disabled Children and Young People, Management of Allegation and Foster Families United remain in scope.
The Foster Families United model is refreshed and relaunched with a priority to recruit external carers to lead FFU teams to support foster families within their teams.	A revised model has been agreed and will be launched by end October 2022.
Ensure the foster carers portal is regularly updated, including all information to support carers and children and young people in their care, particularly key cultural events of all faiths to reflect the diverse needs of our children and young people in care.	The portal continues to involve and there is currently a focus on ensuring aspects of the portal are aligned to Eclipse e.g foster carer logs.
Ensure that vacant carers are regularly reviewed, and carers are supported in returning to their roles if they have been dormant for a period and remain compliant with fostering regs and minimum standards throughout their vacancy/dormancy	The service is currently managing a cohort of vacant and dormant carers. All carers are being reviewed and their placement criteria challenged where appropriate, to ensure the service can support children and young people – 0-18 who require foster care.

### 6.3 Key Objectives 2022/23

- Realise a net gain of 5 foster carers 2022-23.
- Carers for Disabled Children and Young People continue to be a focus or recruitment and a support offer is developed and agreed.
- A return to in-person recruitment events blended with virtual opportunities to enable easier access for some.
- Relaunch Foster Families United – September 2022 and ensure the model is encompassed across the cohort of mainstream and connected carers.
- To ensure that the Linking and Matching policy is fully understood, and that practice reflects an increase in arrangements. Celebrate the linking and matching of children and young people with foster carers.
- A fully functioning foster carers register is in place that reflects the approval status of all mainstream foster carers.

- The list of dormant carers reflects a realistic return to fostering or supports carers to make a decision to resign if there is ambivalence regards returning to fostering.
- The Ofsted Inspection March/April 2022 highlighted three areas of service improvement – Supervision of fostering staff, foster home reviews and quality of fostering assessments.
- Ongoing support to foster carers to ensure that all consider a 0-18 age range of children and young people and that carers feel confident they can manage the needs of an 0-18 cohort.



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