



NOTTINGHAM CITY COUNCIL
CORPORATE PARENTING BOARD

Date: Monday, 21 March 2016

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 Resilience

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

AGENDA

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

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

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

NOTTINGHAM CITY COUNCIL

CORPORATE PARENTING BOARD

**MINUTES of the meeting held at Loxley House, Nottingham on 1 February 2016
from 14.31 - 15.45**

Membership

Present

Councillor David Mellen (Chair)
Councillor Ginny Klein (Vice Chair)
Councillor Liaqat Ali
Councillor Glyn Jenkins
Councillor Sally Longford
Councillor Marcia Watson
Councillor Sam Webster

Absent

Councillor Jim Armstrong
Councillor Sue Johnson
Councillor Wendy Smith

Colleagues, partners and others in attendance:

Jeren Artykova	- Children in Care Council
Sonia Cain	- Service Manager, Children's Social Care
Clive Chambers	- Head of Service, Safeguarding and Quality Assurance
Steve Comb	- Head of Looked After Children
Jon Rea	- Engagement and Participation Officer
Caroline Riley	- Service Manager, Children's Safeguarding Quality Assurance
James Roberts	- Youth Offending Team
Bob Uden	- Youth Offending Team
Kwesi Williams	- Project Officer, Children in Care
Phil Wye	- Constitutional Services Officer

36 APOLOGIES FOR ABSENCE

Councillor Wendy Smith- Personal reasons
Elise Ashworth
TM
Gill Moy

37 DECLARATIONS OF INTERESTS

None.

38 MINUTES

The minutes of the meeting held on 16 November 2015 were confirmed as a correct record and signed by the Chair.

39 MEMBERSHIP

RESOLVED to note the appointment of Councillor Jim Armstrong

40 FOSTERING AND ADOPTION PANEL - CHAIRS REPORT

Sonia Cain, Service Manager Children's Social Care, introduced the report providing an update on the work of the Fostering and Adoption Panel, which has a primary responsibility to safeguard children and young people placed in foster care and adoptive homes by Nottingham City and beyond. Sonia highlighted the following:

- (a) the primary function of the fostering and adoption panels are to:
 - recommend the approval of prospective adoptive parents;
 - recommend the approval of prospective foster carers;
 - recommend the placing of children with approved adoptive parents;
 - recommend the approval of adoption plans for relinquished children;
- (b) the number of panels per month has been reduced from 4 to 3, with a fourth panel every quarter. It is felt that this would still allow accessibility and flexibility to the panel throughout the year;
- (c) the number of adoptions in 2014/15 was high at 70 children placed. So far in 2015/16 there have been 34 adoption orders, with an expectation of this rising to 45-50 by the end of March 2016;
- (d) performance reports produced by the Panel Chairs have highlighted that timescales for adoption assessments are improving and adoption reports are of a good standard. Service Managers meet with the Chairs quarterly to discuss any needs;

The following responses were given in answer to questions from the Board:

- (e) the definition of 'connected persons' is foster carers who are related to the child, i.e. family members;
- (f) resignations and deregistrations of foster carers were due to various reasons including long service and no longer being able to commit time. The number of foster carers is remaining steady overall, with advertising campaigns to recruit new carers being particularly targeted to teenage fostering where there is a shortfall. Some of the foster carers go on to be Special Guardians or adopters, and figures for the number of these can be provided to the Board;
- (g) panel members are recruited from a broad range of sources, with relevant professionals such as teachers, psychologists and current carers targeted particularly. Attempts are made for a balance of gender and ethnicity.

RESOLVED to note the activity of the fostering and adoption panels which is a statutory requirement

41 CHILDREN IN CARE COUNCIL

Jeren Artykova, Children in Care Council, gave an update on the Children in Care Council, highlighting the following:

- (a) 130 young people responded to a Have Your Say survey set up by the council. These responses have been analysed and assessed, with RAG ratings and recommendations being compiled for the meeting in March;
- (b) the Children in Care Council has been working with NSPCC on Life Story, which compiles a book for children in long-term care based on their background and experiences;
- (c) the next corporate Council meeting is on 21 March which will be discussing independent visitors services;
- (d) the Children in Care Council works with many partners and its sessions are often split. It has a growing number of both older and younger voices and is always looking for new young people to join;

RESOLVED to note the update

42 REDUCING OFFENDING BEHAVIOUR: STRATEGIC PRIORITY STATEMENT (SPS6)

Bob Uden and James Roberts, Youth Offending Team, introduced the report detailing the work completed in 2015 to continue to drive a reduction in offending behaviour by children in care. The following was highlighted:

- (a) the percentage of Children in Care aged 10 years or older with convictions/cautions and reprimands has reduced over the past 10 years from 19% to 6%. The rate of improvement in the last year is three times the national average;
- (b) daily checks are carried out to see if any Children in Care have been arrested so that services can get involved as early as possible and identify opportunities for diversion from crime;
- (c) a cross-authority protocol is being developed with a view to reducing the criminalisation of children in care through restorative justice and early intervention. Alongside this, 'traffic light' practice tools have been developed for carers and young people which communicate the principles of the protocol;
- (d) 100 local authority residential staff were trained in restorative approaches over four courses in November and December 2014;
- (e) Concern Network meetings are led by the Children in Care Police Officer (CiCPO), and discuss low level information indicating a risk of sexual exploitation with NSPCC, police, social care, health, education, housing, taxi licensing, voluntary sector and the Youth Offending Team (YOT);

- (f) the post of CiCPO is funded jointly by Nottinghamshire Police and Nottingham City Council. Reduction of offending has a great financial benefit across the authority and partners;
- (g) whilst the YOT continues to be committed to having a YOT lead post, scope to provide the same level of service in the future is dependent on budget restraints as budget cuts are anticipated.

Board members wished to pass their thanks to the CiCPO and the YOT Lead for Children in Care, who were not present at the meeting, for their hard work in reducing offending.

RESOLVED to

- (1) recognise the importance of the role of CiCPO and YOT Lead in Children in Care working together to reduce offending and safeguard Children in Care;**
- (2) acknowledge the contribution of the CiCPO in reducing the risk of sexual exploitation for Children in Care;**
- (3) note the continued drive for early identification and intervention in offending within the Children in Care population, to target resources and inform service development, and support the development of restorative approaches to reduce the risk of offending in child care settings. This mirrors the YOT plan 2015-17;**
- (4) support the sign off and launch of a cross-authority protocol and piloting of practice tools to reduce the criminalisation of Children in Care in 2016. Residential workers, young people and Social Care managers have been consulted.**

43 SAFEGUARDING CHILDREN AND YOUNG PEOPLE FROM CHILD SEXUAL EXPLOITATION

Caroline Riley, Children's Safeguarding Quality Assurance Team, introduced the report giving an update on continued development of the Child Sexual Exploitation (CSE) action plan that includes training for staff and carers, awareness raising for young people and information sharing where there are worries around possible CSE. Caroline highlighted the following:

- (a) the Child Sexual Exploitation Cross Authority Group (CSECAG) is a sub-group of the Nottingham Safeguarding Children Board and meets bi-monthly to progress the CSE strategy. The current strands of the CSECAG's work plan are:
 - prevention and response;
 - safeguarding and protection;
 - public confidence;
 - bringing offenders to justice;
- (b) in addition to the CSECAG, the Multi-Agency Child Sexual Exploitation panel tracks children at risk of CSE and collates information relating to perpetrators and

locations. The group meets monthly;

- (c) the theatre production LUVU2 has been rolled out to schools, with 32 performances projected this year;
- (d) the Concerns Network Meeting, which offers staff the opportunity to share low level concerns with a view to preventing any risks of CSE has grown in attendance and now has representatives from the Missing Children's Team, Youth Offending Team, NSPCC, Health, Police, Social Care, Housing, Taxi licensing and the voluntary sector;
- (e) Operation Make Safe has delivered training to hotels, ice stadiums, taxi firms and public houses across Nottingham;
- (f) the Assessment of Sexual Harm Arrangements (ASHA) panel meets every three weeks to discuss cases of harmful sexual behaviour perpetrated by children, and to identify ways of preventing adults offending;
- (g) Child Abduction Warning Notices (CAWNs) are issued by the police to prohibit an adult from contact with a child where the child is perceived to be at risk from that adult. 15 were issued last year in Nottingham City.

The following answers were given in response to questions from the Board:

- (h) the role of the Children in Care Police Officer is not statutory. The post is funded jointly by the council and the police;
- (i) the CSE co-ordinator role is also not statutory but it is expected for somebody to lead on this. The current CSE Co-ordinator is a qualified social worker and has Youth Offending Team experience;
- (j) there are no particular hotspots for CSE within the city. The Multi Agency Sexual Exploitation (MASE) panel identifies risk areas;
- (k) the training offered to taxi firms is also available in neighbouring authorities, but a check will be done to see whether this is happening in practice.

