



NOTTINGHAM CITY COUNCIL
CORPORATE PARENTING BOARD

Date: Monday, 19 November 2018

Time: 2.30 pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham,
NG2 3NG

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

Corporate Director for Strategy and Resources

Governance Officer: Phil Wye **Direct Dial:** 0115 8764637

- 1 APOLOGIES FOR ABSENCE**
- 2 DECLARATIONS OF INTERESTS**
- 3 MINUTES** 3 - 6
Minutes of the meeting held on 17 September 2018, for confirmation.
- 4 THE HEALTH OF CHILDREN IN CARE OF THE LOCAL AUTHORITY** 7 - 30
2017/18
Joint report of NHS Nottingham City CCG and Director, Children's Integrated Services
- 5 THE CHILDREN'S SOCIETY: INDEPENDENT ADVOCACY ANNUAL** 31 - 48
REPORT 2018
Report of Director Children's Integrated Services
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- 7 CHILDREN IN CARE AND CARE LEAVERS STRATEGY 2018 – 2020** 55 - 78
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- 8 CHILDREN IN CARE SERVICE PERFORMANCE REPORT:** 79 - 82
QUARTER 1 / QUARTER 2 2018 - 2019
Report of Director Children's Integrated Services

9	CHILDREN IN CARE COUNCIL Report of Director Children's Integrated Services	Verbal Report
10	CHAIR'S UPDATE	Verbal Report
11	FORWARD PLANNER	83 - 86

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

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NOTTINGHAM CITY COUNCIL

CORPORATE PARENTING BOARD

MINUTES of the meeting held at Loxley House, Nottingham on 17 September 2018 from 2.30 pm - 3.42 pm

Membership

Present

Councillor David Mellen (Chair)
Councillor Ginny Klein (Vice Chair)
Councillor Jim Armstrong
Councillor Nicola Heaton
Councillor Glyn Jenkins
Councillor Neghat Khan
Councillor Wendy Smith
Councillor Marcia Watson
Councillor Cate Woodward

Absent

Councillor Sue Johnson

Colleagues, partners and others in attendance:

Helen Blackman - Director of Children's Integrated Services
Clive Chambers - Head of Safeguarding and Quality Assurance
Matthew Jenkins - CAMHS CLA Team Manager
John Matravers - Service Manager, Safeguarding Partnerships
Gill Moy - Nottingham City Homes
Alison Wakefield - Acting Head of Service, Children in Care
Phil Wye - Governance Officer

20 APOLOGIES FOR ABSENCE

Councillor Sue Johnson – other Council business
Alison Michalska
Aileen Wilson

21 DECLARATIONS OF INTERESTS

None.

22 CHANGE OF MEETING DATE

RESOLVED to change the date of the January meeting from 21 to 14 January at 2.30pm.

23 MINUTES

The minutes of the meeting held on 16 July 2018 were agreed as a correct record and signed by the Chair.

24 UPDATE REGARDING NATIONAL ENQUIRY

Clive Chambers, Head of Safeguarding and Quality Assurance, delivered a presentation on the National Enquiry into Child Sexual Abuse, highlighting the following:

- (a) the enquiry was set up to address increasing concerns about responses to child sexual abuse nationally, following a range of allegations. It is accepted that mistakes were made and the enquiry is investigating failings in the response to these mistakes;
- (b) the enquiry is composed of 13 investigations into individuals, services and local authorities. One of these investigations is into Nottingham City Council and Nottinghamshire County Council (jointly referred to as Nottinghamshire Councils);
- (c) the focus of the local investigation is institutional failure as there were a high number of reports to the police and allegations of child sexual abuse and exploitation, with particular focus on one particular children's home and covering children abused whilst in foster care and child on child abuse;
- (d) public hearings will begin on 1 October at Trent Bridge cricket ground and will continue in London. The Truth Project also gives victims an opportunity to come forward with their experiences. The outcomes of the enquiry are expected to be published in April 2019;

Board members were reassured that, whilst there is never a complete guarantee, Nottingham City Council now undertakes robust recruitment of foster carers and has strong care settings. Ofsted has said that children are listened to and taken seriously regarding any concerns.

RESOLVED to thank Clive for the information provided.

25 CARE LEAVERS' SERVICE ANNUAL REPORT

Alison Wakefield, Service Manager, introduced the report outlining the work undertaken and progress made by the Leaving Care Service since the pilot Ofsted inspection in January 2017, highlighting the following:

- (a) 31 young people have decided to 'stay put' with their foster carers, residential homes or in semi-independent residential placements this year;
- (b) 95.7% of care leavers are in suitable accommodation for 2018/19 which is an increase on the previous year. Young people in custody are not counted as being in suitable accommodation;
- (c) new statutory guidance requires local authorities to consult on and publish a Local offer for its care leavers. This has been assembled with the help of focus groups and will be published in October 2018;
- (d) young people may not wish to keep in touch when they have left care but the Council must give them every opportunity to do so if they wish. All care leavers up to the age of 25 have been written to make this clear.

The following points were raised during the discussion which followed:

- (e) the Council has the names of all care leavers and their care history on its records but not necessarily their addresses, which can be a challenge for the keeping in touch protocol;
- (f) when care leavers 'stay put' it could have a knock on effect on the number of foster carers available for younger children. The Council is undertaking a recruitment drive for foster carers;

- (g) a proposal has been agreed to make care leavers exempt from paying council tax for 2 years in order to give them a good start. Their personal assistants will prepare them for when they do begin to pay tax at the age of 20.

RESOLVED to

- (1) continue to support and understand the duties required of the Leaving Care Service;**
- (2) note the proposals for service redesign of the Leaving Care Service;**
- (3) circulate the Local Offer to Board members by email.**

26 CHILDREN IN CARE CAMHS TEAM REPORT

Clive Chambers, Head of Safeguarding & Quality Assurance, introduced the report providing an update on the development and implementation of an offer from the Children and Adolescent Mental Health Service (CAMHS) to all who support Children in Care to ensure there is an effective strategy in place to enable placement stability and permanency in which a child or young person can thrive. Clive highlighted the following:

- (a) a Clinical Commissioning Group quality visit was undertaken in May 2018 which had positive outcomes and gave a number of recommendations for strengthening the service and making better transitions from child to adult mental health services;
- (b) there has been a slight increase in the number of open cases to the team since March 2018;
- (c) referrals can be accepted by the team even if children have normal Strength and Difficulties Questionnaire (SDQ) scores as there may be other concerning factors beyond the SDQ score;
- (d) there has been an increase in the number of referrals for children in the 6-10 age range, which is positive as evidence suggests that early CAMHS intervention is linked with better outcomes;
- (e) the team consistently meets its target of offering a Choice appointment within 2-4 weeks of referral despite having reduced staff currently.

Board members welcomed the positive outcomes outlined in the report.

RESOLVED to continue to develop an offer in line with the countrywide CAMHS transformation plan (as set out in the national Future in Mind Report and the Directorate Plan for Children in Care to ensure appropriate and timely access to support.

27 INDEPENDENT REVIEWING OFFICER ANNUAL REPORT

John Matravers, Manager of Safeguarding Partnerships, delivered a presentation on the Safeguarding and Quality Assurance Service Annual Report 2017-18, highlighting the following:

- (a) the core business of the team includes chairing of Children in Care reviews, Initial and Review Child Protection conferences, Child Sexual Exploitation and Child Criminal

Exploitation strategy meetings;

- (b) the team plays a key role in relation to the improvement of care planning for children in care as well as ensuring a process for challenging drift and delay. The views of children, parents and carers are always given weight in care planning;
- (c) the Local Authority Designated Officer (LADO) works in the team and looks at allegations against individuals who work with children;
- (d) the service has played a critical role in moving forward the criminal exploitation agenda, developing a toolkit for referrals, developing a training package and representation at Child Criminal Exploitation Panels;
- (e) all Independent Chairs are now linked to area teams and attend regular team meetings, enabling clear communication and ensuring issues are addressed in a timely manner;
- (f) 93% of Children in Care Reviews took place within the statutory timescales and 92% of children in care participated in their review. These figures are positive as compared to statistical neighbours;
- (g) a new escalation policy has been introduced which consists of an informal process followed by a more robust formal process whenever it is warranted. 79 concerns have been raised in the last year, none of which needed to be escalated beyond Service Manager level;
- (h) plans for 2018-2019 include the launch of the 'Coming into Care' packs for both children and their parents/carers.

The following points were discussed during the discussion which followed:

- (i) most concerns are around communication problems and come through the reviewing process, though some may come from telephone calls from children;
- (j) it would be difficult to complete 100% of Children in Care reviews in statutory timescales as sometimes they are rearranged so that all appropriate people can attend. This only happens in rare cases and is always close to the timescales.

RESOLVED to

- (1) thank John for the information provided;**
- (2) circulate the 'Coming into Care' pack to Board members.**

28 CHILDREN IN CARE COUNCIL

This item was withdrawn from the agenda.

29 FORWARD PLAN

The forward plan was noted.

CORPORATE PARENTING BOARD – NOVEMBER 2018

Title of paper:	The Health of Children in Care of the Local Authority 2017/18 – Nottingham City	
Director(s)/ Corporate Director(s):	Nichola Bramhall - NHS Nottingham City CCG (Greater Notts Partnership) Helen Blackman – Director, Children’s Integrated Services	Wards affected: All
Report author(s) and contact details:	Kathryn Higgins - Designated Nurse for Children in Care Kathryn.higgins2@nhs.net Melanie Bracewell - Designated Doctor for Children in Care/Medical Advisor for Adoption / Consultant Community Paediatrician melanie.bracewell@nuh.nhs.uk	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input type="checkbox"/>
Children, Early Intervention and Early Years		<input checked="" type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<p>Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences.</p> <p>The NHS has a major role in ensuring the timely and effective delivery of health services to looked after children (and, by extension, to care leavers) by commissioning effective services, delivering through provider organisations, and through individual practitioners providing coordinated care for each child.</p> <p>The attached document is the second CCG looked after children annual report and provides assurances that Nottingham City CCG is fulfilling its statutory responsibilities to children as outlined in the Children Act 1989 and Promoting the health and well-being of looked after children (2015).</p> <p>The additional document outlines some of the health data collected and issues relating to it.</p>		

Recommendation(s):	
1	To note – health providers supported by the Designated Professionals will continue to work with the Service Improvement Forum and associated working groups with the aim to improve the health outcomes for Children in Care.
2	To note – Revised CCG pathways for out of area placements and other local authority placements in the City to be implemented in 2019.
3	To note – health providers supported by the Designated Professionals will continue to work with the Local Authority, other partner agencies and Commissioners in planning for and ensuring adequate health provision for Care Leavers.

1 REASONS FOR RECOMMENDATIONS

- 1.1 The Nottinghamshire Children in Care Service Improvement Forum is now an established group which includes representation from CCGs, health providers and the Local Authority with the aim to improve all health outcomes for children and young people in care across Nottingham City and Nottinghamshire.
- 1.2 NHS Nottingham City CCG is responsible for all Looked after children originating Nottingham City placed out of area and for ensuring the health provision is in place for those placements by other local authorities in the city.
- 1.3 Nottingham City CCG is supporting the Local Authority with the “Care Leaver Offer”

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 See attached Looked After Children/Children in Care Annual Report 1 April 2017 – 31 March 2018
- 2.2 See attached additional data to support the Annual Report.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 None

4 FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

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

5 LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

5.1 None

6 STRATEGIC ASSETS & PROPERTY COMMENTS (FOR DECISION RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE) (AREA COMMITTEE REPORTS ONLY)

6.1 None

7 EQUALITY IMPACT ASSESSMENT

7.1 Has the equality impact of the proposals in this report been assessed?

No

An EIA is not required because:

(Please explain why an EIA is not necessary)

Not required as the report does not contain financial proposals or decisions.

Yes

Attached as Appendix x, and due regard will be given to any implications identified in it.

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

8.1 Appendix 1: CCG LAC Annual Report 2017/18

8.2 Appendix 2: LAC in Nottingham City - additional Data

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

9.1 Children Act 1989 HMSO.

9.2 Looked after Children: Knowledge, skills and competencies of healthcare staff. Intercollegiate Role Framework (RCGP, RCN & RCPCH) March 2015.

9.3 The Statutory Guidance on "Promoting the Health and Wellbeing of Looked After Children "(2015) DH/DCSF.

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Looked After Children/Children in Care

ANNUAL REPORT

1 APRIL 2017 – 31 MARCH 2018

A summary of key achievements and future plans for Nottingham City CCG to fulfil its duty to safeguard and promote the welfare of looked after children

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Looked After Children/Children in Care Annual Report 2017/2018

Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences.

The number of CIC has continued to rise and as of 31 March 2017 there were 72,670 nationally a 3% increase since 2016. In Nottingham City this number was 615 a slight increase on 595 in 2016 (Local authority interactive tool).

The NHS has a major role in ensuring the timely and effective delivery of health services to looked after children (and, by extension, to care leavers) by commissioning effective services, delivering through provider organisations, and through individual practitioners providing coordinated care for each child (Promoting the health and well-being of looked after children 2015).

(Throughout this report Looked after Children [LAC] will be referred to as children in care - CIC).

1. Introduction

- 1.1. This report relates to Nottingham City CCG.
- 1.2. The CCG commissions health services for the population of Nottingham City.
- 1.3. Key areas of priority for the CCG that were identified in 2016 – 2017 from the Nottinghamshire County LAC Pathway review (2016), of which the city local authority were included, have now been incorporated into a working action plan that is overseen by the Nottinghamshire CIC Service improvement forum.
- 1.4. This report will summarise achievements and activity undertaken in 2017 - 18 and highlights recommendations for 2018 - 19.

2. Background

- 2.1. This is the second CIC CCG annual report and provides assurance that Nottingham City CCG is fulfilling its statutory responsibilities to children as outlined in the Children Act 1989 and Promoting the health and well-being of looked after children (2015).
- 2.2. The CCG works in partnership with health provider organisations, the local authority and other agencies including the Nottinghamshire safeguarding children and adult boards. The designated CIC nurse is situated within the CCG in line with statutory guidance. The role is fully strategic with no clinical responsibilities, however will intervene in the delivery of clinical services/escalation and has a role in clinical audit and performance. This role is also responsible for the South CCGs (as part of the newly configured Greater Nottingham Clinical Commissioning Partnership) and the Mid County CCGs.

- 2.3. The designated CIC Doctor alongside the City also covers the South County CCGs. This post has a combined clinical and strategic role and sits within Provider (as recommended by the medical intercollegiate document).

3. LAC/CIC Governance and Accountability arrangements

- 3.1 The CCG governance arrangements for CIC are now monitored through the newly formed Nottingham Safeguarding Assurance Group. This group replaces the previous City Safeguarding Steering group following the creation of the Greater Nottingham Clinical Commissioning Partnership. The Safeguarding Assurance Group monitors progress on national and local guidance and strategic priorities. The CCG LAC/CIC executive leadership is through the Chief Nurses who represent the CCG on Nottinghamshire safeguarding children and adult Boards and are members of the CCG Governing Bodies.
- 3.2 The designated CIC professionals contribute to the Nottingham Safeguarding Assurance Group, the local authority Corporate Parenting Board and are members of the regional NHS England safeguarding network.
- 3.3 Performance data relating to statutory health assessments undertaken by our health providers is reported to regular contract meetings with commissioners from within the CCG. The designated CIC professionals have oversight. In addition, this data is currently shared with the local Corporate Parenting Board.

4. Commissioning arrangements

- 4.1 The CCG continues to commission the following providers to undertake statutory health assessments for CIC:
 - **Nottingham University Hospitals NHS Trust** – provides medical input from community paediatricians for children and young people whose originating local authority is Nottingham City. This includes initial health assessments and referrals to specialist services. For those children and young people placed too far out of Nottingham City boundaries, arrangements will be made with an external health provider to complete the assessment. The quality assurances of all assessments are currently overseen by the clinical team and Named CIC professionals and escalated to the designated CIC Doctor/Nurse if below expected quality. This service is commissioned by the 3 southern County CCGs in addition to Nottingham City CCG as the health teams from different providers work across the entire county/city delivering services to the CIC population. In this report we refer only to the part of the service delivered to city CCG area. This service also provides medical advisers for adoption who fulfil the statutory duties for the city local authority around Adoption Panels, reports on the health of prospective adopters as well as contributing to the health assessments and statutory reports for children and young people with an adoption plan.

