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## NOTTINGHAM CITY COUNCIL

### CORPORATE PARENTING BOARD

**MINUTES of the meeting held in the Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 3 June 2019 from 2:31pm to 4:08pm**

#### **Membership**

##### Present

Councillor Cheryl Barnard (Chair)  
Councillor Jay Hayes (Vice Chair)  
Councillor Nicola Heaton  
Councillor Phil Jackson  
Councillor Maria Joannou (items 1-7)  
Councillor Rebecca Langton  
Councillor Georgia Power  
Councillor Cate Woodward (items 1-7)

##### Absent

Councillor Neghat Nawaz Khan  
Councillor Maria Watson

#### **Colleagues, partners and others in attendance:**

BB	- Foster Carer
Dr Melanie Bracewell	- Designated Doctor, Children in Care Greater Nottingham
Clive Chambers	- Head of Safeguarding and Quality Assurance
Kathryn Higgins	- Designated Nurse, Looked After Children Greater Nottingham
Adrian Mann	- Governance Officer
Jon Rea	- Engagement and Participation Lead Officer
Sophie Russell	- Head of Children's Strategy and Improvement
Kay Sutt	- Service Manager, Residential and Targeted Support
Jordan Whatman	- Project Officer, Children in Care

#### **1 APOLOGIES FOR ABSENCE**

Councillor Neghat Nawaz Khan - Council business

#### **2 DECLARATIONS OF INTERESTS**

None.

#### **3 APPOINTMENT OF THE VICE CHAIR**

**RESOLVED to appoint Councillor Jay Hayes as Vice Chair of the Corporate Parenting Board for the current municipal year (May 2019 to April 2020).**

#### **4 MINUTES**

The minutes of the meeting held on 18 March 2019 were confirmed as a true record and signed by the Chair.

## **5 QUALITY ASSURANCE VISITS OF REGULATED AND NON-REGULATED RESIDENTIAL PROVISION**

Kay Sutt, Service Manager for Residential and Targeted Support, presented a report on the arrangements in place for 'Regulation 44' quality assurance visits of regulated and non-regulated residential provision for children in care. The following points were discussed:

- (a) regular Regulation 44 visits are carried out by independent people for children in residential care and semi-independent provision to ensure that the homes are improving outcomes and delivering cost-effective services. Ofsted have rated three of the Council's homes as 'Outstanding', three as 'Good' with an 'Outstanding' feature for Leadership and Management, one as 'Good' and one as 'Requires Improvement'. The largest home, which is a short-term unit, has four bedrooms. The long-term homes tend to be smaller and most have two bedrooms, while one has three;
- (b) there are approximately 25 Regulation 44 visitors, with eight more starting training at the end of June. After training, new visitors shadow other experienced visitors before being placed on the visiting rota themselves. The visitor reviews the home's records, such as health and safety reports and child-related documentation, before compiling a written report of their findings that must be submitted to the Registered Responsible Provider within four weeks of the visit. The reports are then submitted to Ofsted, who use them to inform their regular inspections;
- (c) Regulation 44 visitors also engage with the children, social workers, carers and the parents of the children in care, whose input can be very helpful. Feedback from the young people tends to be positive. Internal beds are cost-effective. The Council homes a number of children with complex care needs, some of whom cannot find accommodation with private providers. It is not lawful to prevent a child from leaving a home if they wish to do so, so building relationships with the children to create trust is vital. If at all possible, children are not moved outside of the City unless this is necessary for their own safety, either because they are at particular risk from exploitation in the local area or their care needs require highly specialist care;
- (d) the 'Requires Improvement' rating for one home came about when four children with very complex care needs were in residence. Although an appropriate risk assessment was carried out and an action plan put in place (including additional staffing and specialist support from Child and Adolescent Mental Health Services (CAMHS)), there were instances of violence and damage to the home. All of these children have now transitioned to new placements and the home has been repaired and restored;
- (e) to achieve a greater strategic and localised solution for the needs of children in the Council's care, a more focused model for commissioning placements is being explored with neighbouring local authorities;
- (f) the Council has invested in a wide range of services to provide the support to enable children to stay with their families wherever possible and appropriate, and

