

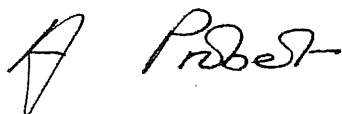
**NOTTINGHAM CITY COUNCIL**  
**CORPORATE PARENTING BOARD**

**Date: Monday 17 September 2012**

**Time: 2.30pm**

**Place: Meeting Room LB 31/32 - 3rd Floor at Loxley House, Station Street**

**Councillors are requested to attend the above meeting on the date and at the time and place stated to transact the following business.**



**Acting Corporate Director of Resources**

**Constitutional Services Officer: Catherine Ziane-Pryor Direct dial - 0115 8764298**

**AGENDA**

- 1 APOLOGIES FOR ABSENCE**
- 2 DECLARATIONS OF INTERESTS**
- 3 MINUTES** Attached  
Minutes of meeting held 18 June 2012 (for confirmation)
- 4 PERFORMANCE REPORT** Attached  
Report of Director of Quality and Commissioning
- 5 COMMISSIONED WORK IN FOSTERING AND ADOPTION ASSESSMENTS** Attached  
Report of Director of Children's Safeguarding
- 6 IMPROVING HEALTH OUTCOMES FOR CHILDREN AND YOUNG PEOPLE IN THE CARE OF THE LOCAL AUTHORITY**
  - a CHILDREN IN CARE** Attached  
Report of Designated Doctor Children in Care
  - b CHILDREN IN CARE - IMMUNISATION** Attached  
Report of Designated Doctor Children in Care

7 **CARE LEAVERS HOUSING PROTOCOL**  
Report of Director of Nottingham City Homes

Attached

**IF YOU ARE UNSURE WHETHER OR NOT YOU SHOULD  
DECLARE AN INTEREST IN A PARTICULAR MATTER, PLEASE  
CONTACT THE CONSTITUTIONAL SERVICES OFFICER SHOWN  
ON THIS AGENDA, IF POSSIBLE BEFORE THE DAY OF THE  
MEETING, WHO WILL PROVIDE ADVICE IN THE FIRST  
INSTANCE.**

**CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT  
LEAST FIFTEEN MINUTES BEFORE THE START OF THE  
MEETING TO BE ISSUED WITH VISITOR BADGES**

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<http://open.nottinghamcity.gov.uk/comm/default.asp>

**NOTTINGHAM CITY COUNCIL****CORPORATE PARENTING BOARD****MINUTES**

of meeting held on **18 JUNE 2012** at

Loxley House from 2.34 pm to 4.01 pm

- ✓ Councillor Mellen (Chair)
- ✓ Councillor Klein (Vice-Chair)
- Councillor Campbell
- ✓ Councillor Culley (from minute 3-10 inclusive)
- ✓ Councillor Dewinton
- ✓ Councillor Jenkins
- Councillor McCulloch
- ✓ Councillor Morley
- ✓ Councillor Morris

✓ indicates present at meeting

**Also in attendance**

- Mr J Shrivastava )
- Mr L Street ) Business in the Community
- Miss H Watson )
- Ms S Thompson - County Health Partnerships Children in Care Service
- Mr K Banfield )
- Mrs L Beedham )
- Ms E Darragh )
- Miss R Dyson ) Children and Families (Nottingham City Council)
- Mr S Gautam )
- Miss K South )
- Mrs A Wilson - Communities (Nottingham City Council)
- Mrs E Rogers )
- Mrs Z West ) Resources (Nottingham City Council)
- Ms G Moy - Nottingham City Homes

**1 APPOINTMENT OF CHAIR**

**RESOLVED** that Councillor Mellen be appointed Chair for the municipal year 2012/13.

**2 APPOINTMENT OF VICE-CHAIR**

**RESOLVED** that Councillor Klein be appointed Vice-Chair.

### **3 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Phyllis Brackenbury (Nottingham CityCare Partnership), Paulette Thompson-Omenka (Nottingham City Council) and Dave Richards (Business in the Community).

### **4 DECLARATIONS OF INTERESTS**

No declarations of interest were made at this point, but prior to consideration of the item on Commissioned Work in Fostering and Adoption – Support for Foster Carers and Adoptions, Councillor Mellen declared an interest which is recorded in minute 9.

### **5 MINUTES**

**RESOLVED that the minutes of the last meeting held on 19 March 2012, copies of which had been circulated, be confirmed and signed by the Chair.**

### **6 PERFORMANCE REPORT**

Consideration was given to a report of the Director of Quality and Commissioning, copies of which had been circulated. This was complemented by an updated performance report which included statistics for May 2012, which was circulated at the meeting and submitted to the online agenda on the City Council's website following the meeting.

Miss Darragh from the Quality and Commissioning Team at Nottingham City Council presented the report and provided the following information on performance for May 2012:

- figures for March 2012 and Quarter 4 were provisional, and would not be finalised until they were submitted to the Department for Education (DfE), which was happening as the meeting took place;
- the number of Children in Care (CIC) was 545, which was higher than the target and last year's outturn figure;
- when the number of CIC was converted to a rate of children in care per 10,000 children for comparison to other local authorities, Nottingham City Council's rate was 97.5, whilst their average statistical neighbour's rate was 101;
- the number of discharges from care was 33, which was higher than the number of admissions to care at 21. This was bucking recent trends for Nottingham;
- the stability of placements of CIC was 73.7%, which was better than that of Nottingham City Council's statistical neighbours, and an improvement on last year's figures of 62.3%;
- the percentage of CIC cases which were reviewed within required timescales was 98%, which was an increase on previous months;
- the percentage participation in reviews was 92.9%, which had been a marked improvement on recent months due to significant work in this area;

- the percentage of CIC for 3 months or more who had an up-to-date health assessment was 79.5%, a continued improvement on recent months and approaching the target of 80%;
- the percentage of CIC for 3 months or more who had an up-to-date Strengths and Difficulties Questionnaire (SDQ) Assessment to evaluate their mental and emotional wellbeing was 85.4%. This measure was increasing due to an improved process;
- the percentage of CIC who had a completed Personal Education Plan (PEP) was 95%;
- the percentage of CIC aged 16¼ and above who had a completed Pathway Plan was 96.5%. This figure was for April 2012 as this measure was reported bi-monthly;
- the percentage of CIC with a named social worker was 100%;
- adoption of CIC was 9.5%, which equated to 28 adoptions and 14 Special Guardianship Orders (SGOs);
- the timeliness of placements of CIC for adoption following an agency decision that the child should be placed for adoption was 62.1%;
- the stability of placements of CIC based on number of moves in a rolling 12 months was 11.1%. This was in line with statistical neighbours and slightly higher than the 2010/11 outturn percentage;
- the percentage of care leavers in suitable accommodation was 80.4%, but the definition of what constituted suitable accommodation was an ongoing issue;
- the percentage of care leavers in employment, education or training was 60.7%. The work done by RISE (Routes Into Sustainable Employment) to improve this measure would be discussed later in the meeting.

As a result of questions and discussion with the Board, the following additional information was provided:

- the number of children adopted and the timeliness measures were concerning as they were both below target. An adoption scorecard had been released to compare local authorities, and Nottingham City Council was mid-table for the last three years. The past year had not seen good results for timeliness, but work was being done in this area in order to improve this performance measure;
- it was difficult identifying new adopters. Two dedicated home finders had recently been appointed to help with this challenge;
- the Strengths and Difficulties Questionnaire asked foster carers to assess the mental state of children entering care, which was challenging to measure;
- an improvement had been seen in the take up of health assessments which was encouraging;
- it was felt that there were many positives in the performance report;

- a large number of CIC were known to have mental health problems. It was felt that it would be useful to have figures on the number of children referred to Child and Adolescent Mental Health Services (CAMHS) and the length of the referral.
- it was felt that there was little feedback received by carers after the SDQs, and that it was important that it should not become a “tick box” exercise;
- SDQ results should inform the health assessments, and work was being done to ensure this would happen in future;
- foster carers were fully aware of options available for children with dentist phobias;
- care leavers aged 16 or 17 tended to bring down the performance figures for health and dental checks. Appointments were made for care leavers but it was difficult to make them attend;
- the cut-off age for free dental care for CIC at salaried dentists used to be 16 but was recently increased to 18;
- medical and dental appointments for children in residential care were made very quickly, but failure by children to keep to appointment times was an issue;
- the Board felt that there were significant improvements to the performance figures and that congratulations were due to all colleagues involved;
- it was felt that it may be useful to report on performance less frequently as the same issues were discussed at each meeting of the Board.

## **RESOLVED**

- (1) that the information provided in the report be noted;**
- (2) that, regarding the number of children referred to CAMHS, Elise Darragh and Satinder Gautam arrange for more detailed information to be provided to the Board at a future meeting;**
- (3) that the positive work of the Children in Care Team be acknowledged.**

## **7 RISE PROGRAMME – BUSINESS IN THE COMMUNITY (BiTC)**

Consideration was given to a report of the Director of Operations BiTC, copies of which had been circulated prior to the meeting.

Mr Shrivastava from BiTC presented the report and provided the following information:

- BiTC was started by the Prince of Wales in 1982 in response to the Toxteth Riots in Liverpool;
- BiTC advised businesses on how to improve the impact they had on their local community by using volunteering programmes, reducing their carbon footprint, and using employment and employability events for local youths;

- nationally there were 2.68 million unemployed people in the UK, and youth unemployment was at 1.4 million;
- nationally there were 83,000 CIC and 6,000 care leavers each year, with 225 care leavers each year in Nottingham;
- 53% of care leavers had no significant qualifications and only 7% went on to higher education;
- 27% of the prison population were former CIC and it had never been harder for former CIC to gain and maintain employment;
- the RISE programme was based on Ready For Work, a scheme which helped those at risk of homelessness;
- over the last 10 years, Ready For Work had 6,000 clients. 2,459 of these were successfully employed. Of those, 75% were still in employment after three months, 67% were still in employment after six months and 32% were still in employment after one year;
- 14 people per city were helped into work each year by the Ready For Work programme;
- the RISE model was adapted for young people in the care system and a few changes to the model were made;
- a large number of young people in care lacked motivation or an awareness of work ethic;
- the programme had seven steps, including the following:
  - CIC were referred to Jamie Shrivastava;
  - an informal interview was conducted to identify CIC interests;
  - CIC were matched to relevant work experience placements, preferably with a more hands-on approach;
  - CIC completed two days training on employability and presentation;
  - CIC completed a two week relevant work placement;
  - further support, including six months job coaching, was delivered from a volunteer business mentor;
- the RISE programme was a two year pilot scheme which was soon coming to an end;
- over 60 referrals had been received, and 36 people had started the programme. 29 had completed training days, 22 had started placements, and 13 had completed placements. Two were still on placement;

- seven young people who had started the programme had now gained employment, three were volunteering, and seven had gone on to further education;
- local businesses were very understanding of the issues facing CIC and very supportive of the programme. Nottingham City Homes (NCH) and John Lewis had accepted 14 placements from the RISE programme between them in the last two years;
- awareness of the job market, along with social activities and social issues were important parts of the RISE programme.

Mr Leighton Street, who had benefited from the RISE programme, shared his experience with the Board:

- Leighton previously struggled with a lack of motivation, poor time keeping and being easily distracted. He was headed down the wrong path but was unsure how to turn his life around and achieve more;
- Leighton learned respect for himself and others, alongside his work skills and on-the-job training;
- during his two week work placement with NCH he felt constructive and part of a team;
- after his work placement, Leighton worked on a building site for a short while, then was offered an apprenticeship at NCH;
- his manager and colleagues at NCH had been very supportive, and Leighton had also met the Prince of Wales.

Arising from questions and comments from the Board, the following additional information was provided by Mr Shrivastava:

- direct referrals were not being taken from NG1 MyPlace, but this could potentially be a valuable partnership in future;
- each provider of services to CIC nominated one person to act as the allocated worker, who represented their organisation at RISE meetings to discuss upcoming opportunities;
- field trips were also organised for CIC aged 15 or older to local businesses;
- Nottingham City Council's role as a corporate parent was very important in the lives of young people, and activities by RISE and apprenticeships for CIC made a huge impact ;
- there was a degree of interaction with the Prince's Trust as the Prince of Wales was the patron of RISE, but referrals would not be received from the Prince's Trust as they ran separate residential courses;



- when a young person dropped out of the programme, that did not end their involvement, and they could rejoin the programme at a later date when they were ready.

