

Time 5.30 pm **Public Meeting?** YES **Type of meeting** Oversight

Venue Committee Room 5 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Paul Sweet (Lab)

Labour

Cllr Obaida Ahmed
Cllr Jasbinder Dehar
Cllr Celia Hibbert
Cllr Welcome Koussoukama
Cllr Peter O'Neill
Cllr Caroline Siarkiewicz
Cllr Clare Simm
Cllr Martin Waite

Quorum for this meeting is three Councillors.

Information for the Public

If you have any queries about this meeting, please contact the democratic services team:

Contact Shelley Humphries
Tel/Email Tel: 01902 554070 or shelley.humphries@wolverhampton.gov.uk
Address Democratic Services, Civic Centre, 1st floor, St Peter's Square,
Wolverhampton WV1 1RL

Copies of other agendas and reports are available from:

Website <http://wolverhampton.moderngov.co.uk>
email democratic.services@wolverhampton.gov.uk
Tel 01902 550320

Please take note of the protocol for filming, recording and use of social media in meetings, copies of which are displayed in the meeting room.

Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

- | <i>Item No.</i> | <i>Title</i> |
|-----------------|--|
| 1 | Apologies for absence |
| 2 | Declarations of interests |
| 3 | Minutes of the meeting held on 24 January 2019 (Pages 5 - 14)
[To approve the minutes of the meeting held on 24 January 2019 as a correct record.] |
| 4 | Matters arising
[To consider any matters arising from the minutes of the meeting held on 24 January 2019.] |
| 5 | Schedule of outstanding matters (Pages 15 - 18)
[To receive the Schedule of Outstanding Matters.] |
| 6 | Performance Monitoring Information Report (Pages 19 - 30)
[To receive and comment on the Performance Monitoring Information Report.] |
| 7 | Children and Young People in Care - Statutory Performance (Pages 31 - 36)
[To receive an outline of performance of key national indicators within the Children and Young People in Care service.] |
| 8 | Corporate Parenting Strategy 2018 - 2021 Update (Pages 37 - 50)
[To receive an update on the Corporate Parenting Strategy and approve the Corporate Parenting Action Plan.] |
| 9 | Adoption Agency Interim Report (Pages 51 - 64)
[To receive and provide feedback on the Adoption Agency Interim Report.] |
| 10 | Health Services for Children and Young People in Care Annual Report January 2018 - February 2019 (Pages 65 - 140)
[To receive the annual report from Wolverhampton Clinical Commissioning Group (CCG) and Child and Adolescent Mental Health Services (CAMHS).] |
| 11 | The House Project (Pages 141 - 144)
[To receive a proposal to implement the House Project in Wolverhampton.] |
| 12 | Exclusion of the Press and Public
[That in accordance with section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information falling within paragraph 2 of Part 1 of Schedule 12A of the Local Government Act 1972] |

PART 2 - ITEMS NOT OPEN TO THE PRESS AND PUBLIC

- 13 **Councillor Visits to Establishments - Schedule of Visits**
[To receive verbal feedback on any visits to establishments undertaken by Councillors since the last meeting.]

This page is intentionally left blank

Attendance

Chair Cllr Paul Sweet (Lab)

Labour

Cllr Obaida Ahmed
Cllr Celia Hibbert

Cllr Peter O'Neill
Cllr Caroline Siarkiewicz

Cllr Clare Simm
Cllr Martin Waite

Conservative

Cllr Udey Singh

Employees

Emma Bennett
Alison Hinds
Shelley Humphries
Rachel King
Darren Martindale
Alice Vickers

Director of Children's Services
Head of Children and Young People in Care
Democratic Services Officer
Head of Service Specialist Support
Service Manager: Vulnerable Learners and Virtual School Head
Corporate Parenting Officer

Item No. *Title*

1 Apologies for absence

Apologies for absence were received from Councillor Jasbinder Dehar, Fiona Brennan and Emma-Jane Kisby.

2 Declarations of interests

There were no declarations of interest made relative to the items under consideration at the meeting.

3 Minutes of the previous meeting - 22 November 2018

Resolved:

That the minutes of the meeting held on 22 November 2018 be confirmed as correct record and signed by the Chair.

4 Matters arising

Minute 4

In respect of Councillor visits to establishments, it was noted that Alice Vickers, Corporate Parenting Officer had made numerous attempts to contact the private residential establishments but none had responded. It was noted that 43 children were placed in these establishments but only a small number of these were under Wolverhampton's scope. Emma Bennett, Director of Children's Services agreed to circulate further details outside of the meeting.

It was agreed that Alison Hinds, Head of Children and Young People in Care would escalate the issue and encourage residential home managers to respond.

Resolved:

That Alison Hinds, Head of Children and Young People in Care encourage residential home managers to respond to Councillor visit requests.

5 Schedule of outstanding matters

Emma Bennett, Director for Children's Services advised that the median figure for timeliness of adoption timescales had now been added to the Performance Monitoring Report.

Resolved:

That the Schedule of Outstanding Matters report be received.

6 Children in Care Council and Care Leavers' Forum Workshops including Total Respect

There were round table introductions and a member of the Children in Care Council (CiCC) opened the workshop with an ice breaker question.

The first exercise comprised of the Board being split into teams. Members of the CiCC provided various scenarios of life events for a young person in care and the

teams were asked to list the adults who they thought would be involved with the young person at each stage. When counted, numbers ranged from 32 – 36 professionals potentially becoming involved with a child or young person in care.

The aim of the exercise was for Board members to gain an understanding of the number of adults involved with a child or young person in care and how overwhelming this was for them. It was noted that the high numbers of professionals involved highlighted the importance of early intervention which could prevent more serious issues escalating. It was suggested that this could prevent causing distress for the young person and a financial impact for the Authority.

It was also noted that the more professionals a young person encountered, the more instances they had to repeat the particulars of their situation, which may cause distress in some cases.

It was also suggested that the more a child was moved around, each carer they were placed with had to start again to learn about the new child in their care. It was noted that this could pose difficulties in guiding them through difficult times. It was added that empathy for a child that was not their own could be hard to achieve in such a short space of time.

One of the young people highlighted that they had felt different parenting styles often had different effects for a child in care. They felt that a relaxed approach had helped them realise that they were not yet ready for independence.

The next exercise took the form of a quiz during which a number of questions were asked of Board members. The correct answers were then read out and various points were raised for each.

Milestone Birthdays:

It was outlined that milestone birthdays for children and young people in care were acknowledged in the following ways:

- 13th Birthday - £150.00 to spend on gifts
- 16th Birthday - £180.00 to spend on gifts
- 18th Birthday through to 21st Birthday – a birthday card from Emma Bennett, Director of Children's Services and £25.00

It was noted that the figures had been arrived at by consulting with the young people who had preferred to have the money split rather than receive a lump sum on their 18th birthday.

Informing foster carers and residential care workers about the rights of children in care:

It was noted that both the Children and Young People in Care guide and Care Leaver Offer booklet contained information in relation to this. Further information was also incorporated into the Total Respect training.

How educational achievements of children and young people were celebrated:

It was highlighted that the Aspire to Uni programme was a way of encouraging achievements and this would be covered in more detail at item 7 on the agenda.

It was also noted that the I Awards was the most prominent way of recognising achievement and the next event would take place on 5 April 2019, hosted at the Molineux. Children and young people, carers, independent reviewing officers usually attended and members of Corporate Parenting Board were invited to attend this year's event. It was highlighted that internal Communications usually delivered a press release to the local news and the event was heavily publicised internally.

Alice Vickers, Corporate Parenting Officer advised that Mark Taylor, Deputy Managing Director had been encouraging partners such as West Midlands Police, members of the voluntary sector and various local businesses to contribute to the event. Attempts were being made to secure football mascots Wendy and Wolfie to appear.

The I Awards event was commended by Councillors and it was agreed that there was much to be celebrated. There was a renewed commitment to improving the lives of children and young people in care and it was requested that any ideas, suggestions and useful contact details be forwarded to Emma Bennett, Director of Children's Services or Alice Vickers, Corporate Parenting Officer.

The cost of buying necessary items:

The Board were asked to estimate the cost of certain necessary items for a 16-year-old. This was to demonstrate how much financial support was required for a young person.

Written policy for the frequency and purpose of social worker visits:

It was explained that, as part of the current care package for a child entering care or being placed with a new carer, initial weekly visits were normally held and then the frequency fell to every six weeks.

After one year, the frequency was dependant on the personal plan. If the child was with their carer until the age of 18, the visits were every three months. If the child was due to leave a placement before the age of 18, visits were every six weeks.

In response to being asked how many of the young people present had a direct contact number for their social worker, the young people stated that not all of them did.

In response to being asked if they were able to have a 1:1 visit with their social worker, it was stated that they could either meet their social worker in a safe public place or have their carer exit the room when being visited by their social worker.

Following this exercise, the young people from CiCC and Care Leaver's Forum provided an update on activities and events they had participated in from July 2018 to the present.

The CiCC reported that:

- They had participated in the Make your Mark Campaign, Youth Council meetings and the BSafe Team Activity Weekend, including rock climbing, abseiling and other outdoor pursuits;
- BSafe Team Meetings and the last one included a focus on youth knife crime and its effects;

- They had participated in the Youth Parliament and the young people had also met Tim Johnson, Managing Director on a Youth Council Engagement event;
- The young people had been consulted on the use of term 'looked after children.' They had taken part in suggesting new terminology and voted on the use of the term 'children and young people in care';
- The young people had interviewed social worker staff in an exercise to restructure the role;
- They had visited the Key to Inspiration residential home and taken part in interviewing applicants for staff positions;
- The young people had been consulted as part of the Mental Health Review to ascertain how being in care affected mental health;
- They had participated in Takeover Day, during which the young people took part in engagement activities at the Civic Centre;
- A Christmas party had been held for children and young people in care.

The Care Leavers' Forum reported that:

- Total Respect training had been delivered by the young people to prisons, the University of Wolverhampton, Job Centres and schools throughout Wolverhampton;
- They had been consulted as part of the Department for Work and Pensions' (DWP) work developing the Protocol;
- They had been involved with the launch of the Covenant and Care Leavers' Offer;
- They had organised and participated in a baking competition, similar to Great British Bake Off;
- In September 2018, the free WVActive passes had included allowing a 'plus one.'

The issue was raised regarding safeguarding care leavers' savings should they need to claim benefits in the event of them being unable to find work. It was clarified that this was being explored and the previous Chair of Corporate Parenting Board had written a letter of support to the Department for Work and Pensions. A presentation had been prepared by members of the Care Leavers' Forum to deliver to the Department for Work and Pensions (DWP) leads in respect of the regional protocol.

Resolved:

That the CiCC and Care Leavers' Forum Workshops including Total Respect exercises be noted.

7 **Virtual School Head Annual Report 2018**

Darren Martindale, Service Manager: Vulnerable Learners and Virtual School Head presented the Virtual School Head Annual Report 2018. The report outlined the concept of the Virtual School as being a model by which all children and young people in care were viewed as if they attended the same school with the Virtual School Head as the head teacher. It was noted that the report followed on from an update presented at the last Corporate Parenting Board meeting and provided a fuller picture of the attainments achieved by Wolverhampton's children and young

people in care and how the Wolverhampton Virtual School had supported their progress.

