WEST YORKSHIRE ADOPTION JOINT COMMITTEE

**Meeting to be held in Civic Hall, Leeds the Civic Hall, Leeds on
Friday, 14th February, 2020 at 10.00 am**

MEMBERSHIP

Adrian Farley	City of Bradford MDC
Adam Wilkinson	Calderdale MBC
Viv Kendrick	Kirklees MBC
Fiona Venner (Chair)	Leeds City Council
Richard Forster	City of Wakefield MDC

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS**	
			To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded)	
			(In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC**	
			1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.	
			2 To consider whether or not to accept the officers recommendation in respect of the above information.	
			3 If so, to formally pass the following resolution:-	
			RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

3			**LATE ITEMS**	
			To identify items which have been admitted to the agenda by the Chair for consideration	
			(The special circumstances shall be specified in the minutes)	
4			**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**	
			To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE**	
			To receive apologies for absence (If any)	
6			**MINUTES OF THE PREVIOUS MEETING**	5 - 10
			To confirm as a correct record, the minutes of the previous meeting held on 1st August 2019.	
			(Copy attached)	
7			**MATTERS ARISING FROM THE MINUTES**	
			To consider any matters arising from the minutes.	
8			**HEAD OF SERVICE REPORT**	11 - 14
			To consider a report by the Director of Children's and Families which provides a summary from the Head of Service on the developments of the service since the last report to the committee in August 2019.	
			(Report attached)	

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9		**HALF YEARLY ADOPTION AGENCY REPORT** To consider a report by the Director of Children's and Families which sets out the work and developments within One Adoption West Yorkshire between April 2019 and September 2020. (Report attached)	15 - 94
10		**DATE AND TIME OF NEXT MEETING** To note that the next meeting will take place on Tuesday, 28th July 2020 at 1.30pm in the Civic Hall, Leeds.	

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

    a)   Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.

    b)   Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

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a)

b)

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WEST YORKSHIRE ADOPTION JOINT COMMITTEE

THURSDAY, 1ST AUGUST, 2019

Present: Councillor F Venner (Leeds) – Chair
Councillors: A Wilkinson (Calderdale MBC) V Kendrick (Kirklees MBC) A Farley (City of Bradford MDC) and R Forster (City of Wakefield MDC)

In Attendance: S Johal (ODWY), E Whittell (LCC) and J Grieve (LCC)

1   APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS

There were no appeals against refusal of inspection of documents.

2   EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC

There were no items identified where it was considered necessary to exclude the press or public from the meeting due to the confidential nature of the business to be considered.

3   LATE ITEMS

There were no late items of business identified.

4   DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of disclosable pecuniary interests made at the meeting.

5   APOLOGIES FOR ABSENCE

There were no apologies for absence.

6   MINUTES OF THE PREVIOUS MEETING

RESOLVED – That the minutes of the previous meeting held on 13th March 2019 were agreed as a true and correct record.

7   MATTER ARISING FROM THE MINUTES

The Head of Service provided an update on the following issues arising from the minutes of the previous meeting.

Minute No.30 - Head of Services Report - Resolution (vi) That a report be prepared for the next meeting which sets out details of the numbers of children whose plan moved away from adoption, the reasons why the plans had changed and the outcomes for these children. The Head of Service confirmed that the requested information appeared elsewhere on the agenda.

Draft minutes to be approved at the meeting
to be held on Thursday, 9th January 2020.

Minute No. 31 - <u>Performance Report</u> – Resolution (iii) That an update on adoption marketing and advertising targeted at the BAME communities be provided for the next meeting. The Head of Service confirmed that the requested information appeared elsewhere on the agenda

Minute No. 32 – <u>Education Work with Virtual Schools – Update</u> – Resolution (iii) That arrangements be made to view a promotional video, produced to assist in the recruitment process. The Head of Service confirmed that arrangements were progressing and it was envisaged the video would be available shortly.

8   Video - Adopteens Timeline Animation - The Ride of Your Life

Members viewed a video - Adopteens Timeline Animation - The Ride of Your Life

The video was funded by the DFE and commissioned by the One Adoption VAA. Members were informed that the project was designed and built by adopted teenagers and would be used by professionals and others involved with adopted children to learn what had been important to them growing up, addressing what had helped and what had not helped throughout their lives. The Adopteen group is a made up of adopted teenagers who meet as a group to share their experiences, thoughts and feelings about the various support they have received and to inform service development across One Adoption.

The project seeks to encourage adopted teenagers living in the Yorkshire and Humber region aged between11 – 18 to participate in the project.

The Head of Service said one of the main themes that had arisen from the project was understanding issues of engagement and in particular the need to prepare prospective adopters for discussions about birth parents.

Councillor A Wilkinson said that as a school teacher he had not received any training about adopted children in school and often children were not open about been adopted.

The Head of Service said the video and work going on between birth parents and adopters could help adopters think about how they support their adopted children.

Members welcomed the video commenting that early engagement with all parties was a key factor in tackling the issues of concern.

RESOLVED – That the contents of the video be noted and welcomed

9   HEAD OF SERVICE REPORT

The Director of Children's Services submitted a report and provided a summary of the developments within One Adoption West Yorkshire since the last report in December 2018, which included issues around:

Draft minutes to be approved at the meeting
to be held on Thursday, 9th January 2020.

- Staffing & HR
- Accommodation
- Information Technology
- Budget
- Partnership Working
- Practice, Quality of Provision and Management Oversight

Commenting on the accommodation issues Members were informed that agreement had been reached for staff to be relocated from offices in Halifax to Huddersfield. A date for the move was still awaited but it was envisaged this would be completed shortly.

On the issue of IT Services, Members were informed that portal technology was an outstanding issue at both Bradford and Kirklees Council's. IT collaboration was taking place between Leeds and Bradford Councils, once resolved a similar collaboration would be set up with Kirklees Council. Kirklees had recently procured a new case recording system so this needed time to bed in and then discussions would be taken forward.

The Head of Service said that any influence / engagement from Members which may assist in progressing the IT issue would be welcomed.

With reference to the Centre of Excellence project (Paragraph 3.9 of the submitted report) Members noted that additional funding of £100k had been agreed by the DfE to extend the project to the end of March 2020. It was reported that work on the multi - disciplinary model was almost complete but moving forward a new funding model would be required and discussions would be needed with local authorities and health services to sustain and develop a multi- disciplinary model of support across the region.

On the issue of Special Guardianship Members were informed that the project was progressing well. Referrals to the service has been expanded to cover referrals from other sources than just fostering and Special Guardianship as the service was an early intervention service. This was a service requested by kinship carers with an aim to develop peer support and to complement the work of the local authority. A further review of the project would take place in September to ascertain if this service should be re- commissioned following the pilot phase.

Members noted the community engagement strategy, the initiative to find adopters for Black and Asian minority Ethnic Children (BAME) was progressing.

The Head of Service said the intention was to establish better links with the BAME communities using relevant faith groups. Additional resource may be needed from the third sector to help with this work to take forward Community engagement.

Draft minutes to be approved at the meeting
to be held on Thursday, 9th January 2020.

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Commenting on the issue of Family Finding (Paragraph 3.26 of the submitted report) Members noted that the first Activity Day had being trialled on 16th June 2019 with children from across the region attending with their careers. It was reported that feedback following the event was very positive and a number of matches have progressed.

Members welcomed the report and the continued progression of the agency

RESOLVED –

     (i)   To note the progress of the agency

     (ii)   To support the continued progression of these arrangements

10   Annual Agency Report and Revised Statement of Purpose

The Director of Children's and Families submitted a report which presented the Annual Report of the One Adoption West Yorkshire (OAWY) as required by the National Minimum Standards 2011 (Appendix A of the submitted report referred)

Members were made aware of a minor amendment to the statement of purpose for OAWY (Appendix B referred) noting that the Statement of Purpose was required as part of the national minimum standard in order to be able to provide those services.

Members noted that between April 2018 and March 2019, 226 children had a plan for adoption ratified by the 5 West Yorkshire local authorities Agency Decision Makers (For the same period last year 191 children had an adoption plan in place an increase of 18%). It was further reported that 97 adopters were in the process of assessment.

RESOLVED –

     (i)   To note the minor amendments to the Statement of Purpose and the Annual Adoption Report

     (ii)   To continue to support the work of One Adoption West Yorkshire to ensure children receive the best possible support

11   PERFORMANCE REPORT

The Director of Children's Services submitted a report which provided the Quarter four performance statistics of the regional agency.

The Head of Service said that work had been undertaken to establish the key performance criteria which would form the basis for practice improvement for the agency and this continued to be built upon.

Draft minutes to be approved at the meeting
to be held on Thursday, 9th January 2020.

It was suggested that Adoption Support was one area that required more detailed consideration, the intention was to start providing data in the first quarter of 2019-20.

RESOLVED –

    (i)   To note the proposed performance information

    (ii)   To support the further development of this work

12   DATE AND TIME OF NEXT

RESOLVED – To note that the next meeting will take place on Wednesday, 8th January 2020 at 1.00pm in the Civic Hall, Leeds.

Draft minutes to be approved at the meeting
to be held on Thursday, 9th January 2020.

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Report author: Sarah Johal

Tel: 0113 2783623

Report of Director of Children and Families

Report to West Yorkshire Adoption Joint Committee

Date: 14th February 2020

Subject: Head of Service Report

Are there implications for equality and diversity and cohesion and integration?	X No
Does the report contain confidential or exempt information?	X No
If relevant, access to information procedure rule number:	

Summary of main issues

1. This report provides a summary from the Head of Service on the developments of the service since the last report to the committee in August 2019.

Recommendations

1. The Joint Committee is requested to:

   a) Note the progress of the agency; and
   b) Support the progression of these arrangements.

1. Purpose of this report

1.1 This report is a brief report, given the half yearly agency report on the agenda today.

2. Background information

2.1 Bradford, Calderdale, Kirklees and Wakefield adoption functions as specified in the partnership agreement were delegated on the 1st April 2017 to Leeds City Council. One Adoption West Yorkshire formally opened on this date.

3. Main issues

3.1 Recruitment of adopters

At a national level the Department of Education has provided funding of £645k in September 2019 for adoption agencies to recruit adopters. A national cross sector steering group has been established and One Adoption West Yorkshire (OAWY) has agreed to hold the funds on behalf for the steering group. The steering group has appointed a creative agency to develop a national campaign to take place between February and May next year. This is alongside a working group of stakeholders from Black and minority ethnic communities working with sector to help improve the recruitment adopters from faith and ethnic minority communities. The head of service from OAWY is on the steering group and Leeds as the host LA for OAWY are supporting the commissioning processes involved in this work.

Within OAWY Information events take place every three weeks across the region and these continue to be well attended. A new video has been developed for use within the session and this will shared in the meeting.

We have commenced work with an organisation called My foster family. They are a muslim based faith group who have worked with fostering services and are moving to work with adoption agencies. OAWY are working in partnership with them to increase the awareness of adoption within the Black and Minority ethnic communities across the region and our first event was held in Harehills in Leeds in November. We had seven families attend and we are following up this interest. This is something that we are looking to replicate across the region over the next year as we are keen to increase the diversity within our approved adopters to meet the needs of children.

3.2 Adoption Allowances

Work is ongoing across the region regarding proposals for a regional approach to the financial support for adopters and special guardians. This is a complex piece of work involving key stakeholders across the region, the department of works and pensions, grandparents plus, family rights group and carers themselves. This has involved a number of task and finish groups looking at different aspects looking at

support plans, the financial assessment tools used and eligibility criteria. This work will be discussed further at the management board in January.

4.   Corporate considerations

4.1   Consultation and engagement

4.1.1   There is ongoing consultation and engagement with staff and service users regarding the development of delivery of the work of the agency.

4.2   Equality and diversity / cohesion and integration

4.2.1   There are no implications for this report. An Equality Impact assessment has been completed and is currently in the process of being reviewed by the agency to ensure it is relevant and up to date.

4.3   Resources and value for money

4.3.1   The overall position of OAWY budget in December 2019 is forecasting a balanced position, with some potential risks of non- achievement of Inter Agency income (£270k). This has been offset by an underspend on staffing due to vacancies as well as income from another source.

4.3.2   The budget for 2020/21 has been recommended by the management board with an increase regarding the baseline budget for pay increases as well as costs in order to continue to procure grandparents plus to support special guardians and kinship carers. The costs for the implementation for the multi- disciplinary team as part of the development of the centre of excellence in adoption support are also recommended and health partners have been asked to contribute to this.

4.4 Funding Formula

There are ongoing discussions between the partners regarding the development of a new funding formula for the agency, with an aim of implementing a revised model in 2021/22. This will be discussed further at the management board in January regarding a proposed model and further discussions will be progressed within each local authority after this.

4.4   Legal implications and access to information

4.4.1   There are no implications for this report.

4.5   Risk management

4.5.1   There are some potential financial risks with regards to the budget. However, an action plan is in place and is forecasting a balanced position. Regular financial

monitoring is in place and there is regular dialogue between finance leads across the region.

5.   Recommendations

5.1   The Joint Committee is requested to:
   a) Note the progress of the agency; and
   b) Support the progression of these arrangements.

Background documents[1]

None

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[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Report of Director of Childrens and Families

Report to the West Yorkshire Adoption Joint Committee

14th February 2020

Subject: Half yearly Adoption Agency report

1. Purpose of this report

1.1 This report sets out the work and developments within One Adoption West Yorkshire between April 2019 and September 2019.

2. Main issues

Use of Resources

2.1 Staffing & HR

2.2 A new service deleivery manager started work with us on the 1st August to cover long term sick leave of a member of staff on a temporary basis who is on long term sick leave.

2.3 One of the team managers sadly made the decision to leave One Adoption due to personal circumstances and left her post as of 31 October. There is currently an advert out to recruit a full time team manager to be based at Kernel House and this manager will also cover for another manager's maternity leave from January working with a team made up of family finders and recruitment and assessment workers.

2.4 A number of business support staff have left in the last three months to take up other career opportunities and there is ongoing recruitment to these positions. These vacancies are causing issues throughout the service and other staff are going over and above their required duties to maintain the business of the service.The aim is to have all the vacancies recruited to and staff in post by the end of the year.

2.5 Accommodation

2.6 Work is now completed moving from 5 office bases to 3 main office bases- with desk space remaining in Halifax and Wakefield. These moves have enabled three

teams across recruitment and assessment, family finding and adoption support to be co-located with one service manager.

2.7 The increase in teams at Kernel House in Leeds is causing pressure on space and is causing low morale and difficulties for staff. Constructive discussions are underway with colleagues and asset management to address this issue and the matter has been escalated to see if there are interim solutions that can be put in place to reduce oercrowding.

2.8 Information Technology

2.9 The Bradford, Calderdale and Wakefield portals are now up and running effectively with staff being able to access the local children's systems from the OAWY laptop.The final area to address is with Liquid Logic in Kirklees and discussions underway to address this.

2.10 Budget

2.12 The overall position of OAWY is forecasting a balanced position at Month 6, with some potential risks of non- achievement of Inter Agency income (£270k). This has been offset by an underspend on staffing due to vacancies and income from another source.

2.13 Duty System

2.14 Following on from an increase in the number of teams based at Kernel House a further evaluation of the duty system took place in summer 2019. This was on the basis that there were more staff based in the Leeds office, but the quota of duty across the 3 bases remained equal which wasn't felt to be fair. Further changes were implemented in September 2019, which saw a 7 week rota introduced with the Leeds office undertaking 3/7 weeks on the rota and Huddersfield and Bradford offices 2/7 weeks each. In addition the following changes were also introduced at the same time:

- Spread sheet for calls ceased to be used – apart from new enquiries about adopting. Everything else now has an enquiry created on Mosaic;
- Adoption adviser capacity is presently at a premium to prioritise initial visits and therefore a decision was made that Advisers don't have to be present on duty all day, but to check in for email contacts and any other messages;
- Duty managers to share duty on a 3 day/ 2 day split across a week.

2.15 The above changes are early in implementation, so it is hard at present to fully evaluate the impact, however we do know that by having to create a Mosaic enquiry for everything is taking a lot more time for workers and this is being monitored carefully. Further potential changes that have been identified as possible implementation with business support (when staff capacity allows):

- Phones to offer a choice of numbers and letterbox calls be responded to by Letterbox BS in first instance;
- Use of back up workers at busy times – to be brought forward to take calls and free up front-line workers to create Mosaic records.

2.16 Partnership working

2.17 Operational leads group

2.18 Over the last 6 months this group has met twice and looks at interface issues.There has been recent discussions regarding streamlining our approach to adoption allowances and moving children onto adoption looking at research and evidenced based practice. There is ongoing project work being undertaken to develop a protocol regarding the interface between OAWY and children's services regarding adoption suport as well as a piece of work about access to records and archiving of adoption files.Changes to the national collection of adoption data was also recently discussed which will assist in tracking the progress of sibling groups.

2.19 Centre of Excellence Project

2.21 The Department of Education has extended the funding for the One Adoption Centre of Excellence project until 31 March 2020 and training of staff across the region continued into May. The creation of multi-disciplinary model has been completed and a business case has been circulated to the management board and helath commissioners across the region for discussion about future funding of the model and the benefits this can have for children and families in the region. I attach a briefing report on this for your information (see **Appendix 1**).

2.23 Meetings with medical advisors

2.24 The agency continues to meet with Medical Advisors across the region where there is a need to discuss practice issues. A medical advisor protocol has been agreed and there has been a series of peer support and auditing across the region to look at the quality of reports and this is helpful to improve the information provided for adoptive families. There has been challenges across two local authorities regarding capacity of medical advisor time and these issues continue to be addressed. There have been reecent improvements with Wakefield, however, there is still continuing delays for children in progressing care plans in Bradford and this is being addressed at a local level.

2.25 Virtual school heads (VSH)

2.26 The work across the region from our education worker alongside the five virtual school heads (VSH) continues to progress positively in implementing the new duty placed on VSH in each locality last year for previously looked after children who are

adopted.The helpline is acccessed by adoptive parents and schools and other professionals and the development of the web site will imminently provide an additional source of information for adopted parents and schools. We continue to work to increase the awareness of attachment and trauma at West Yorkshire schools by delivered training to school staff and by providing workshops to adopters in partnership with the service delivery teams and are continuing to explore piloting the secure base model for schools in the region. The discussions with the VSH involved the project workers for special guardians from Grandparents plus and these meetings are an opportunity for further exploration of the issues that need addressing for all these families moving forward. The team has completed and published the protocol for "Moving a School Age Children" and this has been shared as an example of good practice by the Department of Education and the National Association or Virtual School Heads.

