NOTTINGHAM CITY COUNCIL

CORPORATE PARENTING BOARD

MINUTES

of meeting held on **17 SEPTEMBER 2012** at

Loxley House from 2.34 pm to 4.20 pm

✓	Councillor Mellen	(Chair)
✓	Councillor Klein	(Vice-Chair)
	Councillor Campbell	
	Councillor Culley	
✓	Councillor Dewinton	
✓	Councillor Jenkins	
✓	Councillor McCulloch	
✓	Councillor Morley	
	Councillor Morris	

✓ indicates present at meeting

Also in attendance

Miss Heidi Watson	- Business in the Community	
Miss Emma Pearce	- Child and Adolescent Mental Health Services	- Team Manager
Ms Sharon Thompson	- County Health Partnerships	- Designated Nurse Children in Care
Ms Gill Moy	- Nottingham City Homes	- Director of Housing
Dr Emma Fillmore	- Nottingham University Hospital Trust	- Designated Doctor Children in Care
Mrs Phyllis Brackenbury	- Nottingham CitiCare Partnership	- Assistant Director
Mr Simon Stubbs	- Social Work Choices Ltd	

Nottingham City Council

Mrs Lorna Beedham	- Inclusive Learning	)
Ms Paulette Thompson-Omenka	- Children in Care	) Children and Families)
Mr Colin Monckton	- Commissioning and Insight	)
Miss Katie South	- Fostering and Adoption	)
Mrs Evonne Rogers	- Business Strategy and Support	) Resources
Ms Catherine Ziane-Pryor	- Democratic Services	)

15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Culley, Campbell and Morris, Mr Satinder Gautam, Director of Strategy, and Ms Kirsty Bloor, Children's Outpatient Named Nurse.

16 DECLARATIONS OF INTERESTS

With regard to minute number 21 (agenda item 7), Care Leavers Housing Protocol, Councillor Dewinton made the Committee aware that she was a volunteer for 'Stonham' which was a supported lodging scheme for vulnerable people. She did not believe that this was of such a significant nature to require her to leave the room during consideration of the item.

Although a declaration of interest was not made at this point of the meeting, in regard to minute 19 (agenda item 5) Commissioned Work in Fostering and Adoption Assessments, Mr Simon Stubbs, Social Work Choices, withdrew from the meeting during the Board's consideration of the recommendations as the decision would directly impact on the organisation he represented. He returned to the room once the Board had made its decision.

17 MINUTES

It was noted that Mr Leighton Street, a care leaver who had addressed the Board at its last meeting (minute 7) on how he had benefited from the RISE Programme, had been awarded the East Midlands Young Achiever Award.

RESOLVED that, subject to the inclusion of apologies for absence from Councillor Campbell, the minutes of the last meeting held on 18 June 2012, copies of which had been circulated, be confirmed and signed by the Chair.

18 PERFORMANCE REPORT

Consideration was given to a report of the Director of Quality and Commissioning, copies of which had been circulated, and which was presented by Colin Monckton of Commissioning and Insight.

Members of the Committee expressed concern that, as of that morning, 560 children were in care in the City. This was the highest number ever. Although the numbers of children in care rising was a national trend, Nottingham's numbers remained lower than its statistical neighbours..

While during the next few months, especially September, the number of discharges was expected to rise significantly, trends could not always be easily predicted on data alone. However, the Corporate Director for Children and Families had requested projections.

The City Council worked with partner organisations to ensure that the young people were supported as they left care.

The Chair was concerned that, in addition to the social concerns of the rising numbers of children in care, there were financial implications as more funding had to be found to ensure these young people were appropriately cared for..

The multi-agency Edge of Care Panel tried to find appropriate family support solutions without admitting young people to local services, however, more robust services were required to strengthen such ideals. It was better to try and avoid children being taken into care.

Paulette highlighted that 2 new home finders (Adoption Placement Officers) had very recently been confirmed in post. Focused home finders were of great benefit in closing identified gaps and speeding up the process which had been found to delay adoptions.

Paulette responded to Councillor's questions that while it was always the plan to return children to their birth families when circumstances were appropriate, this sometimes failed and the children returned to the care of the Local Authority.

RESOLVED

(1) that the performance information provided in the report be noted;

(2) that the percentages of children in care who, having returned to their birth family, were later re-admitted to Local Authority Care, be circulated with the minutes.

