



TO FOLLOW AGENDA ITEMS

This is a supplement to are additional to the original agenda or which were marked 'to follow'.

NOTTINGHAM CITY COUNCIL CORPORATE PARENTING BOARD

Date: Monday, 16 September 2019

Time: 2.30 pm

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

Governance Officer: Zena West **Direct Dial:** 0115 876 4305

AGENDA

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| 7 | IMPROVING OUTCOMES FOR NOTTINGHAM CITY'S CHILDREN IN CARE – EMOTIONAL WELLBEING AND MENTAL HEALTH
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Agenda Item 7

CORPORATE PARENTING BOARD – SEPTEMBER 2019

Title of paper:	Improving Outcomes for Nottingham City's Children in Care – Emotional Wellbeing and Mental Health	
Director(s)/ Corporate Director(s):	Helen Blackman – Director, Children's Integrated Services	Wards affected: All
Report author(s) and contact details:	Matthew Jenkins - Team Manager, CAMHS CLA	
Other colleagues who have provided input:	Dr Pallab Majumder - Consultant Psychiatrist, CAMHS CLA Susan Spittal - Business Support Officer	
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>Providing an update on the development and implementation of the Children Looked After Child and Adolescent Mental Health Service</p> <p>Service aim: A jointly-funded multi-disciplinary service improving responses to the mental health and emotional well-being of the City's children and young people who are in care, offering specialist assessment and intervention when needed, with a particular focus on promoting placement stability.</p>		
Recommendation(s):		
1	<p>The Corporate Parenting Board continue to support the development of a service for children and young people in care resulting in a service that delivers effective, accessible, holistic evidence-based care. Progress is being made towards this through:</p> <ul style="list-style-type: none"> • The completion (and implementation from September 2019) of draft operational guidance for the service. This has been in principle agreed by the Director of Children's Services • An emphasis on developing clear pathways for children and young people referred for a service. This has included strengthening care-planning through introducing formulation into the team. This helps with shared understanding of a child / young person's 	

difficulties developed at the outset to inform intervention (developing a psychosocial approach). It is an expectation that formulation is now an outcome of any referral to the team. Embedding the formulation concept within the team began in Autumn of 2018 and is continuing through 2019. This has included working with the Integrated Workforce Development Team to explore with the team through Team Days how Signs of Safety can be adapted to support practice.

- Continuing to develop the use of feedback including the use of outcome measures to support the monitoring and review of service delivery.
- The development of a performance 'dashboard' so that there is a clear, regular analysis of the team's performance to support planning and development
- Continuing to broaden and develop the skills, knowledge and experience of the multi-disciplinary staff team. This year we have worked closely with Trust colleagues to successfully recruit an Art Psychotherapist, we are in the early stages of recruiting a CPN (Community Psychiatric Nurse) and we are partway through the recruitment process to fill x2 specialist social worker vacancies.
- Targeted training and psychoeducation. The Team are continuing to increase the amount of training offered to social workers, homes staff, carers and schools with the aim of building confidence and resilience in the networks around the children and young people we work with (increasing knowledge and skills in responding to the behavioural manifestation of developmental trauma).
- Supporting networks to manage risk. There has been an increased emphasis on working closely with professional networks to offer support with safety planning. The team work with a number of children and young people where self-harm / suicidal ideation are a concern, as well as other complex issues such as those related to eating.

1 REASONS FOR RECOMMENDATIONS

- To ensure this specialist, multi-disciplinary service delivers the maximum impact in improving the mental health and emotional well-being of children and young people in the City's care.
- That care is effective, accessible, holistic and evidence-based. Children and young people have timely access to an integrated, high-quality multidisciplinary service, operated within budget.
- Those constituting the wider support networks of the children and young people we work with have increased knowledge and skills, which give them the confidence and resilience in dealing with the presenting issues of emotional well-being and mental health difficulties. Through this, it is hoped that stability can be improved for this complex and vulnerable group.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Performance Update: See appendix for detailed data

The team is multi-disciplinary and includes a psychiatrist, clinical psychologist and psychotherapist who are employed by the Trust. Nottingham City Clinical Commissioning Group undertook a Quality Visit in May 2018 and made a number of recommendations, which included:

- ***Strengthen relationships between the service and social work colleagues.***
Update: Within the City, the team has moved to sit within Children in Care and it is hoped that this will strengthen links with CIC, fostering and placements teams. It is

also hoped that in the autumn work will be undertaken to share the revised service offer with Children in Care colleagues. It is also hoped that the training the team offers can be made more widely available.

- **Strengthen development of pathways with the Leaving Care Team.**

Update: Work is continuing to improve transitions for children who need CAMHS but whose circumstances change and who can no longer receive a service from this team.

- **Review the current staffing model.**

Update: The vacant therapist post has been filled (the service now has a part-time art therapist who has recently begun working with 9 children). Funding has been identified with the CCG to recruit to a vacant Community Psychiatric Nurse post and it is hoped that the Trust will be commencing the recruitment process in the next few weeks. It is hoped that the vacant social work posts will be filled by the autumn (interviews are taking place on 02.09.19).

We continue to receive very positive feedback about the service. Most recently, this has included the following comment received as part of an email from a primary school head:

I don't usually write e mails like this but A stands out as a compassionate, professional member of the CAMHS team who has really made a difference to not only B but also to the all the staff atSchool and his foster carers. To work alongside another professional who genuinely cares about the wellbeing of children in need and will always go the extra mile is quite remarkable. Thank you.

A young person who attended for a creative therapeutic intervention has made an 'I love CAMHS' banner which is now in the reception / waiting area.

In July, the following general feedback was given to the clinical psychologist based within the team from the fostering service:

I have just received some really positive feedback about the support you offer to a number of our foster carers. It has really made a significant difference for foster carers and in the children in care and has really supported placement stability.

A CIC social worker emailed:

I just wanted to take the time to give credit to B and say a big thank you through you for the hard work she has put in with regards to the above young person. Prior to placing a formal referral to CAMHS, she has taken the time to offer me advice and most importantly support via telephone: even before the case was allocated. I feel that B has gone beyond in relation to ensuring that I was supported and allowed me the opportunity to in a way, offload... I have looked forward to each consultation session ...knowing that I am going to get answers to any questions, good advice and a correct analysis of the young person and why they may be feeling or acting in the manner they are...

We acknowledge the need to develop urgently a performance 'dashboard' so that we capture the impact the team's work is having consistently across the year. Work is beginning with the Analysis and Insight Team to develop this.

The specialist training we have offered to schools (based around 'attachment friendly' schools) has been positively received and we are running this again for another cohort of

schools in the autumn. The training was aimed at SENCOs and other staff working directly with children in care. Feedback showed an overall increase in skills and confidence and comments included 'we have all learned so much' and 'make it compulsory for senior leadership teams'. One participant commented:

I found the course literally to be the best course I've ever been on...

It appears that the schools that participated would like further opportunity to meet to discuss specific strategies and we will need to consider if and how this can be facilitated.

Trust colleagues within the team have been undertaking an evaluation of our fostering and attachment group intervention for carers, which has now run for several cycles. This is a 10 week programme which can be attended by between 10 and 15 carers at a time, so this is can be a far more effective intervention than working with carers on an individual basis. The draft report shows that carers develop an improved understanding of children's needs, increases confidence in managing difficult behavioural issues, reduces the stress carers feel and helps carers 'connect' better with children.

In summary, in line with the revision of the service offer to strengthen delivery of services to children and their networks, priorities for the service over the next few months are:

- Successfully recruit to remaining vacant posts.
- Confirm service 'offer' and raise awareness with Children In Care colleagues.
- Continue to embed 'formulation' as a process within the team.
- Continued development of interventions including group and individual interventions with carers and with children.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None.