2.28   Special Guardianship

The regional work regarding the special guardianship commenced earlier this year with the five local authorities and other key stakeholders including grandparents plus and the department for work and pensions, seeking to create a standardised policy and approach regarding adoption and special guardianship support, including financial support. The stakeholder meeting held in early October considered recommendations from the various task and finish groups and further discussions are taking place with special guardians and adopters and the management board to progress decision making.

2.29   The Kinship Connected project, working across the 5 local authorities, in partnership with grandparents plus and the five local authorities is providing a strong focus on developing peer led support groups as a sustainable and effective way to support kinship carers. The two project workers also provide individual support and signpost for advice and link with charities and other avenues of suport to meet needs. This is very much an early help provision and is being used in some local authorities for other kinship carers, as wel as special guardians and the website and helplines provide support for all kinship carers in the Local authority area. There has been an interim evaluation report regarding this project and consideration is being given by the local authorities as to whether to extend this project which comes to an end in March 2020. The interim evaluation report is attached at **Appendix** 2. The project is still in its infancy but the support is "having a positive and statistically significant impact on kinship carers' mental wellbeing and sense of isolation" .

2.30   Comments from Special Guardians accessing support from the project:

"I don't necessarily need to access a lot of support but knowing that it's there is good and being contacted to be involved in the media side of Grandparents Plus as a case study/being on a video is positive.

"[My project worker] has done everything that has been asked and has been willing to support and advocate for me."

"If it wasn't for the support I got from [name of project worker] and the kinship support group at [name of LA] I would still be sat here making no progress. The help has been invaluable."

"I wouldn't have coped without the support."

2.31 Performance Management

2.32 This is addressed in more detail in **Appendices 3 and 4**.

2.33 Practice, quality of provision and management oversight

2.31 *Recruitment and Assessment*

In May 2020 Coram Baaf awarded OAWY the quality mark for Early Permanence Placements. This will assist us in attracting adopters and is a partnership approach with the five local authorities, giving confidence in the court arena that adopters are fully prepared for this task and that suport is available for all parties involved in these arrangements.

The pilot project of using the virtual reality headsets has been extremely positive over the last 18 months with an increase in adopters understanding more about the felt impact of trauma, increased empathy and understanding the need for a therapeutic parenting approach. The headsets have also started to be used with adopters post approval in adoption support where they are struggling to understand the issues that children face and have been taken into schools to help teachers understand the impact of trauma.

2.32 The preparation training is being updated and reviewed with the involvement of adopters given feedback and the fact we have not reviewed it since going live, although feedback is very positive about the training (comments below). The team are also implementing an extra days training looking at adopting siblings in order to attract more adopters to consider siblings.

"Day 3 was my favourite day! I loved throughout the whole training that there was a parent at the training to answer any questions. I also found the family finder great on day 3!"
"I learnt about the Importance of identity.Telling your child that they are adopted and how to go about this. When/How/Age. To be honest and open from as early as possible."

"Kept our attention throughout, topics explained at a good pace (not too fast, giving us time to think) used humour as well, which was definitely needed when discussing some difficult topics."

2.33 A review of the website is currently underway. Additional content has already been added alongside the online forms within the secure area accessed by adoptive

parents. The structure of the website is also to be updated to make it more attractive to potential adopters and more user friendly.

2.34   Adoption Support

2.35   Although there are still a number of families waiting for a social work service, this has started to reduce overall,and requests for therapeutic support from the adoption support fund are the situations where families are waiting the longest. The referrals are prioritised according to need and whilst families are waiting for this they are able to access a service through our core support service and the peer support service is been well utilised.

2.35.1   There are currently have 26 peer mentors, all of whom are supporting between 1 – 3 families. Two training workshops have been provided for mentors in the last 6 month period with another two planned for January 2020. 45 new referrals have been received in the last 6 months. The scheme is currently unable to accept referrals, unless they are urgent, until more mentors have been recruited and trained, as all our current mentors are at capacity. Adoption UK are currently recruiting experienced adopters from a wide range of backgrounds and experiences to support our families. A training date is set for 19th November 2019 for newly recruited mentors to develop their mentoring skills.

2.42   One Adoption has continued to make significant use of the Adoption Support Fund Over the last 6 months and the DfE has agreed further funding for 12 months.

We have run a number of well attended and successful activity based events in the last 6 months across the region and these involved a large number of children and families attending with One Adoption staff attending in support.

2.43   A newsletter went out to all adoptive families across the region in June. There is a timetable and an editorial working group now in place to ensure these go out to families four times a year.

2.44   A 2nd single adopters group in the west of the region has commenced and the next three day 'Building Underdeveloped Sensory Systems' programme will be run with Sarah Lloyd, Occupational Therapist, towards the end of the year in the Wakefield/Leeds area.

2.45   A pilot has been completed looking at a consultation model to offer adoptive families who are currently waiting for a service with assistance from the centre of excellence staff. We are currently considering the learning from this pilot.

2.46   All Adoption Support staff have been trained in the last 6 months in Non violence resistance training and Dyadid Developmental Psychotherapy (level 1). This training is an approach and model for practice that uses what we know about attachment and developmental trauma to help children and families with relationships. Developng trust with the help of PACE (playfulness,acceptance,

curiosity and empathy) this DDP provides interventions for families and those who support them.

2.47   The Adoption support service is now running a series of evening workshops for adoptive parents on subjects including Brain Based Parenting and Education. These are being rolled out across the region throughout the year. The Adoption support managers and 2 social workers undertook training around access to records in Post-commencement Adoption cases which came into force in April 2019.

2.48   Family Finding

2.49   OAWY have agreed to work with the University of East Anglia in implementing a research and evidence based approach to managing transitions from foster care to adoption. This requires a partnership approach with local authority fostering and social work teams and workforce development leads. Beth Neil introduced the model at our all staff event on the 24th October and is discussed in mored detail in the service improvement section towards the end of the report.

2.50   The children's profiling events continue to take place and the last event was in in September, inviting adoptive families from across the region and beyond to consider a selection of children awaiting adoption who were featured with high quality photos, DVDs and personalised displays.22 families attended and we featured 34 profiles totalling 47 children, resulting in 25 expressions of interest. 2 of these expressions of interest have led to linking visits and 4 are being explored further.

2.51   We are currently in the process of commissioning a number of voluntary agencies to provide 30 placements for OAWY. The aim of this is to ensure that children are placed more locally in order for support to be more effectively provided.

2.52   Two Fun Days have taken place, June and October 2019. The Fun Days enable adopters to mix with children who have a plan of adoption and active family finding is taking place. 47 children attended the events, 13 sibling groups and 20 single children. 31 adopters attend the events, these being a mix of adoptive families approved by OAWY and those approved by local authorities and voluntary adoption agencies. There were 27 expressions of interest in children at the event. 1 linking visit took place following the initial Fun Day and this is progressing to a match, 4 linking visits have taken place following the October event.

2.53   Case File Audits

2.54   Dip sampling case file audits have been undertaken with three Local authorities in the last four months to look at family finding activity for those children waiting (Leeds,Wakefield and Kirklees). The HOS and Service managers also completed audits in October looking at cases and team managers have audit activity planned during the autumn term. This is a helpful exercise to look at the quality of work and the

preparation of adopters, adoption support work and planning for the children which is generally of a good quality.

2.55   Continuous Professional Development and Service Development

2.56   Service Improvement Plan (SIP)

2.57   OAWY 2019/20 plan has actions link to the 3 Year Plan, the Equality, Diversity, Cohesion and Integration Impact Assessment, the Adoption Charter and actions identified by the team. The SIP is tracked via quarterly meetings with service managers (the action owners) with shared actions discussed at SLT. A quarterly update report is presented to SLT to provide an overview of progress and discuss/ resolve any issues.

2.58   Feedback

2.59   Online feedback is now in place for information events, adopter preparation training, Early Permanence Placement training, bump into meetings, adoption panel and twilight sessions. These are looked at and reviewed to inform future training and events. There are also annual surveys for adopters, staff and designated teachers. Further surveys for connected and day 4 adopter training are in development.

2.60   The 2019 staff survey identified positive areas as being a strong team, training & development, communications, innovation and adoption support as positive areas. The areas that attracted the most constructive comments related to lack of capacity in terms of undertaking the work, training and consistency - there are plans in place to address each of these areas:

- Consistency – reviews are underway for matching and contact. This will identify and address areas of inconsistency.
- Resources – caseload reporting is in place and work is underway to capture non-casework activity. Whilst we understand how the resource is allocated we can capture how resource is deployed and ensure it is targeted appropriately;
- Training – a skills development plan is being produced for social work staff and core competency framework for business support;

2.61   The report card regarding the voice and influence of adopters and children is attached at Appendix 4. The adoption panel chairs write a 6 monthly report for the agency and this will be shared with the management board once received.

2.62   Adoption Panels

2.62.1 The adoption panels meet 7 times a month with three panel chairs. Panel Chairs complete a 6 monthly report and any learning from these is fed back in to the agency Comments from adopters attending the panel are generally very positive. We had a response from 17 questionnaires from applicants between April and

September, out of these the lowest score was 7 out of 10 with 11 of these returned scoring 10 out of 10.

"*The panel was very friendly and we felt very at ease and comfortable talking to everyone and answering the questions we were asked. A very positive experience. The Chair of panel was very friendly and welcoming.*"

"*Everybody put is at ease. It was clear they had read and absorbed the PAR. The questions were not trying to 'trip us up'. Everybody was very kind. We were nervous, but we both found it an enjoyable experience.*"

2.63   Staff Skills Development

2.64   Two all staff events have been held since April. One in June and October relating to key priorities in our 3 year plan.

a). The first event focussed on the importance of building an adoption system that supports children's relationship and identity and the issue of contact was looked at. Adopted teenagers, birth parents and adopters spoke at the event about their experiences and the research regarding contact in adoption was presented. Staff had an opportunity to put forward their ideas about opportunities, suggestions and barriers to developing a more open attitude to contact with birth families in adoption. A project plan has been developed to take forward strands of improvement work around this issue and we have linked with One Adoption North and Humber to take this project forward as part of our pan regional work. A conference for social workers across the wider Yorkshire & Humber region on this issue will take place in Feburary 2020 with key input from adopted adults and teenagers, birth and adoptive parents.

b) the second all staff event in October focussed on the practice of Moving children from foster carer to adoption and hearing from Professor Beth Neil about the research and looking at implementing this in OAWY and getting ideas from staff on tthings that would bation of a model of undertaking this focussing clearly on children's needs as well as life story work and a session in the afternoon about Life stories and narrative therapy which can be used in adoption support but also to assist family finders support social workers in the local authorities and assessment workers support their families more effectively.

2.65   The Business support team has worked together to agree a core competency framework which will feed into the development of bespoke training for business support staff.

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Briefing for Joint Committee regarding Centre of Excellence   **December 2019**

This briefing provides a summary of the proposals put forward regarding the development of a multi- disciplinary model of service to adoptive families in west Yorkshire. The management board are supportive of the model and have recommended implementation of this approach across the region. Health commissioners, the West Yorkshire Integrated Care system and local authorities are in the process of considering funding the model for a period of three years initially.

The Vision for the West Yorkshire Centre of Excellence in adoption support:

> *"A multi-disciplinary service that provides children with a plan for adoption and adoptive families with timely, specialist assessments of need covering their health, education and social care needs and access to a high quality, ongoing package of appropriate support delivered from day one and available throughout childhood and beyond."*

1   Proposal for Multi-disciplinary Model of assessment and support

This summary paper builds upon the lessons learnt from the Centre of Excellence pilot project and takes the proof of concept to the next stage – a genuine partnership between the three sectors over a three year initial period, jointly funded by local authorities and health commissioners, situated within One Adoption West Yorkshire (OAWY), the regional adoption agency. OAWY will work in partnership with the local authorities, health and education providers to deliver a joined-up, holistic service to adoptive families across the region. The model seeks to transform the current fragmented pathways and provision offered for adopted children and young people who have experienced trauma and neglect in the region and will create a blueprint for change, encouraging collaborative ways of working, effective use of clinical expertise and social care resources creating a better approaches to whole life pathways and develop a co-ordinated working practice, where social work, education and therapeutic work form an interactive continuum of support. The approach will include parents as part of the therapeutic team seeking to strengthen their ability to support their children reducing the need for specialist support. The resilience and mental wellbeing of parents is key focus of the model.

The service will be comprehensive and co-ordinated, designed around the needs of the children and their families in order to support relationships, improve the mental health and wellbeing, the stability and quality of family life. The multi-disciplinary service will bring together and increase the knowledge of different professionals and will be able to identify

the holistic needs of children and will offer specialised, evidence based Clinical/Psychosocial-Developmental practice, supporting the child within their broader social system. The service will provide outcome focused, preventative and targeted support, centred on early identification of need and early support, reducing the requirement for intensive, long-lasting support and mental health care later, but also offering timely specialist multi- disciplinary support children and young people with complex needs. Working flexibly in partnership with different agencies will lead to high-quality, timely services and an effective use of resources.

2   Objectives

The long term objectives of the proposed MD model are:

1. Families' access to and experience of services is improved.
2. The adopted families tell us that the quality of life of their adopted child/ren and family has improved
3. That children and young people's emotional and mental health is improved
4. That parents have more confidence and more resilient in parenting their children
5. There is a reduction in the number of adoption disruptions.
6. There is less demand for intensive assessment and treatment services.
7. The education outcomes of the adopted children improve and the number of school exclusions decrease.
8. Economically this provides better value for money, cost avoidance and benefits to wider society.
9. That professionals working with children are skilled up in understanding and responding appropriately with families experiencing difficulties.
10. New trauma and neglect informed evidence based support and care pathways are created

The service would help to achieve the objectives by:
- Improving the quality and timeliness of assessments and better understanding the full range of the needs of the children.
- Offering support services based on high quality, multi-disciplinary assessments that meet the needs of the child, young people and family, and are available when the support is needed, focusing on prevention, early and targeted support.
- Strengthening parents' skills and capabilities to support their children and reducing the reliance on external, intensive support.
- Supporting relationships, improving the mental health and wellbeing of the family members and the stability and quality of family life.
- Improving the schools' understanding of the needs of the children who have experienced trauma and neglect and ensure this understanding changes the schools' policies and practices
- Ensuring the school forms part of the therapeutic team around the child

- Focusing on outcomes evaluating current practices and support and gathering solid evidence base for improvements.
- Staff and parents being guided by the knowledge of impact of trauma and neglect on the child and their family, not focussing on the identification of children's symptoms and disorders, but seeking to understand the children's felt experiences, relationships, family/placement process and systemic and care-related influences on children's lives, and extend the focus from the child to the whole system that the child lives in.
- Working flexibly in partnership with different agencies to provide high-quality, timely preventative services to maximise effective use of resources and minimise the need for high cost crisis support.

3   Current Service and Feedback from adopters and young people

Most adopted children need specialist support, not because they are adopted, but because many of them have experienced trauma and neglect in their early lives, often even before they were born. The most recent Adoption UK's barometer check (2018) found that:

- Nearly three-quarters of parents agreed that their 16-25 year-olds need significant ongoing support in order to live independently
- 16-25 year-olds were twice as likely to be not in education, employment or training (NEET) as their peers
- 39% of 16-26 year-olds had been involved with mental health services
- 44% of children had diagnosed social, emotional and mental health needs
- Adopted children in England were 20 times more likely to be permanently excluded

(Adoption UK, 2017) (Adoption UK, 2019)

The research both UK wide (Julie Selwyn, 2014) *Beyond the Adoption Order: challenges, interventions and adoption disruption*) and Yorkshire specific ((Neil, Young, & Hartley, 2018)*. The joys and challenges of adoptive family life: A survey of adoptive parents in the Yorkshire and Humberside region* have identified the adolescence as a particularly turbulent period for adoptees and their families; teenagers are 10 times more likely to have an adoption disruption compared with younger children and 97% of children, whose adoption placement had broken down, scored in the 'clinical range' on the strengths and difficulties questionnaire and are likely to have a diagnosable mental health condition (Julie Selwyn, 2014). Both studies have also demonstrated that appropriate support is not readily available for adopted children or their families. In Yorkshire and Humber consultation with adopted teenagers has been captured express their views about what can help them (www.adopteens.org.uk) in their animation film.

 Systemically it is recognised that the support currently offered to adopted children, young people and their parents does not sufficiently meet the high level of need, and for those children and their families who do not receive appropriate support, the risks are significant and include underachievement at school, family stress and risk of placement breakdown.

The local authorities, health services, and the society as a whole bear the consequent costs of the lack of sufficient early support. The One Adoption Centre of Excellence project has made progress in identifying how the support for the adopted children and their families could be improved, however, there is still some distance to travel before the vision is achieved.

4.   Financial Considerations

The funding model seeks to share the costs of the multi-disciplinary model between the Regional Adoption Agency (RAA), health and local authority, mainly based on which authority is currently responsible for funding the corresponding universal service, and who would be able to realise the saving generated by the model in these services. The OAWY share of the funding includes the amounts that the RAA expects to be able to claim from Adoption Support Fund. Discussions are underway with partners regarding funding.

5.   Recommendation

The multi-disciplinary model is built around supporting the existing social work knowledge and expertise, and the model will seek to increase the skills of the existing staff. We have built the proposed model to achieve sustainable, long-term improvements across social care, health and education sectors, and to best support the development of a fully integrated multi-disciplinary service across the sectors. The One Adoption West Yorkshire Management Board has given their full support for aspiring to this model, whilst recognising the financial constraints across local authorities. This model would be first comprehensive approach across a regional area and may also scale up and benefit a wider cohort of children who have experienced trauma and neglect, helping to develop a blueprint for an evidence based trauma care pathway.

Works Cited

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KINSHIP CONNECTED - WEST YORKSHIRE

EVALUATION – INTERIM REPORT FOR GRANDPARENTS PLUS

by

Starks Consulting

September 2019

CONTENTS

1   INTRODUCTION

1.1   This report has been produced for the five local authorities in West Yorkshire (Bradford, Calderdale, Kirklees, Leeds and Wakefield) by Starks Consulting Ltd, who is carrying out the independent evaluation of Kinship Connected nationally on behalf of Grandparents Plus and the Department for Digital, Media, Culture and Sport (DCMS) and Nesta.