It was clarified that the statutory guidance stated that children and young people in care should attend schools that were rated good or outstanding by Ofsted. It was noted, however that when schools converted to academies, they were not Ofsted rated until another visit following conversion had taken place; this sometimes affected the data.

In respect of the Turnabout programme, it was reported that there had been learning intervention to encourage improved reading and writing skills, self-confidence and positive behaviour. Progress was reviewed before and after the intervention and positive feedback had been received, examples of which appeared in the report.

In respect of a KS4 group that had taken part in the exercise, it was noted that they were not interested initially but became fully engaged as the exercise progressed. By the end of the day, each had delivered a speech in front of the group.

In relation to the Aspire2Uni (A2U) Programme, it was outlined that undergraduates had been employed to act as mentors to children and young people on an ongoing basis to focus on educational progress. Regular university visit days were held that focused on specific subjects such as science, technology, engineering and mathematics (STEM), art, theatre, etc. 20 children had graduated from Children's University, for which there had been a graduation ceremony with caps and gowns.

Attention was drawn to the statistics in paragraph 5.4 which showed that 72% of children and young people in care were at the expected standard in both English and maths which was agreed to be an exceptional outcome.

Attendance was reported to be high with the number of exclusions being stable compared to last year's figures. 10% of children and young people in care were reported as consistently not attending, with one permanent exclusion. It was noted that great care was taken to avoid permanent exclusion where possible.

The attainment of the early years and foundation stage cohort was found to be excellent. It was noted that the Key Stage 1 and Key Stage 2 were achieving figures above national average. The out of City cohort were lower in many areas, but it was anticipated that this discrepancy would even out. It was reported that 18% of Key Stage 4 pupils were achieving grade 4 in mathematics and English (which was equivalent to a C grade under the old grading system) which was above the national average of 16.2% and 12 Care Leavers had begun studying for an undergraduate degree.

The Youth Offender Team (YOT) had been focusing on education engagement and 76% were reported as fully engaged.

It was noted that overall, there were many positive areas and it was felt that there was a sound understanding of areas of improvement.

In response to query on advocacy for the prevention of school exclusions for children and young people in care, it was noted that the Service Manager: Vulnerable Learners and Virtual School Head held the responsibility, working in conjunction with

the Principal Educational Psychologist. It was noted that schools had a statutory responsibility to support children and people in care. If a cared for child was excluded, it was noted that the service was able to liaise with the headteacher to get the decision rescinded if appropriate. Training was being to schools and governors to challenge exclusions and gain an improved appreciation of social and emotional mental health issues and understand the behaviours driving exclusions.

A concern was raised in relation to personal education plan (PEP) figures being so low. It was thought that the introduction of a new application form system may be affecting figures as the process transitioned over from the paper applications. It was anticipated that, once the electronic PEPs were fully embedded, figures would improve. It was reported that training sessions were being rolled out and user guides circulated to assist service users. A monthly social worker 'clinic' had been established for this purpose.

Resolved:

That the Virtual School Head Annual Report 2018 be noted.

8 **OFSTED Inspection at Upper Pendeford Farm Short Break Centre December 2018**

Rachel King, Head of Service – Specialist Support delivered a presentation on the Ofsted Inspection of Upper Pendeford Farm Short Break Centre in December 2018.

It was explained that the centre received unannounced, annual inspections and was last inspected between 19 – 10 December 2018. Inspectors focus on three main criteria:

1. Overall experiences and progress of children and young people
2. How well children and young people are helped and protected
3. The effectiveness of leaders and managers

It was reported that the manager, employees, young people, parents, carers and other relevant professionals were interviewed as part of the process.

It was highlighted that the centre was rated as good in the first two areas and required improvement in the effectiveness of leaders and managers, the overall rating being reported as good.

Areas of strength were identified as providing fantastic support to the young people, working directly with young people to build independence and address issues and providing a safe place where the views of the young people were taken into consideration.

Risk management was undertaken to ensure children sharing spaces were well-matched and any child showing signs of being unsettled was dealt with sensitively. The offer also included days out, which were kept low-key to ensure a realistic outlook, and the attendance of a sexual health nurse to provide advice to young people.

A training matrix was to be introduced to ensure an accurate and current record of staff training was kept and could be easily referred to.

Other areas for improvement were also outlined, with particular attention being drawn to the length of a short break stay which had exceeded the stipulated 17 days in the same setting without notifying Ofsted. This was highlighted as being the result of decision which had been made in the best interests of the child from a safeguarding aspect. It was noted that the child's original placement had broken down and a satisfactory placement had not been found within the 17 days. It had been agreed that it was better for the child to remain in a place where they felt comfortable and settled until a suitable placement could be found. A contact had been established at Ofsted for future reporting and the state of purpose for the establishment had been updated to include a section on children at risk of placement breakdown.

In response to a query about the 17-day limit, it was clarified that this was the length of a short break as defined in the Children Act 1989 and was the same as for children with special educational needs and disabilities.

Resolved:

That the findings from the Ofsted Inspection at Upper Pendeford Farm Short Break Centre December 2018 be received.

9 **Performance Monitoring Information Report**

Emma Bennett, Director of Children's Services presented the Performance Monitoring Information report and highlighted salient points. The dashboard had been updated with data as at 30 November 2018 however it was noted that the number of children in care had fallen from 643 to 639 since the information had been captured.

It was highlighted that use of internal foster carers had continued to rise and the service was working hard to recruit more foster carers to reduce the need for external placements.

Up to date assessments and reviews and review participation figures were all reported to be positive with an increase in outturn from 2016 – 2017 to 2017 – 2018. This was to be included in a review on progress in all aspects of the lives of children and young people in care. Young people were being consulted on this and it was requested to add an item on the review to the Forward Plan for a future meeting.

It was highlighted that dental checks had improved and were now at 90%.

It was reported that a median figure had been included in the adoption figures which offered a more positive outlook and the service had performed strongly in identifying suitable accommodation.

Resolved:

That the Performance Monitoring Information Report for Children and Young People in Care be noted.

10 **Exclusion of the Press and Public**

Resolved:

That in accordance with Section 100A of the Local Government Act 1972 the press and public be excluded from the meeting for the following item of business as it involved the likely disclosure of exempt information contained in paragraph 2 of the Act, namely information that is likely to reveal the identity to an individual.

11 **Councillor Visits to Establishments**

No visits to establishments had been undertaken since the last meeting of the Board.

This page is intentionally left blank

CITY OF WOLVERHAMPTON COUNCIL	Corporate Parenting Board 28 March 2019
--	--

Report title	Schedule of Outstanding Matters	
Cabinet member with lead responsibility	Councillor Paul Sweet Children and Young People	
Wards affected	All wards	
Accountable director	Emma Bennett, Director of Children's Services	
Originating service	Governance	
Accountable employee	Shelley Humphries Tel Email	Democratic Services Officer 01902 554070 shelley.humphries@wolverhampton.gov.uk

Recommendation for action:

The Corporate Parenting Board is recommended to:

1. Receive and comment on the Schedule of Outstanding Matters.

1.0 Purpose

1.1 The purpose of this report is to appraise the Board of the current position with a variety of matters considered at previous meetings of the Corporate Parenting Board.

2.0 Background

2.1 At previous meetings of the Board the following matters were considered and details of the current position is set out in the fourth column of the table.

Date of Meeting	Subject	Lead Member / Officer	Current Position
22 November 2018	A safeguarding report outlining statistics and relationships with 'at risk' children from other local authorities to be scheduled for a future meeting.	Dawn Williams, Head of Safeguarding	To be scheduled for a future meeting
24 January 2019	Head of Children and Young People in Care to encourage residential home managers to respond to Councillor visit requests.	Alison Hinds, Head of Children and Young People in Care	In progress

3.0 Financial implications

3.1 There are no direct financial implications arising from this report.

3.2 The financial implications of each matter will be detailed in the individual report submitted to the Board.

4.0 Legal implications

4.1 There are no direct legal implications arising from this report.

4.2 The legal implications of each matter will be detailed in the individual report submitted to the Board.

5.0 Equalities implications

- 5.1 There are no direct equalities implications arising from this report.
- 5.2 The equalities implications of each matter will be detailed in the individual report submitted to the Board.

6.0 Environmental implications

- 6.1 There are no direct environmental implications arising from this report.
- 6.2 The environmental implications of each matter will be detailed in the individual report submitted to the Board.

7.0 Human resources implications

- 7.1 There are no direct human resources implications arising from this report.
- 7.2 The human resources implications of each matter will be detailed in the individual report submitted to the Board.

8.0 Corporate Landlord implications

- 8.1 There are no direct Corporate Landlord implications arising from this report.
- 8.2 The Corporate Landlord implications of each matter will be detailed in the individual report submitted to the Board.

9.0 Health and Wellbeing implications

- 9.1 The Health and Wellbeing implications of each matter will be detailed in the individual report submitted to the Board.

10.0 Schedule of background papers

- 10.1 Minutes of previous meetings of the Board and associates.

This page is intentionally left blank

CITY OF WOLVERHAMPTON COUNCIL	Corporate Parenting Board 28 March 2019
--	---

Report title	Performance Monitoring Information	
Cabinet member with lead responsibility	Councillor Paul Sweet Children and Young People	
Wards affected	All wards	
Accountable director	Emma Bennett, Director of Children's Services	
Originating service	Insight and Performance Team	
Accountable employee	James Amphlett	Business Intelligence Manager
	Tel	01902 551033
	Email	James.Amphlett2@wolverhampton.gov.uk
Report to be considered by	Corporate Parenting Board	28 March 2019

Recommendation for action:

The Corporate Parenting Board is recommended to:

1. Receive the report and request any additional indicators or data items that they would like to see reported in future performance updates.

Recommendation for noting:

The Corporate Parenting Board is asked to note:

1. The most recent performance relating to Children and Young People in Care and Care Leavers.

1.0 Purpose

1.1 The purpose of this report is to update the Corporate Parenting Board on the latest performance relating to Children and Young People in Care and Care Leavers.

2.0 Background

2.1 The Corporate Parenting Board has regularly received a performance report. The report in its current format has been presented to the Board since January 2015, with some additions and enhancements made to the report over time at the request of the Board.

3.0 Update

3.1 All current indicators in the report have been updated with data as at 30 January 2019. Please note that this data is provisional and may not directly reflect the end of year out turn which will not be confirmed until statutory returns are submitted at the end of July.

4.0 Financial implications

4.1 There are no direct financial implications arising from this report.
[NM/13032019/L]

5.0 Legal implications

5.1 There are no direct legal implications arising from this report.
[LW/20032019/C]

6.0 Equalities implications

6.1 The report contains some demographic data, however, there are no direct equalities implications arising from this report.

