



Shared Care Process & Service Specification

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Content**Page Number**

Shared Care Service – Statement of purpose	2-3
Document 2 Shared Care Service Recruitment plan	4-5
Document 3 Shared Care applicant enquiries procedure: allocation and initial contact process	6-7
Document 4 Shared Care Initial Training procedure (pre-approval)	8-11
Document 5 Shared Care carers Assessment & Approval policy	11-12
Document 6 Shared Care carers assessment procedure and process; – allocation visits, checks & report	12-21
Document 7 Shared Care matching & making placements - procedure and process	22-24
Document 7a,b,c Shared Care - Referrals to the Service from 0-25 Together Service & Brokerage – information document	25-26
Document 8 Shared Care Supporting & Supervising carers procedure and process	27-28
Document 9 Post approval training	28-29
Document 10 Shared Care Carers Review Procedure and process	30-31
Document 10a Shared Care Statutory Checks procedure and process	32-33
Document 10b Shared Care Deregistration procedure and process	34-35
Document 11 Shared Care Reviewing Placements procedure and process	36-37
Document 12 Accommodation Policy	38-41

Shared Care Service – Statement of purpose

The aims of this service are to:

- Recruit, train and assess applicant families/individuals, to become approved short break shared carers.
- Supervise, support, review and monitor approved carers to provide family and community based short breaks to children who have a disability.
- Complete profiles of children referred for the service identifying their day to day needs to inform the matching process.
- Set up and support placement of referred children with identified carers.
- Monitor and review the placements and the carers and take any actions required to identify and support the safeguarding of all those involved in the placement.
- Liaise with other workers and facilitate any required processes to ensure the smooth running of placements to meet the needs of disabled young people accessing short breaks via shared care.

Context

Hertfordshire County Council has a statutory duty to provide a full range of short break services to children and young people 0-25 with Special Educational Needs and Disabilities (SEND) which is sufficient to assist their primary carers to continue to provide care or to do so more effectively.

The Breaks for Carers of Disabled Children Regulations 2011 came into effect in April 2011 and places a duty on local authorities to:

*“Provide short breaks to those who care for disabled children when it would **improve their ability to care** for their disabled child, or when they **could not continue to provide care** without a short break”.*

In addition to Equality and Disabled Persons legislation; Paragraph 6(1) c of Schedule 2 to the Children Act 1989 requires local authorities to provide services to assist the carers of disabled children and 17 .10c and 11 which identify disabled children as children in Need 7 Provision of services for children in need, their families and others. It shall be the general duty of every local authority (in addition to the other duties imposed on them by this Part) (a) to safeguard and promote the welfare of children within their area who are in need; and (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

Objectives

- To offer an accessible, flexible, culturally-sensitive service with a range of options of care.
- To develop the Shared Care service through increasing the number carers who can provide short breaks.
- To provide planned, on-going, short break placements.
- To facilitate a smooth closure of placements for disabled children and young people when they leave the service.

Expected Outcomes

- Increased number of placements, to be achieved by increasing the number of carers who can support the service to provide short breaks with a robust recruitment process.
- Improved lives and resilience for parents and families of disabled children. By ensuring an effective and sustainable Shared Care service parents should benefit from more personal time and opportunities to spend time with their other children and / or other members of the family.
- Children and young people with disabilities feel supported, as do their parents and families. This can be achieved through the following:
 - Increasing their range of experience through exposure to new environments
 - Promoting independent living skills / being less dependent on parents
 - Enhancing social skills and confidence with new people

Document 2 Recruitment Plan - Shared Care Service.

The Shared care team play a key role in recruitment activities throughout the year.

1. A member of the shared care team (recruitment lead) to attend the whole service recruitment group meetings
 - To ensure shared care is robustly considered and represented in whole service recruitment plans.
 - To identify and feedback to the shared care team planned events and activities, and to share developments of new materials.
2. A member/s of the shared care team to attend monthly marketing meetings with recruitment team (CSW and marketing lead)
 - to plan the detail of campaigns,
 - to create, update and edit copy for adverts and leaflets (after team consultation)
 - To identify areas of opportunity for further marketing
 - To record and share details of approaches and resources used.
 - to monitor and review enquiry figures,
 - To record outcomes
3. Members of the shared care team and shared carers (particularly the identified recruitment champions) will attend recruitment open evenings and events held across the county as often as possible to raise the profile of shared care.
 - A recruitment event calendar will be held by the recruitment lead, providing dates and times of events for workers to access and attend. – (on team meeting agenda bi-monthly)
4. Specific campaigns such as Shared Care Week; to be arranged and attended by shared care team workers to raise the profile of shared care in the local community and to target large organisations such as hospitals and other major employers. In addition to a regularity and consistency of recruitment activity throughout the year.
5. The shared care team actively encourage the carers to become involved in ongoing recruitment campaigns, – particularly the identified recruitment champions.
6. The shared care team promote shared care whenever possible to the general public in local communities and partner organisations, via contacts including Libraries, Schools, Fire service, NHS Trusts, Police, Youth Connexions, Community groups such as religious organisations.

7. The shared care team Identify target areas and sources of potential carer pool, For example, groups with skills and previous experience such as nurses or from particular ethnic or religious backgrounds, large local employers and other networks such as parish and county publications and social media groups and pass this information to the recruitment team via the recruitment group/marketing group representatives.
8. The Shared care team to feedback to CSW/recruitment team numbers, quality, suitability and success of events to review and monitor any changes required to type of activity, time, venue etc.

Recruitment Team Activity specifically for Shared Care:

- To Generate more enquiries, via specific advertising campaigns
- To raise the profile of Shared Care through public displays, information talks and by identifying publicity opportunities.
- To be liaise with the recruitment team in respect of information evenings and other events for those interested in becoming Shared carers

Recruitment is a priority: - therefore it is to remain on the Shared care team meeting agenda as a standing item.

Document 3 Allocation of shared care applicant enquiries and initial contact process:

1. Direct enquiries received by the team either at events, from carers recommendations or other sources should be sent to the recruitment team for processing by them and inclusion on the statistics before being returned to shared care team via the team mailbox.
2. All shared care application enquiries for allocation should come from the recruitment team – and any that do not should be sent to them as above. The recruitment team will send an application form to the enquirer before passing the initial enquiry to the shared care team.
3. On receipt of the enquiry – which should be received via the LCS Shared Care work tray or if this is not possible as a scanned electronic copy of the enquiry.– A copy of the enquiry should be forwarded via email to shared care team manager/CSW and included within the agenda for the next team allocation meeting.
4. A copy of the enquiry form should be printed by business support and sent to the allocation meeting. An copy will also be stored in the enquires folder on the shared drive listed by the application date - year and month
5. All enquiries will be allocated to team workers by the manager/CSW, This may be directly to the individual worker (to avoid delay) or at team meeting allocation – all allocations to be noted on the tracker by the CSW.
6. At the allocation section of the team meeting the allocated workers name will be recorded within the team meeting minutes – under allocations. An update of the current allocations shared with the team (from the tracker) so there is a team understanding of who holds which cases, in case of queries.
7. The allocated worker will add their own name to applicants' carer/adopter LCS record as the involved worker for the period of allocation in respect of the initial contact/visits– the worker will need to remove their involvement if the application does not continue and the enquiry is closed.
8. Allocated worker will contact the applicant within 3 weeks of the case being allocated:
 - Worker to check the applicants have an understanding of the role of a shared carer and understand that it is a volunteer position with expenses only – [if the applicant is looking for paid work signpost them to an agency or explain they may be able to find work via direct payments but that we cannot help with this – [if this is the case – close the application,

advise manager and business support so the tracker can be updated with a clear reason for closure]

- Discuss in more detail the applicants understanding of the roles and the attitudes of any other household members in respect of approval, check if there are any issues or concerns that may have a bearing on approval and invite the applicant to disclose these.

