

**CABINET**  
**18 OCTOBER 2018****AGENDA ITEM 7****CHILDREN AT THE EDGE OF CARE AND CHILDREN'S HOMES**

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**Relevant Cabinet Member**

Mr A C Roberts

**Relevant Officer**

Director of Children, Families and Communities

**Local Members**

Ms P Agar, Mr R W Banks, Mr B Clayton, Mr A I Hardman, Mrs L C Hodgson, Mr M E Jenkins, Mr R C Lunn, Mr L C R Mallett, Ms T L Onslow, Dr K A Pollock, Prof J W Raine, Mrs E B Tucker, Ms S A Webb

**Recommendation**

1. **The Cabinet Member with Responsibility for Children and Families recommends that Cabinet:**
  - (a) **notes the context around children at the edge of and moving into Local Authority care and the current mix of service provision in Worcestershire;**
  - (b) **agrees the development of an Edge of Care Outreach Service to support children to live at home with their families where it is safe do so;**
  - (c) **approves in principle the revised approach to in-house children's homes as set out in the report;**
  - (d) **approves the consultation process with children, young people and families and stakeholders in relation to the revised approach to children's homes, and authorises the Director of Children, Families and Communities to finalise the consultation documentation and undertake such consultation;**
  - (e) **approves engagement with children, young people and families and stakeholders to inform the new model of the Edge of Care outreach Service; and**
  - (f) **delegates decision-making in relation to the proposals for specific children's homes to the Cabinet Member with Responsibility for Children and Families, having regard to the outcome of that consultation.**

## **Introduction**

2. Worcestershire Children's Services were judged inadequate by Ofsted following a Single Inspection Framework (SIF) inspection in October/November 2016. The Council responded to this with the development and introduction of a fundamental and detailed Service Improvement Plan that has resulted in sustained improvement in the quality of practice across all aspects of the service. Ofsted have described a positive trajectory of change over their last five monitoring visits.
3. The inadequate judgement has had significant impact across the system and part of the continued development of the Service Improvement Plan is to ensure that Worcestershire's system is appropriately balanced to achieve our ambition for a good children's service.
4. This report focuses specifically on children in the care of the Local Authority (often referred to as Looked After Children) and proposes a changed approach to prevent children entering care where it is safe to do so. A fundamental principle for our practice will be to ensure that we have the right children in care and that we work with families and extended families to care for their children with our support.

## **National position on Looked After Children numbers**

5. Nationally there has been significant increased demand pressure on children's services, including the numbers of children in care.
6. There are 11.8 million children in England and 3 in 10 of these are living in poverty. Between 2010 and 2016 there has been an increase in children assessed as being in need by 5%, an increase of looked after children by 10% and an increase of children subject to a child protection plan by 29%. For every £1 spent on prevention, £4 is spent on care (ADCS Position Paper: A Country that Works for all Children October 2017).
7. The West Midlands region has also experienced an increase in Children in care numbers over the last year. In response, the region is developing an approach to managing risk and demand to allow an appropriate debate with partners and Local Safeguarding Children Boards.
8. The purpose of Children's Services is to improve outcomes and life chances for vulnerable and disadvantaged children so that they develop well in secure family settings, have good educational opportunities and health care and grow to be responsible adults making best use of their abilities.
9. The increase in demand over the last decade at a time of reduced local authority funding has meant a reorientation of funding onto children in care. The language of 'risk' and 'safeguarding' has shaped the agenda rather than a focus on child protection and effective ways for improving outcomes for our most disadvantaged children. In reality 'risk' is often used as a word for professional anxiety and when such anxiety is widespread organisations and professionals will revert to risk averse and more interventionist and punitive approaches. Such approaches increase demand without making the overall children's system safer or able to deliver better outcomes for children.

10. Every child deserves a childhood where they can thrive not just survive. To do so some children and families will need help and support from the state to secure their wellbeing and keep them safe from harm. The challenge for every local authority is to ensure that there is a balanced service offer in the community so that only the right children come into its care.