- **Nottinghamshire Healthcare NHS Foundation Trust** – provides the CIC Nursing team. This team coordinates the pathway once a looked after child enters care, undertaking the majority of review health assessments following on from the Initial health assessment. For those children and young people placed too far out of Nottingham City boundaries, arrangements will be made with an external health provider to complete the assessment. The quality assurance of all health assessments are currently overseen by the team. The service is jointly commissioned with the Nottingham County CCGs.
- **Public Health & Nottingham City Local authority** - Nottingham City Council commission public health services for children and young people including the 0 – 19 Programme which incorporates delivery of the Department of Health "healthy child programme". The service provided by CityCare, works with the CIC health teams to ensure that the Universal and Public Health needs of CIC are met by the appropriately skilled and knowledgeable practitioners.
- **CAMHS LAC** - The service is jointly commissioned by Nottingham City CCG and Nottingham City Local Authority and is monitored as part of the large mental health contract (adults and children) from a CCG contract perspective. Consequently, it is imperative that we ensure that the children's element of the large contract is not lost with an emphasis on what mental health services are being made available to children who are looked after. CIC continue to be a focus within the Joint Nottingham City and Nottinghamshire Local Transformation Plan for children's emotional wellbeing and mental health. . Consideration will also be given to the consistency of the support provided to CIC placed out of area, as well as other area CIC placed in Nottingham.

- 4.2 **Integrated Personal Commissioning (IPC) Pilot for looked after children & care leavers with mental health needs** – In October 2016, NHS England (NHSE) launched a national pilot programme to test how IPC and personal health budgets (PHBs) could improve the mental health and wellbeing outcomes for CIC and care leavers. The pilot seeks to explore how the IPC model could be embedded within health and social care practice, with the aspiration of offering personal budgets to young people who would normally be referred to core commissioned CAMHS services. In August 2017, Nottinghamshire CCGs (excluding Bassetlaw CCG) were selected by NHSE to become a pilot site for this project, with Nottingham City CCG joining in April 2018. The pilot will run until 31 March 2019.
- 4.3 The overall aim is for the child or young person to identify the health and wellbeing outcomes that are more important to them, and what need to be in place to achieve their desired goals; the young person – with the support of their family, carers, friends and practitioner – is encouraged to be creative about ways to improve their mental health and wellbeing moving away from traditional clinical approaches.
- 4.4 During 18/19 commissioners will work on the sustainability of this programme post March 2019.

5. NHSE Safeguarding Assurance Tool (SAT)

- 5.1 NHSE has the responsibility to ensure that CCGs are compliant with their safeguarding requirements. Nottingham City CCG has contributed to a pilot of an NHSE assurance tool containing safeguarding standards, including several in relation to CIC.
- 5.2 Despite there being some criticism of the tool itself, it has had a positive impact in raising the profile of CIC within the CCG which has previously had no detailed compliance framework.
- 5.3 The standards are RAG rated and those red or amber (all with associated work plans) have been shared with the Chief Nurse within the CCG.

6. CIC placed out of area (OOA)

- 6.1 The Nottinghamshire County CIC Health Pathway Review identified that in 2016 the CCG was only partially compliant with the Statutory Guidance in ensuring a continuity of high quality, timely healthcare for CIC that move OOA.
- 6.2 A task and finish group was formed in 2016 and included the local authority CIC managers, local authority placement officers and health providers.
- 6.3 This group reviewed the pathways for children and young people placed out of area in relation to:
 - The CIC medical teams
 - The CIC nursing team
 - LAC CAMHS
- 6.4 The designated professionals for CIC have devised a CCG OOA pathway that is in accordance with statutory/NHSE guidance. This pathway includes a quality assurance process, a robust escalation process and clear financial pathways. The internal processes of each health provider will align to this pathway.
- 6.5 The task and finish group will be resumed and the pathway implemented following the input of CCG administrative support. We are hoping this will be the summer of 2018.
- 6.6 The designated professionals for CIC, alongside the local authority reviewed and amended an East Midlands notification protocol (relating to a child or young person being placed in a different area) written in 2015 by our designated colleagues in Leicestershire, to ensure practice is in line with statutory guidance. This revised local guidance has been agreed by all our neighbouring CCGs and local authorities with the aim to promote consistent practice across the region. It will be used in conjunction with the new OOA/OLAC pathway.
- 6.7 The LAC CAMHS element of the OOA pathway has been identified as a piece of work that needs further exploration.

7. Other Local Authority Children (OLAC)

- 7.1 In line with the task & finish group for OOA placements the CCG (designated professionals CIC) also reviewed the process for OLAC placed in Nottingham City, ensuring that all OLAC are offered primary and secondary care as any other child or young person would receive. A CCG pathway has been written and agreed by the CCG, with an accompanying offer that will be shared with local authorities placing CIC in Nottingham city.
- 7.2 Requests for Initial health assessments are undertaken by our commissioned health provider. Plans are for the CCG to invoice the originating CCG as per the Responsible Commissioner guidance (2007). This money will then be redirected into the commissioned service to manage service provision.
- 7.3 Requests for review health assessments are undertaken by our commissioned health provider. Currently this money is being invoiced by the commissioned provider and monies generated used to maintain the service. This will be changed with the new agreed pathways to enable finances to be managed at CCG level not provider.
- 7.4 The aim is to provide enough health capacity up front to meet the needs of all CIC in our area regardless of originating authority. The remuneration for this then sits, appropriately, in commissioning.

Table 1: OLAC

	2015/16	2016/17	2017/18
Initial health assessments	Did not commence seeing consistently until 2017/18. 2 children had IHAs completed between Jan-March 2017 (Q4 2016/17 financial year). No data collected on additional requests that did not lead to IHA		12 completed (with 10 further requests which did not lead to IHA)
Review health assessments	No data	17 completed	19 completed

- 7.5 It must be acknowledged that additional time is needed for health providers to manage the process around OLAC. Some requests made for health assessments do not result in an assessment actually being undertaken. This may be due to lack of appropriate consent being shared by the originating authority meaning our commissioned health provider is unable to undertake the assessment, the young person moves placement prior to the assessment being arranged or that the young person is not brought to the assessment by their carer/local authority. This may involve substantial preparation work undertaken, especially in regard to Initial health assessments, that is not taken into account. This additional work does impact on our commissioned services capacity.
- 7.6 The OLAC pathway requires implementation in 2018.

8. Nottinghamshire CIC Service Improvement Forum

8.1 The Nottinghamshire CIC Service Improvement Forum was established in December 2016 to implement/continue the CIC health pathway review work/suggestions. This forum continues to meet regularly and the recommendations made within the Nottinghamshire County CIC Health Pathway review (2016) are now a working action plan that is overseen within this forum led by Commissioners. This is a County wide forum with agreement to commitment from both the City and County Local Authorities, CCGs and health providers. Several working groups have been established to help support the actions in the plan. The objectives of the Service Improvement Forum is to be a system where partners hold themselves to account through an outcomes framework delivering care and meeting health needs of CIC.

9. Outcomes Framework

9.1 Alongside the Service Improvement action plan, the Service Improvement Forum holds itself to account through an overarching Outcomes Framework. This framework sets out the following ambitions for the health of CIC locally:

1. Health services for individual children in reflect their individual needs, issues and preferences
2. The CIC health workforce are skilled and competent
3. CIC experience warm, nurturing care
4. CIC have good emotional health and wellbeing
5. CIC live in stable placements that take account of their needs and preferences
6. CIC receive specialist and dedicated services within agreed timescales
7. Other Local Authority Children (OLAC) and children placed out of area (OOA) receive the services they need
8. CIC are supported to fulfil their potential
9. Care leavers are supported well to independence
10. The health needs of CIC are understood and responded to
11. CIC are safe

9.2 The content of this framework has been informed by national guidance. The framework consists of performance indicators measured against standards, evidence and assurance. It will respond to learning from inspections and local experiences of CIC. It is owned by the local authority care system including Nottingham city local authority, Nottinghamshire county local authority, CCGs and acute and community NHS health providers.

10. Quality Assurance

10.1 Alongside the Outcomes Framework a CCG Quality Assurance Framework is being devised by the designated CIC professionals to assure the CCG that the quality of services commissioned are to national standard.

- 10.2 Designated CIC professionals and health providers will be responsible for these measures and they will be assessed in different ways including data collection, audit and dip testing of the quality of health assessments and information given on leaving care and ensuring the voice of the child and young person is always captured.
- 10.3 A CCG quality visit has been undertaken this year to the **CIC nursing service** provided by Nottinghamshire Healthcare Trust. This visit included commissioners and the designated CIC nurse speaking to the members of the nursing team and management. The visit comprised of key lines of enquiry including what was going well, challenges and areas for improvement, performance of the service, workforce planning, quality and partnership working. Examples of areas working well were identified plus areas for improvement.
- 10.4 A CCG commissioner led visit has been undertaken this year to the city **LAC CAMHS service**. The visit was undertaken by a Children's Commissioner and Associate Designated Clinical Officer, Children's Commissioning Officer and a Quality Manager for Mental Health and Community Services, all employees of Nottingham City CCG. As with the visit to the CIC nursing team the visit comprised of key lines of enquiry including what was going well, challenges and areas for improvement, performance of the service, workforce planning, quality and partnership working. Examples of areas working well were identified plus areas for improvement.
- 10.5 **GP Standards:** In 2017/18 for the first time, 4 statements around CIC and care leavers (CL) were included in the GP safeguarding standards. These standards are included within each GP contract. Alongside the contract each GP receives a copy of the standards to which they will self-assess. Visits were undertaken to 10 randomly chosen city GP practices by the designated nurse safeguarding, adult safeguarding lead and designated nurse for looked after children. These visits generated good discussion and raised awareness around the needs of CIC and care leavers.

11. Nottinghamshire CIC data collection and reporting project

- 11.1 Accurate and reliable data in relation to the health needs of children in care has been historically very difficult to obtain as explained in previous reports. The 2016/7 (last) annual report did not contain data due to ongoing concerns that the systems collecting the data were not reliable and that the data was not accurate. Collecting health data is complicated and involves collecting data that tries to capture timescales of interventions but with many variables, which include factors out of the control of the health providers. It also involves two health provider organisations collecting separately. A lot of time and effort has been given previously to try to gather this information accurately.
- 11.2 Following a successful bid to NHS England for non-recurrent project funding in 2016 a project board and working group has been established, led by a project lead with the support of the designated CIC nurse. The aims of the project are:

1. To ensure accurate data is collected in line with national statutory Key Performance Indicators requested by Commissioners and held within service specifications and contracts
2. To obtain additional health data that evidences outcomes of health interventions
3. To obtain additional health data within caseload profiling to support with health needs assessments and future service planning.

11.3 As part of this project in 2018 a revised data set for the commissioned medical and nursing providers has now been agreed. This includes national and locally agreed timescales. It also includes additional data that will influence service planning and ultimately outcomes for children and young people. The existing key performance indicators (KPIs), including statutory health assessment timescales are currently being collected manually which is time-consuming and onerous. Plans are for this data to be collected electronically within current clinical databases but this is not without difficulties. This is a national issue that other CCGs are also struggling with. Work continues to address this.

11.4 The aim is for our health providers to collect existing KPI data sets manually to Q2 with the embedding of the new KPIs over quarter 3 and the aim of full electronic collection by Q4. It has to be acknowledged that obtaining the revised data requires a significant amount of work for the provider organisations and at the moment the new data set/outcomes is not a contractual obligation.

11.5 The CIC chapter of the Joint Strategic Needs Assessment was published in December 2017. The designated CIC professionals contributed to discussions around an early draft to this document and there has been representation from public health as part of the data project to ensure future JSNAs include locally collected meaningful data.

11.6 A refusal pathway has been written by designated CIC professionals and health providers and is awaiting agreement with the local authority. This clarifies the process when young people refuse a health assessment to ensure everything possible has been attempted and that the young person's health needs are still addressed.

12. Raising awareness of CIC and care leavers

12.1 **GP website:** Following a successful bid to NHS England monies are supporting the development of a website aimed to support GPs, (but accessible to all health professionals in Nottinghamshire), providing information, guidance and information about safeguarding including training events. The designated CIC professionals have contributed to the design of the website to ensure children in care and care leavers are given adequate attention. It is hopeful the website will be available by the end of 2018.

12.2 **Training events:** Unfortunately the Practice learning events did not include CIC this year. Seminars are planned for later in 2018 to raise awareness around children in care and care leavers.

- 12.3 **CCG newsletters:** Information is now being shared in relation CIC and care leavers within CCG newsletters and communications. These are cascaded to GPs and practice staff.
- 12.4 **Safeguarding adult board:** Discussions are being had with the Safeguarding Adults Board as to how we can increase awareness around CIC and care leavers within adult services.

13. Care leavers

- 13.1 Within the CIC health Pathway Review (2016) a key finding identified was that care leavers were not always given sufficient information in regard to their own health; there was limited information about their family history, and that one in three felt they needed more support accessing adult health services. It does have to be acknowledged that this may be due to issues around consent and confidentiality (birth parents not providing any health information or agreeing to it being shared).
- 13.2 A workshop was held in July 2017 to review services currently commissioned, identify gaps and/or consider alternative ways of improving support around health for this group of vulnerable young people. The workshop was a joint Nottingham City and Nottinghamshire County event and was attended by both health providers (including CAMHS) and local authorities. Key recommendations were identified from the workshop, including raising awareness around care leavers to all professionals in children and adult services, raising awareness with GPs, reviewing the “important health information” given and ensuring a robust pathway for distribution is in place.
- 13.3 A working group has updated the “important health information” to ensure it meets statutory requirements and is meaningful.
- 13.4 A distribution of “important health information” pathway is currently being written by designated CIC professionals that will be agreed by health providers and the local authority.
- 13.5 Quality assurance of the “important health information” will be considered later in the summer as part of the Quality assurance working group.
- 13.6 **Care leaver offer:** At the time of writing this report consideration is being given to what services support young people on leaving care. An offer will be published by the local authority later this year and the CCG will contribute to this.

14. Unaccompanied Asylum Seeking Children (UASC)

14.1 Since the implementation of the National Transfer scheme in July 2016, alongside revised practice guidance, documentation and pathways the following work has been completed;

- Links are now in place between the designated CIC professionals and Nottingham city local authority in relation to planning for future placements.
- As part of the revised data set improvements to data collection and reporting on health assessments for UASC are now being made in order to plan service delivery.
- Information is being shared by designated CIC professionals with health providers in regard to training events and national guidance. UASC information will be incorporated into the new GP website
- It is interesting to note that the NUH undertakes many IHAs for UASC originating from other local authorities (25% of OLAC IHAs in 2017/18). Many of these young people are aged over 17 years and only receive an IHA before leaving care. They then receive health services as would any other adult. Further discussion is required to understand the support that these young people receive, particularly on leaving care.

15. Voice of the child

15.1 The CCG must ensure that the voice of children and young people in care contributes to service planning and delivery. Work is ongoing and includes liaison with provider organisations to ensure the voice of the child is included in all audits and reports.

15.2 In 2017 the designated CIC nurse met with the CIC Council to discuss what health meant to them. They identified health as an important issue. This information contributed to the Outcomes Framework.

15.3 As part of a Master's degree in Advanced safeguarding a recent study has been undertaken with a group of City care leavers by the designated nurse for looked after children to capture their personal experiences of support around their health on leaving care. The findings from this study have been shared with the local authority to support and inform service delivery.

16. Academic presentations

16.1 Two articles written by the lead commissioner for CIC and designated Dr (Mid County) have been published within the British Association for Community Child Health journal in March and June 2018, as well as presented to the annual conference of the royal College of Paediatrics and Child Health. These articles were a discussion about the evolution of the Nottinghamshire CIC Service Improvement forum. These are two of a series of 4 articles to which the designated CIC nurse and doctor for the City CCG will be contributing.

17. Work undertaken for LAC/CIC in 2017/18:

- OOA CCG pathway agreed by the CCG
- Revised East Midlands notification protocol agreed with the local authority and neighbouring East Midlands colleagues
- OLAC CCG pathway agreed by the CCG
- Data collection and reporting project devised and a revised data set for the commissioned health providers (medical and nursing teams) agreed
- Nottinghamshire CIC Service Improvement Forum and working action plan further established
- Quality assurance tool for initial and review health assessments devised and agreed
- A Care leaver workshop was held in July 2017 to review support around health
- Care leaver working group to review and implement recommendations from the workshop
- Improved links with NHS England and the Midlands LAC sub group
- Participation in the NHSE SAT pilot
- Close working relationships between the designated professionals have remained to ensure the work undertaken is relevant and replicable across the city and county
- Regular external supervision for the designated professionals has been implemented which supports working together with our colleagues in neighbouring CCGs
- Links and liaison with the designated nurse in Bassetlaw have continued.