a strategic review is being carried out into the services offered to care leavers. Services across the Council work collaboratively to address the challenge of providing the right support to children with complex mental health requirements. There is a specialist CAMHS team for Children in Care, but some children do not wish to engage with individual therapy, so engagement work is undertaken by the wider multi-disciplinary team with support from the CAMHS team. A scheme to find additional ways of improving personal wellbeing is being piloted, and this has included funding for attendance at sports clubs for football and boxing.

**RESOLVED to:**

- (1) support the continued recruitment and involvement of relevant independent professionals to undertake Regulation 44 visits to residential homes for children in care;**
- (2) be involved in quality assurance visits to unregulated, semi-independent homes for care leavers;**
- (3) continue to receive regular updates about the outcomes of these visits.**

**6 THE HEALTH OF CHILDREN IN THE CARE OF THE LOCAL AUTHORITY 2018/19 – NOTTINGHAM CITY UPDATE**

Dr Melanie Bracewell, Designated Doctor for Children in Care Greater Nottingham, and Kathryn Higgins, Designated Nurse for Looked After Children Greater Nottingham, presented a report on the health of the children in the Council's care. The following points were discussed:

- (a) meeting the health needs of children in care is an important task and close work between the Council and Clinical Commissioning Group (CCG) is essential to ensure that the right services are available. The Local Authorities and the CCGs must ensure that the regular Statutory Health Assessments are undertaken for all of the children in care. In Nottingham, there are currently two providers who carry out the assessments. Local services, including CAMHS, regularly review processes and pathways to ensure that the right health services are provided to children in care;
- (b) a great deal of work has been done over the last 18 months to improve the systems for the collection and processing of data. This indicates that a significant proportion of the assessments are carried out within the required timescale. Missed deadlines are due to a range of factors, such as children moving placements, difficulties in gaining the relevant consents, or the child refusing to attend their appointment;
- (c) responsibility for the health assessments for children placed out of area still lies with their home Local Authority, but arranging them can often take longer as delivery arrangements differ in each area. Good communication is needed to find an effective solution for each particular case. Ensuring quality can be more challenging, but the local team do quality assure assessments from out of area to the local standards, which are an enhanced version of the national model. There

are around 500 children from other Local Authorities in Nottinghamshire and the local teams are responsible for undertaking their health assessments.

**RESOLVED to:**

- (1) note that the health providers, supported by the Designated Professionals, will continue to work with the Service Improvement Forum and associated working groups to improve the health outcomes for Children in Care, including improving the timeliness of statutory health assessments;**
- (2) note that revised datasets will be available for Quarter 1 and Quarter 2, making more accurate data available for analysis.**

**7 CHILDREN IN CARE COUNCIL**

Jon Rea, Engagement and Participation Lead Officer, gave an update on the Children in Care Council. The following points were discussed:

- (a) the Children in Care Council is a group of around ten to sixteen young people, aged between 13 and 18, from a variety of backgrounds and with a range of support needs, who come together on a voluntary and informal basis to provide a voice for children in care. There is a similar group, called Your Voice, for care leavers. Ofsted is often keen to talk to its members, and it represents a good opportunity for internal teams and external partners to engage directly with young people;
- (b) members contribute to decision-making and provide a perspective on strategic and operational work in the City Council. Measures are in place to support children and young people to develop leadership skills and confidence, and members of the Council sit as representatives on other bodies. A calendar of the Council's activities will be circulated to Board members, for their information;
- (c) each year, the City Council undertakes the 'Have Your Say' survey of the views of children in care and care leavers. A paper copy of the survey has been given to all children by hand to promote an improvement in returns, but it can also be completed online. The survey was developed by young people with officers and it covers the pledges to children in care established by the Board. Any returns raising concerns will be reviewed carefully for any potential whistleblowing or safeguarding issues. The results will be presented to the September meeting of the Board, to show the experience of young people through their care journey, their issues and priorities, and their views on what represents success.

