



**Nottingham City Council
Corporate Parenting Board**

Date: Monday, 15 March 2021

Time: 2.00 pm

Place: Remotely via Zoom – <https://www.youtube.com/user/NottCityCouncil>

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

Director for Legal and Governance

Governance Officer: Mark Leavesley

Direct Dial: 0115 876 4302

- 1 Apologies for absence**
- 2 Declarations of Interests**
- 3 Minutes**
Last meeting held on 18 January 2021 (for confirmation)
- 4 Health of Children in Care** 3 - 12
Report of Interim Director for Children's Integrated Services
- 5 Children in Care CAMHS update** 13 - 18
Report of Corporate Director for People
- 6 Children in Care / Leaving Care - Q3 performance 2020/21** 19 - 30
Report of Interim Director of Children's Integrated Services
- 7 Have Your Say survey feedback**
Children's Learning Improvement Specialist to report
- 8 Children in Care Council update**
Engagement and Participation Lead Officer to report
- 9 Work Plan** 31 - 32
For discussion / noting
- 10 Meeting dates**
To agree to meet at 2.00pm on Monday 17 May 2021.

To note the proposed meeting dates for 2021/22 (to be agreed at the meeting on 17 May) of 2.00pm on the following Mondays:

2021

19 July

20 September

15 November

2022

17 January

21 March

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 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.

Corporate Parenting Board - 15 March 2021

Promoting and Improving the health of children and young people who are looked after.

Purpose of the Report

1. This report is to update the Looked After Children Corporate Parenting Board on key achievements in the last year and priorities for the year ahead, to improve and promote the health and wellbeing of children and young people who are looked after. It should be reviewed in the context of the Local Authorities duty as corporate parents to children and young people who are looked after or children in care.

The health needs of children and young people who are looked after

2. Most children and young people become looked after because of abuse and neglect. Although they have many of the same health needs as their peers, they may also have additional health care needs and the extent of these is often greater because of the impact of their past adverse experiences. Effective close work between partner agencies is required to ensure their health needs are met. In recent years the number of children and young people who are looked after has continued to rise and as of 31 March 2020 there were 80,080 nationally a 2.4% increase from 2019 and 5.9% increase since 2018. In Nottingham City the total number of children who are looked after as of 31st March 2020 was 656, an increase of 4.1% from 2019's 629.
3. Parents want their children to have the best start in life, to be healthy and happy and to reach their full potential. As corporate parents, Nottingham City Council has the same high aspirations and works to ensure children receive the care and support they need to thrive. The Council, Clinical Commissioning Groups (CCGs) and health providers are committed to working in partnership to promote and improve the health of children and young people who are looked after.

Health services

4. The NHS has an important key role in ensuring effective delivery of health services for children and young people who are looked after (and, by extension, to care leavers). Nottingham and Nottinghamshire CCG, Public Health and NHS England commission services for children and young people who are looked after. An overview of statutory and key services, to ensure their health needs are met are detailed below:
 - **The Medical Service** for children and young people who are looked after is responsible for completing a comprehensive initial health assessment to provide an overview of the child or young person's health needs, they will also refer to appropriate services. The provider who delivers this service in Nottingham is the University Hospital NHS Trust (NUHT).
 - **The Nursing Service** for children who are looked after coordinate the pathway once a child or young person enters care and completes the review health assessments (following on from the initial health assessment). This service is provided by Nottinghamshire Healthcare NHS Foundation Trust (NHFT).

- **A Child and Adolescent Mental Health Service** for children and young people who are looked after is provided by NHFT and provides consultation and direct 1:1 work for children and young people with emotional health and wellbeing needs.
 - **Healthy Child Programme (HCP)** for 0-19 year olds also includes the **Family Nurse Partnership (FNP)** which aims to protect and support the most disadvantaged and vulnerable infants and their families. It is a universal service that looked after children can access. This is provided by Nottingham CityCare Partnership.
 - **The Designated Nurse** for children and young people looked after is a statutory role that hosted by CCG. The role leads and supports all activities necessary to ensure that organisations across the health systems meet their responsibilities for looked after children, advising and supporting all specialist professionals across the health community.
 - **Named Nurse roles** work across Mid County, South County and City. The named nurses for looked after children are leaders in their provider organisation to ensure that looked after children's issues are reflected in policies, and service delivery across the provider organisation. They also have a responsibility to support the provider for managing, and quality assurance of health assessments for children placed out of area. They work closely with the Designated Nurse.
 - **The Designated Doctor** for children and young people who are looked after is a statutory role. A Designated Doctor and a Named Doctor are two different roles in each acute provider. Both give strategic advice, training and support in line with Intercollegiate recommendations (like the safeguarding children roles).
5. Children and young people who are looked after can also access the full range of NHS (CCG and NHS England funded) and Public Health commissioned services, which include primary healthcare services (GPs), secondary care, specialist and acute health services, emotional health and wellbeing services, dentistry and services to support weight management, smoking cessation and substance use, amongst others.

Initial Health Assessments and Review Health Assessments

6. The statutory guidance, 'Promoting the health and wellbeing of looked after children (2015, Department of Health), sets out timescales for the completion of initial health assessments (IHAs). Guidance states an IHA should be completed and reported within 20 working days of entering care. Data relating to timely initial health assessment is not collated nationally therefore performance cannot be compared robustly with statistical neighbours. IHAs conducted within 20 working days is widely recognised as an ambitious target, which requires both the local authority and health professionals to ensure robust and clear processes are in place.

The aim of the initial health assessment is to provide a holistic review of health and development and to gather information about emotional and physical health, engaging the child or young person in their own healthcare, and to provide information and advice to the child, their social worker and carers regarding their specific health needs. It is completed by a paediatrician, in line with statutory guidance, to include review of any history prior to care entry which may have implications on the child or young person's future health outcomes and offer a physical examination to inform the medical advice (with consent).