RESOLVED to

(1) note the performance in the current action plan;

(2) note proposed future developments.

44 FORWARD PLAN

RESOLVED to note the forward plan, subject to the report on Children in Care and Care Leavers Strategy Review being taken off the agenda for 21 March

45 SUPPORTING VULNERABLE CHILDREN OVER THE CHRISTMAS PERIOD

Councillor Mellen gave an update on activities over the Christmas period to support vulnerable children:

- (a) a special Santa Train was arranged for Children in Care and other vulnerable children in partnership with East Midlands Trains. The children could meet Santa and could participate in other games and activities;
- (b) free tickets to the pantomimes at Nottingham Playhouse and the Theatre Royal were offered to Children in Care;
- (c) the Christmas Stars Appeal was again successful with a huge number of donations and all Children in Care receiving a gift.

CORPORATE PARENTING BOARD REPORT – 21st March 2016

Title of paper:	Attainment of Children in Care 2015	
Director(s)/ Corporate Director(s):	Helen Blackman – Director, Children’s Integrated Service helen.blackman@nottinghamcity.gov.uk	Wards affected: ALL
Report author(s) and contact details:	Malcolm Wilson, Virtual School Head Teacher and Adviser for the Achievement of Vulnerable Groups	
Other colleagues who have provided input:	Daniel Sturok, Principal Analyst, Strategy and Commissioning Directorate	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input checked="" type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
This report explains the recent trends in educational attainment of Nottingham City Children in Care by analysis of their performance at Key Stage 2 and Key Stage 4. It also provides a commentary on the context for these results and the barriers to achievement that Children in Care face. Finally, it summarises the interventions provided to improve attainment.		
Recommendation(s):		
1	It is recommended that the Corporate Parenting Board note and discuss: The recent trends and current levels of educational attainment for Nottingham City’s Children in Care (CiC).	
2	To note the proposed interventions to improve attainment and secure a narrowing of the gap between the performance of CiC and that of other pupils in the City schools, and between City CiC and our statistical neighbours.	

1. REASONS FOR RECOMMENDATIONS

- 1.1 To ensure that we identify any emerging trends in the achievement of Nottingham City Children in Care. In addition, to discuss proposed interventions to improve attainment and narrow the gap between the performance of CiC and that of other pupils in the City schools and between City CiC and our statistical neighbours.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 This report will consider the current attainment and trends at Key Stages 2 and 4. The key findings are that the 2015 educational attainment outcomes for Nottingham's Children in Care are mixed. The Key Stage 2 results have improved over the last four years and outcomes in Nottingham are higher across every measure. The Key Stage 4 results were down on the results in 2014. The proportion of pupils obtaining the headline 5+ A*-C passes including English and Maths in Nottingham was down 4% (1 pupil) on the 2014 results. However the number of pupils achieving a pass in at least one qualification improved from 62% to 84% in 2015.

It should be remembered when considering the data that numbers in the CiC cohort groups are very low and the individual performance of one child (or the removal of several children from a cohort group) can have a disproportionate effect on percentages; it is prudent, wherever possible, to look at numbers alongside the percentages.

2.2 Context: Achievement levels can be lower for children in care given the many changes they have faced but it is worth reflecting on the make up of these cohorts whilst considering effective actions to increase the rate of improvement and longer term good outcomes from a foundation for education. .

2.3 Absolute attainment outcomes of Nottingham City's Children in Care (CiC) are low compared to non-CiC City pupils. This is replicated nationally and in part will reflect the troubled lives many of these children have experienced. Higher special education needs (school action plus and EHCPs) are over-represented in CiC cohorts, especially at Key Stage 4. This makes attainment of benchmark educational standards particularly challenging. While CiC typically achieve substantially less well than their peers on all educational measures, there is a strong association between the length of time in care and positive educational outcomes at age 16. When the educational outcomes for CiC are compared with their peers with similar backgrounds, the achievement gap is very much smaller.

2.4 The Virtual School has a responsibility to monitor the achievement of all school age Children in Care (over 360 pupils) and not just those who are included in Department for Education statistics at the end of Key Stages (those in care for at least one year since March 31st of the year that the exams are being sat – in this case March 31st 2015). Since the establishment of the Virtual School, it has been working to develop practices aimed at raising attainment for individuals and groups (see 2.19 – effective intervention).

2.5 A higher proportion of CiC have special needs than the total school population, some requiring specialist provision. These pupils often make good progress but perform significantly below nationally expected outcomes. The majority of their special needs are related to behaviour and emotional and social difficulties. A significant percentage also has physical disabilities.

2.6 47% (171 pupils) of Nottingham City school aged children are educated within the city boundaries with a further 30% (107 pupils) educated in Nottinghamshire. 23% (84pupils) are educated in other Local Authorities. 62% (224 pupils) attend Good or Outstanding schools.

- 2.7 The trauma involved with coming into care cannot be underestimated. For many young people the reasons for coming into care are disturbing and damaging. They have to adjust to a different home environment, may lose contact with family and friends and may also have to change schools.
- 2.8 Many of the Key Stage 2 pupils experienced more school changes than might ordinarily be expected. These multiple transitions are disruptive and affect academic progression.
- 2.9 For those entering care in Key Stage 4, a move of school can have a significant impact upon their outcomes. It can result in missed assessments/modules/units and changes of examination boards which all impact on the individual's chance of success, let alone the social and emotional trauma experienced. Although statutory guidelines state that CiC should not move placement during Years 10 and 11 because of the impact on provision and the resulting outcomes, this is not always possible. It can be particularly difficult to find a school place for a CiC in Year 11 and CiC who move placement at this point may have a period of time out of school which further impedes their engagement and progress. They are also more likely to be educated in an alternative provision setting which does not offer GCSE courses.
- 2.10 Some children in care in Key Stages 3 and 4 find a school environment increasingly challenging and require alternative provision to maintain their engagement. This often results in qualifications that are not GCSE equivalent but can lead to apprenticeships and college places that prove successful. The increasing number of Education Progress Grant funding requests for post 16 pupils provides evidence that several CiC are re-engaging with education and training beyond statutory school age.

Looked after children at Key Stage 2:

2.11 2015 attainment

According to the Department for Education figures, Nottingham City had 11 young people in care who were eligible to sit Key Stage 2 assessments based on those who were aged 10 at the start of the academic year (31st August) and had been in care for one year at 31st March 2014 (there were two additional children, but both have been held back a year and so are excluded from these calculations.) In addition 55% (6/11) of this cohort have a EHCP plan.

2.12 Of this KS2 CiC cohort:

Year 6 Reading

	2013	2014	2015	2014 National Average
L4+	58%	67%	73%	68%
L5			27%	

Reading scores were only published separately from 2013 onwards. L6 tests for all subjects only began in 2013.

Year 6 Writing

	2013	2014	2015	2014 National Average
L4+	53%	61%	64%	59%
L5			0%	

Writing scores were only published separately from 2013 onwards.

Year 6 English Grammar, Punctuation and Spelling

	2013	2014	2015	2014 National Average
L4+	32%	50%	54%	49%
L5			27%	

This test only began in 2013

Year 6 Maths

	2013	2014	2015	2014 National Average
L4+	58%	67%	73%	61%
L5			18%	

Year 6 Reading, Writing & Maths Combined

	2013	2014	2015	2014 National Average
L4+	53%	61%	64%	48%
L5			0%	

These combined scores were reported from 2013 onwards.

2.13 Compared to 2014 results the Maths, Reading, Writing and combined results were higher and in every subject the numbers of pupils achieving expected levels were a lot higher than those of 2014. The L4+ GPS was 4% higher than 2014. The most encouraging result was the combined which saw a 14% improvement on 2014. Nottingham's cohort of CiC who took KS2 in 2015 also made high levels of progress from their KS1 results: 10/11 made two levels of progress in Reading; 11/11 made two levels of progress in Writing and 10/11 made two levels of progress in Maths.

Looked After Young People at Key Stage 4:

2.14 2015 attainment

According to DfE figures, Nottingham City had 32 young people in care who were eligible to sit Key Stage 4 (GCSE) based on those who were aged 15 at the start of the academic year (31st August) and had been in care for one year at 31st March 2014 (there were two additional children, but both have been held back a year and so are excluded from these calculations.)