7.0 Environmental implications

7.1 There are no direct environmental implications arising from this report.

8.0 Human resources implications

8.1 There are no direct human resources implications arising from this report.

9.0 Corporate Landlord implications

9.1 There are no direct Corporate Landlord implications arising from this report.

10.0 Health and Wellbeing implications

10.1 There are no Health and Wellbeing implications arising from this report.

11.0 Schedule of background papers

11.1 There are no background papers related to this report.

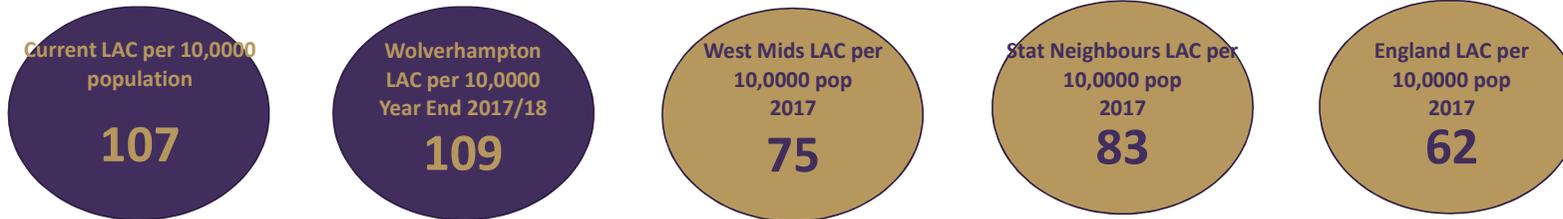
This page is intentionally left blank

CORPORATE PARENTING BOARD

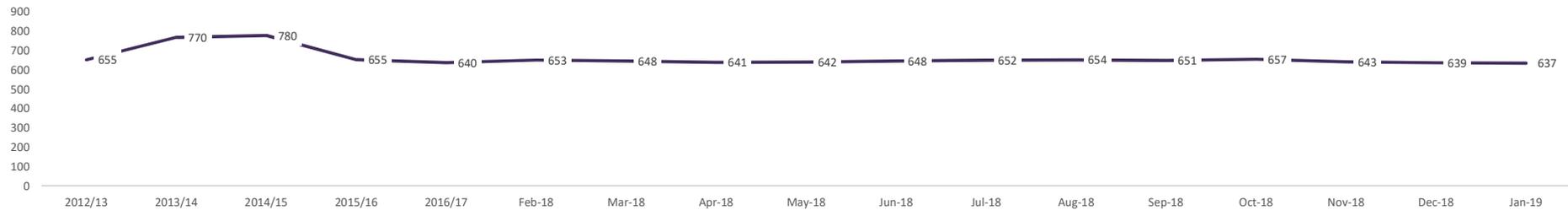
PERFORMANCE REPORT

**FEBRUARY 2019
(DATA AS AS JANUARY 2019)**

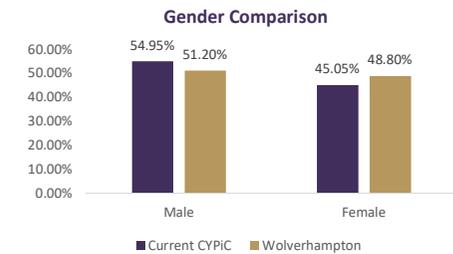
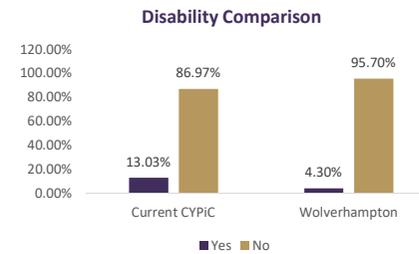
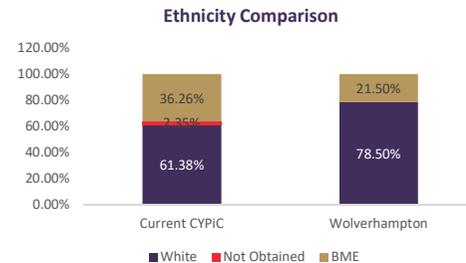
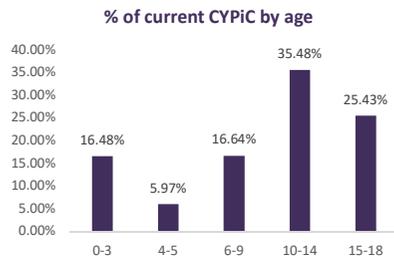
Current LAC Profile



Number of Children and Young People in Care in Wolverhampton



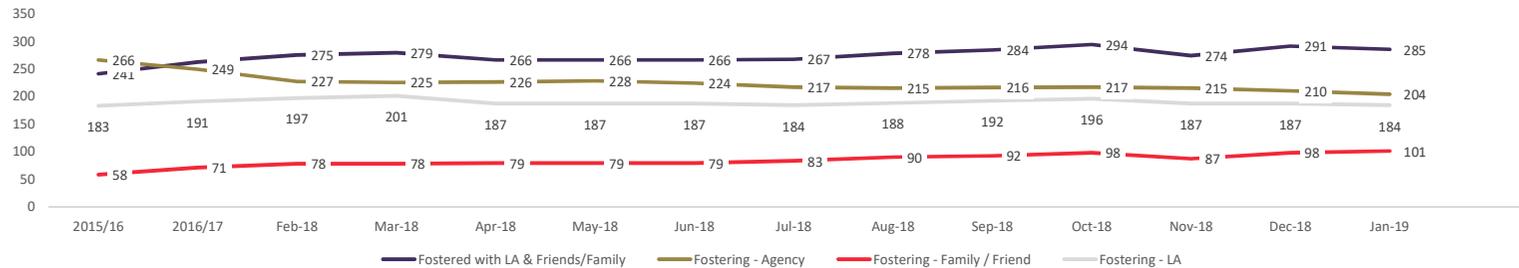
Page 24



Demographic data has been updated with the 2016 mid-year population estimates. A considerably lower proportion of CYPIC are from BME backgrounds compared to the Wolverhampton CYP population. Wolverhampton also has a relatively old CYPIC population with the majority of CYPIC aged over 10. Overall there has been a slow increase in the number of CYPIC over the past 6 months and now is higher than at any point in the previous year and a half. The rate of CYPIC starts is not increasing and the increase is linked to a slowing in the rate of LAC ends. A reduction is required to bring Wolverhampton in line with comparators.

CYPiC Placement Analysis

Breakdown of Foster Placements



The gap between the number of CYP placed internally foster against those placed with agency carers continue to narrow



% CYPiC placed within 20 mile + from home
15%

2017/18 = 14%
2016/17 = 14%
2015/16 = 16%

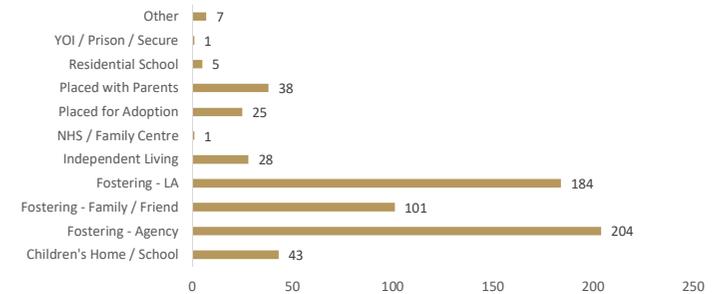
% CYPiC with fewer than 3 placements in last 12 months
84%

2017/18 Wolverhampton = 84%
2017/18 West Midlands = 89%
2017/18 Stat Neighbours = 90%

% CYPiC in same placement for 2 years or more
59%

2017/18 Wolverhampton = 70%
2017/18 West Midlands = 68%
2017/18 Stat Neighbours = 70%

Current CYPiC by Placement Type



Through the performance of Family Values Project, a clear increase in placements with internal foster carers can be seen. Although the number of children placed with internal generic foster carers remains consistent over the year, there is a clear decrease in agency placements and increase in those placed with friends and family carers. Overall the percentage of children in care who are fostered has remained at 76% throughout 2018/19 so changes data shows that more children are being placed internally instead of with agency carers not as a different option to residential care.

There has been a sharp decrease in the performance of long-term stability in the month from 66% to 58%. This has been caused by the re-placement of several long-term children in care and some of last month's cohort leaving care. At the same time an increase has been seen in the percentage of children having 3 or more placements in the year. Short term placement stability is an area on concern for the authority and Wolverhampton are in the bottom quartile of national performance

Assessments, Reviews, Visits



CYPiC with an up to date assessment

Where a new assessment has been completed within 12 months



2017/18 Year Out-turn = 82%
2016/17 Year Out-turn = 83%



CYPiC with an up to date review

Where the First Review is within 20 working days. Second review within 3 months. Third and subsequent reviews every 6 months



2017/18 Year Out-turn = 92%
2016/17 Year Out-turn = 82%



CYPiC who participated in the review

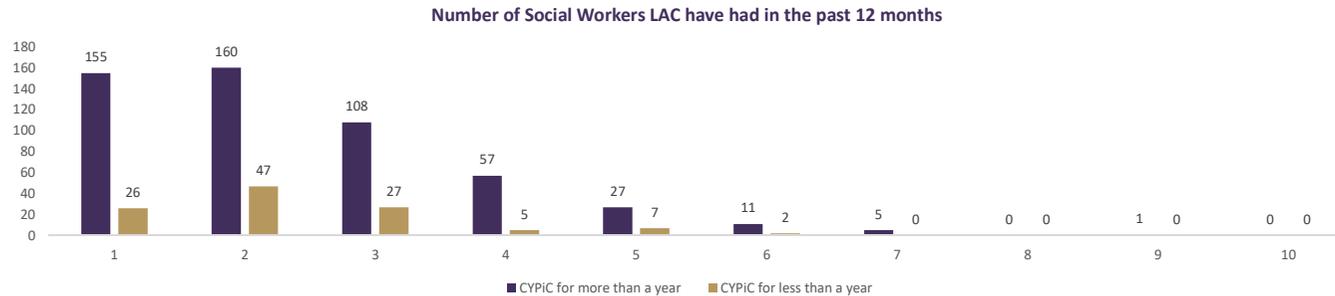
The proportion of CYPiC reviews where the child was present or contributed by other means in their review



2017/18 Year Out-turn = 94%
2016/17 Year Out-turn = 90%



Page 26



The clear majority of Children and Young People in Care are have an up to date assessment, review and visit. Over 90% of assessments, reviews and visits are up to date. This is a strong performance although in all areas a slight decrease has been seen in the last month. There is a new system that allows workers and managers more access to understand which assessments, reviews and visits are due. It is hoped that this will help increase performance even further.

18% of young people who have been looked after for more than a year and 11% who have been looked after for less than a year have had 3 or more social workers in the past 12 months. This is a decreasing trend.

KS2 Expected Standard	Maths	Reading	Writing	Reading, Writing and Maths
CYPiC Wolverhampton 2017	39%	42%	42%	25%
Wolverhampton 2018	76%	77%	75%	65%
CYPiC West Midlands 2017	44%	40%	44%	29%
CYPiC Stat Neighbours 2017	43%	36%	43%	30%
CYPiC England 2017	46%	45%	47%	32%
KS4	GCSE A* - C in Eng & Maths	Attainment 8	Progress 8	
CYPiC Wolverhampton 2017	19%	21%	-1%	
Wolverhampton 2018	58%	44%	0%	
CYPiC West Midlands 2017	19%	21%	-1%	
CYPiC Stat Neighbours 2017	22%	19%	-1%	
CYPiC England 2017	18%	19%	-1%	



CYPiC with an up to date PEP

The proportion eligible CYPiC with an up to date Personal Education Plan (PEP)

The 2017 KS2 an KS4 results show that Wolverhampton LAC performed better than CYiC regionally but slightly below national and statistical neighbours. There remains a significant gap between the performance of LAC and all Wolverhampton children however small numbers in the cohort can make these measurements volatile. For further information about the education attainment of LAC in Wolverhampton please refer to the Virtual School Head teacher annual report.