**RESOLVED to note the update on the Children in Care Council.**

**8 OFSTEAD ACTION PLAN**

Sophie Russell, Head of Children's Strategy and Improvement, gave a presentation on the feedback from the November 2018 Ofsted inspection of the provision for Children in Care. The meeting noted the points covered in the slides, which are appended to the published minutes. Full Ofstead inspections are carried out for Children in Care at around three-yearly intervals, but there are likely to be interim

inspections that will focus on the identified areas of improvement. However, the inspection of Children's Homes takes place once every year.

**RESOLVED to note the findings of the Ofsted inspection and the actions to be taken.**

## **9 FORWARD PLANNER**

The Chair introduced the Board's Forward Plan for the coming municipal year, which would be updated to include a presentation on the concept and structures of Corporate Parenting, for the benefit new Board members. The Children in Care strategy document will be published shortly. Although this has been consulted upon widely, the strategy is an evolving document and Board members are welcome to forward further comments if they wish, to inform revisions.

**RESOLVED to note the Forward Plan.**

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# Ofsted Inspection Feedback

## Corporate Parenting Board

Page 7 **3<sup>rd</sup> June 2019**



**Sophie Russell, Head of Children's Strategy & Improvement –  
Nottingham City Council**



**Nottingham  
City Council**

# Key Findings - Strengths

- Effective strategic partnerships and investment in early intervention and edge of care services – supporting children to remain with their families.
- Strategic oversight and multi agency work with vulnerable children and young people at risk of exploitation.
- Improved support for care leavers is the result of leaders' focused attention.
- Support for Unaccompanied Asylum Seeking Children (UASC)
- CiC reported positive relationships with social workers, including children out of area.
- Good engagement with CiC means that contact and placement plans take account of their wishes and feelings and help them to maintain contact with birth families.
- High quality life-story work.



# Key Findings - Strengths

- Most children in care live in stable homes that meet their needs.
- Plans to increase the range of local foster carers is progressing well.
- Care plans reviewed in a timely manner by IROs and children well supported to engage in care planning.
- Emotional and wellbeing needs receive appropriate priority
- Social workers consider a range of permanence options for children.
- Quality of leaving care service has improved – Personal Advisors increasingly experienced - dedicated support, creative efforts, responsive Duty Service.
- Specialist workers in the Leaving Care service provide additional capacity and support.



# Key Findings – Areas for Improvement

- Children with complex needs experience too many moves before they achieve stability.
- Missed opportunities and delays in securing permanence for CiC – the impact of sequential processes.
- Social workers do not always ensure that children understand and embrace their identities and cultural heritage.
- Processes to support CiC to achieve good educational outcomes – completion and quality of Personal Education plans an issue.
- Adoption timescales – particularly the matching phase.
- Parallel planning, Fostering for Adoption are under-developed.
- Plans for children accessing post-order support not clear.



# Key Findings – Areas for Improvement

- Pathway plans are not consistently of a good enough quality.
- Children in care are introduced to Personal Advisors too late.
- Number of care leavers in education, employment or training has dipped.
- Sufficient emergency accommodation to cope with demand – care leavers in hotels and B&B.



# ACTIONS

- Placements Sufficiency – recommissioning of a D2N2 Framework by Jan 2020.
- Strategic review of accommodation needs for care leavers – linked to wider corporate Housing review.
- Development of an electronic PEP document.
- Investment in Virtual School capacity and info gathering systems to monitor progress, achievement and attainment.
- Reviewing arrangements for confirming and recording permanence decisions.
- Regional Adoption Agency went live in April 2019.
- Increasing management capacity in CiC teams and Leaving Care Team – 2 CiC teams to 3 CiC teams (plus Permanence Team) and an additional Leaving Care Manager.