## **RESOLVED**

- (1) that more emphasis be placed on incentivising young people under the care of the Local Authority to engage in employability and social activities;**
- (2) that coordination and communication between RISE and allocated workers be improved and sustained;**
- (3) that promotion of BiTC's RISE programme dates and cut-off times across Children's Services be improved, both internally and externally;**
- (4) that employment opportunities, including apprenticeships, available within the local community be shared with the RISE manager;**
- (5) that Mr Street be thanked for his contribution to the presentation.**

## **8 ATTAINMENT OF CHILDREN IN CARE IN 2011**

Consideration was given to a report of the Director of Schools and Learning, copies of which had been circulated.

Mrs Beedham from the Inclusive Learning Team at Nottingham City Council presented the report and provided the following information:

- each year group mentioned on the report had a small number of CIC, so a small change in the number of children achieving standards could have made a very large difference to the percentages;
- the emotional trauma of coming into care could be very disruptive to a child's education;
- three quarters of children who entered care did so in their senior school years;
- two thirds of children who entered care did so in year 9 or above. GCSEs were taken in year 10, and entering care could result in a school move;
- by the end of Key Stage 2, of 14 CIC in year 6, nine had attended two different schools, and six had attended three or more schools;
- a significant number of CIC in year 6 had Special Educational Needs (SENs) which required additional support;
- half of the CIC in year 11 had SENs;
- there were some positive stories surrounding CIC's educational attainment and a CIC who was a student at South Notts College had been recognised as Student of the Year;

- in year 6, Mathematics levels were maintained, but English results had dipped;
- reading was judged on comprehension as well as word and letter recognition, which could be challenging;
- a “Big It Up” award was being introduced for primary CIC;
- at Key Stage 4, 7% of CIC had achieved level 2 (five or more A\* to C grades at GCSE) including English and Mathematics. This was consistent with previous years;
- 7% of CIC had achieved level 2 excluding English and Mathematics, or 10% if the pupils with SENs were excluded from the equation. This was a slight dip on previous years;
- 25% of CIC achieved level 1 (five or more A\* to G grades). This was a slight improvement on previous years;
- 42.9% of CIC achieved at least one pass. This was a slight improvement on previous years;
- nationally, 12.2% of CIC achieved five A\* to C grades including English and Mathematics;
- attendance and exclusion rates of Nottingham CIC were favourable compared to national outcomes and statistical neighbour authorities;
- in Spring 2012, additional one-to-one tuition was offered to year 10 and 11 CIC. 46 pupils had benefited from this provision;
- further one-to-one tuition provision was planned for the Autumn, and in Spring 2013 the provision would also be extended to year 5 and 6 CIC;
- study skills sessions would also be provided in Spring 2013;
- a homework club would be introduced for CIC in years 9-11 from November 2012;
- in Spring 2011 six CIC achieved a recognised Sports Leadership Award, four at level 1 and two at level 2. This award would be offered again this year;
- collection of attendance and exclusion data for all CIC external to the Local Authority was carried out by Welfare Call and, in 2012, this provision was extended to include CIC in City academies and schools that did not use the Local Authority’s electronic transfer of attendance information sheet;
- 41 out of 47 year 12 CIC were on courses, apprenticeships, or training programmes such as RISE;
- though performance was similar to previous years, the aim was still to raise attainment levels;

Arising from questions and comments from the Board, the following additional information was provided:

- the figures represented the lowest achieving group, and improving educational attainment of CIC was always a challenge;
- a large percentage of the prison population was made up of former care leavers. Literacy levels in prison were low, which would not result in a good outcome;
- in year 10 and 11, 20% of the CIC were in secure institutions or prison. They received education whilst detained;
- the reinvestment of efficiency savings was considered to be a very positive thing;
- information on the RISE programme would be shared with Mrs Beedham's team so that CIC could continue to be supported past year 11;
- a field had been added to the Personal Education Plan (PEP) form which asked how the pupil premium had been used to support this child;
- funding was paid to schools on a termly basis to ensure the money went with the child and was not all spent at the start of the year;
- sessions had been arranged with residential homes and foster carers on study skills and homework help;
- a child's natural parent would want to do everything in their power to support their child's educational attainment so, as a corporate parent, it was felt it was important for the Council to do everything in its power to improve the situation and support individual CIC;
- it was suggested that the 3,000 business volunteers could potentially offer homework support to CIC. Miss Watson and Mr Gautam would discuss this possibility and link to foster carers if feasible;
- some members of the Board felt that the percentages were misleading due to the small numbers in each year, and that numbers of children may be useful. A request was made for the data to be presented in table form;
- the Council acted as corporate parent in cases of exclusions of CIC. An Achievement Consultant worked with excluded CIC and monitored individual cases on a daily basis. They ensured that CIC were not out of education, and that none slipped through the net;
- social workers conducted statutory visits to CIC in detention

## **RESOLVED**

- (1) that the contents of the report be noted;**
- (2) that information on the RISE programme be shared with Mrs Beedham's team;**
- (3) that Mr Gautam and Miss Watson discuss the possibility of RISE Business Volunteers offering homework help to CIC**

## **9 COMMISSIONED WORK IN FOSTERING AND ADOPTION – SUPPORT FOR FOSTER CARERS AND ADOPTIONS**

Consideration was given to a report of the Director of Children's Safeguarding, copies of which had been circulated prior to the meeting.

Miss South from the Fostering and Adoption Team at Nottingham City Council presented the report and provided the following information:

- Fostering Network (FN) acted as an independent partner and mediator if allegations were made against foster carers;
- a number of allegations were made last year, and feedback from affected foster carers on the help and support provided by FN was positive;
- FN have been the sole providers of this service to the City Council for 11 years, with no alternative providers available;
- individual foster carers had FN membership, so the cost of the service was dependent on the number of foster carers;
- there was no competition for the services offered by FN;
- in August 2011, Social Work Choices (SWC) were contracted to undertake a three year pilot to assess potential foster carers and adopters on behalf of Nottingham City Council's Fostering and Adoption Service;
- the number of assessments carried out by SWC was higher than the number carried out in-house during recent years;
- Nottingham City Council would not have been able to conduct as many assessments to as high a standard due to other work commitments;
- the work provided by SWC was generally felt to be very positive.

At this point Councillor Mellen declared a personal and prejudicial interest in this item as he was acquainted with an employee of Fostering Network. He left the room prior to discussion of the item by the Board. Councillor Klein took the Chair for the discussion of this agenda item.

As a result of further questions and comments from the Board, the following additional information was provided:

- the cost of services provided by FN depended on the number of foster carers, but varied between £8,000 and £10,000 per year, which was manageable within current budgets;
- quicker assessments provided by SWC meant that targets set by central government at the end of the year were on course to be met. This was better for potential adopters, better for children waiting to be adopted, and better for the City Council;

- it would not be possible to bring the assessments back in-house to similar timescales or quality as those provided by SWC;
- the Board requested that detailed performance reports on SWC be provided after the first 12 months of operation;

**RESOLVED**

- (1) that ongoing support to foster carers be offered through the provision of advice and mediation service as statutorily required;
- (2) that the positive work undertaken by commissioned partner Social Work Choices be noted;
- (3) that an end of contract year performance report on the number of assessments and approvals undertaken by Social Work Choices be provided, with specific consideration given to timescales and quality;
- (4) that the Fostering and Adoption Service be supported in managing its ongoing relationship with commissioned partners to ensure national and local strategic priorities were met.

Councillor Mellen returned to the room and resumed the Chair for the remainder of the meeting.

**10 DATES OF FUTURE MEETINGS**

**RESOLVED** that meetings be held at 2:30pm on the following dates:

**17 September 2012  
19 November 2012  
21 January 2013  
18 March 2013**





**CORPORATE PARENTING BOARD – PERFORMANCE REPORT**

**JULY 2012**

**CONTEXT**

The purpose of this additional report is to provide the Board with the most up to date performance overview performance information in relation to Children in Care and to highlight results as of July 2012.

**PERFORMANCE SUMMARY**

The tables below show performance against key monthly and quarterly Children in Care measures. Performance for July 2012 is shown along with the previous year's targets and year end out-turn. Over the summer, we are expecting finalisation of the Munro recommended performance framework and with this, new outcome performance measures will be developed.

Performance against key monthly measures is listed below:

NI/Local Code	Short Name	Responsible Officer	Stat Neigh (10/11)	Outturn 11/12	Target (10/11)	Apr - 12	May - 12	Jun - 12	Jul - 12
CSS101(a)	Number of Children in Care	Paulette Thompson-Omenka	737	541	480	545	545	553	548
CSS101(b)	Rate per 10,000 of Children in Care	Paulette Thompson-Omenka	101	96.8	85.8	97.5	97.5	98.9	98
CSS114	Number of Admissions to Care	Paulette Thompson-Omenka	Internal measure	243	-	23	21	24	19
CSS115	Number of Discharges from Looked After	Paulette Thompson-Omenka	Internal measure	221	-	19	33	12	28
CSS147	Representation BME children CiC to BME population	Paulette Thompson-Omenka	Internal measure	9.6%	-	10.1%	9.2%	7.9%	7.9%

The majority of data in the report is obtained from CareFirst. CareFirst is a live database, as such the information is subject to change and fluctuations are not uncommon, this is due to records being amended, added or removed. As a consequence, the data presented in this report only represents a snapshot of the performance picture for the month that the report was run. Previous monthly performance figures are not re-calculated, therefore the monthly figures may not always equal the year-to-date totals.



NI/Local Code	Short Name	Responsible Officer	Stat Neigh (10/11)	Outturn 11/12	Target (10/11)	Apr - 12	May - 12	Jun - 12	Jul - 12
NI63	Stability of placements of Children in Care: length of placement	Joy Chambers	65.4%	73.1%	67.0%	73.6%	73.7%	74.4%	74.7%
NI66	Children in Care cases which were reviewed within required timescales	Dorne Collinson	86.0%	94.6%	90.0%	97.8%	98.0%	98.3%	97.7%
PAF C63	Participation in Reviews	Dorne Collinson	Not published	85.9%	85.0%	98.6%	92.9%	92.7%	94.2%
CSS158	% of Children in Care for 3 months or more with an up-to-date health assessment	Helen Blackman	Internal measure	77.6%	80.0%	78.5%	79.5%	74.8%	74.2%
CSS159	% of Children in Care after for 3 months or more with an up-to-date dental check	Helen Blackman	Internal measure	82.7%	80.0%	82.4%	81.1%	80.3%	80.6%
CSS160	% of Children in Care after for 3 months or more with an up-to-date SDQ	Helen Blackman	Internal measure	90.0%	100.0%	87.5%	85.4%	86.0%	87.2%
CSS153	% CiC with a completed PEP	Paulette Thompson-Omenka	Internal measure	98.0%	100.0%	96.0%	95.0%	92.0%	94.0%
CSS151	% CiC (aged 16 ½ and above) who have had a Pathway Plans (DEVELOPMENT OF NEW MEASURE)	Paulette Thompson-Omenka	Internal measure	-	100.0%	96.5%	Reported at month end		
CSS155	% CiC allocated to a named social worker (New)	Helen Blackman	Internal measure	100.0%	-	100.0%	100.0%	100.0%	100.0%

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Performance against key quarterly measures is listed below:

NI/Local Code	Short Name	Responsible Officer	Stat Neigh (10/11)	Outturn 11/12	Target (10/11)	Q1
PAF C23	Adoptions of CiC (including SGOs)	Paulette Thompson-Omenka	13.0%	9.9%	13.0%	1.4%
NI61	Timeliness of placements of Children in Care for adoption following an agency decision that the child should be placed for adoption	Paulette Thompson-Omenka	68.5%	62.1%	75.0%	33.0%
NI62	Stability of placements of Children in Care: number of moves (based on rolling 12 months)	Joy Chambers	11.2%	11.5%	12.0%	9.8%
NI147	Care leavers in suitable accommodation	Paulette Thompson-Omenka	88.8%	80.4%	100.0%	100.0%
NI148	Care leavers in employment, education or training	Paulette Thompson-Omenka	58.0%	60.7%	95.0%	77.8%

Whilst performance in many areas has improved, significant focus is being placed on areas where performance is weaker. Robust action plans, monitored by senior management, are being implemented to drive performance improvements.