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 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 this report does not contain proposals or financial decisions

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

8.1 NCC Children's Integrated Services Plan 2019/20

8.2 Appendix 1: Correlated Statistics for CAMHS CLA for the year
01.04.18 – 31.03.19

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

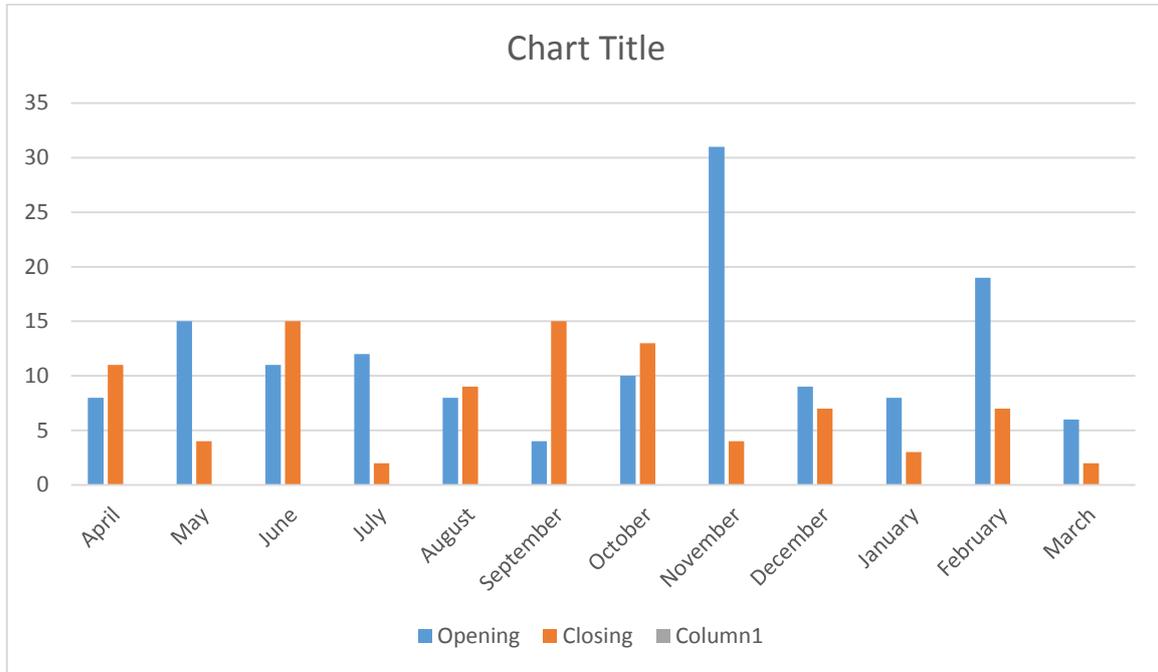
9.1 None.

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Correlated Statistics for CAMHS CLA for the year 01.04.18 – 31.03.19

Please be aware that the data below has been manually collated

Table 1 – cases opening and closing



	Opened	Closed
April	8	11
May	15	4
June	11	15
July	12	2
August	8	9
September	4	15
October	10	13
November	31	4
December	9	8
January	8	3
February	19	7
March	6	2
Totals	141	93

We currently have involvement with 187 Children in Care Cases. The break-down of this comprises:

- 170 allocated cases (across 6 City-employed staff). Some of the 170 allocated cases be nearing the end of an intervention and will be scheduled to close.
- 15 cases that have been allocated and are awaiting assessment with a confirmed date,
- Two awaiting allocation.

We provide a service to City CIC, living in the City.

We are continuing to develop practice around strengthening transitions pathways. These include where children are turning 18 and require interventions or services from Adult Mental Health Services (AMHS) or where we have been working with a child with needs that can no longer be met within the City and are therefore moving Out of Area.

Knowing when to end our involvement remains a challenge. We use the THRIVE model of care as the framework to provide our service. Nottingham's THRIVE model is underpinned by the THRIVE model of care (Wolpert et al 2016, CAMHS press, EBPU). Research by the CAMHS Research Outcome Consortium, designed to map need and provision for all young people in need of support for mental health and well-being or mental illness, identified 5 groups of young people within services. These are described in the model as:

1. Thriving
2. Getting Advice
3. Getting Help
4. Getting More Help
5. Getting Risk Support

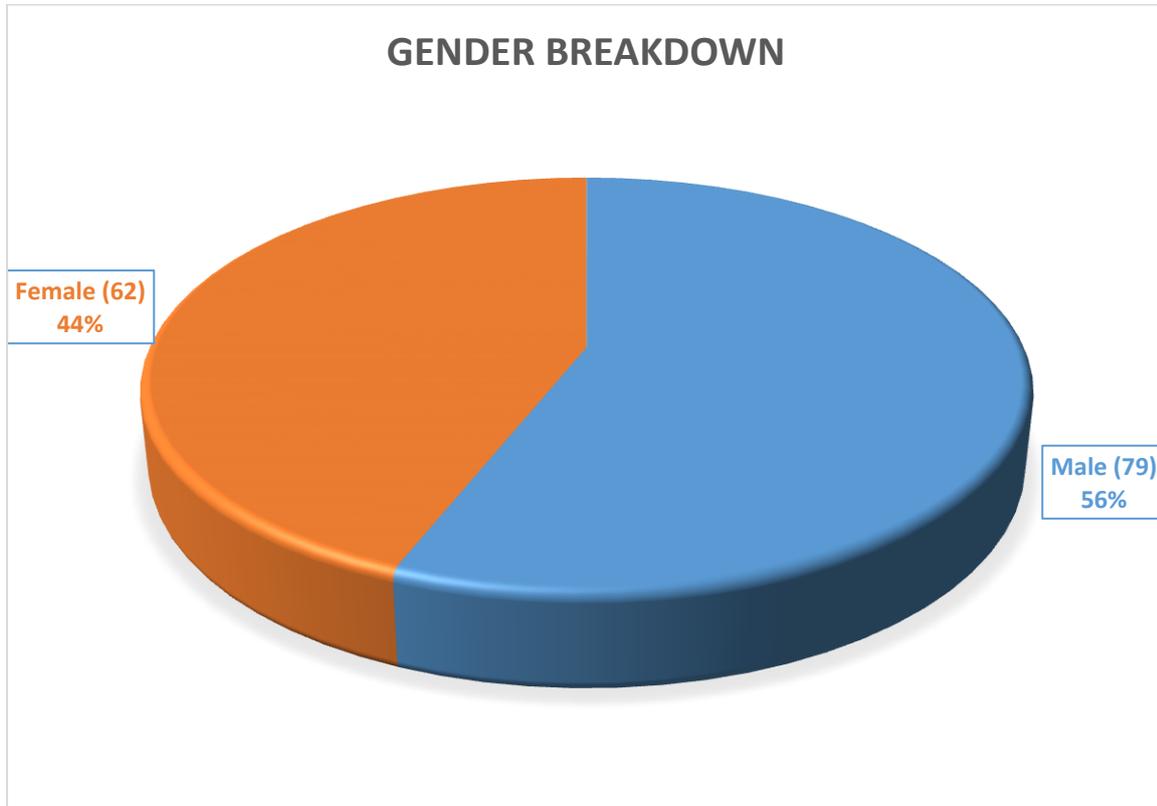
Many difficulties in young people referred to CAMHS CLA are potentially life-long issues stemming from early trauma and adverse life experiences. However, if early assessment and intervention (which includes direct, systemic and indirect multi-agency interventions under supervision of specialists) can be provided, there is good research evidence to suggest that their life trajectory can be shifted in a more positive direction (

Given current resource limitations, CAMHS CLA ultimately has to limit the duration of its involvement and care-planning ensures that the professional network have a clear understanding of desired and expected outcomes (using the THRIVE model), and are empowered to manage some of the difficulties themselves, reducing dependency.

We acknowledge that looked after children, young people and their networks may need to use this service for additional support at different times and timely access back to the service is important (re-referral)

We use a formulation approach to strengthen assessment, planning, intervention and review.