1.2   Findings presented here include an analysis of quantitative baseline and review data generated by Grandparents Plus from 24 kinship carers. This is matched data generated from registration and review meetings carried out by Grandparents Plus project workers.

1.3   The report covers the period October 2018 – September 2019 and only contains analysis of kinship carers with complete baseline and review data. 78 kinship carers have received one-to-one support to date but have not all completed reviews yet. A full analysis will be completed in April 2020.

1.4   Two project workers were recruited in October 2018. One project worker had to leave in January due to personal circumstances and a replacement was recruited in March 2019.

1.5   Interviews with five kinship carers receiving support have been completed to provide additional detail on kinship carers' family circumstances, their needs, and the support provided by the local authority and Grandparents Plus.

1.6   When reading this paper, the reader should keep in mind:

- the information contains initial findings on Kinship Connected for the West Yorkshire area only;

- the views on the support provided and the outcomes presented here are interim findings and may not be representative of the findings of the wider evaluation.

2　FINDINGS FROM THE DATA ANALYSIS

Demographics

2.1　Kinship carers with complete baseline and review data are drawn from the five local authorities as shown in Table 2.1.

Table 2.1: Kinship Carers' Local Authority

Local Authority	Count	% of all local authorities
Bradford	4	17%
Calderdale	3	12%
Kirklees	8	33%
Leeds	3	12%
Wakefield	6	26%
Grand Total	**24**	**100%**

Grandparents Plus database

2.2　All but one (23) of the kinship carers have a special guardianship order (SGO) for the child(ren) in their care. Of these 23, 21 receive a local authority allowance for the care of their child(ren).

2.3　Age profiles of the kinship carers are mixed with the majority (75%) being 45 or older and 45% being aged 55 or over.

Table 2.2: Age of Kinship Carers

Age	Count	Count of Local Authority
25-34	1	4%
35-44	5	20%
45-54	7	29%
55-64	9	38%
65-74	2	8%
Grand Total	**24**	**100%***

Grandparents Plus database
*Numbers do not add up to 100 due to rounding

2.4　Data shows that 22 (92%) were white British. This is somewhat surprising given the ethnic mix of the population in the local authorities (two did not record their ethnicity.)

Background to becoming a kinship carer

2.5　From the data, the majority (58%) of kinship carers supported through the Kinship Connected programme in West Yorkshire have been a kinship carer for five years or more None were new kinship carers. Therefore, many of the initial uncertainties around being a kinship carer had already been experienced, although as the case studies revealed, many had significant ongoing issues.

2.6　Reasons why the parents could no longer look after their own children included safeguarding concerns relating to: substance misuse (6, 25%), concerns over parents' capacity to care for their children (24, 100%), domestic abuse (3, 13%), and parents' mental health (1, 4%) which ultimately led to children being removed from the care of their parents by social services.

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2.7   The five qualitative cases evidenced the complexities around becoming a kinship carer.

- The first case is of a kinship carer who, together with her husband had taken on the care of their grandson when he was five years old in 2012. Social services had removed the child from his parents' care with safeguarding concerns related to neglect. This led to him being placed with his grandparents under a Residence Order. The family has experienced considerable challenges over the years with their grandson's behaviour due to attachment issues.

- The second case is of a kinship carer who took on the care of her six-month-old granddaughter after concerns were raised that her mother was neglecting her. The kinship carer was also caring for her husband who died shortly after being awarded an SGO for her granddaughter. She has considerable and ongoing concerns over contact issues with the baby's mother - her own daughter, and over the years has had abuse and threatening calls and messages from her daughter. This has caused considerable stress and affected her own mental wellbeing.

- The third case was of a kinship carer, who, together with his wife, has taken on the care of a severely disabled granddaughter. Concerns were raised of the ability of their parents to care for their disabled daughter and social services asked the grandparents if they would become a kinship carer. They were awarded an SGO two years ago and have been managing the care of their granddaughter since then.

- The fourth kinship carer had taken on the care of her sister's two children after social services became concerned about the ability of their mother to care for her children due to mental health and addiction issues. Contact arrangements were not put in place from the beginning and this has resulted in the kinship carer having to endure significant threats and abuse, having to move house, and changing jobs to get away from the level of abuse.

- The fifth case was a kinship carer who had taken on the care of her two grandchildren after her own daughter was failing to keep her safe from sexual exploitation. Her grandchildren were born in different local authorities and as a result, the kinship carers were having to liaise with two different Connected Families teams, which they found very difficult. Children had physical disabilities and learning difficulties and attachment issues. The stress of the situation had caused the kinship carer to have a breakdown due to stress she was enduring.

2.8   Kinship carers in West Yorkshire had a range of concerns relating to their role as a kinship carer and the wellbeing of their children.

Figure 2.1: Concerns of kinship carers

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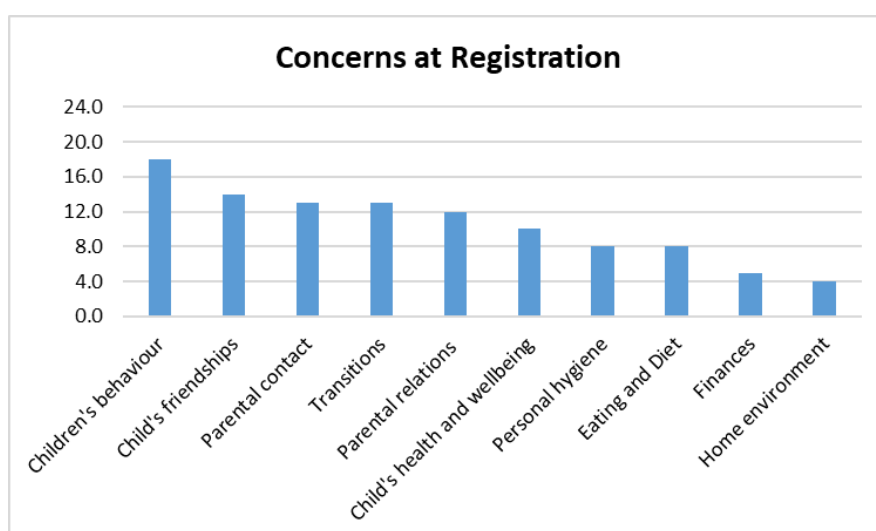
2.9   Although most kinship carers had been caring for their children for several years, many still had concerns regarding:

- children's behaviour (18, 75%)

- their child(ren)'s ability to maintain friendships (14, 58%)

- parental contact with children (13, 54%)

- concerns over transitions relating to education (13, 54%)

- concerns with parental relations (12, 50%)).

2.10   Interviews between project workers and kinship carers provide a little more detail on the nature of kinship carers' concerns.

Figure 2.2: Kinship Carers Concerns

"[Name of kinship carers] *feels he* [their grandchild] may *have attachment disorder. He worked with a play therapist when he was younger, and the issues listed for attachment disorder matched his behaviour."*

"[Name of kinship carer] *is concerned about* [name of child's] *behaviour as she feels she is struggling to behave in an acceptable manner. She is accessing various support agencies through social services."*

[The kinship carers] *have concerns about destructive behaviour, breaking mirrors in the wardrobe and damaging blinds."*

"[Name of child] *struggles to make friends and once he does make friends, he struggles to keep them. His behaviour is erratic, ranging from very loving and trusting to aggressive.*

[Name of kinship carers] *has ongoing health concerns for* [name of child]."

Source: Project worker baseline registration data

2.11   Nine kinship carers (37%) stated their child was diagnosed with a physical or learning disability and an additional five (20%) were in the process of being assessed for a learning difficulty. These statistics reveal the high levels of need among these families for support.

2.12   All five kinship carers interviewed for this report spoke about having to give up employment, despite all being under the age at which they draw a state pension. In the case of the kinship carers looking after their disabled daughter, they had received a high level of support, both financial, practical and emotional support from social services over the years. The other cases were very critical of the level of support they had received from their local authority, although, according to one kinship carer their local authority had more recently improved their level of support to kinship carers.

2.13   Two case studies revealed the challenges kinship carers had faced in trying to bring up their children where parental contact was difficult. Both reported they had received very little or no support from the local authority from the time they received their care order.

Figure 2.3: Kinship carers' view of local authority support

> *"Social services were not particularly very clear about anything. I would have to say the support was zero. When we came out of the court after we had got him permanently, the social worker asked if she wanted me to explain it, and she did and then it [the support] just stopped. We asked for help with the contact but were told we had to pay £60 per contact. We couldn't afford it and we've struggled on though."* (Kinship Carer of seven years)
>
> *"At the time the judge gave me the SGO, there was supposed to be a year's support. She* [the judge] *had noted the aggravation between me and my daughter, so social services were supposed to give me a year's support. I didn't get that support. The social worker came every month to* see [name of daughter]*, but she wasn't there for me, wasn't interested in me....she just came to see if I was keeping a house tidy."* (Kinship Carer of six years)

Source: Telephone interviews, August 2019

2.14   Kinship carers continue with their caring role despite enduring considerable challenges and stresses with their circumstances. In these cases, both kinship carers stated the lack of support has had repercussions on their children's behaviour, due to attachment issues and the kinship carers not understanding how to deal with the symptoms. As a result, one child has struggled to cope with mainstream education and is moving into alternative provision.

2.15   Kinship carers revealed that they felt they were not being listened to, and no-one, at the time of them receiving their orders, was there to help them navigate their way through the complex situation they had found themselves in.

> *"When this happened* [being awarded an SGO]*, I knew nothing about it at all, it's been so difficult."* (Kinship carer of six years)

2.16   It seems there was a lack of support from local authority services, at a time when kinship carers needed to be able to understand where they could go to for support, what support they were entitled to. None seemed to have been put in touch with other kinship carers who were experiencing the same thing.

Support from Grandparents Plus

Peer-to-peer support groups

2.17   The setting up of local support groups is an effective way of reducing isolation and provides an opportunity for kinship carers to exchange experiences and receive information and advice about their role and the care of their children. There are 12 peer support groups operating across West Yorkshire. Four of these groups were set up by local authorities – two of which receive Grandparents Plus support and one will become independent in September. Three of the 12 are independent groups – two in Leeds and one in Bradford. The Bradford group has requested support from Grandparents Plus to help it to continue. There are five Grandparents Plus groups/ coffee mornings (one in Calderdale, which was previously run by the local authority, two in Kirklees and two in Wakefield). There are plans to set up four more peer support groups in September and October (two in Bradford, one in Calderdale and one in Leeds). These groups provide a lifeline for many kinship carers who experience isolation and high levels of stress.

2.18   Over one half (n=13, 54%) of the sample attend the local groups across West Yorkshire and seven (29%) attend regularly. These groups are a mix of kinship carer-led/independent support groups and Grandparents Plus-led support groups.

> *"I love going to my groups, I actually go to two groups, one is more formal, where we have guest speakers and one is just sitting around having a cup of coffee*."

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2.19 All kinship carers received a visit from the project worker at the start of their support. The total number of visits carried out to date, according to Grandparents Plus is 78 visits for 78 kinship carers.

2.20 When project workers visit kinship carers in their home, they take background detail regarding their circumstances and needs and offer information, advice and support early on. Goals have been agreed, which allow the support to be tailored to kinship carers' needs.

2.21 There were 39 goals identified across the 24 kinship carers. A review of the data suggests that most goals related to:

- Getting involved with a local support group and sharing experiences

- Receiving advice and support on particular issues relating to their circumstances, for example, housing or schooling for their child

- Reducing a sense of isolation

- Gaining skills and training through volunteering

- Applying for a grant/accessing some financial support for furniture or other goods

- Improving levels of confidence.

2.22 Evidence from interviews with kinship carers reveal how project workers have carried out advocacy on behalf of kinship carers, have assisted kinship carers to access local welfare grants and have provided emotional support and advice.

2.23 All kinship carers have also been signposted to their advice line or to other services. Five kinship carers have joined Grandparents Plus online support group as a way of keeping in touch with others virtually.

2.24 The perceptions from all but one kinship carer were that the support is either of excellent or of good quality.

Figure 2.4: Kinship carers' view of the quality of Grandparents Plus support

General rating of support	Count	%
Excellent	12	50%
Good	11	46%
Satisfactory	1	4%
Grand Total	**24**	**100.00%**

Source: Grandparents Plus database

2.25 Specific feedback from kinship carers gathered by project workers is included below.

Figure 2.5: Kinship carers' feedback on the quality of Grandparents Plus support

"I don't necessarily need to access a lot of support but knowing that it's there is good and being contacted to be involved in the media side of Grandparents Plus as a case study/being on a video is positive.

"10 out of 10 – [we] need someone else to talk to and have someone to help you through."

"[I have a] very helpful Project Worker"

"[My project worker has] opened up so many possibilities for me"

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> *"[My project worker] has done everything that has been asked and has been willing to support and advocate for me."*
>
> *"If it wasn't for the support I got from [name of project worker] and the kinship support group at [name of LA] I would still be sat here making no progress. The help has been invaluable."*
>
> *"I wouldn't have coped without the support."*
>
> *"My project worker is really supportive and helpful, and I have made greater progress with her support than years on my own."*

Source: Feedback generated from review forms completed by project workers interviewing kinship carers.

Impact of the Support

Impact on individual needs/goals

2.26　In terms of measuring whether or not kinship carers' goals have been met (e.g. attending local support groups, developing skills and confidence in being a kinship carer, gaining advice about an issue), project workers asked kinship carers to rate to what extent they feel they have met their goals. Data shows that most goals were considered to have been met to a medium extent or to a high extent (33), but 16 goals were not met (low).

Figure 2.6: To what extent were goals were met?
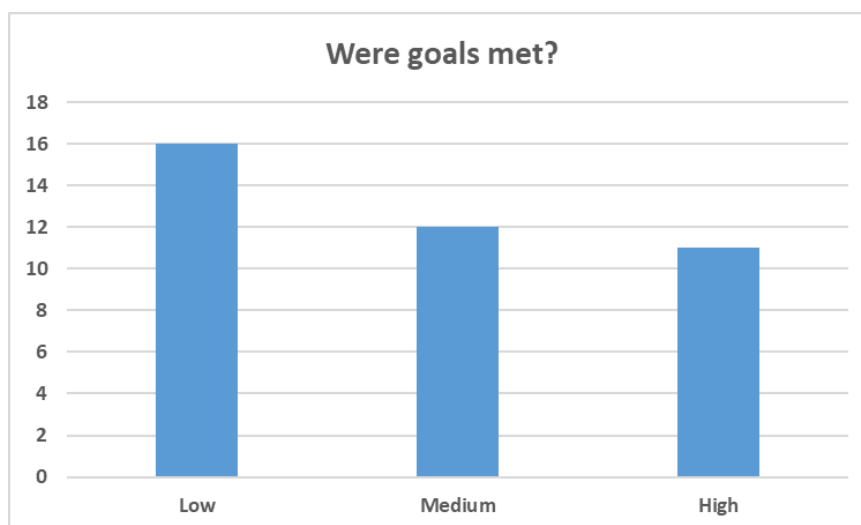
Source: Project workers' outcomes data

2.27　Whether goals were met varied according to each kinship carers' circumstances (e.g. some attended support groups and some did not). Goals that had been met included:

- Attending a support group

- Improving knowledge and keeping up to date with policies that impact on their caring role

- Growing in confidence

- Having a voice and feeling part of something

- Managing anxieties

- Learning about how to support their child better

9

- Eligibility for support

2.28   Goals that had not been met included:

- Help with housing situations
- Reducing a sense of isolation
- Joining a support group.

2.29   Feedback from project workers suggests that some kinship carers struggled to get involved in support groups due to the location and/or timing of the groups conflicting with school pick-ups. Resolving housing issues is also likely to be beyond the responsibility of the project worker and may need additional support from the local authority.

Feelings of isolation

2.30   Most agreed that attending a local support group helped them feel less isolated. Kinship carers were especially asked about their sense of isolation at the registration/baseline and review stages. Data shows that the support has had a positive impact on the frequency with which kinship carers experience a sense of isolation.

Figure 2.7: Changes in perception of isolation from baseline to review
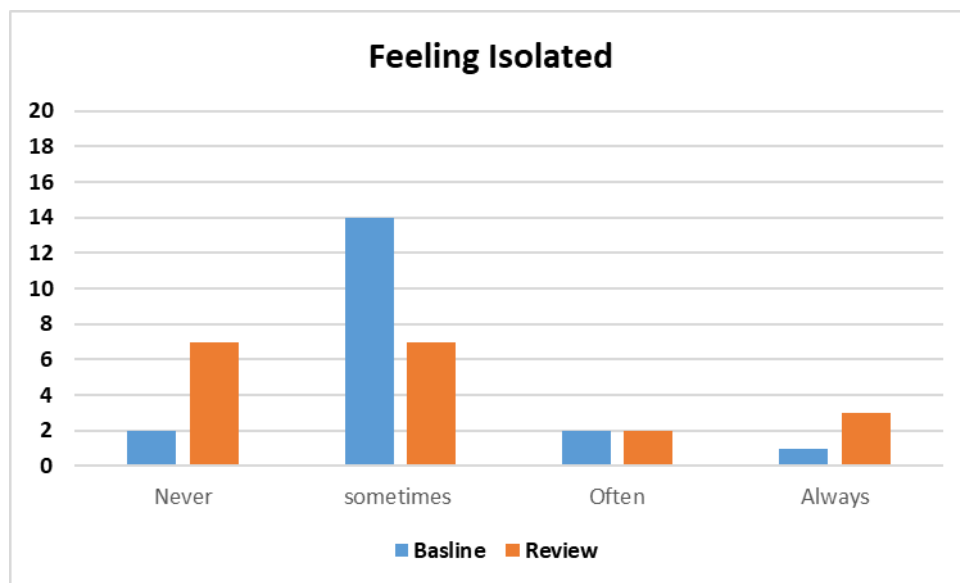
Base: 19 kinship carers completing wellbeing data

2.31   This shows an increase in the number of kinship carers who stated they never experience a sense of isolation from 2 at baseline to 9 at review and a decrease of 7 kinship carers. However, three kinship carers reported 'always feeling a sense of isolation' at review stages. Data shows that two of these did not attend the local support groups and one attended just a few times. It would seem that for some kinship carers local support groups are not the type of support they feel able to become involved with.