### **Worcestershire County Council position on Children in Care numbers**

11. Worcestershire has experienced the same degree of upward pressure on demand for services as the national position. In addition, there have been demand pressures as a result of the Ofsted judgement which heightened anxiety across the partnership represented on the Local Safeguarding Children's Board and resulted in the need to intervene for those children who had previously not received the right intervention at the right time. The local and the national position have combined to see increasing numbers of children taken into care.

12. There are a number of factors that contributed to the inadequate judgement. These included: lack of experience and stability in management and leadership; high caseloads; poor managerial support, challenge and supervision for social workers and poor decision making for children requiring help and protection. The judgement created high anxiety and low confidence in the workforce. Consequently a risk averse culture of practice among front-line social work teams and managers emerged. This results in a rise in higher levels of intervention as this is seen as the safest option when managing the needs of young people who are presenting a range of challenging and risky behaviours.

13. The current position with our children in care is that our numbers are high compared with both our statistical neighbours and the England position as a whole. At this stage of our improvement plan, it is timely to revisit the previous strategy for children in care and the response to meeting needs in the most aspirational and appropriate way.

14. The Council engaged Essex County Council as its Improvement Partner and this support and challenge for the Improvement Plan has been beneficial. There have been political and managerial discussions with Essex about their approach to supporting children to live in a risk enabled way with their families rather than moving into care.

15. In 2010 Essex was rated inadequate by Ofsted and by 2014 they were rated as good. Part of the Essex approach to improvement was to focus on numbers of children in care and to rebalance their system. Table 1, below, shows that in 2011 the Essex rate per 10,000 children in care was higher than Worcestershire's (WCC), when both authorities were higher than our statistical neighbours (SNs). In the time since 2011, Essex has reversed the national trend whereas Worcestershire has increased at a faster rate than both England and statistical neighbours.

Table 1: Children in Care rate per 10,000, 2011 to 2017, Essex, Worcestershire, Statistical Neighbours and England average.

CiC per 10k	2011	2012	2013	2014	2015	2016	2017
Essex	54.00	50.00	42.00	38.00	34.00	33.00	33.00
WCC	51.00	52.00	56.00	56.00	60.00	60.00	66.00
SNs	46.10	48.00	49.00	48.20	49.00	50.80	50.60
England	58.00	59.00	60.00	60.00	60.00	60.00	62.00

16. Changing this culture in Worcestershire requires experienced stable leadership and management at all levels. It requires staff to feel supported not just challenged in their professional task of managing risk and most importantly it requires a Child-Centred culture of practice where all decisions are made in the best interests of the child with an understanding of immediate and longer term outcomes. All of these have been a part of our service improvement plan and are key features in our proposed development of an Edge of Care service.

### **Current Service response to Children in Care**

17. There have been significant capacity pressures in recent years due to both the growing numbers of children in care and the complexity of their presenting needs. 56% of our current cohort of children in care is aged from 11 to 17 and 44% aged from birth to age 10. It is not unusual for us to take adolescents into care in order to respond to the significant risk of harm resulting from mental health, self-harming, violence and risk taking behaviour demonstrated by these young people. The approach recommended in this report is to revisit the current service offer and develop a different approach that can respond more effectively to these presenting needs.

18. The majority of our children in care are placed with foster carers and broader family arrangements. However, there is a significant number living in residential care. Part of the strategy over recent years has been to invest in an increased number of in-house residential homes in order to mitigate the high cost of external residential homes. This strategy was based on the fact of a lower unit cost of a Worcestershire County Council home (£2,700 per week) than an external bed (£3,900 per week). The approach was supported because the Council's in-house residential homes have consistently been judged as good or outstanding by Ofsted and are run by a dedicated cohort of staff.