Attendance data has been updated for 2017 - attendance of Wolverhampton LAC at school is better than that of comparators. please note there was an error in previous reports where persistent absence was under-reported

PEP's - All ages



PEP's - Early Years



PEP's Year 12 & 13

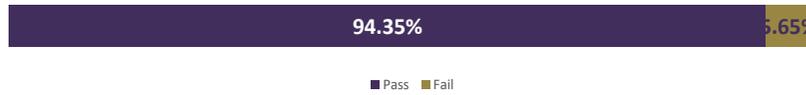


Health and Dental Checks and Care Applications



CYPiC with an up to date health check

Where a health check has been completed within 12 months



2017/18 Year Out-turn = 84%
2016/17 Year Out-turn = 84%



CYPiC with an up to dental check

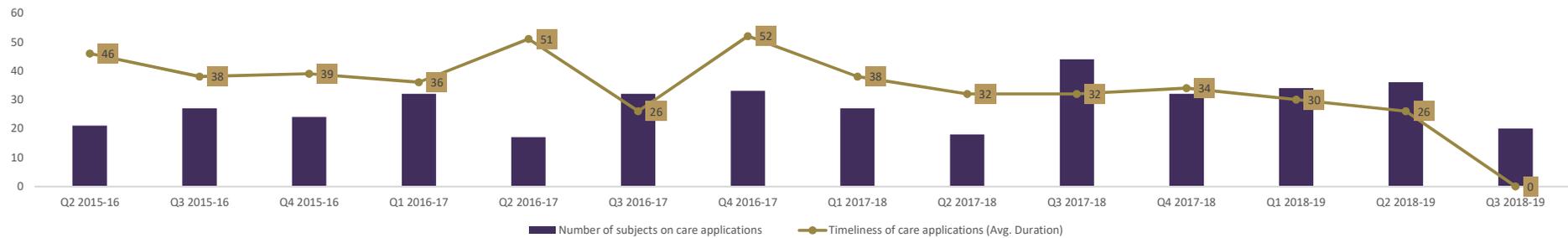
Where a dental check has been completed within 12 months



2017/18 Year Out-turn = 91%
2016/17 Year Out-turn = 89%



Care Applications



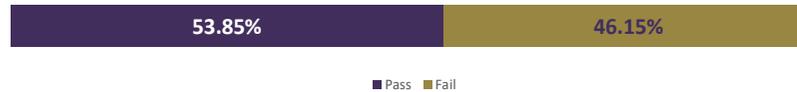
After continued decreases in the percentage of up to date dental checks, following targeted work by managers within the service performance is back in line with the strong performance seen in years past. The result remains significantly higher than the 60% of children in the general Wolverhampton population that have seen a dentist in the past 2 years which is falling. The percentage of health checks that are up to date has increased to 94% and is favourable against year out-turn 201/18.

Adoption



CYPiC adopted within A1 indicator

Average time between a child entering care and moving in with their adoptive family



2017/18 Year Out-turn = 60%
2016/17 Year Out-turn = 46%



CYPiC adopted within A2 indicator

Average time between receiving court authority to place and finding a match



2017/18 Year Out-turn = 55%
2016/17 Year Out-turn = 60%



CYPiC adopted within A10 indicator

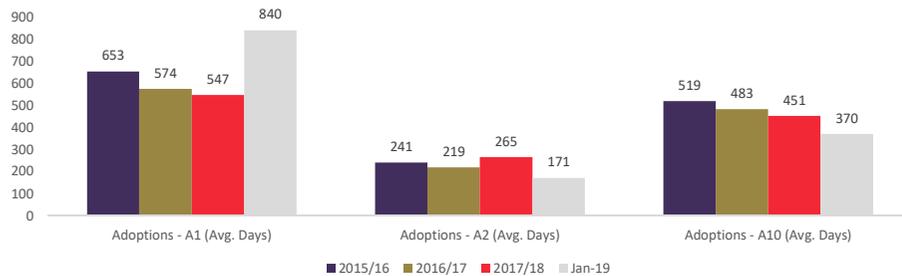
Average time between a child entering care and moving in with their adoptive family (stopped at point of fostering for foster carers adoption)



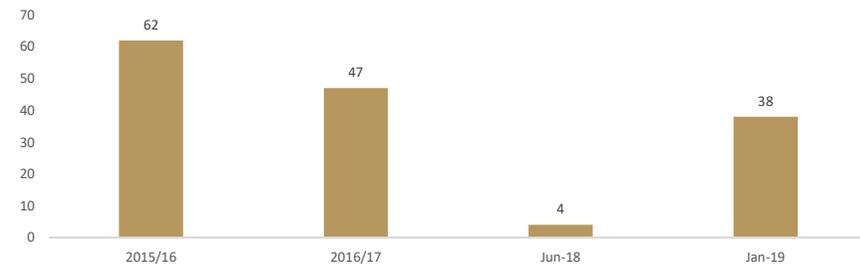
2017/18 Year Out-turn = 63%
2016/17 Year Out-turn = 56%



Average Days against Adoption Indicators



Number of adoptions



Adoption timeliness improved in the 2018/19 against A2 and A10 adoptions indicators. Wolverhampton's A10 indicator is now below national targets and A2 indicator average days is lower than at any previous mid-year point. This is promising performance especially when considering that Wolverhampton also compares favourably to comparators against the adoption of hard to place children. Average days for A1 continues to increase however this is due to the adoption of four long term hard to place children who took over 2000 days but were all placed with their foster carer

Care Leavers



Care Leavers EET Status

Education, Employment and Training of Care Leavers aged 17-21



2017/18 Year Out-turn = 60%
2016/17 West Midlands = 46%
2016/17 Stat Neighbours = 47%
2016/17 England = 50%



Care Leavers available to work

Average time between receiving court authority to place and finding a match

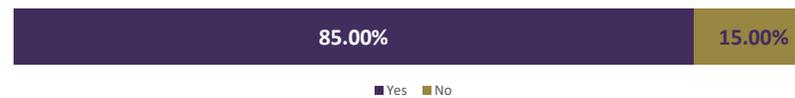


2017/18 Year Out-turn = 84%
2016/17 Year Out-turn = 82%



Care Leavers in suitable accommodation

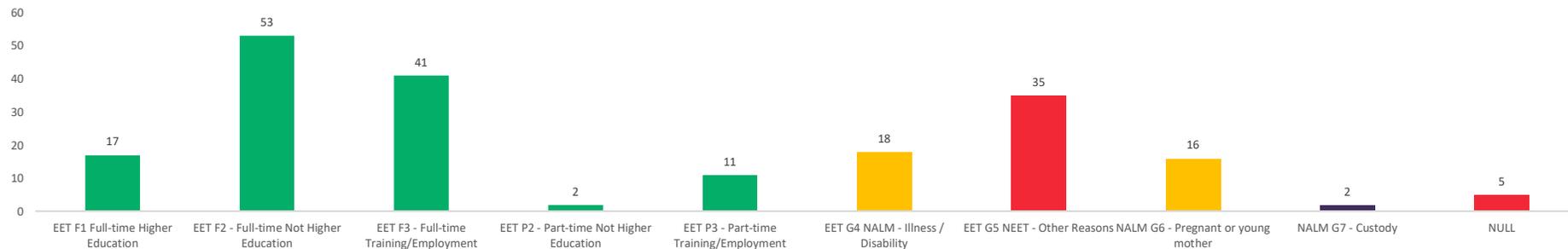
Average time between a child entering care and moving in with their adoptive family (stopped at point of fostering for foster carers adoption)



2017/18 Year Out-turn = 88%
2016/17 West Midlands = 82%
2016/17 Stat Neighbours = 83%
2016/17 England = 84%



Current Care Leaver EET Status



Care Leaver data continues to be an area of real strength for the authority. At the end of January 2019 62% of 17-21 year olds were in Education, Employment or Training. NALM (not available for the labour market). 85% of care leavers are available for work with 15% (34 young people) not available due to pregnancy or young motherhood, illness or disability or because they are in custody. . The proportion of care leavers currently deemed to be in suitable accommodation is also included and shows that 88% of the cohort are currently in suitable accommodation

Briefing Note

Title: Children and Young People in Care – Statutory Performance 2018

Date: 7 February 2019

Prepared by: James Amphlett

Job Title: Business Intelligence Manager

Intended Audience: Internal Partner organisation Public Confidential

1.0 Purpose

- 1.1 The purpose of this briefing note is to outline performance of key national indicators within the Children and Young People in Care service.
- 1.2 These indicators are collated from data submitted in the Children Looked After – 903 Return each June for the previous financial year.
- 1.3 There is an accompanying PowerBi dashboard that shows current and historical performance against regional, statistical and national averages that is available on the Children's Services Performance SharePoint.

2.0 Overview

- 2.1. This report highlights 10 key indicators covering Children and Young People in Care. At present this does not include adoption timescales which are still to be released.
- 2.2. Out of the ten indicators five saw improvement in 2018 compared to 2017. Four indicators saw a decrease although one of these remained strong. One indicator remained the same.
- 2.3. Wolverhampton achieved the top quartile of performance in two indicators; percentage of Children and Young people in Care subject to a conviction, final warning or reprimand during the year and percentage of Children and Young people in Care who ceased to be looked after that were adopted in year. Wolverhampton also achieve second quartile performance in a further three indicators.
- 2.4. Wolverhampton only achieve bottom quartile performance in one indicator; percentage of Children and Young People in Care at 31 March with three or more placements during the year. Performance in this indicator has improved however in 2018 - 2019.

3.0 Analysis of Indicators

3.1. Numbers of Children and Young People in Care

Children and Young People in Care per 10,000 children under 18	2013	2014	2015	2016	2017	2018	Direction of travel (Low is good)
Wolverhampton	117	136	135	112	108	108	↔
West Midlands	72	73	74	73	75	78	↑
Statistical Neighbours	81	82	83	83	83	87	↑
England	60	60	60	60	62	64	↑

Over the five-year period there has been a reduction in the number of Children and Young People in Care per 10,000 population. Despite this decrease Wolverhampton has a substantially larger looked after population than regional, statistical and national averages. In 2018, the number of children and young people in care remained at 108 per 10,000 population. Despite this, the gap to comparators decreased within increases seen in regional, statistical and national averages.

3.2. Placement Stability

% of Children and Young People in Care at 31st March with 3 or more placements during the year	2016	2017	2018	Direction of travel Low is good
Wolverhampton	13	13	16	↑
West Midlands	10	10	11	↑
Statistical Neighbours	10	10	9	↓
England	10	10	10	↔

16% of children and young people who had been in care for one year on 31 March 2018 had three or more placements during the year. This was 3% more than in 2017 and shows Wolverhampton's performance poorly against regional, statistical and national averages. Wolverhampton's performance is ranked as the 143rd poorest for this indicator. This indicator, that is used to judge short term stability, is the only indicator that shows Wolverhampton in the lowest quartile of performance.

Internal performance for this indicator shows that in 2018 - 2019 performance has improved from 16% in March 2018 to 12% in January 2019.

