



NOTTINGHAM CITY COUNCIL
CORPORATE PARENTING BOARD

Date: Monday, 16 March 2015

Time: 2.30 pm

Place: LB31-32 - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Acting Corporate Director for Resources

Governance Officer: Tanith Davis **Direct Dial:** 0115 8765036

AGENDA

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8 FUTURE MEETING DATES

To note the proposed dates for future Corporate Parenting Board meetings:

1 June 2015
20 July 2015
21 September 2015
16 November 2015
18 January 2016
21 March 2016

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

CORPORATE PARENTING BOARD

MINUTES of the meeting held at LB31-32 - Loxley House, Station Street, Nottingham, NG2 3NG on 19 January 2015 from 14.30 – 16.30.

Membership

Present

Councillor David Mellen (Chair)
Councillor Ginny Klein (Vice Chair)
Councillor Georgina Culley
Councillor Glyn Jenkins
Councillor Sally Longford
Councillor Eileen Morley
Councillor Wendy Smith
Councillor Marcia Watson

Absent

Councillor Jackie Morris

Colleagues, partners and others in attendance:

Councillor Dewinton - Observer
PC Sam Flint - Children in Care Police Officer
Caroline Riley - Acting Service Manager, Children's Safeguarding Quality Assurance
Heidi Watson - Business in the Community
Helen Blackman - Director of Children's Social Care
Gill Moy - Director of Housing (Nottingham City Homes)
Evonne Rogers - Head of Business Support
Elise Ashworth - Insight Manager
Kwesi Williams - Project Officer, Children in Care
Sharon Clarke - Service Manager for Children in Care and Care Leavers
Sonia Cain - Service Manager, North and Central
Steve Comb - Head of Children in Care
Leanne Simpson - PCSO, Observer
Natalie Pink - Youth Offending Team, Children in Care Lead
TM - Foster Carer
Cath Ziane-Pryor - Governance Officer
Tanith Davis - Governance Officer

39 APOLOGIES FOR ABSENCE

Jackie Morris (on leave) - Councillor
Jon Rea - Engagement & Participation Lead Officer
Mary-Kate Gavin - Member of Children in Care Council
Jeren Artykova - Member of Children in Care Council

40 DECLARATIONS OF INTERESTS

None.

41 MINUTES

The minutes of the meeting held on 17 November 2014 were confirmed and signed by the Chair.

42 SAFEGUARDING CHILDREN AND YOUNG PEOPLE FROM CHILD SEXUAL EXPLOITATION

Caroline Riley (Acting Service Manager, Children's Safeguarding Quality Assurance) presented a report to the Board on Safeguarding Children and Young People from Child Sexual Exploitation.

- a) The Board was updated on the work which has been undertaken so far. There are four strands to this, which are outlined fully in the report:
- 1) Prevention and response
 - 2) Safeguarding and protection
 - 3) Public Confidence
 - 4) Bringing offenders to justice
- b) A risk assessment tool kit has been developed for staff to use to assist in risk management. This tool is also presented to bi-monthly Senior Management Profiling Meetings where young people at risk of child sexual exploitation are discussed and their safeguarding plan reviewed. Practises have been, and will continue to be shared with outside organisations.
- c) A peer review was undertaken in December 2014 with Nottingham City Council and Nottinghamshire Police. This event had a positive outcome and actions were outlined for both parties.
- d) There have been a number of training sessions for professionals and carers, and the theatre production LUVU2 has been rolled out to schools as well as young people in care.
- e) Where there are immediate and established concerns then social care work closely with the police to investigate and safeguard the child or young person concerned.
- f) The next steps forward include the following points:
- 1) Continued training and raising awareness for staff, carers, and young people. This will include briefing events for GPs and other health professionals
 - 2) Working with the voluntary and community sector
 - 3) Embedding any recommendations made as a result of the College of Policing Peer review on CSE.
 - 4) Development of a CSE Co-ordinator post who will take the operational lead in driving practice and learning, as well as developing the operational responses to the work plan.
- g) Councillor questions were answered with the following information:
The outcomes and actions from the events will be shared. Work has been undertaken with Taxi Drivers and training provided. This will be repeated in April 2015. Training has also been developed for Hoteliers and will take place with Street Pastors and other Officers.

RESOLVED to note:

- (i) **the performance in the current action plan for safeguarding children and young people from child sexual exploitation;**
- (ii) **the proposed future developments.**

43 REDUCING OFFENDING BEHAVIOUR - STRATEGIC PRIORITY STATEMENT (SPS 6)

The report was presented by Natalie Pink (Youth Offending Team Children in Care Lead), PC Sam Flint (Children in Care Police Officer) and Leanne Simpson PCSO. They looked at the reductions in offending behaviour in 2014 and outlined what the current plans are for 2015.

- a) A sustainable training framework was introduced in 2014, this looks into restorative approaches. Local Authority staff attended a 1 day awareness course in December 2014 and additional courses will be rolled out in 2015. Restorative justice training will be provided to private care providers and Officers are looking to include foster care.
- b) A multi-agency event was carried out in October 2014, which looked at opportunities to reduce the criminalisation of children in care. A future event will be undertaken in 2015.
- c) Performance results for 2014 (as at 31st March 2014) indicate a reduction in offending, with 8.1% (20 children) of CiC who were aged 10 or over being convicted or subject to a final warning or reprimand during the year.
- d) Statistics show a positive rate of improvement over time.
- e) The CiC Police Officer and YOT Lead are working alongside the Crown Prosecution Service, Service Managers for Children in Care and Placements Service in City and County in order to develop a cross-authority protocol with a view to reducing the criminalisation of Children in Care.
- f) Practice tools are being developed for professionals to use, in order to communicate the Protocol to young people, enable them to participate and reflect upon their own risk management and to demonstrate accountability to young people.

Further information was provided on this matter, following the questions which were raised.

- (i) A Youth Offending Team Analyst allows work to be undertaken between the Children in Care Team and the Youth Offending Team.
- (ii) Children are subject to conviction at the age of 10.
- (iii) Each child open to the YOT is assessed and interventions put in place to meet their individual need and prevent further offending. A Targeted Youth Support Team sits within the YOT and undertakes work with young people referred to them due to their identified risk of offending. Network Meetings are chaired by NP and SF with local authority and private providers to share information, best practice and identify opportunities for diversion where appropriate.
- (iv) Where children are identified for being at risk of offending or have previously offended, preventative work is undertaken. The promotion of resources between agencies allows children at risk to be identified.

- (v) A police officer may visit the child (where appropriate) to discuss issues and inform them of possible consequences.