18. Priorities Identified 2018/19

1. OOA pathway to be implemented and embedded
2. OLAC pathway to be implemented and embedded
3. Revised data sets to be reported upon
4. Recommendations from the care leaver workshop to be implemented
5. Quality Assurance processes to be implemented and embedded in practice within an agreed quality assurance framework
6. Agreement and implementation of the “refusal pathway” for those young people refusing a health assessment
7. Agreement from the CCG on what can be offered as part of the “local authority offer” for care leavers
8. Further work to be undertaken to consider “hard to reach groups” such as those young people who do not engage, UASC and those in secure accommodation
9. Further work to be undertaken to review process for those children and young people categorised as CIC due to the time needed for respite/short breaks

10. Further work to be undertaken to review process for those children and young people categorised as CIC due to being on remand; linking with specialist nurse for the Youth Offending Team
11. The CCG to support health providers in exploring opportunities to mitigate some of the current challenges in service provision
12. Review the CCGs responsibilities in the commissioning of the medical adoption service
13. Consideration and planning to be given on the implementation of any additional priorities emerging from the NHS England Looked after Children Working group.

19. Summary

- 19.1 Commissioning arrangements and funding have not changed for the children in care service during 2017/18. The designated CIC professionals have led progress in a number of areas particularly data collection, including management and reporting to CCG and quality assurance of provider services. There is plenty of work still to do, however this report demonstrates how strengthened leadership across the health economy for CIC has identified priorities for improving the quality of the services, both CCG commissioned and commissioned with partners.
- 19.2 Health Provider Annual Reports were not available at the time of writing this report however once available they will support the CCG report as the information they provide may influence CCG priorities.

20. References

1. Children Act (1989) HMSO.
2. The Children and Social work Act (2017) HMSO
3. County Pathway Review, (Hamilton, 2016). Nottinghamshire County Council.
4. Local Authority Interactive tool accessed 18.04.18. www.gov.uk
5. Looked after Children: Knowledge, skills and competencies of healthcare staff. Intercollegiate Role Framework. (RCGP, RCN & RCPCH) March 2015.
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7. Promoting the health and well-being of looked-after children (2015). Department of Health. Crown copyright.
8. Who pays? Establishing the Responsible Commissioner (2007). HMSO. Crown copyright.

Authors of report

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Dr Melanie Bracewell (Consultant Community Paediatrician, Designated and Named Doctor for Children in Care / Medical Adviser for Adoption) Nottingham University Hospitals NHS Trust.

Appendix 1

List of Strategic Partnership Meetings and Sub Groups attended by the CCG Designated Professionals for Looked After Children

- Nottingham Safeguarding Assurance Group – representation by the designated Dr and nurse for looked after children
- City CIC Outcomes group – representation by the designated Dr and nurse for looked after children
- City Corporate Parenting Board – representation by the designated Dr and nurse for looked after children
- Nottinghamshire CIC Service Improvement forum – representation by the designated Dr and nurse for looked after children
- Derbyshire and Nottinghamshire NHS England Safeguarding Forum – representation by the designated Dr and nurse for looked after children
- Links to the NHS England National network (LAC subgroup) – both designated Dr and nurse for looked after children

Additional relevant strategic meetings

- Joint NSCB Child Sexual Exploitation Strategic Steering Group – represented by the designated nurse safeguarding
- MARAC Strategic Steering Group – represented by the designated nurse safeguarding
- Nottingham City Safeguarding Children Board (NCSCB) – representation by the designated nurse safeguarding
- NCSCB Audit Sub-Committee – representation by the designated nurse safeguarding
- NCSCB Executive – representation by the designated nurse safeguarding
- NSCB Policy and Procedure Sub-Committee – representation by the designated nurse safeguarding
- NSCB Quality Assurance/Audit Sub-Committee – representation by the designated nurse safeguarding

Looked after children in Nottingham City – additional data

NHS England Data project

As part of funding received from NHS England in 2016 a working group has been in place and a revised data set has been agreed for our two health providers. This data set includes statutory key performance indicators and additional data that will improve outcomes for our looked after population. This data will include not only data around health assessments but also information about the numbers of unaccompanied asylum seeking children, care leavers, those with a disability and those in secure units.

Provider services are subject to regular service contract meeting where performance data is reviewed and mitigating factors recognised. In addition, areas requiring improvement are discussed and plans put in place and good areas of practice of celebrated. We recognise that these are challenging times for our provider services and that every effort is made by all to work collaboratively on areas that require improvement.

Local data

In addition to health assessments for Nottingham city looked after children we now comply with all requests for statutory health assessments for other local authority children (OLAC) placed within Nottingham city. It is worth noting that there has been a sharp increase in referrals for OLAC. This work may impact on the service delivery for Nottingham city looked after children. This is an area that is being monitored and reviewed within the service contract meetings.

Initial Health Assessments

It has to be acknowledged that locally we currently report on the Initial Health assessments (IHA) being completed within 20 working days from correct consent rather than to sharing the report, as per statutory guidance. It has to be acknowledged that the statutory timescales may not be achievable as an internal audit suggests that there is an average of 55 working days from a child entering care to the health provider receiving correct consent to instigate an IHA. This also impacts on the timeliness of the report being shared. We hope to work with the local authority to remedy this.

The data below demonstrates once the correct consent is received the number of IHAs completed within 20 days is excellent.

Table 1: Initial Health Assessments (including those placed out of area) 2017/18 (referral from Nottingham city local authority)

Total number and % of IHAs seen within 20 days of receiving correct consent		
Q1	42/45	93.3%
Q2	35/39	89.7%
Q3	40/43	93.0%
Q4	44/49	89.8%

Table 2: Initial Health Assessment 2017/18 (placed out of area)

Total number and % of IHAs seen within 20 days of receiving correct consent (It has to be acknowledged that our health provider has limited control over the performance of an external organisation who will be requested to undertake this IHA on our behalf)		
Q1	0	-
Q2	1/2	50.0%
Q3	1/2	50.0%
Q4	2/3	33.33%

Exceptions - IHAs

The reason for non-compliance with the 20 day standard are numerous, and often not within the control of the provider, such as not receiving the correct paperwork/consent from the local authority within timescales, placement changes occurring, discharges from care, carers or local authority cancelling appointments and young people refusing appointments.

Review Health Assessments (RHA)

Table 2: Review Health Assessments 2017/18 (under 5 years old)

Q1	17/39	44%
Q2	12/25	29%
Q3	28/31	90%
Q4	28/35	80%

Table 3: Review Health Assessments 2017/18 (over 5 years old)

Q1	36/72	39%
Q2	63/126	64%
Q3	83/120	69%
Q4	25/57	44%

The data above is not entirely reflective of the overall specialist CIC service due to the following mitigating factors:

- The current data does not separate the timescales for children and young people placed OOA which are often out of timescales due to the reliance on other areas to complete the assessments.
- For children with an adoption plan RHAs will be seen as a priority in time or early to accommodate the local authority/court deadlines
- Not receiving the correct paperwork/consent from the local authority within timescales
- Placement changes occurring
- Discharges from care
- Carers or local authority cancelling appointments
- Young people refusing appointments

Over the past 12 months there have been significant sickness and vacancies within the CIC nursing team which have been managed proactively however it has had some impact on service delivery.

Work has been undertaken to recruit to vacancies and increase capacity in the team. Risk assessments have been undertaken and an action plan is in place to address these issues and provide assurance.

The role of the designated professionals for looked after children, working on behalf of the city CCG have been further established over the past two years and are now actively involved in assuring the CCGs around performance and quality. Risks have been acknowledged and escalated appropriately to ensure the service is safe.

Vaccination and Immunisations

As part of the NHSE data project work is currently underway around capturing vaccination status on entering care and after being in care a year to reflect catch up programmes. This will be available from Q4.

Immunisation status is reviewed at each statutory health assessment and recommendations made to the social worker to ensure this are actioned by the carers. For children under 5 year olds the RHA will recommend booking with the GP. To support with older children we have a School age immunisation service that will be referred into directly at the RHA and contact details given to the young person or carer.

Dental

As part of the NHSE data project work is currently underway around capturing dental status from birth in line with recommendations from Public Health England. This will be available from Q4.

As above dental status is reviewed at each statutory health assessment and recommendations made to the social worker to ensure this is actioned by the carers.

Eyesight

As part of the NHSE data project work is currently underway around capturing sight status from 4 years of age, in line with recommendations from Public Health England. This will be available from Q4.

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CORPORATE PARENTING BOARD - NOVEMBER 2018

Title of paper:	The Childrens Society: Independent Advocacy Annual Report 2018	
Director(s)/ Corporate Director(s):	Helen Blackman – Director, Children’s Integrated Services	Wards affected: All
Report author(s) and contact details:	Alison Smith - Service Manager, The Children’s Society Gabriel Hall - Area manager, The Children’s Society	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input type="checkbox"/>
Children, Early Intervention and Early Years		<input checked="" type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
Independent Advocacy Service provided to all Children in Care under Section 24D/26 the Children’s Act 1989. Promotes Children’s Rights and Entitlements supporting children and young people’s meaningful involvement in decisions, which affect their lives.		
Recommendation(s):		
1	To fulfil the delivery the Children’s Advocacy Services contract as set out within the Service Specification dated 16th March 2018.	

1 REASONS FOR RECOMMENDATIONS

- 1.1 For the board to acknowledge and discuss the Children’s Society Advocacy Services Annual Report.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Children’s Society are a national charity that works with the country’s most vulnerable children and young people. We have over 15 years’ experience in providing advocacy services across the UK. The Childrens Society deliver a number of services throughout Nottingham and Nottinghamshire including Child Sexual

Exploitation and Child Sexual Abuse services. This year we have launched the Nottingham City Next Generation service for children and young people impacted by multiple disadvantages..

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None.

4 FINANCE COLLEAGUE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

4.1 None.

5 LEGAL AND PROCUREMENT COLLEAGUE COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

5.1 None.

6 STRATEGIC ASSETS & PROPERTY COLLEAGUE COMMENTS (FOR DECISION RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE) (AREA COMMITTEE REPORTS ONLY)

6.1 None.

7 EQUALITY IMPACT ASSESSMENT

7.1 An EIA is not required because the report does not contain financial proposals or decisions.

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

8.1 Appendix 1: The Children's Society Independent Advocacy Service Annual Report 2018

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

9.1 None.



Independent Advocacy

ANNUAL REPORT 2018

Authors:

Alison Smith – Advocacy Service Manager

Gabriel Hall – Area Manager

Introduction

The Children's Society is jointly commissioned by Nottingham City and Nottingham County Council to deliver an independent and confidential Advocacy Service for all Looked After Children under its care. The Advocacy Service promotes children's rights and provides advocacy in line with the Local Authority's statutory duty.

The Children's Society's practice is underpinned by the *The National Standards for the provision of Children's Advocacy Services (2002)*.

The service aims to empower children and young people ensuring their rights are respected and that their views and wishes are heard in decision making processes. The service provides independent;

- Information
- Advice
- Advocacy
- Representation
- Support

The Advocacy process is led by children and young people and advocates follow core principles below;

- Advocates work for children and young people and no one else.
- Advocates value and respect children and young people and challenge discrimination.
- Advocates support children in care to understand what is happening to them and to ensure they have a voice in decisions being made about them.
- Advocates help children and young people to raise issues and concerns about things they are unhappy with. This includes making informal and formal complaints under section 26 of the Children's Act 1989.

Nottingham City Advocacy Service

Advocacy services are available for children and young people up to the age of 18 years or up to 25 years for those with a disability or in higher education. The Children's Society provides a free and confidential phone messaging service (available 24 hours a day and 7 days a week) for children and young people to make contact with the advocacy service.

Residential Visiting Advocacy

The Children's Society is contracted to provide Residential Visiting Advocacy to Children's Residential Units at a minimum of once every eight weeks. This includes all residential units that are Local Authority maintained, private and secure accommodation. And covers those where children are placed out of the City boundaries, including Nottinghamshire and other locations in England.

Issue Based Advocacy

The Children's Society provide issue based advocacy representing children and young people who have specific concerns that they wish to be supported with. This work has no specific time frames however advocates aim to resolve issues quickly. Once resolved the work is closed and if young people have subsequent issues these are raised as new pieces of work.

Independent Persons

An Independent Person is provided to all eligible children and young people subject to current Secure Accommodation Orders. When requested an advocate will sit on a secure panel to ensure that Children's Rights are upheld and that decisions are appropriate.

Background

The Children's Society successfully tendered and took over the contract from NYAS on the 1st November 2017.

TUPE

Two NYAS staff transferred to The Children's Society and the service moved to new premises at Castle Cavendish, Dorking Road, Nottingham.

December to March 2018

This period saw service mobilisation and the recruitment of an Advocacy Service Manager and three Advocates.

In the first months of the contract advocacy delivery was impacted by two main issues;

- 1) Transfer of service information from NYAS to Nottingham City and The Children's Society.

Initially NYAS were reluctant to share details of the work they had undertaken. This created a lack of continuity in handover to The Children's Society. Advice was sought from Local Authority solicitors and eventually the information was forthcoming. The Children's Society contacted all young people who had advocacy issues pending and work commenced.

- 2) Data in relation to residential placements

NYAS did not hand over information in respect of Residential Visiting Advocacy. Nottingham City supported the Children's Society with information however in the first few months of the contract there were some inconsistencies. For example young people were listed in residential placements where they were no longer living. Therefore through the New Year onwards the Advocacy service worked closely with the Placements Team to cross check information. This helped to establish accurate data to support delivery.

Promoting the service & networking

To raise awareness of the Advocacy service The Children's Society has produced promotional flyers which have been distributed across Children in Care services including Social Work teams, Residential Units, Secure Accommodation and Foster Carers networks. To support an understanding of advocacy provision the service manager has attended a range of meetings and networking events including;

- Independent Reviewing Officers
- Children in Care Council
- Foster carers open evening
- Foster carer forum & quarterly meetings
- Fostering Services
- SOVA – Independent Visiting Service
- Young people's Refugee Forum & youth group

The Children's Society has promoted equal access and inclusion, through using interpreting services with young people who have English as a second language and through producing material in Arabic, Pashtu and Farsi languages.

Performance overview

Residential Visiting Advocacy has a key performance indicator of visiting 100% of residential units no less than once every eight weeks. It is worth noting that many units are located outside of the east midlands region including places such as Birmingham, Liverpool, Burnley, Stockport and Manchester and often residential settings support just one young person. It is therefore important that Visiting Advocacy is carefully planned ensuring efficient use of resource. This is managed through assigning staff residential units in clusters, requiring advocates to visit up to five units in one day covering distances of up to 250 miles (including overnight stays).

Between January and August 2018 Nottingham City used 49 and up to 70 Residential Units to place between 77 and 114 children and young people. Chart 1 illustrates the monthly change in numbers of residential units, placements and corresponding Children's Society visits. For example if you look at the month of April you will see that Nottingham City used 63 residential units to place 106 Children in Care. And in this month The Children's Society visited 31 units to see 58 young people.

Chart 1

Month	Residential Units	CYP placed	TCS visits	CYP Seen
Jan-18	49	77	22	43
Feb-18	49	77	21	40
Mar-18	70	114	26	40
Apr-18	63	106	31	58
May-18	69	111	32	50
Jun-18	70	114	37	65
Jul-18	61	96	42	67
Aug-18	62	97	27	40

(November and December 2017 not included due system issues)

Chart 2 shows that during June, July and August (Q2) 2018 a total of 79% of all residential homes were visited at 8 weekly cycles. It can be seen that there is an upward trend in achieving this indicator. As already noted there is regular movement and fluctuation in the numbers of young people in residential units. This poses challenges in tracking young people’s movement in and out of residential homes. Therefore advocacy staff are in regular contact with Local Authority colleagues and Children’s Homes managers to keep up to date with these movements.

Chart 3 shows the number of residential visits per quarter increasing throughout the first year of the contract. As discussed the service had a relatively slow start due to hand over issues. The increase in residential visits can be seen in the context of service mobilisation through November 2017 to April 2018 as staff were recruited, data issues were resolved and planning and tracking systems were implemented. Chart 4 shows that 100 Children in Care received a visit in Q4 of 2018.