% of Children and Young People in Care at 31st March in placement for over 2 years/placed for adoption	2016	2017	2018	Direction of travel Low is good
Wolverhampton	68	65	70	↑
West Midlands	69	69	68	↓
Statistical Neighbours	69	71	70	↓
England	68	70	70	↔

Despite performing poorly in short term placement stability, there is a much-improved picture for long term stability. 70% of children and young people who had been in care for over two and a half years on 31 March 2018 had been in the same placement for two years. This was an increase of 5% on 2017. This performance was stronger than the regional comparators and in line with statistical and national averages.

% of Children and Young People in Care at 31st March placed over 20 miles from their home address	2013	2014	2015	2016	2017	2018	Direction of travel (Low is good)
Wolverhampton	11	13	16	16	11	13	↑
West Midlands	12	12	13	14	14	13	↓
Statistical Neighbours	14	15	15	17	18	20	↑
England	13	13	14	14	14	15	↑

13% of children and young people in care were placed within 20 miles of their home address in 2018. This is a slight increase on 2017 however is significantly stronger than Statistical Neighbours.

3.3. Wellbeing of Children and Young People in Care

Emotional and Behavioural Wellbeing - SDQ average scores	2013	2014	2015	2016	2017	2018	Direction of travel (Low is good)
Wolverhampton	12.6	12.3	13.2	14.2	14.4	13.7	↓
West Midlands	13.7	13.5	13.5	14.1	13.9	13.7	↓
Statistical Neighbours	14.77	14.51	14.52	15.16	14.26	14.3	↑
England	14	13.9	13.9	14	14.1	14.2	↑

Wolverhampton recorded its strongest average score for emotional and behavioural wellbeing of children and young people in care since 2015 in 2018. The SDQ score of 13.7 gives Wolverhampton an average of 'normal'. This score shows Wolverhampton positively in comparison to regional, statistical and national comparators. Wolverhampton is ranked as the 47th best performing authority in this area. Further to this the percentage of children and young people who completed the questionnaire increase to over 90% in the year; the strongest performance to date.

% of Children and Young people in Care subject to a conviction, final warning or reprimand during the year	2016	2017	2018	Direction of travel (Low is good)
Wolverhampton	5	4	2	↓
West Midlands	4	4	3	↓
Statistical Neighbours	5.13	4.44	4.43	↓
England	5	4	4	↔

Just 2% of children and young people in care were subject to a conviction, final warning or reprimand during the year. This performance shows Wolverhampton as the 14th best authority in the country and in the highest quartile of performance. The performance is also stronger than all standard comparators.

% of Children and Young people in Care whom had a missing incident during the year	2015	2016	2017	2018	Direction of travel (Low is good)
Wolverhampton	2	5	5	6	↑
West Midlands	5	6	8	9	↑
Statistical Neighbours	5.7	6.39	9.4	10	↑
England	6	9	10	11	↑

Wolverhampton has a low percentage of children who go missing from their placement. In the year just 6% of children and young people in care went missing compared to 9% regionally and 11% nationally. Despite this strong performance the percentage has increase from just 2% in 2015.

3.4 Leaving Care

% of Children and Young people in Care who ceased to be looked after that were adopted in year	2013	2014	2015	2016	2017	2018	Direction of travel (High is good)
Wolverhampton	21	22	22	24	26	24	↓
West Midlands	16	17	18	18	20	18	↓
Statistical Neighbours	17.3	17.9	20	20.1	21.3	17.9	↓
England	14	17	17	15	14	13	↓

24% of children who ceased to be looked after in 2018 were adopted. This is significantly stronger performance than West Midlands (18%), Statistical Neighbours (17.9%) and England (13%) averages. This shows Wolverhampton in the top quartile for performance and ranked as the 8th best performing authority against the indicator. In the year performance decreased slightly from 26% in 2017.

% Care Leavers in suitable accommodation	2013	2014	2015	2016	2017	2018	Direction of travel (High is good)
Wolverhampton	77	76.4	81	77	90	84	↓
West Midlands	87	75.8	75	80	82	84	↑
Statistical Neighbours	85	79.67	80.4	78.3	82.6	83.2	↑
England	88	77.8	81	83	84	84	↔

The percentage of Care Leavers who live in suitable accommodation decreased in the year to 84% but remains in line with regional, statistical and national

comparators. Current performance compares favourably to years before 2017 however, when a large increase was seen.

% Care Leavers in Education, Employment or Training	2013	2014	2015	2016	2017	2018	Direction of travel (High is good)
Wolverhampton	45	31	42	41	56	56	↔
West Midlands	54	41	41	47	46	50	↑
Statistical Neighbours	55.1	40	45.7	44.4	46.7	47.6	↑
England	58	45	58	59	50	51	↑

Care Leavers who are in education, employment or training remains an area of strength for the authority. Wolverhampton performs favourably compared to regional, statistical and national averages. Wolverhampton's current performance is in the second quartile and work continues to improve this indicator further.

This page is intentionally left blank

CITY OF WOLVERHAMPTON COUNCIL	Corporate Parenting Board 28 March 2019
--	--

Report title	Corporate Parenting Strategy 2018 - 2021 Update	
Cabinet member with lead responsibility	Councillor Paul Sweet Children and Young People	
Wards affected	All wards	
Accountable director	Emma Bennett, Director of Children's Services	
Originating service	Children's Services	
Accountable employee	Alice Vickers Tel Email	Corporate Parenting Officer 01902 553010 Alice.Vickers@wolverhampton.gov.uk
Report has been considered by	Corporate Parenting Partnership Board Children's Leadership Team	7 February 2019 21 February 2019

Recommendations for action:

The Corporate Parenting Board is recommended to:

1. Receive the developments that the Corporate Parenting Strategy has made throughout 2018 - 2019.
2. Approve the Corporate Parenting Action Plan for 2018 - 2019.

1.0 Purpose

- 1.1 This report outlines the developments and opportunities open to children and young people in care and care leavers since the launch of the Corporate Parenting Strategy 2018-2021 in April 2018.

2.0 Background

- 2.1 The Children and Social Work Act 2017 compels local authorities to evidence how they meet the seven statutory principles.

1. To act in the best interests, and promote the physical and mental health and well-being, of those children and young people
2. To encourage those children and young people to express their views, wishes and feelings
3. To take into account of the views, wishes and feelings of those children and young people
4. To help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners
5. To promote high aspirations, and seek to secure the best outcomes, for those children and young people
6. For those children and young people to be safe, and for stability in their home lives, relationships and education or work
7. To prepare those children and young people for adulthood and independent living.

3.0 Progress

- 3.1 The Strategy was launched with partners as part of a Corporate Parenting Workshop facilitated by Workforce Development to identify opportunities and ideas that the partnership can develop. The group also revised their terms of reference to include: 'As champions for corporate parenting and in accordance with the strategy, this group will promote the culture within their own individual organisations and beyond. Creating, implementing and monitoring the actions required as set out in the action plan.'
- 3.2 The group renamed themselves the Corporate Parenting Partnership Board to reflect the membership and to ensure the ownership of the action plan was not just the local authority's, but the partnership's.

4.0 Financial implications

- 4.1 The approved budget for 2018-2019 for the Corporate Parenting Service is £124,000.
- 4.2 Any costs associated with the Corporate Parenting Strategy will be contained within the above allocation.
[NM/18032019/R]

5.0 Legal implications

5.1 This report relates the council's corporate parenting responsibilities laid out in Section 1 of the Children and Social Work Act 2017 and how it will comply with this requirement.
[LW/20032019/L]

6.0 Equalities implications

6.1 Equalities Analysis has been undertaken on the Corporate Parenting Strategy

7.0 Environmental implications

7.1 There are no environmental Implications in relation to this report.

8.0 Human resources implications

8.1 There are no Human Resource implications as a result of this report.

9.0 Corporate Landlord implications

9.1 There are no Corporate Landlord implications as a result of this report.

10.0 Health and Wellbeing implications

10.1 There are no health and wellbeing implications.

11.0 Schedule of background papers

11.1 Corporate Parenting Board Action Plan 2018 – 2019.

This page is intentionally left blank

CORPORATE PARENTING ACTION PLAN 2018/19

Directorate/Service Area:

Children and Young People, Children' Services, Corporate Parenting

Business Plan Accountable Officer:

Alice Vickers, Corporate Parenting Officer

Priority Actions

<p>Care Leavers are enabled to access adult services</p>	<p>CCG</p>	<p>CL are supported with their health needs whilst receiving support from transitions services and then have a clear route into adult services if needed</p>	<p>March 2018</p>	<p>October 2018</p>	<p>Number of Care Leavers with a leaving care health summary</p>	<p>Current performance has not been made available awaiting performance from the Annual Health report now being presented in March 2019</p>	<p></p>
<p>To ensure that there is a robust structure in place that is to be imbedded in all organisation that provide services to Children in or leaving care</p>	<p>All Partners</p>	<p>Children and young people in or leaving care have shared their experience and opinions on services that affect them and there is evidence of this change</p>	<p>November 2018</p>	<p>March 2019</p>	<p>Children and young people in or leaving care have representative forums that influence not just the service provided by the LA, but also its partners</p>	<p>The governance arrangement for the CiCC and CLIC are very LA specific work with partners to ensure their views are heard with partners delivering services to this group needs development.</p>	<p></p>

Page 4

Business Planning Activity Log Template

<p>To ensure that Children in or leaving care have a good quality, SMART PEP which will support progress in their education.</p>	<p>Virtual Head</p>	<p>'We would like to have a good job when we are adults' All Children and young people in or leaving care have a career pathway with realistic targets and access to opportunities and experiences</p>	<p>July 2018</p>	<p>March 2019</p>	<p>To map and check work experience. To ensure children and young people in or leaving care have access to good quality IAG</p>	<p>Skills team have been asked for a list of WEX dates for local schools. A list of year 10 and 11 students has been pulled and tracking of those young people has begun. A connexions PA has been designated to Children and young people in or leaving care living in Wolverhampton and quality assurance has begun on the electronic PEP on career planning 5 apprenticeship opportunities have been promised by Wolverhampton Homes and 3 within the CYP directorate</p>	<p style="background-color: yellow;"></p>
<p>To ensure Children in or leaving care are clear on contact arrangements with birth family</p>	<p>Safeguarding Service</p>	<p>'We would like contact with birth family to be properly explained to us' Children and young people in or leaving care all understand their contact with birth family and why it takes place as it does</p>	<p>December 2018</p>	<p>March 2019</p>	<p>Confusion over why contact is limited or cancelled</p>	<p>LAC Reviews are being re-configured to ensure information is being shared with young people better and appropriately with the pilot being underway and has been further extended until March 2019</p>	<p style="background-color: yellow;"></p>
<p>To ensure Children in or leaving care are able to make sound financial decisions</p>	<p>Finance/legal/welfare rights and Commissioning</p>	<p>Children and young people in or leaving care feel skilled and able to make sound financial decisions</p>	<p>March 2018</p>	<p>March 2019</p>	<p>The number of young people who have left care have access to their savings, are able to manage their money and are able to access help</p>	<p>A report on saving for those children and young people in care has been drafted. Access to financial management support has been agreed by the credit union process is now to be developed.</p>	<p style="background-color: red;"></p>