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## CORPORATE PARENTING BOARD REPORT

<b>Title of paper:</b>	<b>Commissioned Work in Fostering and Adoption</b>	
<b>Director(s)/ Corporate Director(s):</b>	Satinder Gautam, Director Childrens Safeguarding Ian Curryer, Corporate Director And Acting Deputy Chief Executive Officer	<b>Wards affected: ALL</b>
<b>Contact Officer(s) and contact details:</b>	<b>Katie South – Service Manager Fostering and Adoption</b> <b><u>Katie.south@nottinghamcity.gov.uk</u></b> <b>0115 8762460</b>  <b>Paulette Thompson-Omenka – Head of Service Children in Care</b> <b><u>Paulette.thompson-omenka@nottinghamcity.gov.uk</u></b> <b>0115 915 8765023</b>	
<b>Other officers who have provided input:</b>	<ul style="list-style-type: none"> <li>• Simon Stubbs – Social Work Choices</li> <li>• Sara Dellar – Practice Manager Fostering &amp; Adoption</li> <li>• Lynn Spencer Adoption Manager – Social Work Choices</li> <li>• Fostering Manager – Social Work Choices</li> </ul>	
<b>Relevant Council Plan Strategic Priority:</b>		
World Class Nottingham		
Work in Nottingham		✓
Safer Nottingham		
Neighbourhood Nottingham		
Family Nottingham		✓
Healthy Nottingham		✓
Serving Nottingham Better		
<b>Summary of issues (including benefits to customers/service users):</b>		
<p>This report provides evidence of the commissioned work undertaken to date between Nottingham City Council and Social Work Choices. The report will provide information regarding productivity, positive relationships and areas for development.</p> <p>Social Work Choices is NCC's commissioned partner who undertake assessments on prospective foster carers, adopters and connected persons in preparation for approval at the appropriate panel.</p> <p>The pilot with SWC has been in operation since 1<sup>st</sup> August 2012 and is a three year pilot.</p>		
<b>Recommendation(s):</b>		
<b>1</b>	<b>Assessments to be continued to be commissioned by NCC to a third party, SWC.</b>	
<b>2</b>	<b>Accept the full end of contract year performance report on the number of assessment and approvals undertaken by Social Work Choices with specific consideration given to timescales, quality and improvements.</b>	
<b>3</b>	<b>Ongoing commitment to support the Fostering and Adoption Service in managing its relationship with the commissioned partner Social Work Choice to ensure NCC meet its national and local strategic priorities.</b>	

## **1 BACKGROUND**

- 1.1 In August 2011, Social Work Choices (SWC) were contracted to undertake a pilot to assess potential foster carers and adopters on behalf of Nottingham City Council's Fostering and Adoption Service. This is a three year pilot. During year 2, NCC will evaluate the project in all aspects and specifically all areas of VFM with the beneficiaries and workers.

The Services to be supplied by SWC in accordance with the contract comprises the delivery of both a fostering and adoption assessment service.

The assessment of each applicant to become an adoptive parent or foster carer is carried out by the Contractor pursuant to all relevant legislation:

- Adoption and Children Act 2002
- Fostering National Minimum Standards and the associated Regulations
- The Adoptions with a Foreign Element Regulations 2005
- The Adoption Agencies Regulations 2005
- The Restriction on the Preparation of Adoption Reports Regulations 2005 with regard to the preparation of adoption reports for the purposes of section 94(1) of the Adoption and Children Act 2002; and
- The Suitability of Adopters Regulations 2005.

Regular quarterly monitoring meetings are held with SWC to ensure quality of service and adherence to the contract. These meetings enable us to address specific issues relating to the service. These meetings have proved invaluable in managing referrals, building relationships, reaching agreements, and monitoring performance and value for money.

Since commencement of the contract NCC are now at the stage where assessments have been completed and brought to the appropriate panels for approval.

## **2 REASONS FOR RECOMMENDATIONS (INCLUDING OUTCOMES OF CONSULTATION)**

### **2.1 Performance outcomes:**

Social Work Choices have been working in partnership with Nottingham City Council since August 2011 carrying out Fostering Assessment (Form F's), Connected Persons assessment (Form F2's) and Prospective Adoptive Reports (PAR's).

<b>Nottingham City Council</b>	<b>Application for Fostering Information Packs</b>	<b>Attendees at Fostering Information Evening</b>	<b>Response forms received for consideration of Initial visit (IV)</b>
01 September 2011 – 31 August 2012	<b>615</b>	<b>205</b>	<b>72</b>

## Fostering Assessments

Since the commencement of the contract, SWC have had one hundred and fifteen Fostering Referrals (which includes some completed IV's completed by NCC). Out of which sixty three are currently Initial Visits and fifty two have gone forward to a full assessment(Form F).(Fig.1.)

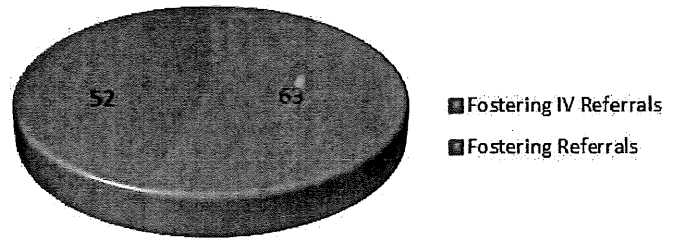


Fig.1.

Total 115

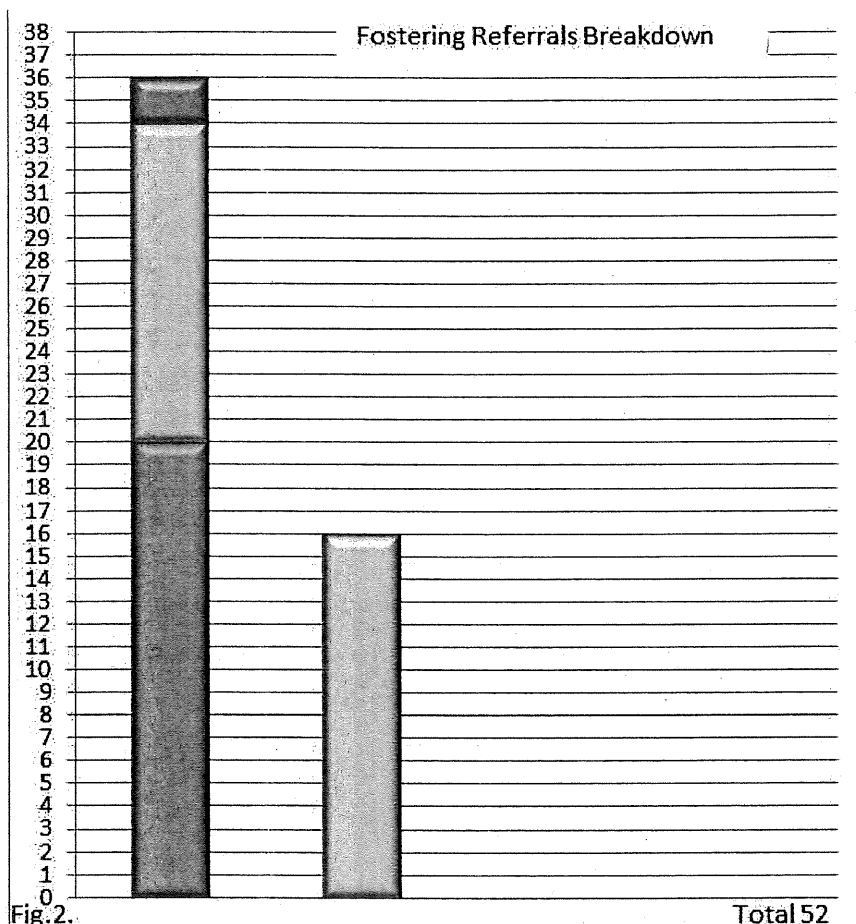


Fig.2.

Total 52

- \* Fostering assessments on hold.
- \* Fostering assessments completed and approved.
- \* Fostering assessments going to panel
- \* Fostering assessments closed/withdrawn

Although commissioned from September 2011, SWC's first completed assessment came to fostering panel on 17 November 2011. To date, SWC have had fourteen fostering assessments go to panel which were approved with a further thirteen booked at panel during 2012 and seven booked early 2013. since attendance at their first panel in November 2011, during the initial 12 month commissioned period, SWC will have had a maximum of twenty-seven approvals (subject to all assessments being approved).

During a similar 12 month period from September 2011 – August 2011, Nottingham City Council approved eighteen foster carers.

There were some issues with the Fostering Panel capacity. It has been agreed following the midpoint review that NCC will establish an additional Fostering Panel. This will allow for a minimum of 60 new applications to be dealt with.

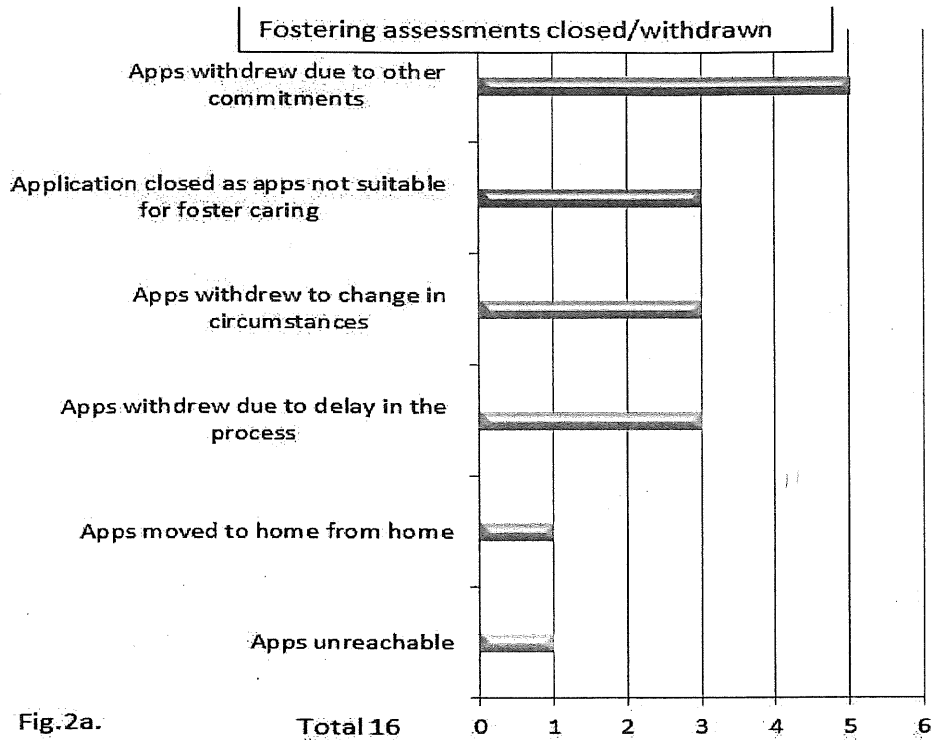


Fig.2a.

Sixteen fostering assessments were closed/withdrawn due various reasons. (Fig.2a.) Two assessments are currently on hold, whilst we address the appropriateness of their housing and employment status. There are currently twenty fostering assessments in progress all of which look positive and are likely to be heard at panel and all have panel dates. (Fig.2.)