7. In order to reliably report performance an NHS England funded Data Project Board developed revised key performance indicators (KPIs) which align to statutory guidance, to ensure accuracy and comparable data across Nottinghamshire. These revised datasets have been collected since 2019. Due to Covid-19 formal contract service reviews have been suspended, however commissioners, designated professionals for children who are looked after and providers have remained focussed on improvement.
8. Recent reporting (quarter 3 and quarter 4 2019/20) has found the provider (NUHT) are consistently unable to meet the challenging 20-day timeframe. In response to this, commissioners and the Designated Nurse for children and young people who are looked after agreed actions with NUHT and forecast improved performance in quarter 4 in 2020/21. NUHT are recruiting to vacant posts and have with immediate effect undertaken some internal process changes which will ensure IHAs are prioritised at every stage.
9. In order to drive further improvement a working group has formed consisting of Designated leads for looked after children, social care and providers to ensure expectations are agreed at each stage of the pathway, to strengthen collective accountability. This work is expected to be completed by quarter 1 2021/22. The joint Nottingham City and Nottinghamshire County Service Improvement Forum (SIF) will review performance against the cross organisational metrics and it is vital that joint agencies support this work, in order to improve.

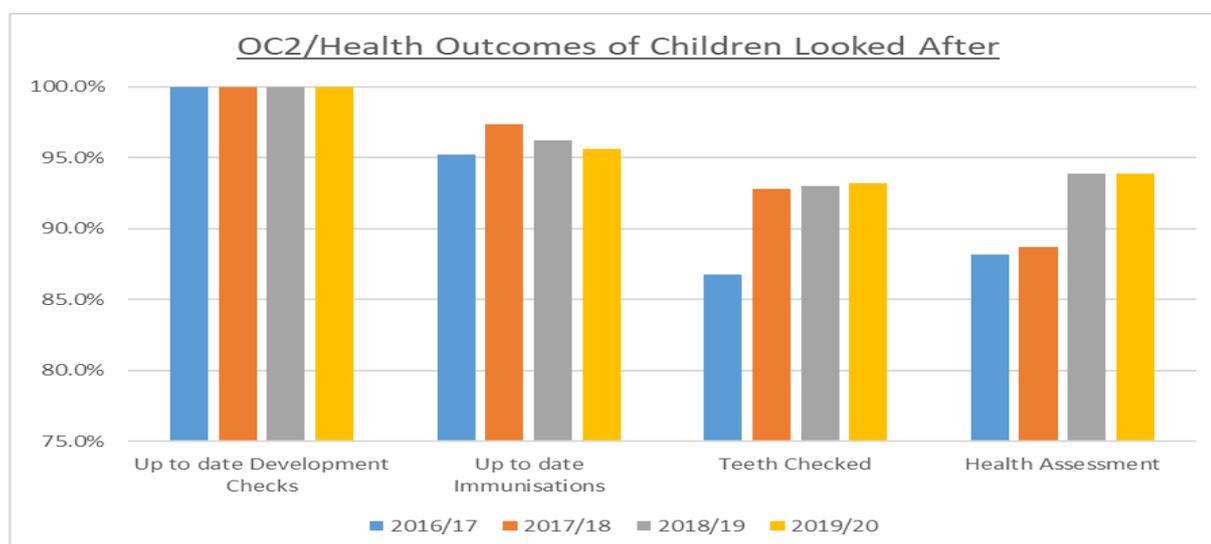
Review Health Assessments

10. The aim of the review health assessment (RHA) is to provide a holistic review of health, development and to gather information about emotional and physical health, engaging the child or young person in their own healthcare, and to provide information and advice to the child, their social worker and carers regarding their specific health needs. This is provided via a written report including health recommendations and an action plan, which is then discussed at each child's statutory looked after review.
11. An RHA should be undertaken every 6 months before the child's fifth birthday and every 12 months after the child's fifth birthday. In 2020/21 Q3 cumulative performance (Q1-Q3) 83% of children and young people placed in area had their 6 monthly review conducted within timescale and Q3 cumulative performance 82% for those placed out of City. Annual reviews for children and young people placed within county were conducted within timescale 86% of the time, this decreases to 79% when placed out of area. Commissioners will continue to work with the service and neighbouring areas to resolve challenges to conducting reviews within timescale.
11. A recent audit has been undertaken by relevant SIF partners, reviewing how health is discussed at statutory local authority looked after review meetings. This audit includes reviewing whether the latest health assessment is available, whether health needs are discussed, and relevant health professionals invited or liaised with. This review identified some areas of good practice and areas for development, key recommendations have been identified and work to implement these is being taken forward across the partnership.

Immunisations and dental care

12. Social workers ensure young people receive the healthcare services they require as set out in their health plan; this includes routine health, dental checks and immunisations. Graph 1 and table 1 show there has been a slight decrease in the number of children whose immunisations are recorded 95.6% (in 2019-20), however this remains above target. Immunisation provides an important role in preventative healthcare, controlling and eliminating life threatening infectious diseases for a vulnerable population of children. It should be noted that there is a 95% performance target for vaccinations in childhood which Nottingham city looked after population exceeds (NHS Digital, 2020).
13. In 2019-20 the number of children who are looked after, who have had their health surveillance checks as part of the National Healthy Child Programme, immunisations and statutory annual health assessment, continues to be high.

Graph 1: Proportion of children and young people with Health, Dental Checks and Immunisations (2016-2020)



Source: Department of Education, Children Looked After Data (SSDA903)

14. Social workers ensure young people receive the healthcare services they require as set out in their health plan; this includes routine health, dental checks and immunisations. In 2018/19 performance was 93%. In 2019/20 performance rose to 93.2%.
15. Dental health care for children and young people who are looked after has been of concern at a local, regional and national level. This has been exacerbated by the impact of Covid19 restrictions in 2020 and a back log of care is anticipated. Recent discussions with NHS England Dental Care commissioners and NHS Public Health East Midlands means this is now being addressed at a national level to produce a pathway and escalation route.