RESOLVED to note:

- (i) the importance of the role of Children in Care Police Officer (CiCPO) and Youth Offending Team Lead;**
- (ii) to acknowledge the work of the CiCPO working with Child Sexual Exploitation Cross Authority Group (CSECAG) and colleagues in reducing the risk of sexual exploitation;**
- (iii) the drive for stronger analysis of offending within the CiC population to target resources and inform service development, and support the development of restorative approaches to reduce the risk of offending in child care settings which mirrors YOT Plan 2014-15;**
- (iv) to support the planning and delivery of a 2015 multi-agency Safeguarding CiC event;**
- (v) to support the sign off and launch of a cross-authority protocol to reduce the criminalisation of CiC in 2015, on which Residential Workers, Young People and Social Care managers have been consulted.**

44 FOSTERING AND ADOPTION PANEL CHAIRS REPORT

This report was presented to the Board by Sonia Cain (Service Manager – Fostering and Adoption). The Fostering and Adoption Service are modernising aspects of the service.

- a) The Panel's primary responsibility is to safeguard children and young people placed in foster care and adoptive homes/families by Nottingham City.
- b) The merging of the Fostering and Adoption panels, which came into effect in September 2013, has gone well and has had the desired effect of providing availability and flexibility with regard to allocating time for cases to be heard in a timely way. A panel is held every Thursday with both fostering and adoption cases being heard.
- c) It was highlighted that the statistics on fostering have remained stable.
- d) A Fostering and Adoption Panel report is produced annually. The purpose of this report provides the members of the Board with information pertaining to the activity of the fostering and adoption panel.
- e) The Panel Chairs are required to provide six monthly performance reports.
- f) The Fostering and Adoption Panel rely on information which is contained in reports.
- g) The quality of reports being presented to Fostering and Adoption panels has been strengthened along with the quality assurance role of the managers prior to the reports being submitted.
- h) Other areas of development have been identified and are outlined in the report. Progress in these areas is currently being worked on.
- i) Questions were raised regarding validating reports and the following information was provided:
 - 1) When an assessment has been completed and an adopter has been approved, a Social Worker is then allocated to further validate the

assessment. This includes the use of check lists and tools in order for an individual to be assessed.

- 2) The latest information shows that from April 2014-December 2014, only one person was deferred.
- 3) There has been a slight decrease in applications being received and adoption matches within the city boundary are not always possible.

RESOLVED to note the activity of the fostering and adoption panels.

45 ADOPTION AND PERMANENCY

This report was presented to the Board by Sonia Cain (Service Manager Fostering and Adoption). The number of children with Adoption plans has remained stable.

- a) Some children have complex needs and individual plans are altered to cater for this. These plans follow the child and the plans can be viewed, to ensure that adopters can meet the child's needs.
- b) The Adoption Scorecard (introduced in 2012) allows local authorities and other adoption agencies to monitor their own performance and compare it with that of others at critical points in the child's journey towards adoption.
- c) Adoption plans may change due to positive or negative issues.
- d) If a child in fostering develops complex needs then depending on the circumstances, it may be necessary to place the child with another family. Officers are looking into improving training for carers, to enable them to deal with more complex issues.
- e) The government are incrementally reducing the timescale by which children should be adopted year on year. During the financial year 2013-14, Nottingham was in line with national performance but as this is a three rolling total, our position has declined with more adoptions of children who have waited longer.
- f) Successfully placing more complex children can negatively affect our timeliness as the complexity of these cases brings more days to our scorecard pro-rata.
- g) The average time scale awaiting placement with an adoptive family for the 37 children being rescinded is 1211 days.
- h) The Adoption Analysis Journal (AAJ) is produced at the end of each month to provide a detailed analysis of all children in the adoption process at the different stages. This also enables early detection of potential delays and promotes forward planning to prevent those delays.
- i) Work is being undertaken to try and improve what is on offer to adopters, once an adoption has taken place. If a child develops complex issues following adoption, then a Social Worker can be allocated to visit the family and discuss further needs.
- j) Since the service has been redesigned, a better service has been offered and performance information gives a sense on how stable a child is within care.
- k) Foster Carer (TM) shared her experiences with the board.

RESOLVED to note the performance to date in adoption and the activities being undertaken to minimise delays.

46 CHILDREN IN CARE COUNCIL UPDATE

Apologies were received from the Officers due to provide this update, as a result, this matter has been deferred to the meeting in March 2015.

47 REPORTING SCHEDULE

RESOLVED to note the reporting schedule of items to be considered the next meeting.

CORPORATE PARENTING BOARD – 16th MARCH 2015

Title of paper:	Edge of Care Hub Progress Report	
Director(s)/ Corporate Director(s):	Helen Blackman, Director – Children's Social Care, Vulnerable Children and Families helen.blackman@nottinghamcity.gov.uk	Wards affected: All
Report author(s) and contact details:	Mark Ball, Edge of Care Hub Manager 0115 8762050 Mark.ball@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Kay Sutt, Service Manager, Residential and Targeted Support, 0115 8765667, kay.sutt@nottinghamcity.gov.uk Tracey Nurse, Head of Service, Children's Social Care, 0115 8764524, tracey.nurse@nottinghamcity.gov.uk	
Date of consultation with Portfolio Holder(s) (if relevant)	25th February 2015	

Relevant Council Plan Strategic Priority:

Cutting unemployment by a quarter	x
Cut crime and anti-social behaviour	x
Ensure more school leavers get a job, training or further education than any other City	x
Your neighbourhood as clean as the City Centre	<input type="checkbox"/>
Help keep your energy bills down	<input type="checkbox"/>
Good access to public transport	<input type="checkbox"/>
Nottingham has a good mix of housing	<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs	<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events	<input type="checkbox"/>
Support early intervention activities	x
Deliver effective, value for money services to our citizens	x

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

- The Priority Families Edge of Care Hub diverts children and families away from care proceedings through intensive, whole family intervention using the Priority Families way of working.
- All families present with multiple complex issues with all subject to Child Protection Plans
- The Edge of Care Hub benefits citizens and service users by building resilience within families, and where safe and possible, preventing family breakdown.
- As a consequence, the Edge of Care Hub plays a significant part in strengthening communities.