19 COMMISSIONED WORK IN FOSTERING AND ADOPTION ASSESSMENTS

Consideration was given to the report of the Director of Children's Safeguarding, copies of which had been circulated. The report informed the Board of the commissioned work so far undertaken as a pilot since 1 August 2011, between Nottingham City Council and Social Work Choices in assessing prospective foster carers, adopters and connected persons in preparation for approval at an appropriate panel.

Ms Katie South, Service Manager of Fostering and Adoption, Mr Simon Stubbs, Social Work Choices Ltd, were in attendance to present the report and respond to the Board's questions.

The following points were highlighted and comments made:

- the service provided by Social Work Choices had enabled the number of in-house assessments to increase;

- some of the reasons why foster and adoption applicants withdrew from the process had been identified and work was proposed to attempt to address these issues;

- following sixty three initial visits to prospective foster carers, fifty two had been advanced to full fostering assessments. Following forty initial visits to prospective adopters, thirty eight had advanced to a full Prospective Adopter Report;

- three 'connected person' assessments had been completed, one had been withdrawn (although this may have been to follow a different care route), a further three were on-going and there had been three new requests. Connected persons, such as a relative or friend of the family who had some connection with the child, could apply to care for the child through the same process as a foster carer. More people with connections were coming forward and, although the process was the same, the threshold for

suitability was slightly lower than completely unknown applicants without any connection to the child. Children cared for in these circumstances were still considered to be in care;

- while private fostering arrangements did not attract payment for caring for a child, connected persons care did;

- although Social Work Choices had reduced the time taken to complete the assessment process by improving communications, it was noted that 3 applicants had withdrawn from the adoption process as a result of the time taken to progress the process;

- further work was still to be done to reduce timescales and re-examine capacity, structure and availability of the service;

- officers welcomed the positive changes which Social Work Choices had made in speeding up the assessment process and considering improvement of strategies to enable the whole process to flow more effectively;

- it was important to ensure that all partners and teams were able to respond appropriately to the quickening pace of the process without any detriment to the thoroughness of their work;

- with regard to the assessments which were on hold due to health issues, initial assessments needed to be very clear at the early stages as to the health needs and requirements of applicants;

- once assessments were satisfactorily completed, the number of adoptions was only then restricted by the number of cases the adoption panel could consider. As a result, more panels were arranged;

Councillors welcomed information on the process of placing children in care but requested that the outcomes be presented earlier in summary format in future reports.

RESOLVED

(1) that assessments continue to be commissioned by Nottingham City Council to a third party, Social Work Choices through the remainder of the pilot;

(2) that the full end of contract year performance report on the number of assessments and approvals undertaken by Social Work Choices, with specific consideration given to time scales, quality and improvements, be noted;

(3) that a commitment to support the Fostering and Adoption Service in managing its relationship with the commissioned partner Social Work Choice to ensure that Nottingham City Council met its national and local strategic priorities, be approved.

20 IMPROVING HEALTH AND OUTCOMES FOR CHILDREN AND YONG PEOPLE IN THE CARE OF THE LOCAL AUTHORITY

(a) Report of Designated Doctor - Children in Care

Consideration was given to a report of the Designated Doctor, Children in Care, copies of which had been circulated.

Dr Emma Fillmore, Designated Doctor - Children in Care, Ms Sharon Thompson, Designated Nurse - Children in Care, and Miss Emma Pearce, Child and Adolescence Mental Health Service (CAMHS) - Children Looked After Team, were in attendance to present the report and respond to any questions raised by the Board.

The following points were highlighted and comments made:

- for Children in Care there were a variety of health specialist individuals and teams working in partnership from a local to a strategic level. This included designated nurses, doctors and professionals working alongside organisations outside of the Health Trusts such as Children and Adolescent Mental Health Services (CAMHS). Together they had a huge health remit, as outlined in the report, to deliver to the statutory guidance 'Promoting the Health and Wellbeing of Looked-After Children' (DH/DCSF, 2009);

- many children entered into care with a range of health issues. Health assessments were undertaken initially to gauge each child's needs and inform carers, birth parents and Children's Services so that they could be addressed. From the initial assessment, a health plan was drawn up which then fed into the care plan. After the initial assessment, another was undertaken six months later and then on an annual basis;

- the Looked After Team of professionals would meet to decide how best to support each child. This could include direct therapy if a child requested it. On-going consultations were available, even if the child was placed in an adoption, and could be adapted to best suit the needs of each child;

- often, children came into care as a result of neglect so were not up-to-date with immunisations relevant to childhood disease. When immunisations were then given, the timings were often at different stages to the rest of the cohort;

- asylum seeker children were often difficult to access to assess their health needs which would usually extended beyond other children in care;

- completed Strengths and Difficulties Questionnaires were shared as part of the referral process.