Eyesight

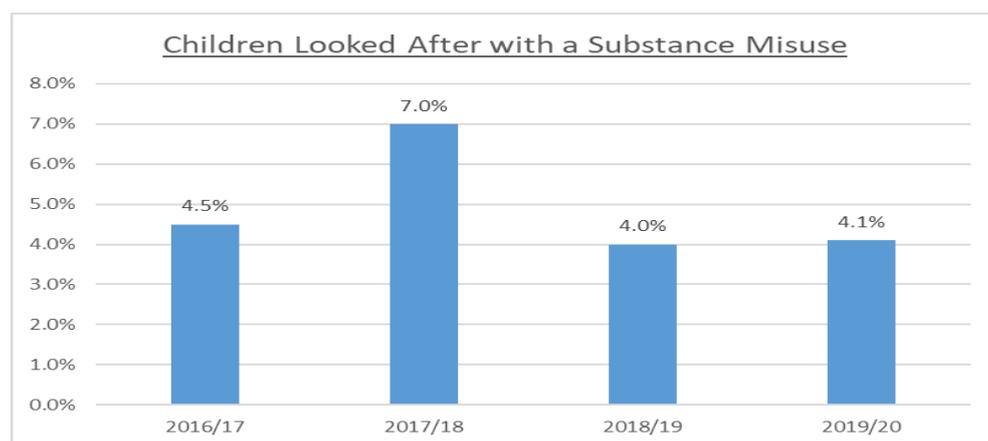
16. Sight status is reviewed at each statutory health assessment and recommendations made to the social worker to ensure that appropriate interventions are actioned by the carers. Work is required to capture eyesight status from 4 years of age and track action in relation to this, in line with recommendations from Public Health England there is no

statutory return which requires the local authority to provide data regarding opticians checks for children in care, although this is discussed in looked after reviews and placement panel.

Substance Misuse

17. It has been identified that there is an increase in the number of children and young people who experience substance misuse problems in 2017/18 7% of children and young people were identified as needing support, however this has reduced in recent years, to 4 - 4.1% during 2018 to 2020. Nottingham City Council work alongside CGL Jigsaw (Change Grow Live) providing a specialist service for young people under 18. They work directly with young people alongside their carers and families to enable an appropriate response to a young person's substance misuse. Currently CGL are working with 5 young people in care, alongside their carers. This is low and may have been impacted by the pandemic. CGL have also engaged with our Residential homes offering training to staff and attending staff meetings. They are planning to attend the children in care team meetings over the next few months.

Graph 2- Substance Misuse for children and young people that are looked after

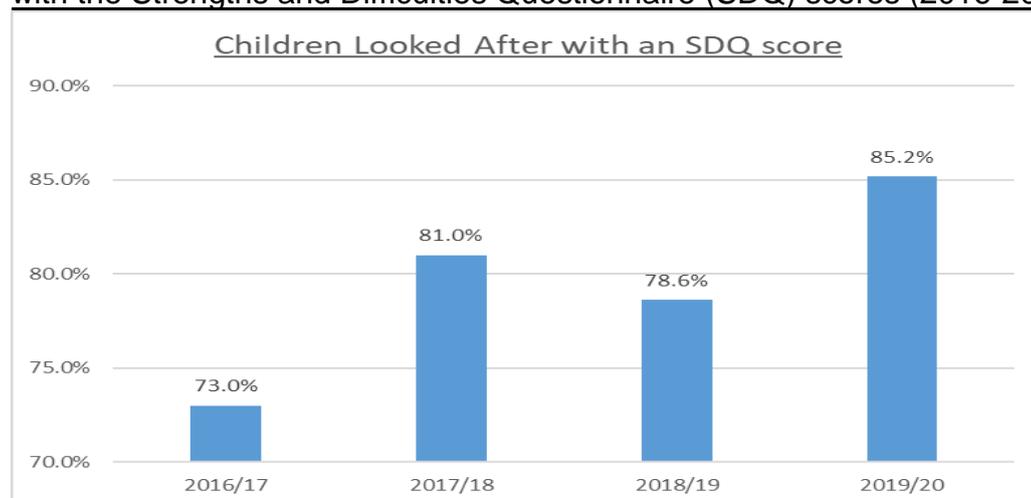


Source: Department of Education, Children Looked After Data (SSDA903)

Emotional Mental Health and Wellbeing

18. Strengths and Difficulties Questionnaires (SDQs) is a clinically validated brief behavioural screening questionnaire for use with 4 to 16 year olds and are used by social workers and health providers to assess the emotional wellbeing of children and young people who are looked after. Statutory guidance requires SDQs to be completed every 12 months, the health assessment requires a current SDQ which is no more than three months old as their therapeutic value is only considered valid for a three-month period. Many of the SDQs are therefore too old and not included in the assessment. Focussed work in the last year has increased the number of SDQs being received.
19. Children and young people with an SDQ increased to 84% in 2020, up from 79% in 2019. There was also a slight reduction in the average SDQ score down from 15.5 to 14.4. The underlying data indicated a 5% reduction in those categorised as 'a cause of concern' while those categorised as 'normal' improved from 40% to 43%. The numbers of SDQ's is above that of benchmarking comparators at 81%.

Graph 3: Emotional Mental Health and Wellbeing: Percentage of children and young people with the Strengths and Difficulties Questionnaire (SDQ) scores (2016-2020).



Source: Department of Education, Children Looked After Data (SSDA903)

20. A dedicated Child and Adolescent Mental Health Service (CAMHS) supports the mental health needs of children and young people who are looked after. A detailed update on emotional health was presented in October 2019 to the corporate parenting Board. The team is a multi-disciplinary, multi-agency team comprised of social workers and health professionals whose purpose is to assess mental health needs and promote the psychological wellbeing and placement stability of children and young people who are looked after. The team has filled a vacant nursing post, although there is a social work vacancy currently. The team is currently subject to a review being undertaken jointly by the CCG, Trust and City Council. This is due to be completed by April 2021.
21. The model of intervention is tailored to meet the individual needs of the child or young person and their network, based on the evidence base, the views and skills of the client and their family/foster carers. Care may be delivered via a consultation model or through a range of integrative interventions: fostering attachments group; therapeutic parenting or attachment focused family-based interventions such as 'Theraplay'; Dyadic Developmental Psychotherapy.
22. In order to further strengthen the team a training plan has been developed for 2021. All team members have received additional training in DBT, Dyadic Developmental Psychotherapy (DDP) and there are plans to continue with further training such as additional Theraplay training and Non Violent Resistance. This training will further strengthen the expertise within the team. In addition to training for the team, the Team manager has been asked to participate in an East Midlands CAMHS looked after child and young person and adoption forum to help form relationships for supervisions within a modality and sharing information, training and ideas to further develop practice.
23. The team continue to receive positive feedback, from partners and young people who have received support from the service.
24. A further area for improvement within the service and commissioners are considering is how to support young people in care with mental health needs as they transition to adulthood. In addition to this opportunity for expansion, occupational therapy (OT) is being considered as an element of the service which may further strengthen the modality within the team.