1. If applicant wishes to proceed and appears appropriate worker will
2. Undertake in depth check on LCS – looking for entries in respect of all household members that indicate any prior contact and the reason for this – any entries of concern discuss with manager.
3. Make an appointment to undertake an initial visit. Or
4. if training is imminent worker/business support to invite them to initial training and undertake initial visit after the training has been completed to avoid delay.
5. Allocated worker will visit at agreed appointment time and have further discussions with the applicants about how the scheme works; the process of training and approval, what the applicants can offer and any issues or concerns. The worker will gather the information required for the initial visit form, which will be passed to the manager on completion. (See initial visit guidance).
6. If the applicant/s has indicated they wish to proceed, the worker is to advise the business support officer to add the applicant name/s to the 'invite to training' list.
7. If the applicant does not wish to proceed the worker should remove their name from involvements on LCS and close the enquiry and also advise the business support/CSW so the applicant can be included in any statistical returns for that quarter.

Document 4 Initial Training process (pre-approval)

All applicants to the shared care scheme are to be invited to initial training either at the initial visit/interview, or at point of first contact if training is imminent and there is availability, this will prevent delay – and an initial visit can then be carried out subsequently.

All adult household members should be encouraged to attend the initial training – but prior to the completion of a household assessment and approval at least ONE adult member of the household (usually the primary carer) must have attended this training.

Usual route: *Initial contact → initial visit → initial training → assessment*

However this can be flexible and varied if training is imminent following initial enquiry or if a training session has just been held, when most of the assessment could be completed prior to training

Alternative route/s *Initial contact → initial training → initial visit → assessment Or Initial contact → initial visit → assessment → initial training.*

Training Sessions

Training is held as and when required – i.e. as soon as there are sufficient applicants to run a session (numbers can be quite small but a minimum of 4 participants are needed to enable group work.) If individual carers/households are waiting then training materials can be shared with them 1 to 1 to avoid delay in approval.

Training is facilitated by team manager or a senior practitioner/social worker (SP/SW), with a Child Practitioner (CP) as co-trainer and maker of the practical arrangements.

Initial training is 1 full day session or 2/3 evenings – approximately 6 hours in total of face to face training – this is further supplemented by an electronic copy (either emailed or on disc) of additional information for the applicants to view and discuss as part of their assessment.

Areas included in initial training include:

- How the scheme works
- Values and beliefs/identity and difference
- Legislation and policies
- Separation
- Disability awareness-language and stereotypes, models of disability
- Equality, understanding barriers
- Problem solving
- Managing difficult behaviours
- Communication-signs and symbols
- Multi-disciplinary working-who else will carers meet
- What is intimate care

- Levels of risk
- Safeguarding procedures-what carers need to know
- Safeguarding-what needs to be passed on
- Family policy and health and safety in the home
- Participation and inclusion

Actions required to facilitate training

1. Rooms will be booked as soon as the dates are agreed via the electronic booking system:

- a. Where possible use should be made of 'free' rooms such as the child protection suite at Farnham House, rooms with a charge should only be used as a last resort. Rooms to be booked by the business support for the area where the training will take place.
- b. Equipment including projection for PowerPoint and a flip chart stand and paper should also be ordered – and hearing loop should one be required.

2. Names and Addresses of applicants will need to be identified from the awaiting training list by Business Support Officers once training dates are set – and checked with the team members for accuracy. Invitations will then be prepared and sent by the business support for the area where the training will take place:-

- a. These invitations should include:
 - Dates and times of the sessions,
 - An accurate map and directions to the venue and parking arrangements,
 - A return slip and an SAE for the applicants to confirm if they are able to attend and the number of people attending.
 - An opportunity to identify on the return slip there are any additional needs such as dietary, accessibility etc.
 - Emergency contact information i.e. name and telephone number (mobile) of one or more of the trainers so the applicants can make contact on the day if necessary.

3. Lunch and refreshments will be ordered and brought to the venue by an identified team member:-

- a. Lunch is provided on Saturday, refreshments at evening sessions. Applicants will be invited to identify if they have any dietary or other specific needs i.e. hearing loop, mobility issues etc. when responding to training invitation.

4. In the week prior to the training business support to contact all those invited to confirm attendance.

5. Leader and Co-facilitator to check resources, (including powerpoint) to ensure that they are current and there are sufficient materials for each attendee

- a. These should be placed in prepared 'packs' i.e. folders containing paper, pens, handouts/exercises for each session and feedback sheets
- b. Business support to prepare applicant attendee list x2 (one for reception and one for signing in.)

Training methods and approaches

The training is delivered by a variety of approaches, to include and encourage attendees to contribute as fully as possible by enabling applicants who access learning in different ways the opportunity to participate in a way which is comfortable for them. Methods include; information via presentation –verbal and PowerPoint, supported by hand-outs; small group work- joint exercises and discussion; larger group discussion; and individual working. We do not include any role play as we have found that many applicants dislike this form of training – there is however an opportunity to try out communication methods including signing and drawing.

At the sessions

- Lead trainer and Co-facilitator to arrive at the venue at least half an hour before the applicants are due, to prepare the room and materials, including basic refreshments.
- Explain to applicants house-keeping rules for the building i.e. location of fire exits, toilets and other facilities, arrangements in respect of mobile phones (usually suggest vibrate – but allow phones to stay on as many applicants may have other caring responsibilities – suggests applicant leave the room should they need to take a call)
- The lead trainer should advise the applicants that discussions in the training sessions are confidential – however any safeguarding concerns will be raised and acted upon.
- Lead trainer to explain to the applicants that they are being observed and their input can feed into the continued assessment process, however they should not allow this to prevent them from asking questions or raising issues as this is a learning forum and there is no expectation that anyone present will have all the answers.
- At the end of the sessions give the applicants feedback sheets so they can comment on what they gained from the sessions, any further information they require and any suggestions for changes or improvements.
- Advise the applicants that they should confirm with the team if they wish to pursue their application or would prefer not to at this time (some applicants will do so at the session). Further advise them that a worker will be in touch to start

(or continue) the assessment process when allocated, however it may not be possible to offer a specific timescale for this.

- Check that all applicants have contact details for the shared care team admin; telephone, address, and team mailbox.

Following the training

1. Ensure that the room is cleared and all training materials are repacked and returned to storage at either Apsley or Farnham. Inform trainer/s if any feedback suggests changes are required to materials.
2. Trainers to pass signing in sheets to business support so that attendance can be noted and added to the applicants LCS record.
3. The lead trainer/co-facilitator to write a short report about the applicants' participation in the sessions, to be included in the assessment. – This report and the applicant feedback to be passed to the assessing worker.
4. Any issues identified during training which may require further exploration to be raised with the assessing worker and recorded on the applicants LCS record. If only one adult member of the household has been able to attend the training, advise the assessing worker that they will need to check the other applicant's knowledge and understanding of the main issues such as safeguarding and comment on these in the report.
5. Trainers to review materials between each session to ensure they remain current.