Impact on mental wellbeing

10

2.32 Grandparents Plus has adopted the use of the Warwick-Edinburgh Mental Wellbeing Scale, a validated tool for measuring mental wellbeing (See Annex A). Mental wellbeing is important as an indicator of quality of life[1]. Mental wellbeing is not just the absence of mental ill-health; it includes the way that people feel about themselves and their lives. Therefore, measuring mental wellbeing was considered an important factor as a way of understanding the impact of additional support for people living with potentially challenging family lives.

2.33 The maximum available score across the 14 questions is 70 (5 being the highest rating individuals could give themselves on a scale of 1-5, where 1 equals 'none of time' and 5 equals 'all of the time').

2.34 Surveys have been completed at the point of registration and a review three to six-months later. An analysis of 19 kinship carers' baseline and review data has been completed to compare changes in their wellbeing[2]. The table below provides a summary of the matched scores.

Figure 2.8: Kinship carers' change in WEMWBS from baseline to review

Kinship carers' individual wellbeing scores at baseline and review			
KC ID	**Baseline**	**Review**	**Difference**
KC01	30	51	21
KC02	49	30	-19
KC03	43	51	8
KC04	29	43	14
KC06	48	44	-4
KC08	66	65	-1
KC09	24	50	26
KC10	49	51	2
KC11	28	42	12
KC12	33	53	20
KC14	34	48	14
KC16	37	48	11
KC17	64	53	9
KC18	38	43	5
KC20	46	57	11
KC21	48	58	10
KC22	42	54	12
KC23	34	24	10
KC24	38	52	14
Totals	**780**	**917**	**137**
Average Scores	**41**	**48**	

Total scores from 19 special guardians

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[1] Department of Health. Healthy Lives, Healthy People: Our strategy for public health in England. Department of Health, 2010.

[2] Currently we have matched data for 19 kinship carers as not all kinship carers referred for support have completed a review form.

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2.35   The majority of kinship carers (n=16, 67%) experienced an increase in their mental wellbeing. However, for three kinship carers, their mental wellbeing reduced according to how they have scored themselves. Two of those had low scores at outcome (30 and 44). A closer look at their circumstances shows that:

- The kinship carer who scored 30 at outcome is aged between 65-74yrs and has had three children placed with her three years ago. She receives no financial support from her local authority. There are no services involved in her support and she reported having a range of concerns including parental contact; parental relations with children; children's behaviour; children's health and wellbeing; children's eating and/or diet. She has attended the local support groups and stated the support was excellent. However, she appears to be struggling with the behaviour of one child in particular who has physical and social and emotional development needs.

- The second kinship carer who scored 44 is aged between 55-64 and is unemployed. She has been looking after one child for nine years. Other services were involved but she still had concerns with child's behaviour; child's health and wellbeing; maintaining friendships for her child and her home environment (space, privacy, carpets, doors, white goods etc). She was moving property and put the added stress down to that. She was very grateful for the support she had received from her project worker, but her situation meant she was still struggling to cope with her stress levels.

2.36   The average WEMWBS score at baseline across 19 kinship carers was 41.0 out of a possible 70. At the review stage, the average score had increased to 48.3 These scores are slightly below national average of 49.8. These scores show an increase in the total average scores and an overall statistical significance of $P=0.008$ when applying the student t-test. **This indicates the change is statistically significant across the population of kinship carers.**

2.37   Two studies have looked at the WEMWBS in relation to two measures of depression and psychological distress and found that a WEMWBS score of fewer than 40 could indicate a high risk of major depression, and scores between 41 and 45 could indicate a high risk from psychological distress[3].

2.38   **Twelve (63%)** kinship carers had scores below 45 at baseline and **ten** (53%) had scores below 40. This is a concern and indicates high levels of mental and psychological distress which could have a long-term impact on their wellbeing. At review, six **(31%)** kinship carers had scores below 45 and **two** (10%) had scores below 40. This shows a drop in 14 cases of those kinship carers with high-level mental wellbeing concerns, which may lead to longer-term positive impacts on kinship carers' health if this continues.

2.39   The two vignettes provided below show how challenging being a kinship carer can be and how important it is that support needs to be put in place as early as possible to prevent deterioration in both the mental health of kinship carers and the behaviour and wellbeing of the children they are looking after.

Figure 2.9: Case Study One

Background
This kinship carer has had significant challenges with her sister who suffers from very poor mental health and substance misuse. Her sister had three children - in 2005, a primary school raised the alarm with social services about one of the children. The child, who was eight at the time, was not communicating with others, would not engage and was very emotionally disturbed.

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[3] Taggart, F., Stewart-Brown, S., & Parkinson, J. (2015). Warwick-Edinburgh Mental Well-being Scale (WEMWBS) User Guide, Version 2. NHS Health Scotland

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The original intervention in 2005 from social services did not result in any formal care order, but the kinship carer was asked to take the children on a temporary basis. This informal arrangement continued for a number of years until the kinship carers herself raised alarms with social services and the children were placed under child protection. The sister's health has continued to deteriorate.

The support the kinship carer has received from the local authority has been very limited. She was awarded an SGO in 2013 for the care of two boys and has been receiving financial support since then but no other practical support relating to contact with the boys' mother/her sister.

"This has been the biggest concern, I have had to move house and change jobs because of the level of harassment and still I don't get any support with contact arrangements."

Support from Grandparents Plus
She has had a project worker now for a year and has developed a very good relationship with her. The project worker has accompanied her to meetings with school to liaise about the children's education and care.

She spoke very positively about the emotional support she received from the project worker:

"I really admire her, she listens to everything I say, and she remembers things, and texts me to make sure she's okay. It's very positive support." (Kinship carer)

Unfortunately, she is not able to go to the local support groups as she works shifts. She would like to be able to attend and share her experiences with others as she feels she would be able to draw strength from their stories, but the timing of the meetings means she is unable to attend.
She has, however, trained to become a Kinship Carer Champion and promotes awareness of the charity by handing out leaflets in the community. She has enjoyed moving into her voluntary role and stated it has been good for her sense of wellbeing. She admitted that she suffers with her health and her mental health as a result of her circumstances.
The one thing she would like Grandparents Plus to be able to do would be to support kinship carers with contact arrangements. *"This would make a real difference to me to have someone who could liaise between me and my sister."*

Source: telephone interview with kinship carer by Starks Consulting Ltd

Figure 2.10: Case Study Two

Background

This kinship carer and her husband, who are both in their 50s look after their daughter's two children: one girl aged nine and one boy aged two. They have been awarded an SGO for both children after their daughter was failing to keep them safe from sexual exploitation. One child has physical disabilities and learning difficulties and has been diagnosed with global development delay. The other child has behaviour and emotional problems and attachment issues.

Since taking on the care of the children she has had to give up her full-time work as a teaching assistant in a school and financially struggles. *"Financially we're not in the best place at all."*

Due to the children being born in two different local authorities, the kinship carers have to deal with two social services. This affects the effective coordination of support. For example, having to

complete two sets of paperwork for financial assistance and having to liaise with two Connected Persons teams. She was very critical of the support from both local authorities initially.

Since May 2010, we had no support. We had such a rough time with social services, it was very 'airy-fairy'. For a long time, we didn't have anything to do with them, but then I found out about their Connected Person's team and I rang them straight away." [Kinship carer]

They needed support to learn about how to talk to their daughter who was beginning to display very challenging behaviour.

From one local authority helping coordinate her granddaughter's support, they now receive an immense amount of support. *"They have done life story work with them and my daughter looks on her [name of practitioner] as a real friend."* [Kinship carers].

They have also benefited from a range of training to help cope with their granddaughter's behaviour.

However, the stress of their family life has taken a toll on the kinship carer's health and she had a nervous breakdown in 2012. She went to the doctors who sent her for some cognitive behavioural therapy which has helped develop her resilience and ability to cope.

Support from Grandparents Plus

She described the support from Grandparents Plus as *"absolutely fabulous".* She found out about them on the internet in the early hours of the morning when she couldn't sleep.

The project worker has done considerable liaising with school on her behalf. Her school was determined not to see the behaviour issues as the result of attachment disorder but were labelling her daughter as a naughty child and this was affecting the relationship between herself and her school. The Grandparents Plus project worker has liaised with the school to ask how they are using the Pupil Premium money to support [name of child] in her education.

She has signposted the kinship carers to organisations such as Family Rights Group where she has accessed free legal advice and called the Grandparents Plus advice lines on several occasions to get advice about support for the children.

She has also been to conferences to speak about her experiences.

"It has given me my self-esteem back, made me feel like me again. They have listened to me and taken on board my opinion…You've no idea how this feels when you've not been listened to for years. It eats away at you." (Kinship carer)

She feels she is finally on the right path with her granddaughter as she has been referred for play therapy, which is helping her understand her better and parent her better. She wishes that the local authority had put in place training years ago for her to understand her daughter's behaviour.

"All these children have such needs, such issues relating to attachment. We just want this to be acknowledged as we struggle to maintain their normality."

Source: Telephone Interview with kinship carer by Starks Consulting Ltd

Summary

2.40   This report has revealed the very complex and challenging circumstances that kinship carers find themselves in when they take on the parental responsibility of their kin children. Many experienced family breakdowns due to children being removed and placed with family members. When kinship carers receive an SGO they often have a considerable need for support and advice regarding contact arrangements. In most cases, the local authorities appear not to be supporting kinship carers in this and kinship carers struggle without this form of support. There is evidence that this leads to a highly stressful situation and kinship carers suffering with their own health.

2.41   Another unmet need appears to be around understanding their child(ren)'s behaviour and how it has been affected by their removal from their parent(s).

2.42   In these contexts, Grandparents Plus provides a vital source of support. In some areas, the local authority has improved their level of support and has set up Connected Families teams and local support groups.

2.43   Grandparents Plus staff are able to reach out to more kinship carers and provide additional support, either by establishing new groups, or coordinating existing groups. Either way, those kinship carers that are able to attend the support groups, reported they provide a vital opportunity to share experiences and access information and advice.

2.44   Grandparents Plus project workers provide a key source of advice, advocacy and emotional support to kinship carers. Without this, some kinship carers would have struggled to cope. They have also signposted kinship carers to various organisations, including their own helpline for information and advice.

2.45   This support is having a positive and statistically significant impact on kinship cares' mental wellbeing and sense of isolation.

2.46   More reviews with carers receiving support as part of the programmes – 78 have received one-to-one support to date – in order to be able to report with greater levels of confidence on the impact of the support on the wider kinship carer community.

ANNEX A: BASELINE AND REVIEW QUESTIONNAIRES

Project Worker:*Confidentiality Policy discussed* ☐

Use of personal information:

I understand that in order to access the services provided by the Kinship Connected programme, the information I give will be used by Grandparents Plus staff to understand my needs, what support was received and how this has made a difference to myself and my family. In addition to Grandparents Plus seeing the data, Starks Consulting Ltd in partnership with Ecorys has been commissioned to carry out an evaluation of Kinship Connected. They will have access to all **anonymised** data and will use this for the purposes of evaluating Kinship Connected only. They will not share this with anyone outside of Grandparents Plus. This data will be analysed to understand the impact that Kinship Connected has had on all those who have been involved in the programme. All data collected and shared with Starks Consulting and Ecorys will hold no personal data (relating to names, dates of birth or addresses) and no reporting of findings will reveal yours or your family's identity.

Do you agree to your data being used in this way?

Yes

No

- If no, do you require any additional information regarding how your data will be used in order for you to give consent?

Name: _____

Signed _____ *Date: _____*

Kinship Connected: Registration Form

KC No: **Today's Date [dd/mm/yyyy]:**

Project Worker:

Local Authority

We'd like to ask you a few background questions. We will keep the information you provide confidential and anonymous.

Please provide the details below, so we can get back in touch with you:

Preferred method of contact: email or mobile telephone:	
First Name	
Surname	
Telephone number	
Mobile number	
Email address	
Address **Postcode**	

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1.   Do you currently look after a relative's or friend's child)(ren)?

Yes ☐

No ☐

2.   How many relative's or friend's child(ren) do you look after?

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐

3.   Question 3 (this is landscape on the next page).

4.   Are you receiving any local authority allowance related to the order for the kinship children?

Yes ☐

No ☐

5.   Do you also currently look after your own children, who live with you?

Yes ☐

No ☐

6.   How many of your own child(ren) do you look after?

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐

(If yes), please tell us more about your children or anyone else in household

Name	Gender	Date of Birth

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3. Pleased provide details on each child.

Name	Gender	DoB [dd/mm/yy]	Age 0-4) (5-9) (10-14) (15-19) (20-24)	Date child came to live with you mm/yyyy	Relationship to kinship carer: - Grandchild - Niece/nephew - Sibling - No relationship - Foster - Cousin - Other ……………………	Care Order - RO - CAO - SGO - SO - CO - ICO, - Foster Care - Informal	Circumstances that led to them living with you? - LA Safeguarding - Parental capacity to care - Substance misuse - Parents mental health - Incarceration - Domestic abuse - Parental absence - Other/…………………………….

Interviewer Note: Please complete by writing in one of the choices as laid out above

PLEASE RETURN TO QUESTION 4 ON THE PREVIOUS PAGE.

6. **Has your role as a kinship carer impacted on your own child(ren)?**

Yes ☐
No ☐

6a.(If Yes) In what ways have the children being impacted

┌───┐
│   │
│   │
│   │
│   │
│   │
└───┘

7. **Is there anybody else living in the house?**

Yes ☐ …………………………………………………
No ☐

8. **If relevant, please provide details about any statutory support and educational needs for each child in the table below**

Name	Prior to you taking on the care of the child, was there any children's services involvement? - No - CIN - CP - LAC - Don't know	Prior to you taking on the care of the child, was there any concerns regarding the child's school attendance?* - Yes - No - N/A - Don't know	Has the child ever been excluded from school either temporarily or permanently? - Yes - No	Are there any concerns you have relating to the children's development needs? - Physical development - Speech and language development - Social and emotional development - Cognitive development	Has the child been diagnosed with a special learning difficulty or disability or physical disability? - Yes - No - In the process of being assessed

* Attendance concerns are based on a 90% or less attendance (this is one half day each week or 1 full day every two weeks or 20 days off in a school year)

9. **Thinking about your support needs, do you have any concerns with the kin children relating to: (tick all that apply)**

Parental contact ☐

Parental relations with children ☐

Child(ren's) Behaviour ☐

Children's health and wellbeing ☐

Maintaining child(ren's) friendships ☐

Transitions ☐

Personal hygiene ☐

Eating / diet ☐

Finances ☐

Home environment ☐ (space, privacy, carpets, doors, white goods etc)

Other ☐

Description……………………………………………………………………………………………………

……….

10. **Are there any other services, agencies or informal sources of help/advice you have accessed for the children?**

Yes ☐ Which agency(ies)..

No ☐

11. **If No, was help sought but not received?**

Yes ☐

No ☐

12. **Have you been feeling isolated or lonely over the past 6 months? (please tick one only)**

Never ☐
Sometimes ☐
Often ☐
Always ☐

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13. How would you like to be involved in Kinship Connected?

(Please tick all options that apply to you)

Join a face to face support group	
Join a virtual support group	
Join the Grandparents Plus support network	
Access the Grandparents Plus advice service	
Access the Someone Like Me service	
Apply for a grant	
Access one-to-one case support (to review my circumstances)	
Volunteer for Grandparents Plus	
Get a signposting/referral to another organisation	
Would you like to be involved in any other ways?	

14. Thinking about all the above, do you have any additional support needs or referrals you would wish us to consider that you think might be helpful for your children?

Question 15 is printed on a separate sheet – this should be completed by the kinship carers and you can probably continue with this questionnaire or wait until the end to hand it out.

15. Now we are going to ask you to complete this short set of questions on how you are feeling **and your confidence in your role as a kinship carer. Please tick the box that best describes your experience of each <u>over the last 2 weeks.</u>**

Statements	None of the time	Rarely	Some of the time	Often	All of the time
1. I've been feeling optimistic about the future	1	2	3	4	5
2. I've been feeling useful	1	2	3	4	5
3. I've been feeling relaxed	1	2	3	4	5
4. I've been interested in other people	1	2	3	4	5
5. I've had energy to spare	1	2	3	4	5
6. I've been dealing with my problems well	1	2	3	4	5
7. I've been thinking clearly	1	2	3	4	5
8. I've been feeling good about myself	1	2	3	4	5
9. I've been feeling close to other people	1	2	3	4	5
10. I've been feeling confident	1	2	3	4	5
11. I've been able to make my mind up about things	1	2	3	4	5
12. I've been feeling loved	1	2	3	4	5
13. I've been interested in new things	1	2	3	4	5
14. I've been feeling cheerful	1	2	3	4	5
15. I've been feeling that I have appropriate support when I need it*	1	2	3	4	5
16. I've been feeling confident in my parenting role*	1	2	3	4	5

*Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and * denotes additional questions relating to Kinship Connected.*

16. How did you learn about Kinship Connected? *(tick all that apply)*

Event ☐ Please state:	Social Worker ☐
Children's Centre ☐	Another Kinship Carer ☐
Social Media (Facebook/Website) ☐	School ☐
Friend ☐	Other ☐ Please state:

17. What would you like to achieve by being engaged in the programme? Include training requirements. (These should be outcomes focused and be expressed for example as 'reduce my sense of isolation', 'socialise a little more', 'learn about being a kinship carer', 'learn about my rights' etc) and not 'join a group'.

1.
2.
3.
4.
5.

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Demographics: Now we need to collect some statistical information about you to review our engagement and to monitor whether our services reach all sectors of the population

18. **Are you:** *(Please tick **one**)* Male ☐ Female ☐

19. **What is your date of birth?**

DD	MM	YYYY

(Please tick what age category they fall in to for analysis purposes)
20-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75-84 ☐ 85 + ☐

20. **What is your family's ethnic group?** *(Please add KC for kinship carer, C1 for child 1, C2 for child 2, etc)*

White		Asian or Asian British	
British		Indian	
Irish		Pakistani	
Gypsy/Roma/Traveller		Bangladeshi	
Other White background		Other Asian background	
Mixed Heritage		Chinese	
White and Black Caribbean		Black or Black British	
White and Black African		African	
White and Asian		Caribbean	
White and Chinese		Other Black background	
Other Dual Heritage background		Other ethnic background	
Other			

21. **What is your main language?** *(Please tick **one** box)*

English ☐   Other ☐ If Other, please specify…..