Chart 2

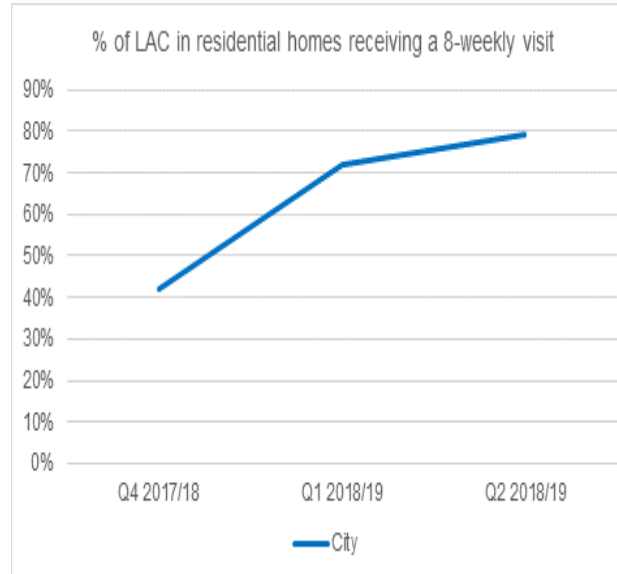


Chart 3

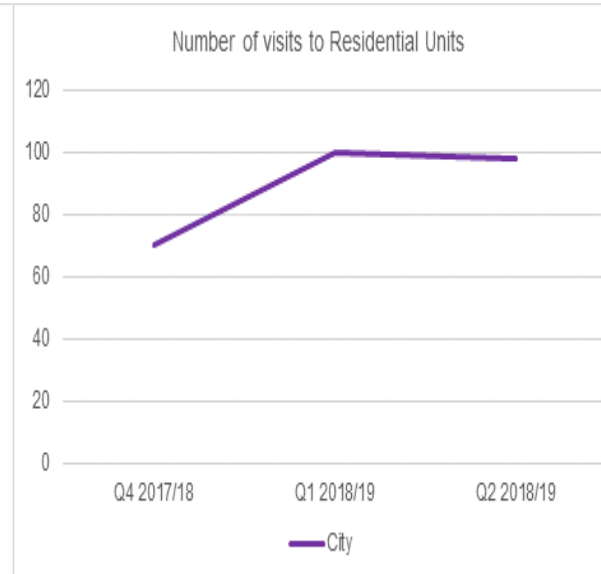
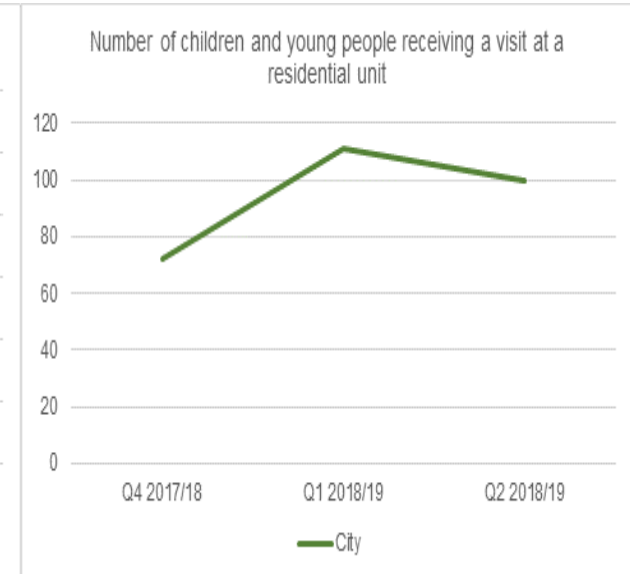


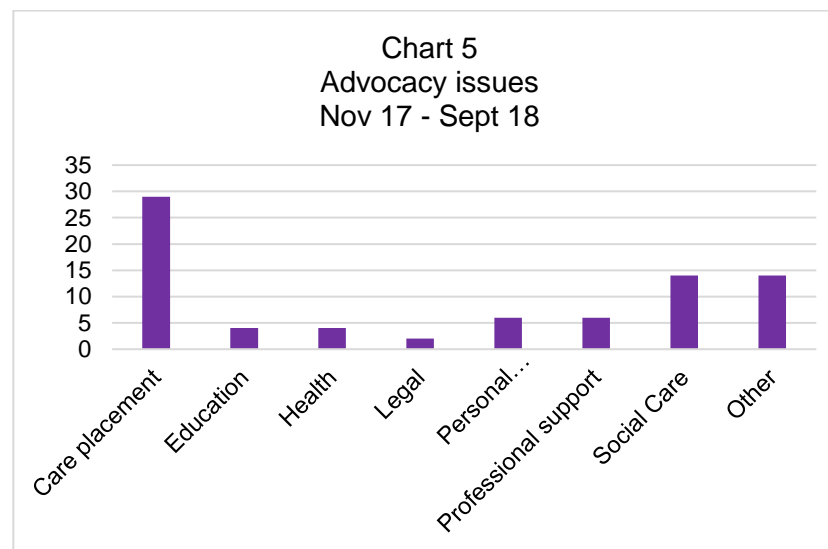
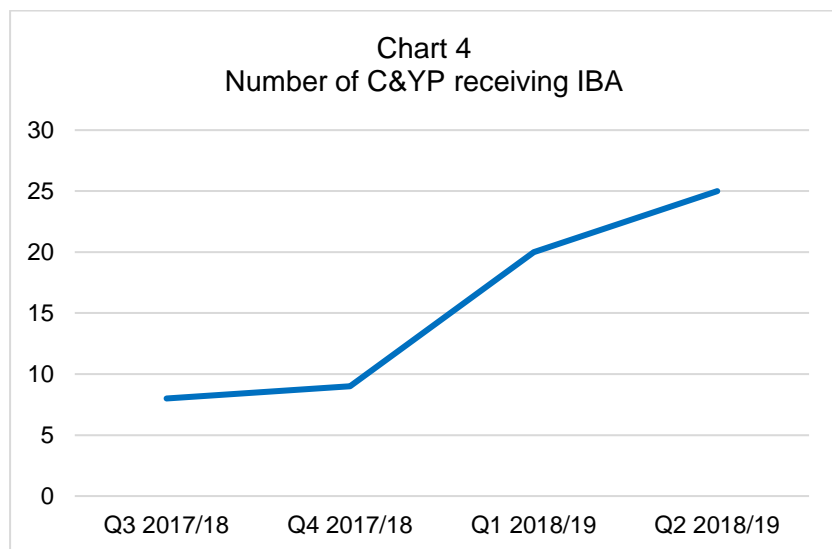
Chart 4



Issue Based Advocacy (IBA)

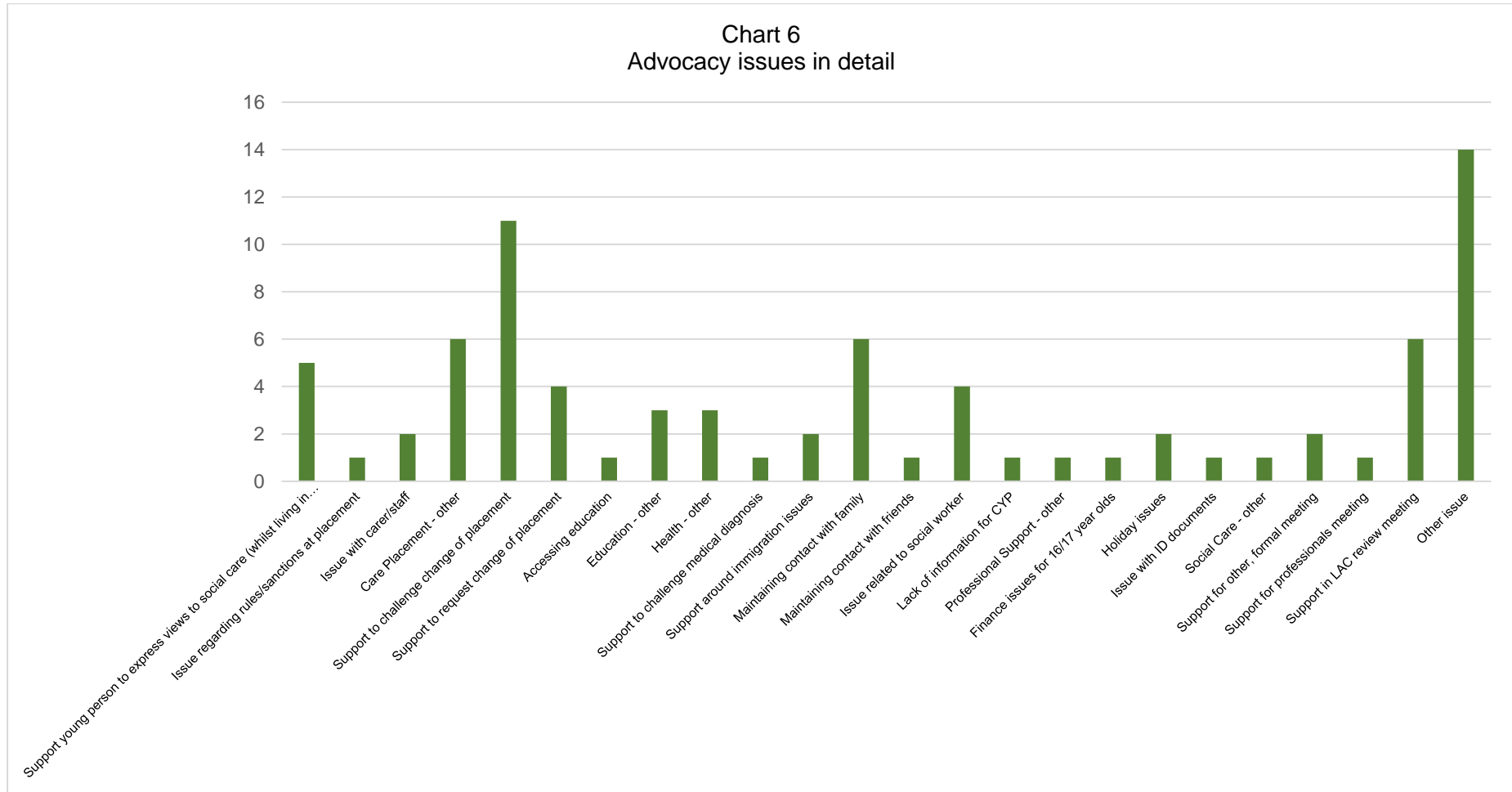
The number of children and young people supported with issue based advocacy from November 2017 through to September 2018 stands at 76. Chart 4 shows Issue Based Advocacy work increasing throughout the quarterly periods showing that in quarter 2 of 2018 the service supported 25 Children and young people. As the service moves into year two of the contract we expect to see quarterly requests for advocacy increasing further.

Chart 5 shows eight broad areas that young people require advocacy support for, with the majority of these being in relation to care placement. A more detailed breakdown can be seen in Table 3 (page 8). This shows the most common theme being 'support to challenge change of placement'. Issues in relation to 'maintaining contact with family', health and education issues also feature highly, as does 'support to express views to social care'.



A large proportion of advocacy issues are recorded under category of 'other'. This includes for example support to attend appointments such as 'age assessments' or where young people have a number of issues and require support to navigate routes to address concerns.

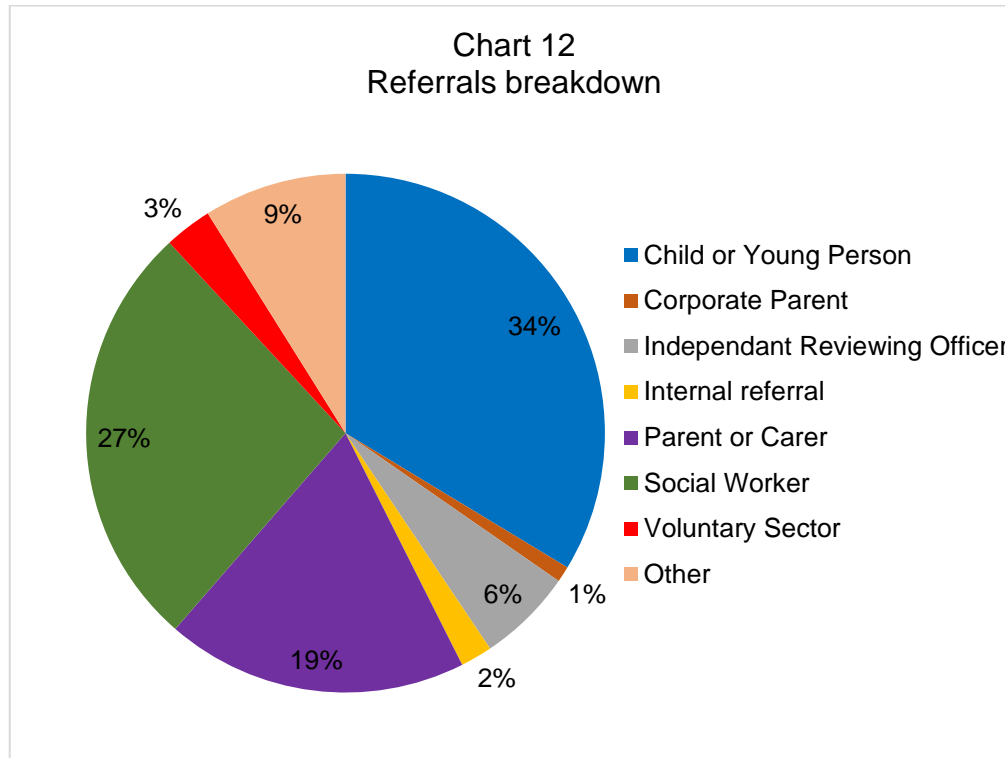
Chart 6
Advocacy issues in detail



Referrals for Issue Based Advocacy

The Advocacy service receives referrals from a range of sources including young people, parents/carers, social workers and other professionals. The largest proportion of referrals at 34% have come directly from young people, 27% have come via Social Workers with 19% being made by Parents or Carers and 9% coming from other sources including schools and professionals.

It is worth noting that in Q2 of 2018 over 33% of all referrals came from young people in residential homes responding to their Residential Visiting Advocate.



Demographic data - Ethnicity

Chart 7 shows Children in Care ethnicity data for a full year 2017-2018 (groups of 1% or less have been aligned to enable comparison e.g. Black other has been included with Black African). Chart 8 shows the ethnicity of Children in Care taking up advocacy (Nov 17 to Sept 2018). The largest group at 67% were White British with this being broadly comparable to 57% of the Children in Care population. However there are some noticeable differences when looking at minority groups. For example 20% of Children in Care are from mixed backgrounds but only make up 3% of those who have used the advocacy service. Black British Caribbean, African and other Black groups make up 8% of Children in Care with only 5% accessing advocacy. Asian British, Indian Pakistani and other Asian groups make up 6% of Children in Care and 13% of those having received advocacy.

Chart 7
Children in Care

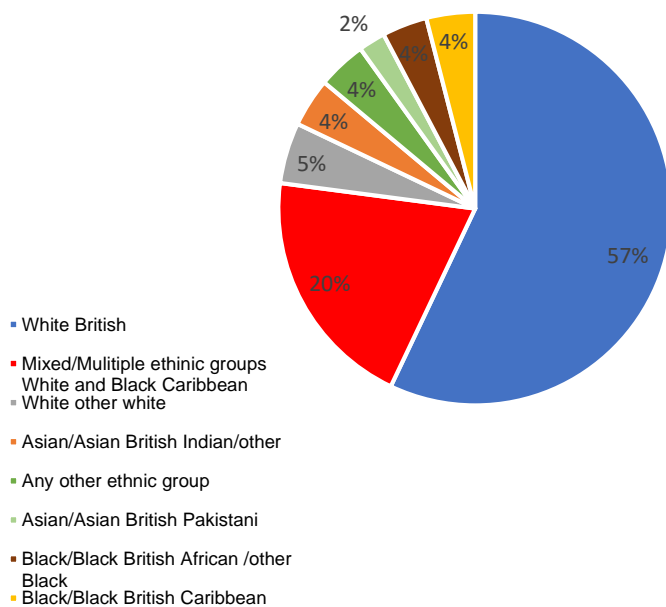
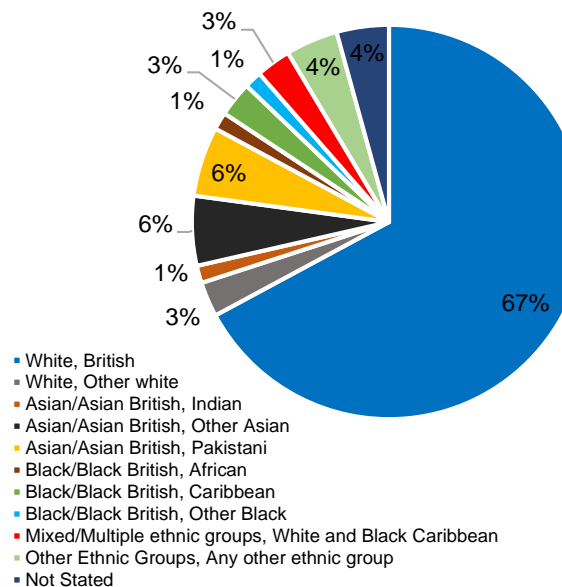