19. A fundamental part of our service improvement has been "culture of practice" moving away from a rescue/protect culture to developing a workforce confident in managing risk and a strength based model to our social work practice with families. The strength based model identifies the strengths and brings support and challenge to parents in meeting their parental responsibilities.

20. The previous approach to our children in care and specifically placement services had been to focus on the highest cost placement i.e. residential care. The

approach was based on the need to provide high quality care in a residential home that could replicate a "family home" experience for the child. As a result the service approach was to develop more high quality in-house residential provision at a lower cost than external provision.

21. The revised approach set out in this report takes a wider perspective on how Children's Services can best meet our statutory duties and responsibilities to achieve effective long-term outcomes for children. The edge of care strategy is inter-related with our work on Placement Sufficiency, quality and timeliness of Assessments of Need, quality and timeliness of permanency planning for children in care and ensuring all resources are meeting need at best value.

22. At this stage of our improvement programme, it is timely to review this strategy and critically examine the most appropriate way to meet need, the emerging evidence about the best way to deliver positive outcomes and the financial analysis behind the current plans to increase our own stock of residential homes. This review is designed to meet the needs of children in need of safeguarding in the most appropriate way to support positive long-term outcomes for them as well as reviewing financial viability.

23. At the end of August 2018, 12% of our children in care were living in residential homes (95 of 819 at that point in time). 27 of these young people were living in Worcestershire County Council homes with the remainder in a mix of private and voluntary, in and out of county homes. Two young people have been living in welfare secure provision due to the complexity of their need.

24. The unit cost analysis for in-house homes was based on 100% occupancy. However this is rarely the case in reality. Occupancy levels at the end of August 2018 were 84% (27 of 32 beds filled). This is a reasonable occupancy level given the need for very careful matching of new referrals to residential homes and a factor that Ofsted will consider during their inspections due to the need to balance the needs of existing residents. This factor narrows the financial benefit of in-house provision compared with independent sector where we only pay for the children and young people placed there.

25. A further consideration is the level of complexity and need our homes meet. Many of the young people we accommodate cannot safely be supported in our homes. This is not the fault of the service, rather it is a function of the type of demand we most frequently struggle to meet and the risk posed to existing children who have been settled long-term in our homes. So in our current model of provision there will be vacancies in homes whilst we place externally because there is a mismatch between the presenting needs of the child and the service on offer and needs of current children in specific homes. The proposed new approach will mean the Council continues to place children in external residential care on a case by case basis. This will be in response to specific needs to meet the care plan for the child involved. This is set out in the Council's Sufficiency Plan which highlights that foster care, wider family care and special guardianship arrangements are at the heart of the approach to provide care for children who cannot remain with their families.

26. Analysis of children coming into care identifies extremely complex behaviours including self harm, targeted and indiscriminate violence, child sexual exploitation,

county lines (drug trafficking) and the ongoing damaging effects of parental mental health, domestic abuse and substance misuse.

27. It is also helpful to review the effectiveness of our approach to residential care. There will always be a need to accommodate some children in residential homes in order to respond to their needs and manage risk in the most appropriate way. However, we do have a higher than expected percentage of children in residential care rather than family-type arrangements.

28. Ofsted have feedback to us that they have seen drift and delay and lack of aspirational care planning for some of our children in care. Because our homes are good quality, there was an inevitable focus at the start of our improvement work to respond to the immediate demand at the front door rather than moving quickly enough to achieve more permanent family arrangements for children in our homes. It is now the right time to review this position and ensure that we are aspirational and ambitious for all our young people in care. Our proposed new approach will be founded in evidence of effectiveness and will ensure that we meet our statutory duties to meet the needs of children.

### **Learning from Essex approach to In-house Residential Care**

29. Essex has shared their experience from their approach to residential care to inform our thinking. In 2011 they ran a secure unit and ten children's homes. Currently they run two short break homes for children with disabilities. Yet their overall numbers of children in care reduced significantly even though they closed their homes.