This financial year:

- 33 families have been supported
- 78 children have been at risk of accommodation
- 10 have been accommodated
- 17 cases closed with no further involvement from social care
- All 17 families were subject to Child protection Plans
- More than £900,000 budget relief has been achieved this financial year

- Big Ticket target of £400,000 budget relief
- Current staffing cost is £200,000 per annum

Recommendation(s):

1	For Board members to note the service being provided by the Edge of Care Hub and to acknowledge the benefits offered to by its existence.
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1. REASONS FOR RECOMMENDATIONS

- 1.1. The Edge of Care Hub supports families with multiple complex issues such as domestic violence (DV), substance misuse, poor parental mental health, poor school attendance and worklessness.
- 1.2. The reason for recommendation 1 is for the Edge of Care Hub to continue to provide intensive intervention to vulnerable families within Nottingham City. At present Priority Families grant funding is guaranteed for a further year to 31st March 2016.
- 1.3. In addition, implementation of the recommendation will allow the Edge of Care Hub to continue to provide significant and cost effective budget relief, diverting children from care proceedings, and building resilience in families and communities.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1. The Edge of Care Panel was established in 2013 as a result of internal consultation between the Portfolio Holder for Children's Services and the Corporate Director regarding rising numbers of children in care, with the objective of diverting children and young people from care proceedings, and managing a menu support services.
- 2.2. 57% of the children and young people cases that were heard at panel were accommodated in 2012.
- 2.3. The Edge of Care Hub Team was established under Priority Families to add specialist, intensive, and whole family support to the menu of services available to the Edge of Care Panel.
- 2.4. Initially, The Edge of Care Hub was intended to be a six month pilot; this was extended for a further twelve months due to the success of the first six months.
- 2.5. The Edge of Care Hub is funded from the Priority Families Grant until March 2016; further funding has been provisionally agreed until 2020 pending government confirmation of future grant monies.
- 2.6. The Edge of Care Hub was given the Big Ticket objective of providing £400,000 budget relief which it has far exceeded. This service also supports achievement of Priority Families national targets and therefore claims for Payment by Results income that is used to support more vulnerable families.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 The option to discontinue funding the Edge of Care Hub has been considered. This would have negative cost implications for the local authority, and a negative effect on the Children in Care numbers.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

- 4.1 Philip Harrison, Project Manager, Early Intervention Directorate, consulted with finance colleagues in establishing actual budget relief up to 31/12/14 as £883,000.
- 4.2 The figure above offers clear value for money when considering that the full term cost of the team is a quarter of actual budget relief, up to the three quarter period
- 4.3 The actual budget relief is inclusive of the deduction of:
1. team cost (£200,000) per annum
 2. 10% of actual budget relief up to 31/12/14 for cost of placement variation
 3. 20% of actual budget relief up to 31/12/14 for failure rate
- 4.4 So far this financial year, 88% of children and young people directly at risk of accommodation that have been supported by the Edge of Care Hub, have been diverted from care proceedings.
- 4.5 The financial implication of the above is reduced pressure on the local authority in care costs, and additional social work hours.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

- 5.1 The risks attached to a decision to continue funding to the Edge of Care Hub is minimal with a small cost implication that can be offset against the budget relief.
- 5.2 The risk of not funding the Edge of Care Hub is that vulnerable families will not get the intervention they need to be diverted from care proceedings.
- 5.3 The Hub supports families subject to Child Protection plans with the aim of reducing risk through whole family intervention.
- 5.4 Without the Edge of Care Hub more families will be at risk of breakdown.
- 5.5 Edge of Care Hub support operates under the Priority Families (Troubled Families) national criteria and helps to reduce police call outs, anti-social behaviour, missed health appointments, poor school attendance, and worklessness.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) X

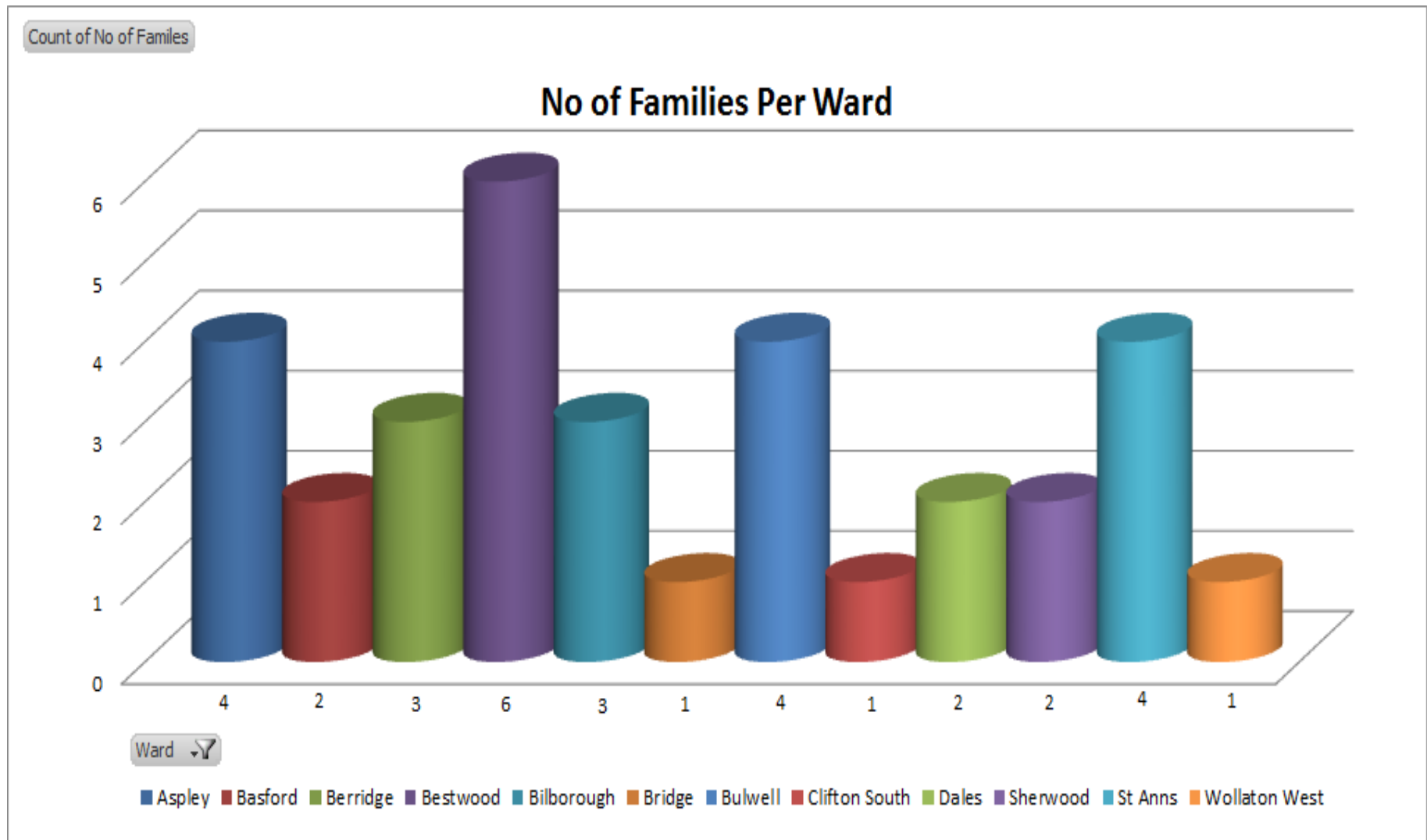
7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

