JSNA Chapter – Children in Care

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Executive summary

Introduction

This chapter focuses on those children in the care of Nottingham City Council, and for whom Nottingham City Council is the Corporate Parent. This chapter looks at children in care (CiC) and their identified needs and examines the challenges these needs pose for Nottingham City Council as Corporate Parent.

The chapter details the characteristics of children in care, placement types, provision and outcomes. It also identifies key challenges and how these impact on commissioning arrangements/requirements of local authorities for the future.

The Government wants every child in the country, whatever their background, whatever their age, whatever their ethnicity or gender, to have the opportunity to fulfil their potential, this includes our children in care. For those children looked after by a Corporate Parent, it is the collective responsibility of those involved with corporate parenting to ensure this happens.

The CiC population presents a particular challenge to the council in the amount of resources in budget and staff time that are required to ensure we are fulfilling our duties of Corporate Parent, particularly as numbers of children coming into care are increasing.

Nationally at any one time 69,000 children are looked after by the local authority, 60% of whom are subject to care orders. In any one year 90,000 children in England are looked after (1).

A “child in care” includes children accommodated under a care order, those accommodated on a voluntary basis with the agreement of parents or the child if they are over 16, children placed away from home under an emergency protection order and children on police protection/remand/detention.

The majority of children are in care due to abuse or neglect, and this is also true within Nottingham, with 63% of Nottingham’s CiC population entering care as a result of abuse or neglect (2).

For some children and young people, entering care becomes the only option to ensure they are safe. In these cases we must ensure the right placements and support are available, that they provide positive outcomes for CiC and they represent good value for money.

Children in Care have poorer outcomes than the general child population across a variety of indicators primarily because of the impact of their early life experience prior to entering care, indicators include educational attainment, school attendance, school exclusion, offending behaviour, emotional and mental health, teenage pregnancy and substance misuse.

This chapter outlines recommendations in relation to identified needs and any unmet needs and service gaps.

Unmet needs and gaps
Identification of mental health difficulties

Locally we are not on target as an authority in conducting Strength and Difficulties Questionnaire’s (SDQ’s) with our children in care. Unless a child presents any emotional or mental health difficulties outwardly through their behaviour, the only way they would be identified and thus referred to CAMHS is an SDQ. As such, this may result in inequity of access to mental health support for those children in care who are not receiving SDQ’s in a timely fashion. However, it should be noted the Local Authority is actively pursuing our targets for the larger cohort in our care.

Health assessments

Locally we are not on target as an authority in conducting health assessments with our children in care, the proportion having health assessments has moved further away from target over time. Local intelligence suggests this has been due to a capacity issue amongst both the social worker teams in making the referrals to health and CiC health team being able to meet demand. Consideration should be given to the impact of an increasing CiC population and increasing complexity of need within the CiC population on the ability of the service to meet demand with current capacity. It is acknowledged that the work of the Strategic Improvement Forum may improve performance around health assessments. Again, it should be noted the Local Authority is actively pursuing our targets for the larger cohort in our care.

Demand for mental health support amongst the UASC population

Local CiC CAMHS have expressed concerns regarding meeting the mental health needs of the UASC population, however it must be noted that this is not just a local issue. Currently workers, whilst well trained, are faced with new issues for this group. The needs of this

group are different to local children in care, often these children do not have the same family issues that local CiC present with as they may have come from families free from abuse or neglect, however may have experienced war, grief, bereavement and separation. Local intelligence suggests this group do not tend to talk about the problems they are experiencing so readily, sometimes due to the culture around expressing emotions in their country of origin. Currently the team feel they do not necessarily have the cultural understanding and nuances that may assist effective treatment.

A suggested solution to this would be to have a CAMHS worker either co-located with a specialist service or more integrated with a specialist organisation.

Further to this, it is worth noting there is currently no commissioned trauma model for child mental health in Nottingham specialising in Post Traumatic Stress Disorder (PTSD).

Transition from children's to adult's mental health services

Local intelligence suggests that access to mental health services post 18 is more restricted than those accessed as an under-18 (CAMHS), with higher thresholds for service access. CAMHS can be accessed via social worker referral, however to access adult mental health services a formal diagnosis would be required. As such, for those children experiencing difficulties, the process of treatment may not be completed if they do not have a diagnosis at age 18. This is particularly concerning for those children who may access CAMHS near to their 18th birthday. This may disproportionately affect the UASC population, who anecdotally tend to be older. Further work with the CCG may be required to explore thresholds and investigate if more effective transition arrangements can be put in place.

Decriminalisation of CiC

Whilst there is lots of positive work happening in the city regarding the de-criminalisation of children in care, those CiC placed out of area may not have the same chance of de-criminalisation as locally. Only one other LA has a CiC police officer and many LA's may not have a YOT CiC lead, as such, the work done by these roles in educating the workforce and children in care, implementing protocols, close working with police and crown prosecution service and arrests screening may not happen. In turn resulting in inequity of access to decriminalisation amongst CiC placed out of area. This is a national issue which Lord Laming's 'In Care Out if Trouble' report sought to raise. Whilst it is acknowledged this is a national issue, it is important to note the inequity that may be experienced by our CiC placed in other LA's.

Training regarding decriminalisation of CiC

Our YOT Lead for Restorative Approaches provides training on restorative justice to providers; this is positive and pro-active work. However, as this is free to internal providers and charged to private providers, there may be inequity in the approach to decriminalisation amongst different providers. Not all private providers may pay for this and foster carers are not currently offered this, as such children in those placement settings may encounter a different experience.