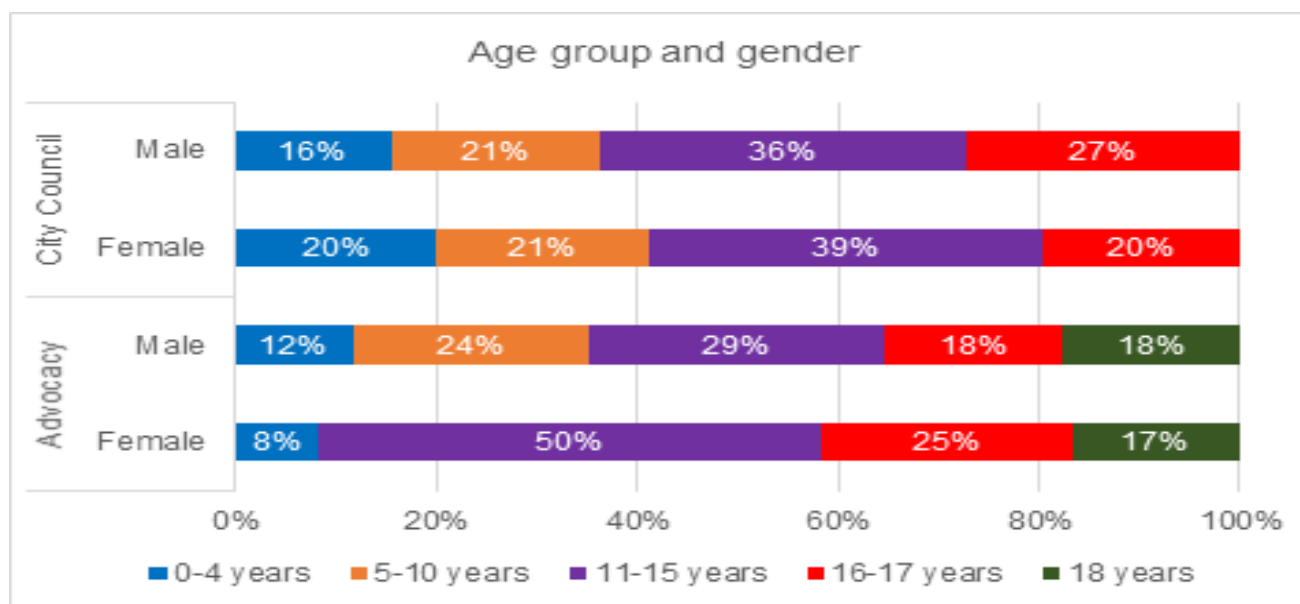
Chart 8
CYP receiveing IBA



Age group by Gender

When comparing age ranges and gender for Children in Care and those receiving advocacy we can see that young females between 11-16 years are the group most likely to access advocacy at 50% reflecting the largest group of those in care at 39%. While males in this age range make up 36% of those in care and 29% of those receiving advocacy.

Females 0-4 years make up 30% Children in Care but only 8% of those receiving advocacy. While female's 16-17years represent 20% of those in care and 25% of young people receiving advocacy support.



Special Needs and Disability

The Childrens Society provide a dedicated advocate whose focus is to work with Children in Care who have special needs and disability. The Advocate undertakes eight weekly visits to Crocus Fields and Woodview Residential units who provide care for children with special needs and disability. And when appropriate the Advocacy service will provide non-instructed advocacy to support children who lack capacity to make decisions.

Chart 11 show that 17% of Children in Care have a recognised disability or special need. In comparison the Advocacy service has worked with 9% of children with a disability or special needs.

Chart 11 (CiC 2017-18)

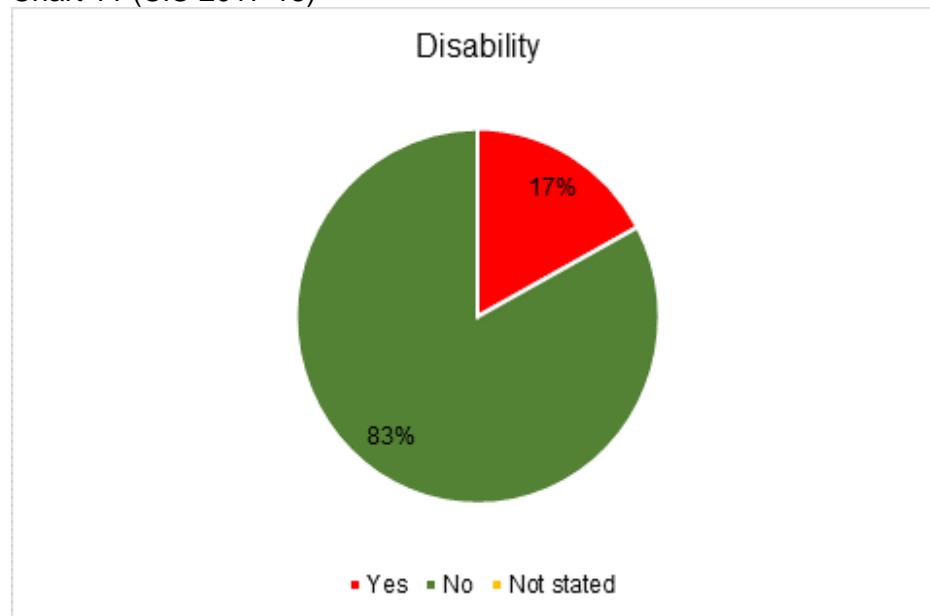
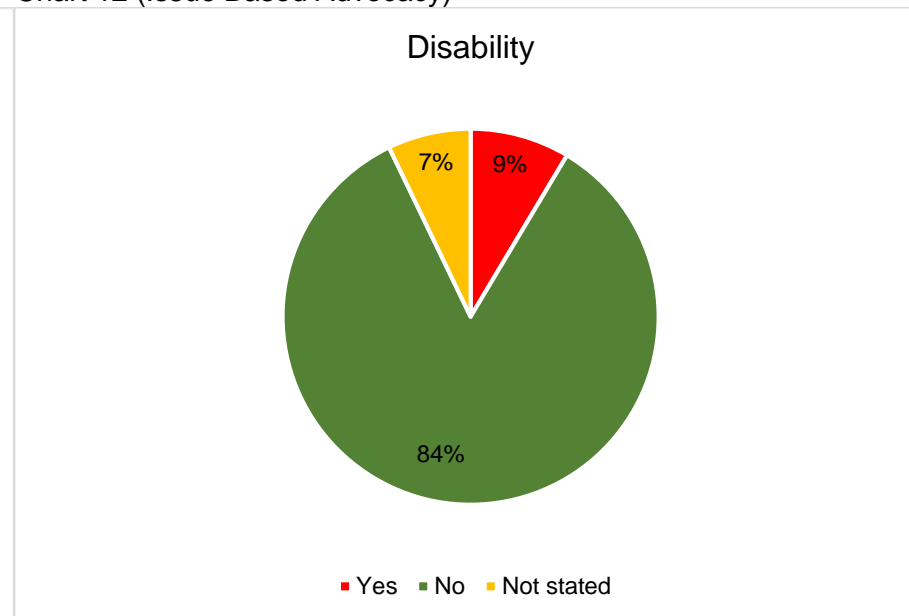


Chart 12 (Issue Based Advocacy)

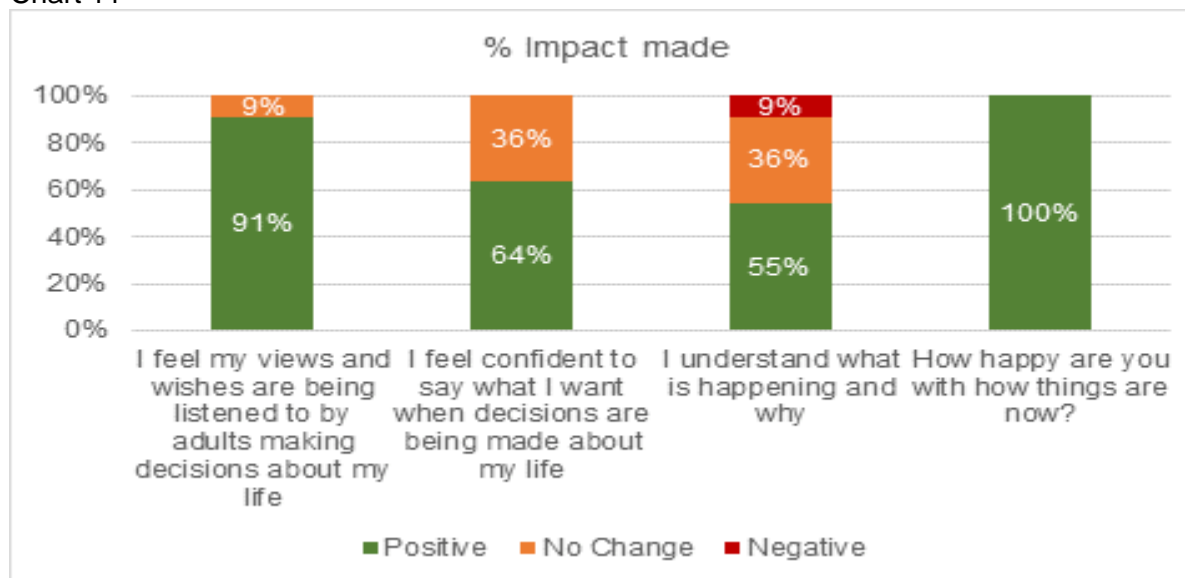


Children and Young People's Feedback

The service has developed an outcomes tool which is designed to track children and young people's views in relation to issues they have raised. It needs be noted that Advocates have difficulty in obtaining feedback from young people once advocacy work has concluded. By and large this is because young people consider that the advocacy process has finished and therefore feel they do not need to engage further.

Between April and September of 2018 a total of 11 children and young people completed the outcomes tool (8 children Nottingham City, with 3 being Nottingham County). Chart 11 shows that 91% of these 'felt listened to by adults making decisions', 64% 'felt confident to say what they wanted', 55% felt they could 'understand what was happening and why' while 100% were happier after advocacy intervention.

Chart 11



Conclusion

After some initial problems with service hand over and data issues, The Childrens Society has built a solid platform to take forward Advocacy provision into the second year of the contract. Commissioners have been positive regarding the quality of delivery and the level of output. The Childrens Society continue to work closely with Nottingham City colleagues ensuring that Looked After Children can benefit from Independent Advocacy.

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CORPORATE PARENTING BOARD – NOVEMBER 2018

Title of paper:	<i>Independent Visitor Service – SOVA</i>	
Director(s)/ Corporate Director(s):	Helen Blackman – Director, Children’s Integrated Services	Wards affected: <i>All</i>
Report author(s) and contact details:	<i>Gillian Black</i> gillian.black@sova.org.uk 07966293316	
Other colleagues who have provided input:	<i>Gillian Black – Project Manager</i>	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input type="checkbox"/>
Children, Early Intervention and Early Years		<input checked="" type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<i>To introduce the corporate parenting board to SOVA as a service provider, and update the Board on the independent visitor service since the contract began in November 2017.</i>		
Recommendation(s):		
1	<i>For service to continue.</i>	

1 REASONS FOR RECOMMENDATIONS

1.1 This is a statutory service

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 Invitation to provide information by Daniel Pridmore Contracts Officer. SOVA were the successful service provider following the tender process in 2017 and awarded the contract for the Independent Visitor Service across Nottingham City and Nottingham County Council. Sova is an independent charity recruiting volunteers to support vulnerable people, SOVA have an active national network of over 850 volunteers, supported by a paid staff team of 150.

2.2 SOVA meet quarterly with the commissioning manager and provide quarterly monitoring reports.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None. Not appropriate.

4 FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

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

5 LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

5.1 None arising.

6 STRATEGIC ASSETS & PROPERTY COMMENTS (FOR DECISION RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE) (AREA COMMITTEE REPORTS ONLY)

6.1 None arising

7 EQUALITY IMPACT ASSESSMENT

7.1 Has the equality impact of the proposals in this report been assessed?

No

An EIA is not required because:

Not required as the report does not contain financial proposals or decisions.

Yes

Attached as Appendix x, and due regard will be given to any implications identified in it.

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

8.1 Appendix 1: Introducing SOVA & Nottingham Independent Visitor Service

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

9.1

Introducing SOVA & Nottingham Independent Visitor Service

SOVA have over 40 years' hands-on experience delivering services to people with complex needs throughout England. SOVA were delighted to be awarded the Independent Visitor service on behalf of Nottingham City & Nottingham County Council in November 2017, and are pleased to report that under their careful watch the service thrives.

Staffing Structure November 2017

In November 2017 one member of staff underwent the TUPE process and joined SOVA as Volunteer coordinator; however, at that time the member of staff was on maternity leave and therefore the new structure included a temporary volunteer coordinator and service lead. Some volunteers transferred but inevitably others chose to retire from volunteering.

Volunteers

SOVA were and remain grateful to the volunteers transferring from the outgoing provider, indicative of their commitment to their role. SOVA were entirely reliant upon their good will as it was necessary to repeat paperwork already in existence with the outgoing provider. Due to data protection, details could not be transferred. This was an important time of careful volunteer management to reassure volunteers that they were in safe hands. Therefore early meetings were arranged to meet with existing volunteers and gather the relevant information.

Young People

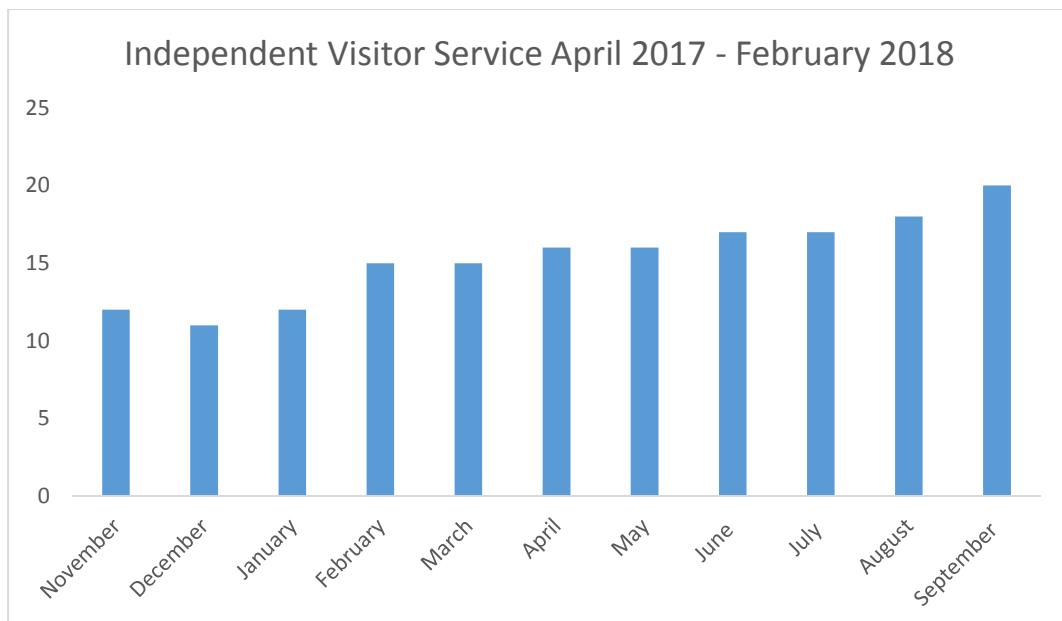
In the same way, the outgoing provider were not able to share anything more than the name of any young person referred into the service. Staff were engaged in a lengthy process of chasing names, details and outstanding paperwork for all young people requiring a service. Risk assessments and referral details were needed for all which for safety reasons needed to be completed by social workers. SOVA has a responsibility to deliver a safe service and could not rely upon hearsay or historical knowledge, paperwork trails need to be water tight.

Independent visitors Nottingham City

- November 2017 - 12 matches were transferred to SOVA
- Current Matches 20
- 29 new referrals received since start of contract.
- 13 new matches
- Current waiting list 10 young people

NB: Independent visitors Nottingham County

- November 2017 zero matches transferred
- 7 matches made; 10 young people awaiting a match



Scrutiny & Transparency

- SOVA meet quarterly with commissioners to share information and review progress. By means of discussion and a detailed report commissioners are able to monitor the service at regular intervals.
- SOVA gather data and develop and assist projects by sharing best practice. SOVA have robust internal reporting in place to ensure feedback from young people and volunteers is captured and utilised.
- SOVA have 10 independent visitor services across England and draw upon the resources of sister services to assist in volunteer recruitment.

Looking after our Young people and our volunteers

- Five separate training sessions across both independent visitor service + rolling training program accessible to all IV volunteers across Sova
- Sova HUB support for targeted volunteer recruitment across Sova nationally so OOA's can be matched more easily
- Partnership working has developed with Derby University & Nottingham providing training facilities and access to social worker students to recruit volunteers.
- Existing volunteers have regular supervision with staff.
- Quarterly peer support meetings are held where volunteers can share ideas and experiences
- Staff meetings are held fortnightly.