- 7.1 Edge of Care Hub Annual Report

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

N/A

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No of Presenting Issues

13/02/2014	Basford	Bestwood	Bilborough	Aspley	Bulwell	Bridge	Clifton South	Berridge	Sherwood	Dales	St Anns	Wollaton West	Total
School Attendance	4		1	5	1				2	2	2		17
School Behaviour	1	5	2	3	1					6	1		19
Adult Crime				1				1					2
Parenting	2	12	2	6	1	1		4	3	7	13		51
Domestic Violence		1	9	2	2			1					15
Safeguarding Issues	5	15	8	12	3	1		4	5	5	7		65
Mental Health	4	3	3	1	6			1	3		1		22
Physical Health	1		1	2				1	5	6	2		18
Substance Misuse	1			2	1			2					6
Alcohol Misuse													0
Unemployment	1			1				2					4
Debt			1		1					1			3
Housing Issues		2		6	1	1		2	1	1	6		20
High Cost Family		1	1							5	2		9
ABS/Youth Crime		1		2	1				1	1	1		7
Other	2	12	23	4	1			4	1		4		51
Total	21	52	51	47	19	3	0	22	21	34	39	0	309

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Corporate Parenting Board – 16 March 2015

Title of paper:	The Health of Children in Care of the Local Authority – Nottingham City	
Director(s)/ Corporate Director(s):	Dr Emma Fillmore – Designated Doctor Children in Care, NHS	Wards affected: All
Report author(s) and contact details:	Dr Emma Fillmore Designated Doctor Children in Care emma.fillmore@nhs.net Amanda Edmonds Designated Nurse for Children in Care (secondment) amandaedmonds@nhs.net	
Other colleagues who have provided input:	None	
Date of consultation with Portfolio Holder(s) (if relevant)	Not relevant	
Relevant Council Plan Strategic Priority: (you must mark X in the relevant boxes below)		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<ul style="list-style-type: none"> • To ensure the health needs of children in care are clearly understood and are managed to improve their physical and emotional health outcomes, with an aim of achieving their full potential • This includes individual practitioner responsibility for caseload management, adherence to statutory timescales for initial and review health assessments, monitoring health recommendations and action plans through caseloads and looked after reviews • 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 (CAMHS) • To further develop our service with involvement from our children/young people and carers, in taking services forward, and implementing the 'You're Welcome' initiative • To further progress the work already completed around children leaving care and making the transition into adult services • To maintain and improve the working relationships between social care, healthcare trust and the clinical commissioning groups • Development of the service to respond to new guidance and timeframes in adoption and fostering • Working with the Commissioners to match capacity within the team with increasing service demands, with demonstrated improvement in performance 		

- Management of the pathway to improve timeliness in returns of correctly consented paperwork ensuring health assessments are completed within timescale.

Recommendation(s):

1	It is recommended that the Corporate Parenting Board note and comment on the performance on the Children in Care and Adoption Health Team
2	To note improvement in performance with additional City funding
3	Corporate parenting Board to support the development of a Leaving Care/Transition nurse post within the health team to align with Social care for this group of young people

1. REASONS FOR RECOMMENDATIONS

- 1.1 The Corporate Parenting Board is given assurance that the Children in Care Health team has made progress in meeting the statutory responsibility on behalf of children's social care.
- 1.2 To provide the national and local recommended targets and timeframes.
- 1.3 To demonstrate the evidence of increase funding on performance and outcomes for children in care.
- 1.4 There is a current gap in the service for those young people leaving care/transition.

2 BACKGROUND

2.1 **Designated Doctor and Designated Nurse**

It is a recommendation that the Designated Doctor and Nurse provide a report for consideration by the Corporate Parenting Board annually.

2.2 **Health Assessments**

The physical and emotional health and well being of children and young people in care has been shown to be significantly worse than that of their peers living with birth families. Contributory factors include the impacts of poverty, poor parenting, physical/sexual abuse and neglect the child in care may have suffered at the time of entry to the care system.

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

- 2.4 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 is 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 address those inequalities across Nottingham City and Nottinghamshire:

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

2.5 Health Partnerships (HP), Nottinghamshire Healthcare NHS Trust are the providers of the Children in Care and Adoption Health Team Service. This specialist team includes doctors and nurses who work with children in the care of the local authority across Nottingham City and Nottinghamshire County (including Bassetlaw).

The team of Community Paediatricians, Clinical Nurse Specialists and Designated / Lead Doctors and Nurse are responsible in ensuring we collectively:

- meet our statutory duties;
- provide thorough 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 all identified health needs are addressed;
- as designated professionals ensure that the health needs of children in care are raised and recognised in all appropriate forums across the health and three social care communities.

The paediatricians and administration staff are employed by Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Trust. The nurses are employed by Health Partnerships, Nottinghamshire Healthcare NHS Trust. The team works closely with medical and nursing colleagues across the health community, including universal services, health visitors and school nurses.

Through the designated professional and specialist roles the team is able to offer expert advice, support and guidance at a strategic level across Nottingham and Nottinghamshire to public health and commissioners. We have representation at national groups including 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 contributes to foster carer and adopter's information and guidance for children's health and development.

The service has a clear service specification and identified key performance indicators, (KPI's) which are reported on quarterly to the commissioners for Nottingham City and County; and annually through the annual report. The service is underpinned by practice guidance.

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.

Local authorities have a statutory obligation to maintain a focus on children in care's health and ensure it is regularly assessed. It is a statutory responsibility for health teams to assist the local authority in addressing the needs of children in care through effective commissioning, delivery and co-ordination of health services and through individual practitioners providing co-ordinated care for each child, young person and carers.

Each child or young person must have a health assessment on entering the care of the local authority.

The initial health assessment (IHA) is completed by the paediatrician and should take place within 28 days of the child/young person entering care (from the time of the 72 hour review).

The review health assessments (RHA) are completed by the clinical nurse specialists for children in care or the paediatrician as appropriate, twice a year for children under the age of 5 years and annually for children over the age of 5 years and up until their 18th birthday.

A health care plan is formulated from the health assessment and from information gathered from the child's health record, primary/ secondary and tertiary health settings, the strengths and difficulties questionnaire (SDQ), 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 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 person's journey through care.

2.6 Key Performance Indicators

There has been a requirement to scrutinise the capacity, performance and pathway for children in care coming through for their health assessments, with an obligation to respond to the timescales whilst maintaining the quality of the assessments.