Business Planning Activity Log Template



Action	Responsible Officer	Anticipated Outcome/Result	Timescales		Performance Measures	Progress Update	RAG
			Proposed Start Date	Proposed End Date			
1.To act in the best interests, and promote the physical and mental health and well-being, of those children and young people							
Children in or leaving care enabled to make informed choices in regard to their family planning	CCG	Young People have access to health information in order to make informed choices	September 2018	March 2019	Current performance 19 Care Leavers are young parents	Work with CCG and RWT to look at ways that the number can be reduced. Look at RHA for 16 years to ensure options are discussed	Green
Care Leavers are enabled to access adult services	CCG	CL are supported with their health needs whilst receiving support from transitions services and then have a clear route into adult services if needed	March 2018	October 2018	Number of Care Leavers with a leaving care health summary	Current performance has not been made available awaiting performance from the Annual Health report now being presented in March 2019	Yellow
To ensure all Children in or leaving care have a id card	CWC	Children in Care and Care Leavers are able to identify themselves to services to access entitlement independently	October 2018	March 2019	All Children and Young People who are entitled have an id card	Head of Service's have met and the cards are capable to be produced CPPB to look at the cost	Green

Business Planning Activity Log Template

To develop a program that promotes healthy diet choices for Children in or leaving care	CWC	Ensure that Children and young people in or leaving care are taught how to make healthy diet choices that promotes good health into adulthood	November 2018	March 2019	Young Adults when leaving care are able to be healthy	Public Health have provided information on healthy choices, this now needs imbedding into the training for Children and young people in or leaving care	
To offer free access to leisure service to Children in or leaving care	CWC	Children and young people in or leaving care are able to access sport and leisure opportunities	August 2018	September 2019	Free access to WV active for Children and young people in or leaving care	25 Young people have the membership and the team are invited to the I awards to recruit YP and Foster Carers	
2.0 To encourage children and young people to express their views, wishes and feelings							
To ensure there are a varied type of mentoring opportunities to meet the need of Children in or leaving care	CWC	Building relationships, able to share experiences and feelings and access support and guidance	September 18	March 19	Children and young people in or leaving care feel supported and able to express their views (Outcome from outcome star to be monitored)	2 specialist mentors have been recruited. Grandmentor Scheme is being developed with first year-round of funding agreed. Senior leadership mentoring opportunities report has been drafted. Development needed to explore opportunities for partners to engage in mentoring	
To ensure that there is a robust structure in place that is to be imbedded in	All Partners	Children and young people in or leaving care have shared their experience and opinions on services that affect them and	November 2018	March 2019	Children and young people in or leaving care have representative forums that influence not just	The governance arrangement for the CiCC and CLIC are very LA specific work with partners to ensure their views are heard with partners delivering services to this group needs development.	

Business Planning Activity Log Template

all organisation that provide services to Children in or leaving care		there is evidence of this change			the service provided by the LA, but also its partners		
3. To take into account of the views, wishes and feelings of those children and young people (this section is made up of actions that the CiCC and CLIC have outlined as part of their consultation)							
To ensure that Children in or leaving care have a good quality, SMART PEP which will support progress in their education.	Virtual Head	'We would like to have a good job when we are adults' All Children and young people in or leaving care have a career pathway with realistic targets and access to opportunities and experiences	July 2018	March 2019	To map and check work experience. To ensure children and young people in or leaving care have access to good quality IAG	Skills team have been asked for a list of WEX dates for local schools. A list of year 10 and 11 students has been pulled and tracking of those young people has begun. A connexions PA has been designated to Children and young people in or leaving care living in Wolverhampton and quality assurance has begun on the electronic PEP on career planning 5 apprenticeship opportunities have been promised by Wolverhampton Homes and 3 within the CYP directorate	
To ensure Children in or leaving care are clear on contact arrangements with birth family	Safeguarding Service	'We would like contact with birth family to be properly explained to us' Children and young people in or leaving care all understand their contact with birth family and why it takes place as it does	December 2018	March 2019	Confusion over why contact is limited or cancelled	LAC Reviews are being re-configured to ensure information is being shared with young people better and appropriately with the pilot being underway and has been further extended until March 2019	
To ensure that y Children in	CWC	'We would like to have stable placements'	March 2018	March 2019	86% CYPiC with fewer	Family Values project has been developed and the CiCC have been involved in developing a video to promote fostering opportunities	

Business Planning Activity Log Template

or leaving care have as few placements as possible		Ensure that we have a range of placement options that meet the needs of Children and young people in or leaving care			than 3 placements in last 12 months 67% CYPiC in same placement for 2 years or more		
4. To help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners							
To produce information on services for Children in or leaving care	Communication departments	That Children and young people in or leaving Care have information presented in a way that they understand and can access and know where to get the right help	September 2018	November 2018	Currently we have a webpage with resource and information and a handbook	Care Leavers offer in now live and meeting with the digital team have been set to look at digital presence	
To produce a training schedule for all organisation who deliver services Children in or leaving care	Partners	Professional are able to support children and young people in or leaving care to access the right services at the right time	October 2018	March 2019	All services are delivering training to staff who are in contact with Children in or leaving care	TR training planned with Vol Sector and Schools	
5. To promote high aspirations, and seek to secure the best outcomes, for those children and young people							
To expand then number of career opportunities available	CWC	Children and young people in or leaving Care have access to a range of career and other opportunities not	September 2018	March 2019	The number of external opportunities to rise to a further 5	Corporate Parenting to appear in business week in September 2018. A meeting with procurement to imbed expectations from providers to support Children and young people in or leaving care	

Business Planning Activity Log Template

to Children in or leaving care		just from the local authority					
To nominate Children in or leaving care for local and national recognition awards	CWC	Children and young people in or leaving care feel positive about their community	September 2018	March 2019	To raise the number of nominations and awards that Children and young people in or leaving care can access eternally and not just at the I awards	4 Children and young people in or leaving care where nominated for the young citizen award	
6. For those children and young people to be safe, and for stability in their home lives, relationships and education or work							
To ensure the Children in or leaving care have a good quality, SMART PEP which will support progress in their education	Virtual Head	Children and young people in or leaving care are able to reach their career aspirations	March 2018	March 2019	73% young people who have left care and available to work are currently in Education, employment or training	See EET action plan	
To ensure care leavers can manage their tenancies	Wolverhampton Homes	Young people in Wolverhampton Homes accommodation are not getting in to rent arrears	March 2018	November 2018	To reduce the number of working care leavers being in debt arrears	Young people who have left care having 6 weeks rent on account, access to reduced rents, debt management match funding is currently being developed and process of no care leaver being made intentional homeless is also being developed by Wolverhampton Homes	
To ensure care leavers	Police	Young people living independently are	March 2018	March 2019	Progress to be measured by		

Business Planning Activity Log Template

feel safe in their community		able to access support in their local area and feel able to access support from their neighbourhoods			feedback received from the care leaver annual survey	Total respect has been delivered to local police officer from neighbourhood teams and first response and a commitment to meet young people moving into areas has been agreed a process to ensure this is happening is now to be developed.	
7. To prepare those children and young people for adulthood and independent living.							
To ensure Children in or leaving care are able to make sound financial decisions	Finance/legal/welfare rights and Commissioning	Children and young people in or leaving care feel skilled and able to make sound financial decisions	March 2018	March 2019	The number of young people who have left care have access to their savings, are able to manage their money and are able to access help	A report on saving for those children and young people in care has been drafted. Access to financial management support has been agreed by the credit union process is now to be developed.	
To ensure Children in or leaving care are able to get their entitlements in a timely manner	DWP	Young People leaving care are being supported appropriately in to work and training and that any access to benefits is	March 2018	March 2019	The changes as part of the implementation of universal credit means that the current protocol is outdated and therefore needs revision	Revisiting the DWP protocol to ensure it is in line with current entitlements and that job coaches are skilled in providing young people who have left care the right support in seeking work or training	
To launch a comprehensive Care Leaver Offer	All partners	Children and young people in or leaving care now about what they're able to access in terms of support, services and benefits	March 2018	October 2018	The success of the Care Leaver offer will be monitored through performance monitoring	The Care Leaver Offer is now in draft and has been out to consultation with CLIC and the steering group. It goes to cabinet for approval in September with a planned launch in care leavers week October 2018	

Business Planning Activity Log Template

To be a lead organisation for the National Care Leaver Covenant	Spectra First and all partner	No matter where our care leavers live they will be able to access opportunities and support	March 2018	October 2019		Wolverhampton is a lead authority for this national piece of work and have host a workshop to look at what area the covenant should focus on. The covenant will be launched in October 2018	
---	-------------------------------	---	------------	--------------	--	---	--

RAG Rating:

Significant Risk that it will not be achieved



Some risk that it may not be achieved although this may be corrected by remedial action



On target to complete on or before its target date



Completed



This page is intentionally left blank

CITY OF WOLVERHAMPTON COUNCIL	Corporate Parenting Board 28 March 2019
--	--

Report title	Adoption Agency Interim Report	
Cabinet member with lead responsibility	Councillor Paul Sweet Children and Young People	
Wards affected	All Wards	
Accountable director	Emma Bennett, Director of Children's Services	
Originating service	Children's Services	
Accountable employee	Dawn Deans	Senior Social Work Manager
	Tel:	01902 550842
	Email:	dawn.deans@wolverhampton.gov.uk
Report to has been considered by	Children in Care Council	27 February 2019

Recommendation for action:

The Corporate Parenting Board is recommended to:

1. Receive and provide feedback on the City of Wolverhampton Council Adoption Service Interim Report.

1.0 Purpose

- 1.1 This report details the work of the City of Wolverhampton Adoption Service from April 2018 to October 2018.
- 1.2 The purpose of the interim report is to provide updated information in relation to adoption locally and nationally.

2.0 Background

Adoption Reform Agenda

- 2.1 Adoption concerns only a small proportion of children who are unable to safely return to their families, but they are some of the most vulnerable children in society. When the adoption reforms began Department for Education (DfE), (2011) there were over 6,000 children waiting to be placed for adoption; many of whom had been waiting years. There were delays and great variation in local authority (LA) performance (DfE, 2013). The reforms have seen improvements in the system with delays reducing, early permanence approaches becoming more mainstream, and the Adoption Support Fund (ASF) developed to meet children's therapeutic needs.
- 2.2 The regionalisation reforms as set out in *Regionalising Adoption* intend to reduce the large number of agencies providing adoption services by creating 25-30 regional agencies. The expectation is that larger organisations should be able to pool resources and share best practice resulting in: targeted and efficient recruitment of adopters; speedier matching with a larger more diverse pool of adopters; an improved range of adoption support services and potential for efficiency savings from operating at a greater scale.
- 2.3 From 1 April 2019 the City of Wolverhampton, Walsall and Dudley local authorities and Sandwell Children's Trust will operate as one adoption agency, Adoption@Heart. The overriding factors that influenced the four agencies to work together to form a Regional Adoption Agency (RAA) were historic relationships, partnership arrangements and geography. It had previously been agreed that the RAA would be developed as a separate entity wholly owned by the four Councils, but in May 2018, concerns were raised about some of the complexities and uncertainties of establishing such a model for the RAA, including governance issues and the potential for escalating costs of the model and the minimal potential to expand for other public services. As a result, it was agreed to undertake some work to look at the feasibility of a "hosted" model as an alternative.
- 2.4 In June, the RAA Project Board considered the findings of the review and recommended that a move to a hosted model for Adoption@Heart be accepted by Directors of Children's Services (DCSs) on the basis that this would be a less risky approach given that delivering the RAA via a separate entity is relatively untested. A hosted model will also be less resource intensive to deliver and avoid irrecoverable VAT on purchases. The move to a hosted model was subsequently agreed by the four DCSs.
- 2.5 Whilst Wolverhampton will directly manage the service, all four agencies will be responsible for the RAA and will hold it to account through a Strategic Commissioning

Board which will be responsible for monitoring the performance of the RAA. There will also be an RAA Management Board which will oversee and support the operational work of the RAA with representatives from all four local authorities/Children's Trust.