Table 2 – Gender



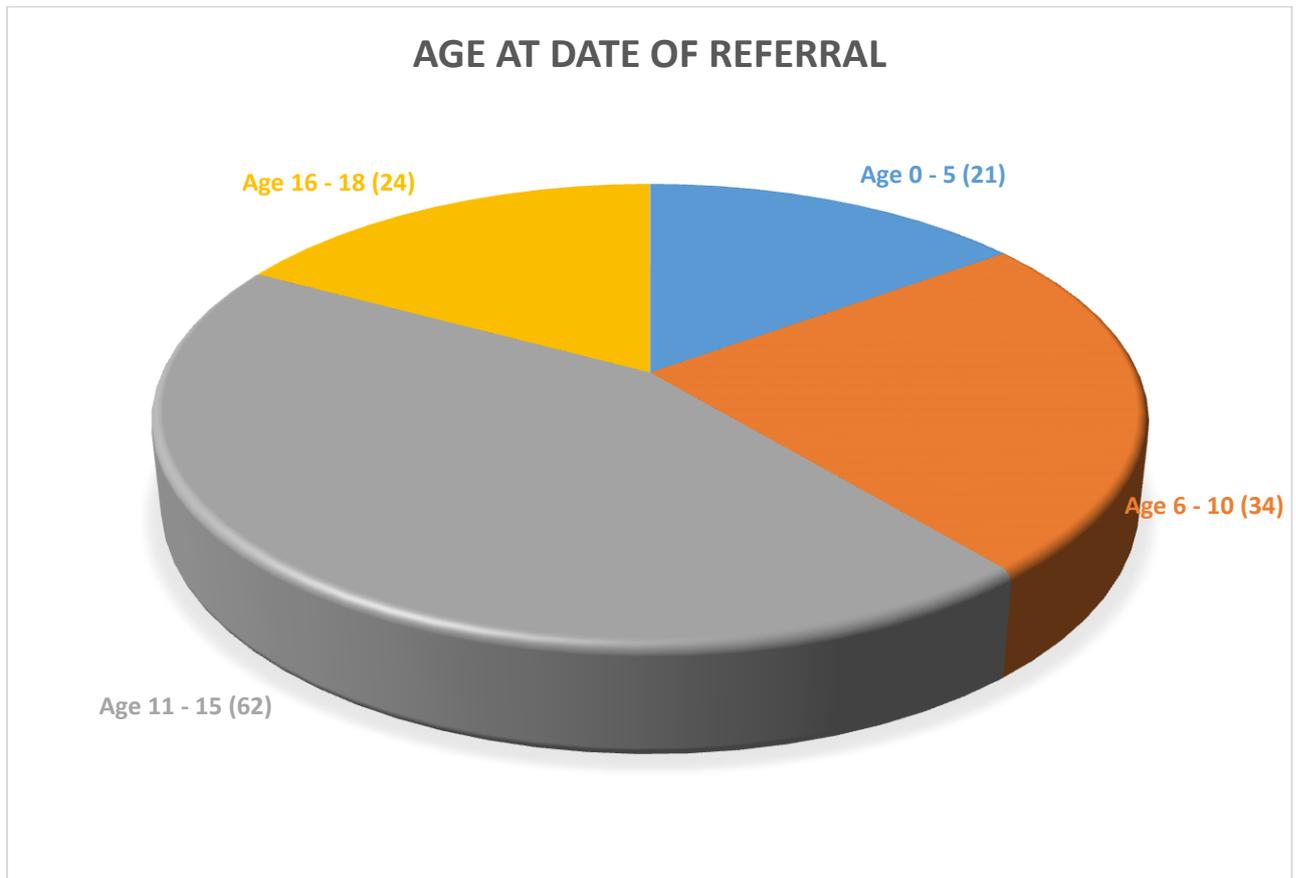
Consistent with previous years, the number of females we are working with remains smaller than the number of males. This, we understand, reflects the make-up of the CIC population as a whole.

Table 3 – Ethnicity

The team continues to work with a number of UASCs (Unaccompanied Asylum Seeking Children). This year, we have made links with NEST (Nottingham Education Sanctuary Team) which is an education provision attended by some of the children we work with. We have begun attending their Advisory Group; as a team we are hoping to think further in the coming months about our 'offer' in terms of better meeting the emotional well-being needs of UASCs referred to us, and collaborative planning and intervention with other agencies (eg. education provider) can be a clinically effective and economically efficient way forward to achieve this.

Ethnicity/ Country of origin	Percentage of referrals
White British	55%
Dual Heritage	21%
Polish	5%
Afghan	2%
Kurdish	2%
Black African	2%
Iranian	1%
Iraqi	1%
Black Caribbean	1%
Black British	1%
Romanian	1%
British Asian	1%
Asian	1%
Vietnamese	1%
Bangladeshi	1%
British Pakistani	1%
Asian Pakistani	1%

Table 4 - Age at point of referral



Age at referral	Number of referral
0 – 5	21 (15%)
6 – 10	34 (24%)
11 - 15	62 (44%)
16 - 18	24 (17%)

There has been an increase in the number of referrals in the 11-15 age band. We have not identified a clear reason for this, although we are aware that a number of children with complex presentations have moved back into the City in this age range from placements elsewhere.

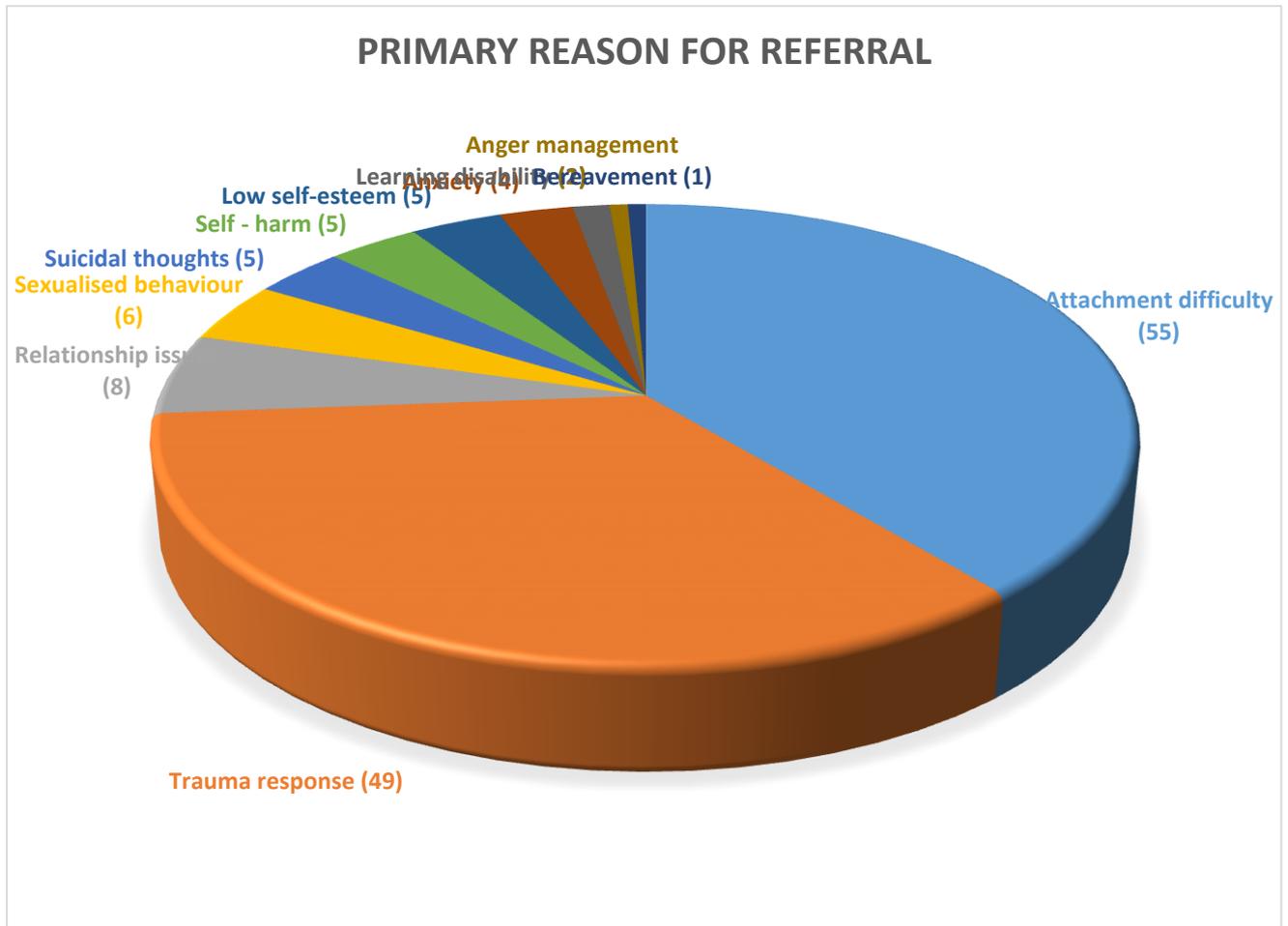
There have been slight decreases in the numbers of referrals made in the other age bands.