2.7 The children in care health team report to the commissioners every quarter on:

- 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

We have made progress in the percentage of Initial Health Assessments (IHA) for looked after children that are undertaken within statutory timescales (i.e. within 28 days of the child or young coming into care) and can evidence improvement in key performance indicators in relation to registration with GP and dentists.

Table 1:

City children seen for their initial health assessment (IHA) within the statutory timescale of 28 days after entering care, Q1 – Q3 2014/15:

Quarter 1	Quarter 2	Quarter 3
31%	50%	93.4%

Table 2:

Key performance indicators (KPI's):

KPI	Quarter 1	Quarter 2	Quarter 3
% of children registered with a GP	98.8%	98.6%	98.8%
% of children over 2 years of age, registered with a dentist	71.2%	70.3%	81.1%

We report quarterly on our performance against national targets (cover data) and actual uptake of 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.

We aim to report on immunisation status on entering care 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.

We record immunisation status at health assessments, identifying any outstanding immunisations in their health care plan. This information is shared with social care and carers to ensure uptake of overdue immunisations and opportunity to discuss the importance of completing the immunisation course on the individual but also the greater community. We liaise with universal services i.e. health visitors, school nurses and GP's who can also encourage uptake.

- 2.8** Whilst the health assessment and report shape the core element of the service, it 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 where ever they are placed.

2.9 Children Leaving Care – Health passports

It is recognised that care leavers, particularly if they have experienced unstable placements or have been placed out of area, are vulnerable to not having sufficient information about their own health as well as having limited information about their family and any significant medical history. The Health Passport is a means to provide a concise account of their health and any significant issues.

The clinical nurse specialists are piloting a 'health passport' for care leavers. This passport will provide all care leavers with information about their individual and family health history. The Children in Care Council were active participants in the design and development of the health passport locally.

The last health assessment between the young person leaving care and the nurse includes completing the health passport information, determined by what the young person wishes to be included. It routinely includes their NHS number, birth

information, details of medical history, childhood illnesses, regular medication, contact details of GP, dentist and other health professionals, immunisation record and any information leaflets and web link addresses. This gives them access to health information as they make the move into independent living.

2.10 'You're Welcome' Criteria

All young people are entitled to receive appropriate health care wherever they access it. The Department of Health, '*You're Welcome*' quality criteria lay out principles that will help health services – both in the community and in hospitals – to 'get it right' and become young people friendly.

There is also growing recognition that meeting the particular needs of young people needs to be a key component of national public health agendas.

There is a self assessment tool to the support implementation of the '*You're Welcome*' quality criteria, a companion toolkit for quality assurance and commissioning leads. We are in the early stages of completing this assessment.

2.10 Co-location work

Co-location working of our clinical nurse specialists within social care teams continues to work and has increased due to the demand. This enables face to face 'consultation' opportunities with social workers about individual cases. This has had a positive impact on the request for paperwork prior to health assessments within required timescales and contributed in the improvement in our performance.

2.11 Children Living Out of Area

There can be disparity in the quality of provision of services offered for children placed out of area. A quality assurance process is in place for these children. City commissioners have agreed recurrent funding for an out of area admin/clinical post which will enable co-ordination, further improving the quality and timeliness of health assessments and return of reports; and identified health needs/interventions for this group of children/young people.

2.12 Representing Health at multi-agency meetings

There is increased presence of health representation at placement panel meetings, senior profiling management group, missing children's steering group and hotspot meeting, including child sexual exploitation and health outcomes meetings with our social care colleagues. This gives assurance that health needs of these children are identified and addressed.

2.11 Teaching and Training

The team continue to provide training to health and social care colleagues, including G.P colleagues, social workers, medical students and student nurses, health visitors, school nurses, voluntary sector workers, residential home workers as well as Foster carers and Adoptive parents (pre and post adoption) pre-approval training.

Training includes the provision of Trust wide Level 3 safeguarding training to health colleagues, '*recognising and responding to the health needs of children and young people in care*', which has raised the profile of the team, this vulnerable group of children and young people and increased confidence of colleagues in addressing their specific needs.

2.12 Lessons from Serious Care reviews

It has been identified through serious case reviews (SCR's) that children in care are a vulnerable group of young people who require enhanced health input and support to ensure health needs are met and understood going into adult care. We are core members of senior profiling group and the missing children and 'hotspot' meetings.

2.13 The adoption regulations and the statutory timescales for children in care have changed nationally with influence on local performance of the health team.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY)

'There are no direct financial implications or value for money issues arising from this report.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

Not applicable

6. EQUALITY IMPACT ASSESSMENT

6.1 Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

7. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Children and Families Act 2014 – Chapter 6 (2014)

National Institute for Health and Care Excellence and Social Care Institute for Excellence (2013) '*Promoting the Quality of Life of Looked after Children and Young People*' NICE Quality Standard 31

National Institute for Health and Care Excellence and Social Care Institute for Excellence (2010) '*Promoting the Quality of Life of Looked after Children and Young People*' NICE public health guidance 28

Statutory Guidance on '*Promoting the Health and Wellbeing of Looked After Children*' (2009)

National Service Framework for Children, Young People and Maternity Services (2004)

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None

CORPORATE PARENTING BOARD – 16th MARCH 2015

Title of paper:	Children in Care and Care Leavers Strategy 2014 – 2016: Summary of Progress	
Director(s)/ Corporate Director(s):	Helen Blackman, Director – Children's Social Care, Vulnerable Children and Families helen.blackman@nottinghamcity.gov.uk	Wards affected: ALL
Report author(s) and contact details:	Kwesi Williams (Project Officer – Children in Care) (0115) 8762684 kwesi.williams@nottinghamcity.gov.uk	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)	25th February 2015	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<p>In March 2014, the Corporate Parenting Board endorsed the Children in Care and Care Leavers 2014 – 2016 Strategy and by doing so accepted the six Strategic Priority Statements (SPSs) detailed in the strategy as it's 'corporate parenting objectives'.</p> <p>The SPSs represent areas of support services to children in care and care leavers that, if left unmitigated against, will adversely affect the outcomes of those we are corporate parents for.</p> <p>This report will provide an update on progress made against each SPS.</p>		
Recommendation(s):		
1	To note the progress made in fulfilling the 2014 – 2016 children in care and care leavers Strategic Priority Statements.	

1. REASONS FOR RECOMMENDATIONS

- 1.1 As Corporate Parents we are responsible for ensuring that children in our care experience safe and high quality parenting. It is through positive corporate parenting that our children will obtain the best possible outcomes.