- 2.6 The launch of Adoption@Heart Recruitment and Assessment service commenced March 1, 2018 and the Adoption@Heart Regional Adoption Agency will be launched April 1, 2019.
- 2.7 The DfE has recently commissioned an evaluation to assess the impact of operational RAA's on improving the delivery of adoption services, with the potential to improve outcomes for children. The evaluation runs from the beginning of 2018 until the end of 2021. The findings will be used to ensure that future policy is developed in the most effective way, with annual reports to allow findings to inform emerging practice throughout the period.

3.0 Panel Business

- 3.1 Below are the number of adopters approved and the number of children matched with prospective adopters between April 2018 and October 2018:

Approval of Prospective adopters	Matches of children with prospective adopters
9	19

4.0 Adopter Approval

- 4.1 Nationally there has been a fall in adopters waiting because of a contraction in adopter approval by local authorities and Voluntary Adoption Agencies, one reason the DfE is suggesting is that there has been a growing narrative that there is insufficient support for the children in the system with more complex needs.
- 4.2 Wolverhampton aims to attract and support 25 new adopters during 2018-2019 through the approval stage and beyond, with a particular focus on recruiting people to adopt children in our pipeline; harder to place children and adopters who will consider early permanence placements. All recruitment since March 2018 has been completed as Adoption@ Heart to prepare for the move to the RAA. Enquiries from prospective adopters have been distributed to all four agencies for assessment.
- 4.3 The Adoption in the Black County (ABC) Marketing Officer continues to be imaginative and has devised targeted recruitment campaigns focusing on large sibling groups, Black and minority ethnic (BAME) children and early permanence placements.
- 4.4 As well as embedding BAME imagery and messaging in all our core marketing activities bespoke targeted campaigns have been developed to target specific groups. For example, targeting groups from Muslim background, social media marketing activity has been translated into Arabic. Digital adverts have then specifically targeted the identified groups driving footfall for an exact event held at a Mosque in Sandwell.



- 4.5 Targeting of Black Caribbean groups has also been through micro-marketing activity. A specific case study was identified to represent a significant cohort of the Children and Young People in Care (CYPiC) population from Black and minority backgrounds. A radio campaign and digital press article of a case story was created and rolled out on Free Radio and Birmingham Live. All enquiries drove footfall to two specific information events at the Merry Hill Shopping Centre (Dudley) and also the Bullring Shopping Centre (Birmingham). Please refer to Appendix One with additional marketing activity.
- 4.6 During this reporting period there have been nine mainstream adopter approvals and two notified adoptions. We are confident we will achieve 25 adopter approvals by the end of March 2019.
- 4.7 Early permanence placements can limit delay and secure good outcomes for children whether they are rehabilitated at home, or they are adopted, and the City of Wolverhampton continue to explore this option for all children. Wolverhampton has continued to improve practice in early permanency placements. The sufficiency strategy aspired to have six placements during April 2018-March 2019, however six early permanence placements via Foster for Adoption or concurrency have been achieved between April 2018 to October 2018.
- 5.0 Links of children with prospective adopters**
- 5.1 There have been 19 links between children and prospective adopters during this reporting period.
- 5.2 The A1 indicator measures the average time between a child entering care and moving in with its adoptive family with a target set by Government of 426 days.
- 5.3 The A2 indicator measures the average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family. The current target is 121 days.
- 5.4 Seven out of the 19 children met both the A1 and A2 indicator which equates to 37 per cent. Court proceedings concluded in a timely manner and suitable adopters were identified.

This report is PUBLIC
(NOT PROTECTIVELY MARKED)

- 5.5 10 out of the 19 children met the A2 indicator and were placed within four months (121) of a placement order which equates to 53 per cent.
- 5.6 Three of the 19 children linked at panel were part of a sibling group of two, two included children of Black and minority ethnicity.
- 5.7 Of the 19 children matched, three were over the age of five, one young person is aged 15 years and her sibling aged 10 years.
- 5.8 When considering the ethnicity of the children matched, nine of the 19 children were of Black and minority ethnic (BAME) background. This equates to 47 per cent of children matched. This remains significantly above the national average of five per cent.
- 5.9 Below is an example where the A1 and A2 indicator was met.
White British Female aged eight months at placement.

Child A	Date became CYPiC	Should Be Placed for Adoption Decision	Placement Order granted	Date matched	A 1 indicator	A2 indicator
White British Female	25/07/2017	06/11/2017	18/12/2017	15/03/2018	244	87

- 5.10 There are a number of children who are deemed as hard to place due to their age, ethnicity, and health issues, for example. These children therefore do not always follow the pattern of those children that are deemed as easier to place and are successfully linked within A1 and A2 indicator timescales, they can be referred in statistical data as outliers. An outlier can be defined as a piece of data or observation that deviates drastically from the given norm or average of the data set. An outlier can cause serious problems in statistical analyses. Below is an example of a sibling group of two where the A1 and A2 indicator were out of timescales; it can take longer to secure a link for siblings' groups.

Child B and C	Date became CYPiC	Should Be Placed for Adoption Decision	Placement Order granted	Date matched	A 1 indicator	A2 indicator
White British Female aged 5/ Male aged 3	05/05/2016	30/08/2016	23/09/2016	27/10/2017	567	399

- 5.11 In 2014 a new indicator was introduced; **A10**. This measures the average time between a child entering care and being placed with their prospective adopters adjusted for foster carer adoptions (where times for children who are adopted by their foster carers are stopped at the date children were placed with their foster carers).

- 5.12 10 children matched were placed with adopters approved by the City of Wolverhampton; we continue to place at least half of the children with in-house approved adopters, which is in line with national figures. The remaining nine children were placed with adopters approved by other local authorities or voluntary agencies.
- 5.13 Exchange and activity events continue to be utilised, with three exchange events attended during this reporting period. Two targeted exchange events were aimed at featuring over fives and BAME children where we featured over 20 children. There were enquiries in relation to four children. Two activity events were attended with one group of siblings having a pre-link.
- 5.14 A range of "pre-meets" are starting to be used by agencies which include one-way viewings, whereby prospective adopters have the opportunity to observe children at play in the company of their foster carers prior to making a decision to proceed to adoption panel. We are also holding chemistry visits whereby adopters attend foster carers home and meet the child/ren prior to attendance at adoption panel. Both practice methods are evidencing positive placements and are in line with adopter led matches.
- 5.15 Three interagency placements were made with City of Wolverhampton adopters; all placements were single placements; two with ABC agencies and one with Birmingham Local Authority, resulting in £81,000 interagency fee being recouped.
- 5.16 Feedback regarding the family finding process was sought from adopters; with eight responses received. Six rated the service positively, either excellent or very good and one rated it satisfactory and one rated it positively but identified sharing of child's information as poor.
- 5.17 Comments included positive feedback in relation to the family finder; for example, "the matching process was good", "brilliant from the beginning, in respect of the child's social worker; lovely, child focused, supportive, and foster carer; very good, experienced, maintained professionalism". The feedback in relation to the satisfactory and poor comment have been addressed in supervision and via the formal complaint procedure and the learning has been incorporated into improvements for future practice.
- 5.18 The DfE has been working with the sector to deliver on the *Adoption: A Vision for Change* commitment to introduce Regional Adoption Agency Scorecards. LAs and RAAs will need data to understand their performance and share best practice. It also allows them to be accountable for what they have delivered. Therefore, from the 2016-2019 Scorecard, both LA and RAA data will be included.

6.0 Adoptions

- 6.1 There have been 22 adoptions during this period. The target number of adoptions for 2018-2019 based upon the children placed and waiting is 45 adoptions.

7.0 Children's Decisions

- 7.1 There have been 39 "Should be Placed for Adoption" (SBPFA) decisions made during this reporting period, this is an average amount at this stage in the year.
- 7.2 During this period 11 SBPFA decisions were rescinded.
- 7.3 The rescinds included three sibling groups, one child aged 11 years, three aged eight years and three aged nine years and two aged seven years old. They included five BAME children. The Care Plans have been changed to long term fostering.

8.0 Adoption Support

- 8.1 Wolverhampton Adoption Team recognises that adopted children and their families need to be able to access appropriate and sensitive adoption support at any time in their lives. Prior to an adoptive family being identified, Family Support Workers begin working with harder to place children including older children, sibling groups, and children with complex histories preparing them for a move to an adoptive placement.
- 8.2 During April 2018 and October 2018 moving on work has been undertaken with seven single children and two sibling groups of two and one sibling group of three. This is the feedback from the children's foster carers.

Did you find the sessions helpful with preparing the child for adoption?

- Very good, it was very positive and worked well for R.
 - Yes, it helped them to understand what was happening in a child understanding.
 - It helped them to understand that what was happening, and ARB took the time to talk things through making sure A understood everything.
- 8.3 25 assessment of need assessments have been undertaken between April 2018-October 2018. 31 adoption support fund applications have been made to date almost twice the amount at this stage last year, totalling £112,000. Adoption Support Fund (ASF) applications have funded the following provision; Therapeutic Life Story work, Occupational Therapy, Child and Mental Health Service (CAMHS), Sustain specialist assessment and therapy, Creative play therapy, Family therapy, Psychotherapy, Circle of Security Parenting programme, Safe base parenting programme, and Developmental Dyadic Psychotherapy.
- 8.4 In October 2016 the Government introduced The Fair Access Limit (FAL), which requires local authorities to share the costs of therapeutic support with adopters above £5,000, through a match-funding approach. This measure was introduced because demand for support is more than double the level forecasted. Since April 2018 the City of Wolverhampton have matched funded £1,440.

- 8.5 Currently, the average claim made for individual funding for Wolverhampton is in the region of £4,000.
- 8.6 A new portal which went live in June 2018 was designed to ensure that the application process better meets users' needs however, the fund have extended approval timescales to 20 working days, this can be problematic and can leave families in crisis.
- 8.7 During this period there have been no disruptions; given the children's ages and level of need this is very positive and is in part due to therapy being identified early in placements.
- 8.9 The post adoption contact (PAC) co-ordinator manages more than 400 letter box exchange arrangements and provides support to birth families in writing and by reading letters to provide good written contact for children.
- 8.10 The City of Wolverhampton Adoption Team have several adoptions involving direct contact between siblings who have been adopted and Support is offered to adopters in setting up the initial contact and they then facilitate it between themselves thereafter.
- 8.11 The City of Wolverhampton has delivered a parenting programme based on attachment-based principles; The Circle of Security. All participants rated it four or five out of five and outlined it met their expectations and said they would recommend it to any parent. They were interested in the new way of thinking, it helped them understand their children and their behaviour. One of the key themes was the importance of attending the training and sharing experiences with adopters on a similar journey.
- 8.12 The City of Wolverhampton Adoption Team continues to work in partnership with Adoption in the Black Country (ABC) incorporating Walsall, Sandwell and Dudley to purchase adoption support packages from Adoption U.K. and After Adoption. These support services provide services to adopters, adopted children, adopted adults and birth family members.
- 8.13 All Wolverhampton approved adopters continue to receive 12 months free membership to Adoption UK. Additionally, local adopters who access adoption support are also provided with 12 months membership. Adopters are invited to attend the Adoption Support Group run by Adoption UK on a bi-monthly basis, access training and access a lending library.
- 8.14 Complementary to the support offered through Adoption UK the City of Wolverhampton Adoption Team run an adoption support group, this is a group made up of adopters who have attended the Circle of Security parenting programme. This keeps adopters linked to the City of Wolverhampton Adoption team enabling additional support to be offered in a timely manner if required, as the group meets monthly.
- 8.15 ABC deliver a post approval training programme, the workshops are available to approved adopters who are waiting for a placement, those who have had a child placed,

or those who have adopted. There has been one workshop on 'telling' delivered by Wolverhampton during this period.