2.15 Of this KS4 CiC cohort:

Year 11 5+ A*-C GCSEs including English and Maths

2012	2013	2014	2015	2014 National Average
0%	15 %	10%	6 %	12%

Year 11 A*-C GCSEs in English and Maths ('the basics')

2012	2013	2014	2015	2014 National Average
0%	15 %	13%	13 %	14%

- 2.16 There has been a year-on-year decline in GCSE attainment (KS4), this has been mirrored nationally and has been seen when reviewing all pupils' attainment. One likely driver for this decline is the wide spread Wolf reforms introduced in 2014.
- 2.17 Nottingham City CiC pupils made better progress in their GCSEs than their peers nationally. The data for 2015 shows that GCSE outcomes for Children in Care in Nottingham are higher, with 44% of them achieving expected progress in Maths and English compared to national figures of 39% and 29% respectively.
- 2.18 The fixed term exclusion rate for Nottingham City CiC is similar to the England rate and lower than statistical neighbours. A close partnership has been established with schools and alternative learning providers to ensure that the potential exclusion of Children in Care is only considered after a number of other measures. Any exclusion is closely monitored and alternative education for the student is provided where possible to minimise the disruption to education and care placements. The challenge is that absence for Year 10 and 11 CiC is higher than for other year groups, as are fixed term exclusion rates.

Effective Intervention

- 2.19 It is clear that a continued sustained effort will be needed to make a meaningful impact on the educational attainment of Nottingham's looked after children and young people. The following actions are directed at securing this improvement.
- 2.20 The collection of termly attainment and daily attendance information. This allows better tracking and analysis of data and keeps in one place information on the educational experience of Children in Care. Welfare Call is commissioned to collect attendance, termly attainment and exclusion data on all Nottingham City CiC placed external to the Local Authority and those in the City.
- 2.21 Two tutoring agencies have been commissioned to provide high quality teaching for NCC children across the country and other LA CiC placed in the City awaiting school places. This is already ensuring young people are not without education.
- 2.22 The Virtual School has offered £500 additional Pupil Premium Plus funding to all schools with Key Stage 4 pupils who are at risk of not achieving their full potential in GCSE English and Maths. There is very good evidence that providing intensive 1:1 tuition for short, regular sessions over a set period of time can enable children to

catch up with their peers. This initiative is targeted and we will measure its impact in next year's results. This initiative is backed by the Education Endowment Foundation and the most up-to-date research on what works in raising attainment for disadvantaged pupils. We have also extended this offer to all schools with Year 5 and 6 pupils. The take up of this offer, especially at Key Stage 4, has been very positive and our Education Support Officers are making contact with the schools to follow up on tracking its impact.

- 2.23 Education Progress Grant funding was available in 2014/15. The predominant use of this was for 1:1 tuition and therapeutic work with a stronger emphasis on educational activities and impact on educational achievement.
- 2.24 Personal Education Plan (PEP) completion rates have improved again since last year. During the autumn term new Personal Education Plans were designed and updated to reflect recent changes in education practice. These new PEPs are now being used by all Social Workers and we expect to see a positive impact over the next six month cycle. The main improvement in the new PEPs is that they now allow for a more meaningful review of earlier targets, clearly linked to the use of Pupil Premium Plus funding. Capturing the voice of the child remains a key element.
- 2.25 Closer working relationships have been developed between the Virtual School and Social Care colleagues especially regarding the educational considerations required when arranging the placement of CiC. A rolling programme for training around education matters for Social Workers is being offered by the Virtual School team. The Virtual School represents the educational needs of CiC at every Placement Panel meeting throughout the year.
- 2.26 A named officer in the Admissions Team for CiC has sped up the admission process for the majority of Children in Care, including those placed in other local authorities.
- 2.27 Letterbox Club, which provides mathematics materials as well as literacy resources, is purchased for CiC in Years 1, 3, 5 and 7.
- 2.28 We have increased the capacity of the Virtual School to help challenge and support schools and education providers. We now have two new Education Support Officers to work alongside the existing team.
- 2.29 The Virtual School now has the support of a strong Virtual School Governing Body, which meets every term.
- 2.30 This year we are holding planning meetings with all our City schools which will analyse how Pupil Premium Plus funding is being used and assess its impact on driving up standards. The Virtual School will retain an element of PP+ funding to fund centrally driven interventions.
- 2.31 Support and advice has been provided to a range of professionals through termly training network meetings for Designated Teachers. Training is also provided for new Designated Teachers, School Governors and new Social Workers. We held a CiC Conference focusing on Attachment, Trauma and Resilience in May 2015.
- 2.32 The Virtual School supported both the Junior and Senior Big it Up Celebration events in 2015. The events were both very well attended. Pupils were joined by carers and family to celebrate their success.

2.33 This year has seen more robust monitoring of Pupil Premium Plus grants and pupil progress. Schools are required to outline with the VSH their intervention plan complete with timescales and costings. In addition, the new PEPs require schools to explain how they are using Pupil Premium Plus to directly improve the educational outcomes of Looked After Children.

2.34 This year the Virtual School is offering a bespoke programme for Nottingham City schools. Promoting the Achievement of Looked After Children (PALAC) is a pioneering evidenced-based research-led programme to support professionals to enhance the achievement and wellbeing of Children in Care. The Virtual School is working with staff from the Institute of Education at UCL on this project. The programme will be delivered by researchers who are recognised for their work on Children in Care both nationally and internationally. It supports school professionals through a process of re-thinking the school environment to help ensure that it actively supports the all-round education of Children in Care. The intention is to share the best practice to all our schools in over the next two years.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 There are no further options to those detailed in the report.

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

4.1 There are implications for the Virtual School budget, funded through DSG, regarding the staffing structure of the Virtual School and the activities it can provide to support Children in Care in education.

4.2 The Virtual School is part of the Achievement of Vulnerable Groups Team. The budget is impacted upon by schools choosing to become academies and the budget is reduced accordingly.

4.3 As much of the work of the Virtual School is about enabling schools to fulfil their statutory responsibilities and supporting Social Workers with the identification of good quality educational provision for Children in Care, the opportunities to sell services are limited. Previously, the Ethnic Minority Achievement (EMA) Team supported the Virtual School by providing income and salary savings to fund Virtual School activities. With the expected developments as a result of the recent changes to the Children and Families Directorate and School Forum decisions regarding funding, the income generated by the EMA team will be required to pay for salaries of those team members and not Virtual School activities.

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

5.1 There may be implications in the future regarding educational activities provided by the Virtual School as the budget may not be able to sustain staffing and pupil activities with the increase in school academisation and consequent reductions in DSG funding. There may be a role for EPG funding in this respect.

6. EQUALITY IMPACT ASSESSMENT

6.1 There are no proposed changes to this service other than increasing its capacity to help ensure that all vulnerable Children in Care close the attainment gap with their peers. It would be valuable to look at the breakdown for this cohort and carry out an Equality Impact Assessment over the next few months as a measure of good practice.

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

7.1 Information Management Team, Children in Care Provisional Results 2015.

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None

Corporate Parenting Board – 21st March 2016

Title of paper:	The Health of Children in Care of the Local Authority – Nottingham City	
Director(s)/ Corporate Director(s):	<p>Jonathan Evans, NUH NHS Trust Dean Howells, Executive Director of Nursing Quality and Patient Experience for Nottinghamshire Healthcare Foundation Trust</p> <p>Helen Blackman, Director of Children’s Integrated Services</p>	Wards affected: All
Report author(s) and contact details:	<p>Kathryn Higgins - Designated Nurse for Children in Care (secondment) Kathryn.higgins@nottshc.nhs.uk</p> <p>Melanie Bracewell - Consultant Community Paediatrician / Designated Doctor for Children in Care / Medical Adviser for Adoption melanie.bracewell@nuh.nhs.uk</p> <p>Amanda Edmonds - Service Manager for County Wide services including Children in Care team. amandaedmonds@nhs.net</p>	
Other colleagues who have provided input:	Dr Emma Fillmore Consultant Community Paediatrician and previous Designated Doctor for Children in Care	
Date of consultation with Portfolio Holder(s) (if relevant)	8 th March 2016	
Relevant Council Plan Strategic Priority: (you must mark X in the relevant boxes below)		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>

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

- To ensure the health needs of children and young people in care are assessed on entering care and managed to ensure appropriate support and services are put in place to improve their physical and emotional health outcomes, with the aim of achieving their full potential.
- To ensure individual practitioner responsibility for caseload management of eligible children placed in or out of the authority, adherence to statutory timescales for initial and review health assessments, monitoring health recommendations and action plans through caseloads and the looked after review process.
- To ensure statutory key health performance indicators are met for each child.
- To support and maintain the emotional health of children in the care of the local authority using the skills within the dedicated multi-disciplinary child and adolescent mental health team (CAMHS).
- To further develop our service with involvement from our children/young people and carers, in taking services forward in line with national and local guidance.
- To develop and further progress the work already completed around children leaving care and making the transition into adult services.
- To maintain and improve the working relationships between social care, the health providers and the clinical commissioning groups.
- Development of the service to respond to new guidance and timeframes in adoption and fostering.
- Working with the Commissioners and Local Authorities to further understand the wider role of the children in care and adoption team (work outside statutory health assessments) and the impact on performance around statutory performance indicators. In addition, to understand the impact on the team around requests for health assessments for children and young people placed in Nottingham City from other Local Authorities.