Document 5 Assessment and approval policy - shared care

- 1) All applicants to the shared care scheme will have an in depth analytical assessment of their skills, abilities, strengths and areas for development before approval.
The assessment will be proportional and tailored to the service offered
 - a) **A sitting service assessment** (caring for the child in their own home, or the community) this will focus on the individual applicant specifically and not their home, household or other family members.
 - b) **A day care assessment** (caring for the child in the applicants home and/or in the child's home/community for day care only) – a reduced version of the overnight assessment –e.g. address chronology for only last 10 years, education history secondary school/college and relevant qualifications – no addresses required. Information about the applicant's home and other household members will be included.

- c) **A shared care overnight (foster care) assessment** (caring for the child in the applicants home/the child's own home/or in the community for short breaks which may include overnight stays) a full shared care assessment will be completed including an address chronology as an adult and education history from age 11. Information about the applicant's home and all other household members will be included.
- 2) Assessments types a) and b) may be completed by any member of the shared care team these will then be proof read/quality assured by the Consultant Social Worker and any amendments made before they are passed to the Head of Service for Approval. Assessment c) will be completed either by qualified social workers or by student social workers/ child practitioners "under the direct supervision of experienced social workers, who are accountable for their work" (National minimum Standards NMS – STANDARD 23 – Learning, development and qualifications - 23.6 and 23.7). These assessments will also be proof read/QA before being submitted to the panel process.
 - 3) Assessment types a) and b) – shared care sitting assessments and shared care day care assessments will be presented to the head of service for approval – and do not require the presentation of the assessment to the fostering panel. These carers are approved under the short break statutory guidance section 4.9 (2010) as it is recognised that the children using these services are not 'looked after'. These carers are known as shared care short break sitters and shared care short break day carers.
 - 4) Assessment type c) overnight short breaks in the carer's home will be approved by presentation of the report to the fostering panel; the applicants will be expected to attend unless there are genuine reasons evidenced why this would not easily be achievable. The assessment report is specific to short break shared care and has been designed to highlight the skills and abilities required by applicants looking to offer this service. It fulfils the requirements of the fostering regulations and fostering minimum standards (2011), being proportional and targeted as per the short-break guidance.
 - 5) The process for presentation of the assessment reports is covered with the shared care assessment procedures.
 - 6) All applicant households will have had at least one adult who has completed the initial shared care training prior to the completion of the assessment and approval.
 - 7) Any complaints or disputes in respect of the approval process will be dealt with via the panel appeals process or the county complaints procedure as appropriate to the issue and type of approval.

Document 6 Assessment procedures and process shared care:

Allocation, Checks, Visits, and Report.

1) Assessment to be allocated to worker by manager/CSW, recorded in supervision on the workers supervision notes.

- (allocation of assessment will usually be after completion of initial training – but may be prior to initial training if there would be significant delay as a training had just taken place)
- Allocation of assessment will often be to worker who completed initial visit but not always to ensure workload remains equitable and manageable across the team

2) Confirmation of allocation at team meeting (allocation section of meeting –)

- Allocation to be noted by business support/minute taker in team meeting allocation minutes.
- Worker to update professional involvements on LCS and add themselves if required.

3a) Worker to make contact with applicants as soon as possible after allocation (but within 3 weeks at least) and arrange the initial visit/first assessment visit. Worker to make contact attempts initially via telephone and email.

3b) If no response is received within 2 weeks of attempted contacts:

- A letter should be sent via Business Support asking if the applicants wish to pursue their application giving a date by which they must respond or the application will be closed
- Worker should continue to attempt contact via telephone and email during this period to ensure the applicant is given every opportunity to continue the process.
- If no contact is received by the date included in the letter the case will be closed and archived.
- Closure will be raised at allocation meeting to be noted by business support for statistical returns
- Worker will remove themselves as professional involvement on LCS.

4). At first visit – explain the assessment process, references, checks and information that will be sought (see Appendix 1) – Check if the applicant/s are applying as overnight carers or daycare/sitters – as the latter is a reduced assessment ensuring that safeguarding is addressed, but proportional to the tasks involved.

- ask applicants to complete a 'consent to check form' – pass to business support to upload

- Ask applicants to start identifying contact names and address for references, medical etc.
- Make subsequent appointment/s to continue assessment and complete checks i.e. DBS/.
- ask applicants to complete an address chronology for the last 10 years if sitting or daycare and from 18 if an overnight assessment, this will be needed for the DBS check but will also enable us to carry out local authority checks in other areas if they have lived outside Hertfordshire during this period.

5) At subsequent visits – follow the assessment documentation prompts for the chosen path and collect a suitable amount of information to address these. This may include:

- information in respect of genogram (family tree)
- Eco-map (network of support)
- Personal history of applicant/s – including their attitudes towards this, identifying any issues or particular strengths.
- Education – attitudes towards this and any relevant qualifications/experience
- Employment - attitudes towards this and any relevant experience
- Relationship history – ask applicant/s (during individual interviews), if they have ever been in a relationship that has been abusive or violent this could be either within the birth family or any other relationship i.e. with friend or partner– explore what happened and how they managed the circumstances if a disclosure is made.
- Details of any children in the household
- Details of any other household members or significant visitors to the household
- Explore with applicants attitudes and evidence of competency in respect of diversity, safeguarding, child development, confidentiality, etc. as per the section on the assessment format.
- Direct interviews/discussions/observations of any children of the household to ascertain their understanding of shared care, what their level of involvement will be and how they feel about this.
- Other household checks e.g. Health and safety and pets assessments where required.

6) The worker will then write a holistic assessment report based on

- information shared and gathered during the interview visits including:
 - The worker's own observations of interactions and dynamics within the family and the presentation/attitude/demeanour of the applicant/s
 - Information gained through discussion in respect of beliefs, values, attitudes and evidence to support these – examples from their experience.
- third party feedback from referees

- feedback from initial training
- and any other information that can provide evidence towards their potential to become competent carers (employment and education history, attitude to schooling, any adult or further education)
- Feedback from children/s schools/health visitor as required.
- Carers medical or health declaration

The worker will offer an in depth analysis of these findings, outlining the strengths and areas of development for the applicants against the carers core competencies. Assessments for overnight care will be more detailed and in depth than those for day care or sitting as the child will return home on each occasion after short visits and therefore information is required to assess the competence and safeguarding of that type of placement only.

The report writing can be done either after each visit or following completion of information gathering, depending on workers preference, however after each visit may be more useful as it will highlight any information that needs further discussion or identify any areas of omission.) Giving the applicants the report to read during the process may also trigger them to provide additional information and will allow them to correct any inaccuracies as they occur.

7) If workers identify any areas of concern or issues that they think will be difficult to discuss with the applicants i.e. disclosures of abuse or domestic violence, criminal convictions, recent bereavement, infertility treatment, then they should seek supervision and guidance on how to approach the issue and what information is needed to ensure that the subject is suitably addressed and any safeguarding/welfare concerns identified and managed.