22. **What is your religion?** *(Please tick **one** box)*

Christian ☐	Buddhist ☐
Hindu ☐	Jewish ☐
Jewish ☐	Sikh ☐
Muslim ☐	Muslim ☐
No religion/Prefer not to say ☐	Other religion ☐
Prefer not to say ☐	

23. Do you have any long-standing physical or mental illness, or disability?

(By 'long-standing', we mean anything that has troubled you over a period of at least 12 months or that is likely to affect you over a period of at least 12 months.)

Yes ☐ if Yes, can you tell us about this……..)

No ☐

24. How did you learn about Kinship Connected? *(tick all that apply)*

Event ☐ Please state:		Social Worker ☐	
Children's Centre ☐		Another Kinship Carer ☐	
Social Media (Facebook/Website) ☐		School ☐	
Friend ☐		Other ☐ Please state:	

25. Our evaluation includes doing some face-to-face discussion groups and one-to-one interviews with kinship carers and their children if possible. This is to better represent your needs and the impact of the service in our research findings.

These will be arranged at a suitable time and are completely voluntary. Your name and the name of your children will not be divulged in the research. Are you happy to be contacted to participate in the research? [You may not be contacted but we need to ask your permission before we do so].

Yes ☐	No ☐

If yes, do you give permission for your contact details to be passed on to our evaluators for them to contact you directly once we have agreed our sample?

Yes ☐

No ☐

Thank you for providing this information

Kinship Connected: Outcomes Form

Please help us understand how the programme has supported you by completing the form below:

Key Details			
Kinship Carer Name			
Kinship Carer ID Code		**Date dd/mm/yyyy**	
Local Authority			
Your Experience of Kinship Connected			

Firstly we'd just like to understand how you were involved in the Kinship Connected Programme

1. **Did you ever attend a Local Support Group?**

   Yes ☐ (Go to 1b)

   No ☐ (Go to 1a)

   1a. (If No) why not?

   o Did not want to attend a group ☐

   o Could not physically get to the group ☐

   o There was no group in my area ☐

   o Other ☐

   ……….

   1b. (If Yes) How frequently did you attend?

   o Once ☐

   o Regularly (weekly, bi-weekly, monthly) ☐

   o Just a few times ☐

1c. (If Yes) What impact did attending the local support group have on you and your role as a kinship carer?

- o It improved my capacity to cope with the child(ren) ☐
- o It provided me with an opportunity to share my experiences/concerns ☐
- o It gave me ideas on how to improve my child(ren)'s behaviour ☐
- o It helped me feel less isolated ☐
- o I made new friends and improved my circle of support ☐
- o Other ☐

Please comment

- o None of the above ☐
- o I did not like attending the groups ☐
    - ▪ They were not well run/organised ☐
    - ▪ They were too far away ☐
    - ▪ Other ☐

Please comment

2. **Did you participate in a virtual support group?**

    Yes ☐
    No ☐

2a) If Yes –

What are your views of the value of the virtual support group? (what support did get from it?)

Please comment

3. **Did you access the wider Grandparents Plus Support Network?**

    Yes ☐ (Go to 2a)
    No ☐

3a. (If Yes) Why and what did you achieve?

………

……….

4. **Did you access the GP+ Advice Service? (Please tick if Yes)** ☐

        4a. (If Yes) What advice were you seeking?

- ▪ Advice about financial support ☐
- ▪ Advice about legal orders ☐
- ▪ Advice about children's services' decisions ☐
- ▪ Other ☐

…….

   4b. Did this advice meet your needs?

       Yes ☐

       No ☐

If not, why not …….

5. **Did you access the Someone Like Me Service? (please tick if Yes)** ☐

6. **Did you receive a grant? (please tick if Yes)** ☐

   a. **What did you use the grant for?**

- o Purchasing furniture/white goods ☐
- o Purchasing soft furniture ☐
- o Improving the home (carpets, doors etc) ☐
- o Going on a short break ☐
- o Other ☐

……

7. **Did you become a KC Champion? (Leading Peer Support Groups) (please tick if Yes)** ☐

   a. How long have you been a KC Champion?

      i. Less than 3 months ☐

      ii. Less than 6 months ☐

      iii. Over 6 months ☐

   b. During this time, did you organise / lead groups

      i. Yes ☐

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      ii. No☐

   c. Do you think you will continue to organise/lead groups for a while?

      i. Yes☐

      ii. No☐

Please comment on your experience of being a KC Champion (e.g. skills gained, confidence in leading a group)

………..

………..

8. **Other volunteering (Other roles)(If yes please tick)☐**

   a. What other roles were you volunteering for? (e.g. admin, social events)

………

9. **Did you receive training to become a volunteer? (If yes please tick)☐**

   a. Did this training meet the needs of your volunteering role?

   o Yes☐

   o No☐ (Go to Q9a)

9a. (If No) Why did it not meet your needs?

……….…….

10. **Were you signposted/referred to other services (please tick if yes)☐**

   o GP☐

   o Health clinic☐

   o Local support group/network☐

   o Local activities group☐

   o Addiction services ☐

   o Children's Services ☐

   o Early Help (Children's Services)☐

   o Other ☐

………..

   a. Did you access this service?

   o Yes☐

   o No☐

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11. Were you involved in Kinship Connected in any other way?

……

Now we'd like to ask you a little about your experience of the support.

12. In your Registration Form you indicated things that you wanted to achieve by being involved in the programme. To what extent have you achieved these? (Please check back with the planning form)

LowMediumHighN/A

1.　□ □ □ □………………………………………………….

2.　□ □ □ □………………………………………………….

3.　□ □ □ □………………………………………………….

4.　□ □ □ □………………………………………………….

5.　□ □ □ □………………………………………………….

13. In general, how would you rate the quality of the support and services you received from Kinship Connected?

1.　**Very poor** □

2.　**Poor** □

3.　**Okay** □

4.　**Good** □

5.　**Excellent** □

Please comment

14. What suggestions, if any, do you have for improvements of the programme?

Now we'd just like to recap on any services involvement and school attendance and how this may have changed **since you have been caring for the child(ren).**

Name	Are children's services currently involved with your children? - No - CIN - CP - LAC	What is the legal order status of your child(ren) Residency Order Care Arrangement Order Special Guardianship Order Supervision Order Care Order Interim Care Order Foster Care	Has there been any concerns regarding the child's school attendance?* - Yes - No - N/A - Don't know	Had the child been excluded from school either temporarily or permanently in the last 3 school terms? - Yes - No

15. Do you have any concerns with the kin children in relation to: (tick all that apply)

Parental contact ☐

Parental relations with children ☐

Child(ren's) Behaviour ☐

Children's health and wellbeing ☐

Maintaining child(ren's) friendships ☐

Transitions ☐

Personal hygiene ☐

Eating / diet ☐

Finances ☐

Home environment ☐ (space, privacy, carpets, doors, white goods etc)

Other ☐

16. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each <u>over the last 2 weeks.</u>

Statements	None of the time	Rarely	Some of the time	Often	All of the time
17. I've been feeling optimistic about the future	1	2	3	4	5
18. I've been feeling useful	1	2	3	4	5
19. I've been feeling relaxed	1	2	3	4	5
20. I've been interested in other people	1	2	3	4	5
21. I've had energy to spare	1	2	3	4	5
22. I've been dealing with my problems well	1	2	3	4	5
23. I've been thinking clearly	1	2	3	4	5
24. I've been feeling good about myself	1	2	3	4	5
25. I've been feeling close to other people	1	2	3	4	5
26. I've been feeling confident	1	2	3	4	5
27. I've been able to make my mind up about things	1	2	3	4	5
28. I've been feeling loved	1	2	3	4	5
29. I've been interested in new things	1	2	3	4	5
30. I've been feeling cheerful	1	2	3	4	5
31. I've been feeling that I have appropriate support when I need it*	1	2	3	4	5
32. I've been feeling confident in my parenting role*	1	2	3	4	5
33. I've been feeling optimistic about my financial situation*	1	2	3	4	4

6. Have you been feeling isolated or lonely over the past 6 months? (please tick one only)

Never ☐

Sometimes ☐

Often ☐

Always ☐

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What is your current employment status? *(Please tick **one** box only)*

Retired	☐ 64
Employed: Full-time	☐
Employed: Part-time	☐
Self-employed	☐
Unemployed	☐
Any other status *(Please describe below)*	

One Adoption West Yorkshire quarterly performance report

July – September 2019

Introduction/summary

This is the second quarterly report for 2019-20, providing an update on One Adoption West Yorkshire.

This report is based in the premise of how much work has been undertaken in the period, how well and what difference has it made. The report is a simple and concise report, with detailed tables in the appendix. The report contains a number of tables and charts.

Children

This section of the report provides headline figures relating to children and young people at various stages of the adoption process within West Yorkshire. Greater detail, including a breakdown by the five local authorities, is contained within the graphs on the following page. The figures in bold are for the current quarter and those in brackets are for the same quarter of the previous year.

How much did we do?	How well did we do it?
During the quarter	Statutory Scorecard Data
• **285** (317) children left care, **34** (51) were adopted *During 2018/19 163 children were adopted, average 41 per quarter (13.9%)*	For the **34** (51) children who **were adopted** during quarter 2 2019/20, it took an average of: • **473** (482) days between a child entering care and moving in with their adoptive family (National Indicator is 426 days) (England Average is 486)
• **59** (57) children had an ADM decision made *During 2018/19 226 children had ADM decision made, average 57 per quarter*	• **236** (235) days between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family (National indicator is 121 days) (England average is 201)
• **60** (43) placement orders were granted *During 2018/19 206 placement orders were granted, average 51 per quarter*	• **20** (27) were placed within 426 days of entering care, this is **59%** (53%)**.** • **10** (17) were matched within 121 days, this is **20%** (49%)
• **51** (35) children were matched to an adoptive family – **19** (9) inter agency placements **37%** (26%) *During 2018/19 172 children were matched, average 43 per quarter*	For the **52** (33) children who **were placed** during quarter 2 2019/20, it took an average of: • **503** (514) days between a child entering care and moving in with their adopter family – *(22 of the 52 children took more than 500 days)* if these 22 children were taken out of the equation the average number of days would be **351**
• **52** (33) children were placed with an adoptive family *During 2018/19 172 children were placed, average 43 per quarter*	• **246** (265) days between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family – (36 of the 52 children took more than 121 days) if these 36 children were taken out of the equation the average number of days would be 74
• **1** (2) children in new EPP (Decision for EPP)	• **24** (2151) were placed within 426 days of entering care, this is **46%** (45%)
• **2** (2) children in new EPP (placed in EPP) *During 2018/19 15 children were in new EPP, average 4 per quarter*	• **15** (8) were matched within 121 days, this is **29%** (24%)
• **9** (10) Children had a change of plan away from adoption	
• **1** (1) Child had an adoption disruption	• **12%** (16%) of children leaving care were adopted, (England average is 13%)

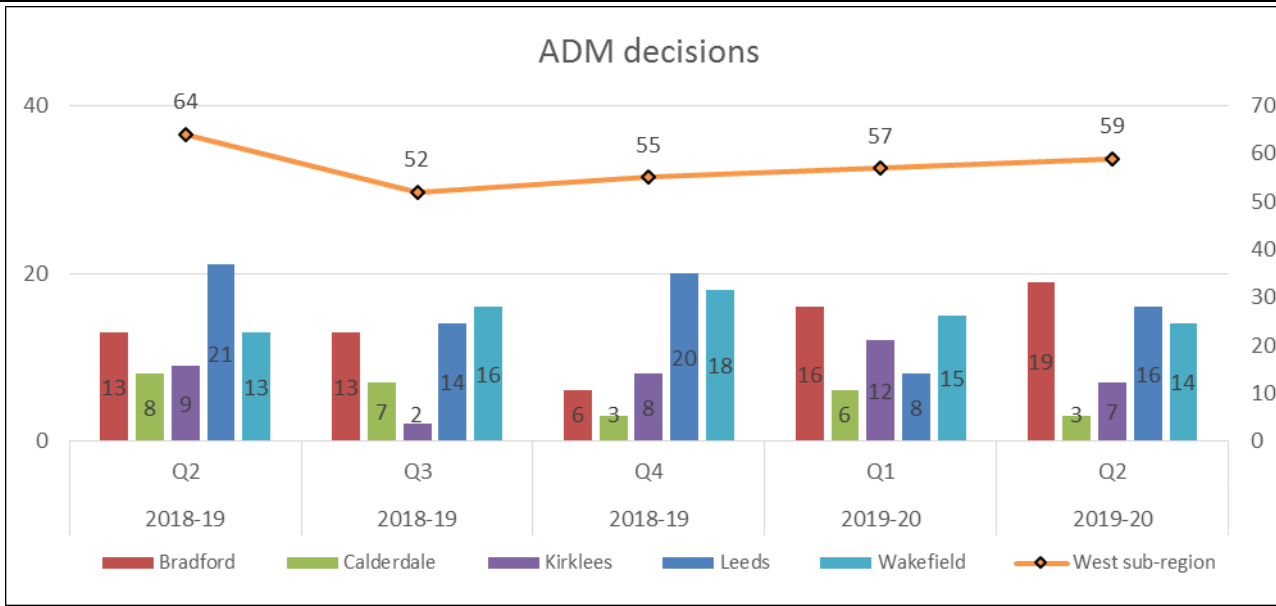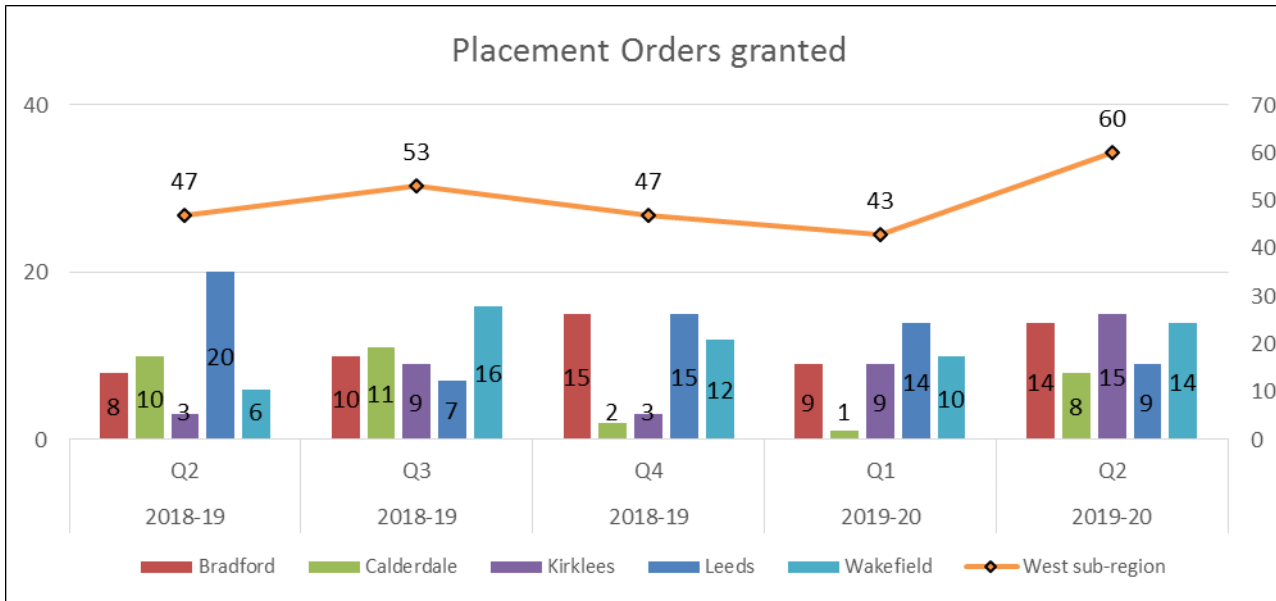| How much did we do?	How well did we do it?
At the end of the quarter	
• **209** (206) children have an ADM decision but not yet matched	• It is clear that in the second quarter that there has been an increase in children matched including 28 children who wait longer due to their needs
• **218** (219) children have an ADM decision but are not yet placed	• There has been an increase in the second quarter in the number of children matched to adoptive families as well as an increase in the number of children placed in the quarter
• **180** (170) children have a placement order but are not yet placed. Of these, **66** (59) have been waiting for at least 18 months since entering care. **109** (116) children have been waiting more than 121 days since the placement order was made	• OAWY is continuing to work with voluntary agency partners within the Yorkshire and Humber region to promote placements within our region
• **14** (1) child with an ADM decision has a potential match identified	• The use of profiling events and fun days as well as profiling children at national exchange days has broadened the family finding practices
What would we like to do better?	**What difference did we make?**
• We would like ensure that children are placed in a timely manner and whilst we are able to do this for some children others take longer.	• 28 children (over the age of 5 years; sibling groups, BME & children with disabilities) who traditionally wait longer for an adoptive family have been placed in the quarter which is really positive
• Although we are identifying children earlier we have seen a decline in Early permanence placements in the region are exploring this with local authorities.	
• Alongside Local Authorities, understanding why a small number children's adoption orders have not been progressed in a timely manner.	

