

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 Monday 17 January 2022 from 2:01pm to 3:36pm

Membership

Present

Councillor Cheryl Barnard (Chair)
Councillor Maria Joannou (Vice Chair)
Councillor Jay Hayes
Councillor Phil Jackson
Councillor Georgia Power
Councillor Shuguftah Quddoos
Councillor Maria Watson

Absent

Councillor Nicola Heaton

Colleagues, partners and others in attendance

Ailsa Barr - Director of Children's Integrated Services
Mary-Anne Cosgrove - Head of Childrens Regulated Services
Gabriel Hall - Area Manager, The Children's Society
Jasmin Howell - Head of the Nottingham City Virtual School
Matthew Jenkins - Team Manager, Child and Adolescent Mental Health Services (Children in Care)
Dr Pallab Majumder - Consultant Child and Adolescent Psychiatrist, Nottinghamshire Healthcare NHS Foundation Trust
Adrian Mann - Governance Officer
Treza Mann - Interim Service Manager for Children in Care and Leaving Care Services
Audrey Taylor - Service Manager, Fostering and Adoption
Su Turner - Local Government Association Project Lead

43 Apologies for Absence

Councillor Nicola Heaton - work commitments
Kathryn Higgins - Designated Nurse for Looked After Children, Nottingham and Nottinghamshire Clinical Commissioning Group
Jon Rea - Engagement and Participation Lead Officer
Catherine Underwood - Corporate Director for People

44 Declarations of Interests

None.

45 Minutes

The minutes of the meeting held on 15 November 2021 were confirmed as a true record and signed by the Chair, subject to the review of the minute for item 37

(Children in Care and Care Leaver Strategy) by the Clerk for that meeting, and its agreement with the Chair.

46 Reflections on Discussions with Young People

The Chair presented an update on the direct engagement being carried out by Board members with children in care. The following points were discussed:

- (a) Board members have carried out break-out sessions with young people in care on some of the issues affecting them, and further engagement is planned. It is important that the outcomes of these sessions are reflected in formal reporting so that the Board as a whole has the opportunity to discuss and consider what actions should be taken forward, as a result. In particular, it is vital that input from young people is reflected in the delivery of their 'skills for independence' provision.

The Board noted the update.

47 Child and Adolescent Mental Health Services for Children in Care

Matthew Jenkins, Team Manager for Child and Adolescent Mental Health Services (Children in Care), and Dr Pallab Majumder, Consultant Child and Adolescent Psychiatrist at the Nottinghamshire Healthcare NHS Foundation Trust, presented a report on the City's Children in Care (CiC) Child and Adolescent Mental Health Services (CAMHS). The following points were discussed:

- (a) the CiC CAMHS team is working with around 130 children and young people in the city at any one time. The current referral rate to the team is around 140 per year, which is consistent with previous years. However, the team is working with slightly fewer children this year due to some temporary staffing challenges. The rates of team accessibility and response are good, but it is important that caseloads are managed effectively to keep waiting times as low as possible – with the current waiting time from referral being around four to five weeks;
- (b) referrals to the team are made via the social workers, who carry out a rigorous assessment process that is nevertheless designed to be as flexible as possible. All cases are reviewed by a multi-disciplinary team, to provide input into the plan drawn up by the social worker. A child's basic needs are assessed in the first instance, and this is then used as a foundation to identify and address more specific traumas;
- (c) a great deal of the CiC team's work is focused on supporting both carers and children. The team has specialist training in carrying out interventions to address trauma, particularly where it has contributed to attachment difficulty and self-harm, and there has been a great deal of investment in the provision of therapies to improve the relationship between carers and the children in their care;
- (d) a full partner review of CiC CAMHS provision is underway, but was slightly delayed due to the Coronavirus pandemic. The review has had a focus on capacity and work areas, and it has also considered service provision to children placed within the city area by other local authorities, and reunification work. The

Care Quality Commission carried out an inspection of the wider CAMHS provision and the CiC team received positive feedback, including through the interviews carried out with foster carers, staff and children in care. Positive feedback has also been returned from the Council's improvement partner, Essex County Council;