We have also had several referrals made 'late' to the service where children have been very close to 18 years; this can present some additional difficulties in ensuring smooth transition to AMHS (Adult Mental Health Service). This can be related to the age at which children come into care.

We continue to escalate through colleagues in Health those cases that become 'stuck' in transition to AMHS. There is a very clear process in place for this, but anecdotally, while the process appears to be embedding within wider CAMHS services, it is not always effective within AMHS. This is being explored with the Trust.

We are aware that there still need to be stronger links with the Leaving Care Service and this is another area for development over the next few months.

Table 5 – Primary reason for referral



Reason	Count	Percentage
Attachment	55	(39%)
Trauma Response	49	(35%)
Relationship Issues	8	(6%)
Sexualised behaviour	6	(4%)
Suicidal thoughts	5	(4%)
Self - harm	5	(4%)
Low self-esteem	5	(4%)
Anxiety	4	(2%)
Learning disability	2	(1%)
Anger management	1	(Less than 1%)
Bereavement	1	(Less than 1%)

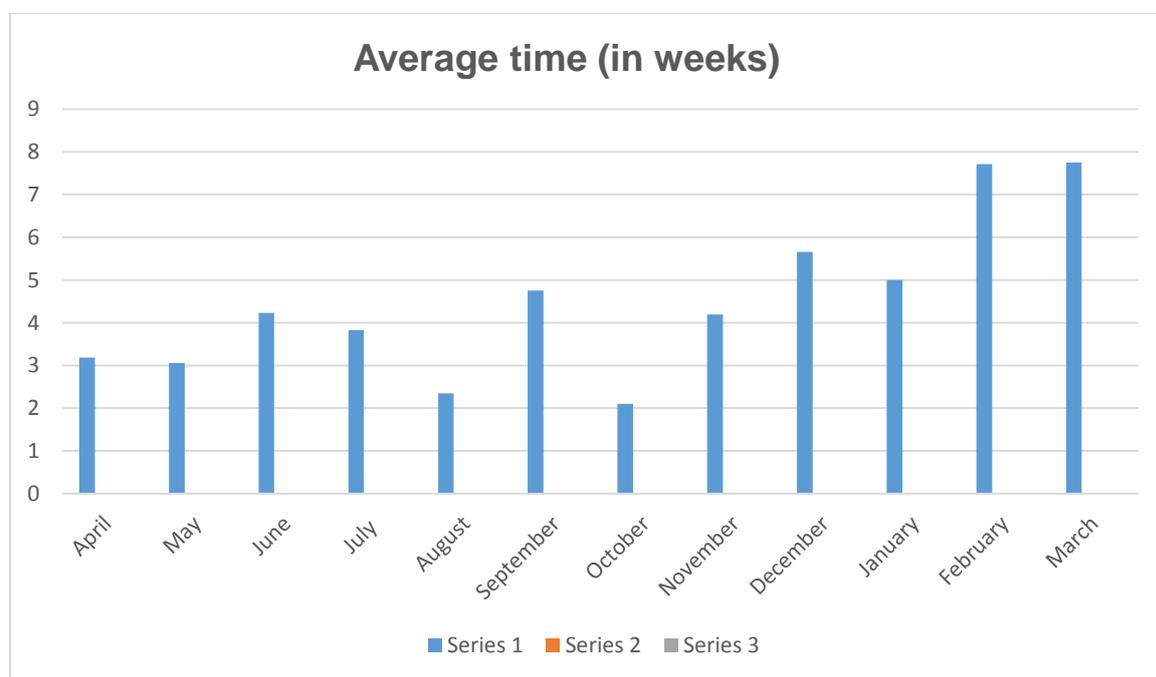
Consistent with previous years, the biggest reasons for referral remain ‘trauma’ and ‘attachment difficulty’. The categories given will never fully represent the range of issues we work with as often the underlying difficulties will only become clear after assessment. ‘Attachment difficulty’ and ‘trauma’ may also be used as a broad descriptor for other issues, for example, challenging behaviour, anger, low self-esteem, depression, personality difficulty, bereavement, anxiety etc.

Table 7 – Waiting time in weeks between referral and initial Choice Consultation.

Waiting have times have increased in 2019 because we experienced a sharp rise in referrals at the end of 2018 and because there have been staff vacancies for which we have only recently been able to begin the recruitment process. We believe that the increase in referrals at the end of 2018 was as a result of two actions taken by the CIS Leadership Team. The Director sought assurance from the CiC Service that all abnormal SDQ scores had resulted in a referral to the CAMHS CLA team and a series of restorative audits were completed by the Head of Service (Children’s Duty and Targeted Services) and Acting Head of Service (Children in Care). To address capacity issues, interviews are taking place for 2 specialist social worker vacancies on 02.09.19.

In the interim, we have responded to this by changing the process for screening referrals to ensure these are prioritised more effectively and offering additional assessments on a duty basis to ensure urgent referrals aren’t having to wait for long periods.

We have also been continuing to focus on thinking ‘THRIVE’ in supervision and through formulation with practitioners and making sure involvement with cases ends in a timely manner.



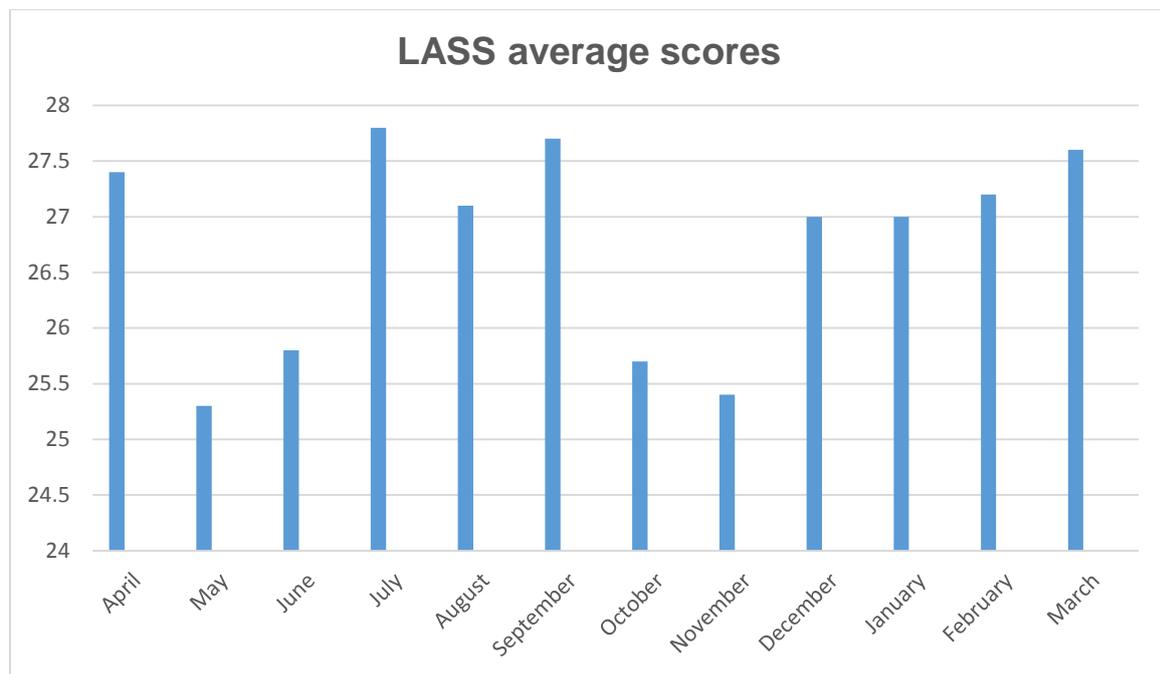
Month	Time (in weeks)
April 2018	3.18
May	3.06
June	4.23
July	3.83