ADM decisions

Bradford, Calderdale, Kirklees, Leeds, Wakefield, West sub-region

	Q2 2018-19	Q3 2018-19	Q4 2018-19	Q1 2019-20	Q2 2019-20
Bradford	13	13	6	16	19
Calderdale	8	7	3	6	3
Kirklees	9	2	8	12	7
Leeds	21	14	20	8	16
Wakefield	13	16	18	15	14
West sub-region	64	52	55	57	59

Commentary

This graph shows numbers of children who had an ADM decision over the last 5 quarters, thus showing figures for the same quarter in the previous year
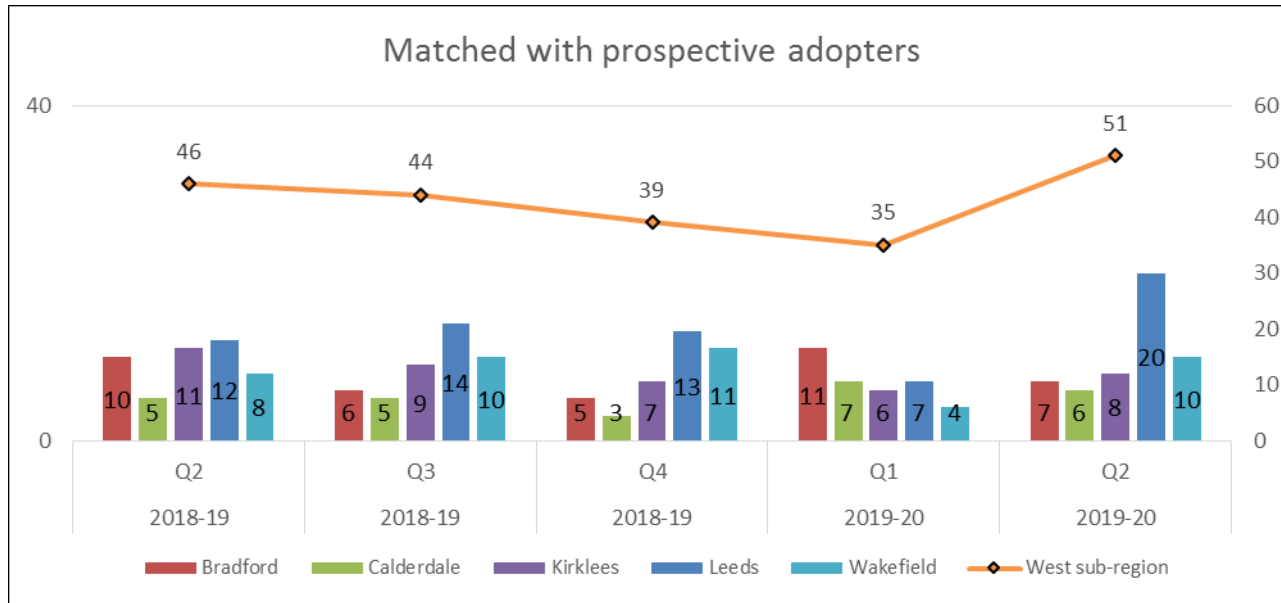
There is a small and steady increase in the region with local variations in each LA.

Placement Orders granted

Bradford, Calderdale, Kirklees, Leeds, Wakefield, West sub-region

	Q2 2018-19	Q3 2018-19	Q4 2018-19	Q1 2019-20	Q2 2019-20
Bradford	8	10	15	9	14
Calderdale	10	11	2	1	8
Kirklees	3	9	3	9	15
Leeds	20	7	15	14	9
Wakefield	6	16	12	10	14
West sub-region	47	53	47	43	60

Commentary

This graph shows numbers of children who had a placement order granted over the last 5 quarters, thus showing figures for the same quarter in the previous year
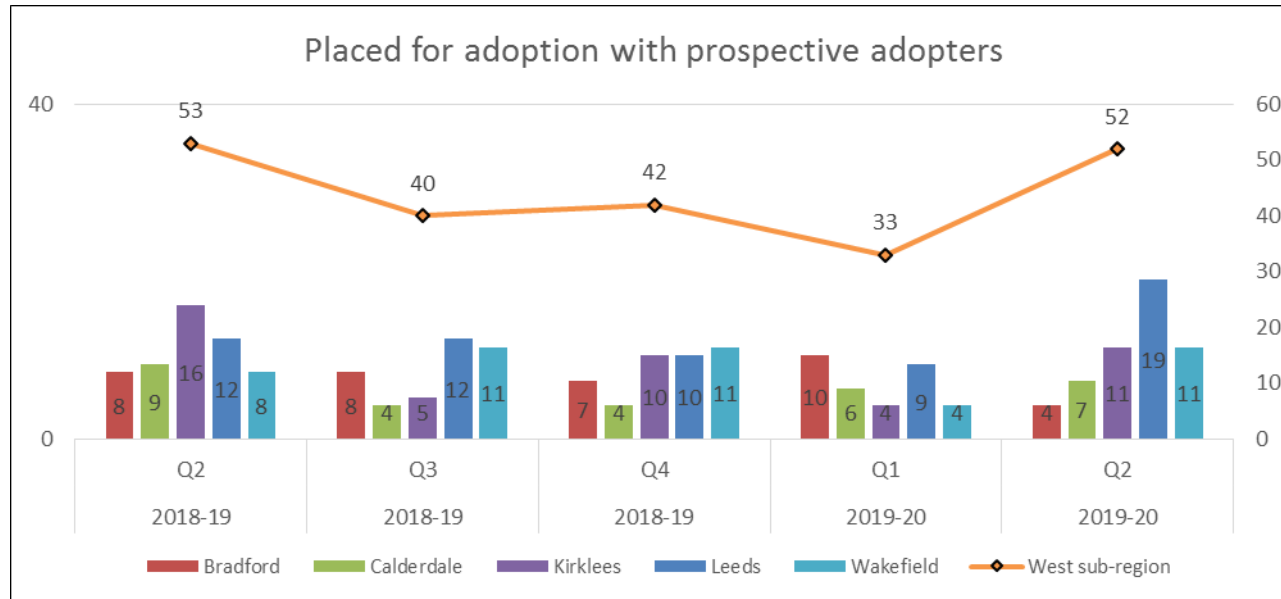
A significant increase this quarter and it may be that some care proceedings where the ADM has been made may have been protracted to account for the increase.

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Matched with prospective adopters

Chart showing numbers matched over 5 quarters. Bar legend: Bradford, Calderdale, Kirklees, Leeds, Wakefield. Line: West sub-region.

Quarter	Bradford	Calderdale	Kirklees	Leeds	Wakefield	West sub-region
Q2 2018-19	10	5	11	12	8	46
Q3 2018-19	6	5	9	14	10	44
Q4 2018-19	5	3	7	13	11	39
Q1 2019-20	11	7	6	7	4	35
Q2 2019-20	7	6	8	20	10	51

Commentary

This graph shows numbers of children who were matched over the last 5 quarters, thus showing figures for the same quarter in the previous year

There has been an increase in Q2 of the number of children matched with prospective adopters; a number of matches have been made children who wait longer due to their needs.
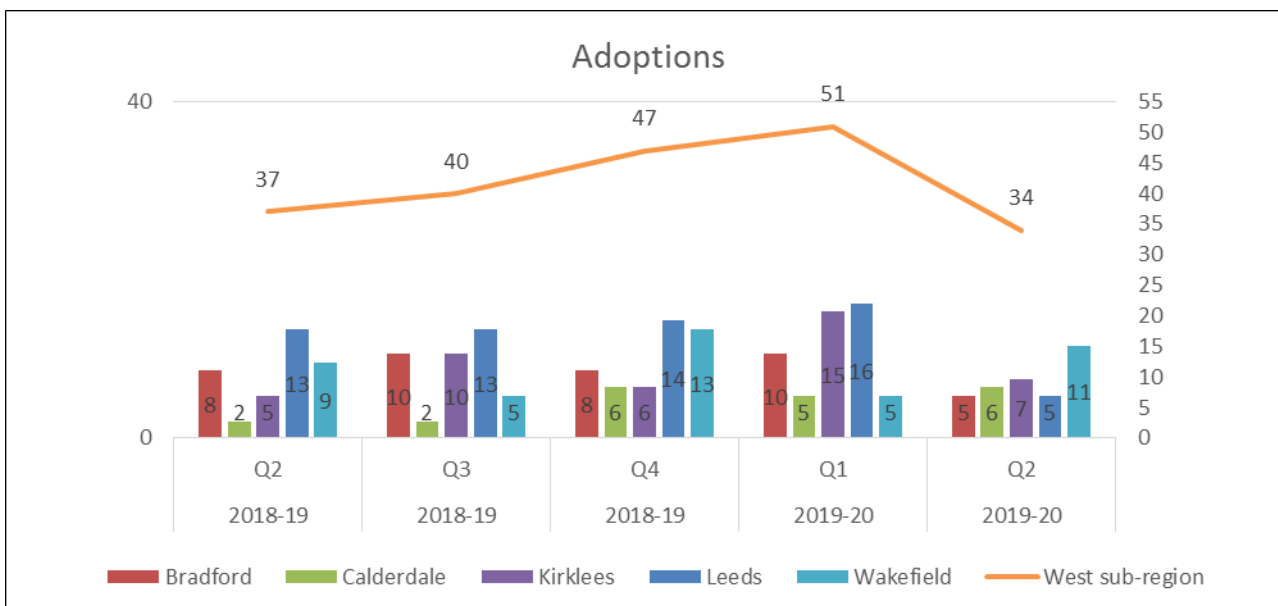
Placed for adoption with prospective adopters

Chart showing number placed over 5 quarters. Bar legend: Bradford, Calderdale, Kirklees, Leeds, Wakefield. Line: West sub-region.

Quarter	Bradford	Calderdale	Kirklees	Leeds	Wakefield	West sub-region
Q2 2018-19	8	9	16	12	8	53
Q3 2018-19	8	4	5	12	11	40
Q4 2018-19	7	4	10	10	11	42
Q1 2019-20	10	6	4	9	4	33
Q2 2019-20	4	7	11	19	11	52

Commentary

This graph shows the number of children placed over the last 5 quarters, thus showing figures for the same quarter in the previous year

There has been a significant increase in the number of children who have been placed for adoption in Q2.

There are a significant number of children who wait longer due to their needs being placed for adoption.
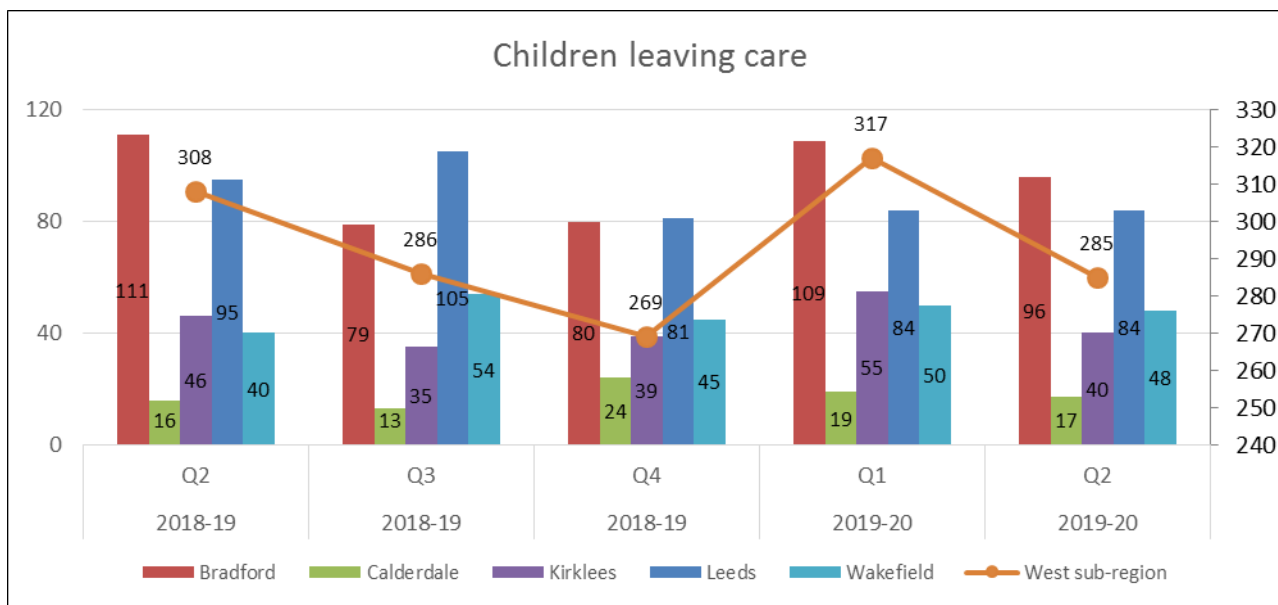
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Adoptions

Chart data (Adoptions) — bars: Bradford, Calderdale, Kirklees, Leeds, Wakefield; line: West sub-region

	Q2 2018-19	Q3 2018-19	Q4 2018-19	Q1 2019-20	Q2 2019-20
Bradford	8	10	8	10	5
Calderdale	2	2	6	5	6
Kirklees	5	10	6	15	7
Leeds	13	13	14	16	5
Wakefield	9	5	13	5	11
West sub-region	37	40	47	51	34

Commentary

This graph shows numbers of children who were adopted over the last 5 quarters, thus showing figures for the same quarter in the previous year
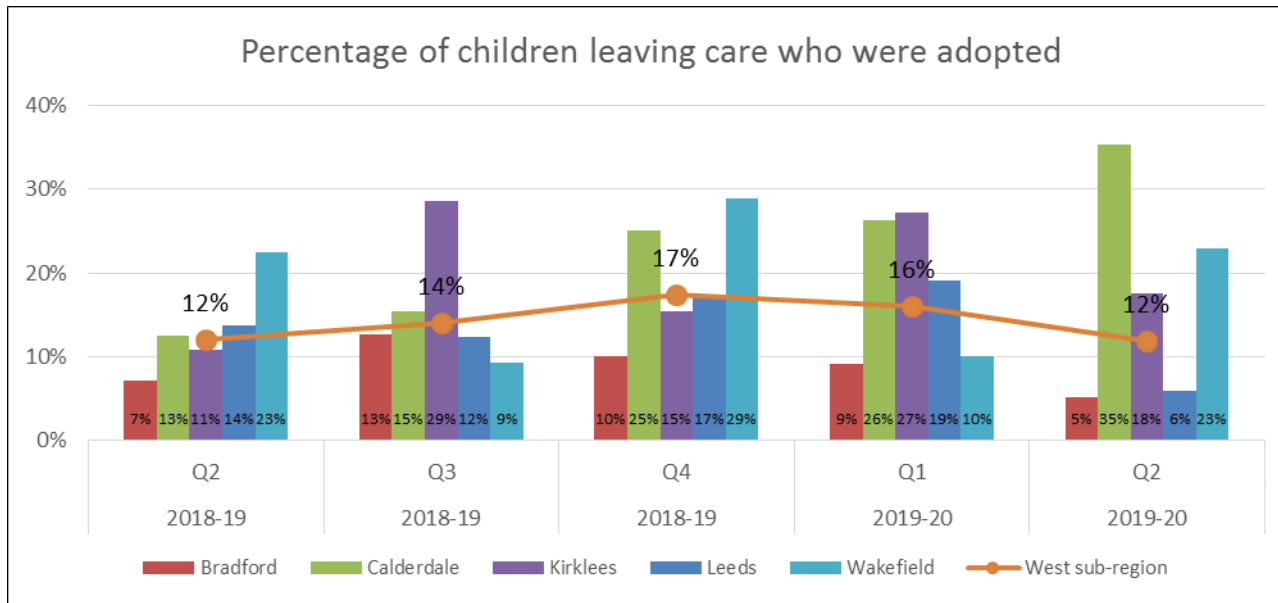
There has been a decrease in the number of adoptions in the quarter.

There are a small number of children who have not been adopted within anticipated timescales. The number of children placed for adoption in the year previous generally is reflective of the number of children adopted.

Children leaving care

Chart data (Children leaving care) — bars: Bradford, Calderdale, Kirklees, Leeds, Wakefield; line: West sub-region

	Q2 2018-19	Q3 2018-19	Q4 2018-19	Q1 2019-20	Q2 2019-20
Bradford	111	79	80	109	96
Calderdale	16	13	24	19	17
Kirklees	46	35	39	55	40
Leeds	95	105	81	84	84
Wakefield	40	54	45	50	48
West sub-region	308	286	269	317	285

Commentary

This graph shows the number of children leaving care over the last 5 quarters, thus showing figures for the same quarter in the previous year

Percentage of children leaving care who were adopted

	Q2 2018-19	Q3 2018-19	Q4 2018-19	Q1 2019-20	Q2 2019-20
Bradford	7%	13%	10%	9%	5%
Calderdale	13%	15%	25%	26%	35%
Kirklees	11%	29%	15%	27%	18%
Leeds	14%	12%	17%	19%	6%
Wakefield	23%	9%	29%	10%	23%
West sub-region	12%	14%	17%	16%	12%

Commentary

This graph shows the percentage of children leaving care who were adopted in the last 5 quarters, thus showing figures for the same quarter in the previous year

Adopters

This section of the report provides headline figures relating to prospective and approved adopters at various stages of the adoption process in One Adoption. Appendix two contains figures for the last 5 quarter to give comparison between same quarter in the previous year. Figures in bold are for current quarter, those in brackets are for the same quarter in the previous year.