30. The Essex homes were consistently rated good by Ofsted, but once placed, children stayed in the homes. Some of the reasons for this were that everyone was positive about the standard of care, social workers prioritised children at 'greater risk', it was already 'paid for' and no alternatives were explored.

31. Essex reviewed their sufficiency strategy, contracted with independent homes and reinvested the savings from closing the homes into prevention services. This was a key part of their strategy to support children to remain with their families.

32. Part of the change of approach was cultural and they found that their overall numbers of children in care reduced, including those placed with external homes.

33. A key factor of the Essex investment in prevention focused on using an evidenced-based approach to family work known as '*Brief Intervention*' with the aim of providing a major boost to reducing the numbers of teenagers in care. This activity was targeted at Level 4, Specialist and Intensive Support Services (referred to as 'late early intervention' by Essex lead member for Children's Services).

34. The service combines solution focussed methodology and a commitment to a strength-based engagement with families. The approach notices the impact of culture, beliefs and the 'scripts' that organise people in different contexts. The aim is to '*get alongside*' young people and families where there are complex problems to identify 'workable' solutions and help improve the relationships they share with each other. The principle is that of enabling Social Workers to develop skills in evidenced based work with teenagers and their families.

35. The revised approach resulted in a 7% decrease in the number of children entering care (mostly in the age 10-15 range), a 6% increase in the number of children leaving care with a further 3% of those leaving care because of Special Guardianship Orders (SGO).

### **Revised approach to Edge of Care in Worcestershire in order to improve outcomes**

36. Children in need of support and protection require the intervention of services to enable them to achieve or maintain a reasonable standard of health, care and development. When that reasonable standard of care and development cannot be achieved through the provision of care by their parent or person with parental responsibility then it is the duty of the local authority to receive the child into its care.

37. A child on the "edge of care" is deemed to be a child who is at imminent risk of becoming a child in the care of the Local Authority due to escalating child protection concerns.

38. Professor Eileen Munro in her report "A Child Centred System" (May 2011) highlights the importance of support services and the crucial role they play in the child protection system in offering help to children and families either before problems develop or when there are low level problems, thereby reducing the risk of escalation. The report argues that these support services can do more to prevent abuse and neglect or reduce its severity than services provided only when abuse and/or neglect has become severe.

39. There are significant outcome benefits in relation to emotional, educational and employment outcomes for children and young people if they are able to remain within their family setting. Reviewing the range of service availability for a number of good and outstanding Authorities demonstrate that community-based services are important to work with families to achieve positive change, delivering a restorative approach to social work practice.

40. In addition to Essex brief intervention service, the evaluation of the No Wrong Door project in North Yorkshire has demonstrated benefits for children and young people aged 12 to 25 who are on the edge of care or recently moved to independent living.

41. This service is delivered through multi-disciplinary teams working to develop strong relationships with children and young people referred to the service.

42. The evaluation of this innovation project has demonstrated a positive impact on children in care numbers. Comparison between two cohorts of children shows that the No Wrong Door project children have been more likely to leave care and the majority (86%) of children referred to the NWD service have continued to remain out of the care service.

43. Young people will almost always have better life chances if they are enabled to remain within their families, rather than entering the care system. This evidence supports the development of an Edge of Care Support Service that will work with families to stay together rather than to move into care.

44. For many children and young people there are additional emotional challenges associated with being received/placed into care. The loss and rejection from the family and separation from community/friends and the pressures associated with having to adapt and adopt to any new care arrangement can cause additional emotional trauma. The care planning process in itself can become a focus of the intervention and take time and energy away from valuable direct work addressing from the real cause of the problems. We believe that time and emotion spent on the new issues being faced by the child and family is time better spent on working through the family breakdown.

45. For some children and young people entering care can lead to an increase in the types of behaviours that led to the need for a placement in the first place. A lack of structured support can result in families feeling that they can no longer support their 16 and 17 year olds in their homes resulting in homelessness and the need to find alternative accommodation for these children at a cost to the authority.