August	2.35
September	4.75
October	2.1
November	4.19
December	5.66
January	5
February	7.71
March 2019	7.75

Table 8 – Supervision feedback

We use the Leeds Alliance in Supervision Scale (LASS) with supervisees in supervision where supervisees are asked to scale their experience of each supervision session across three domains: approach; relationship and meeting my needs. Scaling is out of 10 with 10 being ‘this supervision session was focussed’, ‘my supervisor and I understood each other in this session’ and ‘this supervision session was helpful to me’. The scores for each domain add up to a total possible score of 30.

As can be seen from the scores below, for 8 months out of 12, the score has been on or above 27, and the lowest scores have been above 25.



Month	Average score for the month
April	27.4
May	25.3
June	25.8
July	27.8
August	27.1
September	27.7
October	25.7
November	25.4
December	27
January	27
February	27.2
March	27.6

CORPORATE PARENTING BOARD – SEPTEMBER 2019

Title of paper:	Independent Reviewing Service Annual Report 2018/19	
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 John Matravers – Strategic Lead for Safeguarding John.matravers@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>The report summarises the work of the Independent Reviewing Service during the course of 2018 - 2019. The service has three core functions, two of which directly relate to the Corporate Parenting function of Nottingham City Council:</p> <ul style="list-style-type: none"> • Oversight of the implementation of the care plan for looked after children. • Annual reviews of Foster Carers. 		
Recommendation(s):		
1	That Corporate Parenting Board members note the activity of the Independent Reviewing Service over the 2018 - 2019 financial year.	

1 REASONS FOR RECOMMENDATIONS

- 1.1 The report from the Independent Reviewing Service provides an important insight into the experience of highly vulnerable children and young people.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The service is based in the Safeguarding and Quality Assurance Section of Nottingham City Children's Integrated Services Directorate. The Independent Reviewing Officers (IRO) Service operates within the framework of the updated version of the IRO handbook, national guidance in Working Together to Safeguard Children 2018 and the national guidance for Fostering.

2.2 The report summarises the work of the Independent Reviewing Service during the course of 2018 - 2019. The service has three core functions:

- Children looked after – The primary focus of the Independent Reviewing Officer (IRO) with Children Looked After 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. Work in this area is based on national guidance contained within the IRO Handbook.
- Child Protection – In this context IROs chair Child Protection Conferences, which make decisions about whether children should or should not be subject to a protection plan, and scrutinise the work undertaken. IROs also chair meetings which look at specific risks to children and young people e.g. Child Sexual Exploitation.
- Fostering – The role of the Independent Reviewing Officer (Fostering), is to ensure that the Department's Foster Carers provide suitable care to children in care and to a standard that meets or exceeds the Department's legal responsibilities.

2.3 The report provides an update on the key achievements during the course of the year.

2.4 The Independent Reviewing Service Annual Report 2018 – 2019 is available in its entirety within the appendix (please see 8.1).

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None.

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 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 needed as the report does not contain any proposals or financial 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: Independent Reviewing Service Annual Report 2018/19

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

9.1 None.

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Nottingham City Council

Safeguarding and Quality Assurance Service

Annual Report

2018 – 2019



Safe, clean, ambitious
Nottingham
A city we're all proud of



Nottingham
City Council

This report sets out the contribution of the Independent Reviewing Officers to quality assuring and improving services for children whom Nottingham City Council are responsible for

This Annual Report provides evidence relating to the services in Nottingham City as required by statutory guidance.

The core business of the team includes the chairing of Children in Care reviews, Initial and Review Child Protection Conferences, Child Sexual Exploitation and Child Criminal Exploitation Strategy Meetings. Where appropriate this report contains information for all these areas.

The IRO Annual Report will be presented to The Corporate Parenting Board and the Local Safeguarding Children Board (LCSB).

Purpose of Service and Legal Context

The service sits within the Safeguarding and Quality Assurance Service of Nottingham City Councils Children's Integrated Services Directorate. The Independent Reviewing Officer's (IRO) Service is set within the framework of the updated IRO Handbook, linked to revised Care Planning Regulations and Guidance, which were introduced in 2015.

The Responsibility of the IRO (Children in Care) Service

- The responsibility of the IRO changed from the management of the review process to a wider overview of the case. This includes regular monitoring and follow-up between reviews.

The role of the IRO:

- Plays a key role in relation to the improvement of care planning for children in care.
- Ensures a process for challenging drift and delay.
- Ensures that the views of the children, parents and carers are given sufficient weight in Care planning.
- Partake in the auditing programme to aid learning and development

The Responsibility of the Safeguarding (Child Protection and Strategy Meetings) Service.

The role of the Child Protection Chair (CPC):

An Independent Chair is required to chair Initial and Review Child Protection conferences as detailed in Working Together 2015.

The Chair:

- Should be a professional who is independent of operational and/or line management responsibilities for the case; and
- Should meet the child and parents in advance to ensure they understand the purpose and the process.

Where possible the same person should chair subsequent Child Protection Reviews.

- Chair Initial and Review Child Protection conferences.
- Chair Child Sexual Exploitation strategy meetings.
- Chair Criminal Exploitation strategy meetings.
- Chair Complex strategy meetings.
- Chair Child Death strategy meetings (where abuse or neglect is suspected).
- Chair Secure Panel meetings.
- Take part in Service Audits.

Professional Profile of the Independent Reviewing Officer Service (IRO)

The IRO Service sits within the Safeguarding and Quality Assurance Service offering independence to the role. There are two Principal Managers responsible for Children in Care and Child Protection. Both sides of the service sit together to maintain some team cohesiveness.

To offer clarity of the roles and enable the development of specialisms each side of the Service is responsible for different elements of the service. To further promote clarity IRO's undertaking Children in Care Reviews are known as IRO's. However, the IRO's undertaking Child Protection functions are known as Child Protection Chairs (CPC).

The Local Authority Designated Officer (LADO) is also positioned within this service and is line managed by the Child Protection (CP) Principal Manager.

All IRO's and CPC's are qualified social workers, sufficiently experienced with a wide range of Social Care experiences which brings a positive level of depth and knowledge to the service.

Independent Reviewing Officers

Every child who is '*looked after*' (Nottingham City use the term "children in care") by Nottingham City Council must have a care plan. This document details the long-term plan for the child's upbringing, and the arrangements made by Nottingham City Children's Integrated Services to meet the child's day-to-day needs. All Local Authorities have a statutory duty to review the Care Plan regularly, within legislative timescales, as stipulated in the Care Planning and Case Review Regulations.

It is a legal requirement for every child who is in care to have an Independent Reviewing Officer appointed to them under Section 118 of the Adoption and Children Act 2002. The Independent Reviewing Officers Handbook (2010) outlines the statutory guidance for Independent Reviewing Officers and Local Authorities on their functions in relation to case management and review for children in care. The handbook specifies that the Independent Reviewing Officer should provide continuity in the oversight of matters relating to a child being in care and that they should strive to establish a consistent relationship with the child. The statutory duties of the Independent Reviewing Officer include the following:

- Monitor the performance of the Local Authority and their function in relation to the child's case.
- Participate in any review of the child's case.

- Ensure that any ascertained wishes and feelings of the child are given due consideration by the appropriate authority.
- Perform any other function, which is prescribed by the regulations.