- 1.2 It is recognised that in order for our children to achieve the best possible outcomes, all agencies involved in their care and support have to work together effectively. This in-turn requires a multi-agency strategy that clearly states the areas that require improvement (i.e. strategic priorities) and the activities that must be undertaken to achieve the necessary improvements.
- 1.3 At the end of March 2014, the Corporate Parenting Board ('the Board') endorsed the 'Children in Care and Care Leavers Strategy 2014 – 2016: Valuing the Future of Children in Care and Care Leavers' (CiC and CLs Strategy) and by doing so accepted the six Strategic Priority Statements (SPSs) as its corporate parenting objectives.
- 1.4 In order for the Board to fulfil its function in raising the profile of children in care by acting as a champion for the needs and rights of children in care in the Council's various service areas, political groups and settings; It is important that members note progress made against addressing strategic priorities and are made aware of delays in progress. It is also important that members are given an opportunity to suggest possible action or commit to possible action to mitigate against delays.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The purpose of this report is to provide a brief progress update against the activities set out in the CiC and CLs strategic action plan (see appendix one). The update will focus on those activities that, at the time of the strategy's approval, were what the Authority and its partners planned to do next i.e. what actions would be carried out in addition to actions that were already being undertaken to address the SPS.
- 2.2 In total, twenty-five new actions were identified, each with a set deadline for completion over the two-year period of the strategy. Twenty-two of these had a target deadline of December 2014 or before. Seventeen actions have been completed, fifteen of which were completed by the set deadline. The current status of the remaining five actions will be covered later in report (see paragraphs 2.8, 2.10, 2.11, 2.22 and 2.30).
- 2.3 It should be acknowledged that during the 2014-15 municipal year, reports have been presented that have provided greater detail regarding the activities presented in the report and offer supplementary performance information. This report will not go into that level as the purpose is to provide a concise overview of activity.

2.4 Strategic Priority Statement (SPS)

- 2.5 **SPS 1: To reduce young pregnancy and substance misuse. In addition to ensuring the timely completion of health checks, dental checks, immunisations, and SDQs**
- 2.6 By the end of June 2014, children had access to tailored and dedicated Children and Adolescent Mental Health Service (CAMHS) support.
- 2.7 Also by June 2014, systems were in place to ensure the CAMHS team were able to contribute to the collection and monitoring of Strengths and Difficulties Questionnaire (SDQ) data. In addition the CAMHS team were able to work with those young people who had the highest SDQ score.

- 2.8 With the re-commissioning of our substance misuse support service, a coordinated effort needs to be put into ensuring all relevant staff and primary carers are aware of the early intervention service to available to those at risk of substance misuse.
- 2.9 With the re-commissioning of the service, a new screening tool has been introduced. The Strength Based Lifeline Assessment is completed by a Recovery Practitioner within fifteen-days of a referral for support being received by Lifeline Journey (our current commissioned provider).
- 2.10 More work needs to be done regarding the identification of ways in which young people can be prepared for healthy relationships that take into consideration the effects of domestic violence, loss and trauma.
- 2.11 It is not yet clear if there is a need for a parenting programme specific for our care leavers. Initial discussions would indicate that there is not a specific need to develop and deliver a programme to this particular cohort as young people can be signposted to existing services. However, further exploration is required to establish if this is the case.
- 2.12 **SPS 2: NCC believes that all children should grow up with their birth families. Where this is not able to happen, we will secure permanency through adoption, special guardianship, residence orders or long term fostering**
- 2.13 By the end of March 2014 the local authority were in position where training and research relating to securing permanency could be put into practice across the Independent Reviewing Officer (IRO) workforce.
- 2.14 In May 2014, IRO were chairing and reviewing the Child Sexual Exploitation strategy meetings to ensure robust plans are in place to safeguard young people.
- 2.15 Also in May 2014, a subgroup of the Child Sexual Exploitation Cross Authority Group (CSECAG) had been established. The group provides addition intelligence; this intelligence is used to better safeguard children at risk of sexual exploitation.
- 2.16 **SPS 3: To ensure children in care and care leavers are better able to deal successfully with significant changes in their lives. This includes improving transition into independence, and ensuring there are consultation and participation opportunities**
- 2.17 By the end of April 2014, the 'Your IRO' leaflet had been distributed to children and young people.
- 2.18 Since March 2014, Looked After Children (LAC) Reviews were being used as an opportunity to verify that the Independent Living Skills Programme had been implemented for all children aged 11 years and over.
- 2.19 In December 2014, a system through which children in care and care leavers could access identified work experience and volunteering opportunities had been developed and embedded into practice.
- 2.20 **SPS 4: To improve the educational attainment of children in care and to ensure care leavers engage in employment, education or training, including voluntary and work experience opportunities**

- 2.21 As of the end of May 2014, it is now practice for Personal Education Plans (PEPs) to be presented and discussed at all LAC reviews.
- 2.22 The development of electronic PEPs through the incorporation of PEPs into the current case management system, Carefirst, has been delayed while work is underway to implement a new case management system.
- 2.23 In January 2015 the capacity of the Virtual School team was increased through the recruitment of two Education Support Officers. Although this action was not completed by the target date, the increased capacity will now help the Virtual School to achieve its aim to improve the educational opportunities and outcomes for all the Nottingham's children in care.
- 2.24 Efforts to ensure care leavers engage in employment, education and training has been advanced through the system described in paragraph 2.19.
- 2.25 **SPS 5: To ensure care leavers have access to suitable accommodation and support**
- 2.26 By the end of September 2014, efforts to ensure care leavers had access to support and suitable accommodation was strengthened through the implementation of the Commissioning and Sufficiency Strategy. Implementation of the strategy has involved the expansion of the Quality Assurance (QA) process once only applied to external residential settings to now include semi-independence accommodation. The application of the QA process has made it possible to better monitor value for money and outcomes for our young people for access semi-independent accommodation.
- 2.27 By the end of September 2014, the Independent Living Skills Programme had been rolled out for all young people aged 11 years and over. The programme is designed to better prepare young people for independent living once they leave care and to provide some indication of the potential support needs they may have upon exiting care.
- 2.28 In May 2014, a new Staying Put scheme was introduced. The scheme allows children in care to stay within the fostering household upon leaving care. This arrangement provided continued stability and support for young people and gives young people up to seven* more years to prepare for full independence. (* This applies to young people in Staying Put arrangements that are in full-time education or has a disability. Other Staying Put arrangements will cease on or before the young person's 21st birthday.)
- 2.29 **SPS 6: To reduce offending behaviour through strong collaborative partnership work**
- 2.30 While it was not been possible to establish a schedule of future Safeguarding Children in Care events by the end of October 2014 target date, an event was held during this month. The event provided attendees with relevant information regarding Restorative Justice and the impact of the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act (2012), as well as an opportunity to consult on the Nottingham's implementation of the Sussex Protocol. The event allowed partners to come together to share ways on how best to reduce the offending behaviour of children in care and in turn, improve their outcomes.