Recommendation(s):

1	Corporate Parenting Board note and comment on the performance on the Children in Care and Adoption Health Team
2	Social care to continue to work with health colleagues to ensure a timely sharing of information in regard to Strength and Difficulty Questionnaires (SDQs).
3	Corporate Parenting Board acknowledge the need for the development of a Leaving Care/Transition nurse post within the health team.
4	It is recommended that the additional City funding, provided by the City Commissioners is maintained to address performance issues around Initial Health Assessment timescales.

1. REASONS FOR RECOMMENDATIONS

- 1.1 The Corporate Parenting Board is given assurance that the Children in Care Health team continue to make progress in meeting their statutory responsibility in relation to children in care on behalf of children's social care.
- 1.2 There has been a delay in the Children in Care and Adoption Health Team receiving SDQs in a timely manner to inform health assessments.
- 1.3 There is a current gap in the service for those young people leaving care/transitioning to adulthood.

- 1.4 The additional City funding will ensure that we can continue to work towards achieving statutory timescales for Initial Health Assessments.

2 BACKGROUND

2.1 Designated Doctor and Designated Nurse

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

2.2 Health Assessments

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

- 2.3 The Statutory Guidance on Promoting the Health and Well-Being of Looked After Children (DH/DCSF, 2015) aims to ensure that all children and young people who are Looked After are physically, mentally, emotionally and sexually healthy.

- 2.4 In recognition of the identified health inequalities and in response to the guidance laid out in the 'Statutory Guidance on Promoting the Health and Well-Being of Looked After Children' DH 2015, Nottinghamshire Healthcare Foundation NHS Trust (Health Partnerships Division) and Nottingham University Hospital NHS Trust are the providers of the Children in Care and Adoption Health Team Service. This specialist team includes doctors and nurses working with children in the care of the local authority across Nottingham City. There are Service Specifications and identified Key Performance Indicators which are reported on quarterly to the commissioners for Nottingham City and annually through the annual report. The service is underpinned by Practice Guidance.

It is a statutory responsibility for the Children in Care and Adoption team to assist the local authority in addressing the needs of children in care through effective commissioning, delivery and co-ordination of health services and through individual practitioners providing co-ordinated care for each child, young person and their carers. The children in care service works closely with safeguarding colleagues in health and social care to ensure the safeguarding of our children and young people. This included joint working to take forward recommendations from Serious Case Reviews.

Since the last report in 2015. Nottinghamshire Healthcare Trust have been successful in securing a further contract for the children in care nursing service. At the time of this report there is a mobilisation programme being undertaken to implement a new model of delivery in alignment with the new Service Specification from 1st April 2016. Currently a new Designated Nurse has been employed on a temporary secondment with the plan to advertise for a permanent post in April 2016.

The team is led by the Designated Doctor and Nurse and includes Community Paediatricians and Clinical Nurse Specialists who collectively are responsible for:

- Ensuring that children and young people in care receive statutory health assessments and that key performance health indicators are met.

- Working with children, young people, carers and Social Care colleagues to ensure all identified health needs of looked after children that are identified are met
- The designated professionals ensure that the health needs of children in care are raised and recognised in all appropriate forums across the health and social care community.

Every child or young person has a health assessment on entering the care of the local authority, following receipt of correct consent from social care. This initial health assessment is completed by a Paediatrician and should take place and be reported on within 20 working days of entering care. Review assessments are undertaken by the Clinical Nurse Specialists twice a year for children under the age of 5 and annually for all children over the age of 5 years up to their 18th birthday, also following receipt of correct consent arranged by social care. From these assessments a health plan is formulated. The plan includes information from the child's primary (GP), secondary (Community services) and tertiary (Hospital) health settings, the Strengths and Difficulties Questionnaire (SDQ), any information from CAMHS colleagues and relevant information from parental health records if consent is given. The aim is to provide a comprehensive assessment of current health needs including any previous history which may have implications on the child or young person's future health outcomes. This plan is shared with the social worker, GP (as the lead health professional) and other health partners, carers and the child or young person if appropriate.

The Medical Advisers and Clinical Nurse Specialist for adoption are responsible for ensuring that where the Local Authority indicates that they are seeking a plan for adoption, the relevant medical information is provided in a report. This report is initially to aid agency decision making and will be updated and shared with prospective adopters and matching panel as well as the child or young person in the future. Reporting may not fit with the statutory health assessment timescales therefore could require additional work which must be prioritised.

2.5 Adoption

There is additional work undertaken for the local authority by the Medical Advisers (MA) for Adoption which includes:

a) Adult Health Reports

The MAs provide reports on the health of prospective adopters following a health assessment by their GP (and information from specialists as required). The reports comment on the impact of any health issues on the adopter's ability to parent a looked after child. This is felt to be an extension of the work the team undertakes around safeguarding our children and young people. It requires an understanding of the complexity of longer-term implications of abuse and neglect (sometimes in combination with other genetic / family health issues) on the physical and emotional wellbeing of our children.

In 2013 the government published updated statutory guidance on adoption - chapter three of the guidance refers to the two-stage process that came into effect from the 1st July 2013 regarding assessing and approving adopters (both domestic and intercountry), as well as a fast-track process for some previous adopters and foster carers. The two-stage process requires the medical report within 8 weeks of the adopters' application

being accepted. A GP newsletter was written in late 2013 to alert them to their role in ensuring timely assessment to ensure the minimum of delay in the health process. It is not possible to state whether this intervention has had an impact. We continue to have cases with timely responses and others where there is a delay in applicants getting an appointment with their GP and delays in response for additional information. In the past 12 months we have created a data base to monitor in more detail and this can then be reviewed and reported in next year's report.

In addition to the faster turnaround, the medical advisers at NUH NHS Trust have had to absorb a massive increase in adult health work across city and county (south) without any increase in capacity - 78 assessments in 2009 to 205 in the 2014/15 financial year - an increase of 260%.

Currently the team are not commissioned to undertake the medical reports for foster carers, but there are ongoing discussions between the local authority, commissioners and NUH about the appropriate way forward.

b) Medical Advice to Adoption Panel

The MA's are full voting members of the Nottingham City Adoption Panels and also provide medical advice on all health issues around our children and the adults they are to be matched with. Currently the team are not commissioned to provide medical advice on Fostering Applications but this is also under discussion.

c) Information Sharing (IS) with Prospective Adopters

Information sharing is an important component of ensuring that prospective adopters understand all the health information available on a child they are considering a match with. This service is recommended as good practice by BAAF (British Association of Adoption and Fostering, now CoramBAAF) but is not statutory. It is felt to improve the chances of a stable long term placement, and because of the long term nature of this outcome, the evidence to back this up is hard to come by. We are not aware of any National or Local data to evidence a direct correlation between medical information sharing prior to a match and placement stability.

The team are in ongoing discussions with the commissioners, as this service has never been commissioned, about how to achieve the local authority request for IS for the majority of children/young people who are matched for adoption through Nottingham City adoption panels. A retrospective audit undertaken in 2015 indicates that there are likely to be 49 sessions required per year based on the local criteria.

2.5 Lessons from Serious Care reviews

In the event of a SCR involving a child in care, the Designated Doctor and nurse will offer expert advice and be involved in any dissemination of recommendations.

3 Key Performance Indicators

Within the new Service Specification there will be amendments to the current Key Performance Indicators which will give assurance to Commissioner and Agencies that the children and young people's health needs are being met.

3.1 The Children in care health team report to the commissioners every quarter on:

- GP registration
- Registration with a Dentist for the over 2 year olds
- Completion of the Initial Health Assessments within timeframes
- Completion of Review Health Assessments
- Immunisations

There is work on going within the service to improve data collection for better reporting on Key Performance Indicators.

Table 1: Health assessments

The local Initial Health Assessment target is to see the child or young person within 20 working days of having the correct consent from Social Care. Please note that the figures below do not report on the statutory guidance which is to undertake a health assessment and provide a report on a child within 20 working days of entering care. The number of reports provided in within the 20 working day timescale is low. Recently, work has been undertaken to improve processes which we believe will lead to the efficient transfer of necessary information. We, in turn, expect to see an increase in the number of reports provided in timescale as a result of these improvements.

Current data collection does not allow reporting of percentages achieved within timescales for review health assessments (RHA) and work is currently being undertaken to resolve this so that going forward this performance data can be captured.