From December 2012, the children in care population was extended to include those children placed on remand in a secure unit or youth offending institution under the terms of the Legal Aid Sentencing and Punishment of Offenders Act 2012. This legislation placed a responsibility on all Local Authorities to treat the child as a child in care, up to the age of 18 years, who is remanded into custody. Each of these children is required to have a Remand Plan, which is equivalent to the Care Plan.

Independent Reviewing Officers role in Short Breaks

The Statutory Guidance on how to safeguard and promote the welfare of disabled children using short breaks 2010 focuses in particular on the decision as to whether overnight short breaks should be provided under section 17 or section 20 of the Children Act 1989 and the consequences in relation to 'looked after' status if section 20 provision is made.

The guidance states (para 3.19) that reviews for children who are receiving short breaks under S20 arrangements but who are not looked after should take place at least every six months. Reviews for looked after children must take place in accordance with the Care Planning, Placement and Case Review Regulations 2010 and be undertaken by an IRO.

Within Nottingham City Council Short Breaks Services Policy is that IRO's are responsible for chairing all reviews where children are accessing Short Breaks for 36 nights or above.

Management Team and Staffing

The Head of Service is John Matravers, who is Strategic Lead for Safeguarding. We continue to have a permanent staff team of both full and part time workers. We have had no changes to the current IRO's in post which contributes to a stable workforce resulting in continuity for the children and young people.

As a service, we have attempted to provide a balance between male and female workers. We have a culturally diverse team, which reflects the diverse population of Nottingham City.

IRO's and CPC's work flexibly from home and can access other offices across the city to meet the needs of the service. There are fortnightly team meetings, but IRO's communicate with each other for support and advice and their Principal Managers between these meetings.

These steps contribute to ensuring a highly motivated integrated and well-supported team.

Supervision and Training

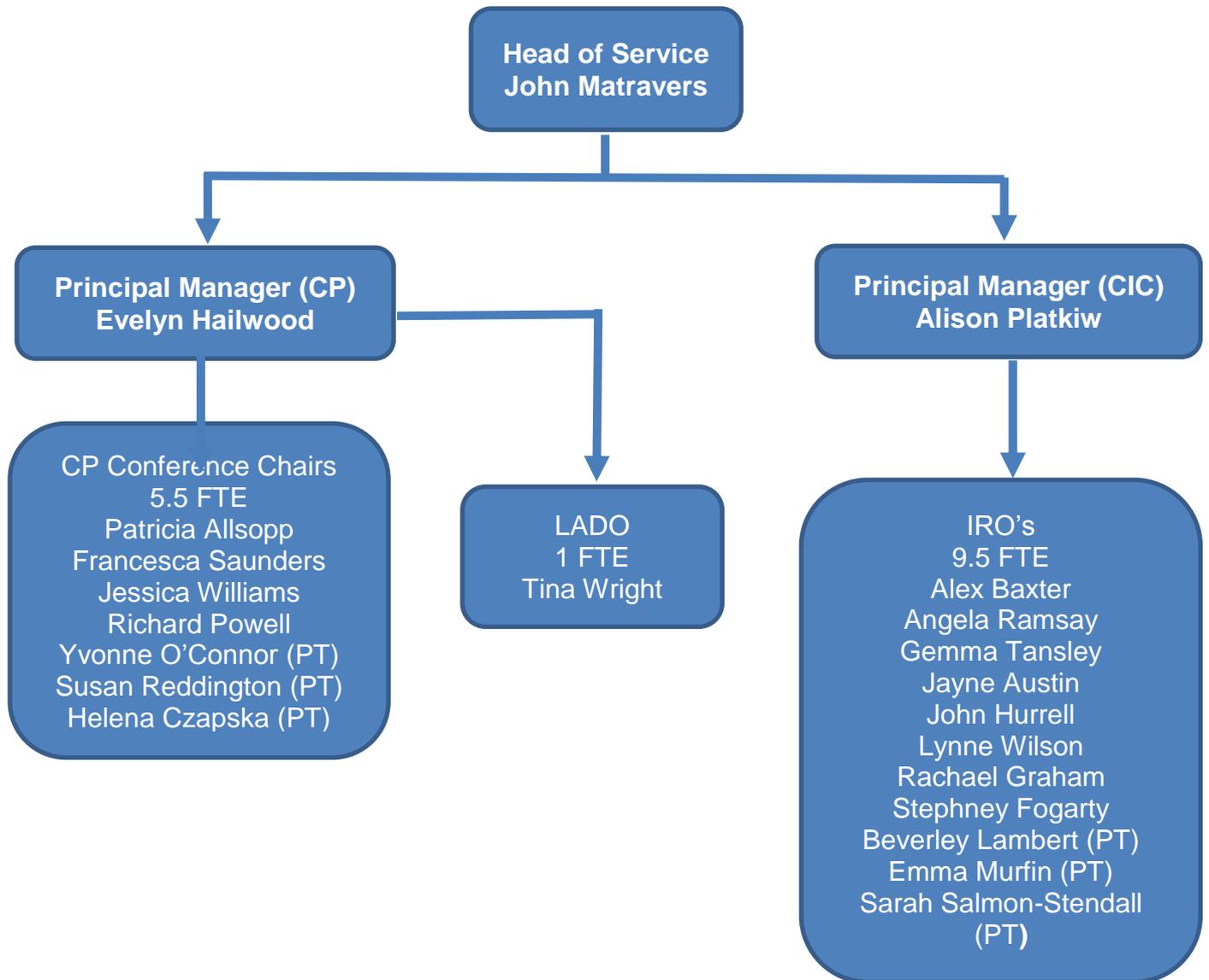
IRO's have monthly supervision and informal supervision when required. All IRO's have a yearly performance appraisal and are encouraged to attend training in line with the requirements of HCPC. All IRO's are required to undertake five days training /development each year as part of the HCPC requirements for continued practice. Both teams have the opportunity to attend regional workshops for IRO's, which are held four times a year.

Team members are able to access the training provided by the NCC learning and development team as well as the LSCB training opportunities. Partner agencies also offer a variety of training courses, which can be accessed by IROs

Additionally the Children in Care IRO's have two sessions per year with CAF/CASS. Within these seminars, we look at themes agreed by the Managers from CAF/CASS and the IRO

Service. This has increased communication and understanding of respective roles and continues to be fully attended by all parties.

IRO Service structure chart:



Updates on priorities set 2018-2019

1. To launch the “coming into care” packs for both children and their parent/carer – this has been completed and will start to be distributed from September 2019 as a child comes into care.
2. Develop a new child contribution paper – This will now be completed by December 2019. This has been delayed due to the prioritisation of other matters.
3. Develop a parent/carer contribution paper – this has been completed and will receive Senior Management sign-off in September 2019.
4. Develop an audit tool for minutes for CIC IRO’s – this was not completed as the Insight and Analysis Team are now able to report on all these matters from running Liquid Logic reports. These are undertaken on a monthly basis. Furthermore the reports can be accessed by all Social Care staff, including IRO’s, for quality assurance matters.
5. Develop a system to manage conflict resolution disputes more effectively and share these findings with the wider directorate – we have a system in place that works well as the resolved dispute now goes to the Principal Managers for oversight.
6. Develop a system for obtaining feedback form children/young people for case conferences - This has been delayed due to prioritising other matters and will be ready for senior management sign off before the end of the year.
7. Liaise with advocacy services to enable this area of responsibility to be improved and reported on - This has taken place and an action plan is being developed
8. Revise Liquid Logic to collect a variety of work streams/data for reporting purposes. This is now completed

Children in Care 2018-19

Children in Care Population and the IRO Service Data

The Children in Care population as at March 31st 2019 within Nottingham City Council was 629, excluding 43 short breaks. This figure has remained stable for the past 3 years. Average caseloads based on full time equivalent staff is marginally higher at 71, than is specified in the IRO handbook, which recommends a caseload of 50-70 per IRO as being manageable. This is reflective of the pressure that the service is under as whilst numbers are stable they are at the very top end of what is deemed manageable.