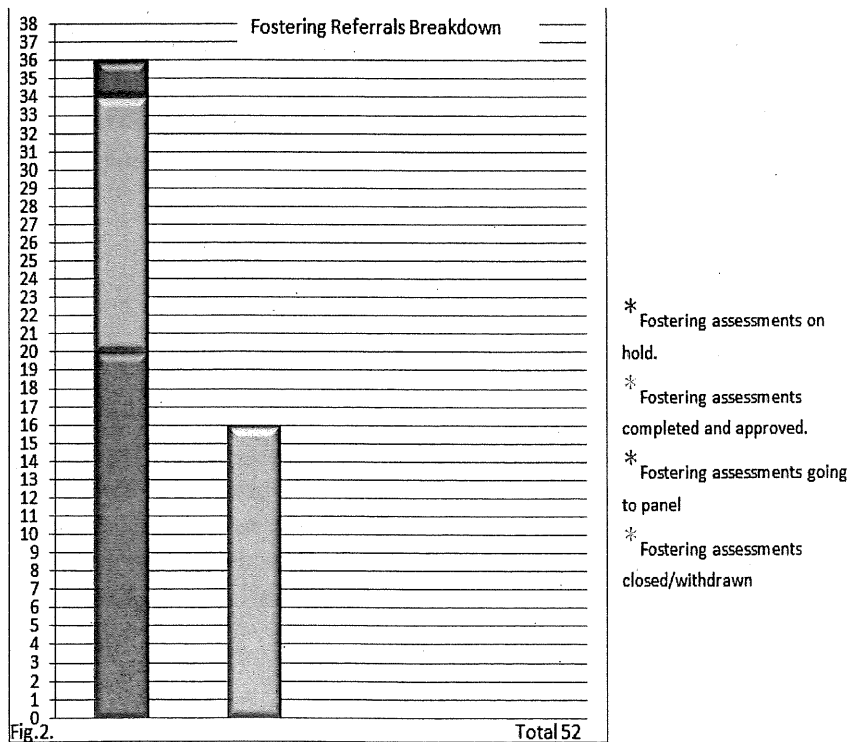


Fig.2.

Five applicants withdrew due to other commitments and three applicants withdrew due to change in circumstances. Commitments and change in circumstances were a mixture of reasons, including current employment issues. Some applicants changed

their mind and withdrew their application to foster after understanding how intensive fostering can be and some applicants had personal problems which were not disclosed.

Three further applications were closed through a joint decision between Nottingham City Council and Social Work Choices as the applicants were not deemed suitable to be accepted as Foster Carers. The applicants had preferences for children from specific background and cultures which the Local Authority may not always be able to accommodate.

Three applications were withdrawn as result to the delay in starting the fostering assessment. One fostering assessment was closed but was reallocated to a connected person's assessment. (Fig.2a.)

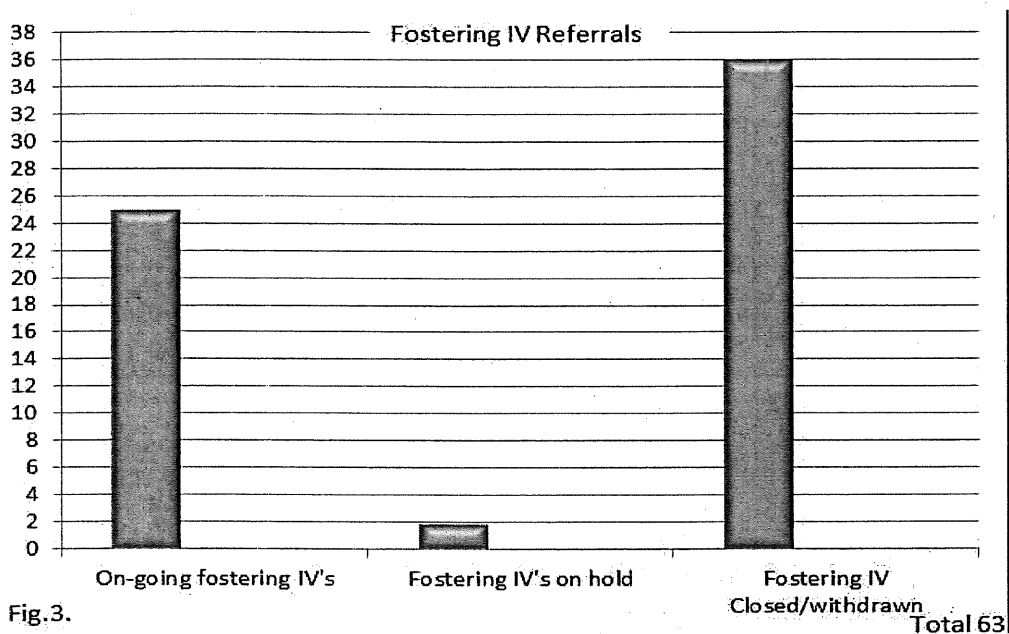


Fig.3.

Majority of the initial visits progressed on to fostering assessment and all fifty two assessments (Fig.2) were completed initial visits. At present SWC has twenty five initial visits which are more than likely to go on to a fostering assessment. Two initial visits are currently on hold as there are some issues to be addressed before they can progress on to a fostering assessment. (Fig.3.)

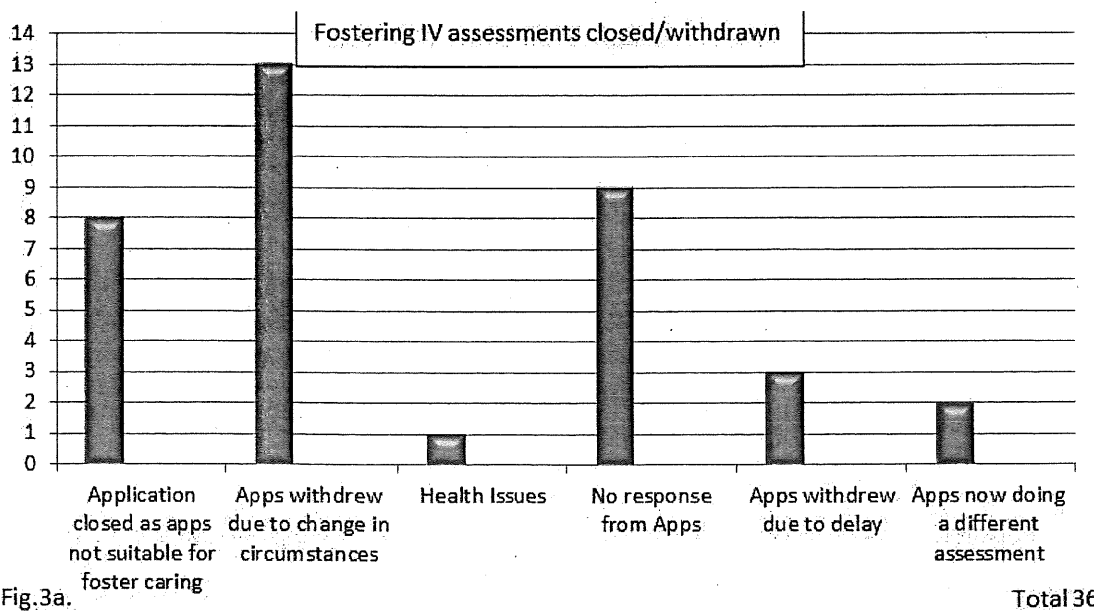


Fig.3a.

Total 36

Since August 2011 there has been in total 36 initial visits closed/withdrawn (Fig.3). There are number of reasons for this including a change in circumstance for the applicants and no response from applicants after numerous attempts in contacting them. Eight applications were closed by Nottingham City Council after robust quality assurance and consideration of the application. These applicants were not suitable to be foster carers; some applicants had issues with their immigration status, some had accommodation issues and many applicants had personal problems with which placing a child in care was inappropriate.

Two Initial visits were cancelled and reopened as an application to Adopt or became a Connected Persons Assessment. One application was closed due the applicants having health problems. Three applications were withdrawn as there was a delay in starting the initial visits from the time of when the applicants attended the information meeting.

In order to address these delays, Nottingham City Council, in agreement with SWC, has amended it's initial process so that the allocations are made concurrently to applications being completed by applicants.

### Connected Persons assessments

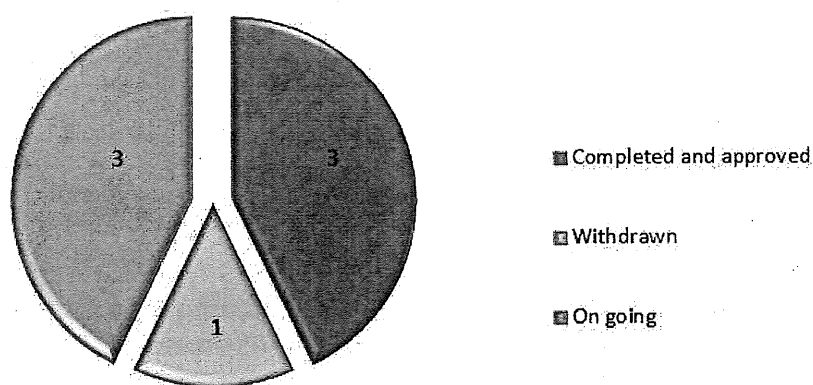


Fig.4.

Total 7

In order for a connected person to care for a looked after child, they must be approved as a foster carer under the Fostering Service Regulations (2011) or temporarily approved as a foster carer under the Care Planning, Placement and Case Review Regulations (2010).

Connected Person is defined as "A relative, friend or other person connected with a child. The latter is someone who would not fit the term 'relative or friend', but who has a pre-existing relationship with the child. It could be someone who knows the child in a more professional capacity such as (for example) a child-minder, a teacher or a youth worker."

Relative is defined as "a grandparent, brother, sister, uncle or aunt (whether of the full blood or half blood or by marriage or civil partnership) or step-parent."

Currently SWC have completed three Connected Persons assessments, all three have been approved. A further three assessments are currently in the process and are likely to be approved at panel. One application withdrew as the applicant changed their mind.



During the same period September 2010 – August 2011, Nottingham City Council had 14 Connected Person Assessments approved at Panel. Until recently NCC have continued to complete some Connected Person Assessments.

Both Connected Persons Assessments and Fostering Assessment share the same panel. The allocated space on average is two-three assessments per panel. Other cases at panel are plans and matches. Nottingham City Council has one fostering panel per month at present therefore takes an average of 24-36 assessments to panel in a year. This is being addressed through the increase in panel capacity.

### Adoption Assessments

Nottingham City Council	Application for Adoption Information Packs	Attendees at Adoption Information Evening	Response forms received for consideration of Initial visit (IV)
01 September 2011 – 31 August 2012	335	130	70

Ninety-two Adoption Initial Visits (IV's) were sent to SWC for completion from September 2011 (This includes IV's completed by NCC prior to September 2011).

Following the I.V, fifty-two referrals have been sent to SWC for Prospective Adopter Report's (PAR's) (Fig.5).

**Prospective Adoption Report**

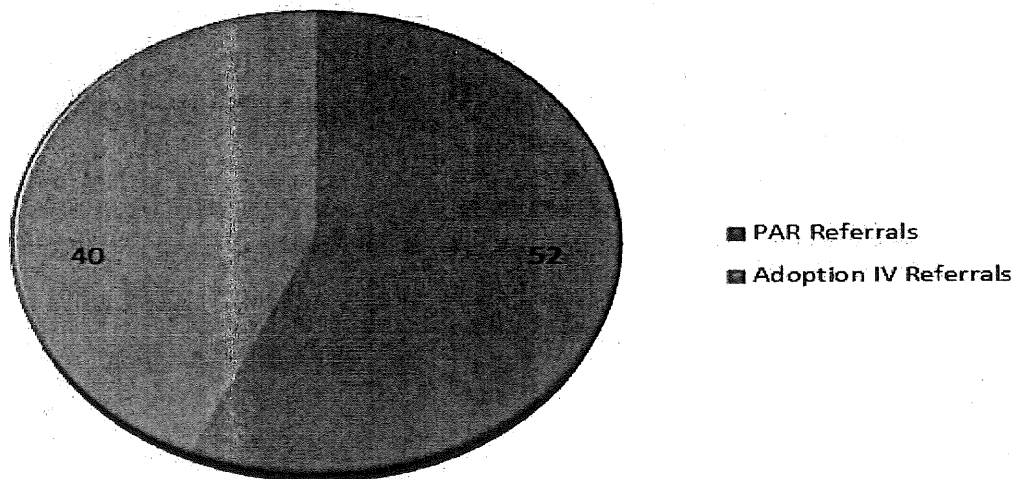


Fig.5.