KPI	Quarter 4 2014	Quarter 1 2015	Quarter 2 2015	Quarter 3 2015
IHA (No. (%) seen within 20 wd)	46/49 (94%)	45/58 (78%)	42/62 (68%)	50/52 (96%)
Seen for RHA 6 monthly (total numbers)	34	26	22	34
Annual RHA (total numbers)	72	73	56	68

Table 2: GP and Dental registration

KPI	Quarter 4 2014	Quarter 1 2015	Quarter 2 2015	Quarter 3 2015
% of children registered with a GP	98%	98.3%	99.6%	98.6%
% of children over 2 years of age, registered with a dentist	83.4%	83.7%	83.9%	86.8%

Strength and difficulty questionnaires

A piece of work is being undertaken with social care to ensure SDQs are being returned to the Child in Care Team along with completed paperwork to help inform health assessments.

Immunisations

The immunisation status of a child / young person is a good positive health indicator. It demonstrates the protection of individual children and the community against a range of diseases. There is a national childhood immunisation programme which all children are expected to complete. Immunisation status is recorded at all health assessments identifying any outstanding immunisation in the care plan with recommendations to have them completed.

Primary vaccinations	Quarter 4 2014	Quarter 1 2015	Quarter 2 2015	Quarter 3 2015
Up to age 5	Unable to obtain data	100%	100%	100%

Recent changes have been made to the way Human Papilloma Virus (HPV) vaccination data is reported to ensure reliable data is produced. Data will now be collected annually over the academic year. This change should address prior difficulties in data analysis.

The School Leaver booster is a vaccine routinely offered to young people aged between 13 – 18 years. Rates for this vaccine have been historically low due to frequent refusal by young people. The average uptake for 2014/15 was 41% which is an 8% increase on the 2014/13 average uptake. Nottinghamshire Healthcare have secured the tender for the School Aged Immunisation Service and this will target and support children in care to ensure vaccinations are up to date and improve on current performance.

4 Children Leaving Care

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

From April 2015 care leavers due their last health assessment will be offered an Important Health Information Pack. This pack will provide all care leavers with information about their individual and family health history as appropriate. The Children in Care Council were active participants in the design and development of this. A joint audit between health and social care is planned for the end of March 2016 to evaluate the effectiveness of the information given from April 2015 – March 2016.

Nottinghamshire Healthcare are currently undertaking a piece of work around an electronic platform (e-cap) that will enable professionals to record and prescribe health information specific to a young person. For example, smoking cessation. This will be accessible via an electronic app on a mobile device. This will be an alternative to written information.

5 'You're Welcome' Criteria

We have successfully received accreditation and recognition of being young person friendly meeting The Department of Health "*You're Welcome*" quality criteria. It identified principles that help health services – both in the community and in hospitals – to "get it right" and become young people friendly.

Work has recently been undertaken to design and implement a leaflet to inform children, young people and their carers about the Initial Health Assessment and what it means for them.

6 Co-location work

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

7 Children Living Out of Area

There can be differences in the quality of provision of services offered for children and young people who are placed out of our area. City Commissioners have funded an out of area admin/clinical post to enable better co-ordination of children placed away from Nottingham City. This is in addition to a quality assurance process undertaken on all review health assessments that are not undertaken by ourselves. There is work on going around continuing to improve the quality assurance process.

8. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None

9. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY)

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

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

Not applicable

11. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

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

12. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

The Children and Families Act 2014 – Chapter 6

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

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

The Statutory Guidance on 'Promoting the Health and Wellbeing of Looked After Children' (2015)

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

Statutory Guidance on Adoption, DfE, July 2013

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CORPORATE PARENTING BOARD - 21st March 2016

Title of paper:	NCSCB Missing Update Report	
Director(s)/ Corporate Director(s):	Helen Blackman (Director, Children's Integrated Service) Helen.Blackman@nottinghamcity.gov.uk	Wards affected: ALL
Report author(s) and contact details:	Clive Chambers (Head of Service, Safeguarding and Quality Assurance) Clive.Chambers@nottinghamcity.gov.uk (0115) 876 4373	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)	8th March 2016	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<p>This report sets out the local arrangements in place to respond to children who go missing from home or care. These arrangements have been established as children who go missing are potentially vulnerable</p>		
Recommendation(s):		
1	To consider the work being carried out by Nottingham City Council in supporting children who go missing from care and from home.	

1. REASONS FOR RECOMMENDATIONS

- 1.0 Corporate Parenting Panel are asked to note this report given the implications for the safety and well-being of children in care.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 Children go missing in a variety of circumstances. Local practice guidance published by the Nottingham City Safeguarding Children Board recognises the importance of differentiating between these circumstances in order to identify the most vulnerable children and young people. A key aspect of this is differentiating between children

who are missing (i.e. those children whose whereabouts are not known or who are deemed vulnerable for other reasons, e.g. concern regarding possible sexual exploitation) and absent (i.e. those children who are not where they are supposed to be). The full definitions, which are set out in statutory guidance, are as follows

- **Missing child:** a child reported as missing to the police by their family or carers and whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the child may be subject of crime or at risk of harm to themselves or another.
- **Absent child:** a child reported as missing to the police by their family or carers but deemed to be absent by the police as they are not at the place they are expected or required to be.

2.2 Although children from all backgrounds will go missing, there are some groups more likely to runaway than others. For example, nationally, 10,000 children run away from care home or foster placements each year.¹ These children may face an increased risk of significant harm, including the potential of being exposed to the risk of alcohol and drugs, criminal and sexual exploitation.

2.3 Approximately 250,000 people go missing every year in the United Kingdom. Estimates suggest that roughly two-thirds of all missing cases relate to children and young people, meaning around 140,000 people under the age of 18 go missing each year.²

2.4 In Nottingham City there are well established arrangements to respond to missing children. These are based on effective partnership working with key agencies, particularly the Police. This work is undertaken in accordance with both national and local practice guidance, particularly the Nottingham City Safeguarding Children Board (NCSCB) Missing Children Protocol.

2.6 Local arrangements are comprised of a number of connected elements

- Strategic – The NCSCB has a multi-agency Missing Children sub-group. This group ensures that there is effective communication and coordination of local activity. The group also examines local practice in relation to children missing from education.
- Operational – Work with missing children takes place in the context of the wider safeguarding arrangements. Measures which have been previously considered by the Scrutiny Committee make a direct contribution to promoting the safety of vulnerable children who go missing, e.g. the MASE panel receives information about children who are at risk of sexual exploitation who go missing. In addition to the wider arrangements there are specific measures in place for missing children. Every month there is a meeting between Police and Children’s Social Care staff to discuss those children who have been reported missing most frequently in the previous period. It has recently been agreed that a manager from one of the City Council’s residential unit will attend these meetings to ensure the needs of children living in residential settings are

¹ The Children’s Society, <http://www.childrensociety.org.uk/news-and-blogs/our-blog/why-international-missing-childrens-day-matters>

² Missing People, registered charity. <https://www.missingpeople.org.uk/about-us/about-the-issu/policy-parliamentary-work/69-auto-generate-from-title.html>

given ongoing consideration. Further elements of the response to individual children are set out in the following section.

The systems in place to effectively respond to children who go missing or absent.

- 2.7 The Police share information about all children who are reported missing with the City Council. This information differentiates between those children reported missing and those who are identified as absent. The Police also notify the City Council when children who have returned. This information sharing takes place with the City Council Missing Children team, which is a small team that is now line-managed by the Child Sexual Exploitation Coordinator.
- 2.8 When a child has returned their family will either be written to, offering information and guidance, or, where concerns are more serious a return interview will be offered. There is a differentiated response as most young people who are reported missing are absent for very short periods. Some young people however are more vulnerable e.g. go missing on more than one occasion or are identified as being at risk of CSE. It is important therefore that there is a proportionate response. For children who are in care these arrangements are replicated but reports go to the allocated social worker.
- 2.9 The purpose of a return interview is to offer support to the young person and their family and to identify/address safeguarding needs. All return interviews are undertaken by someone independent, i.e. not responsible for the day to day care of the young person. Return interviews are always undertaken by someone independent of the placement where the young person lives.
- 2.10 Where a young person is identified as being particularly vulnerable a meeting will take place to look at how best to support and protect them. This meeting will be chaired by an Independent Reviewing Officer and will involve staff from all agencies who work with the child and family.

Developing an increased understanding and awareness of missing children, their parents and carers.

- 2.11 The missing children sub-group of the Safeguarding Children Board receives quarterly reports about the number of young people reported as missing and so can identify any local trends or developments. This identifies numbers of children who go missing from care as a specific category. At an individual level return interviews provide an insight into the needs and challenges faced by children, young people and their carers.
- 2.12 Further work is planned to develop a system of analysing the information in return interviews to provide a more qualitative insight into the local profile of children and young people who go missing. This will also provide useful intelligence which will be shared with Police colleagues to further strengthen the response to children who go missing.