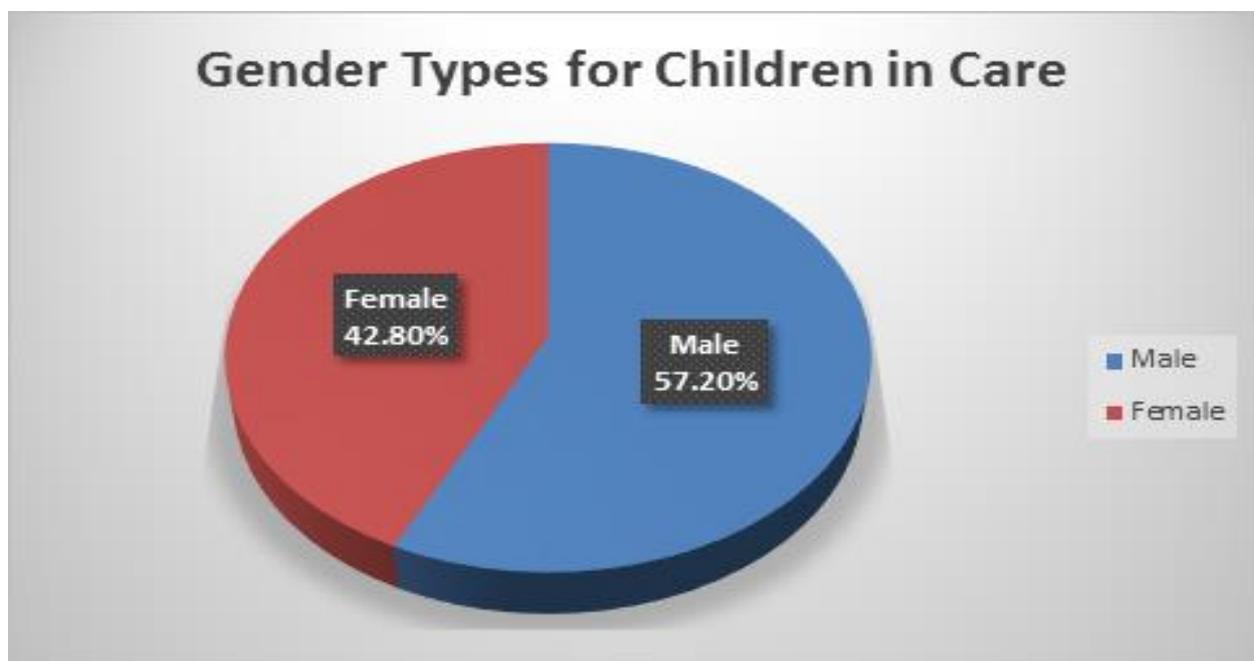
In terms of outcomes during 2018-19, there were 49 Adoption Orders granted, 10 Special Guardianship Orders granted (SGO) and 3 Child Arrangement Orders issued. Furthermore 68.7% of the population have remained in the same placement for at least 2 years or more.

We can look at the data for children in care in age groups, ethnicity and gender as highlighted below:

Age	2017	2018	2019
Under 1	6.7%	5.3%	6.4%
1 - 4	9.7%	12.3%	10.2%

5 - 9	18.5%	16.7%	14.9%
10 - 15	41.2%	41.6%	42.1%
Over 16	23.9%	24.1%	26.4%

Ethnicity of Children in Care	2017	2018	2019
Arab	3	24	0
Asian / Asian British / Bangladeshi	1	1	3
Asian / Asian British / Pakistani	13	13	11
Asian / Asian British / Indian	3	3	3
Asian / Asian British / Any other Asian background	17	18	26
Black / Black British / African	29	23	35
Black / Black British / Caribbean	20	23	20
Black / Black British / Any other Black background	6	5	8
Gypsy / Roma	3	3	8
Mixed White & Black African	8	8	9
Mixed White & Asian	6	5	5
Mixed White & Black Caribbean	71	78	68
Mixed any other mixed background	26	31	27
Other ethnic group	16	0	20
Unknown	5	1	2
White British	362	356	348
White Irish	7	7	4
White any other White background	24	19	32
Total	620	618	629



Advocacy

The commissioning of advocacy services remains with the Children's Society. They have been to a team meeting to introduce their service. Additionally the Children's Society leaflet is included in the coming into care pack. IRO's this year have actively accessed this service on behalf of children or have encouraged them to access this service.

Timeliness of Children in Care Reviews

95.9% of Children in Care Reviews took place within the statutory timescales. This is consistent with the performance from last year but just misses our target of 97%.

Children's and Young People's Involvement in Reviews

89.9% of children in care participated in their review process through a number of forums either by attending the meeting, completing the contribution paper or for some having contact either by phone, email or a home visit with the IRO before their review is held.

IRO's continue to support and encourage young people to chair their own meetings or set their own agenda's where appropriate.

Contact with young people between reviews continues to improve as caseloads allow. Due to this, IRO's have been able to develop relationships that are more meaningful and are being creative about this. An IRO can now record a home visit within a child's file on case notes allowing them to have a clear voice and visible presence on the child's file and their contact can also be monitored in terms of performance development.

IRO's make a conscious effort to further increase the participation of children by undertaking child friendly reviews, which are individualised to each child's needs and abilities. Furthermore, children are reassured in between reviews or before the review starts to give them the confidence needed to participate fully in their own review.

Progress and Activity between Children in Care Reviews

During this reporting period, the IRO's have been able to monitor the progress of their allocated children. This brings them into line with their duties outlined in the IRO Handbook (2010). Therefore, they have been able to monitor the progress of the Care Plan and intervene to escalate issues should there be a need. This has also improved communication with the Social Work teams.

All children at their initial meeting are given the contact details of their allocated IRO and every effort is made to ensure the IRO chairs any subsequent meeting, offering a level of consistency moving forward. Given the stable staff team this is working well for children as they now have strong relationships built with their IRO. Additionally we are also now able to monitor through case notes when an IRO has undertaken case oversight actions in terms of performance management.

Audits

IRO's contribute to the learning and improvement framework, which covers the auditing of selected case. Analysis is drawn from this information and action identified and addressed where applicable. This reporting year IRO's have audited 31 cases.

Management Oversight

Statutory Guidance states that operational Social Work Managers must consider the decisions from the Review before they are finalised. This is due in part to the need to ensure any resource implications have been addressed. Once the decisions are completed, the Manager has 5 days to raise any queries or objections. Managers rarely ask for any amendments to be made so at present this process appears to work well.

IROs have continued to monitor the quality of care plans, adoption plans and pathway plans and social worker reports. Where any issues were identified, the IRO's have attempted initially to deal with the matter informally to address these and on occasions have formally escalated concerns.

Child Protection 2018-19

The number of children subject to a Child Protection Plan as at March 31st 2019 was 499 against a target of 480. This figure has reduced significantly from 577 the previous year. Average caseloads based on full time equivalent staff is 103. This figure does not include CSE, CCE and complex strategy meetings. This is a high figure and work is ongoing to explore and secure the correct capacity to meet statutory functions.