8) The worker will identify in discussion with the applicants to number and ages of the children in respect of matching. The worker will write a summary and recommendation identifying the most salient information and highlighting any issues that merit particular consideration, offering a clear recommendation for approval and reasons for this. (If any of the applicant household smoke, children placed must be aged 5 and over) - often a broad age range is appropriate in shared care as many relationships may last for years and it should also be remembered and recognised that many young people who have a disability may not function at their chronological age, therefore careful matching and introductions can be noted as part of the recommendation.

9) During the assessment process statutory checks will be undertaken which include:

- DBS (Data and Barring Service check)
 - The worker will visit the applicants having informed them of the necessary ID requirements – see Appendix 1 and will complete an ID

check and where possible undertake via

<https://hertfordshire.disclosures.co.uk> a DBS check part 1 – as the document details need to be entered on the system. If all the applicants are present Part 2 may also be completed by the applicants and the DBS sent for processing. If the applicants are not present a notification will be sent to them via email to complete Part 2 – This is a separate notification for each applicant (take a note of the password given as this enables the account to be re-entered)

- Advise applicant that all offences must be disclosed, including motoring offences but excluding parking fines. – Juvenile records should also be disclosed as this is an enhanced check and any juvenile record is likely to show.
- Ask the applicant if they are going to be making any disclosures and if so are they prepared to share what these are so a discussion can be held in respect of the possible issues or barriers they could present to the assessment continuing.
- **Health Checks with own GP for overnight applications only (AH1 form)**
 - Ask business support to send the applicant an AH1 for them to complete the first (applicants) section B – the applicant can either return to the assessing worker on a visit or return to business support by post, with the names and addresses of the GPs for each applicant.
 - Request the business support worker to send out medical request letters and the applicant completed forms to the GP with a T10 for payment. Ensure the GP details have been passed to the business support worker if not on the AH1.
 - Advise the applicant that they should make an appointment with their GP (stating it is for a carer's medical – as they are often held outside main surgery hours) and attend at the appointed time.
 - The GP surgery should return the medical to business support with the T10 for payment, the business support should advise the worker that it has been returned back to us but forward on to the county medical advisor for comment
 - When the medical is returned from the medical advisor their comments should be noted on the assessment for – as a 'direct quote' – the worker should offer analysis or comment on any issues raised. The completed AH1's are not part of the panel papers and should not be included.
- **Health declaration by applicant/s for daycare and sitting service applications**
 - Ask applicant to complete health declaration form accurately and honestly and include any present or past health issues of concern.
 - Worker to discuss with CSW if anything significant is disclosed to decide if and AH1 medical is required as for overnight carers.
- Other reference checks; including:
 - Personal and employment references,

- **For overnight applications** ex-partner references if there were children of that relationship,
- **For overnight and daycare applications** school checks on children of school age and health visitor checks on any children under five.
 - Contact details for each required referee should be passed to the Business Support Officers.
 - The business support officers will send the appropriate reference request for each applicant and each type of reference to those referees.
- Other agency/local authority checks
 - These will be made via the in house computer records to ascertain if the applicants have been previously known to the department – and if so, on what basis – any records found will be investigated and discussed in respect of their content.
 - If the applicants have lived outside the local authority in the last 10 years, enquires will be made of the local authority where the applicant/s resided, to see if they are known to the social care agency in that authority.

10) During the assessment thought should be given to the appropriate approval process.

- If the application is for the sitting service or day care then the assessment will be read and agreed by the team manager and head of service and approved by the head of service if the applicants are felt to be suitable. Once this decision is made and the report signed by the head of service, the worker will request a letter from business support to inform the applicants of the decision in writing. This will be sent as part of a welcome letter from the team signed by the shared care manager, where possible identifying the allocated supervising worker.
- If the application is for overnight care at the carer's home then a fostering panel date will need to be booked – these should be booked ahead of time – although cancellation slots can be available.
 - Initially a date is offered only – a time will be given later
 - Panels are held at both Apsley and Farnham
 - Applicants are expected to attend if at all possible – and a clear reason offered if they are unable to do so.
 - The panel admin can be contacted on fosteringpanel.administrator@hertfordshire.gov.uk to request a date – explain it is for a shared care approval and give the names and addresses of the applicants as they will be sent a letter by the panel admin at a later date inviting them to attend.

- Panel is to be attended by assessing worker, if this is a Children's Practitioner they will be accompanied by either the manager or social worker from the shared care team.
- If applicants are not present at the fostering panel they should be informed of the decision by their assessing worker as soon as possible afterwards. Subsequently all applicants will be notified in writing by the Agency Decision Maker of the panel decision. (If there is any dispute in respect of the recommendation/decision there is an identified appeals process with the fostering regulations). A welcome letter should also be sent to applicants from the team signed by the shared care manager and where possible identifying the supervising worker.

Appendix 1 – Checks to be undertaken

Statutory checks

- references personal
- references employment
- health visitor if the applicant has children under five (not sitting)
- Schools of any child in the household (not sitting)
- Ex-partner of either applicant if there were children of that relationship (not sitting)
- Local authority check - Hertfordshire
- Other local authorities check if applicants have lived outside the area in the last 10 years.
- DBS Check
- Medical for overnight applications – health declaration for daycare/sitting, if any issues are identified by applicant then full medical will be completed also.

Other checks

- health and safety check on the home (not sitting)
- Pets assessment if required (not sitting)
- Fire safety (not sitting)
- Car – MOT and insurance and service – Mot can be checked online.
- Risk assessment of individual if any trace on DBS

DBS checks and guidance including what documents are suitable Identity Documents suitable:

All documents used as proof of identity must be originals and not copies – there are 3 routes as noted below

The documents required will be dependent upon the route the application takes. The applicant must try to provide documents from Route 1 first.

DBS

Route 1

The applicant must be able to show:

One document from Group 1, below 2 further documents from either Group 1, or Group 2a or 2b, below. At least one of the documents must show the applicant's current address.

Route 2

If the applicant doesn't have any of the documents in Group 1, then they must be able to show:

one document from Group 2a 2 further documents from either Group 2a or 2b. At least one of the documents must show the applicant's current address. The organisation conducting their ID check must then also use an appropriate external ID validation service to check the application.

Route 3

Route 3 can only be used if it's impossible to process the application through Routes 1 or 2.

For Route 3, the applicant must be able to show:

a birth certificate issued after the time of birth (UK and Channel Islands) one document from Group 2a 3 further documents from Group 2a or 2b. At least one of the documents must show the applicant's current address. If the applicant can't provide these documents they may need to be fingerprinted.

Unusual addresses

The applicant must make sure they give their address correctly if they have had an unusual address, i.e. if they live abroad, in student accommodation or a hostel.

Group 1: Primary identity documents

Document	Notes
Passport	Any current and valid passport
Biometric residence permit	UK

Document	Notes
Current driving licence photo card - (full or provisional)	UK, Isle of Man, Channel Islands and EU
Birth certificate - issued within 12 months of birth	UK, Isle of Man and Channel Islands - including those issued by UK authorities overseas, for example embassies, High Commissions and HM Forces
Adoption certificate	UK and Channel Islands

Group 2a: Trusted government documents

Document	Notes
Current driving licence photo card - (full or provisional)	All countries outside the EU (excluding Isle of Man and Channel Islands)
Current driving licence (full or provisional) - paper version (if issued before 1998)	UK, Isle of Man, Channel Islands and EU
Birth certificate - issued after time of birth	UK, Isle of Man and Channel Islands
Marriage/civil partnership certificate	UK and Channel Islands
HM Forces ID card	UK
Firearms licence	UK, Channel Islands and Isle of Man

All driving licenses must be valid.