Is there a multi-agency response to meeting the needs of children and young people who are missing or absent?

- 2.13 As will be seen from the information above the response to children who go missing in Nottingham is multi-agency in nature, with all key organisations fully engaged in supporting vulnerable children.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None

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

4.1 None

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

5.1 None

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

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

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

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

7.1 Nottingham City and Nottinghamshire Safeguarding Children Board Missing Children Protocol.
http://nottinghamshirescb.proceduresonline.com/files/ch_miss_home_care_it_prot.pdf

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 Statutory Guidance on Children who Run Away or go Missing from Home or Care (Department for Education, January 2014).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307867/Statutory_Guidance_-_Missing_from_care_3_.pdf

CORPORATE PARENTING BOARD – 16th MARCH 2015

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

Relevant Council Plan Strategic Priority:

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

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

- The Edge of Care Hub diverts children and families away from care proceedings through intensive intervention and a whole family approach, to improve family functioning
- The Edge of Care Hub benefits citizens and service users by building resilience within families through assertive, community based, outreach support; as a consequence it plays a significant part in strengthening the communities of Nottingham City
- All families present with multiple complex issues and all subject to Child Protection Plans
- Please table below for an overview of performance data

Overview Data	
Number of families referred to Hub	50
% Families on child protection plans	100%
% Families who engaged	100%
% Families helped to stay together	90%
Children kept out of care	90
Number of families referred to Edge of Care Panel	0
Families stepped down from Hub	31
Families with no further social care involvement	23
Recommendation(s):	
1	For Board members to note the service being provided by the Edge of Care Hub and to acknowledge the benefits offered to by its existence.

1. REASONS FOR RECOMMENDATIONS

- 1.1. The Edge of Care Hub supports families with multiple complex issues such as domestic violence (DV), substance misuse, poor parental mental health, poor school attendance and worklessness. The objective is to build resilience within the family by supporting and motivating their capacity to change. The aim is to move families away from care proceedings where it is safe to do so.
- 1.2. The reason for recommendation 1 is for the Edge of Care Hub to continue to provide intensive intervention to vulnerable families within Nottingham City. At present Priority Families grant funding is guaranteed for a further year to 31st March 2017.
- 1.3. In addition, implementation of the recommendation will allow the Edge of Care Hub to continue to provide significant and cost effective budget relief, diverting children from care proceedings, and building resilience in families and communities.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1. The Edge of Care Panel was established in 2013 as a result of internal consultation between the Portfolio Holder for Children's Services and the Corporate Director regarding rising numbers of children in care, with the objective of diverting children and young people from care proceedings, and managing a menu support services.

The Edge of Care Hub is part of this menu of service, the success of which is highlighted in the table above.

- 2.2. The Edge of Care Hub consists of 1 CAMHS Specialist, 4 family support workers, 1 Priority Families Accredited Practitioner, a social work masters student and a team manager
- 2.3. 57% of the children and young people cases that were heard at panel were accommodated in 2012. This has reduced dramatically since the implementation of the menu of services.
- 2.4. The Edge of Care Hub Team was established under Priority Families to add specialist, intensive, and whole family support to the menu of services available to the Edge of Care Panel, with the aim of improving outcomes for our children and families.
- 2.5. Initially, The Edge of Care Hub was intended to be a six month pilot; this was extended for a further twelve months due to the success of the first six months.
- 2.6. The Edge of Care Hub is funded from the Priority Families Grant until March 2016; further funding has been provisionally agreed until 2020 pending government confirmation of future grant monies.
- 2.7. Although supporting families to achieve better outcomes is our primary objective, the Edge of Care Hub was given the Big Ticket objective of providing £400,000 budget relief per annum. This target for budget relief has been more than doubled each financial year since the Edge of Care Hub's conception. This service also supports achievement of Priority Families national targets and therefore claims for Payment by Results income that is used to support more vulnerable families.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

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

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

- 4.1 Philip Harrison, Project Manager, Early Intervention Directorate, consulted with finance colleagues in establishing net budget relief of £427,520, from 01/04/2015 up to 31/12/15
- 4.2 The figure above offers clear value for money when considering that the full term cost of the team is £200,000. The team cost in the figure above has already been deducted
- 4.3 The actual budget relief is inclusive of the deduction of:
 1. team cost (£200,000) per annum
 2. 10% of actual budget relief up to 31/12/15 for cost of placement variation
 3. 20% of actual budget relief up to 31/12/115 for failure rate
- 4.4 So far this financial year only 3 out of 78 children and young people directly at risk of accommodation that have been supported by the Edge of Care Hub, have been accommodated

4.5 The financial implication of the above is reduced pressure on the local authority in care costs, and additional social work hours.

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

5.1 The risks attached to a decision to continue funding to the Edge of Care Hub is minimal with a small cost implication that can be offset against the budget relief.

5.2 The risk of not funding the Edge of Care Hub is that vulnerable families will not get the intervention they need to be diverted from care proceedings.

5.3 The Hub supports families subject to Child Protection plans with the aim of reducing risk through whole family intervention.

5.4 Without the Edge of Care Hub more families will be at risk of breakdown.

5.5 Edge of Care Hub support operates under the Priority Families (Troubled Families) national criteria and helps to reduce police call outs, anti-social behaviour, missed health appointments, poor school attendance, and worklessness.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

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

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

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

7.1 Edge of Care Hub Annual Report

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

N/A

CORPORATE PARENTING BOARD – 21st March 2016

Title of paper:	Children in Care Council – 2015 Have Your Say Survey Results	
Director(s)/ Corporate Director(s):	Helen Blackman – Director, Children’s Integrated Service Helen.Blackman@nottinghamcity.gov.uk	Wards affected: ALL
Report author(s) and contact details:	Jon Rea Engagement and Participation Lead jon.rea@nottinghamcity.gov.uk 0115 8764817	
Other colleagues who have provided input:	Grace Brough, Quality and Commissioning Kwesi Williams, Children’s Integrated Service	
Date of consultation with Portfolio Holder(s) (if relevant)	8th March 2016	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<p>a. The findings from the 2015 Have Your Say survey (appendix one) of children in care and care leavers have been analysed by members of the Children in Care Council (CiCC) who have assessed performance against the results of previous years.</p> <p>b. The findings provide insight into how Children in Care and Care Leavers view the quality and value of services they receive: they are not a quantitative judgment on those services. It is recommended that these findings are used to inform and guide relevant action plans.</p> <p>c. Based on this year’s results, three areas of further focus and enquiry by the children in care council have been identified. These areas are linked to following Children in Care and Care Leavers Charter (appendix two) commitments. They will form the basis of the 2016/17 Corporate Children in Care Council meetings.</p> <ul style="list-style-type: none"> - Time and help to understand why they are in care and changes in their situation - Knowledge and use of advocacy, complaints and independent visitor services - Preventing unnecessary change in care placements, social worker arrangements and education 		
Recommendations:		
1	The findings from the survey results are used to inform relevant service and corporate action and business plans.	

2	The Board recognises the hard work done by the CiCC in the planning, delivery and analysis of the Have Your Say survey, and acknowledges their vital role in the co-production of services across children's social care.
3	The Board to implement the findings of the 2015 Have Your Say survey as appropriate.

1. REASONS FOR RECOMMENDATIONS

- 1.1 Ensuring that the views of service users are used to inform service improvement is a cross-cutting theme of both the Children and Young People's Plan and the Children in Care and Care Leavers Strategy. It is one of the primary means by which the Corporate Parenting Board demonstrates the active participation of corporately parented children and young people in decision-making at strategic and operational level.
- 1.2 Other significant drivers include the various safeguarding related inspection criteria that require the Board to evidence service user participation; Munro Report recommendations on developing a child centred approach to service design and delivery; Nottingham City Participation Strategy commitment to Article 12 on the UN Convention on the Rights of the Child.
- 1.3 Previous iterations of the survey have provided significant insight into the views and experiences of Children in Care and Care Leavers which in turn has been used to shape improvement plans for a number of service areas.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The pledges contained in the Nottingham City Children in Care and Care Leavers' Charter commit the Board and its constituent partners to work towards the highest standard of service delivery to Children in Care and Care Leavers corporately parented by the Board.
- 2.2 The principal means of performance assessment against the pledges is through the annual Have Your Say (HYS) Survey, which is sent out to all Children in Care and those Care Leavers in contact with services.
- 2.3 690 surveys were sent out to children aged 3 and over this year. There were 128 usable returns, thus we achieved a 19% response rate. This is a 1% increase when compared to our response rate in 2014. Our response rate compares to a 4.3% response rate nationally for the 2015 Care Monitor survey.
- 2.4 In addition to the standard HYS survey, an optional easy read version for children under 10 years and those with learning difficulties was sent out as an alternative form of feedback. The questions were not linked to the overall survey and as result the findings have not been incorporated into the assessments by the CiCC, however findings will form part of our evidence base. The primary purpose of the survey is to encourage participation of our younger cohort of children and to cultivate a culture of participation.
- 2.5 As in previous years, the survey was accompanied by the 'You Said, We Did' feedback statement. The statement identifies actions that were undertaken to address the areas highlighted as a result of the 2014 Have Your Say survey.