Health Assessments and Quality

25. A quality assurance framework has been developed for Mid Nottinghamshire and Greater Nottingham CCGs by the Designated Professionals for CIC, including a quality assurance tool (in line with guidance from NHS England) to assess the quality of healthcare delivered to children and young people who are looked after. This includes data collection, audit and dip-testing. The framework covers the quality of the health assessment, ensures the voice of the child or young person is always central, and includes information given on leaving care
26. A decliner pathway has been developed by the Designated Professionals (for children and young people who are looked after), health providers and the local authority. This means that any child or young person who declines a health assessment at any time is appropriately supported to engage with the assessment and that health needs, where known, are met.

Unaccompanied Asylum-seeking Children (UASC)

27. The numbers of Nottingham UASC reached a peak in 2019 at 43, having increased from 33 in 2018. In 2020 this figure dropped to 39, equating to 5.9% of the CIC cohort at year end. UASC have many specific health needs, and in addition, these young people will be transitioning into adulthood and adult services, health services work to ensure these needs are met. As the number of asylum seekers will be influenced heavily by worldwide events, it is difficult to accurately predict whether numbers will change. The Designated professionals for looked after children and young people continue to be in contact with the East Midlands Strategic Migration Partnership who ensure partners are up to date with issues within the region.
28. In response to revised practice guidance, the following work has been completed;
 - as part of the revised data set, improvements to data collection and reporting on health assessments for UASC will be made to plan service delivery
 - information is being shared by designated professionals for children and young people who are looked after with health providers regarding training events and national guidance. UASC information is incorporated into GP platforms and all training events
 - the Service Improvement Forum has identified UASC as a group of young people that require further review to ensure their health needs are being met
 - links with the East Midlands Strategic Migration Partnership are being strengthened.

Leaving Care

29. Care leavers and transition from care continues to be an area of focus locally and nationally and it is acknowledged that it requires further improvement. Statutory guidance requires a summary of health including available information about family and history are given to young people on leaving care. In 2020, the documentation was amended and improved with the support of young people themselves. In addition to this information young people are signposted to local and national support services. Awareness raising of care leavers at all training events and information is disseminated via newsletters, bulletins and on GP IT systems to support this.

A National Perspective

30. As demonstrated in this report, unwarranted national variation has a disruptive influence on many aspects of children and young people who are looked after and their healthcare needs for example the impact on IHAs and RHAs, as well as the impact on out of area provision, particularly accessing services for our children and young people placed out of area. The CCG's Safeguarding and Assurance Group (SAG) convened in January 2021, and it was agreed further escalation was required. A Government Care Review was announced in December 2020 to take place during 2021/22 and local input will shape the outcome. In addition to this a national NHSE clinical reference group has formed to identify and inform improvements, and the direction will also be informed by NICE guidance.
31. The SIF partners continue to work across organisational boundaries to prioritise and improve the health of children and young people and will be driven and monitored via the multi-agency SIF.

Reason for Recommendation

32. To improve the health and wellbeing (physical, emotional and mental) of children wherever they are placed, and positively influence their life chances.

Statutory and Policy Implications

33. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

34. There are no financial implications arising from this report.

RECOMMENDATION

35. That Committee notes the report and considers whether there are any further actions it requires in relation to progress in promoting and improving the health of children and young people who are looked after.

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Corporate Parenting Board – 15 March 2021

Title of paper:	City Children In Care CAMHS	
Corporate Director:	Catherine Underwood Corporate Director for People	Wards affected: All
Report author and contact details:	Matthew Jenkins, CiC CAMHS Team Manager matthew.jenkins@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Sharon Clarke, Acting Head of Children in Care (Regulated Services)	
Relevant Council Plan Key Theme:		
Nottingham People		<input checked="" type="checkbox"/>
Living in Nottingham		
Growing Nottingham		
Respect for Nottingham		
Serving Nottingham Better		
Summary of issues (including benefits to citizens/service users):		
<p>The City Children In Care CAMHS is a jointly-funded multi-disciplinary service responding to the mental health and emotional needs of the City's children and young people who are in care, offering specialist assessment and intervention when needed, with a particular focus on promoting placement stability. The team is currently being reviewed.</p> <p>This report gives an update on the development and implementation of the City Children In Care CAMHS 'offer' over the last 12 months or so, and of the review process.</p>		
Recommendation:		
1	that the Board note and comment on the report.	

1 Reasons for recommendations

Children's mental health is becoming an increasingly prominent concern nationally. As a result of their experiences both before and during care, children in care are at a much greater risk of poor mental health than their peers.

The City Children in Care (CiC) CAMHS team is currently working with approximately 194 children, with a further 14 awaiting assessment in the coming weeks.

We are continuing to develop a service that delivers effective, accessible, holistic evidence-based care. Progress is being made towards this through:

- A planned service review of the team is being undertaken between Health and the City Council;
- The service adapting to meet the challenges posed by COVID-19;

- Acknowledgement of mental health and transitions being identified as a priority within the Nottingham City Integrated Care Partnership;
- Consideration of the Council's Improvement and Recovery Plan and the implications of this for the team / how this fits with the planned service review.

In the last quarter (to Dec 20) we received 35 referrals. The referral rate remains broadly consistent with previous quarters. There has not been a discernable increase in the number of referrals during the COVID pandemic, although we are aware that the pressures in many children's placements have understandably increased during this period (for example with children being unexpectedly at home for increased periods and the changes / disruption they have experienced with school routines).

The majority of our work is with older children (11-18yrs). This could reflect a number of factors, including the age at which children and young people enter the care system, the emergence of mental health difficulties and the developmental challenges that children face as they grow up.

Consistent with previous years, attachment issues and developmental trauma were provided as reasons for referral in the majority of cases. Other frequent reasons for referral include self-harm / suicidal ideation for which the team have developed a specific pathway. The referrer provides the reason for referral. The categories provided on the referral form and those indicated by the referring social worker, do not always represent the difficulties presented by the child, as CAMHS clinicians would view them following assessment.

There has not been a significant change in wait times for a service following acceptance of a referral over the last year from. Throughout 2020, this has remained consistent at around four weeks.

2 Background (including outcomes of consultation)

2.1 Service review:

The review began in December 2020. It is hoped that it will be completed by April 2021. This is being led by commissioners within the Integrated Commissioning Hub in partnership with the Head of Service, Children in Care (Nottingham City Council), and the Nottinghamshire Healthcare NHS Foundation Trust. Recommendations will be developed and shared to inform future commissioning intentions.

