# Agenda – in house fostering

**Chair Carole Cammiss** DCS Wokingham

**Attendees:** Hilary Sparling (Medway), Mark Evans (SESLIP), Laura Taylor (West Berks), Karl Davis (West Berks), Jackie Clark, Sivay Heer (Milton Keynes), John Donnelly (Brighton and Hove), Nicola Anthony(Kent), Deborah Price (Isle of Wight), Sarah Smith (Hampshire), Catherine Siederer (Brighton and Hove), Sarah Duerden (Oxfordshire), Gemma Pavey (Brighton and Hove), Jackie Giles (Oxfordshire), Helen Field (Southamptom)

**Meeting details:** January 28 via MS Teams 10.30-12 noon

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| **Project formerly known as the Complex LAC project (Mark Evans):** Slides, film and evidence base attached. The project has been running since 2018 and is partnership between SESLIP, NAFP and ICHA. The first part was about data gathering looking at most expensive placements across the region, it was weighted but included all 19 LAs. This meant for example in the larger counties we largely ended up looking at residential, whereas in the smaller unitaries the highest cost placements also included fostering. The project looked at financial costs of placements and previous placement history, needs and risks. The project also produced a film featuring the young people across the South East. A detailed and comprehensive document on needs analysis was also produced which includes a chapter on fostering need. Through the project they looked at the primary needs of the very highest cost placements (£4.8k a week). Key conclusion is that sufficiency is there in our region if all SE children were placed in the south east, but we know this isn’t the case which is why we have gaps – for example lots of London LAs place in the South East. Another key finding has been that providers don’t engage with the commissioning process as there is little incentive for them to do so.Using the detailed needs analysis, the project is now working with four LAs – Milton Keynes, West Sussex, Kent, Portsmouth to produce demonstrator projects. Four key streams going forward@**How do you incentivise IFAs and residential homes to place local children** (i.e. the project is looking develop different models through the demonstrator LAs – for example you pay part of the fixed costs of the IFA and commit to taking a certain number of placements, the LA pays more up front and reduced weekly costs and the LA gets to keep children locally)**Reducing use of unregistered care:** some of those placements are extremely expensive**Sufficiency****New placement options:** For exampole, step across placements from resi to LA, hybrid LA/providers. The projects ends in July and hopefully the LAs then go to market with the demonstrator projects that have been developed**Action:** ME to send RE the film and evidence to circulate. RE to arrange for ME to return to a future meeting to present on the emerging projects. **How effective are edge of care services?** We have some limited info on that. It wasn’t a major scheme in the scope. **What implications for foster care recruitment?** There is emerging evidence that there is a need for something between traditional foster care and residential – for example Foster care is £1500 but resi starts at £3k, is there a £2k model of foster care we could develop?**What feedback has there been from providers?** Feedback from providers is that the tools LAs use don’t work for providers…. They are keen to develop tools with focus on distance travelled, rather than absolute measures |
| **Mystery Shopping: Laura Taylor West Berks:** All calls all done in January, done by 3 colleagues and during main working hours on weekdays. The IFA websites were informative, but it was really difficult to find a number. Two LAs scored 10 out of 10. The LAs and IFAs that scored well had the call answered really quickly by a real person, clear detailed explanation about the assessment process and going to panel, they referred to therapeutic support and parenting, referred to good quality training and that it was being managed well online. The strongly performing LAs and IFAs also talked about wraparound support and respite. When making calls the IFAs were clear that they were more likely to be working with children over 10 and children with more complex needs, the LAs weren’t as clear about their need to recruit particular types of carers. Strongly performing LAs and IFAs were also warm and personable, they knew their stuff and didn’t feel like they were rushing you off the phone or reading from a script and being too process driven. **Action:** Gemma Pavey from Brighton and Hove to coordinate next wave of mystery shopping  |
| **Covid impacts and updates** **All to update on any specific impacts, changes to practice, issues relating to fostering as a consequence of COVID-19 (e.g. court delays, payments, vaccinations, enquiry and assessment trends)****Vaccinations:** Some LAs were offering vaccinations to all their foster carers, some to selected priority groups of foster carers (e.g. respite/emergency, children with disabilities), some were offering to all foster carers (including those that live in the LA but foster care for other LAs or IFAs) and some were not vaccinating foster carers. In some LAs foster carers were being vaccinated via GPs and in others it was via vaccination centres. Children’s services in some LAs were actually doing the admin and booking foster carers for vaccinations whereas in other areas it was being dealt with by health. In **Oxfordshire** we have a priority list with foster carers, categories – (i.e. emergencies, vacancies, clinically vulnerable and UASC – one of the sticking points is that we have to get consent from the foster carers to share with health and so whilst we have agreement to vaccinate foster carers we are still actually getting consent on the personal data ). In **Milton Keynes** we have prioritised all front line staff that see children, we put a case forward as many foster carers are shielding, and those having emergency placements. All foster carers are being booked in, and business support are arranging appointments at the local hospitals. We have done it carte blanche that all carers can have access. It was an initial issue to decide but then now it has been decided we are doing well with the practical roll out. In MK we were getting feedback from carers that they didn’t want to take kids unless they were vaccinated, we are now getting feedback from SGOs.In **Wokingham** trying to get over that foster carers have an allowance, they aren’t salaried so a decision not yet taken to vaccinate foster carers. **Southampton** also has not yet been able to agree to prioritise foster carers.**IOW** is vaccinating all carers whether or not they are IOW. Finding placements on the island is difficult and the children don’t want to move off. Some of those children have and have had covid symptoms and so we are protecting all carers. We looked to do clinically vulnerable foster carers first, with foster carers alongside staff, not ahead of them. For **Portsmouth** it was agreed through Gold to do front line staff and foster carers together, and that was rolled out last week. Being done through vaccinations centres or GPs. In **Kent** we’ve been trying to negotiate with senior managers and it has just been agreed in next couple weeks - going with emergency carers and CWD, and all carers in Kent (IFA carers in kent too), there are 70 odd agencies here. It did take a lot of negotiating. It will happen in hubs not GPs. **Placing children with Covid:** There is a lack of clear policy and process around risk mitigationrelating toplacing babies and children who are positive. Oxfordshire has had a case and is developing a process which will be shared. CC we have one case – our expectation is if they don’t go with the family the foster family will have to isolate, but we haven’t had to go through that. Kent had situations before Christmas with children testing positive. The main issue was about transporting and when this should happen. In MK formed a bubble with particular members of staff based on good will to support foster carers/children with covid or isolating.**Action: JG to circulate policy on placing covid positive or symptomatic children once it is developed in Oxfordshire.** **Impact of Covid on assessments:** In Oxforshire - high numbers of enquiries, visits, but some people on hold as they don’t want us visiting so need to wait until after lockdown. Noticing an impact on GPs not giving medicals. Delays the same on medicals for Hampshire.  |
| Standing items:**Issues for escalation:**Issues for CC to escalate to DCSs for consideration were:* differential access to vaccination for foster carers across the region
* differential approaches to policy/process around placements for covid positive or symptomatic children and babies
* delays in courts and medicals impacting on fostering pipeline.

**Themed discussion topics for next meeting**RE to approach Alasdair at East Sussex for regional fostering data. Other items Oxfordshire to share practice on step across from residential to fostering and other elements of fostering good practice, Brighton and Hove wave 3 mystery shopping  |

Meetings for 2021: All to be held via MS Teams:

* April 12 10.30am-12 noon
* July 19 10.30am-12 noon
* October 4 10.30am-12 noon