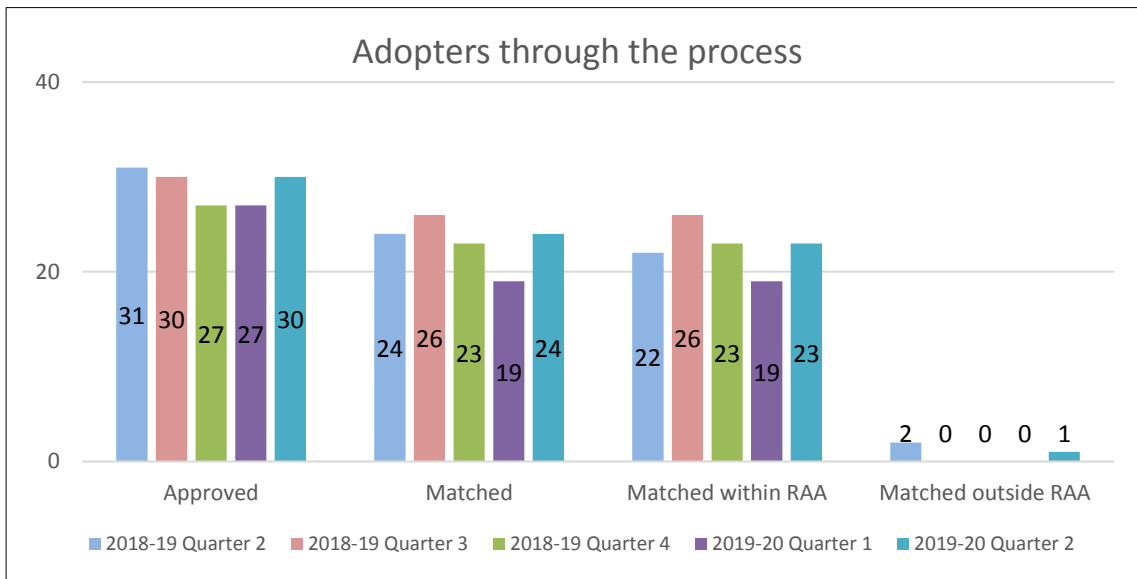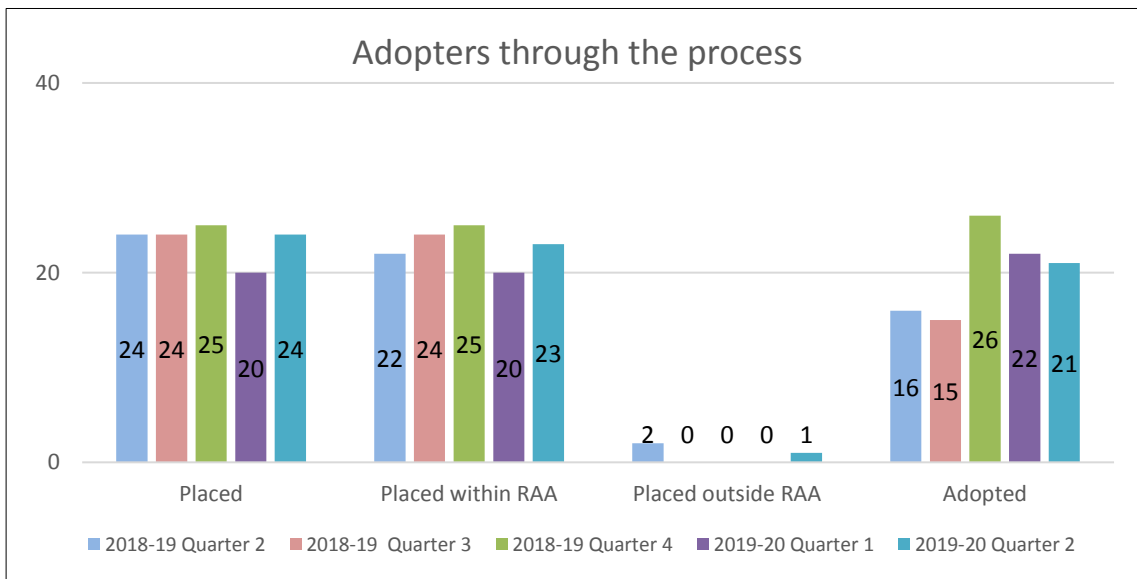| How much did we do?	How well did we do it?

During the quarter
 	
• **108** (107) prospective adoptive households attended information sessions
 	
• **51** (37) Families started Stage 1
 	
• **31** (28) prospective adoptive families attended preparation training
 	
• **22** (28) Families started Stage 2
 	
• **30** (28) prospective adoptive families were approved, of these, 1 (2) families were Foster Carer Adopters
 	
• **24** (24) prospective adoptive families were matched, of these, 1 (0) families were matched with children outside the RAA and **23** (19) were matched with children from within the RAA
 	
• **24** (20) prospective adoptive families had a child(ren) placed, of these, 1 (0) families had children placed from outside RAA and **23** (20) had children placed from within the RAA
 	
• **21** (22) adoptive families adopted a child/young person
 	
• **13** (11) Families withdrew from the process
	• Of those prospective adoptive families who ended Stage 1 in the quarter, they were in Stage 1 for an average of **3** months
	
	    o **59%** were within timescales (Lowest was **0** month, highest was **9** months)
	
	    o Those still in Stage 1 at the end of the quarter have been in Stage 1 for an average of **2** months
	
	    o **66%** are within timescales
	
	• Of those prospective adoptive families who ended Stage 2 in the quarter, they were in Stage 2 for an average of **4** months
	
	    o **75%** were within timescales (Lowest was **0** months, highest was **17** months)
	
	    o Those still in Stage 2 at the end of the quarter have been in Stage 2 for an average of **3** months
	
	    o **86%** are within timescales
	
	Of those approved 8 months was the average time between registration of interest and approval.
	
	16 (12) adoptive families were matched within three months of their approval; **8** (7) were matched after three months of their approval
	
	The average time taken from approval to matching was **3** (3) months

How much did we do?	How well did we do it?
At the end of the quarter	
• Of the **89** (92) individual approved adopters, **47** (48) are female and **42** (44) are male. **21, 24%** (25%) are from a BME background	• Of the adopters approved in the period the average was 8 months which is a slight decrease.
• **100** (88) prospective adoptive families are not yet approved	• The average time from approval to match has remained at 3 months.
• **63** (46) prospective adoptive families are in stage one; **37** (42) are in stage two	
• **47** (47) approved adoptive families are yet to be matched	

o **7** (6) of these families have been waiting more than six months
    o **14** (10) of these families have a matching panel booked
    o **0** (0) of these families have a match identified but no panel date booked	

13 (18) prospective adoptive families are on hold	
What would we like to do better?	**What difference did we make**
• There are 13 families on hold. We would like to progress these more quickly to stage 2 and are looking more closely at the reasons they are on hold	• 14 families approved awaiting a match, have a matching panel booked • We have more adopters in the assessment process than in the same quarter last year

Adopters through the process

	Approved	Matched	Matched within RAA	Matched outside RAA
2018-19 Quarter 2	31	24	22	2
2018-19 Quarter 3	30	26	26	0
2018-19 Quarter 4	27	23	23	0
2019-20 Quarter 1	27	19	19	0
2019-20 Quarter 2	30	24	23	1

Commentary

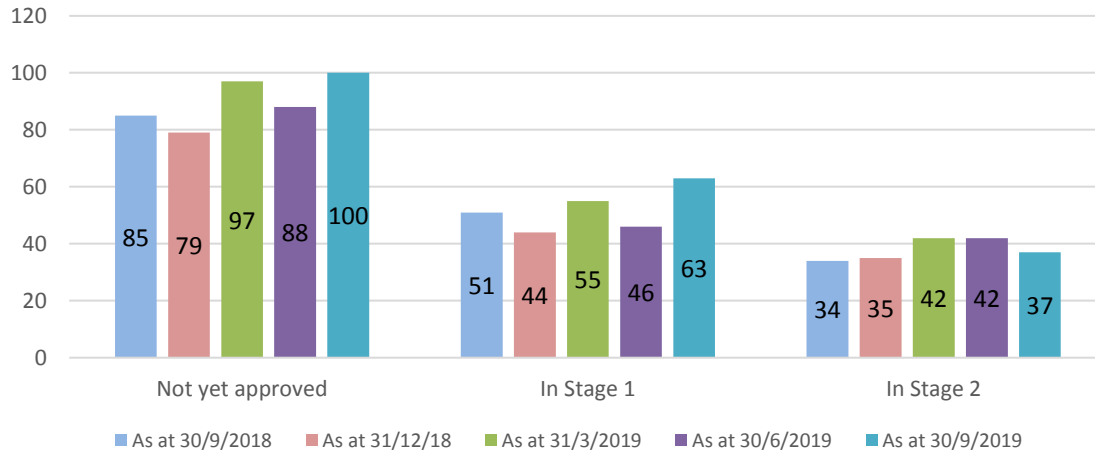This graph shows numbers of adopters going through the process from 2018-19 Quarter 2 through to 2019-20 Quarter 2

This provides a comparison of the same quarter in the previous year.

Adopters through the process

	Placed	Placed within RAA	Placed outside RAA	Adopted
2018-19 Quarter 2	24	22	2	16
2018-19 Quarter 3	24	24	0	15
2018-19 Quarter 4	25	25	0	26
2019-20 Quarter 1	20	20	0	22
2019-20 Quarter 2	24	23	1	21

Commentary

This graph shows numbers of adopters going through the process from 2018-19 Quarter 2 through to 2019-20 Quarter 2

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Position at end of Quarter

Not yet approved: 85, 79, 97, 88, 100
In Stage 1: 51, 44, 55, 46, 63
In Stage 2: 34, 35, 42, 42, 37

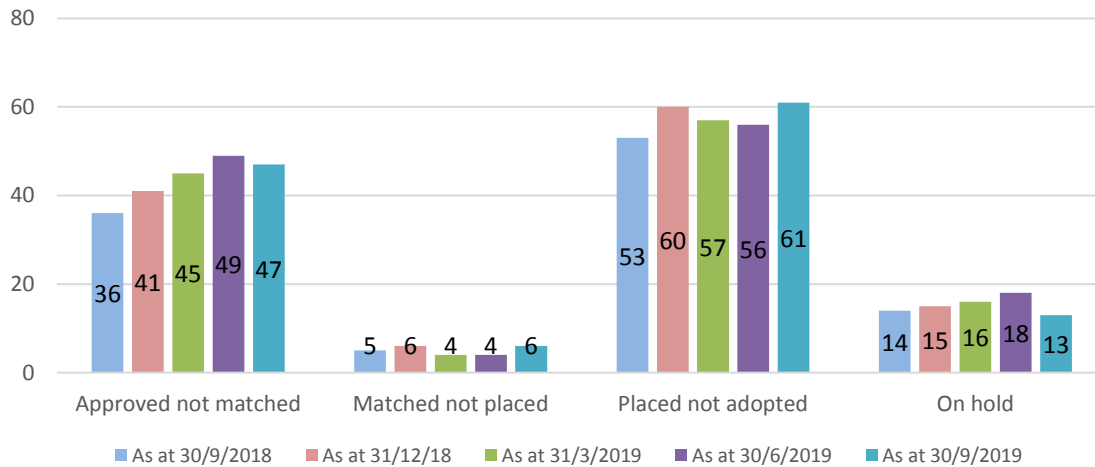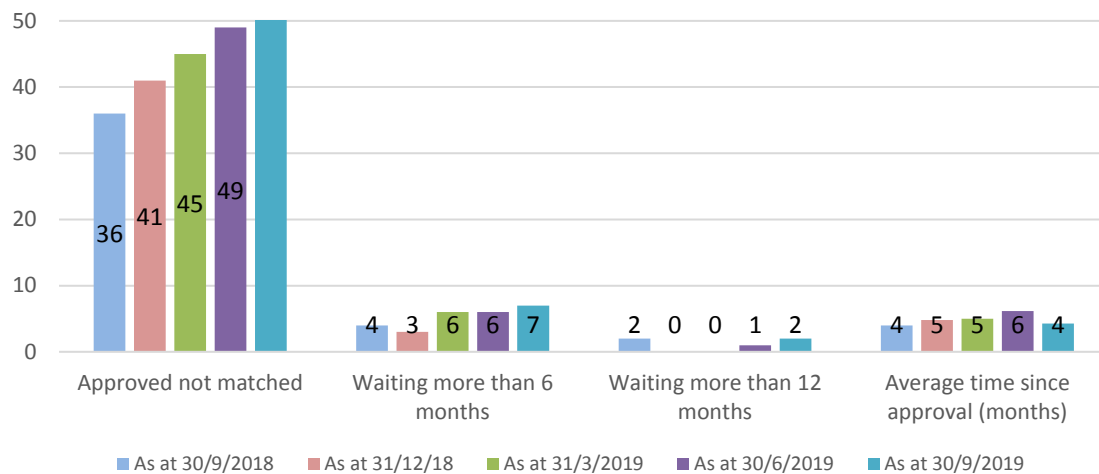■ As at 30/9/2018 ■ As at 31/12/18 ■ As at 31/3/2019 ■ As at 30/6/2019 ■ As at 30/9/2019

Commentary

This graph shows the number of adopters at various stages in the process at the end of each quarter. It shows the last 5 quarters so we can compare the same quarter in the previous year.

We have seen an increase in people entering the adoption process over the quarter. This will impact on the number of applicants in Stage Two of the process in the next quarter. This should result in an increase in approved adopters by Quarter 4.

Position at end of Quarter

Approved not matched: 36, 41, 45, 49, 47
Matched not placed: 5, 6, 4, 4, 6
Placed not adopted: 53, 60, 57, 56, 61
On hold: 14, 15, 16, 18, 13

■ As at 30/9/2018 ■ As at 31/12/18 ■ As at 31/3/2019 ■ As at 30/6/2019 ■ As at 30/9/2019

Commentary

This graph shows the number of adopters at various stages in the process at the end of each quarter. It shows the last 5 quarters so we can compare the same quarter in the previous year.

We have seen a reduction in the number of people on hold in the quarter. We have responded to the data from the previous quarter to revisit the people on hold to ascertain whether this remained appropriate. Families were encouraged, where appropriate, to proceed or withdraw from the process.

Position and timelines at end of Quarter

	Approved not matched	Waiting more than 6 months	Waiting more than 12 months	Average time since approval (months)
As at 30/9/2018	36	4	2	4
As at 31/12/18	41	3	0	5
As at 31/3/2019	45	6	0	5
As at 30/6/2019	49	6	1	6
As at 30/9/2019	50	7	2	4

Commentary

This graph shows the number of adopters approved and not matched at the end of each quarter and the timeliness. It shows the last 5 quarters so we can compare the same quarter in the previous year.

The number of adopters waiting more than 6 months has increased over the course of the last year and into this quarter. We need to understand the barriers to them being matched with children and identify support which can move them forward in the process. Families waiting longer generally have very specific matching criteria which impacts on the number of children they are able to consider.

Snapshot Figures

This section of the report looks at characteristics of prospective adopters who are approved but not yet matched and those characteristics of children still waiting to be matched as at the end of the quarter.

Characteristics of those adopters who are approved and not yet matched

Ethnicity	Number of individuals
Indian	10
Any other Asian background	2
Pakistani	7
Caribbean	2
White British	67
Any other White background	1
TOTAL INDIVIDUALS	**89**
TOTAL HOUSEHOLDS	**47**

Religion	Number of individuals
Christian	39
Hindu	3
Muslim	8
No information available	24
Other	15
TOTAL INDIVIDUALS	**89**
TOTAL HOUSEHOLDS	**47**

Characteristics of children who have a decision but not yet matched (209), of these, 171 have a Placement Order

Ethnicity	Number of children
Any other Mixed background	7
White and Asian	4
White British	146
Any other White background	11
Gypsy/Roma	7
Pakistani	2
White and Black Caribbean	11
Any other ethnic group	12
Any other Asian background	1
Information not yet obtained	5
Indian	3
TOTAL INDIVIDUALS	**209**

Children who wait longer (more than one characteristic	Number of children
Part of a Sibling Group	121
With a Disability	4
BME	47
Aged 5 years +	37
TOTAL INDIVIDUALS	**209**

52 Children have 2 of above characteristics
 8 Children have 3 of above characteristics

Of those above

ADOPTERS

Certain characteristics specified	Number of Households
Potential Match	14
Not specified any age group	1
Specified 0-4 years	48
Sibling groups	7
Specific Gender	0
Open to EPP	21

Adoption Support
This section is work in progress and requires further development.

Non Agency Adoption
This section is work in progress and requires further development

Appendix

This appendix contains a range of measures related to prospective adopters progressing through the approval and adoption process.

Table A9: individuals and families progressing through the approval and adoption processes

		Enquiries		Progress through the adoption process (Families)					
		Individuals	Families	Start Stage 1	Start Stage 2	Approved	Matched	Placed	Adopted
2018-19	Quarter 2		55	31	24	31	24	24	16
2018-19	Quarter 3		67	34	26	30	26	24	15
2018-19	Quarter 4		84	51	35	27	23	25	26
2019-20	Quarter 1		75	36	26	27	19	20	22
2019-20	Quarter 2		96	51	22	30	24	24	21

Table A10: snapshot numbers of prospective adopters at different stages of the approval process

	Prospective adoptive families				Approved adoptive families waiting		
	Prospective adoptive families not yet approved	In Stage 1	In Stage 2	On hold	Approved adoptive families waiting to be matched	Approved adoptive families waiting to be matched for more than 6 months	Average time since approval (months)
As at 30/9/2018	85	51	34	14	36	4	4
As at 31/12/2018	79	44	35	15	41	3	5
As at 31/3/2019	97	55	42	16	45	6	5
As at 30/6/2019	88	46	42	18	49	6	6
As at 30/9/2019	100	63	37	13	47	7	4

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Quarter 2 Highlight Report on performance for the board

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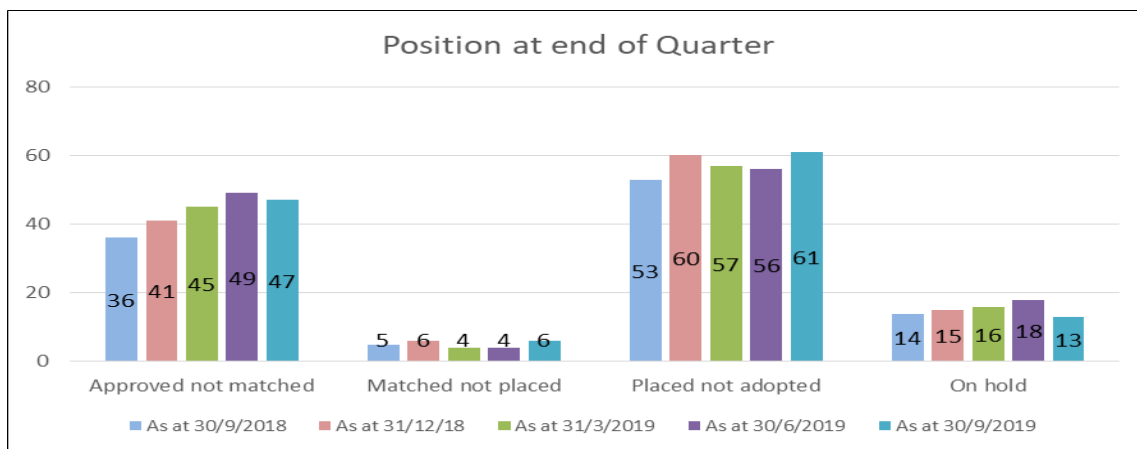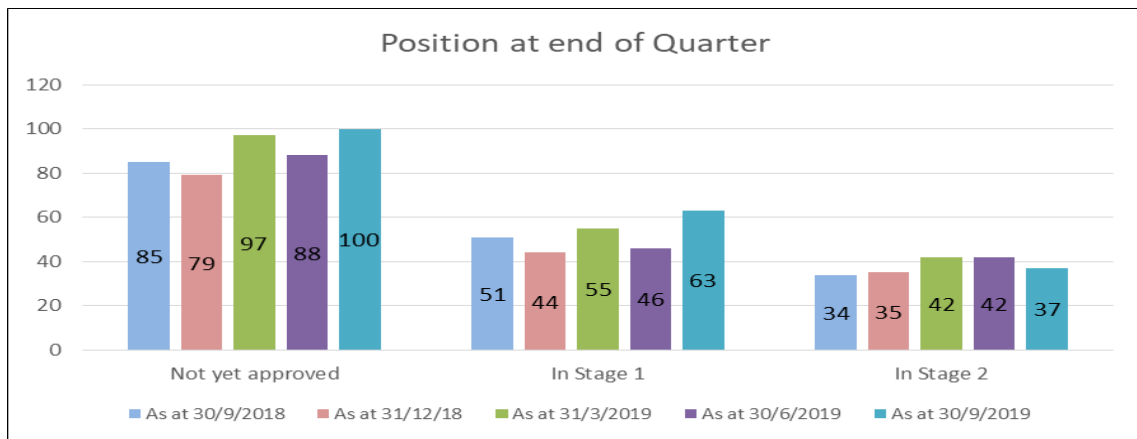

Adopters

During the 2nd Quarter we achieved 30 approvals.