The Board's questions were responded to as follows:

- where children in care had been referred to CAMHS and then returned to their birth parents, a transition plan would be put in place which was appropriate for the children and their families and managed on a case by case basis to ensure that it was completed. Time limits were not set and continued support could be provided;

- children were empowered to think about their own health and health care and discuss this and any issues with the nurse;

- prior to children being taken into care, there was often a long list of services which had been trying to engage the family and ensure that the appropriate services were accessed. This was very hard in instances where parents did not want to receive any help or guidance. Taking children into care was a last resort but was not an indication that other services had failed. It was noted that the 90% of children were taken into care because of abuse and/or neglect;

- in Nottingham City there were approximately 21,700 children under 5 years of age but currently only 49.5 Health Visitors. Central Government were planning to increase this number to 154 by 2015. This would dramatically improve service delivery across the City as, although the increase was significant, so too was the need. To protect the investment of training the new Health Visitors, their training contracts stipulated that they would have to remain working in the City for a minimum period;

- there were young people in the care of the City who lived elsewhere in the country, and young people living in the City who were in the care of other Local Authorities. As mental health was a significant issue for children in care with a high suicide rate, the originating authority would liaise the Primary Care Trust and Social Care services in the area in which the child was resident, to ensure that the appropriate services were provided for each young person. Wherever a child was living, they had a right to access the services of that area although there was flexibility to negotiate a contribution towards the cost;

- it was important, where appropriate, for children and young people in care to live within the area of the Local Authority or neighbouring Local Authorities to ensure that the services provided to children and young people could be monitored. This also would help prevent any care issues from being missed;

- the way in which organisations approached working with families which had children in care was changing. These families often had very complex needs so a fully co-ordinated approach to supporting the whole family was required.

(b) <u>Vaccination Uptake Figures 2011/12</u>

Consideration was given to the vaccine uptake figures for looked after children reaching 1 year of age during 2011/12, copies of which had been circulated. It was noted that while the target was 95%, 97.8% of children had been vaccinated with the following:

- DaP/IPV/Hib

- MenC (2 Doses)

- PCV Booster (2nd Dose)

RESOLVED

(1) that the Social Care performance for Children in Care and Adoption Health Teams, and Child and Adolescence Mental Health Children Looked After Team for 1 April 2011to 31 March 2012, be noted;

(2) that the vaccination uptake figure of 97.8% for 2011/12 for children reaching 1 year old during 2011/12, be noted;

(3) that for future reports, the measures in place to encourage children to take responsibility for their own health, be included in the summary;

(4) that the Designated Doctor, Children in Care, be requested to submit an update report to the Board in one years time;

(5) that the Boards thanks be recorded to Dr Emma Fillmore, Ms Sharon Thompson and Miss Emma Pearce for their attendance and contribution at the meeting.

21 CARE LEAVERS HOUSING PROTOCOL

Consideration was given to the report of the Director of Nottingham City Homes (NCH), copies of which had been circulated. Ms Gill Moy, Director of NCH, presented the report which outlined how NCH worked with Children's Services to ensure care leavers were supported before and during their tenancy. Gill advised the Board that her involvement with Regulation 33 visits, which were semi-informal inspections, had proven very interesting and informative in that they had highlighted that there was a lot more which NCH could do to support care leavers. As a result of her involvement with the visits the Care Leavers Protocol had been developed.

The following points were highlighted:

- each care leaver was allocated a named officer in NCH to advise and support them in gaining an appropriate property and maintaining that tenancy;
- previously it had been found that young people would accept unsuitable properties just so they could have their independence;
- care leavers were put in contact with 'Arches' who could help provide furniture free of charge;
- there was help and support with finances, and advice on welfare reform impact was available;
- NCH also included care leavers in apprenticeships, with 2 currently engaged and a further 2 starting a year long apprenticeship shortly;
- properties were decorated to a higher standard and some carpets were provided in properties that were let to care leavers;
- regular follow-up visits from the Housing Patch Managers were in place to support care leavers in their new tenancies.

Members of the Board expressed concern at the easy availability of credit to care leavers and the temptation to spend money beyond their means.

It was noted that the issues of care leavers managing finances and the impact of welfare reform would be considered in more detail by the Board in January 2013.