- (e) the team has been allocated funding from the Clinical Commissioning Group to trial an occupational therapy pilot project to support children with sensory processing difficulties, which can often be linked to early childhood trauma. The occupational therapists working as part of the project have been able to offer additional intervention and training, delivering sensory work both in schools and with foster carers. Funding is now being sought for this service to be delivered on a more long-term basis;
- (f) a wide range of provision is available as part of CAMHS, from training to intervention. The CiC team works to create a space for individual needs to be reflected upon in a holistic way, and a range of therapies are on offer. Training networks are being developed to support the foster carers caring for children with mental health needs. Feedback from the sessions has been positive, and the training materials have been made available to foster carers more generally. There is also training available for teachers in schools. Training and education needs throughout the system must be considered very carefully, and the Service must be proactive in working with partners to address them effectively;
- (g) a number of partners work together on intervention, and a pilot project is underway on the development of a strategic response plan for interventions concerning people with complex needs. A study on direct intervention for children in care has been carried out and approaches informed by attachment and developmental trauma theory to help children and their carers with relationships have been developed. A review of the effectiveness of these approaches is underway, as a basis for seeking further funding support;
- (h) it is important that children in the Council's care that are placed outside of the city area are able to maintain good access to the services that they need, as provision can differ significantly across the country – and not all local authorities have a dedicated CAMH service. A designated nurse for children in care is provided by the NHS to act as a point of contact for addressing provision for all of the Council's children in care. It is important that the Council engages proactively with providers outside the city area, and raises the right level of challenge, to ensure that the correct services are in place for all of its children in care. It is vital that out-of-area placements do not break down due to a lack of mental health provision, as maintaining stability and security in all placements is fundamentally important;
- (i) supporting care leavers is an important and complex area, as there can be very vulnerable people with high levels of need. It is important that people do not fall out of the system when moving from child to adult service provision. Partners must work together closely and in good time to address the challenges and ensure that the transition process goes smoothly and in a joined-up way. A multi-agency group meets to plan the transition process, and this involves representatives from both adult and whole-life services. A trauma-informed

approach is taken to transition, to ensure that the right safeguarding measures are in place for the most vulnerable, and that the whole process is as stable as possible;

- (j) work is underway on supporting children with trauma in the context of transition, and it is important that residential staff have a good understanding of trauma and how it can be managed. Consideration is also being given to how to support siblings not in care when a sibling who has been in care is reunified into the home, and what assistance can be provided to the reunified family in general. There can be significant challenges surrounding undiagnosed children with high needs, so the Service must be proactive and creative in identifying the resources that are required.

The Board noted the report.

48 Advocacy Service for Children in Care - Annual Report 2020/21

Gabriel Hall, Area Manager at The Children's Society, presented a report on the delivery of independent and confidential advocacy service for children in care. The following points were discussed:

- (a) The Children's Society has been commissioned by the Council to provide independent advocacy services to all children within its care, including those who have been placed outside of the city area. As a result of the Coronavirus pandemic, most services have been delivered via digital platforms or by phone. However, there are around 250 sites where children in the Council's care are resident and in-person visits are still made to all of these to ensure that the children and young people are aware of the service;
- (b) advocates continue to build and embed networks in residences, and advertise the services available through the provision of inclusive promotional material. However, problems can occur in engaging with young people effectively when the contact numbers provided for both children in care and their placements are incorrect;
- (c) many children in care feel that they have an effective voice, are listened to, and understand and are satisfied with their care. However, of the referrals for advocacy that are received, 50% arise directly from children and young people in care, and the number of self-referrals has remained relatively consistent over the last five years;
- (d) advocates work closely with Social Services teams and, when they carry out engagement on the behalf of children, service providers should have a reasonable understanding of the advocacy process and seek to respond in as timely a way as possible. When issues are raised during a visit to a residence, advocates initially attempt to resolve the problem informally during their visit. Advocates are a direct representative of the young person, so they must be able to communicate to them all of the information that is shared by the service provider;

- (e) ultimately, The Children’s Society is encouraging commissioners to consider a long-term vision of broad access to advocacy services for all children in contact with the social care system, beyond children and young people in formal care;
- (f) the Board noted that it is positive that the information material for advocacy services is produced in multiple languages, but considered it vital that the service must then have the appropriate cultural understanding available to it to support effectively the children and young people who use these languages.

The Board noted the report.

49 Local Government Association Project Work

Mary-Anne Cosgrove, Head of Children's Regulated Services, provided an update on the opportunity to work with the Local Government Association (LGA) on a pilot project to develop and improve the Council’s corporate parenting. The following points were discussed:

- (a) a pilot project will be carried out between the Board, the LGA and the wider Council on how the corporate parenting function can be enhanced. It is proposed to develop a new approach to supporting corporate parenting, with a strong focus on establishing meaningful connections with children in care and engaging with them on what they need. The Service should have a level of accountability to the children that it cares for and is important that the child’s voice is heard as part of service planning and delivery, and that it can be shown how that voice has impacted on decision-making;
- (b) a peer diagnostic process is being produced to provide performance evaluations and assessments to identify and meet staff and member training needs. The pilot is intended to be more long-term in nature than previous projects and will take a staged approach to development over a three-year period. A timetable for development and peer review sessions is now being planned.

The Board noted the update.

50 Work Plan

The Chair presented the Board’s proposed work plan for the 2021/22 municipal year.

The Board noted the work plan.

51 Future Meeting Dates

- **Monday 21 March 2022 at 2:00pm**