Total 92

Currently there are thirteen initial visits in working progress. One assessment is on hold due to health issues and twenty six closed initial assessment (Fig.7.)

## Adoption IV Referrals

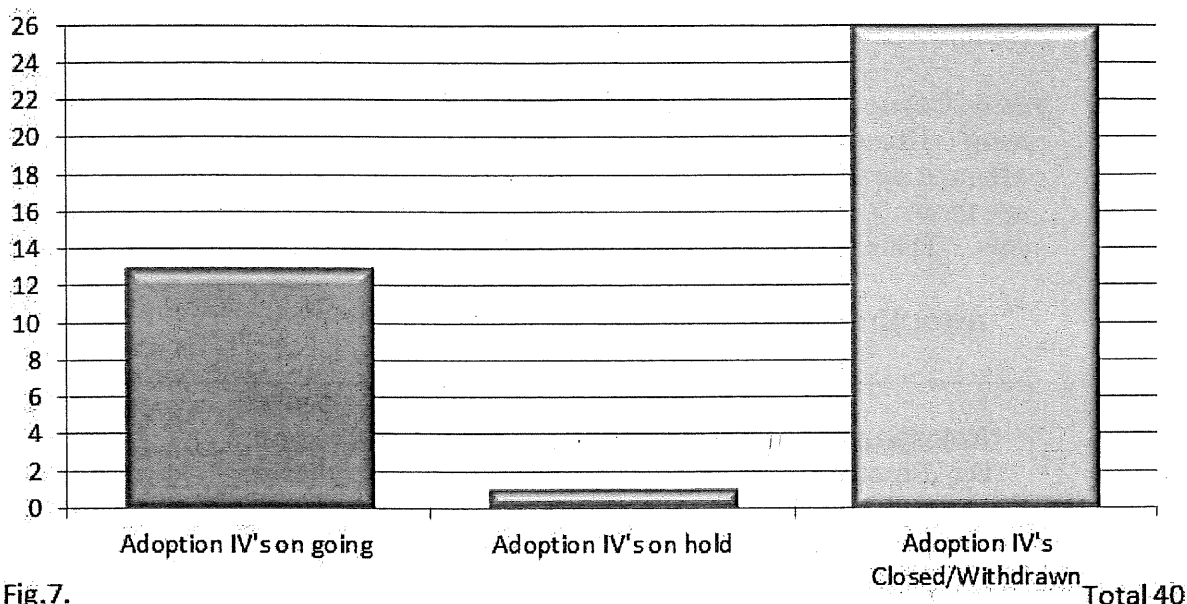


Fig.7.

There were several reasons why these twenty six assessments were closed/withdrawn. Some applicants had issues with their health, others had a change in circumstances, some withdrew due to the delay in process, many applicants did not respond to correspondence. A further seven assessments were closed through a joint decision between Nottingham City Council and Social Work Choices as the applicants were not suitable to become adoptive parents. (Fig.7a)

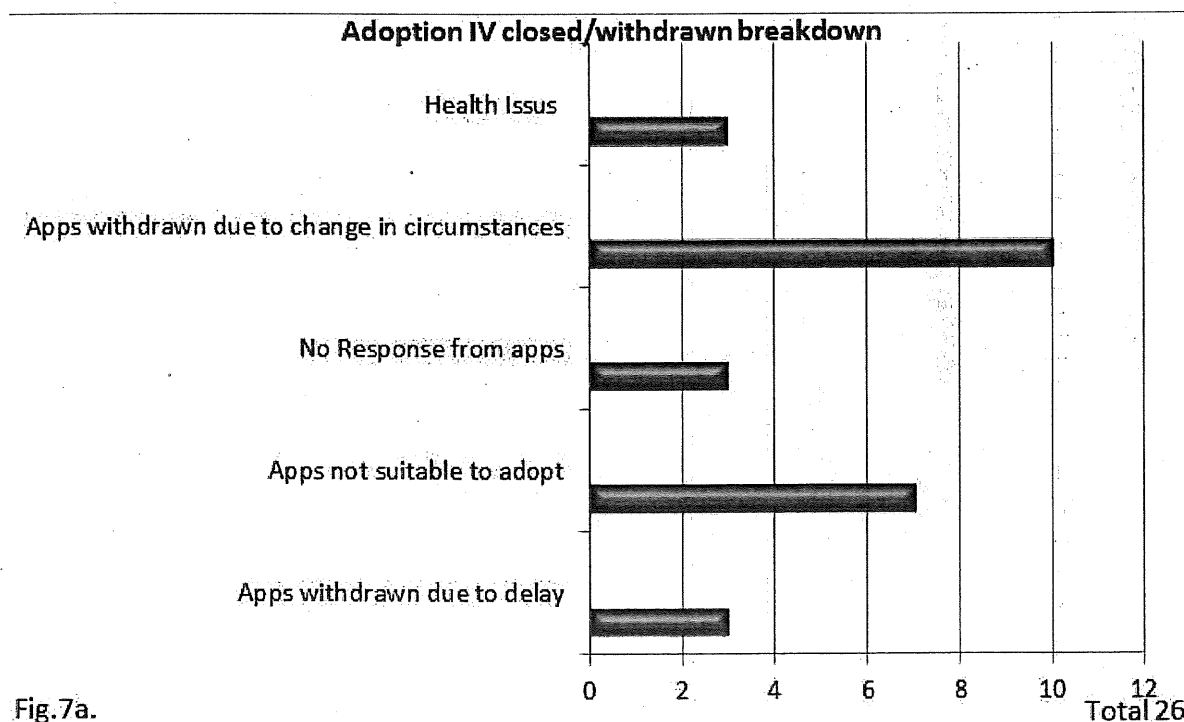
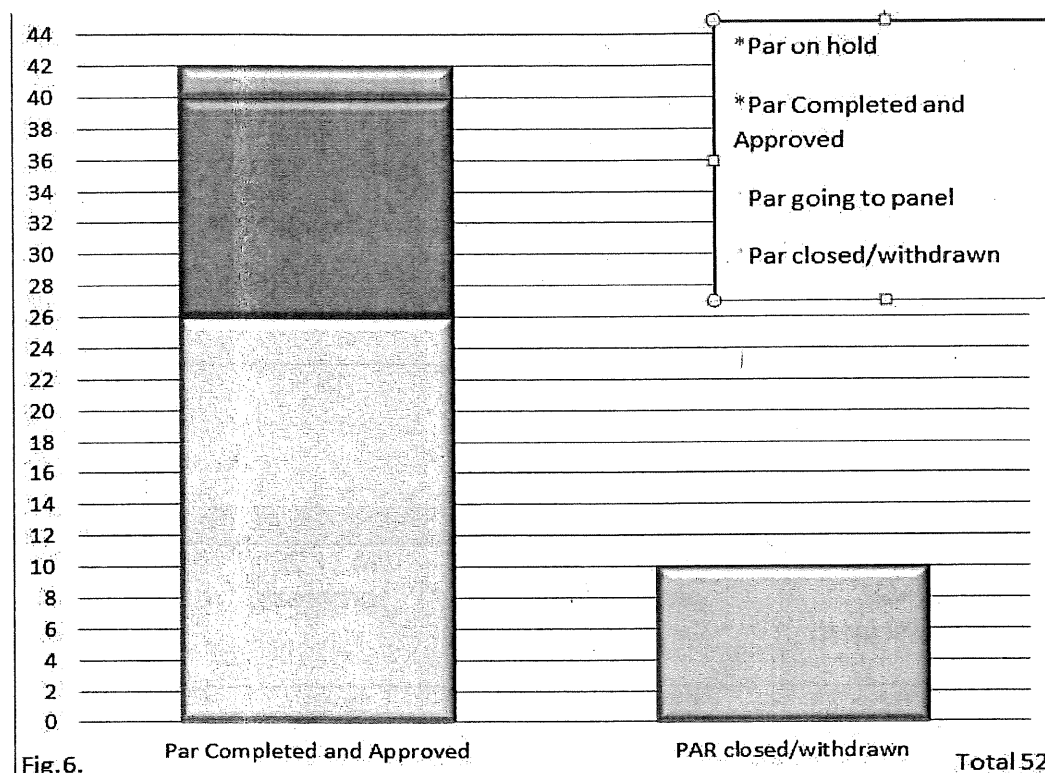


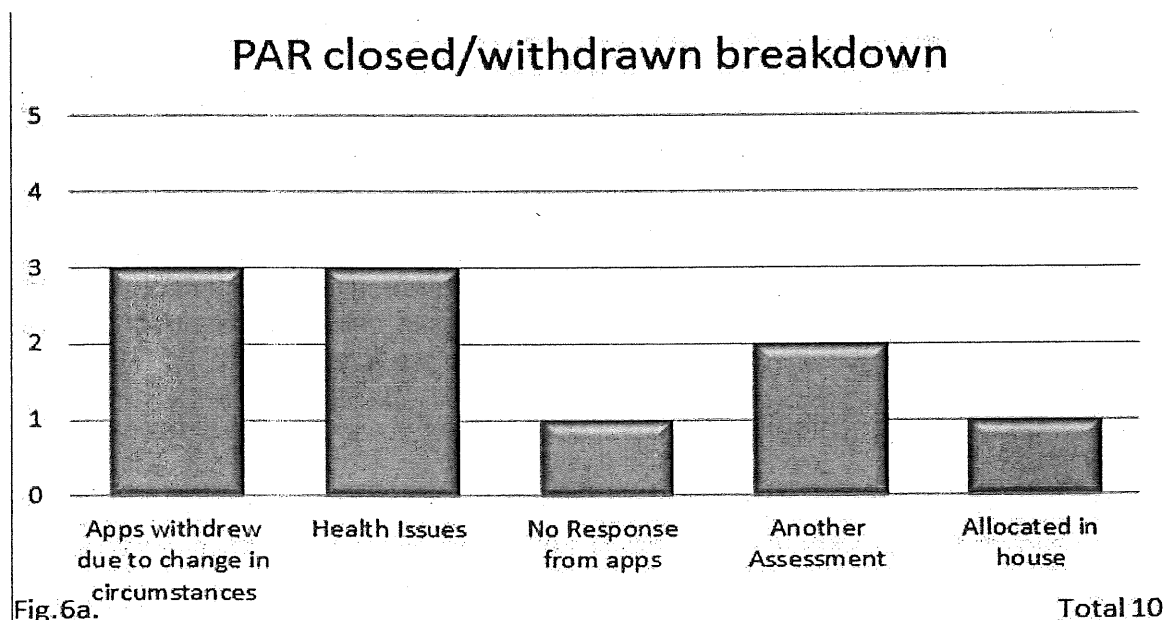
Fig.7a.

Out of the fifty two referrals to PAR, fourteen assessments are completed and went to adoption panel and subsequently approved. A further twenty six assessments are currently in progress, are going to go to panel and are likely to be approved and all have panel dates. Two assessments are on hold due to health issues. (Fig.6.)

During the same period September 2010 – August 2011, Nottingham City Council approved nineteen adopters approved at panel. This comparator does not take into consideration the recent high numbers of adoption plans which have had to be prioritised at panel due to court direction.



Ten PAR assessments were closed/withdrawn due to the following reasons: applicants withdrew their application due to change in circumstances; some applications were closed due to health issues; others were better suited to a Special Guardianship Order and one application was closed due to no response from the applicants and another was allocated within NCC. (Fig.6a.)



A comprehensive pricing structure was agreed within the contract. Early indications show that the net price to NCC of fostering and adoptions assessments represents Value for Money.