Among other challenges, there has been a change to the profile of the children in care cohort, with significantly more children in foster care placed with relatives in Connected Persons placements. The issues for working with families such as this are in many ways very different to more traditional fostering families and the team is now having to adapt its practice.

The review aims to:

- Review the current delivery model;
- Review the links between CAMHS CIC team and other mental health services;
- Gain an overview of the connection and joint working with other vulnerable children's services;
- Understand the current activity of the CAMHS CIC team;
- Review the pathway into the service and explore any overlaps and gaps in provision;
- Review pathways for CIC placed in Nottingham City by other Local Authorities (this team currently doesn't work with this group);
- Review transition pathways (children turning 18 and the services they receive as adults);

- Consider the pathway for Nottingham City CIC, placed out of area;
- Gather the perspectives of stakeholders;
- Explore staffing, and skill mix of health and local authority staff;
- Funding / costs. The team is jointly funded by the City Council and the CCG.

The team has been asked to consider the following areas and provide detailed information as to how they meet each area e.g. what is the service offer, how is it accessed, frequency etc:

- Consultation to social workers and the network;
- Consultation, training and support for residential staff;
- Capacity building within the education system;
- Training and support for foster carers;
- Consultation and support for adopters;
- Support for children placed within Nottingham City from other local authorities and those placed out of area by Nottingham City;
- Work with Unaccompanied Asylum Seeking children and young people;
- Assessments;
- Interventions (no. of sessions, types of interventions offered);
- Group work (no. of sessions, types of groups etc).

We are keen to focus on developing a service that focuses on early intervention as part of a continuum of services. This could include focussing on offering more support through increasing the number of group interventions to both professionals and children.

2.2 Staffing

With regard to staffing, the multidisciplinary team is made up of staff employed by the Trust and the City Council. Working with the Trust, we have successfully recruited a full time nurse who began in post in September 2020. The nurse is now directly working with a caseload of complex and riskier children, whose presentation includes self-harm, suicidal ideation and challenging behaviours.

As part of further developing the MDT we are working with the CCG to explore the feasibility of having an Occupational Therapy resource in the team for a few hours a week as part of a pilot project, acknowledging the team primarily work with children whose presentation is best understood in the context of developmental trauma and attachment difficulties. Having a greater capacity to assess how children's sensory systems are being impacted and exploring how children can be better supported in school and at home.

Prior to Covid-19, consideration was also being given to developing a specialist transitions role within the team and it is hoped that this proposal will be revisited as part of this review.

Currently, there is a newly vacant full-time social work post in the team but we do not have agreement to recruit to this post at present because of the City's current financial situation. This could cause some capacity issues in the near future (it is likely that the waiting time for assessment and intervention could increase slightly).

2.3 Increasing knowledge and skills

In November 2019, the team were successful in obtaining a £50,000 one-off award to fund specialist training. This has allowed the team to begin developing a clear pathway for specialist training to support practice. Unfortunately, the implementation of this has been partially delayed by COVID and some of the training had to be postponed and is now due to take place in 2021. The team's training needs were identified through discussion with the

team's clinical psychologist, consultant psychiatrist and through researching interventions, which have a proven effectiveness with children who have experienced developmental trauma. Some of this training has been arranged in with collaboration with the County's CIC CAMHS.

With regard to other interventions, since the pandemic started the team has observed some increased difficulties within foster placements with the extra physical and emotional pressures on families with children spending more time at home etc. In response to this, our clinical psychologist has recently facilitated an online support group for foster carers jointly with colleagues in the City's Fostering Service. This is now meeting on a monthly basis; foster carers can 'drop in' to the virtual sessions and get support as required.

In April last year we produced a resource for carers to support placements in response to the first lockdown.

The team has been involved in the production of a research paper, which has been published in the British Journal of Psychiatry Bulletin in recent weeks. The aim of this study was to compare the efficacy of direct therapy and indirect consultation for treating mental health difficulties among children in care, and also to identify any demographic or clinical predictor variables for outcomes in this cohort. A retrospective evaluation of mental health outcomes for 104 children in care was conducted. All children received network consultation in combination with or without direct therapeutic work. Outcomes were compared between the groups with and without direct therapeutic intervention.

Those receiving both treatments displayed significantly greater improvements than those receiving just consultation. Nonetheless, improvements for the group receiving indirect Consultations were also significant relative to baseline. Treatment duration and younger age at referral were associated with positive outcomes, while number of placement changes predicted higher difficulties.

It is a major achievement of Nottingham City CAMHS to create an evidence base acknowledged in an internationally reputed academic journal platform. This study is the first of its kind to contrast direct and indirect treatment-related outcomes for Children In Care, and it endorses significant efficacy of both, delivered by a specialist CAMHS. Younger age at entry into care and early treatment are further solidified as key protective factors for mental health of children in care. These findings provide an important quantitative benchmark to guide treatment decisions. Its policy implications include attention to resources to enable more direct and longer interventions for better outcome and life chances for this vulnerable group of society.

2.4 Current challenges

It is hoped the review will address a number of challenges including:

2.4.1 Transitions:

The Nottingham City Integrated Care Partnership (ICP) has identified the mental health transitions of care leavers as a focus of one of its workstreams. It plans to develop transition pathways and processes for young people who are either making a transition from CAMHS or who present to the leaving care service with mental health need having previously either not engaged with CAMHS or disengaged before leaving care. Other aspects of transitions which remain a challenge are services for children who have been moved into the City and who are looked after by other local authorities (currently this team doesn't offer a service to this group) and ensuring that City children who are in out of area placements receive effective and timely

mental health support. Effective support / pathways for these different aspects of transitions will be one of the issues considered within the context of the service review.

2.4.2 Service delivery and COVID19

Currently, all practitioners and Business Support staff are primarily working from home in line with guidance issued nationally and by the City Council. This has been the case since late March last year.

It is worth noting that some carers have continued to report the positive impact for some children seemingly benefitting from smaller numbers in schools, and being at home more which they report have had a positive impact on relationships.

We resumed some face-to-face work as a team in September 2020 and this has continued into the current 'lockdown'. This is carefully risk-assessed and there are some interventions, which we have not, for practical reasons, been able to resume. We acknowledged that some children were struggling with 'virtual' support and some interventions (including art psychotherapy) were difficult to offer 'on-line'.

The majority of work with children and carers is still taking place 'virtually'.