Group 2b: Financial and social history documents

Document	Notes	Issue date and validity
Mortgage statement	UK or EEA	In last 12 months
Bank or building society statement	UK and Channel Islands or EEA	In last 3 months
Bank or building society account opening confirmation letter	UK	In last 3 months
Credit card statement	UK or EEA	In last 3 months
Financial statement, for example pension or endowment	UK	In last 12 months
P45 or P60 statement	UK and Channel Islands	In last 12 months
Council Tax statement	UK and Channel Islands	In last 12 months
Work permit or visa	UK	Valid up to expiry date

Document	Notes	Issue date and validity
Letter of sponsorship from future employment provider	Non-UK or non-EEA only - valid only for applicants residing outside of the UK at time of application	Must still be valid
Utility bill	UK - not mobile telephone bill	In last 3 months
Benefit statement, for example Child Benefit, Pension	UK	In last 3 months
Central or local government, government agency, or local council document giving entitlement, for example from the Department for Work and Pensions, the Employment Service, HMRC	UK and Channel Islands	Issued in last 3 months
EU National ID card	-	Must still be valid
Cards carrying the PASS accreditation logo	UK, Isle of Man and Channel Islands	Must still be valid
Letter from head teacher or college principal	UK - for 16 to 19 year olds in full time education - only used in exceptional circumstances if other documents cannot be provided	Must still be valid

Document 7 Matching and placement process - including completion of Child Profile and risk assessment if required.

- 1) The worker allocated to complete the profile should contact parent to offer additional information about the service if required and explain the purpose of a child profile – arrange to either send the blank profile for to the parent for completion or arrange an appointment to meet and complete the child profile form together.
- 2) Complete child profile – pro-forma to be completed by the parent if they feel confident to do so or jointly with the parent if they need support to achieve this – where possible the young person should be encouraged to take part in this process to identify their preferences and choices and have these recorded – A shortened version is available for SBLO placements which can also be used for daycare/sitting arrangements as details of overnight care are not needed.
- 3)
 - a. Check profile, if completed by parent, to see if it contains all the necessary information to provide a carer with a good understanding of the child’s needs and preferences and will offer additional information in respect of identifying a suitable match.
 - b. Send or visit parent with completed profile if compiled by worker to check for accuracy and clarification of any areas of doubt and ensure it provides sufficient information as in a).
 - c. Identify if any areas of risk have been identified in the profile or original referral that will require the completion of a risk assessment and risk reduction management plan
- 4)
 - a. Ask business support to add child to team meeting agenda unless a match has already been identified.
 - b. Discuss child profile in team meeting to explore what carer vacancies are available that would match the needs of the child
 - c. Send profile to shared care team workers who think they may have a suitable carer.
- 5) The supervising worker for the carer to send/take child profile to the carer and discuss the possibility of a potential placement. The supervising social worker should ensure they have as much up to date information as possible to share with the carer – and identify with the profile completing worker and allocated worker if there are any particular issues that need to be noted or assessed for additional risk.

- 6) The supervising worker for the carer should advise the team allocation meeting, the brokerage duty provision team and the child's allocated worker in respect of response from the carer and next steps –
 - a) If the carer doesn't feel able to offer a service then the worker should inform the rest of the team at an allocation meeting to see if an alternative carer can be identified – if so the process would then restart from No. 5) above. – if no alternative carer can be identified then this should be recorded in team meeting minutes and the referral should be returned to the brokerage duty provision team by email from worker or business support with an explanation of the reasons why a carer cannot be identified at this time. Additionally feedback of placement status will be on team feedback to brokerage following the business team meeting
 - b) If the carer feels this is a placement they could support, the supervising worker should inform the team at allocation meeting – (to be recorded on Team meeting minutes) and inform the duty brokerage team and the allocated worker – as introductions are arranged updates should also be sent.
 - c) The allocated worker for the carer should make contact with the parent and negotiate for a mutually convenient time and place for them to meet the carer – this is likely to be individual to each introduction depending upon the needs of the child/family and the type of placement being offered.

- 7) The introduction process will need to be specifically planned to meet the needs of the child and also consider the availability, expectations and ability of the carers and the family – the supervising worker needs to remain alert to any concerns or issues raised or displayed by any member of the group and address these to ensure the introductions proceed smoothly.

It should be noted that this is the part of the process that parents find the most difficult – whilst they recognise that they and their child need support – take the step to allow another carer or family to be directly responsible for the care of their child is often very difficult and may lead to some ambivalence – the workers and carers need to show understanding but also ask for assistance from the child's allocated worker if this is blocking the placement from continuing. – Workers should discuss any such issues in supervision.

- 8) The shared carer worker should set up Initial introductions this may take place at the carers home, the child's home, the child's school or other suitable environment as advised by those involved – sometimes a parent will want to meet a carer first – before the carers meets their child – again it is important to try and facilitate these requests as they reassure the parent and child that their needs and preferences will be acknowledged and where possible addressed. Often it is useful for the shared care worker to be at the initial meeting – but

occasionally if parent and carers are confident they may feel able to arrange this meeting themselves.

- 9) A plan of introductory visits should be made and any additional risk assessments, additional training, OT assessments, provision of equipment or other action required to facilitate the placement carried out and put in place. Duty brokerage and the child's allocated worker should be updated with progress and any required input during this period.
- 10) If a risk assessment is required this should be completed by the carers supervising worker, gaining insights and information from the parents/school or other care givers where appropriate to give a clear picture of additional risks, potential triggers, or identified areas of concern. An assessment of the level of risk, if and how this can be safely managed should be noted along with any strategies that the carer may need to employ to reduce the risk in placement and keep the young person and themselves safe. The risk assessment should be reviewed regularly (when the placement is reviewed) or if any changes occur which effect the risk level i.e. changes to school/home/puberty/health etc.
- 11) Once an agreed number of visits have taken place and each participant is positive about the progress, a placement agreement meeting should be held if required to identify and record the placement plan and arrange forthcoming dates to review and monitor the placement progress. If the placement is SBLO or very straightforward a meeting may not be necessary and a note can be made of the structure of the visits on a placement plan and circulated to those involved. The allocated worker managing the placement should decide if a meeting is needed to facilitate the continuing placement or enable the carer and parent to make the arrangements with minimal intervention if they are willing and able to do so.
- 12) The duty brokerage team should also be requested by the carers supervising worker to raise a Personal Resource Plan (PRP) – which should have the placement start date recorded as the date of initial introduction to enable the carer to claim from then, it will also inform finance that the placement is live and the carer can be paid their expenses. – Please note SBLO placements of 40 hours have an additional 4 hours added to the PRP for introductions – this has been agreed by Head of Service and Brokerage Manager.

Document 7a Referrals to the shared care service: – Information for Brokerage and 0-25 Together Teams

What is needed, what the process is and how long it will take, what needs to be considered.