The new protocol issued regarding decriminalisation should go a long way towards ensuring a standard approach across placements, however, to ensure equity, use of the protocol,

along with training, may be something commissioners wish to include in the service specification of providers and the training requirements of foster carers. Capacity to deliver this training may be an issue; however charging for the training may help increase capacity or a phased roll out if this was thought to be beneficial.

Training for foster carers

The CiC police officer offers training to residential providers on the missings protocol and decriminalisation, however this is not currently provided to foster carers. The fostering service may wish to consider incorporating this training into the current training package offered, as inequity of service may occur if all providers are not trained to the same level.

Network meetings are currently held for providers around de-criminalisation, with the expansion of this to provider forums. Foster carers could be included in these forums to ensure equity, however again this would require resourcing.

Time for children in care

The Children in Care survey identified increasing proportions of children feel their social workers and carers do not have enough time for them[1]. Corporate Parenting Board may wish to investigate further as to why this might be as the mechanism is not clear. Capacity and attitudinal issues should be explored. It must be noted however that the survey is a sample of CiC, not all.

Help for CiC in education

Increasing proportions of children feel they would do better at school with more help. Considering the attainment rates of children in care locally are lower than national, it would be timely to explore the efficacy of our educational support for children in care.

In addition to this, Nottingham's CiC have a high prevalence of SEND, as such it may be appropriate to explore how we are working with our CiC who have SEND to ensure their positive educational outcomes.

The Virtual School are implementing new arrangements around monitoring of PEP's, training for professionals re Virtual School and a handbook re their services, as such it is envisaged this may improve the level of support children in care receive with education. However the efficacy of interventions employed and/or funded is not clear.

Complaints

Fewer children know where to go if they have a complaint. We should ensure within our contacts with children in care that it is made clear to them where/who they can go to if they have a complaint. It must be noted that since the survey which highlighted fewer children know where to go if they have a complaint, MOMO has been introduced. MOMO specifically has functionality to enable a child to send a complaint to their family support worker, social worker's manager, social worker, IRO or the complaints team. As such it is envisaged this will increase the numbers of children in care who know where to go when they wish to make a complaint.

[1] Measured by CiC survey as 'all/most' of the time- the proportion who reported sw have time for them 'all/most of the time' decreased since 2015 survey.

Recommendations for consideration by commissioners

Prevention

- Explore ways early intervention services can build on existing good work and further target those experiencing family dysfunction in order to kerb the trend in children being taken into care for this reason.
- Further insight may be required to examine how our demographic profile compares to other LA's in relation to age and sex at entry to care; and explore national research into evidence-based programmes to work with any over-represented cohorts identified.

Placements

- Review current arrangements for children placed in the LA boundaries by other LA's and placement of our CiC in other LA's, ensuring consideration of UASC placed in Nottingham by other authorities. Consider development of a protocol for effective cross LA commissioning of services so that children do not experience a delay in service because they may not belong to our LA, particularly around healthcare and access to CAMHS, ensuring to engage with any current work being undertaken by the SIF around this. The same process should be looked at for our children placed out of LA boundaries.
- Continue implementation of the placements strategy in order to continue reducing placements outside of LA boundaries and co-operation with other LA's where out of area placement is made.
- Continue to explore ways to increase recruitment of local foster carers, in order to allow more choice and control to the authority in placements and increase the number of children placed locally.

- Consider incorporating training on the missings protocol and decriminalisation into the current training offer provided to foster carers, to work towards a more equitable level of training amongst all placement providers.

Mental health

- Focus should be given by commissioners and policy makers to how we can improve access to timely SDQ's for our CiC, however it is acknowledged this is something the LA are working towards.
- Further work should be undertaken to consider how transition arrangements within mental health services can be improved for CiC.
- Ensure all CAMHS staff are aware of the different issues that may affect UASC in our care, through access to awareness raising sessions or briefings around, trauma, post-traumatic stress, grief, bereavement, cultural awareness etc.

Physical health

- Consider the impact of an increasing CiC population and increasing complexity of need on the ability of the CiC health team to meet need with current capacity.

Education

- Review efficacy of PEP's and interventions funded by virtual school in assisting our CiC, both with and without SEND.
- Consider how virtual school can work with schools and academies to reduce fixed term exclusions amongst the CiC population, ensuring to link with the special exclusion working group.
- Virtual Head consider how best to work with foster carers to ensure they understand how to support the educational needs of CiC and raise their aspirations.

Decriminalisation

- Ensure that all commissioned placement providers are aware of and briefed in our decriminalisation agenda, particularly those out of area, independent and foster care providers, to ensure all placement providers understand the decriminalisation agenda and how to implement this in practice.
- Continue roles of YOT lead and CICPO and arrest screening.
- Implement the CiC decriminalisation protocol across the city, considering use of this as part of service specifications for providers.

Other

- Continue with positive work promoting MOMO as a communication channel and an avenue for complaint for children in care.
- Work with social care teams and carers to try to identify the causal mechanism and reduce the proportion of children who feel their social worker/ carer does not have time for them.
- Continue the focus prioritising permanent staff and work to address case load sizes to our social workers are a stable workforce and have increased capacity.
- Continue positive work in reducing changes for CiC, particularly around placement and school stability, which may help contribute to improved educational attainment.
- Consider how we can work with children to help them better manage their own behaviour, via TST, CAMHS, CiCPO and placement providers.
- Explore patterns in missing children to establish if there is a mechanism behind why Nottingham has higher rates of missing CiC than other LA's.