We have carefully risk-assessed and planned how we use our office space and this now opens on a rota basis throughout the week. Staff have access to PPE and occupational health and HR advice has been sought from both the Trust and City as necessary to ensure staff have been fully supported.

We have successfully moved our foster carers' therapeutic skills group to a 'virtual' environment and this is now in its second 10-week run delivering to a second cohort of carers since September last year. We have virtual fostering and schools training programmes in final draft and this will be available in the next few weeks.

IT remains a particular challenge with the difficulties of staff in the team having to negotiate access to two different systems (the Trust and the City Council) with both elements of the team struggling to access each other's systems, these issues are still not fully resolved but are actively being progressed. There have also been differences in the platforms staff have been able to use for working virtually with children, carers and other professionals. But these are now resolved.

Practitioners have continued to find working from home challenging at times with issues ranging from staff having adequate workspaces at home, to childcare issues. The team are being reminded regularly through supervision, in team meetings and in other catch-ups to reflect on some key self-care principles.

2.5 Links with other services

Despite the challenges of Covid, the team's relationship with other City services for Children In Care has improved significantly over the last couple of years, particularly with line-management of the City element of the MDT sitting under the Head of Service for CIC. The team regularly work with the Placements Service to support decision-making around placements. The team recently took part in a D2N2 event for placement providers, alongside CIC CAMHS from Derbyshire and the County.

The team has continued to develop solid links with a range of other mental health and related services including the Virtual School, the Special Educational Needs team, IMARA, Refugee

Forum etc. We have worked closely with the NSPCC therapeutic Life-Story project and are involved in thinking about 'legacy' planning as this project comes to an end. We have developed a closer working relationship with the CAMHS Crisis team and are beginning to work together more effectively where there are children with particularly complex needs; this is evidenced by the development of a 'Strategic Response Plan' (SRP) for one case, the principle of which can be implemented to support particularly vulnerable and risky children in future.

3 Other options considered in making recommendations

None.

4 Finance colleague comments

None.

5 Legal and Procurement colleague comments

None.

6 Strategic Assets & Property colleague comments

None.

7 Equality Impact Assessment (EIA)

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

8 List of background papers other than published works or those disclosing confidential or exempt information

None.

9 Published documents referred to in compiling this report

None.

Corporate Parenting Board - 15 March 2021

Children in Care / Leaving Care - Q3 Performance 2020/21

Purpose of report

To provide key performance information for Children in Care and Care Leavers for Q3 period 01.10.2020 to 31.12.2020. A separate item on the Health of Children in Care is noted to be on the agenda today.

Recommendations:

1. that the Board approves the following areas to be added to the work plan for further consideration and scrutiny:
 - a) Personal Education Plans;
 - b) Placement Sufficiency and Stability;
 - c) Permanence (including long-term fostering and adoption – to include an update from Adoption East Midlands);
 - d) Suitable Accommodation – to include use of B&B, unregulated placements, young people in custody;
 - e) Fostering Service Performance.

2. that the Board notes the report and that:
 - i. Social Care will continue to work with Health partners to ensure routine dental checks resume as government restrictions ease;
 - ii. the Head of Service will work with the Virtual School to access interim data for ePEPs to ensure there is an improvement in the number and will take a decision regarding the completion of ePEPs without the attainment and assessment data;
 - iii. the Head of Service and Service Manager will continue to drive the work on increasing the number of children in long term fostering arrangements.

Statutory visits

% Children in Care with an up to date visit is 86% with target of 100%. Fortnightly data is provided to the Department for Education about statutory visiting at a 4weekly frequency for Children in Care. Service Managers review specific details for those children that are not seen at that frequency. Visits to children in care and open to fieldwork teams is in the high 90's %. The reasons for some children not being seen are provided below:

- those in custody where face to face visits are not agreed by the secure establishment and virtual contact is not in line with statutory frequency.
- Self-isolation due to Covid has impacted on some visits not taking place in timescales.
- Children and young people who are placed in stable long term foster placements have visits agreed at 12 weekly levels.

We are maintaining face to face visits on each visit unless it is not appropriate to do so, some are replaced with virtual visits with agreement from Service Managers. Guidance has been issued regarding visits to children in care.

As at 15th December 2020, there were 298 young people open to the Leaving Care Service and 73% had been seen or spoken with at the required frequency of 8

weekly visits and detailed rationale why the remaining had not been seen has been scrutinised.

Health and Dental performance

% Children in Care with up to date Health Assessments-these are annual check ups for Children in care and the target for this measure is at 90% and for Q3 the performance has been at 87.5%. We have identified some delays in Initial Health assessments being requested and a process has been put in at the front door to address this. We have a Business Support lead who supports the processing of Health Assessments in Children in Care teams where the performance is higher, she is now supporting those Children in Care open to Fieldwork teams.

There are no issues about young people receiving medical attention when it has been required.

% Children in Care with up to date Dental Checks-the target for this measure is 90% and we have seen a month on month deterioration in the measure. This is in part due to restrictions under Covid impacting. We know that children who require dental treatment are able to access this however routine checks have not been possible. This deterioration is expected nationally. Q3 performance is at 58%. There is a working group including health and social care colleagues to address this locally.

Pathway plan

% Pathway plans, authorised in the last 6months- the target for this measure is 95% and Q3 performance for:

- CIC is 82%
- Care leavers is 87%.

There has been work undertaken to Pathway Plan form and feedback is being sought from young people to ensure it meets their needs.

Due to Covid, there has been a challenge in undertaking direct work with Children in Care to complete their Pathway Plans and social workers are trying to work creatively with placement providers to try and undertake this work. For those young people at university, in secure institutions or not engaging with frequent visits, this is proving to remain challenging and colleague remain tenacious in working with young people to complete or update their Pathway Plans.

Personal Education Plans (PEP)

The percentage of electronic PEP (ePEPs) completed is now reportable on a termly basis and for 01.09.2020 until 31.12.2020 there were 58% of children with a statutory PEP in place. This is a new system. The next data will not be available until May reporting on the January to end of April period.

Whilst the news system is up and working and training events successfully implemented and completed, there are currently a low number of signed off as complete PEPs. The principle reason being that from a schools there is a low level of completed attainment and assessment data. This is reflective of the overarching Covid impact situation in schools for all pupils, rather than a Children in Care specific issue. Some Virtual Heads have taken the position of therefore signing off PEPs as "complete" with the caveat that all necessary assessment data will be added as soon as it becomes available and that this proviso is noted on the form. We are considering taking the same approach.