2.31 Further opportunities were secured for young people and staff to attend theatre performances that deal with sexual exploitation and the associated risks of sexual exploitation. To compliment learning from these performances, training was provided for residential staff.

2.32 A multiagency network group had been established by the end of July 2014 and resumed activity in September 2014. These meetings are used as a preventative resource to identify any concerns and themes around young people offending and to sign post as appropriate.

2.33 Monitoring and Review of Strategic Action Plan

2.34 The Strategic Action Plan, which forms part of the CiC and CLs strategy, will continue to be monitored and reviewed through the CiC Outcomes Group. The purpose of the group is to improve the outcomes of children in care and care leavers. This is achieved by bringing key professionals together and providing a forum where these professionals review agreed action and to plan future action.

2.35 The group meets regularly, on an approximate bi-monthly basis. Members are required to provide an update, normally in the form of a written report, on;

- Progress on their allocated actions
- Risks to completing their allocated actions (if applicable)
- (Suggested) Actions to mitigate against identified risks (if applicable)

2.36 Resulting mitigating actions are currently recorded in meeting minutes and reviewed alongside the action plan in subsequent meetings.

2.37 An identified area of development regarding the monitoring and review of the action plan was the design of the action plan itself. This is being addressed through the redesign of the action plan. The new design includes a better activity referencing. It also makes provision for progress against each activity to be recorded and in turn, tracked.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

4.1 None.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

5.1 None.

6. EQUALITY IMPACT ASSESSMENT

6.1 An Equality Impact Assessment has not been carried out as this report does not include proposals for new or changing policies, services or functions.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

7.1 None.

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None.

Action Plan

SPS1 – HEALTH

To improve the physical and emotional health, and well-being of children in care. This includes the timely completion of health checks, dental checks, Strength and Difficulties Questionnaires and immunisations. In addition, we will to reduce young pregnancy and substance misuse.

What We've Done So Far	What We Plan To Do Next
<p>1. We ensure children over the age of two years are registered with a dentist.</p> <p>2. We ensure children have appropriate and timely health checks.</p> <p>3. We ensure children have appropriate and timely immunisation.</p> <p>4. We work to ensure that a percentage reduction in children in care scoring 14 or higher in Strengths and Difficulties Questionnaire year on year based on the previous year's Outturn.</p> <p>5. We work to ensure that all children who have been in care for three months or more have an up-to-date Strengths and Difficulties Questionnaire.</p> <p>6. The CAMHS team scrutinises the process for managing the completion of the Strengths and Difficulties Questionnaire and to actively addressed issues where necessary</p> <p>7. We ensure appropriate sex & relationships support & advice is available to young people.</p> <p>8. Residential staff work to ensure children and young people in their care are educated in the dangers of substance misuse.</p> <p>9. We have implemented a referral pathway between Compass and General Practitioners (GPs). The implantation of the programme is being supplemented by ongoing training of GPs.</p>	<p>1. To ensure that children and young people have access to dedicated CAMHS support tailored to their needs by the end of June 2014.</p> <p>2. By the end of June 2014 we will ensure the CAMHS team contributes to the collection and monitoring of Strengths and Difficulties Questionnaire data and to ensure that they work with children and young people with the highest Strengths and Difficulties Questionnaire scores.</p> <p>3. To utilise the professional substance misuse advice and consultation service available from Compass by ensuring staff and primary carers are aware of the early intervention services offered to those 'at risk' of substance misuse and risk taking behaviours by the end of April 2014.</p> <p>4. The content of the substance misuse screening tools will be agreed between Compass and Commissioners by the end May 2014.</p> <p>5. To identify ways in which we can ensure our young people are prepared for healthy relationships considering the impact of domestic violence, loss and trauma by the end of September 2014.</p> <p>6. To establish if there is a need for a parenting programme for care leavers by the end of August 2014.</p>

SPS2 – PERMANENCY

NCC believes that all children should grow up with their birth families. Where this is not able to happen we will secure permanency through adoption, special guardianship, residence orders or long-term fostering

What We've Done So Far	What We Plan To Do Next
<p>Page 32</p> <ol style="list-style-type: none"> 1. Place children in a placement that best meets their needs. 2. We monitor the progress of children in the adoption process to help ensure children are adopted in a timely manner. 3. Adoption Placement Advisors (APAs) work closely with social workers to actively seek appropriate placements for children in the adoption process. 4. Fast-track Social Workers target those children who are matched or placed for adoption to ensure reports are completed and submitted to court within timescales, support placements to prevent breakdowns and target hard to place children. 5. The authority has commenced a rolling programme of Matching Evenings, as well as participated in Adoption Activity Days. Both provide an opportunity to create matches for our children with adopters. 6. We closely monitor information on the quality and outcomes of placements. 7. We regularly convene Placement and Permanency Panels. 8. We closely monitor the placements of children placed outside the authority. 9. We seek the views of young people when carrying out our statutory visits. 10. We hold Strategy Meetings for all young people in care who go missing. 	<ol style="list-style-type: none"> 1. Our Independent Reviewing Officer (IRO) team will ensure that information regarding training, and research is put into practice across children and families by the end of March 2014. 2. By the end of May 2014 IROs will chair and review Child Sexual Exploitation Strategy Meetings to ensure robust plans are in place to safeguard young people. 3. To develop a subgroup of the CSECAG (Child Sexual Exploitation Cross Authority Group) that will provide additional information by the end of May 2014. 4. Work to reprocure regional framework of quality placements by April 2015.

SPS3 – RESILIENCE AND INDEPENDANCE

To ensure children in care and care leavers are better able to deal successfully with significant changes in their lives. This includes improving transition into independence and ensuring there are consultation and participation opportunities.