- 1) All referrals to the shared care service for family based placements or community support will be via the brokerage service and a completed service request form (SRF) approved at 0-25 resources panel or by Head of Service (HOS)
- 2) Discussions about likely availability of an appropriate match, skills levels of available carers and suitability of a referral for a family based service may be held with members of the shared care team but do not constitute a referral.
- 3) Once a referral has been accepted by the team as suitable for a match to be sought a shared care worker will contact the family for further discussion about what the service offers and to make an appointment to complete a child profile.
– A child profile is a document which records a child's day to day needs and preferences; likes and dislikes, fears, phobias and allergies, behavioural issues and methods of management, sleeping patterns, personal care, medication administration, meal time management and any identified/chosen activities to provide individualised information to and enable the identification of an appropriate and suitable match.
- 4) This process cannot always be completed immediately due to the availability of the workers and the family, but will be undertaken as soon as possible after allocation.
- 5) During and following the completion of a child profile the team will discuss the needs of the young person and identify if a potential match is available. If a suitable match cannot be identified this will be communicated to the 0-25 SEND Brokerage Team as soon as possible so alternative provision can be sought.
- 6) If a carer is identified as a potential match and they are willing to offer a service to a particular child after reading the profile and discussing with their worker, they will offer availability for an initial meeting and the process of introductions to begin – the worker will inform 0-25 SEND Brokerage that this is happening.
- 7) This part of the process can vary a great deal in respect of the amount of time it takes as it is paced to meet the needs of the child but also has to be arranged in respect of the carer/s availability. Most carers are volunteers and most receive no payment for their services (other than re-imbursment for expenses) therefore demands cannot be made of them in respect of availability or time commitment.
- 8) Requests for attendance at meetings, completion of paperwork and other input should be made as far in advance as possible and in discussion with the shared care team worker. Carers will often attend if possible or send reports where they are able and willing, verbal feedback may be sought via the shared care worker if this is not possible.

Suitability of Referrals to the Shared Care Scheme.

To ensure suitability of referrals to the shared care scheme, the following considerations need to be made.

- The placements are family based and generally in the carers home or in the community and sometimes in the child's own home – this means the child's needs and behaviour must be safely manageable in these environments by a single carer (some caring families are couple/pairs but it cannot be guaranteed that both carers will always be available).
- It should be remembered that most shared carers are volunteer carers and not staff of HCC or other agencies, they are not taking on paid work – therefore the frequency/time needs to be of an amount that would be suitable for this type of commitment – daily input is unlikely to ever be possible.
- In respect of managing need in the home or community based caring environment children who display the following behaviours and have the following needs are unlikely to be suitably placed in shared care and would be likely to need an alternative provision.
 - 1) Children who display high/frequent levels of aggression and violence either to others or towards themselves which does or may result in significant injury to self or those around them. - Occasional outbursts could be managed, but the safety of the child, adult and any other members of the household needs to be addressed.
 - 2) Children who display high/frequent levels of destructive behaviour or who regularly damage or try to damage property or take actions that could do so and may additionally also place them at risk i.e. deliberately throwing, breaking, or smashing items, hitting or kicking furnishing and the fabric of the building – windows/doors, smearing faeces or indiscriminate urination around the house.
 - 3) Children that display high levels of risky behaviour that could not be safely managed in a family or community based environment i.e. setting fires, frequent absconding, running with no awareness to personal safety, significant and overt sexualised behaviour. (Some sexualised behaviours can be managed in shared care placement and have been – however a robust risk assessment would be required and need to be in place to manage the risks.
 - 4) Children who have moving and handling needs that require the assistance of more than one adult carer – whilst some of our carers have the skills and equipment to undertake some moving and handling young people that have levels of need which require 2 or more carers for safe moving and handling are not suitable referrals for shared care.

All children and young people that have moving and handling needs and any other identified risk will have the placement at the shared carers assessed for safety and suitability before it starts (a completed risk assessment and management plan)– with regular review to ensure it remains safe and suitable, as part of the CIN meeting.

Document 8 Supporting and Supervising approved shared carers:

Each Shared Carer has an allocated supervising worker responsible for ensuring that the Shared Carer is well supported to meet the needs of children/young people in placement. Formal supervision takes place in accordance with the National Minimum Standards for Short breaks for the volunteer shared carers - a minimum of one formal supervision visit and one other visit which will include supervision and the completion of the carer's review - Additionally a minimum of one annual unannounced visit to carers approved as offering overnight placements.

Further contact will be achieved by a combination of home visits and/or telephone calls/texts every 2/3 months - or more frequently if required, depending on the care package in place and any other identified issue requiring additional support.

Shared Care plus Carers are visited on a monthly basis for supervision due to the number and complexity of their placements.

Supervision visits for all carers will be recorded on a pro forma and signed by both parties, the carers retaining a copy with the original scanned onto the carer's LCS record. The visits are to discuss placements and any issues arising from them, the carer's and their household – including any changes or issues likely to affect their caring role, the carer's development and training and other support needs, annual leave, any recruitment or other support activity. The carers should to keep a diary or notes of any significant events which will be recorded on LCS as they are communicated to the worker.

The supervising worker is available for help and advice at other times, and where not available the any member of the shared care team will offer advice or if outside of normal working hours the out of hours service will provide support.

The shared care service is responsible for advising brokerage in respect of any new placements, changed placements or ceased placement to ensure Shared Carer's claims receive prompt payment. Carers should be encouraged to make claims regularly and to ensure all claims for the current financial year up to the end of March are submitted by early April. Allowances are reviewed annually by the finance team, any increase or change should be communicated to the carers by a mailshot (via email where possible)

Support Groups are available for Shared Carer Plus Carers; these carers are invited to attend at least 2 per annum where possible.

Shared Care Supervising Workers can gain access for the shared carer to a designated community nurse who will provide advice and training on a full range specialist medical/disability issues where appropriate for the child/young person in

placement. – Training to meet the needs of individual children can be provided by the NHS Continuing Care Team, by carers best known to the child.

Hertfordshire County Council will purchase individual membership of Fostering Network for all approved overnight Shared carers if required – i.e. if an allegation should be made. Shared care plus carers are automatically funded yearly by the Family Placement Service for membership to the Network.

In the event that a Shared Carer is subject of a child protection allegation against them, they are advised of their right to access general support from Fostering Network. In addition we are able to spot purchase more specific support for shared carers if required on a case by case basis.

Document 9 Post approval training

Recommended Training for Shared carers to be completed in their first year.

- *Moving and Handling Training* – thereafter yearly moving and handling updates are required for all carers caring for child with physical disability.
- *Safeguarding Training* – to be updated as and when required thereafter.
- *Basic First Aid training* – to be renewed every 3 years.
- *E- safety*
- *Record keeping*
- *Training, Support and Development Standards for short break carers (TSD)* evidence handbook should be undertaken with carers providing overnights during the first year of approval or as soon as is practicable thereafter but by 18 months post approval. This is a requirement if they wish to be paid at level 2 foster carers rate for emergency fostering placements.

Shared Carers can be setup for online training e-learning – online accounts for carers are setup by the Learning and Development Team at the request of the carer/supervising worker.

Ongoing Training

Evidence of Training and of transferable skills gained through other employment/ voluntary work can be included on the review/ training record. It can also provide evidence for TSD workbook.

The business support officers to circulate the Learning & Development Programme to Shared Carers (by email where possible), copies should also be emailed to staff team.