Child Protection data

Cumulative number of CP Conferences

Number per quarter	ICPC	CPR
Apr 18 - June 18	217	439
July 18 - Sept 18	225	430
Oct 18 - Dec 18	256	385
Jan 19 - March 19	195	410

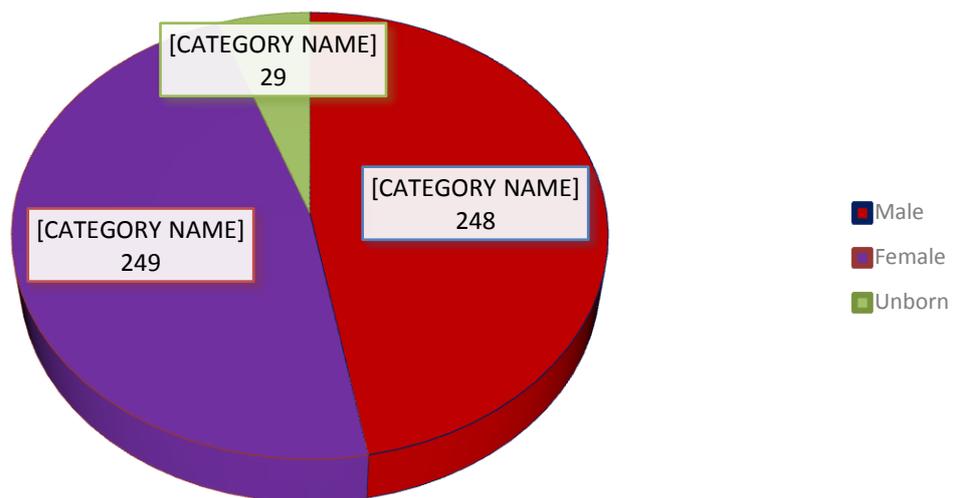
Category of plan	2016-17	2017-18	2018-19
Physical abuse	6%	4% (24)	6% (33)
Sexual abuse	3%	1% (8)	1% (6)
Emotional abuse	27%	33% (189)	31% (161)
Neglect	36%	40% (230)	42% (222)
Multiple Categories	27%	22% (128)	20% (104)

Ethnicity	Numbers on Plan
Any other ethnic group	4
Asian / Asian Brit - Bangladeshi	1
Asian / Asian Brit - Indian	2
Asian / Asian Brit - Pakistani	34
Asian / Asian Brit -Any other Asian background	9
Black / Black Brit - African	19
Black / Black Brit - any other black background	4
Black / Black Brit - Caribbean	15
Chinese	0
Gypsy / Roma	9
Mixed - any other mixed background	22
Mixed - White & Asian	14
Mixed - White & Black African	13
Mixed - White & Black Caribbean	60
White - Any other White background	22
White British	250
White Irish	2
Unknown	5

Age	Numbers
Under 1	48
1	32

2	34
3	32
4	35
5	31
6	35
7	26
8	24
9	45
10	25
11	19
12	26
13	25
14	22
15	19
16	28
17	14

GENDER OF CHILDREN SUBJECT TO CHILD PROTECTION



Length of time children are subject to a Child Protection Plan

The percentage of Child Protection plans closing that lasted longer than 2 years is 2.5%. This is ahead of our target of 3% and comparable with our Benchmarking against statistical neighbours which is 2.4%. This figure demonstrates that children are not subject to a plan for too long as if it reaches 2 years then a legal planning meeting shall be held.

Timeliness of Reviews

96.6% of child protection meetings were held within timescales. This is very close to our target of 97% and compares favourably to our statistical neighbours figure of 90.9%

Advocacy

Because we have a new advocacy service contract provider the working relationship between the IRO service and the new service provider is something we will focus on during 2019/20.

Children and Young People’s Preparation, Involvement in Initial and Review Conferences

Those children of an appropriate age are encouraged to attend their conferences and supported to participate. Young people who do not attend are invited in most cases to meet with the chair outside of the meeting process. We will also write to young people introducing ourselves in the hope of encouraging them to attend further meetings. There are good examples of children writing to chairs outlining their wishes and feelings.

Progress Monitoring Activities between Child Protection Reviews

Child Protection Chairs (CPC’s) will monitor the outcomes in between reviews whenever possible. This gives them the opportunity to raise concerns, which are then recorded on the child’s file.

CPC’s have attend ‘Edge of Care’ panel and pre legal planning meetings when they have made a recommendation to progress a case to becoming a Child in Care.

Number of Different Meetings Chaired Per Quarter

Date range	ICPC	CPR	CSE	CCE	Complex Strat	Secure	Child death
Apr 18 - June 18	119	218	33	10	22		
July 18 - Sept 18	98	209	37	12	17		
Oct 18 - Dec 18	125	204	30	15	11		
Jan 19 - March 19	99	243	30	21	10		
Totals	441	874	130	58	60	7	2

Child Sexual Exploitation (CSE)

As a service, we work collaboratively with the CSE Coordinator. The CP Principal Manager is the Vice Chair of the Multi Agency Sexual Exploitation Panel Meetings (MASE). We have developed a filter meeting for referrals into the service and meet alongside the CSE Co-Ordinator with the Police to consider high-risk young people.

When it is identified that more than two young people are linked we have a system of mapping to ensure all relevant links including adults of concern are highlighted and assessed for further action and safeguarded. All young people are encouraged to attend their strategy meeting and when this has not happened visits have been made to the young person to explain the worries their professionals have and to discuss the safety plan in place.

Child Criminal Exploitation (CCE)

The criminal exploitation of children has continued to emerge as a significant concern as is evidenced in the data above and the Local Authority continue to respond positively. However this increase in contextual safeguarding is creating a capacity issue for the service as an additional 255 meetings have taken place in this last year.

The CCE tool kit is an essential tool for professionals to use to make a referral for a strategy meeting on children we are concerned are being criminally exploited. We continue to have regular Child Criminal Exploitation Panel Meetings (CCEP) to address this emerging issue.

Secure Panels

As already stated the procedures state that secure panel meetings are chaired by the Principal Manager. Both Principal Managers share this responsibility. 7 panel meetings have been held within this reporting period. Secure accommodation is a children's home governed by The Department of Education for the purposes of restricting young people's liberty. There are two main routes into secure accommodation. Young people may be placed in secure accommodation either because of criminal activity (referred to as; '*the criminal route*') or on welfare grounds (referred to as; '*the welfare route*').

Complex Strategy Meetings

60 children have been subject to a complex strategy meeting. This is mainly because of mapping exercises that have identified further young people during CCE and CSE strategy meetings. These meetings take place as information links young people and children together so a meeting of all relevant professionals takes place.

Audits

The IRO Service contributes to the learning and improvement framework, which covers the auditing of selected case files. Analysis is drawn from this information and action identified and addressed where applicable.

Dispute Resolution 2018-19

Dispute Resolution Policy

The majority of formal escalations have been responded to within agreed timescales. When there is a delay in response it is promptly followed up by the Principal Managers to seek a resolution.

The IRO's and CPC chairs follow through all dispute resolutions raised through the formal policy that has now been in place for one year. This ensures that the young people are safeguarded appropriately in line with their care plan or child protection plan and the recommendations made at reviews and conferences are swiftly completed.

Over the last reporting year the service as a whole has raised 56 concerns, none of which have gone beyond the level of a Service Manager to achieve a resolution. This is from a total of 1500 meetings chaired during the year. It is recognised that there needs to be increased challenge from the IRO service around drift or delay in plans, resulting from known capacity issues in frontline services. There will be a relaunch of the Policy in September 2019 to reiterate the important role of the IRO in challenging and escalating concerns about delays in achieving positive change for children.

The main contributing factors to the disputes are:

- Lack of professionals in attendance.
- Lack of written up assessments for Child Protection Reviews
- Lack of progress in Child Protection Plan work.
- Drift on Care Plans in specific cases.
- Change in Social Workers

Compliments from the IRO Service.

The policy also incorporates a system for IRO's to raise good practice in the course of their work. The IRO completes a compliments form and sends to all Senior Managers in order to share the positives that are seen out in practice. Some examples raised have been in

relation to support and professionalism of individual Social Workers, well-written and presented reports and the positive Social Worker/child relationships observed.

Annual Work Programme and Key Themes for April 2019 - March 2020.

1. Develop a new child contribution paper across the service.
2. Develop a Foster Carer contribution paper.
3. To relaunch the Dispute Resolution Policy due to changes in Children's services staff teams and further develop and embed the dispute resolution policy to robustly challenge drift and delay in cases.
4. Introduce the Coming into Care Pack in September 2019.
5. Launch a new child friendly minutes template on Liquid Logic.



Eve Hailwood
Principal Manager (CP)



Alison Platkiw
Principal Manager (CIC)

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