46. Preventing children and young people coming into the care system where it is in their interests is dependent on families being supported early in the onset of emerging family pressure with intensive support at their time of crisis. Evidence suggests that effective family preservation strategies which place a heavy emphasis on conflict resolution can reduce risks associated with school disengagement, youth homelessness and other issues likely to affect the futures of Worcestershire children and young people.

47. This evidence is helpful to understand the balance of the Council's Children Service. A consequence of high and growing numbers of children in care has been to shift financial investment into meeting care costs at the expense of preventative community-based services that will work in a positive way to support children and their families to remain together. The benefits of this are evident in better long-term outcomes for children and more cost effective use of resources. Intervening at the right stage in the least intensive way is positive for most families, although there will always be children who absolutely do need to come into and will benefit from Local Authority care. The important factor is to ensure that only these children come into, and remain in, care rather than others who come in by default due to the absence of an alternative and effective service response.

## **Proposed changes**

48. Although our strategy for improvement is sound and has delivered positive results, we are committed to continuing to develop the way we deliver services to achieve the continued improvement that others have seen. This includes investing in early help and support services, whilst reducing the level of residential care

49. The development of an Edge of Care Service is recommended as a key part of the revised strategic approach to supporting families to stay together. The design for this service would be based on the principles and evidence of similar services, including North Yorkshire and Essex. The service requirements for Worcestershire would be for three teams of multi-disciplinary staff, including social workers and family support workers as part of the service. Just as important as professional expertise will be the ability to develop positive relationships with children and families and work in a solution-focused way.

50. Detailed work on roles and structures for the Outreach Service would be developed subject to Cabinet approval.

51. There is also the need to ensure that there is access to a sexually harmful behaviours service to support those young people who continue to expose themselves to risk of harm through behaviours that are often the consequence of CSE and other damaging experiences. If approved by Cabinet this service will be developed and scoped with input from the Director of Public Health to determine the most appropriate way to ensure this support is available

52. The Edge of Care Service is anticipated to cost approximately £1.9m per annum. These services can be funded from savings from home closures. This would still deliver a net saving to the Council of between £0.5m and £1.2m, whilst providing a child centred service offer to allow effective support in the community.

53. Worcestershire currently has 12 residential homes.

54. It is proposed to reduce this capacity by six, leaving six in operation.

55. Four of the homes provide long-term and short breaks for children with disabilities and it is proposed that these will continue to be an important component of the sufficiency strategy for these children and their families. These homes are:

- (a) Vale Lodge, Evesham
- (b) Moule Close, Kidderminster
- (c) Providence Road, Bromsgrove
- (d) Greenhill Lodge, Worcester.

56. Separate work has been undertaken in relation to support for children with disabilities and is ongoing as part of the SEND improvement programme. Residential places for children with disabilities are considered through that programme of work given that the service meets a different set of needs than the other eight homes.

57. Two of the homes (Downsell Road in Redditch and Hill View in Malvern) currently provide short stay places for children in challenging circumstances and it is proposed to stop providing short stay facilities and meet needs through the Edge of Care Outreach Service. The rationale for closing this type of provision is that they can encourage children, young people and their families to see residential care as an attractive option particularly at times of challenge in the family setting. The homes are high quality, with good facilities and supportive staff which can, perversely, mean that young people have more of an incentive to move into care than work through their challenges and their parents can feel relief that their children are receiving great care. Our new approach would provide an outreach service into the family setting to support the family to stay together, which the evidence supports as leading to better long-term outcomes for the children.

58. There are six homes designed to provide care for children with complex social and emotional difficulties. These are:

- (a) Old Hollow, Malvern,

- (b) Tenbury,
- (c) Rivendell, Bromsgrove,
- (d) Oak House, Worcester,
- (e) The Riddings, Bricklehampton
- (f) Orchardene in Pershore.