Training must be discussed regularly as part of supervision.

Main pieces of Legislation, policy & Guidance which affect Shared Care include:

- Short breaks Statutory Guidance: safeguarding the welfare of disabled children 2010
- Fostering Services National Minimum Standards
- Fostering Services Regulations 2011
- Arrangements for Placement of Children (General) Regulations 1991
- Review of Children's Cases Regulations 1991
- Children Act 1989.
- Care Standards Act 2000
- Adoption and Children Act 2002
- Children (Leaving Care) 2000
- Children and Young Person's Act 2008
- The Equality Act 2010

Document 10 Shared Care Review Process:

Each carer or carer household will have a 'carers review of approval' held annually, unless there is a significant change in circumstances when it will need to be updated to reflect the current situation and identify any additional risks or considerations and suitability of continued approval. All carers reviews are undertaken to enable the worker to formally collect and record information about the placements and care provided and also about the carer or carer household (identifying any changes and completing any required checks) to form a recommendation in respect of carers approval status for the next year..

Preparation - Business Support Officers will assist in preparing for the carers review by:-

- Maintaining a list of carers review due dates by worker.
 - Farnham Business Support for workers based there
 - Apsley Business Support for workers based there
- 6 weeks prior to review date informing the supervising worker of review due date and ascertaining if appointment time has been sent and worker is ready for review paper work to be sent.
- Notifying carers by sending out standard carers review letter/forms, advising them of review date and sending the following enclosures.
 - Consultation Forms (carers and children)
 - Annual Review Form.
 - Training log form
 - Health & Safety Check Form.
 - Notify carers if checks need updating (DBS, Medical, and pet questionnaire)
- Also 6 weeks prior to the review date sending a standard email /letter to the 0-25 together team- requesting feedback from allocated worker and parents of children/young people in placement, - where appropriate a parent/service user feedback form should be sent directly to the parent carer – Business Support to liaise with supervising worker to ensure placement recorded is correct and to ascertain if parent or primary carer may be contacted directly.

Carers Review Meeting:

- To include all household members in review whenever possible - (if sitting service review carer only) if not all household members can be present please ask for their views either by phone or by the review feedback form – and speak to them directly if any issues or concerns are raised

- Reviews need not contain lengthy descriptions of individual placements, in most cases a brief record will do. Start date and frequency of visits should also be recorded.
- All reviews need to contain an analysis of the carer's achievements, their strengths and skills – this can be recorded in the section on supervising workers feedback, the summary and recommendation section or as part of the section on their development/training needs. If there are differences of opinion between the worker and carer record them clearly.
- If there have been any concerns, issues or complaints raised either by or about the carers during the review period please note these clearly with any actions and outcomes.
- Reviews are checked and signed by CSW/Manager – not more than 2 months after review meeting and returned to carer for signature
- Reviews for overnight approvals should be taken back to panel if there have been a significant change of circumstances and/or a change of approval is required.

A master list of all review dates is held by business Support and available to Shared care manager and team.

Document 10a STATUTORY CHECKS

- Local Authority checks - must be carried out on all members of the household. A Local Authority check must be undertaken in each local authority area that an applicant has lived in the previous 10 years. – This is to be carried out before assessment and may be completed by recruitment team, business support or allocated worker – a case note must be added to LCS to confirm completion
- Carers Reviews – undertaken annually, however if there is a significant change in circumstances updates will be needed to reflect the current situation.
- Medicals for overnight approval only – Initial health review in assessment (AH1) then every 3 years an AH2 only. However if within the three years you are aware of any significant change to health then bring AH2 forward or in some cases (agreed with manager) complete a full AH medical. A completed medical form is sent to the GP first and when returned back to us; this must be sent to the medical advisor for their comments.
- Medical declarations for daycare shared care and sitters – all adult shared carers should make a medical declaration of their fitness and any known health conditions and concerns at the point of assessment for approval – These should be reviewed each year as part of the carers review (or from information shared in supervision) and updated with any significant and/or permanent changes.
- A DBS check will be made/updated- every 3 years on all members of the household who are aged 18 or over. However If an offence is disclosed or comes to the attention of the department during the interim period then a DBS will need to be updated at that point and a risk assessment of the individual completed by a social worker or the CSW and passed to operations director of specialist services for consideration of suitability for continued approval.
- Health and Safety Check – undertaken annually – or as soon any new or additional risk is identified by worker, carer and parent or service user.
- Pet Questionnaires – Assess new pets to the household, changes in pet behaviour or health that may affect their safe interaction with visiting children – address issues and methods of management in the pet assessment, review yearly and update if necessary.
- Unannounced Visits (overnight approvals only) should be undertaken annually for carers if unsuccessful i.e. the carer is not at home please record the attempt and retry. The completed visit must be written up on the unannounced visit forms used by the fostering team – but adjusted to fit the

shared care task i.e. some section will be marked as not applicable as these are for carers who provide full time care to children living in their home. The complete form should be scanned onto the carer's LCS record.

- All Checks and Updates –to be entered onto carers LCS record as soon as possible after completion. These can be passed to Business Support for inclusion both on LCS and their own records (i.e. carers review dates)

Document 10b DE-REGISTRATION/RESIGNATION

All carers

If a carer wishes to resign from the service perhaps as the young person they care for has reached adulthood, or their availability or circumstances have changed – they need to give as much notice as possible so that the 0-25 together team/ SEND Brokerage and Shared Care can plan for alternative placements for any children who may still visit and to undertake “goodbye sessions” with those children to assist them in moving on positively.

For approved overnight carers only: UNCONTESTED DE-REGISTRATION: -

If a carer wishes to resign or agrees with the Supervising Worker’s recommendation to de-register, they must be asked to tender their resignation in writing to the Shared Care Team Manager/CSW.

- The Shared Care Team Manager/CSW must consider whether the request requires presentation to Panel because of concerns about practice. A Termination of Approval form should be completed where possible and scanned onto the carers LCS record.
- The de-registration request letter must scanned onto the carer’s LCS record file and a copy of the response confirming deregistration placed on the record
- If the carer has been approved by the panel process The Head of Fostering Service must be informed and sent a copy of the termination of approval form.
- The de-registration must be entered on the carers LCS record and dated before closure.
- If the carer withdraws from contact with the team and department with unknown circumstances a letter will be sent informing the carer of the intention to deregister. After attempts to re-engage contact have been exhausted (phone call, visit, letter/email) deregistration may be identified as the only way to terminate the approval, enabling closure of the carer involvement and carer record. In this case a deregistration form can be completed by the supervising worker outlining the reasons as far as known for termination, this is then signed off by the manager/CSW and scanned onto the carer record.
- If a single carer passes away whilst still approved, the carer record should be amended to show this and note the cessation of approval also with a brief note explaining the carer has passed away. If the approval is joint, the approval status of the deceased carers can be amended and a decision made if and when it is appropriate to contact the remaining carer to check their welfare and ascertain if they would like to continue with their own approval.

CONTESTED DE-REGISTRATIONS:

All cases where the recommendation to de-register is contested must be referred to Panel and the carers must be invited to attend.

(http://hertschildcare.proceduresonline.com/chapters/p_de_reg_fost_care.html)

Document 11 Shared Care Team- Placement Review and Monitoring Policy.