RESOLVED

(1) that the Care Leavers Housing Protocol, which aimed to ensure all care leavers accessing Nottingham City Homes were supported in sustaining their tenancies, be approved and supported;

(2) that the following be noted:

(a) the protocol would enhance opportunities for care leavers to access education and employment;

(b) the partnership between Nottingham Social Care services and Nottingham City Homes, ensured that care leavers received appropriate, safe and needs led accommodation.

Analysis of Children In Care Re-admissions

(For the period 01-04-2009 to 01-10-2012)

Report as of 05-11-2012

The following report is in response to the request from the last corporate parenting board meeting to look at re-admissions to care and to examine if re-admissions are a contributing factor to the rise in the number of children in care. The report will look to highlight any patterns or characteristics in re-admission to care data between 1st January 2009 and 1st October 2012.

Key Findings

- **Children in care re-admissions as a proportion of admissions has reduced in recent years.** The proportion of re-admissions to care has reduced from 21.8% in 2010 to 19.1% in 2011. Up until the end of September 2012 re-admissions are 15.8% of all admissions.
- **Teenage children are the most likely age group to be re-admitted to care.** Children between the ages of 13 and 16 years of age account for 40% of all re-admissions since the 1st January 2009.
- **Teenage re-admissions return to care quicker than other age groups**.
- **The majority of re-admissions had returned to parents or relatives before returning to care.**

Overview of children in care numbers

The total number of admissions has remained at a similar level with an average of just under 260 admissions a year. Fewer discharges than admissions over the period have resulted in a rise in children in care numbers. In 2009 the number of children discharged from care was 28% less than the admissions. Between 2010 and 2012 discharges have been on average around 14% less than the number of admissions. The number of children in care increased from 458 on 1st January 2009 to 553 on the 1st October 2012. This is an increase of around 21% in nearly four years.

Children in Care Re-admissions

Children in care re-admission as a proportion of admissions have reduced in recent years. From 21.8% in 2010 to 15.8% in 2012 (See table 1). The recent high number of admissions in August of 34 was made up of seven re-admissions and twenty seven first time admissions. Re-admissions for August represent 19% of August's total admissions. This is in line with the current trend.

Table 1:Children in care admissions and Re-admissions

Year of admission	1st time admissions	Re-admissions	% Re-admissions	Grand Total
2009	204	54	20.9%	**258**
2010	205	57	21.8%	**262**
2011	207	49	19.1%	**256**
2012 (9 months to date)	176	33	15.8%	**209**
Grand Total	**792**	**193**		**985**

There have been 193 re-admissions to care since 1st January 2009. Of these teenage children have the highest volume of re-admissions with 40% between the ages of 13-16 years of age at re-admission.
Of the re-admissions teenagers are re-admitted to care quicker than any other age groups. Three quarters of the re-admissions that had previously left care between the age of 13 and 16 return to care within six months. This is more than double that for other age groups (see table 2).

Table 2: Re-admissions between 1st January 2009 - 1st October 2012 showing months to re-admission by age at leaving care

Age Group (on leaving care)	Months until re-admission					
	<3	<6	<9	<12	<24	24+
1-4	13	16	20	24	32	56
	23.2%	28.6%	35.7%	42.9%	57.1%	100.0%
5-8	6	9	9	10	14	28
	21.4%	32.1%	32.1%	35.7%	50.0%	100.0%
9-12	5	8	10	12	17	26
	19.2%	30.8%	38.5%	46.2%	65.4%	100.0%
13-16	29	45	48	50	57	59
	49.2%	76.3%	81.4%	84.7%	96.6%	100.0%

Prior to leaving care
When looking at the reason for children leaving care since 2009 the most common reasons are returning home to live with parents or relatives with 37%, independent living and care ceased for any other reason 16% and adoption 13%.
The majority of readmissions (68%) were re-admitted following their return home from care. This is almost double the proportion of all children that discharge from care to return home. This can partly be explained by the fact that other exit strategies such as adopted or independent living are more successful in terms of not returning to care.

Summary of analysis
The rise in children in care numbers hasn't been as a result of an increase in re-admissions to care. In fact re-admission rates have declined steadily in recent years and for 2012 just under 16% of admissions to care are re-admissions.

On looking at re-admissions to care in more detail, teenage children are the most likely to be re-admitted. Teenagers return to care quicker than children of other age groups.

A high proportion of re-admissions had previously returned to live with their parents or relatives prior to being re-admitted.

Further analysis is required on re-admissions and discharges. With a focus on why teenage children are being re-admitted to care and what triggers the return to care for children that had previously returned home to live with their parents or relatives. This could identify a need for targeted work that could help prevent re-admission to care.