59. The landlord of Old Hollow has advised the Council of their intention to sell the home so this home is already scheduled to close in the coming months. There is no proposal to replace this home. The Tenbury Home is not currently open and there is no proposal to open it.

60. It is proposed to close a further two homes as they would not be required as part of our sufficiency strategy, provided that appropriate outreach and support services are in place and working effectively. Residential care places, where required, will continue to be purchased from the independent sector.

61. Two homes would be retained to enable sufficient capacity for those young people currently in our residential care for whom residential care continues to be in their best interests. This position would be reviewed a year after implementation of the changes to the overall service mix to evaluate effectiveness in delivering good outcomes for children and young people.

62. Of the homes provided by the Council, the decision on which two to retain will be based on the needs of the children currently living in the homes in order to minimise impact on their care plans. The timing of any closures would also be considered in the light of children's needs and ensuring their views are considered following the review of their needs and support from advocates.

63. The details of each home and funding costs are listed in the Appendix to this report. This is a confidential Appendix due to the commercial sensitivity of the information included.

## **Financial analysis**

64. Closing homes will reduce financial expenditure as long as the numbers of external placements do not increase as a result. This can only be avoided by a change in culture of practice, a revised approach to managing risk in a child centred way and the development of new services to support children and their families to respond to the challenges that have resulted in them being on the edge of care.

65. The financial information relating to the proposals are set out in the report and in the Appendix. Overall the proposals identify a net saving subject to consultation. It is not possible to quantify exactly the level of saving until the consultation is complete. However, a range is set out in the table below to provide assurance that a saving is feasible and whilst not the key driver it is important to note that the approach suggested could also provide qualitative and contract benefits, as well as avoidance of costs.

Table 2 – Analysis of financial impact of the range of options for edge of care

	£m	£m
Potential Direct Cost from additional edge of care support service investment	1.9	1.5
Potential Direct Saving from re-provision of residential care homes	(3.1)	(2.0)
Net saving	(1.2)	(0.5)

## Consultation

66. Changes to the current services would require a change management approach with a comprehensive approach to consultation. The homes recommended for closure will have an impact currently on 19 children and it will be important to consult with them and their families individually, using advocates and independent reviewing officers to ensure that their wishes are understood and had regard to. Their needs will be reassessed to ensure that any proposed changes will meet these needs. This will take one month to complete.

67. It is also proposed to engage with children, young people and other stakeholders to shape the revised service offer to ensure this is fit for the future.

68. There would be detailed staff consultation for those staff in the homes affected, after any decision to close. These staff are valued members of the children's service and every effort would be made to minimise compulsory redundancies through redeployment opportunities into other residential units and the new Edge of Care Support Service.

69. Staff consultation will be undertaken following Council procedures.

## Conclusion

70. This report reviews the current position with high numbers of children in care and recommends a significant service development approach to delivering better outcomes for children and young people. This requires a different approach to managing risk in the community, underpinned by a skilled and intensive approach to supporting families when in crisis.

71. The changes proposed would need to be carefully managed with the development of the new service offer and appropriate consultation with staff, children, families and partners to ensure that there is an agreed vision and shared understanding of risk approach.

72. Decisions on final proposals for closure would be taken by the Cabinet Member with Responsibility for Children and Families as part of the programme of change in the light of consultation and ensuring that the needs of children can be appropriately met.

## Legal, Financial and HR Implications

73. Key legislation which outlines the duties and statutory responsibilities of Local Authority Children's Services to Children in Need is the Children Act 1989.

74. Section 17 of the Act sets out the general duty of every Local Authority to:

- (a) Safeguard and promote the welfare of children within their area who are in need, and
- (b) So far as to be consistent with that duty, promote the upbringing of such children by their families.