2.6 In analysing the survey results, the Children in Care Council used a RAG rating system to indicate how well they thought services are performing compared to the pledges made in the Children in Care Charter. RAG rating colours – green, amber and red – identify the degree to which services are perceived to be doing well or improving, or require some form of attention and/or improvement.

2.7 The areas identified for further focus and enquiry through Corporate CiCC meetings correspond with the following Children in Care and Care Leaver commitments

Commitment: We will give our children and young people enough time and help to understand (and be happy) with their circumstances

Figures show that a small minority (less than 10%) of those who responded felt that their carer and or social worker/personal advisor did not have enough time for them. Despite the low percentage, members of the CiCC felt that further work in this area was needed to ensure all children and young people felt that enough time was given to them by carers and social workers/personal advisors.

Commitment: We will make sure they know about the advocacy and complaints services in case they want help to have their views heard or are unhappy with us

As in 2014, the majority (over 90%) of the children and young people who responded knew where to go if they were unhappy or wanted to make a complaint. However, there was a small drop in the percentage of children and young people who reported knowing where to go if they wanted to speak to an independent person i.e. someone who was not their social worker/personal advisor or carer. There was also a drop in the percentage of children and young people who reported talking the advocacy service. It is not clear what this drop is attributed to so further enquiry is needed.

Commitment: 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

The result for 2015 survey shows a reduced proportion of children and young people stating they had a change in all aspects compared to 2014. In particular, those having a change of home and carer saw the biggest reductions. There has been an increase in the proportion of children stating they had experienced no changes in the last 12 months across all categories (home, carer, school and social worker). Despite these overall reductions, most respondents had experienced a change of social worker over the past 12 months.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None

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

4.1 The cost of the Have Your Say survey is approximately £1000 per year, consisting primarily of printing and postage. This cost is currently met by the Children in Care team, who also provide officer support. Analysis is provided by the Insight team, while citizen engagement and overall management by the Engagement and Participation Lead officer.

4.2 Improvements in services based on the insight from service user views can lead to a wide spectrum of benefits, including resource efficiencies.

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

5.1 Each survey has a unique reference number enabling all responses to be screened for individual safeguarding and specific service-use complaints.

6. **EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

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

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

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

7.1 Have Your Say survey (Appendix 1)

7.2 Nottingham City Children in Care and Care Leavers' Charter (Appendix 2)

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

8.1 Nottingham City Children and Young People's Plan

Children in Care & Care Leavers'

Have your say



Q1 Are you responding as

- A child in care (aged 11 or under) *Go to Q2*
- A child in care (aged 12-18) *Go to Q2*
- A care leaver (aged 18 and over) *Go to Q2*
- On behalf of a child in care or a care leaver *Please answer the following question*

If you are completing this form on behalf of a child in care or a care leaver what is your name and care role?

Section One: About you and the people around you

Q2 Please tell us what best describes your experiences.

	All the time	Most of the time	Only sometimes	Never
My social worker/personal advisor treats me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My social worker/personal advisor has enough time for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My carer(s)* treats me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My carer(s)* has enough time for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please do not answer if you are a care leaver.

Please use this box to tell us more about how you feel things could be better:

Q3 Do you know where to go if you have a problem or want to make a complaint?

YES NO

Q4 Do you know where to go if you want to speak to someone who is not your carer, social worker or personal advisor?

YES NO

Q5 Who would you talk to if there was a problem with your social worker, personal advisor or carer(s)? PLEASE TICK ALL THAT APPLY.

- | | |
|--|---|
| <input type="checkbox"/> My social worker | <input type="checkbox"/> My friends |
| <input type="checkbox"/> My personal advisor | <input type="checkbox"/> My parents |
| <input type="checkbox"/> My carer | <input type="checkbox"/> My relatives |
| <input type="checkbox"/> Advocacy service | <input type="checkbox"/> I find it hard to talk to anyone |
| <input type="checkbox"/> Complaints service | <input type="checkbox"/> Other, please tell us : |
| <input type="checkbox"/> My school | <div style="border: 1px solid green; height: 20px; width: 100%;"></div> |

Q6 Please tell us what best describes your experiences.

	All the time	Most of the time	Only sometimes	Never
My social worker/personal advisor listens to what I say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My carer(s)* listens to what I say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My designated teacher listens to what I say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my opinions are heard and do make a difference to decisions made in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please do not answer if you are a care leaver.

Please use this box to tell us what worked well for you and what could have worked better:

Q7 Please tell us how you contribute your wishes and feelings to your Looked After review/ Pathway Plan review (Please tick ONE only).

- I attend my Looked After review/ Pathway Plan review and tell my social worker/ personal advisor what I think during the meeting.
- I don't attend my Looked After review/ Pathway Plan review but I tell my social worker/ personal advisor what I think before the meeting.
- I don't attend my Looked After review/ Pathway Plan review and I don't want to tell anyone what I think.
- None of the above, but I was able to have a say in my Looked After Review/ Pathway Plan review by other ways

(Please tell us what it is).

Q8 Please tell us what best describes your experiences.

	All the time	Most of the time	Only sometimes	Never
I feel my voice is heard in my Looked After review/ Pathway Plan review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get help in preparing for my Looked After review/ Pathway Plan review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can use different ways to communicate what I think e.g. drawing pictures, using photos, writing etc. in my Looked After Review/ Pathway Plan review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this box to tell us what worked well and what could have worked better.

Section Two: Your placement and your life

Q9 Thinking about where you are living at the moment, do you feel it is the right care place/ semi- independent living/ independent living placement for you?

YES NO NOT SURE

If you are unsure or do not feel that where you are living is the right care place for you, please tell us why.

Q10 Please tell us what best describes your experiences.

	All the time	Most of the time	Only sometimes	Never
I feel safe where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe at school/ further education/ work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this box to tell us more about what makes you feel safe or what could make you feel safer.

Q11 Are you worried about any of the following? TICK ALL THAT APPLY

- | | |
|---|---|
| <input type="checkbox"/> My family | <input type="checkbox"/> My future |
| <input type="checkbox"/> My health | <input type="checkbox"/> Where to live after leaving care |
| <input type="checkbox"/> Not getting the support that I need | <input type="checkbox"/> Don't know if I will be able to support myself |
| <input type="checkbox"/> No one to support me/ Staff leaving | <input type="checkbox"/> Living on my own/ loneliness |
| <input type="checkbox"/> My safety | <input type="checkbox"/> Not being able to go home |
| <input type="checkbox"/> My friendships | <input type="checkbox"/> My care experience/ My past |
| <input type="checkbox"/> Relationship with boyfriend/ girlfriend | <input type="checkbox"/> My religion or beliefs |
| <input type="checkbox"/> My education (school, college, university, exam) | <input type="checkbox"/> My sexuality |
| <input type="checkbox"/> Being bullied | <input type="checkbox"/> My identify |
| <input type="checkbox"/> Money issues (fees, bills, rent, debt) | <input type="checkbox"/> Other (please tell us what it is) |
| <input type="checkbox"/> Finding a job/ work/ career | |

Please tell us what helps you cope with worry.

Q12 Generally, do you feel healthy?

- | | |
|--|---|
| <input type="checkbox"/> Yes, all the time | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Yes, often | <input type="checkbox"/> No, none of the time |

How do you find out about staying healthy?

Q13 Please tell us about your free time and what you like to do. What else would you like to do?

Q14 How well do you feel you are doing at school/ further education/ work?

- | | |
|---|---|
| <input type="checkbox"/> I am doing very well | <input type="checkbox"/> I am not doing well |
| <input type="checkbox"/> I am doing well | <input type="checkbox"/> I am not doing very well at all |
| <input type="checkbox"/> I am doing OK | <input type="checkbox"/> I do not go to school/further education/work |

If you feel you are not doing well or not very well at all, please tell us why you think this, and what support you think you need to do better.

Q15 If you are still in education, please tell us about your experience.

	All the time	Most of the time	Only sometimes	Never
I know all about my Personal Education Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with my Personal Education Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am involved in drawing up my Personal Education Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would do better with more help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this box to tell us more about your Personal Education Plan.