Promotion of the Service

- Sova have attended IRO meetings in the City and County to update and generate referrals
- Sova continue to advertise through do-it.org, indeed and through local CVS's, Universities

- Sova have developed publicity materials flyers, postcards and posters and this was done through the Children in Care Council.

Moving Forward

In conclusion, we are pleased with the progress made during the first year. Recruitment of volunteers is established with regular training scheduled. The volume of referrals received demonstrates a continued demand for the service; waiting time on the IV service has been dramatically reduced in some cases young people have been matched within weeks of a referral being received. We intend to continue with this same momentum into the second year of service and anticipate exceeding the targets set by commissioners.

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CORPORATE PARENTING BOARD – NOVEMBER 2018

Title of paper:	Children in Care and Care Leavers Strategy 2018 – 2020	
Director(s)/ Corporate Director(s):	Helen Blackman – Director, Children’s Integrated Services helen.blackman@nottinghamcity.gov.uk	Wards affected: All
Report author(s) and contact details:	Clive Chambers – Head of Service, Children in Care Clive.chambers@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Jordan Whatman – Project Officer, Children in Care Jordan.whatman@nottinghamcity.gov.uk	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input type="checkbox"/>
Children, Early Intervention and Early Years		<input checked="" type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<p>The Children in Care and Care Leavers Strategy 2018 – 2020 has been produced in order to set out how the City Council will meet its responsibilities as the corporate parent for children in care. The strategy identifies strategic priorities. It is recommended that the Corporate Parenting Board (‘the Board’) accepts the strategic priorities as ‘corporate parenting objectives’.</p>		
Recommendation(s):		
1	To agree the strategic priorities. By doing so, the Board will accept the strategic priorities as ‘corporate parenting objectives’.	
2	To endorse the Children in Care and Care Leavers Strategy 2018 – 2020.	

1 REASONS FOR RECOMMENDATIONS

- 1.1 As Corporate Parents we are committed to ensuring that children, who come into our care, experience safe and positive parenting, are helped to achieve their full potential, and obtain the best possible outcomes. We are also dedicated to securing permanency, as quickly as possible for children who are unable to live with their birth parents or extended birth family network, through adoption or other arrangements.

- 1.2 To achieve this, all agencies involved in caring and supporting children in care and care leavers must work together. To work together effectively, a multi-agency approach is needed.
- 1.3 The purpose of this report is to set out our strategic priorities as corporate parents and to explain how they were identified.
- 1.4 Our strategic plan represents the assessed and expressed needs of children in care (CIC) and care leavers (CLs). The strategic priorities described in this report reflect the expressed needs of CIC and CLs as detailed in the Children in Care and Care Leavers 'Have Your Say' 2017 Survey Full Report. The strategic priorities also reflect the assessed needs of CIC and CLs as determined through the analysis of national and local performance data.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 It is recommended that the Board agrees the strategic priorities presented in this report. In doing so, the Board will accept the strategic priorities as 'corporate parenting objectives'.
- 2.2 Seven strategic priorities have been identified. The priorities represent areas that require improvement in order to achieve the best possible outcomes for children in care and care leavers, and to meet the commitments set out in Nottingham City Council's ('the Authority') 'Children in Care and Care Leavers' Charter'. They have been aligned with the Children's Integrated Services Directorate priorities as identified in the Delivery plan – see table below.

2.3

CiC and CL Strategic Priority	Children's Integrated Services Priority
1. To actively seek the wishes and feelings of our young people and use the information to influence the care and support they receive. We will ensure our young people are able to access the advocacy, independent visitor and complaints services. We will ensure our young people feel treated with respect and will be given enough time and help to understand and be happy with their circumstances.	1. We will play an active role in supporting families to address the issues that can become barriers to learning and aspiration for children, young people and their parents/carers. We will work with education colleagues to support vulnerable learners, including looked after children. This will contribute to the successful delivery of Nottingham City's Education Improvement Strategy. We will promote a learning culture within our services that ensures our practice is informed by a strong evidence-base, emerging best practice and learning from Serious Case Reviews (SCRs) and other serious incidents. We will act on the findings of inspections, peer reviews, audit activity and our regular performance monitoring.
2. To help our young people achieve educational success and to ensure those leaving care are engaged in either employment, education or training.	
3. To ensure care leavers have access to suitable accommodation and support in order to facilitate the best possible transition into independence.	2. We will provide early help, parenting and family support, targeted interventions and specialist services to build resilience, not dependence, in the children and families we serve. We will

<p>4. To keep young people safe and avoid the criminalisation of young people through strong collaborative partnership work.</p>	<p>work with our communities to build their capacity to support one another. We will work to safeguard children and young people from harm, abuse and exploitation and we will support children who are in our care and their carers. We will use restorative approaches with young people to enable them to make a positive contribution to their communities.</p>
<p>5. To ensure young people are healthy through the delivery of appropriate intervention and health services. This will be facilitated through the timely undertaking of health assessments, dental checks, immunisations, and Strengths and Difficulties Questionnaires (SDQs).</p>	
<p>6. To reduce delays in securing stability and permanency for our young people. We will ensure unnecessary change in home, carer, social worker or school are avoided.</p>	<p>3. We will work with our partners to ensure children and young people have the self-esteem, confidence and knowledge to keep themselves safe in their relationships, seeking help when needed. We will, at the earliest opportunity, directly support children, young people and their families that are struggling with significant mental health issues that may result in harm to themselves or others.</p>
<p>7. To increase use of internal foster and residential placements through the recruitment and retention of foster carers, and to explore if the types and numbers of residential placement can be increased, in order to offer more local homes.</p>	

2.4 The Board is asked to endorse the strategic action plan.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 We are required to have a document that sets out our strategic plan for looked after children. As will be seen, there is further work required in order to finalise the current strategy and it is being brought now so that Corporate Parenting Board members are able to contribute to finalising the strategy.

4 FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

4.1 None.

5 LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

5.1 Not Applicable.

6 STRATEGIC ASSETS & PROPERTY COMMENTS (FOR DECISION RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE) (AREA COMMITTEE REPORTS ONLY)

6.1 Not Applicable.

7 EQUALITY IMPACT ASSESSMENT

7.1 Has the equality impact of the proposals in this report been assessed?

No

An EIA is not required because:

(Please explain why an EIA is not necessary)

Not required as the report does not contain financial proposals or decisions.

Yes

Attached as Appendix x, and due regard will be given to any implications identified in it.

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

8.1 Children in Care and Care Leavers' Charter

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

9.1 'Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers. Review of Local Safeguarding Children Boards' (2016).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/544533/Framework_and_evaluation_schedule_children_in_need_of_help_and_protection_CLA_and_care_leavers_LSCBs.pdf



Children in Care and Care Leavers Strategy 2018 – 2020

Valuing the Future of Our Children in Care and Care Leavers



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Governance and Monitoring Framework	19

Our Leadership Team



Alison Michalska
Corporate Director,
Children and Adults



Councillor David Mellen
Portfolio Holder for Early
Intervention and Early Years



Helen Blackman
Strategic Director,
Children's Integrated Services



John Matravers
Strategic Lead for
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Clive Chambers
Head of Children in Care



Tracey Nurse
Head of Children's Social Care



Tajinder Madahar
Head of Children's Duty
and Targeted
Services



**Aileen Wilson & Shelley
Nicholls**
Head of Early Help Services



Sophie Russell
Head of Children's
Strategy and
Improvement

Welcome to Our Plan

Sometimes children cannot be cared for in their birth families or wider network, and come into the care of the local authority. For this group of children and young people we have a responsibility, as corporate parents, to provide care and to work with partner agencies to best meet their needs and prepare them for their future.

As corporate parents, we are responsible for ensuring children who come into our care experience safe and positive parenting, are helped to achieve their full potential and pursue their aspirations.

It is essential that in order for our children to achieve the best possible outcomes, all agencies involved in caring and supporting them must work together effectively. This in-turn requires a multi-agency strategy that clearly states areas that require improvement or attention (i.e. our strategic priorities) and what actions will be taken to address these. Ensuring that children in care and care leavers are happy, cared for and properly supported is one of the most important things that we do at Nottingham City Council.

This strategy is based on promises we have made to children in care (CIC) and care leavers (CL), and have been developed in partnership with our young people. The strategic priorities identified within this strategy have also been aligned with the Directorate's priorities.

Our vision is for a city where every child and young person can enjoy their childhood in a warm and supporting environment, free from poverty and safe from harm; a city where every child grows up to achieve their full potential.

We want to ensure that all of our children in care and care leavers have the right home and support to keep them safe and well, and to help them grow into happy, healthy, successful and fulfilled young adults who are optimistic about their future.

When children first come into care, their social worker is likely to be from one of our twelve fieldwork children in care teams. These teams work with children, young people and their families to make sure that children only come into care when this is the best thing for them. We have a range of services to help with this aim. Working together in this way should help us ensure our children and young people, and those who care for them, get the right help at the right time. In order to do this, we have condensed our strategic priorities set out below into seven areas of promise for our children and care leavers.

CIC and CL Strategic Priority		CIS Priority	
1. To actively seek the wishes and feelings of our young people and use the information to shape the care and support they receive. We will ensure our young people are able to access advocacy, independent visitor and complaints services. We will ensure our young people are treated with respect and will be given enough time and help to understand why they are in care.	A LEARNING CITY	<p>We will play an active role in supporting families to address the issues that can become barriers to learning and aspiration for children, young people and their parents/carers. We will work with education colleagues to support children in care. This will contribute to the successful delivery of Nottingham City's Education Improvement Strategy.</p> <p>We will promote a learning culture within our services that ensures our practice is informed by a strong evidence-base, emerging best practice and learning from Serious Case Reviews (SCRs) and other serious incidents. We will act on the findings of inspections, peer reviews, audit activity and our regular performance monitoring.</p>	
2. To help our young people achieve educational success and to ensure those leaving care are engaged in employment, education or training.		RESILIENCE IN CHILDREN, FAMILIES AND COMMUNITIES	<p>We will provide early help, parenting and family support, targeted interventions and specialist services to build resilience, not dependence, in the children and families we serve. We will work with our communities to build their capacity to support one another. We will work to safeguard children and young people from harm, abuse and exploitation and we will support children who are in our care and their carers. We will use restorative approaches with young people to enable them to make a positive contribution to their communities.</p>
3. To ensure care leavers have access to suitable accommodation and support in order to facilitate the best possible transition into independence.	4. To keep young people safe and avoid the criminalisation of young people through strong collaborative partnership work.		5. To ensure young people are healthy and have access to relevant health services. This will be facilitated through the timely undertaking of health assessments, dental checks, immunisations, and Strengths and Difficulties Questionnaires (SDQs).
6. To continue our ongoing commitment to achieving permanent living arrangements for our young people. To further strengthen this we will ensure unnecessary changes in home, carer, social worker or school are avoided.	HEALTHY MINDS, BODIES AND RELATIONSHIPS		<p>We will work with our partners to ensure children and young people have the self-esteem, confidence and knowledge to keep themselves safe in their relationships, seeking help when needed. We will, at the earliest opportunity, directly support children, young people and their families that are struggling with significant mental health issues that may result in harm to themselves or others.</p>
7. To increase use of internal foster and residential placements through the recruitment and retention of foster carers, and to explore if the types and numbers of internal residential placement can be increased, in order to offer more local homes.			

Promise 1:

Participation in Society

Have Your Say Survey 2017

Each year, we circulate the Have Your Say Survey to all of our children in care and care leavers. Launched in 2011, responses to the survey help us gauge how well we are performing against the commitments made in our Children in Care and Care Leavers Charter. The survey can be returned by post, or completed online. There is also an 'easy read' version available to all of our children, to allow all of them to complete the survey. Nottingham City is now also using MOMO, an app designed to help further capture the child's voice in a digital forum. We achieved a 19% response rate in our 2017 survey. This is a slight increase when compared to our response rate in 2016 of 18.5%.

Survey Feedback

The recurrent themes arising from survey returns in recent years are:

- Ensuring young people know about advocacy and complaints services in case they want help to have their views heard or are unhappy with us.
- Ensuring that young people have the right place to live as quickly as possible.
- Ensuring that we do all we can to prevent changes in a young person's life unless they are absolutely necessary to keep the child or young person safe and well. We know that a change of home, carer, social worker or school can easily cause problems for a child or young person.
- Ensuring we provide all the help our children and young people need, to plan for and achieve a successful journey into independent adulthood.

Based on this year's results, three specific areas have been identified for further focus through the termly Corporate Children in Care Council meetings. These are regarding the following Children in Care and Care Leavers Charter commitments:

- "We know that a change of home, carer, social worker or school can easily cause problems for a child or young person so we promise to do all we can to prevent such changes unless they are absolutely necessary to keep the child or young person safe and well."
- "We will help them to achieve at school and elsewhere to the very best of their ability."
- "We will help our children and young people to plan for and achieve a successful journey into independent adulthood."

The CIC Council also recognises that good progress has been made to ensure Children in Care (CIC) and Care Leavers (CLs) are generally happy that they are treated with respect, have time and help to understand their circumstances, have the right place to live, have a home life that is stable and safe and get the right support to be as healthy as possible. Additionally CIC and CLs are generally, with some exceptions, aware of and know how to access advocacy and complaints processes, and are listened to in the planning for their care. Two areas for further focus circulate around avoiding unnecessary change in the lives of CIC and CLs, and to ensure they receive the support they need with their pathway plans to facilitate transition into adulthood, and to ensure CIC and CLs receive the support they need to achieve in school and elsewhere.

Promise 2:

School and Higher Education

School

The educational attainment of our children in care has remained relatively stable, year on year. In line with changes to the Teacher Assessment framework, data for 2018 is still being collated. In 2017, our cohort of children in Key Stage 1 saw a 4% drop in reading, a 23% increase in writing and a 21% increase in maths in 2016 / 2017 compared to 2015 / 2016. At Key Stage 2, our cohort size has more than doubled from 15 pupils in 2014 / 2015 to 37 pupils in 2016 / 2017. Attainment at Key Stage 2 has dipped below the national average in reading and maths, but incurred large increases in results for writing and SPAG (spelling, punctuation and grammar). Our Key Stage 4 cohort has remained approximately the same in number over the last two years; GCSE / qualification results for 2018 are detailed below:

Result	2017	2018
5 GCSEs L4+ (A* - C)	15%	23%
5 GCSEs L4+ (A* - C) including English and Maths L4+)	10%	18%
English and Maths GCSEs L4+ (A* - C)	17%	21%
Any Qualification	83%	82%

2018 Key Stage 4 results are an improvement on the results in 2017. As indicated in the table, the percentage of pupils attaining 5 GCSEs at L4 and above (A* - C) has increased by 8 and the percentage of pupils with English and Maths GCSEs at L4 and above has increased by 4%.



As of October 2018, 41.7% of care leavers (aged 17 to 21 years) are in employment, education or training; this is currently below our local target of 55% set for 2017/18.

Additionally, an annual celebration event also takes place within the Children in Care Service, called the Big It Up Awards. Split into two events based on age groupings, the Awards are an opportunity to celebrate the achievements of our children in care over the past year.

Children in Care and Care Leaver Feedback

71% felt that they are doing very well or well at school in the 2017 Have Your Say Survey, the highest proportion since the survey began. There is also a positive picture across the board in relation to personal education plans (PEP's). More CiC know about their PEP (70% of CiC), more are happy with their PEP (82%) and more are involved in drawing up their PEP than in 2016 (63%). Also, there has been a decrease in the number who feel they would do better with more help 'all/most of the time' (50% down 11ppts). This is in line with an increase in those who

feel they would 'never' do better with more help (25% up 3ppts), suggesting overall more CiC feel they have enough help than previous years.

College

If you are young person who wants to go to college:

We understand that sometimes it is hard to go on your own to enrol at college so Nottingham College is offering you the chance to enrol at a different time if you want to. Nottingham College will also provide you with the following:

- Access to an Achievement Coach, wellbeing support and health advice.
- Support through the college and your personal advisor to support your attendance.
- A named person to support in you to get an appropriate work placement or work experience.
- Support to visit the colleges if you just want to find out more.