<b>Fostering/CP</b>			<b>Totals</b>
Completed Form F Assessment	<b>£2000 per assessment</b>	14 + 3 (+ 20 going through at present (13 booked in 2012 and 7 in 2013))	37 x 2000 £74,000.00
IV + Checks	<b>£30 per hour</b>	115	115 x 6 (hrs) x 30 £20,700
Assessment ceased by mutual agreement	<b>£30 per hour up to a max £2000</b>	18 +1	19 x 8 (hrs) x 30 £4,560.00
<b>Adoption</b>			<b>Totals</b>
Completed PAR assessment	<b>£2200 per assessment</b>	14 (+ 26 in progress)	40 x 2200 £88,000
IV + Checks	<b>£30 per hour</b>	92	92 x 6 (hrs) x 30 £16,560.00
Assessment ceased by mutual agreement	<b>£30 per hour up to max £2000</b>	10	10 x 8 (hrs) x 30 £2,400.00

The above costings are approximate as some timings will be under and some over the designated time allocated to complete.

A review of the pricing structure is scheduled and will also consider include travel costs.

Initial feedback from both fostering and adoption panels has been positive. Panel chairs and members have commented on the quality of the assessments coming through. A satisfaction questionnaire was distributed to our potential adopters/foster carers who had made an enquiry to us from April 2011. The purpose of this was to capture feedback about our Fostering and Adoption Service as well as Social Work Choices. To date we received 20 feedback questionnaires from prospective adopters and 18 feedback questionnaires from prospective foster carers. An analysis of the responses is being completed and will be available for the board late 2012.

Initial issues relating to IT accessibility and secure emails have been resolved.

Further discussions are planned to consider the introduction of concurrent planning and dual approval, the development of a leaflet to distribute to prospective foster carers and adopters, and appropriate training and development support.

As part of our Reshaping Prevention and Safeguarding Services for Children Transformation Programme, the Fostering and Adoption Service aims to demonstrate

the potential to make savings through a timely adoption process. SWC are supporting Nottingham City in our implementation of this.

The outcomes from the Pilot with SWC will be made available to the Board in late 2012.

Internally NCC have had to give some real consideration to its administrative processes which have not always been timely and well organised. This has led to some delays for both prospective foster carers and adoption applicants.

The work therefore undertaken by SWC has been more challenging as they have in some cases been unable to secure timely slots at Panel to present cases

A review of the administrative structures has taken place and processes are now much more defined and will reduce delays.

There have been some issues internally with the scheduling of the pre-approval Training for both foster carers and adoption applicants. Feedback from applicants is that there have experienced some delays due to cancelled training thus preventing their approval going to Panel. Feedback from applicants in respect of adoption has asked that NCC review this training with some urgency and make changes.

Some consideration is being given to how best the training should be delivered and by whom to ensure that it is fit for purpose, timely, relevant and appropriate to ensure that applicants do not experience unnecessary delays.

Establishing the second fostering panel which will be smaller and more discreet will provide for a supportive environment for prospective carers.

### **3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

- 3.1 The current staffing infrastructure in Fostering & Adoption does not support in-house assessments and to change direction now would significantly delay approval of new foster carers and adopters. The pilot is for 3 years and will be extensively evaluated.

A full tendering process would be needed to consider other providers in this field beyond the pilot.

Part of the imperative given to SWC is to cut the timescales for both fostering and adoption assessments. This is a key performance measure that will be fed back to the Board.

### **4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY)**

- 4.1 SWC are providing the services required within the financial framework identified and agreed within the contract as a pilot. Where issues have occurred, these have been addressed on an individual needs basis and will be reconsidered at the point of contract renewal to ensure the service provider continues to offer VFM.

### **5 RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS, CRIME AND DISORDER ACT IMPLICATIONS AND EQUALITY AND DIVERSITY IMPLICATIONS)**

5.1 The potential risks presented by the services currently contracted to Nottingham City Council include the following:

- Poor quality assessments
- Under performance
- Financial overspend
- Failure to meet Fostering and Adoption National Minimum Standards

These risks have been minimised through regular monitoring and review, the provision of statistical performance reports and consultation and feedback from the service users. Financial monitoring is undertaken to ensure budgets and targets are met.

## **6 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

- 6.1 Nottingham City Council and Social Work Choices contract  
[Contract Reference: 260-ADOPT-SD-08-2011]
- 6.2 Fostering & Adoption data from SCW Ltd as at 17.08.12

## **7 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

- 7.1 Fostering National Minimum Standards
- 7.2 The Nottingham Plan to 2020
- 7.3 Adoption and Children Act 2002;
- 7.4 The Adoptions with a Foreign Element Regulations 2005;
- 7.5 The Adoption Agencies Regulations 2005;
- 7.6 The Restriction on the Preparation of Adoption Reports Regulations 2005 with regard to the preparation of adoption reports for the purposes of section 94(1) of the Adoption and Children Act 2002; and
- 7.7
- 7.8 The Suitability of Adopters Regulations 2005.

**CORPORATE PARENTING BOARD – SEPT 2012**

<b>Title of paper:</b>	Improving Health Outcomes For Children and Young People in the Care of the Local Authority – Nottingham City	
<b>Director(s)/ Corporate Director(s):</b>	Dr Emma Fillmore – Designated Doctor Children in Care, NHS	<b>Wards affected:</b> All
<b>Contact Officer(s) and contact details:</b>	Emma Pearce – Child and Adolescence Mental Health Children Looked After Team <a href="mailto:emma.pearce@nottshc.nhs.uk">emma.pearce@nottshc.nhs.uk</a> Dr Emma Fillmore Designated Doctor Children in Care <a href="mailto:emma.fillmore@nhs.net">emma.fillmore@nhs.net</a> Sharon Thompson – Designated Nurse Children in Care <a href="mailto:sharon.thompson@nottshc-chp.nhs.uk">sharon.thompson@nottshc-chp.nhs.uk</a>	
<b>Other officers who have provided input:</b>	None	

**Relevant Council Plan Strategic Priority:**

World Class Nottingham	
Work in Nottingham	✓
Safer Nottingham	✓
Neighbourhood Nottingham	
Family Nottingham	✓
Healthy Nottingham	✓
Serving Nottingham Better	✓

**Summary of issues (including benefits to customers/service users):**

- To further develop the working relationships and information sharing pathways between health and social care
- To further develop our service to involve users of the service in taking services forward
- To ensure users and partner agencies clearly understand the roles, remit and responsibilities of health working with children in care and on an adoption plan
- To build on the positive experience of Co-location work
- To ensure that all children and young people know who their nurse or doctor is and to work towards ensuring that relationship follows the child / young person through their journey whilst they are in the care of the local authority
- To take forward services for young people leaving care and in transition to adult services
- To ensure the health needs of children in care are clearly understood and maintain a high profile in the new emerging organisations within health
- To support and maintain the emotional health of children in the care of the local authority using the skills within the dedicated multi-disciplinary child and adolescent mental health team
- To undertake mental health assessments as and when necessary.
- To maintain and improve the working relationships between social care, healthcare trust and the primary care trust
- To offer and contribute to training programmes offered to professionals within the social care and health arena

- To use a consultation model of service delivery that includes the network of professionals surrounding the child to develop plans to support the emotional needs of the child/young person
- To consider the need for individual therapeutic work for the child/young person and provide this using the most appropriate model and/or approach
- To monitor the therapeutic and emotional needs of those children in the care of the local authority who are placed outside of the Nottingham City boundary.

#### **Recommendation:**

It is recommended that the Corporate Parenting Board note and comment on the performance for Social Care on the Children in Care and Adoption Health Team and Child and Adolescence Mental Health Children Looked After Team for 1<sup>st</sup> April 2011- 31<sup>st</sup> March 2012.

## **1 BACKGROUND**

### 1.1

There is clear evidence indicating that children and young people who enter the care system often have worse levels of health than their peers, which can in turn have long term impacts on their future health outcomes.

The *Statutory Guidance on Promoting the Health and Well-Being of Looked After Children* (DH/DCSF, 2009) **AIMS** to ensure that all looked after children and young people are physically, mentally, emotionally and sexually healthy, that they will not take illegal drugs and that they will enjoy healthy lifestyles.

1.2 In recognition of the identified health inequalities and in response to the guidance laid out in the '*Statutory Guidance on Promoting the Health and Well-Being of Looked After Children*' DH 2009, Nottinghamshire Healthcare NHS Trust has been commissioned to deliver two key services specifically designed to meet the health needs of children and young people in the care of the local authority and to begin to address those inequalities across Nottingham City and Nottinghamshire:

- Children in Care and Adoption Health Team
- Child and Adolescent Mental Health Looked After Children Team.

1.3 Nottinghamshire Healthcare NHS Trust has commissioned County Health Partnerships (CHP) to provide The Children in Care and Adoption Health Team Service. This distinct and specialist team of doctors and nurses works with children in the care of the local authority across Nottingham City and Nottinghamshire County (including Bassetlaw). The team includes Clinical Nurse Specialists, Community Paediatricians and Designated / Lead Doctors and Nurse whose responsibility it is to ensure that as a team we:

- Meet our statutory obligations
- Provide comprehensive health assessments for children when they enter care and through their journey in care
- Work with children, young people and our Social Care colleagues to ensure that identified health needs are met
- As Designated Professionals ensure that the health needs of children in care are raised and recognised in all appropriate forums across the health and



social care communities.

The paediatricians within the team are employed by Sherwood Forest Hospitals NHS Trust and Nottingham University Hospitals NHS Trust, the nurses are employed by the Nottinghamshire Healthcare NHS Trust.

The team has close local working links with medical and nursing teams across the health community.

Through the Designated Professionals the team is able to offer expert advice, support and guidance at a strategic level across Nottingham and Nottinghamshire to public health and to commissioners, and has national links to the British Association of Adoption and Fostering (BAAF), Royal College of Paediatricians and Child Health Specialty Groups and Department of Health Children in Care working groups. Through this work the Health Team are able to influence national and local strategy and policy with contributions to the documents "Promoting the Health and Wellbeing of Children in Care" and "BAAF Health Notes and Policy for Clinical Practice."

The Health Team also contribute to foster carer and adopter's information and guidance for children's health and development.

- 1.4 The service has a clear Service Specification and identified Key Performance Indicators which are reported on quarterly to the commissioners Nottingham City and County and annually through the annual report.  
The service is underpinned by Practice Guidance.

- 1.5 The service works closely with our safeguarding colleagues in health and social care to safeguard children and young people in care and to work with and take forward recommendations from Serious Case Reviews.

1.6

#### **CAMHS Children Looked After Team**

In 2000 the CAMHS Children Looked After team was introduced as a team distinct from mainstream CAMH services. The team was jointly commissioned and funded by the Healthcare Trust and the Local Authority in recognition of the fact that children in care were 5 times more likely to have emotional and mental health needs than their counterparts. The most recent NICE guidance 2010 on improving the quality of life of children in care highlighted the need for dedicated mental health services given the trauma and abuse many may have experienced prior to entering the care system

The multi-disciplinary team incorporates professionals employed by both the Healthcare trust and the Local Authority and works across both these agencies to meet the needs of children and young people in care. The team is based within an NHS building and conforms to all the relevant operational procedures and policies in addition to the manager participating in managerial duties, responsibilities and supervision. We also adhere to Local Authority procedures and guidance and contribute to data collection measures within both agencies.

The team consists of 6 professionals employed by the Local Authority and 5 healthcare professionals with disciplines ranging from psychiatry, psychology, art therapists, nurses and social workers and offer a consultation model of service delivery to maintain the emotional and mental health of children in care. Research has demonstrated that working with the professional network around the child is considerably more effective than offering direct therapeutic services to the child in isolation from the wider network. Over the past 12 years, data collection and outcome measures have been introduced to meet the requirements of the healthcare trust and DOH indicators in order to demonstrate the effectiveness and efficacy of the service in addition to meeting

organisational objectives.

## 2 **SCOPE OF THE SERVICE**

### 2.1

Looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect. (DH, 2009).