Q16 Within the past 12 months (or if you are new in care), have you had a change of: (TICK ALL THAT APPLY)

- Home** Go to Q17
 Social Worker Go to Q17
 School Go to Q17
 Carer Go to Q17
 Personal Advisor Go to Q17
 No changes Go to Q18

Q17 If you have had a change in the last 12 months, how would you rate the help you received?

- Very good
 Good
 OK
 Poor
 Very poor

Please tell us what helped you cope with change and what wasn't helpful.

Q18 Do you see your own family?

- Yes, as much as I like
 Not as much as I like
 Yes, quite often
 I never see my own family

Please use this space to tell us anything you want about getting in touch with your birth family:

Q19 Please tell us what best describes your experiences.

	All the time	Most of the time	Only sometimes	Never
I see or speak to my old friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go round to my old friend's houses to visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My old friends come to visit me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since leaving care, I have made new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything that you want to tell us about getting in touch with friends you had before coming into care?

Q20 Overall, how happy are you with the way Nottingham City Council takes care of you?

- Very happy Happy Unhappy Very unhappy Not sure

Q21 If you would like to receive information about how Nottingham City Council is looking after children and young people in care, please tick this box and we will get in touch with you.

How do you want to receive the information?

- Facebook Printed newsletter Email Text message
 Website Telephone Other - please tell us:

Q22 If you are interested in getting involved in Children in Care Council and having your say about care or care leaver issues, please tick this box and we will get in touch.

Section Three: Please only answer the following questions if you are over 15 years old or a care leaver.

Q23 How happy are you with the help and support you are getting to plan for your future?

- Very happy Happy Unhappy Very unhappy

If you are unhappy or very unhappy, please tell us why.

Q24 Which of the following skills have you got and which would you like help with?

	I can	I would like help to
clean my room or house	<input type="checkbox"/>	<input type="checkbox"/>
iron clothes	<input type="checkbox"/>	<input type="checkbox"/>
wash my clothes	<input type="checkbox"/>	<input type="checkbox"/>
cook for myself	<input type="checkbox"/>	<input type="checkbox"/>
budget my money	<input type="checkbox"/>	<input type="checkbox"/>
write a curriculum vitae (CV)	<input type="checkbox"/>	<input type="checkbox"/>
prepare for an interview	<input type="checkbox"/>	<input type="checkbox"/>
find information about jobs and training	<input type="checkbox"/>	<input type="checkbox"/>
apply for further or higher education	<input type="checkbox"/>	<input type="checkbox"/>
choose subjects for further or higher education	<input type="checkbox"/>	<input type="checkbox"/>
be a responsible tenant	<input type="checkbox"/>	<input type="checkbox"/>

Q25 Do you know what is in your Pathway Plan?

Yes Go to Q26

No End

I did not know I had a Pathway Plan End

Q26 Please tell us how your pathway plan is helping you prepare for leaving care.

Thank you for completing the questionnaire!

For office use only
Ref No:

Children in Care & Care Leavers' Charter

Nottingham City Council has a responsibility to children and young people in its care and to its care leavers. This responsibility is represented by the term "Corporate Parenting": Nottingham City Council is the "Corporate Parent" for all children and young people in its care and its care leavers. Because of this responsibility, Nottingham City Council makes the commitments below.

We will ensure that all children and young people in and leaving our care 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.

Commitments *to* children and young people in care and care leavers

- We will treat all our children and young people with respect and with regard to their age and understanding
- We will give our children and young people enough time and help to understand (and be happy) with their circumstances
- We will make sure they know about the advocacy and complaints services in case they want help to have their views heard or are unhappy with us
- We will listen to our children and young people and involve them in planning for their care
- We will keep our children and young people safe and well by:
 - o Seeing that they have the right place to live as quickly as possible
 - o Making sure that this home is stable and keeps them safe
 - o Giving them the right support to be as healthy as possible
- We will help our children and young people to enjoy themselves
- We will help them to achieve at school and elsewhere to the very best of their ability
- 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 make sure that a child or young person stays in touch with their birth family and friends as much as possible, considering their safety and wellbeing
- We will help our children and young people to plan for and achieve a successful journey into independent adulthood
- We will ensure that all our children and young people – and the adults working for them – know about these promises

Commitments *concerning* children and young people in care and care leavers

- We will make sure that Nottingham City Council is the best Corporate Parent it can be and achieve improved and sustainable outcomes for children and young people in and leaving our care
- We will ensure that everyone who shares our responsibility to children and young people in care and care leavers helps us to keep these promises
- When there are changes to the law or other things that affect the lives of children and young people in and leaving our care, everyone involved – Nottingham City Council and its partners – will respond together, for the benefit of our children and young people
- We will let children, young people and everyone else concerned with these commitments know how well we are keeping them by reporting about them regularly

For more information or to see the Children & Young People's Plan please visit www.nottinghamchildrenspartnership.org.uk

Nottingham City Council, NHS Nottingham City, City of Nottingham Governors' Association, National Probation Service, Job Centre Plus, Nottinghamshire Police Authority, Djanogly City Academy, Nottingham Community and Voluntary Services, Nottingham City Safeguarding Children Board, Hadden Park High, Nottingham Nursery and Training Centre, Springfield Primary School.



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Corporate Parenting Board Reporting Schedule: Forward Planner 2016 - 2017

Report (Corresponding Strategic Priority Statement)	Report Lead	Draft Report from Report Lead	Chair's Briefing	Final Reports from Report Lead	Corporate Parenting Board
<ul style="list-style-type: none"> ▪ Quality Assurance Visits of Regulated and Non-regulated Residential Provision ▪ Emotional Health (1) ▪ Children in Care and Care Leavers Strategy Review ▪ Adoption and Permanency (2) ▪ Performance Report (Q3 and Q4 2016/17) ▪ Children in Care Council (Verbal Update) 	<ul style="list-style-type: none"> ▪ Kay Sutt ▪ Anna Masding ▪ Steve Comb ▪ Sonia Cain ▪ Steve Comb ▪ Jon Rea 	27 th April 2016	4 th May 2016	12 th May 2016	23 rd May 2016
<ul style="list-style-type: none"> ▪ Independent Reviewing Officer Service Annual Report (3) ▪ Pathway Planning (3) ▪ Children in Care Council (Verbal Update) ▪ Foster Carer Recruitment and Retention ▪ Report Forward Planner (Verbal Update) 	<ul style="list-style-type: none"> ▪ Clive Chambers ▪ Sharon Clarke ▪ Jon Rea ▪ Sonia Cain ▪ Cllr Mellen 	TBC	TBC	TBC	18 th July 2016
<ul style="list-style-type: none"> ▪ Care Leavers Annual Report (4)(5) ▪ Advocacy and Independent Visitor Annual Report ▪ Complaints Service Report ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Sharon Clarke ▪ Valarie Marshall ▪ Patrick Skeet ▪ Jon Rea ▪ Cllr Mellen 	TBC	TBC	TBC	19 th September 2016

Report (Corresponding Strategic Priority Statement)	Report Lead	Draft Report from Report Lead	Chair's Briefing	Final Reports from Report Lead	Corporate Parenting Board
<ul style="list-style-type: none"> ▪ Statement of Purpose Fostering Service and Adoption Agency ▪ Children in Care Placements ▪ Adoption and Permanency (2) ▪ Performance Report (Q1 and Q2 2016/17) ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Sonia Cain ▪ Anne Partington ▪ Sonia Cain, Sharon Clarke ▪ Steve Comb ▪ Jon Rea ▪ Cllr Mellen 	TBC	TBC	TBC	21 st November 2016
<ul style="list-style-type: none"> ▪ Fostering and Adoption Panel Chairs Update ▪ Child Sexual Exploitation and Grooming (1) ▪ Reducing Offending Behaviour (6) ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Sonia Cain ▪ Caroline Riley ▪ Sam Flint, Bob Uden ▪ Jon Rea ▪ Cllr Mellen 	TBC	TBC	TBC	23 rd January 2017
<ul style="list-style-type: none"> ▪ Educational Attainment of Children in Care (4) ▪ Physical Health (1) ▪ NCSCB Missings Update Report ▪ Edge of Care Provision ▪ Children in Care Council: Have your Say 2016 ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Malcolm Wilson ▪ Kathryn Higgins ▪ Clive Chambers ▪ Kay Sutt ▪ Jon Rea ▪ Cllr Mellen 	TBC	TBC	TBC	20 th March 2017

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

ATTENTION: IMPORTANT CHANGES TO REPORT SUBMISSION

All* reports scheduled to be presented to the Board on or after the 1st September 2015 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 prompted to input ‘approvers’, the following individuals must be included

- Steve Comb
- Clive Chambers
- Kwesi Williams

(* This only applies to reports produced by local authority staff. External partner should continue to submit reports via email to kwesi.williams@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.

- SPS 6: Offending Behaviour

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