Placements are reviewed in line with the complexity and status of the short break provided –but at least annually. At any time significant changes or concerns should prompt an information update and discussion, with an additional formal review being held if required.

The allocated worker for the child from the 0-25 together service and/or the 0-25 SEND Brokerage team is responsible for setting up the child's annual package review – but it may be useful for the shared care worker to identify any placements to the allocated worker (and inform the shared care manager/CSW of any that are overdue a review).

The shared care worker will monitor each placement (at least annually) with the matched carers via supervision and as part of the carers review. The shared care worker will pass on any issues to the allocated worker – this may be via email or an LCS case notes linked to the allocated worker.

For new placements following the completion of a Placement Agreement and/or Personal Resource Plan (PRP), monitoring should be undertaken at intervals of 3 months, 6 months and 12 months. This can be achieved either by telephone or face to face meeting. This is to check if the placement is working well and meeting the needs of the young person matched, to identify any issues and enable any adjustments if required.

Subsequent reviews of shared care placement should be completed annually or more frequently if any issues or significant changes are identified. It may be useful and appropriate for this to be held as part of the child's Child In Need (CIN) review – if so,

- The shared care worker should be invited to attend and if unable to do so should submit a short report (in writing if possible) to ensure that short breaks are considered as part of the broader agenda – The shared care worker may need to request a specific short break review if the service is not invited to the annual CIN review so that the placement is formally reviewed.
- There is not an expectation that shared carers are required to attend Child In Need reviews – however they should be invited and may alternatively wish to submit a report or have a telephone conversation with their shared care worker to provide an update. (In some circumstances the allocated 0-25 together worker may speak to the carer directly to gain this information, but should inform the shared care team if they are going to do so.)

Issues or concerns

If issues are identified in the placement at any time by any party a case discussion should take place as soon as possible between the allocated 0-25 worker, shared care worker and brokerage if relevant informing managers as necessary dependent on the type of issue or concern (any safeguarding concerns should always be shared immediately with the team managers).

If required a subsequent meeting between professionals, carers and parents can be undertaken, to enable further discussion and a formal record of plans and actions to be undertaken.

Document 12 Accommodation Policy – Shared Care.

a) Introduction

- Shared Care is family based short term breaks for children who have disabilities – for example a weekend stay once a month, an overnight stay once a week or day care hours at a weekend or midweek.
- Shared Care takes place in the homes of carers who are approved specifically as Shared Carers. Shared Carers who provide overnight care are approved as shared care foster carers through the Hertfordshire Fostering Panel process under the Fostering Regulations 2011, and the National Minimum Standards for foster care 2011 which are applied proportionally and appropriately as advised by the Short Break regulations 2011. Shared carers approved for daycare only are approved by the head of service under the short breaks guidance this accommodation policy should only be applied in terms of the guidance relevant to day time stays i.e. storage, privacy, accessibility and opportunity to contact parent/carers.
- The statutory Short Break guidance issued in April 2011 regarding overnight provision states that:

‘Children can receive overnight short breaks under Section 17(6) or S20 (4). A Section 17 arrangement would be when the child has less complex health care needs and have carers who can regulate the package of support. A child can have S20 (4) reg 48 short breaks when accommodation is provided in one setting, they do not have a single episode of care of more than 17 days and they do not have more than 75 days per year. The children who have some complexity of their health / medical needs or their family circumstances are complex will have their short break independently reviewed. Section 20 (4) Short breaks placements where reg 48 does not apply ie those with more than 17 days consecutive stays are subject to the full LAC requirements.’

- Due to the very temporary nature of Shared care stays and the range of needs of the children within these, a specific accommodation policy has been developed that complies with the National Standards but allows for flexibility in tailoring the accommodation to the needs of the child.
- Any child or young person receiving Shared Care should only be placed in accommodation that can meet their needs physically, emotionally and socially. Standard 10.1 and 10.6 of the National Standard regulations state:
10.1)

‘The foster home can comfortably accommodate all who live there including where appropriate any suitable aids and adaptations provided and fitted by suitably trained staff when caring for a disabled child.’

And 10.6)

'In the foster home, each child over the age of three should have their own bedroom. If this is not possible, the sharing of a bedroom is agreed by each child's responsible authority and each child has their own area within the bedroom. Before seeking agreement for the sharing of a bedroom, the fostering service provider takes into account any potential for bullying, any history of abuse or abusive behaviour, the wishes of the children concerned and all other pertinent facts. The decision making process and outcome of the assessment are recorded in writing where bedroom sharing is agreed'.

b) Planning

Careful planning is required to ensure that the needs of the child receiving shared care, the carer and the carers family are all taken into account and that the accommodation is genuinely suitable to meet the needs of the placement.

c) Personal preference, choice and respect

Due consideration should also be given to personal preferences, choices and respect for all parties involved particularly in respect of sharing rooms and personal space.

d) Assessing and recording risk

All overnight stays in shared care should be clearly assessed for any risk to the child, the carers and the carers children. Any level of risk should be clearly identified, addressed and recorded in detail on the placement agreement form. Specifically the following areas need particular reference if relevant to the individual placement.

- Children sharing rooms with carers – This should only be in exceptional circumstances, which have been clearly assessed, agreed and recorded and are the ONLY way that a child's needs can safely be met in placement. Parental agreement must be clearly recorded and signed. Consideration should be given to other forms of monitoring available such as video monitors or night sitters
- Children sharing rooms with carers children – This should, as for all overnight arrangements, be assessed for risk. But in addition it must be felt by all parties to the agreement to meet the needs not only of the child receiving Shared Care, but also the carer's child/children who are being asked to share. It should be reviewed at least annually to ensure the arrangement continues to meet the needs of all parties.

Gender, age, need for privacy, possible levels of disturbance and personal preference should all be considered. Wherever possible both the child receiving Shared Care and the carer's child/children should be included in both the planning and review of this arrangement and have their views and agreement sought and recorded.

- Children who receive Shared Care sharing rooms with each other – As for above, consideration must be given to personal preference and choice. A risk assessment must be completed and recorded, which addresses the safety of both children and any elements of risk. The suitability of the arrangement must meet the needs of both children in a clearly stated way and be recorded on the placement agreement. This would always be a same gender arrangement and would require clear parental consent from the parents of both children – and would usually only be used for siblings or children already known to one another.

Note: (see quote of regulation 10.6 above)

e) Other accommodation issues

i) Storage

All children should have a safe and dedicated storage space for their personal belongings during the period of their stay. In agreement with the carer, children receiving Shared Care should, where possible, be able to leave belongings at their carer's home for subsequent visits, if they wish to do so.

ii) Contact

Access to a telephone should be available to make and receive phone calls as agreed in the placement agreement, but generally at all times as long as it is reasonable. Personal mobiles and other internet ready devices should be monitored for safe use and an agreed pattern of accessibility in place that protects the child.

f) Unannounced visits

Unannounced visits will be made to carer's homes annually and a brief report written following an inspection of the required elements. If no-one is at home at the time of the visit, subsequent attempts will be made to achieve and complete the visit.

g) Carers providing a sitting service within a child's home

The matching worker should make a visit to assess if there are any risks towards the safety of the carer and caring task in the child's home and address these prior to the start of the placement. Subsequently the carers should identify themselves if they feel anything has changed or is now presenting risk and the worker will re-assess the situation, address the issues or cease the placement.