The Head of Service will be working with the Virtual School Head to try to access data between reporting periods to satisfy that we are seeing an improvement. The new process takes us from having twice yearly PEPs to having them 3 times a year. All social work colleagues have been made aware that statutory school aged children in care require an updated PEP each term populated using the new ePEP portal.

Placement Stability

% of Children in Care who have had three or more placements in the previous 12 months has decreased to 9% which is an improvement and on target.

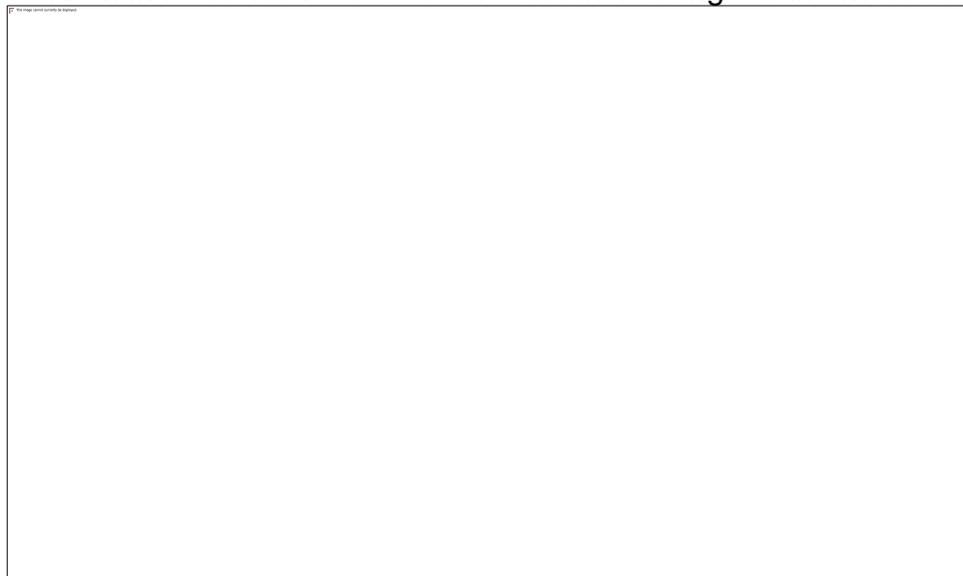
% Children in Care who have lived in the same placement for at least 2 years-Our performance for Q3 is 62.2% and performance for our Statistical neighbour group at 2018/19 was 68. We know that some foster carers are worried about visits to the home and where appropriate to do so, introduced virtual visits with face to face. If placements are at risk of breaking down, then face to face visits are being maintained. Lockdown restrictions are still impacting on stability of placements and is adding pressure to placements.

We are negotiating for Supervising Social Workers to visit foster homes on alternate visits with virtual visiting in between to reduce the carers anxiety but to support stability.

Type of placement

The ratio of fostered children homed with internal: external foster carers is at 52.6:47.4%, this is good because our target was to be at 50:50.

There are still a high proportion of children and young people in external residential placements (as below) and work remains ongoing to support stepping down of children in residential to foster care and increasing our internal residential offer.



Fostered children that are in Long term fostering placements

The Department for Education target is for 40 to 60% of children fostered to be in long term fostering placements and our performance in Q3 was at 26.2%. The impact of this work is that children in care have a greater sense of security that they are remaining with their foster carers long term.

We have streamlined some of our processes to secure the permanence arrangement of long term fostering for those children and young people for whom it

is planned they remain with their carers long term. The Head of Service and the Service Manager are tracking progress on this work.

Children in Care numbers

The average number of children in care during Q3 was 672 and this is at a rate of 98 per 10,000, our statistical neighbour group with whom we compare have 97 per 10,000. The outturn for 2019-2020 was 96 per 10,000. The target we have set is 88 per 10,000. An average of 18 children have been discharged from care each month during Q3.

Discharges

The numbers of discharges through Adoption and Special Guardianship orders are low and work is underway to clarify if court proceedings in other local authority areas is impacting on the number of Adoption orders and Special Guardianship orders for Nottingham's children. Considering our high proportion of Black, Asian and Minority ethnic and Hard to place adoption cohort, the issue remains that they are hard to place and this does negatively impact adoption timescales. We will continue to work with Adoption East Midlands on increasing adoption activity by analysing the barriers to achieving adoption for these cohorts and take appropriate action.

The number of children discharged through Child Arrangement Orders to friends and family are also low because we know families and their solicitors, advocate for discharges through Special Guardianship due to the allowances that are payable. We are still driving discharges through Special Guardianships which allows children to have more "normal" life experiences with wider family and friends rather than being involved in statutory social work services and the interventions in their families by social workers.

Children in Care Reviews

95.2% of Children in Care statutory reviews took place in timescale during Q3, and the target is 97%. This target was previously at 95% and was raised to be more aspirational and the service are determined to continue this improvement. The outturn for 2019-2021 was 89.9% and the Year to date performance is 94.6% which is an improvement.

% of reviews where the child (excluding under 4's) participated in their review is at 90.5% and improving. The Strategic Lead for Quality Assurance and Safeguarding has identified an area for improvement in first reviews both with their timeliness and participation by children and will be a focus to support booking of these meetings in a timelier manner.

Quality of practice

12 of the 20 social workers in Children in Care are on caseloads of 19 and higher, with one being on 23 and this is high when colleagues are trying to ensure good social work practice. With the exception of newly qualified social workers, the remainder of social workers in the Children in Care teams are experienced social workers who have been in the team for some time. Newly qualified social workers have protected caseloads which reduces the capacity to allocate in their first year in employment.

The service has no Children in Care unallocated. Many children are placed at long distance and therefore it can be a challenge ensuring face to face statutory visits are taking place and with the added complication of working under Covid restrictions.

All staff have undergone Strengths Based and Signs of Safety training to support improvement in practice and to ensure all social workers understand expectations regarding Practice Standards.

Suitable accommodation/Sufficiency

We are working with Barnardo's to create a Supported lodgings scheme/Gap homes model for supported accommodation for those children in care and care leavers who are not able to sustain a tenancy.

Care Leavers

Suitability of accommodation and employment, education and training (EET) status are key issues in the lives of care leavers.