A Child In Need is defined as ' a child who is':

- a) Unlikely to achieve or maintain or have the opportunity to maintain a reasonable standard of health or development without the provision of services by a Local Authority
- b) Their health or development is to be significantly impaired or further impaired without the provision of such services
- c) They are a disabled child.

75. The Act sets out the duty on Children's Services to undertake a Social Work Assessment where any child is presented as a potential Child In Need within the above definition.

76. The Social Work Assessment will identify need into three primary categories Children in Need of; Support, Protection or Care.

- **Child in Need of Support:** Where Children or Young People who have been identified as in need of support (commonly referred to in practice as a 'Section 17') it is the duty of the Local Authority to promote the upbringing of children by their families. Work with families whose children are deemed to be "Children in Need" requires the voluntary consent of the parent and young person of sufficient age and understanding if over 16yrs.
- **Child is in Need of Protection:** Children or Young People who have been assessed as in need of protection are those where assessment has identified them suffering or at risk of suffering significant harm (commonly referred to in practice as Child Protection 'Section 47'). Where a child is identified as suffering significant harm or there is reasonable cause to suspect that the child is likely to suffer significant harm detailed statutory duties and responsibilities of Local Authorities and their partner agencies are set out in the Children Act and within 'Working Together 2018'.
- **A Child In Need of Local Authority Care:** Children Act 89 outlines the duty of every Local Authority to provide accommodation for any child in need in their area which appears to them to require accommodation as a result of:
  - No person who has Parental Responsibility (PR) for them
  - Has been lost or having been abandoned
  - The person who has been caring for them being prevented whether or not permanently or whatever reason from providing them suitable accommodation or care

- any child in need in their area who has reached the age of 16 and who's welfare the authority consider to be seriously prejudiced if they do not provide them with accommodation.

77. Statutory guidance for how the local authority should undertake its duties and responsibilities to Children Looked After are set out in a variety of Care Regulations. Where a social work assessment identifies a Child in need of Local Authority Care there are two primary care arrangements (commonly referred to in practice as S20 or S31). Section 20 refers to a child in care on a voluntary basis at the request of the parent or young person themselves and Section 31 refers to children in care subject to a legal order, predominantly put in place by the Court. For all children and young people in "care" it is the duty of the authority to assuming a corporate parenting role.

### **Privacy and Public Health Impact Assessments**

78. An Information Risk & Privacy Impact Screening has been carried out in respect of this proposal. It identified that further assessment will be required to ensure the information involved in this proposal is adequately protected. Furthermore, a more detailed Privacy Impact Assessment (PIA) will be required to identify how the proposal affects individuals and their personal data, and what needs to be considered and implemented to ensure the proposal is acceptable and compliant with the Data Protection and Human Rights Acts.

79. A Public Health Impact Screening has been carried out in respect of this proposal to identify and predict the health implications on those impacted by the proposals set out in this report. The screening indicated that further Public Health Impact Analysis will be required, specifically in respect of mental health and wellbeing and social/economic factors. Health implications will be considered through the development of the Edge of Care Service. Individual plans to meet the identified needs of children will be developed in conjunction with the appropriate health and wellbeing and/or mental health services.

### **Equality and Diversity Implications**

80. An Equality Relevance Screening has been carried out in respect of these recommendations. It identified that further equality impact analysis will be required in respect of due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Foster good relations between people who share a protected characteristic and those who do not.

### **Supporting Information**

- Appendix - Worcestershire County Council Children Home Details (salmon pages) – Exempt report for Cabinet members only. (This Appendix is NOT FOR PUBLICATION as supporting information as it discloses information in relation to the financial or business affairs of any particular person (including the local authority holding that information) and the public interest is better met by its non-

disclosure as it contains commercially confidential information relating to the financial aspects of this proposal.

## **Contact Points**

### County Council Contact Points

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### Specific Contact Points for this report

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## **Background Papers**

In the opinion of the proper officer (in this case the Director of Children, Families and Communities) there are no background papers relating to the subject matter of this report.