University

If you are a young person who wants to go to university:

- We will encourage you in any way we can to go to university and help you choose which one and where.
- We will provide you with a Higher Education (HE) bursary of at least £2,000 if you go to University and we will help you to consider how this is best spent.
- We will provide somewhere for you to stay during University holidays (or funding for this if you would prefer to make your own arrangements in the holidays) if you are in full time HE and your term time accommodation is not available. This is for 21 weeks of non-term time rent.
- We will provide a living allowance equivalent to benefit rate.
- We will help you sort out tuition fees and student loans; and we give you travelling costs to get to and from University at the start and end of term.
- Locally, Nottingham University and Nottingham Trent University will give you lots of information about how they can help you before you apply to them.
- Nottingham Trent University and Nottingham University may offer the following through their Growing Lives Programme:
 - Campus visits for you before you arrive and/or additional welcome activities if you want to go to them.
 - Bursary for financial support of £500.
 - Dedicated support officer to help you while you are at University.
 - Money advisers to help you apply for all you are entitled to and work out a budget to suit your needs and interests. Nottingham University offer this before you get to university.
 - Guaranteed offer of University-allocated accommodation if you have accepted a place at Nottingham Trent University as your first choice - accommodation in halls is available throughout the summer vacation too .
 - a personal health and wellbeing welcome pack.
 - help accessing all support services.
- Nottingham Trent University are also offering opportunities to find out more about the UK higher education system and accessing finance, tours and academic taster sessions, as well as English-language support at evening classes and an annual summer school.
- Nottingham University give you accommodation throughout the year and will help you move in if you are travelling on your own.

Promise 3:

Employment and Training

Jobs

If you are a young person who feels ready to find a job we will support you by:

- Making sure you have access to the Leaving Care Service employability programme to make positive steps towards training and employment. The programme is recognised by the DWP as a genuine job seeking provision for care leavers. The programme provides opportunities that aim to build your confidence so that you feel able to move onto training or employment. You will be involved in all aspects of planning your programme which could involve a mentor.
- Offering delivery of ASDAN courses where you will have the opportunity to achieve employability qualifications (from entry level to level 2).

Work Experience

Sometimes if you are not quite sure what you want to do work experience can help you make a decision. Our care leavers thought this would be a good idea so we have worked with education providers in the city to help give you a range of work experience opportunities. For example, the Work Inspiration scheme at Nottingham Trent University runs throughout the year and provides opportunities across a wide range of work experiences. In addition, Nottingham College will, where possible, seek work placement or experience opportunities for care leavers not enrolled at the college. The DWP will also offer work experience if you are getting benefits and health organisations can offer work experience to care leavers who wish to pursue a career in health. Nottingham City Council will also offer work experience and taster opportunities within the Council. Please talk to your Personal Advisor if you want to find out more about work experience.

Apprenticeships

Apprenticeships are a really good way of getting into work. In Nottingham there are lots of opportunities for apprenticeships with Nottingham City Council, Nottingham City Homes as well as other businesses. Nottingham City Council know that these are hard to get so will make sure that you and your Personal Advisors are told about any apprenticeship opportunities within the City Council at the same time as going to our recruitment agency. You will also be offered support. This would include regular review meetings with apprentice managers and PA's; and where needed, access to the additional support e.g. Maths / English support, resilience coaching and mentoring sessions.

We will also provide additional support by:

- Making sure that any apprenticeship assessments or interviews are at a place that is right for you.
- Helping with transport costs to attend interviews for training, school/college, apprenticeships or job interviews.
- Preparation for interviews and where appropriate financial support to purchase suitable interview clothing.

Promise 4:

Relationships

Local Data

87% of care leavers are in suitable accommodation as at the end of the 2017 / 2018 financial year; this represents an increase in performance of 3% compared to our statistical neighbours. 80.8% of applicable care leavers have a Pathway Plan that has been completed in the 6 months preceding the 2016 / 2017 financial year-end.



The number of 18 year old care leavers, staying put with a former foster carer, has increased. In 2016/17 4.8% of this cohort stayed put, compared to 18.2% in 2017/18. This is an increase on the national average of 17.6%, indicating that more of our care leavers feel safe, included and able to thrive within their former foster families.

Other Internal Services

The Social Care Complaints Service facilitates the resolution of service user dissatisfaction and learns from complaints in order to improve service delivery. There is a concerted effort to ensure that our young people know how to make a complaint if they are dissatisfied with the support they receive. Regular monitoring of complaints mean trends can be identified and service improvements can be made.

The Research, Engagement and Consultation team provides strategic and operational support for children's social care to ensure that children and young people's views, experiences and ideas for change are listened to and used to shape both their lives and improve services for CIC in general. The Engagement and Participation Lead from the REC team is responsible for convening CIC Council meetings and associated youth voice activities linked to the Corporate Parenting Board (CPB) and Charter for Children in Care and Care Leavers. The Engagement Lead also co-ordinates the annual Have Your Say survey of all CIC and care leavers, the results of which are used by the CPB to drive up standards across all service areas.

Care Leavers Local Offer

In 2017, the government announced the implementation of the 'Keep on Caring' policy document. This policy stipulates that Local Authorities must offer Leaving Care Services to care leavers up to age 25, rather than age 21. Nottingham City Council is therefore formulating a local offer for Care Leavers. To develop our offer, we had six focus groups looking at different things that are important to all young people like health, education, training and employment as well as where CLs live. These groups included lots of different people from within Nottingham City Council like our Early Help, leisure and employment teams. We also included people from health, housing, education, training and the Department of Work and Pensions as well as some of the other organisations that we work with to support CLs. Nearly all of these groups had two or more Care Leavers, who shared their story about what was good about when they left care (so that we

can carry on doing it) but more importantly what they would have liked us to do. We listened to all of this and shared our ideas about what we could do before developing this Local Offer.

Promise 5:

Keeping Safe

The Youth Justice Service work closely with young people who get into, or are at risk of getting into trouble with the law. The YJS (and its partners) work hard to prevent offending and re-offending behaviour. It has been effective in its efforts to do this through its use of Restorative Justice (RJ).

Restorative Justice is used to help young people who commit crime to make amends in an effort to repair the damage done and find a positive way forward. Research shows that restorative practice delivers better outcomes for young people across schools, care, community and the Criminal Justice System. The YJS has now been awarded the Restorative Justice Council's Restorative Service Quality Mark (RSQM), which recognises professionalism and high standards in RJ practice.

Local Data

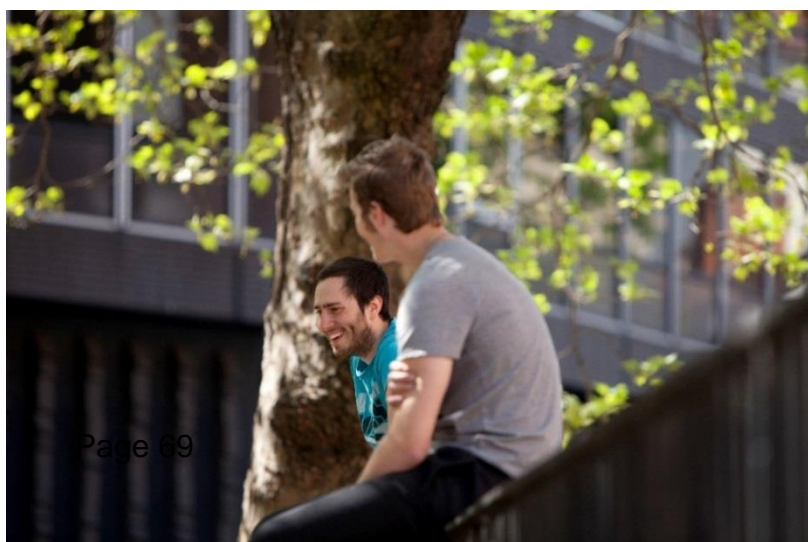
06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
13.00%	9.00%	9.00%	9.80%	9.00%	9.80%	8.70%	8.2%	6.0%	5.8%

Table: Source. 903 Statutory Return (data for Nottingham)

The percentage of CiC placed in Nottingham and Nottinghamshire, aged 10 years old or older, having received a Youth Caution, Youth Conditional Caution or conviction, is at its lowest when compared to previous years at 5.4% for 2016/17. Nottingham City moved to the second best performing 'quartile' in this area in 2014/15 and have maintained this place each subsequent year.

Of those children in care in England aged between 10 and 17 years, 4% were convicted or received an Out of Court disposal in 2016/17, compared with 7.3% in 2010/11 (Local Authority Interactive Tool (LAIT)).

This data shows us that that fewer young people are now being criminalised in Nottingham. We believe that the work of the Authority's Children in Care Police Officer and our Youth Justice Service Lead for Children in Care has contributed to this reduction, by working closely and pro-actively to safeguard children in care. This includes identifying children in care at arrest stage, promoting the use of diversion and restorative approaches where appropriate, and providing care-givers with opportunities for multi-agency working.



Our CIC Police Officer (CIC PO) received a British Empire Medal from HM Queen Elizabeth II in 2017, for her contribution in this role.

Promise 6:

Health and Wellbeing

Performance Data

As at the end of September 2018, our performance headlines in relation to health are as follows:

- 76% of CIC have had a health assessment recorded in the last 12 months.
- 74% of CIC have had a dental check recorded in the last 12 months.
- 76% of CIC have had a strengths and difficulties questionnaire (SDQ) recorded in the last 12 months.



Dedicated business support has been re-established which has led to a rise in performance in regards to the recording of SDQ completion, and the recording of health and dental check-ups. Meetings have been established to look at children's emotional well-being, and data is available to ensure we appropriately follow up with those young people with high scores to ensure appropriate intervention is in place. Colleagues from CAMHS and the Nottinghamshire CCG attend our CIC Outcomes Group on a bimonthly basis, to further communicate and establish new and effective working methods to better capture performance data in a multi-agency capacity.

Within the CAMHS Service, the current wait time for an appointment is less than 3 weeks. If all referrals were booked into the next available slot irrespective of choice, this would reflect a wait time of less than 2 weeks. This illuminates a high degree of efficiency within our CAMHS Service and other relevant agencies, to ensure children and young people who need their support are referred and met with in a timely way.

Promise 7:

Accommodation

Local Fostering Data

We use a mix of internal Local Authority recruited foster carers and Local Authority managed residential homes, as well as commissioned independent fostering agencies (IFAs) and external residential homes. At the end of March 2017, we had 144 internal fostering households, which represented a significant increase compared to March 2016. By March 2019, we will be working to secure 162 fostering households internally. We will also be working hard to ensure that 85% of our children are placed within 20 miles of Nottingham. Data shows that 81% of our young people live within 20 miles of the City, as at the end of September 2018.

Residential Provision

At Nottingham City Council we are increasing the number of internal residential homes we have, with two new mainstream homes set to open in 2018. This includes another two bedded home for long-term, settled care placements and another home for short-term placements. Further work is ongoing to expand an existing two bedded home, to four beds. Two semi-independent homes will also be increasing their provision by two beds. In addition to this, a two bedded home is being developed for younger children who display complex behaviours, with the aim of intensive work undertaken with them leading to a move into a foster placement. One of our current mainstream homes will be repurposed for this. As with internal fostering, this allows smoother collaboration between the network of colleagues working with the child, as they will all work for the Local Authority and share the same working methods required to help children thrive.



What Is Corporate Parenting?

So far, throughout our strategy, the term 'corporate parenting' has come up. What does this actually mean?

Anyone who works with, or acts in the best interests of, children in care can be considered a Corporate Parent, including Councillors. All are equally responsible for advocating and supporting our young people to maximise their potential and outcomes. Corporate Parenting is everyone's responsibility within the Local Authority. Councillors, as Corporate Parents, are responsible for ensuring children who come into our care experience safe and positive parenting, are helped to achieve their full potential and obtain the best possible outcomes, the same outcomes that we would expect for our own children. It is the role of the Corporate Parent to advocate on behalf of children in care and care leavers, and to empower them to make their own decisions in preparation for adulthood.



Nottingham City Council has an average of 600 children in its care at any one time for whom we are the corporate parent. Councillor David Mellen, Portfolio Holder for Early Intervention and Early Years children, chairs the Corporate Parenting Board that provides oversight and challenge in relation to all matters involving children in Nottingham City Council's care. The Corporate Parenting Board is held six times each civic year and is attended by elected members, relevant internal colleagues and contributors from external agencies. The Corporate Parenting Board is informed annually by the Have Your Say survey, which is distributed to all children in care and care leavers for feedback on how they think Children's Services are performing. Target areas for deeper analysis and action are identified here, which shapes the priorities of the Corporate Parenting Board over the year to follow.

Children in Care Services

Care is a vital part of our child protection system. We are always trying to do more to ensure that all children in care are healthy and safe, have the same opportunities as their peers and can move successfully into adulthood. Children, young people and carers are likely to be supported by a number of different teams as they move through the care process. Whilst we know that this can cause some disruption we think it's important that the support on offer changes as the needs of the child or young person develop.

This section seeks to outline the roles and responsibilities of Local Authority teams that work with our children in care and care leavers.

Social Work Support for Children in Care

The Local Authority's social work support for children in care is provided by one of three types of social care teams. These are:

- Children in Care (CIC) Teams
- Children's Social Care (CSC) Teams
- The Whole Life Disability Service (WLD)

Nottingham City has two Children in Care Teams at Nottingham City, representing the North / Central and South / Central areas of the city respectively. They work solely with children in care from 0 up to 18 years old. Having dedicated children in care teams promotes specialism and expertise. This, we believe, leads to better outcomes for our young people. A dedicated Permanency Team has been formed, linked to the government agenda to establish Regional Adoption Agencies. This Team deals specifically with children for whom the best outcome is adoption, or another form of permanence.

The WLD is an integrated service which includes social workers with specialist knowledge in the area of childhood disability. The WLD undertake a number of duties, including those associated with meeting the Authority's statutory requirements in relation to severely disabled children in care. The number of CIC cases held by the WLD is relatively small.

Residential Services

Nottingham City Council has thirteen small residential homes offering care and accommodation for children and young people between the ages of 12 - 25 years. A wide range of care and support is available including short term emergency care, long term care and a long term home for children with complex disabilities.

Nottingham City currently has six mainstream residential homes, one home dedicated to children with complex needs and four semi-independent units for young people who are 16 years and over. Additionally, we have a dedicated short breaks home for children and young people with

learning disabilities, physical disabilities and a range of associated placements with challenging behaviours. Nottingham City is working towards increasing the number of internal residential placements in the near future.

All our homes are safe and welcoming and we are proud to provide high quality care, with two of our homes judged 'Outstanding' and a further three as 'Good' with outstanding management and leadership, as of October 2018.

Every effort is made to provide children and young people with the necessary support needed for them to achieve the best outcomes possible. All units are subject to regular quality assurance, both internally and externally, in order to ensure all young people receive the same high quality care.

Some of our children are placed away from Nottingham City in residential children's homes and where this is the case, we rigorously monitor the homes, the support and services they provide to our children.

Fostering and Adoption

The Fostering and Adoption Service aims to provide high quality family based care that ensures that children in care receive a positive experience of home and family life.

To achieve this we recruit, assess, train and support foster carers and adopters to care for children so they achieve the best possible outcomes in regards to their physical, emotional and intellectual development. A variety of foster carers and adopters are recruited and trained to meet the diverse needs of children and reflect the ethnic and cultural background of the community we serve. We offer a full and comprehensive training programme to equip carers to be able to meet the complex needs of children in our care

All foster carer and adoption applicants are rigorously screened, thoroughly assessed and carefully trained so that they can provide safe and supportive homes for children in care, children placed for adoption.

Support is available to adopters after the adoption order is granted to enable them to respond and adapt to the changing needs of children. We recognise the lifetime commitment that is adoption. We offer a range of support including a designated Adoption Support Services Adviser (ASSA) who is there to help adopters' access adoption support, which includes making an application to the adoption support fund and other specialist services.

The Post Order team also offer a service to special guardians who can request an assessment and further support post the making of the order.

Independent Reviewing Officer Service

The Independent Reviewing Officers (IROs) Service operates within the framework of the updated version of the IRO handbook, the national guidance of Working Together 2018 and the national guidance for Fostering. We provide each child in care with an IRO, to ensure their Human Rights are respected.

The main focus of the IRO is to critically examine and quality assure the Care Planning and interventions of the Local Authority in respect of each child or young person looked after. Central

to this is ensuring that the child's wishes and feelings are given full consideration in planning and enabling by their role, improved outcomes. IROs therefore ensure:

- There is robust challenge regarding decisions, where there is underlying poor professional practice and when decisions are not being taken in the children's interests.
- To challenge the quality of analysis being undertaken, to ensure it meets the children's needs.
- That views of children, parents, carers and other professionals are given sufficient weight in care planning.
- That informed reflection occurs on the child's progress and planning for the future.

Leaving Care Service

The Leaving Care Service work with young people aged between 18 - 25 years who are eligible to receive care leaver support. The service aims to ensure all young people get the best support possible, as they transition into adulthood.

Every young person will be given the opportunity to explore their independence with an individual support package that allows them to develop, learn, or re-learn the skills that will be needed for successful independent living.

We have supported a number of young people through further and higher education, with some going on study at a post-graduate level. We are very proud of all our young people who have gone on to achieve huge success.

The Leaving Care Service also incorporates a service for unaccompanied asylum seeking young people.