The percentage of care leavers in suitable accommodation (age 19-21yrs) at Q3 is at 90%, the Year to date is 88.6% and the target is 90%. Those young people in custody cannot be considered to be in suitable accommodation according to the definition we work to. The Q3 cohort consists of 58 care leavers, 6 of which are in unsuitable accommodation; 5 in custody and 1 in bed and breakfast accommodation. The Service Manager is working closely with the social work team to resolve the housing situation for the young person in bed and breakfast accommodation which is at significant distance outside of the local authority area. This young person's circumstances are also reviewed in fortnightly meetings with Housing regarding the use of B&B accommodation by the City Council.

The percentage of care leavers in employment, education or training (age 19-21years) is at 63.8% Q3 with Year to date at 61.2% and the target at 60%.

Fostering Service

A dashboard has been set up on our data management system to monitor compliance regarding checks, visits, training for foster carers which is good.

Residential

Children's Residential have continued to deliver services to children throughout the pandemic, on occasions colleagues moving in to live in the home to ensure safe caring. They remain rated by Ofsted as Good or Outstanding which is excellent.

Report authors

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Q3 Performance Report Children in Care/Leaving Care

Statutory visits-Target 100%

- 86% of children seen within timescales-Covid impact, face to face visits maintained where possible

Health and Dental-Target 90%

- 87.5% of children have an up to date health assessment and 58% of children have an up to date dental check.
- Routine appointments impacted by Covid-local and national challenge

Pathway plan-Target 95%

- Children in Care at 82%
- Care leavers at 82%
- Improved reporting and the template is being improved with feedback from Young people and practitioners

Personal Education Plans

- 58% in timescales
- New electronic PEP system (ePEPs), termly reporting
- Low level of data available on attainment and assessment impacting on completion of ePEPs

Placement Stability

- 9% of children have had three or more placements in previous 12 months which is on Target
- 62.2% of children have lived in same placement for at least 2 years
- Challenge supporting carers during Covid when they don't always want face to face contact

Type of placement

- Target for placements in internal and external foster care are 50:50 which we are exceeding
- High numbers still in external residential placements

Fostered to Long term fostering (permanency)

- DfE target is 40-60% children in care, Q3 performance is at 26.2%
- Process has been streamlined and trackers set up to ensure we are progressing in this area

Children in Care numbers-Target 88 per 10,000

- At Q3 we had 672 children in care at 98 per 10,000
- Statistical Neighbour Group is at 97% per 10,000
- Consider review of our target

Discharges

- Adoption-Court delays and hard to place impacts on this measure
- Special Guardianship Orders-Court delays impact, preferred route from Advocates due to allowance payable
- Child Arrangement orders are not a preferred route recommended by Advocates in Proceedings
- Discharge of Care orders following positive Placement with Parents-delays due to other court priorities

Children in Care Reviews-Target 97%

- 95.2% Reviews in timescales, target raised from 95%
- Improving performance for children participating in reviews

Quality of Practice

- With exception of newly qualified social workers, remaining are experienced social workers
- Case loads are higher than we want them to be which has impact on quality of practice
- All staff have undergone Strengths based and Signs of Safety training which builds on strengths in families and their resilience

Suitability of accommodation

- Placement sufficiency work continuing-Supported lodgings/Gap homes model

Care Leavers

- 90% Care leavers in suitable accommodation; 5 in custody and 1 in B&B-scrutiny in place regarding the B&B situation
- 63.8% Percentage of care leavers in employment, education and training

Fostering

- Dashboard set up to assist Management and Compliance re checks and training

Residential

- All Children's Residential are judged by Ofsted to be Good or Outstanding

Next Steps

1. Social Care will continue to work with Health partners to ensure routine dental checks resume as government restrictions ease.
2. Head of Service to work with the Virtual school to access interim data for ePEPs to ensure improvements are being made.
3. Virtual School to consider taking a decision regarding the completion of ePEPs without the attainment and assessment data.
4. Head of Service and Service Manager will continue to drive the work on increasing number of children in long term fostering arrangements.
5. Strategic Lead for Quality Assurance and Safeguarding to continue to improve on timeliness of Children in care reviews and participation of children at reviews.

Corporate Parenting Board Forward Plan 2021/22

Item	Item Lead	Draft Report to Constitutional Services by	Chair's Briefing	Final Report to Constitutional Services by	Meeting date
<ul style="list-style-type: none"> ▪ Themed Discussion – Education and Employment ▪ Children in Care and Care Leavers Strategy Review ▪ Leaving Care Annual Report ▪ 2021/22 Q4 Performance Report 	<ul style="list-style-type: none"> ▪ Jon Rea / Lead Board Members ▪ Tajinder Madahar? ▪ Alison Wakefield ▪ Tajinder Madahar 				17 May 2021 – TBC
<ul style="list-style-type: none"> ▪ 2021/22 Q1 Performance ▪ Children in Care Council (Verbal Update) 	<ul style="list-style-type: none"> ▪ Tajinder Madahar? ▪ Jon Rea 				19 July 2021 – TBC
<ul style="list-style-type: none"> ▪ Themed Discussion – Homes and Housing ▪ 2021/22 - Q2 Performance ▪ Reducing Offending Behaviour 	<ul style="list-style-type: none"> ▪ Jon Rea / Lead Board Members ▪ Tajinder Madahar? ▪ Sam Flint / Natalie Pink 				20 September 2021 - TBC
<ul style="list-style-type: none"> ▪ IV Service Report ▪ Advocacy Service Report ▪ Complaints Service Report ▪ Independent Reviewing Officer Service Annual Report ▪ Children in Care Council (Verbal Update) 	<ul style="list-style-type: none"> ▪ CGL? ▪ Children's Society? ▪ Patrick Skeete ▪ John Matravers ▪ Jon Rea 				15 November 2021 - TBC
<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 				17 January 2022 - TBC
<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 				21 March 2022 - TBC

ATTENTION: IMPORTANT NOTE ON REPORT SUBMISSION

All reports from City Council staff for presentation to the Board must be produced and submitted through the corporate report management system, here: <http://gossweb.nottinghamcity.gov.uk/nccextranet/index.aspx?articleid=10263>.

When submitting a report for advice, you will be prompted to select reviewers. You should select the following reviewers:

- Sophie Russell

When submitting a report for departmental sign-off, you should select the following reviewer:

- Helen Watson

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