What We've Done So Far	What We Plan To Do Next
<p>1. We encouraged young people to attend meetings that affect them.</p> <p>2. We monitor the type and level of participation in LAC reviews to ensure all children and young people have the opportunity contribute to their LAC review in a way that is meaningful to them.</p> <p>3. We encouraged and prepare young people to chair meetings that affect them.</p> <p>4. IROs meet with children and young people both before and between reviews will be embedded by the January</p> <p>5. We convene monthly Children in Care Council (CiCC) meetings who are consulted on service developments their support.</p> <p>6. We seek the views of children and young people as part of the annual 'Have your Say' survey. Results from the survey are converted into areas for development and prioritised in partnership with the CiCC.</p> <p>7. We monitor the completion & quality of Pathway Plans.</p> <p>8. The Independent Living Skills Programme has been introduced for all children placed in internal residential homes and foster carers. Packs will help primary carers to monitor the readiness of children for independence.</p> <p>9. Every care leaver has an allocated Personal Advisor who will support them until they reach 21 years (or 25 years if in education).</p> <p>10. We complete statutory visits to care leavers.</p> <p>11. We refer young people to our pre-employability programme (RISE) and also through our Economic Development Team onto apprenticeships and employment opportunities.</p> <p>12. We work closely with the Futures Service to identify opportunities for young people.</p> <p>13. We hold bi-monthly Employability Meetings with partner agencies to address and discuss what is working and what is available and what is coming up in the future with regard to employment, education and training opportunities</p>	<p>1. 'Your IRO' leaflet to be distributed to children and young people in care by the end of April 2014.</p> <p>2. By the end of March 2014 LAC reviews will be used to verify that the Independent Living Skills Programme is being used for all children aged 11 years and over.</p> <p>3. To involve children in care and care leavers in the development, implementation and review of an effective mechanism for complaint resolution for children in care by the end of March 2015.</p> <p>4. To develop a system through which children in care and care leavers can access identified work experience and volunteering opportunities. The system through which this is achieved will be embedded by the end of December 2014.</p>

SPS4 – EDUCATIONAL ATTAINMENT

To improve the educational attainment of children in care and ensure care leavers engage in employment, education or training, including voluntary and work experience opportunities.

What We've Done So Far	What We Plan To Do Next
<p>1. We closely monitor the completion and implementation of Personal Education Plans (PEPs).</p> <p>2. We are working to improve our PEP process to ensure that the wishes and feelings of children and young people are included in their PEP.</p> <p>3. We are working to ensure school placements are a priority in the event of a placement move, in an attempt to ensure the number of school placement moves is reduced.</p> <p>4. We are working to ensure that school admission of children happens in 20 days or less.</p> <p>5. We monitor school attendance of children on a weekly basis.</p> <p>6. We have a Designated Teacher Network which is used to offer advice and support to Designated Teachers to ensure schools are meeting their statutory duties.</p> <p>7. We monitor and challenge the use of the Pupil Premium and support schools to commission appropriate services</p> <p>8. Local authority and partners apprenticeship programme for care leavers.</p> <p>9. We have made available a range of activities that will enhance educational outcomes e.g. Duke of Edinburgh, Sports Leadership, homework support and one-to-one tuition.</p> <p>10. We have an Education Progress Grant allocation process in place that clearly identifies educational outcomes. An agreed process has been embedded.</p>	<p>1. IROs will ensure that PEPs are discussed and presented at each LAC review. This will be implemented by the end of May 2014.</p> <p>2. We are exploring if PEPs could be incorporated into our CareFirst system which will allow closer monitoring of educational plans and provision. This will be completed by the end of June 2014.</p> <p>3. To increase the capacity of the Virtual School team end of July 2014.</p> <p>4. To develop a system through which children in care and care leavers can access identified work experience and volunteering opportunities. The system through which this is achieved will be embedded by the end of December 2014.</p>

SPS5 – SUITABLE ACCOMMODATION

To ensure care leavers have access to suitable accommodation and support.

What We've Done So Far	What We Plan To Do Next
<p>Page 35</p> <ol style="list-style-type: none"> 1. Compass Workers signpost young people to appropriate support agencies into education and employment e.g. Futures 2. We ensure young people in care aged 15 plus receive information regarding events and opportunities and are supported and encouraged to access employment, education, and training. 3. We ensure all older children in care and care leavers have the opportunity to engage with the review and development of services through consultation. 4. We ensure young people who are seeking housing within the city area are prioritised following a recommendation to Nottingham City Homes (NCH). 5. Monthly meetings are held with NCH to ensure support and housing issues are addressed. 6. A Housing Protocol agreement is in place between the 15 Plus Team and NCH. This is reviewed and amended annually, or as and when amendments are identified. 7. Support and guidance is provided through contingencies identified within the pathway plan e.g. Housing Aid. 8. Support and advice is provided to care leavers through an allocated Personal Advisor up to the age of 21 years or 25 if in education. 9. We will continue to work with NCH, Housing Aid and other housing providers to ensure our care leavers have access to suitable accommodation. 	<ol style="list-style-type: none"> 1. We will ensure all eligible young people move onto suitable accommodation through the development of the accommodation service and implementation of the '16 Plus Enhancing Accommodation Strategy' end of September 2014. 2. We will implement our Independent Living Skills Programme for all children, including those placed with external providers by the end of September 2014. 3. We will review and promote our Staying Put Scheme by the end of May 2014. 4. We will review the placement strategy for NCC and a new framework will in place by end of March 2015.

SPS6 – OFFENDING BEHAVIOUR

To reduce offending behaviour through strong collaborative partnership work.

What We've Done So Far	What We Plan To Do Next
<p>1. We have a dedicated Children in Care Police Officer (CiCPO) whose expertise and service we will continue to use.</p> <p>2. We have a dedicated children in care lead in the Youth Offending Team whose works closely with the CiCPO on reducing the criminal behaviour amongst our children in care and care leaver population.</p> <p>3. We hold quarterly Multi-agency Network meetings between our Youth Offending Team, Nottinghamshire Police, and private and statutory providers. Meetings are used to share good practice, information, and open up lines of communication.</p> <p>4. We use Restorative Justice (RJ) and provide training on RJ to staff and external providers.</p> <p>5. We are currently trying to establish if low level sexual offending can be dealt with by means of RJ.</p> <p>6. We offer training regarding reducing the risk of Sexual Exploitation to staff and external providers.</p> <p>7. Our Personal Advisors meet with Probation Officers and Youth Offending Team Case Managers to address offending behaviour; this is dealt within the Pathway Plan.</p> <p>8. We use an eight-point checklist that ensures all other strategies have been exhausted before a young person is 'criminalised'.</p> <p>9. We hold bi-monthly Concerns Network meetings where low level sexual exploitation concerns are shared and addressed.</p>	<p>1. We plan to hold regular Safeguarding Children in Care events. Such events provide an opportunity to discuss activity in regards to reducing offending behaviour, and to share good practice among key stakeholders and young people. A planned schedule of these events will be available by the end of October 2014</p> <p>2. Subject to availability, we plan to secure further opportunities for young people and staff to attend theatre performances that deal with sexual exploitation and associated risks by the end of July 2014.</p> <p>3. We plan to develop multi-agency group, which will include representation from Ofsted that will focus on the risk of sexual exploitation. It is anticipated that the group will be established by the end of July 2014.</p>

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