These may include:

- Developmental delay
- Growth problems
- Sexual health problems
- Speech and language difficulties
- Bedwetting
- Co-ordination difficulties
- Dental decay
- Vision / hearing difficulties
- Lack of childhood immunisations
- Problems associated with drug and alcohol abuse / misuse (parental)
- Health problems associated with previous experiences of abuse and neglect

2.2 It is the responsibility of the local authority to make sure that every child it looks after has a health assessment which forms a part of the health plan and it is the responsibility of the Primary Care Trusts (PCT's) to ensure that they are able to co-operate in the delivery of this function.

### 2.3 **The Health Assessment**

Each child or young person must have a health assessment on entering the care of the local authority. This is not an isolated event but a part of a continuous process that ensures the provision of high quality care and requires close working between ourselves, the children, young people and their carers and our health and social care colleagues.

The first assessment is undertaken by the paediatrician and subsequent assessments by the Clinical Nurse Specialists or the paediatrician as appropriate to the child / young person's health needs.

The initial health assessment should take place within 28 days of the child / young person entering the care system (from the time of the 72 hour review).

Following review health assessments take place twice yearly for children under the age of 5 years and annually for children over the age of 5 years and up until their 18<sup>th</sup> birthday.

The health care plan is then developed from the health assessment and will include information also gathered from the child's health record, primary/ secondary and tertiary health settings, the strengths and difficulties questionnaire, information from our Child and Adolescent Mental Health colleagues ( Children in Care and tier 3), parental health records and the mother and baby health report. The aim is to provide a comprehensive assessment of current identified health needs, including any previous health history which may have implications on that child / young person's future health outcomes.

The completed health assessment then forms a part of the Care Plan and Looked After Review process and is shared with the social worker, the GP, carers, child / young person and health partners as appropriate.

The health assessment is then built on and follows through the individual child / young

- persons journey through care.
- 2.4 Whilst the health assessment and report form the core element of the service this by no means reflects the full range of activities the team is able to provide for children and young people in the care of the local authority.  
The team are involved in a range of key activities which promote the health of children and young people in care.

### **Teaching and training**

The team provide teaching and training to a range of health and social care colleagues to include social workers, medical students and student nurses, health visitors, school nurses voluntary sector workers, residential home workers as well as to Foster carers and Adoptive parents ( pre and post adoption).

The team also deliver specific training sessions on the health of children in care and ensure that the health needs of children in care are linked into the safeguarding training across the trust.

### **Health support in residential care homes**

We are currently able to provide a named nurse link to all the local authority residential care homes across the city. The nurses visit the homes on a regular basis to meet with the children / young people, residential care workers on a 1:1 basis, to offer health education sessions to the care workers and to the young people and to offer training to care workers and have. We also have links to and provide identified services to other residential homes used by the City to place children and young people.

### **Panel work**

The team are involved in the various adoption and fostering panels that sit across the city and provide medical reports and expert advice to the panels. The Medical adviser analyses the medical information of the adults applying to be adopters, foster carers, child specific carers and short stay carers. The implications of the health issues of prospective adult carers are carefully summarised with the needs of the children to be placed central to the advice given to panel.

### **Named Nurse/ Doctor**

We aim to ensure that all children / young people will know who their nurse/doctor is through their journey in care and that, that nurse/doctor will wherever possible remain with that child / young person, ensuring continuity of care.

### **Co – Location**

Kathryn Beresford, one of the Clinical Nurse Specialists, has this year been piloting Co Location with the 15+ team at Isabella St. Kathryn is currently working one day a month based with the team at Isabella St where she is available to the team to discuss individual cases, provide information about health signposting and offer health advice to social care staff to raise understanding around specific health related issues.

Kathryn has access to health systems through her laptop and is able to give updates to staff from our health databases. This pilot has been well received by all involved and looks set to grow and evolve.

The Co Location has coincided with the development of the new Children in Care team also based at Isabella St and as a team we are currently taking forward our working links with the team.

## **Information sharing**

Over the last few months we have been sharing information between health and social care through secure email accounts. As a health team we are now receiving weekly placement notifications. This allows us to ensure our records are current and that we are able to transfer health care as required when a child / young person moves placement. This is of particular relevance when a child moves out of Nottingham.

Health is now sharing our reporting data to the local authority analysts. This is enabling the data to be uploaded and matched on to social care databases and will ensure that data reported is accurate and timely and that social workers have up to date health information about their children.

## **Changing face of health**

As we are all aware there are a range of transformation processes ongoing within health and with particular the development of the Clinical Commissioning Groups (CCG'S) and the transfer of responsibilities for section 11 of the Children's Act 1989 to the CCG's by April 2013. As Designated Professionals we have been working with our Designated colleagues in Safeguarding to raise awareness, deliver training and provide expert advice to the CCG's to ensure that children in the care of the local authority remain safeguarded and that there is an understanding with regard to their particular health needs.

## **CAMHS Children in Care**

We are working in close partnership with our CAMHS Looked After Children team at an individual child / young person level and at a team level, working together to look at key areas for development and taking forward a service that is coordinated for the child / young person.

## **Social care**

We believe that health is now fully represented at all the appropriate forums within Nottingham local authority and contributes to a number of key groups such as the Senior Profiling Group and the Multi-agency audits.

We believe that the ongoing working relationship between the team, management and commissioners is productive and proactive in improving services for children in care.

Earlier this year the Nottingham City Council Fostering Service Ofsted inspection report indicated the health provision to be 'good'.

The Children in Care and Care Leavers 'Have Your Say' survey 2011 reported that 97% generally felt healthy ( all the time or often).

## **2.5 CAMHS Children Looked After Team Scope of Service**

The Children Looked After Team continues to provide a service to address, support and maintain the emotional and mental health needs of those children looked after by Nottingham City Council. The multi-disciplinary team offers support and intervention based on a consultation model that empowers the professional network around the child and their carers. Individual therapeutic work is offered to those children, young people and carers identified within the consultation process, as able to benefit from this

type of provision. Consultations are offered in a variety of settings in order to meet the needs of children and young people irrespective of the type of provision they are accommodated within.

### **Residential Consultations**

Members of the team provide consultations to the City residential small group homes and assessment units on a regular basis. Negotiations with each home identify how best to meet the needs of the young people within them. This provision is reviewed every 6 months with the Service Manager to maintain its efficacy.

We also liaise and offer support to staff within private residential homes where City children and young people are placed at the request of the social worker, staff within the unit or the young people themselves.

### **Fostering Consultations**

These consultations are offered to the professional network around the child three times a week on a regular basis. At present there is a 6-8 week waiting list for an initial consultation, although there is flexibility for those cases that are urgent or require psychiatric intervention.

### **Adoption Consultations**

These consultations are incorporated into the fostering consultation slots and primarily focus on offering support to children young people and their parents. We are also involved in offering specific therapeutic support to complex cases during the pre-adoption process to support the adoption of children with highly complex needs.

### **15+ Team & Leaving Care Team**

Regular consultations are offered to staff within these teams and individual therapeutic sessions are offered to these young people at their request.

### **Inter-Agency Partnerships**

We have strong working relationships with social care teams, health teams and the PCT. We regularly participate and contribute to key multi-disciplinary groups such as Edge of Care Panel, Placement Panel and Risk Management meetings and liaise with our counterparts in the Health team.

We have a close partnership with individuals within the Primary Care Trust that enable us to negotiate and secure therapeutic services for children and young people placed outside of the local area.

We also develop and maintain links with external providers of services for children in care and offer support, consultation and guidance for Nottingham City children placed with them.

### **Training**

Historically the team has contributed to training events organised by individuals in social care and health. More recently we are committed to offer training days on a range of issues to foster carers in order to increase their knowledge and understanding

of the needs of children in care and enhance the stability of their placements. We offered support to foster carer training on SDQ's in July 2011 and this was extremely successful

We are also engaged in providing training to residential care workers focusing on self harm, suicide awareness and strategies to support the care and welfare of young people who are actively self harming and those threatening suicide.

We received positive comments in this year's Ofsted Inspection of Fostering Services in Nottingham City.

### **3 CHALLENGES**

#### **3.1 We would like to focus on two key areas :**

Asylum Seekers

Key performance indicators – reporting immunisations

#### **3.2 Key performance indicators (KPI's)**

As indicated earlier in this paper the Children In Care Health Team reports quarterly to its commissioners on a number of KPI's outlined in the Service Specification. These include:

GP registration

Registration with a Dentist for the over 2 year olds

Completion of the Initial Health Assessments within timeframes

Completion of Review Health Assessments

Immunisations

#### **Immunisations**

The immunisation status of a child / young person is a good positive health indicator. It demonstrates the protection of individual children and the community against a range of diseases. There is a national childhood immunisation programme which all children are expected to complete.

It is therefore important that children who enter the care of the local authority and have not received their immunisations, often due to previous neglect, receive their immunisations.

The data currently reports on our performance against national targets (cover data) and actual uptake of immunisations.

What we have aim to develop is a tool which captures the immunisations rates of children and how those rates are built on and completed during their time in care, bringing their rates in line with the population and thus reducing inequalities.

Actions to improve uptake of immunisation rates:

- Always identify immunisation status and outstanding immunisations in the health plan
- Sharing of immunisation status with health visitors, school nurses and GP's in the community who can encourage and instigate uptake
- Sharing of the information with the social worker and with carers and increase understanding as to why uptake is so important from an individual and a public health perspective
- Use of and understanding of the referral pathways to the CityCare Immunisation team
- To look at the prospect of the Children in Care team delivering immunisations

#### **3.3 Asylum seekers**

Unaccompanied Asylum Seeking Children (UASC) are those children presenting to the Immigration and Borders Agency who are under 18 years old, travelling to Britain alone seeking refugee status. They now come under the Children Act Section 20 and as such must be given statutory services of accommodation, education, health and social care.

The Health Team provide an enhanced service for UASC recognising the complex and additional physical and mental health needs of this group of Children in Care. Work in partnership with local community volunteers, interpreters, specialist CAMHS workers, tertiary health services (e.g. GUM, Chest Clinic, Orthopaedic and trauma teams, Obstetrics and Gynaecology) is essential to start to meet the health needs resulting from war, malnutrition, torture, sexual and physical assault, family loss, lack of basic health care, lack of immunisations, infections and infestations.

Medical information contributes to the healthcare, safeguarding and appropriate placement and leave to remain for many vulnerable asylum seeking children.

### 3.4 **CAMHS Challenges**

As a team we face many challenges but will focus on two for the purposes of this report:-

#### **SDQ's Strategic Monitoring of External Placements**

##### **SDQ's**

The DfSE require each Local Authority to report on a series of indicators that provide information on a range of issues relating to children in care. The National Indicator 58 refers to the emotional health of children in care and this is measured by the completion of a Strength & Difficulty Questionnaire - SDQ.

The CAMHS Children Looked After team have incorporated this questionnaire into their referral process and have been liaising with analysts in social care to determine routine collection of the SDQ data which enables joint monitoring processes to regularly "score" the emotional health of each child in care. This data highlights those children and young people who would benefit from CAMHS involvement and allows inter-agency checks to identify existing service provision or indeed, gaps in service.

##### **Actions**

- To continue to liaise with social care administrators and analysts to ensure that data collection is as accurate and reliable as possible.
- To maintain our own data collection methods and statistics so that we can cross reference our information with that held in social care to increase the reliability of the data.
- To respond to "high" SDQ scores and request consultation referrals from social care professionals if the child is unknown to the team

#### **Strategic Monitoring of External Placements**

The team are contributing to discussions around developing protocols within social care and health to engage in ongoing monitoring of the therapeutic provision within some of these placements to determine and maintain value for money and define our

expectations of the therapeutic provision offered. It is hoped that as this evolves the CAMHS Children Looked After Team will be active participants in assessing and commissioning and monitoring appropriate therapeutic services for individual children.

#### Actions

- To participate in discussions with social care and health to determine the most effective approach to monitoring external placement therapeutic provision.
- Future strategic agreements will seek to define pathways for this which will enable a formal process to be embedded.
- Ongoing reviews across both organisations will identify and address any limitations and devise plans to manage these.