Of the 39 adoptive families who ended Stage 1 in quarter 2, 20 were in Stage 1 for more than 2 months.

Of the 30 adoptive families who ended Stage 2 (Approved) in quarter 2, 11 were in stage 2 for more than 4 months

Delays in stage 1 tend to be regarding getting medicals completed by GP's and undertaking DBS checks in the early stages. Further exploration of those in stage 1 longer that 2 months is underway to clarify the reasons and to explore options for improving the timescales.

At half year 58 adoptive families have been approved,43 have been matched with children, 42 of these being with children from the West Yorkshire region.
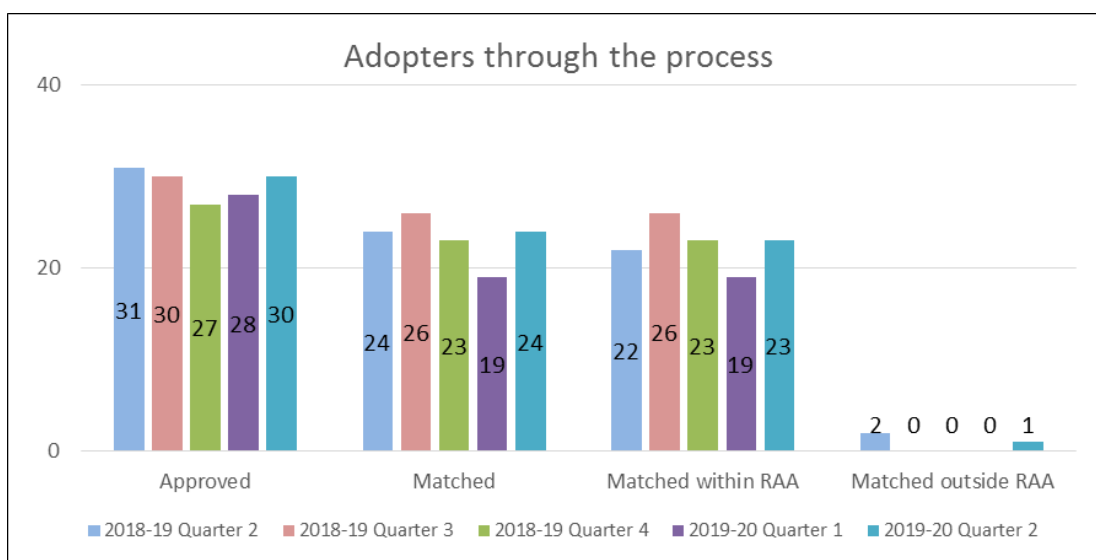

Within the 58 households, 112 individuals were approved throughout. Of these, 11 (10%) are from Black and Minority Ethnic (BME) backgrounds. We need to improve our percentage of BME carers and keep a focus on ensuring that we approve a full range of adoptive families to meet the range of children requiring placement, while at the same time not relying on matching children with regard to ethnic identity as an overriding factor. 6 households were approved for sibling groups and 20 households were open to an Early Permanence Placements. There is still more to do around recruiting adopters for sibling groups, which is reflected in the development of additional training to offer additional support to those considering this.

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

Matched with prospective adopters
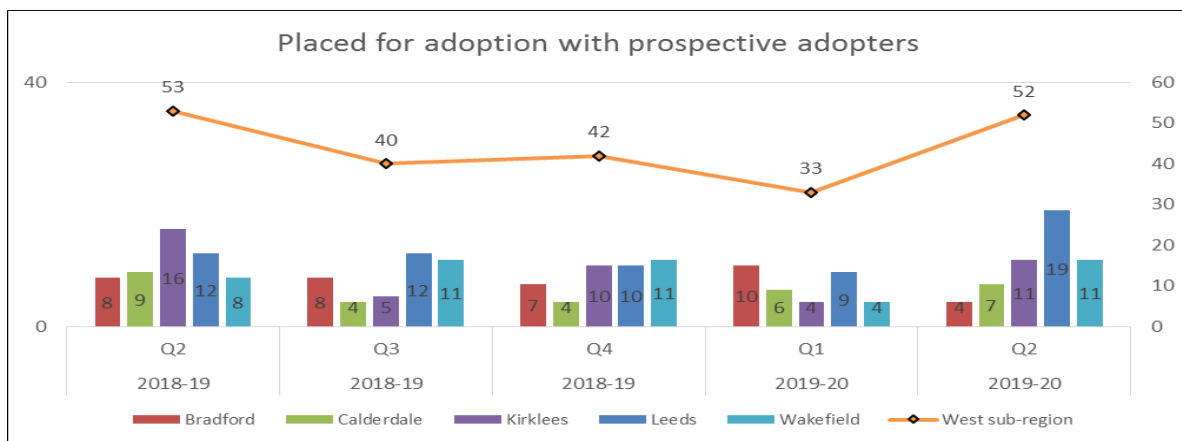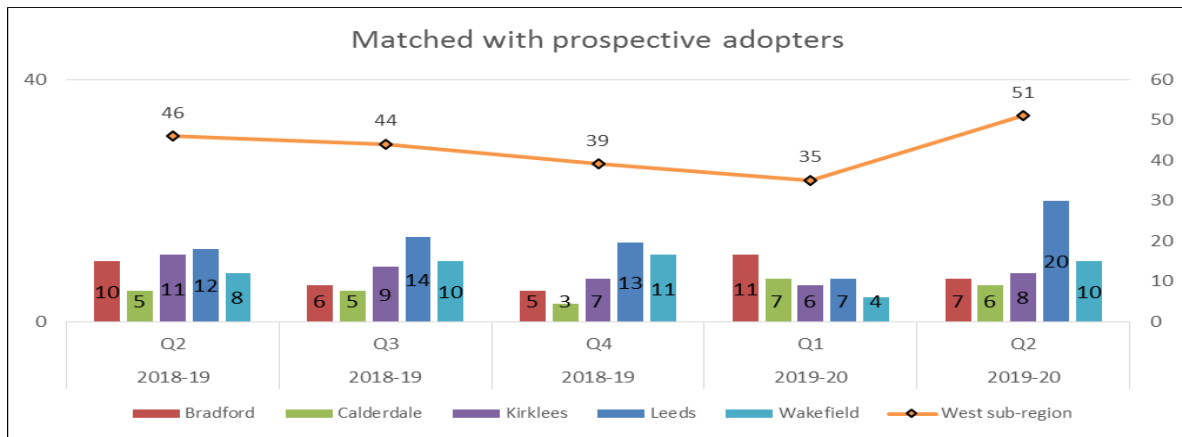
It is clear from these graphs that in the second quarter that there has been an increase in children matched and placed compared to the first quarter. The 51 children matched in quarter 2 includes 27 children who wait longer due to their needs (e.g. over the age of 5 years; sibling groups, BME & children with disabilities).
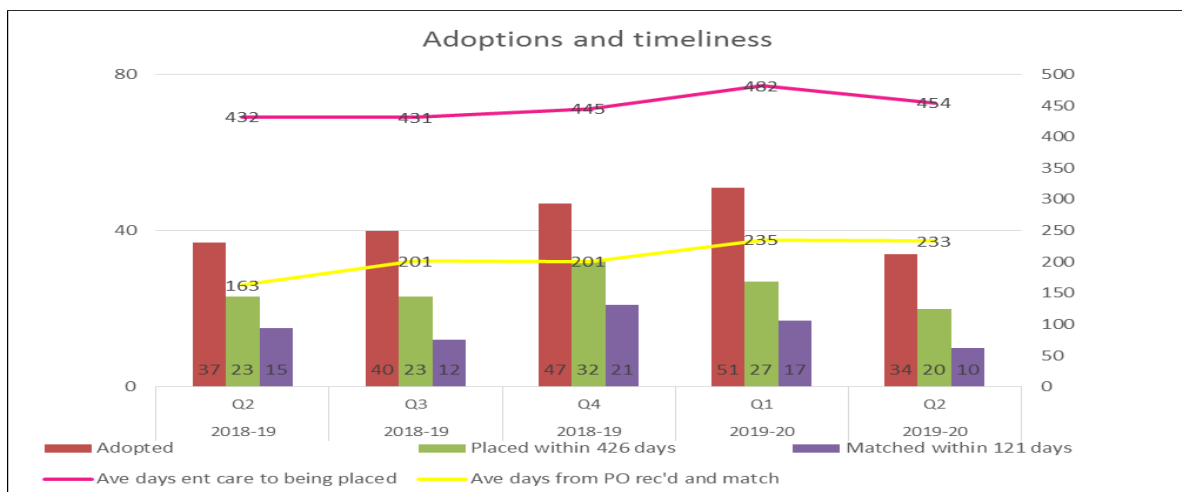
The graph immediately above is with regard to children adopted in the period. The A1 scorecard indicator of children adopted is above national indicator of 426 days as at the end of September 2019.

The A2 scorecard indicator is still above national indicator in quarter 2. Of the 34 children adopted in quarter 2, 19 of these were classed as children who wait longer to match, this affects the overall average timeliness.

A1 indicator of the children placed: (see table below)

This shows a slight decrease in timeliness. However, of the 52 children placed in Q2, 22 children had more than 500 days between entering care and being placed making the average 503 days, without these 22 children it brings the average down to 351.
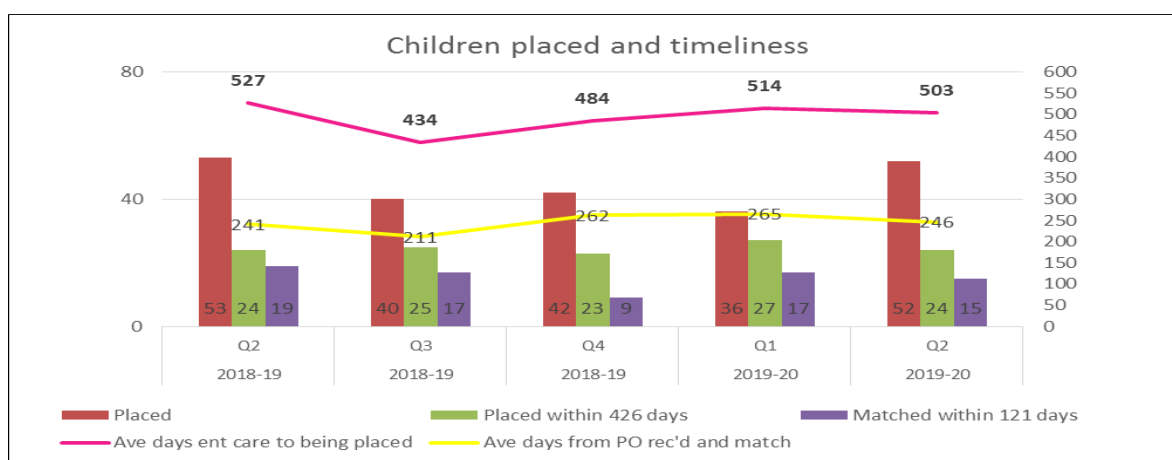
Case examples of all the children placed in Q2:-

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

- 3 were aged 5+ years;
- 22 were part of a sibling group;
- 13 were Black and minority ethnic (BME).

A2 indicator of the children placed:

36 of the 52 children took more than 121 days from Placement Order to match:

- Of the 36, 22 are in the cohort above.

At the end of September 2019, 66 children who have been waiting for at least 18 months since entering care and are not placed:

Of these 66 children, 13 entered care between 2013 and 2016 – this is shared across 4 LA's and all still awaiting a match.

52 are classed as "hard to place" children (5+years old, sibling group, disability, BME), of which 32 have more than one of these characteristics. 14 of the 66 children are however not classed as hard to place so further exploration of these 14, to understand the issues, is underway.

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

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Voice and Influence of Adopters, Children & Young People report Card April 2019 to September 2019

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

Best ideas - what has worked?

The 2019 One Adoption West Yorkshire (OAWY) Annual Adopter Survey

An on-line survey was sent to all OAWY adopters to gather their views on the service we provide. We asked adopters to tell us what we do well, here are some of their responses:

- *We think that the courses you run are important and insightful;*
- *Family finding side support and every dealing has been great, timely, supportive, genuinely care;*
- *Regular newsletter - good source of info;*
- *Opportunities to meet other (prospective) adopters at training events;*
- *My social worker is amazing. She is accessible and extremely helpful when I need her;*

- *We have always found a listening / no judging ear. Supportive when we need it most and encouraging;*
- *Supporting adopted children in school;*
- *Empathy, advice, training, experience.*

We also asked adopters what we need to improve on. One of the main themes picked up was time waiting for support, see comments below:

- *You need more staff so parents can be seen in better time frames;*
- *The time it takes to access support;*

- *The timescales for post adoption support..;*
- *Reducing waiting times for support;*
- *Timescales are excessively long and unnecessary.*

OAWY Fun Days!

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

The June event resulted in 2 matches (1 internal and 1 external) and 16 expressions of interest have been received following the October event. Here are some of the comments from the adopters who attended:

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

Profiling Events

Profiling events continue to be a success in raising the profile of children wating for adoption. 3 have been delivered by OAWY so far this year and have resulted in 3 matches to date:

- April event – 2 matches (2 children)
- July event – 1 match (1 child);
- September event - 1 is progressing for a sibling group of 2 and there

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

- *It's very nice to have event where we can put our interest in;*
- *The staff are very welcoming and helpful;*
- *Good and compact and easy to talk with social worker;*
- *Good venue, well set out.*

Adopter Voice

Adopter Voice continue to influence and help us improve the adoption service. Some of the things they have done are:

- Tested the OAWY website for ease of use and content - the website is now live for adopters to access for information, resources, support groups and events;
- Involvement in developing the new assessment framework training;
- Involvement in developing the new multi-disciplinary team model;
- They have recruited adopted children/ young adults for the prep training from a network of adopters;
- Sought new panel members, specifically male or same sex adopters & balck and minority adopters currently under represented.
- Being involved in staff events to provde perspectives
- Involvement in recruitment of staff with young people from the adopteens group also involved in recruitment of service manager post.

Information Events

Adopters have said our paper system for processing applications is slow. We are changing this and now have an electronic sign-in system for those attending information events. This links to an on-line survey that is sent to prospective adopters after the event so we can capture feedback. OAWY have held 14 information events in the first 6 months of 2019/20 with 215 households attending. Here are some of the views of the prospective adopters attending:

- *Brilliant staff;*
- *Loads of great insight and real life clarity on what to expect;*
- *Was really informative but also a relaxed atmosphere which was nice as was a little nervous at first;*
- *It was great to hear from a lady who has her own adopted child;*
- *The staff hit a very good balance of transparent and frank. And also motivational and compelling;*
- *Everyone were really welcoming, gave us very clear information and put at ease with the process as we were slightly nervous;*

- *It was good to hear from someone who had been through the adoption process and become a parent for the first time.*

Virtual Reality

The use of Virtual Reality (VR) being embedded in to adopter preparation training has been very successful. We have purchased an additional headsets which now means they can be routinely used within individual assessment sessions to support preparation to adopt and are being rolled to be used in family finding and adoption support over the next year. Here are some prospective adopters thoughts regarding VR:

- *Very powerful. Very sophisticated;*
- *The last VR video stuck with me and I learnt there is more to this than what I originally thought;*
- *Great experience;*
- *Very thought provoking..;*
- *This opened my eyes to what looked after children could have been through.*

Brain Based Parenting – Twilight Session

This workshop provides an opportunity to examine the impact of abuse and neglect on children's brain development and explore parenting strategies that best support repair and healthy brain development. The content of the session covers:

- How brains develop pre-birth and in infancy;
- The stress response system (fight, flight, freeze);
- Facing the realities of children's experiences;
- Shame;
- Distressed behaviour;
- The principles of therapeutic parenting.

Here are some of the comments received from those adoptive parents attending:

- *We found the course very interesting and has given us a good understanding of how the brain works and what tools we could use to aid us in been adoptive parents;*
- *It was an excellent session. Very well delivered. The complex and scientific information was presented in clear, creative and informal manner;*
- *The staff were very welcoming & clearly knew what they were talking about when it comes to brain based parenting;*
- *Very useful, informative session.*

Birth Parent – Twilight Session

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

Here are some comments from the adopters who have attended:

- *Contact with birth parents can make such a valuable difference to their lives but also for the child and to adoptive parents. In a very positive way;*
- *The session certainly humanised the idea of birth parents and have an understanding of the kinds of things they have gone through in order for children to be taken from their care;*
- *I felt the ladies were incredibly brave! It made me appreciate how much they rely on the letterbox contact even if they don't feel in a position to reply straight away;*
- *Mixed emotions. Understand from birth parents side now;*
- *I thought that the experience was very powerful;*
- *It's a very powerful experience and I feel it is highly useful for all adopters to meet birth parents and humanise the people whose circumstances mean they lose their children into care.*

Adopteens Timeline Animation

https://youtu.be/ZA-5DCCK-8E

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

Best ideas - what next?

Website Redesign

Over the next few months we will be working with our website developer to redesign the One Adoption website in order to make it more up to date, accessible and user friendly.

Siblings training

We are developing a specific days training programme for adopters to consider siblings to enable more children to live together locally with adopters who feel well supported to meet the needs of two or more children moving in together.