The Placement Service

The Children's Placement Service is the single point of access for the formation and quality assurance of care placements. The Service is responsible for providing every child and young person with the best possible placement, which meets their needs, wishes and feelings and provides them with the opportunity to thrive and achieve.

The Placement Service undertakes activities which ensure that all children and young people are accessing high quality care placements.



Child and Adolescent Mental Health Service (CAMHS)

The CAMHS Children in Care team provides a specialist service and training to support and maintain the emotional and mental health needs of our young people. The team ensures the emotional health needs of young people are reflected in Health Plans and are part of the review process.

The team works to a consultation model working closely with Foster Carers, Social Workers and the wider professional network offering a reflective space to think about the child's history, what the current difficulties or concerns are and to develop a plan. They will also offer support to identify individual therapy for children, where this is needed.

Virtual School

The role of the Virtual School is to monitor, support and provide interventions to ensure that children in care achieve the best possible educational outcomes. The school reports on the completion of Personal Education Plans (PEPs) and audits the quality of these plans. It also supports schools, or other educational institutes, to fulfil their statutory duties to children in care.

The Virtual School works with a network of Designated Teachers who are dedicated to ensuring that our children achieve the best they can in line with all other children.

Support Services and Partner Agencies

The Children in Care Service works closely with a number of support services and partner agencies external to the Authority, all of which share the same vision. Support services and partner agencies include the following:

Health Provision

The Children in Care and Adoption Health team 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 young person.

The team is led by a Designated Doctor and Nurse and includes Community Paediatricians and Clinical Nurse Specialists. A initial holistic health assessment must be carried out within 20 days of a child entering care, and must be carried out by an appropriately trained doctor with knowledge of the needs of looked after children. Following this, review health assessments are usually undertaken by a Specialist Nurse. In addition to reviewing the child or young person's physical health, their developmental and emotional health is also assessed. It is standard to give the child or young person time alone with the health professional, in an age appropriate manner, to ensure their voice is heard directly and sensitively. We also encourage and support children to go to appointments at the dentist and opticians at least once a year.

Independent Visitor and Advocacy Service

The Children's Society and SOVA are the current advocacy and independent visitor providers for Nottingham City Council, and they provide the following to our young people:

- Advice and information for children and young people about their rights. Services include Independent Persons service is for all eligible children and young people subject to current Secure Accommodation Orders.

- Independent Visitor service provides suitable appointed volunteers to visit any child or young person who is in care where it is deemed to be in the child or young person's best interests. This includes children placed out of the local authority area.
- Residential Visiting Advocacy service provides visits to all residential children's homes and residential schools wherever one of our young people is placed. This includes secure accommodation.

Futures

Futures are a not-for-profit provider of jobs and skills advice, training, apprenticeships and support to young people and adults who need help preparing for work or training.

Governance and Monitoring Framework

This strategy is endorsed by the Corporate Parenting Board. Strategic Priorities (SPs) and their corresponding actions will be reviewed in response to updates of the Children in Care Joint Strategic Needs Assessment, the annual children in care and care leavers 'Have Your Say' (HYS) survey, and priorities set by central government. The next scheduled update of this strategy will take place in 2019.

The Children in Care Council (CICC) will assist in the evaluation of progress against identified priorities. The CICC are involved in analysing performance data generated by the annual HYS survey and comparing it review result from the previous year. Priorities for future action are then recommended.

The diagram below shows the relationship between corporate parenting forums within the Authority.



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CORPORATE PARENTING BOARD – NOVEMBER 2018

Title of paper:	Children in Care Service Performance Report: Quarter 1 / Quarter 2 2018 / 2019	
Director(s)/ Corporate Director(s):	Helen Blackman – Director, Children’s Integrated Services	Wards affected: All
Report author(s) and contact details:	Clive Chambers – Head of Service, Children in Care Clive.chambers@nottinghamcity.gov.uk	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input type="checkbox"/>
Children, Early Intervention and Early Years		<input checked="" type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<p>In order to ensure continual service development and to provide the best support to our children in care and care leavers, it is essential that the performance of the Children in Care service is monitored and open to scrutiny by Corporate Parenting Board members. The purpose of this report is to provide the Board with the most up to date Children in Care performance data relevant to the areas being discussed at the November 2018 Corporate Parenting Board meeting. The report highlights results covering the first and second quarter of the 2018-19 financial year.</p>		
Recommendation(s):		
1	It is recommended that Board members acknowledge the current performance position of the Children in Care service. Where necessary, members are invited to offer suggestion for remedial action in areas of poor performance and developmental suggestions in all other areas.	

1 REASONS FOR RECOMMENDATIONS

1.1 As Corporate Parents, ensuring the best possible outcomes for our children is paramount. It is not possible to establish how well we are supporting our children to achieve their full potential without having a clear understanding of our performance in regards to key performance indicators.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 None.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None.

4 FINANCE COLLEAGUE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

4.1 None.

5 LEGAL AND PROCUREMENT COLLEAGUE COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

5.1 None.

6 STRATEGIC ASSETS & PROPERTY COLLEAGUE COMMENTS (FOR DECISION RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE) (AREA COMMITTEE REPORTS ONLY)

6.1 None.

7 EQUALITY IMPACT ASSESSMENT

7.1 Has the equality impact of the proposals in this report been assessed?

An EIA is not required because: the report contains no financial proposals or decisions.

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

8.1 Appendix 1: CIC Performance Report Q1 / Q2 18 / 19

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

9.1 None.

CORPORATE PARENTING BOARD – PERFORMANCE REPORT
NOVEMBER 2018
PERFORMANCE INDICATORS

The purpose of this report is to provide the Board with the most up to date performance overview in relation to Children in Care and to highlight results from April 2018 to September 2018. Performance commentaries have been provided by the Head of Service.

Reference	Indicator	Statistical Neighbour Average	Target 18/19	Out-turn 17/18	Apr 18	May 18	Jun 18	Q1	Jul 18	Aug 18	Sep 18	Q2	YTD	Service commentary
CC-1 (E)	Number of children in care (as at) (rate per 10,000)	762 (90)	575 (88.5)	618 (92.1)	624 (91.8)	626 (92.1)	623 (91.7)		606 (89.2)	611 (89.9)	610 (89.8)			There has been a slight reduction in the numbers of children in care and the figure was fairly stable across the period. This reflects the positive work done by services such as MST CAN and the Edge of Care hub in ensuring that only those children whose needs cannot be met at home or by the extended family come into care.
CC – 4 / 5 / 6	The number of children discharged as a result of a Permanent Outcome (SGO/Child Arrangement Order/Adoption Order)	57	75	66	1	6	4	11	10	4	7	21	32	The outturn in period one was low and has impacted on performance overall. Performance is slightly below target and is subject to ongoing scrutiny. Information regarding adoption is reported to the Adoption Leadership Board. We are currently working closely with colleagues from Nottinghamshire, Derbyshire and Derby City to implement a Regional Adoption Agency, which will increase the pool of potential adopters available.
CC-8 (NI62)	The percentage of Children in Care that have had three or more placement moves in the previous 12 months	10.3% (2015)	11.1%	9.4%	9.9%	9.4%	9.8%	9.8%	10.1%	10.3%	9.7%	9.7%		Performance has been relatively stable throughout the period and is within the target. There are ongoing challenges in the availability of placements, particularly for older children or those with challenging behaviour which means that where placements breakdown identifying alternatives can be challenging. We have worked with colleagues from Derby City and Nottinghamshire to develop a new service, funded through a Social Impact Bond, that will both increase the availability of placements for children who may otherwise be in residential care and offer support to foster placements that are at risk of breakdown.
CC-9 (NI63)	The percentage of Children in Care who have lived in the same placement for at least 2 years	67.2% (2015)	66%	74%	75.4%	74.2%	73.1%	73.1%	72.0%	69.5%	74.1%	74.1%		Performance in this area is stable and above target. As already indicated we are currently developing a new service that will further strengthen the support available to foster placements that are at risk of breakdown.
CC-10 (R)	The percentage of Children in Care reviewed within the appropriate timescale	N/A	97%	93%	96.6%	98.7%	97.1%	97.5%	98.8%	98.8%	99.0%	98.9%	98.2%	Performance in this area is stable and above target. It is closely scrutinised on an on-going basis
CC-11 (R)	The percentage of reviews where the child participated	N/A	90%	92%	87.3%	97.0%	87.6%	91.1%	89.6%	87.9%	82.7%	87.2%	89.4%	There has been a downturn in performance in relation to this measure in Q2. Although performance is only slightly below target work will be undertaken in Q3 to identify any underlying factors and address these.
CC-12 (E)	The percentage of Children in Care with an up-to-date health assessment	89.0% (OC2 Cohort) Different to this measure	90%	84.9%	86.4%	86.2%	86.1%		84.3%	79.7%	76.0%			There is no direct comparator information available from other authorities. National reporting is focussed on a particular cohort of young people. Data from that return shows our performance at 2017/18 year-end as 89%. The most recent reported performance from other authorities was 89%. We have escalated the issue regarding health assessments with teams and health colleagues and anticipate that this will lead to an improvement.

Reference	Indicator	Statistical Neighbour Average	Target 18/19	Out-turn 17/18	Apr 18	May 18	Jun 18	Q1	Jul 18	Aug 18	Sep 18	Q2	YTD	Service commentary
CC-13 (E)	The percentage of Children in Care with up-to-date dental checks	85.6% (OC2 Cohort) Different to this measure	90%	74.5%	86.2%	84.8%	83.6%		82.2%	78.5%	74.0%			There is no direct comparator information available from other authorities. National reporting is focussed on a particular cohort of young people. Data from that return shows our performance at year-end as 93%. The most recent reported performance from other authorities was 85.6%. We have worked closely with fostering and residential providers (internally and externally) to improve these rates. Although this had an impact this does not appear to have been sustained so we will re-visit this.
CC-14 (E)	The percentage of Children in Care with an up-to-date Strength and Difficulties Questionnaire (SDQ)	71.8% (OC2 Cohort) Different to this measure	90%	70.1%	69.8%	70.2%	70.9%		74.6%	76.0%	75.8%			Although not yet at target performance in this area is improving. It is explored in the weekly placement panel and is again something we have addressed in work with placement providers
CC-19 (R)	The percentage of applicable (Eligible, Relevant and Former relevant) young people with a Pathway Plan started within the last 6 months.	N/A	97%	85.0% (16/17)	To Be Developed	To Be Developed	To Be Developed		To Be Developed	To Be Developed	To Be Developed		To Be Developed	
CC-20 (R)	The percentage of applicable (Eligible, Relevant and Former relevant) young people with a Pathway Plan completed/authorised in the preceding 6 months	N/A	97%	78.7% (16/17)	To Be Developed	To Be Developed	To Be Developed		To Be Developed	To Be Developed	To Be Developed		To Be Developed	We have developed a reporting dashboard that enables us to undertake ongoing monitoring of performance in leaving care service. This was not available previously. Performance as at 31.10.18 was 75.6%
CC-29 (R)	The percentage of placements that are over 20 miles from Nottingham	N/A	85%	84% (16/17)				83.2%				80.6%		Performance is below target. A key factor in this is the challenge highlighted above in relation to the availability of placements nationally. To address this challenge we have invested in both expanding our residential children's homes provision and in-house fostering.
CL-7 (R)	The percentage of care leavers in suitable accommodation (17-21 years old)	84% (19 - 21 yrs)	85%	87.0%				93.6%				70.2%	80.8%	Performance in this area has usually been positive so the deterioration in Q2 is concerning and will be the subject of ongoing management scrutiny
CL-8 (R)	The percentage of care leavers in employment, education or training (17-21 years old)	52% (19 - 21 yrs)	55%	57.3%				51.8%				32.2%	41.7%	Performance in Q2 significantly deteriorated. The position as at 31.10.18 had improved 48.8%. Of those young people not in Education, training and employment approximately 26% are unable to work because they are parents or have a health condition. A small number are in custody.

Corporate Parenting Board

Reporting Schedule: Forward Planner

2018 - 2019

Report (Corresponding Strategic Priority Statement)	Report Lead	Draft Report submitted for Advice	Draft Report Submitted for Departmental Sign-off	Draft Report Submitted to Constitutional Services	Chair's Briefing	Final Report Submitted to Constitutional Services	Corporate Parenting Board
<ul style="list-style-type: none"> ▪ Quality Assurance Visits of Regulated and Non-regulated Residential Provision ▪ Adoption and Permanency ▪ Semi-Independence Provision ▪ Children in Care Council (Verbal Update) ▪ Children and Social Work Act Statutory Guidance (Presentation) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Kay Sutt ▪ Audrey Taylor ▪ Mike Rowley ▪ Jon Rea ▪ Clive Chambers / Nick Lee ▪ Cllr Mellen 	2 nd April 2018	9 th April 2018	16 th April 2018	23 rd April 2018	9 th May 2018	21 st May 2018
<ul style="list-style-type: none"> ▪ Children in Care and Care Leavers Strategy Review ▪ Pathway Planning / Transitions ▪ Foster Carer Recruitment and Retention ▪ CiC Performance Report (Q3/Q4 16/17) ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Clive Chambers ▪ Sharon Clarke ▪ Audrey Taylor ▪ Clive Chambers ▪ Jon Rea ▪ Cllr Mellen 	28 th May 2018	4 th June 2018	11 th June 2018	18 th June 2018	4 th July 2018	16 th July 2018
<ul style="list-style-type: none"> ▪ Care Leavers' Service Annual Report ▪ Children in Care CAMHS Team Report ▪ Independent Reviewing Officer Service Annual Report ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Lynn Pearce / Your Voice ▪ Aileen Wilson ▪ Alison Platkiw (Case Studies) ▪ Jon Rea ▪ Cllr Mellen 	30 th July 2018	6 th August 2018	13 th August 2018	20 th August 2018	5 th September 2018	17 th September 2018

Report (Corresponding Strategic Priority Statement)	Report Lead	Draft Report submitted for Advice	Draft Report Submitted for Departmental Sign-off	Draft Report Submitted to Constitutional Services	Chair's Briefing	Final Report Submitted to Constitutional Services	Corporate Parenting Board
<ul style="list-style-type: none"> ▪ Physical Health ▪ Performance Report (Q1 and Q2 2017/18) ▪ Children in Care and Care Leavers Strategy Refresh ▪ Advocacy Annual Report ▪ Independent Visitor Annual Report ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Kathryn Higgins ▪ Clive Chambers ▪ Clive Chambers ▪ Children's Society ▪ SOVA ▪ Jon Rea ▪ Cllr Mellen 	8th October 2018	15th October 208	22nd October 2018	1st November 2018	7th November 2018	19th November 2018
<ul style="list-style-type: none"> ▪ Fostering and Adoption Panel Chairs Update ▪ Adoption and Permanency (2) ▪ Complaints Service Report ▪ Educational Attainment of Children in Care ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Audrey Taylor ▪ Audrey Taylor / Clare Hewitson ▪ Patrick Skeet ▪ Jasmin Howell ▪ Jon Rea ▪ Cllr Mellen 	26th November 2018	3rd December 2018	10th December 2018	17th December 2018	2nd January 2019	21st January 2019
<ul style="list-style-type: none"> ▪ NCSCB Missings Update Report ▪ Edge of Care Provision ▪ Reducing Offending Behaviour ▪ Lord Laming Review ▪ Children in Care Council: Have your Say 2018 ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Clive Chambers ▪ Tracey Nurse / Mark Ball ▪ Sam Flint / Natalie Pink ▪ Sam Flint / Natalie Pink ▪ Jon Rea / CiC-C Member ▪ Cllr Mellen 	28th January 2019	4th February 2019	11th February 2019	18th February 2019	6th March 2019	18th March 2019

- SPS 1: Health
- SPS 2: Permanency
- SPS 3: Resilience and Independence
- SPS 4: Educational Attainment
- SPS 5: Suitable Accommodation
- SPS 6: Offending Behaviour

ATTENTION: IMPORTANT CHANGES TO REPORT SUBMISSION

All* reports scheduled to be presented to the Board must be produced and submitted through the corporate report management system – see link to access the system and for guidance

<http://gossweb.nottinghamcity.gov.uk/nccextranet/index.aspx?articleid=10263>.

When submitting the report for advice, you will be prompted to select reviewers. The following reviewers should be selected;

-
- Clive Chambers
- Jordan Whatman

When submitting the report for departmental sign-off, you will be prompted to select reviewers. The following reviewer should be selected;

- Helen Blackman

(* This only applies to reports produced by local authority staff. External partners should continue to submit reports via email to jordan.whatman@nottinghamcity.gov.uk no later than 10.00am on the date stated.)

Please note that additional reports may be added to the schedule by request of the Chair or other Board Members. Reports are also subject to schedule changes.

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