#### **4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY)**

By continuing to work together we can better identify and meet the health needs of children in care and therefore help achieve better health outcomes by identifying and responding to any concerning issues at an early stage.

#### **7 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

The Statutory Guidance on Promoting the Health and Well-being of Looked After Children published November 2009, (Department for Children, Schools and Families and Department of Health).

Annual Report 2010/11 Children in Care and Adoption Health team

Practice Guidance

Service Specification v8

NICE Guidance 'Promoting the quality of life of looked-after children and young people' 2010



Looked After Children Vaccination Uptake Figures 11/12

Children Reaching 1 years of Age during 1112

	ORIGINATING CITY						
	Number in Cohort	Number Vacc (Cover)	Number Vacc (Actual)	% Uptake (Cover)	% Uptake (Actual)	Target %	Comparative data
DTaP/IPV/Hib	45	44	44	97.8	97.8	95	92.40%
MenC (2 Doses)	45	44	44	97.8	97.8	95	94.90%
PCV Booster (2nd Dose)	45	44	44	97.8	97.8	95	91.90%



## CORPORATE PARENTING BOARD REPORT

17<sup>th</sup> September 2012

<b>Title of paper:</b>	<b>Care Leavers Housing Protocol</b>	
<b>Director(s)/ Corporate Director(s):</b>	Gill Moy, NCH	<b>Wards affected: ALL</b>
<b>Contact Officer(s) and contact details:</b>	<b>Sharon Clarke, Service Manager, Children in Care</b> <u><a href="mailto:Sharon.clarke@nottinghamcity.gov.uk">Sharon.clarke@nottinghamcity.gov.uk</a></u> <b>Gill Moy, Director, Nottingham City Homes</b> <u><a href="mailto:Gill.moy@nottinghamcityhomes.gov.uk">Gill.moy@nottinghamcityhomes.gov.uk</a></u>	
<b>Other officers who have provided input:</b>	Lynn Pearce, Team Manager 15+ P Stanley Void Property Manager, Nottingham City Homes	
<b>Relevant Council Plan Strategic Priority:</b>		
World Class Nottingham		
Work in Nottingham		
Safer Nottingham		✓
Neighbourhood Nottingham		✓
Family Nottingham		✓
Healthy Nottingham		
Serving Nottingham Better		✓
<b>Summary of issues (including benefits to customers/service users):</b>		
Nottingham City Homes are committed to working with Children's Services to ensure Care Leavers are supported before and during their tenancy. It is anticipated that around sixty Care Leavers will be housed in NCH accommodation each year. It is envisaged that this protocol will enable us to work in a better partnership to improve outcomes for Care-leavers.		
<b>Recommendation(s): Recommendations for 2012 below build on those proposed in 2011.</b>		
<b>1</b>	That the Corporate Parenting Board approve and support the Care Leavers Housing Protocol which aims to ensure all Care-leavers accessing Nottingham City Homes are supported from registration to the maintenance of their properties in order to sustain tenancies and prevent homelessness.	
<b>2</b>	That the partnership between Nottingham Social Care services and Nottingham City Homes continues to develop in order to ensure Care-leavers receive appropriate, Safe and needs-led accommodation.	
<b>3</b>	That the protocol will enhance opportunities for Care-leavers to access Education and Employment.	



# Care

# Leavers Housing Protocol

Gill Moy, Head of Service, Nottingham City Homes  
Sharon Clarke, Service Manager, Children in Care

## **Care Leavers Housing Protocol**

### **1. Introduction**

Nottingham City Homes are committed to working with Children's Services to ensure Care Leavers are supported before and during their tenancy. It is anticipated that around sixty Care Leavers will be housed in NCH accommodation each year.

Children's Services have met regularly with Nottingham City Homes and through these meetings the Care Leavers Protocol has been developed.

This protocol ensures all Care Leavers accessing NCH accommodation are supported from registration right through to maintaining their properties once allocated. NCH have supported Care Leavers financially by providing carpets and decoration of their properties where needed.

Children's Services and Nottingham City Homes will continue to meet as a group to raise any concerns as we monitor and evaluate the protocol and its procedures. Additional meetings have also taken place with other sections of NCH including the Home Link Support team to ensure we can provide a supportive and smooth transition for Care Leavers.

The 15+ Team are extremely pleased with NCH support and hope to continue this productive networking relationship, to maintain the high standard of support the protocol provides for Care Leavers accessing NCH properties.

This commitment is summarised in this protocol :

### **2. Registering – Homelink lead**

When a Care Leaver reaches 16 years old, they should be registered onto the waiting list for housing. The application form and firm recommendation should identify the fact that the applicant is a Care Leaver. This allows plenty of opportunity for the Care Leaver to be offered advice and guidance in preparation of being offered a tenancy.

All applications from Care Leavers will have a specific 'flag' made on Northgate notepad. All details of the Personal Adviser should be recorded as well as other identified support needs. This 'flag' will follow the Care Leaver throughout their application stage and into their tenancy to ensure all aspects of NCH provide appropriate support.

### **3. Interview – Homelink lead**

Once a firm recommendation has been received on behalf of a Care Leaver an interview is arranged by the Homelink Support Officer and this should also include the Personal Adviser. The purpose is to discuss and provide advice regarding areas of choice, type of accommodation that they would be eligible for and how to place bids and give a chance to discuss their concerns and ask

questions on a one-to-one basis. The interview will also focus upon the fact that an Introductory Tenancy will be given, the New Tenancy Visit, nine month review visit and the responsibilities within the tenancy agreement.

The Homelink Support Officer will be the single point of contact and will keep in regular contact with the Care Leaver.

A support needs assessment will also be required, during which any support needs that the applicant has will be identified.

This could include areas of sensitivity that need to be considered such as if the care leaver requires a male/female member of staff due to for example a history of abuse.

A flag will need to put onto the application stating any vulnerability issues or support needs that the Care Leaver has.

An ASB Risk Assessment will need to be conducted if necessary and the applicant must be informed of the Sensitive Lettings Policy. Again if there are any risks that the applicant poses this should also be flagged on the application.

#### **4. Bidding – Homelink lead**

The Homelink Support Officer will contact the Care Leaver and/or their Personal Adviser on a regular basis (at least monthly) to provide guidance on suitable properties that are advertised and becoming available in the chosen areas. The Homelink Support Officer will make the weekly property advert available to the Personal Adviser to enable them to provide support in placing bids. The Homelink Support Officer will monitor the application to ensure suitable bidding is taking place.

#### **5. Offer Stage – Lettings Team lead**

Once an offer has been made the Lettings Officer will liaise with the Care Leaver and their Personal Adviser to ensure that they are aware of the offer.

The Lettings Team will have a single named point of contact for each Care Leaver who will work closely with the Care Leaver and the Personal Adviser throughout the process.

The Lettings Officer should ensure that the Care Leaver is satisfied with the offer that has been made, that they are aware of the location of the property and that they have considered if they are able to access college, work, shops, transport, etc from the property. The Personal Adviser should also confirm the offer is suitable for the Care Leaver.

The Lettings Officer should also discuss support that is available to obtain furniture, training and employment opportunities accessible in this area,

advice on registering with doctors and dentists in the local area and other local services.

The Lettings Officer will discuss a referral to the Arches Project for items of furniture to supplement the Leaving Care Grant where necessary

## **6. Viewing – Lettings Team lead**

An accompanied viewing will be carried out prior to sign up to enable further works to be identified that the applicant may need assistance with and to ensure that the applicant is happy with their offer.

The Care Leaver and their Personal Adviser should attend the viewing.

Decorating (where needed) and furniture requirements should be discussed with the applicant as to what they will require support with and what they are able to manage themselves.

Carpets may be provided for the Care Leavers in up to two rooms.

A discussion will also take place regarding whether the services of a Craft Worker are required for additional works.

## **7. Sign Up – Lettings Team lead**

The Care Leaver and their Personal Adviser should attend the sign up

The Housing Patch Manager should where possible attend the sign up with the Care Leaver as this will give them the opportunity to explain their role and what assistance they are able to provide. They can also explain tenancy enforcement actions should the Care Leaver fail to comply with their tenancy agreement.

The Lettings Officer will assist the Care Leaver to set up their utilities accounts and also ensure that any further repairs are booked in.

The Lettings Officer will ensure a referral to the Arches Project is made for items of furniture to supplement the Leaving Care Grant where necessary

A Welcome Pack of useful items and an information pack of leaflets will be provided.

The Lettings Officer will make any necessary referrals for Floating Support.

## **8. Handovers – Lettings Team lead**

Two weeks following the Sign Up the Lettings Officer will contact the Care Leaver ensuring that all repairs have been carried out, that they have received or in the process of obtaining furniture and there are no further issues. The

Lettings Officer will also ensure that their Personal Adviser has been in contact since the sign up appointment.

### **9. New Tenancy Visit – Housing Office lead**

The Housing Patch Manager, will conduct a NTV to meet the Care Leaver and ensure that they have settled well into their new home and that all support is in place. This visit should take place within the first six weeks of the tenancy, however can be brought forward. Again the HPM will be able to signpost to services and offer guidance and support to the new tenant. If necessary the HPM can liaise with the Personal Adviser and/or Support Worker.

The HPM should raise awareness of their role and the support that they can give. They should also make the tenant aware of action they can take against the tenant should they fail to adhere to their tenancy agreement.

### **10. HPM ongoing Role – Housing Office lead**

The HPM will regularly meet with the tenant at appropriate intervals – initially this will be every month and can be reduced with the agreement of the Care Leaver and/or the Personal Adviser and/ or Support Worker.

The HPM should ensure that the notepad is regularly updated following visits with the Care Leaver.

The HPM will maintain regular contact with the Care Leaver and if unable to do so liaise with the Personal Adviser from the 15+ team if there are any issues or cause for concern

The HPM will provide a signposting service should the Care Leaver require support on any other issues drug/alcohol, sexuality, training and education, healthcare, childcare etc

The HPM will make any necessary referrals for Floating Support if further support needs are identified.

The Tenancy and Estate Manager should discuss any Care Leavers with HPMs during their one to ones to agree any actions required or provide necessary guidance.

Prior to any enforcement action being taken a meeting should be arranged with the Care Leaver and their Personal Adviser and/or Support Worker.

### **11. Rents ongoing role – Rents lead**

The Financial Inclusion Officer will work with the Care Leaver from the outset of their tenancy and provide support and assistance.

The rent account of the Care Leaver should be reviewed on a weekly basis by the Rent Account Manager. Prior to any enforcement action being taken a



meeting should be arranged with the Care Leaver and their Personal Adviser and/or Support Worker.

The FIO will make any necessary referrals for Floating Support if further support needs are identified.

#### **12. Void Property Standard – Property Services lead**

The standard of void properties will be enhanced for Care Leavers. This may include provision of carpets in up to two rooms and the services of a Craft Worker where additional works are required. Where a Surveyor has noted the need for decoration of the property this will be undertaken or an additional decorating allowance can be provided.

#### **13. Worklessness and training opportunities – Learning & Development lead**

NCH are committed to working with Care Leavers to provide opportunities. This includes the RISE programme with funding secured for two Care leavers to work with the Estates and Caretaking Services team for a six month placement. NCH has a Tackling Workless Strategy with Care Leavers a key group to target.

#### **14. Links with Independent Living – Independent Living Housing lead**

Opportunities for Care Leavers to work with tenants of Independent Living complexes will be explored. This may include skills exchanges and other ways to promote community cohesion. Risk Assessments may need to be carried out in view of the potential vulnerability of both groups.

#### **15. Review and evaluation – Lettings Team lead**

Monthly meetings will take place to discuss progress made, achievements and areas of concern. The meetings will track Care Leavers and ensure that support is provided to assist with tenancies being sustained. Statistics such as length of tenancy, legal action taken and rent arrears will be analysed to evaluate the effectiveness of the protocol. An annual review of the protocol will take place with any necessary amendments being undertaken.

**P Stanley**  
**Void Property Manager, Nottingham City Homes**

**Lynn Pearce**  
**Assistant Manager, Nottingham City Council**

**5 July 2012 <sup>1</sup>**