9.0 Strategic issues and forward plans

- 9.1 Recruiting more adopters who will consider early permanence placements and harder to place children to ensure they are offered the opportunities they deserve, and adoption support is provided to families when needed.
- 9.2 The City of Wolverhampton Adoption Team will continue to progress links in a timely manner and endeavour to improve the A1 and A2 indicators.
- 9.3 Devise policies and procedures in readiness for the launch of Adoption@ Heart.
- 9.4 The Adoption Service has demonstrated the ability to embrace new ways of working in order to improve outcomes for children. The model for Adoption@Heart with the *golden thread* of adoption support is similar to Wolverhampton's model and we will continue to practice in this manner in preparation for moving into the RAA.
- 9.5 The Government has committed to funding essential therapeutic support to adoptive placements until 2020; the challenge for Wolverhampton Adoption Team will be to provide further opportunities to increase the skill of the workforce so the previously undisclosed level of demand will be met in the future.

10.0 Financial implications

- 10.1 The total approved budget for the Adoption Service for 2018-2019 is £4.1 million.
- 10.2 All costs associated with the Adoption Service are contained within this budget allocation. [NM/14012019/C]

11.0 Legal implications

- 11.1 The relevant legislation is set out in the body of the report. There are no direct legal implications arising from the report. [TC/11092018]

12.0 Equalities implications

- 12.1 The City of Wolverhampton Adoption Team seeks to recruit and purchase adopters who can meet the needs of a diverse range of children. This includes children of different Black and minority ethnic groups, both young and older children, male and female children. This is reflected within the recruitment strategy and all new policies have been subject to an equalities analysis.

13.0 Environmental implications

13.1 There are no environmental implications.

14.0 Human resources implications

14.1 Regionalisation will have human resources implications, and this will be considered as part of the consultation process.

15.0 Corporate Landlord implications

15.1 There are no Corporate Landlord implications.

16.0 Health and Wellbeing implications

16.1 The City of Wolverhampton Adoption Team seeks to recruit and purchase adopters who can support and promote the health and wellbeing of children who are unable to remain in their birth family, adopters are recruited and matched with children who can meet their holistic needs including their health and wellbeing.

17.0 Appendices

17.1 Appendix 1 – Additional Marketing Activity.

17.2 Appendix 2 – Children in Care council questions to Dawn Deans.

For the main overarching campaign for the later part of the year a marketing video was created (to be used in mediums such as Instant Articles and website interrupters) and the lead character was chosen to be a BAME child to ensure that the need for more adopters from these minority groups was highlighted further.



 Adoption At Heart

Screen dump of BAME child as lead in new marketing video

Early Permanence Marketing

Though Early Permanence is included in the traditional adoption info event presentation it was felt that the target audience of Early Permanence and 'Traditional Adoption' were differentiable, both by age but more so by motivation.

Specific marketing, initially to increase understanding of the difference between Early Permanence and 'Traditional Adoption' was developed to act as a platform to build the targeted marketing activity upon. A decision to use the term 'FosterToAdopt' was made rather than the more generic Early Permanence as it was felt that the message was easier to convey and simpler to understand as potential adopters were at such an early stage of the decision-making process. Specific information events for Early Permanence were slotted into the calendar of activity in Dudley and Lichfield.



Adoption At Heart
 Published by Ian Groom [?]
 Page Liked - 12 September - ⚙

We're holding a special info event for FosterToAdopt on 20th September at the Merry Hill Shopping Centre (6pm)

FosterToAdopt is an alternative route into adoption where a child is placed with you, often just after birth and right from hospital as a foster carer whilst all the legal decisions are made to allow the child to be adopted.

The benefit for you as an adopter is that the child will be placed with you much earlier in their life.

We ask you to register in advance for the event and you can do that here <https://www.adoptionheart.org.uk/register-info-event>

Example of targeted FosterToAdopt

Sibling Groups Marketing

There have been many targeted sibling campaigns throughout the year but the main recruitment activity for siblings dovetailed with large BAME marketing activity which also a sibling group of three. By bringing together these two important 'hard to place groups' into one campaign allowed additional funding to 'pump-prime' the activity and gain traction really quickly.



Adoption At Heart
 Published by Ian Groom [?]

Your next regional adoption info event is a special one – it's a specific event for people thinking of adopting a sibling group.

Did you know 61% of the children waiting to be adopted will need to be placed with a loving family that could provide a home to their brother or sister also?

Lighthouse Media Centre/Cinema in Wolverhampton – 9th August, 6pm

Register here <https://www.adoptionheart.org.uk/register-info-event>

Generic sibling adoption marketing

Children in Care Council

27/02/2019

Dawn Deans updated the group on the number of Children and Young People adopted this year and gave a brief overview of the report going to Corporate Parenting Board.

The following questions were then asked by the group;

Is permission required by parents for adoption?

Do the finances change for someone who fosters compared to someone who adopts?

Can you see your parents if you're adopted?

Who decides if you can be adopted?

Can a young person decide to be adopted?

Can you still be part of the Children in Care Council if adopted?

The question was raised about an adoptee group and Dawn Deans informed the group that discussions are taking place whether a group should be developed for children and young people who have been adopted.

This page is intentionally left blank

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Corporate Parenting Board

Agenda Item No: 10

Health Services for Children and Young People in care
Annual Report Jan 2018 – Feb 2019

Date of Meeting: 28 March 2019.

TITLE OF REPORT:	Health Services for Children and Young People Annual Report Feb 2018 - Jan 2019
PURPOSE OF REPORT:	This report aims to summarise the key areas of development and outcomes achieved by local health service providers during the identified time frame.
REPORT WRITTEN BY:	Fiona Brennan, Designated Nurse Children and Young People in Care, Dr Steph Simon, Designated Doctor Children and Young People in Care, Wolverhampton Clinical Commissioning Group Dr Wendy Harrison Frazer, Consultant Counselling Psychologist - CAMHS
REPORT PRESENTED BY:	Fiona Brennan and Dr Simon Dr Wendy Harrison Frazer - CAMHS
EXECUTIVE RESPONSIBLE	Sally Roberts, Chief Nurse and Director of Quality, Wolverhampton Clinical Commissioning Group
KEY POINTS:	The report was collated with information provided by Wolverhampton Clinical Commissioning Group. The final copy presented to the Corporate Parenting Board will include Provider information. <i>CAMHS report has been formatted by WCCG and incorporated within this report.</i>
CORPORATE PARENTING BOARD ACTION REQUIRED:	Decision Approval ✓ Assurance

Implications on resources

--

Table of Contents		Page
1.	Foreword	3
2.	Purpose	3
3.	Commissioning health of Services	4
4.	A Local Perspective	7
5.	Provider Services	8
6.	Public Health	13
7.	Voices of Children and Engagement	17
8.	Wolverhampton Key Health Priorities	18
9.	CAMHS	19
10.	Supporting Evidence	32

1. Foreword

- The purpose of the report is to provide an overview of the health of our Children and Young People in Care (CYPiC) who are the responsibility of Wolverhampton (Wolverhampton) City Council (WCC). To describe health outcomes; to identify what is working well; the challenges and how Wolverhampton health providers are working with partners to address those challenges.
- This report also makes recommendations for future development of provision to meet statutory health needs.
- Wolverhampton's revised CYPiC Corporate Parenting Strategy is based upon the NICE Guidance Quality Statements that underpin the recommendations for the health provision for these children.
- The report includes the position at the end of Jan 2019 and an update of progress relating to the introduction and implementation of revised service specifications and commissioning arrangements for CYPiC health services.
- The new health service model for CYPiC is dependent upon effective multi-agency partnerships with local authorities and health providers locally and nationally, as well as partnerships with Public Health and NHS England.
- This partnership working is co-ordinated locally through the bi-monthly meetings of the strategic CYPiC health steering group which works together to implement agreed shared objectives.

2. Purpose of Report

- To provide assurance to members of the Corporate Parenting Board that action is being taken to deliver on-going improvement to health outcomes for CYPiC and identify areas requiring improvement.
- To provide an overview of the health and wellbeing of our CYPiC who are in the care of Wolverhampton City Council, wherever they are placed.
- To make appropriate recommendations for future developmental and joint commissioning needs in response to the identified health priorities of CYPiC under the care of Wolverhampton City Council as identified by Public Health and the Wolverhampton Children Safeguarding Board.

3. Commissioning of Services – Wolverhampton Clinical Commissioning

Group (WCCG)

- As an organisation WCCG are committed to working with stakeholders and commissioned services to ensure the health, safety and well-being of our CYPiC, wherever they are placed. Advocating for this cohort of children is a key part of our approach to commissioning and working together, with a focus on quality and patient experience.
- The role of WCCG is also fundamentally about working with others to ensure that services are in place to respond to the health needs of our CYPiC, in order to deliver improved outcomes and life chances.
- In line with intercollegiate guidance, the WCCG employ a full time Designated Nurse for CYPiC, and a part time (one day a week) Designated Doctor.
- Clear commissioning expectations for all Provider services are continuously monitored and strengthened by the Designated professionals and WCCG children's commissioner.
- Raising the profile of CYPiC health needs within Safeguarding contractual standards has been key in ensuring we do not lose sight of this most vulnerable group of children and young people (CYP).

3.1 Quality, Governance and Performance

- Despite an increase in compliance around statutory timescales for statutory health assessments, there remains progress to be made to achieve 95% target.
- External Placement Panel (EPP) Nurse Specialist and DLCYPiC continue to work in partnership with the LA regarding placement planning prior accommodating, in particular for those CYP placed in specialist provisions, to ensure that health needs are clearly identified to inform suitable placement. Regular monitoring of these placements is essential to ensure individual needs are being met.
- DNCYPiC to ensure Providers demonstrate compliance regarding CYPiC training as per intercollegiate guidance, this will be monitored via contracting.
- WCCG continue to lead on aligning and streamlining Education and Health Care Plans and CYPiC health assessments for children with special educational needs to ensure a co-ordinated health response, avoid multiple health assessments and over commissioning.

- Health and LA to improve the compliance for the completion of care leaver health summaries for those hard to reach young people who decline the offer.

3.2 Current Commissioning Arrangements

- The DNCYPiC was successful in a business case which saw changes in the way health services were commissioned in Wolverhampton for our children in care. As a result, the Provider Service Royal Wolverhampton Hospital Trust (RWHT) extended their offer of health care provision to all children placed within 50 miles of the City.
- Only 8% of our children are currently placed further than 50 miles away. The WCCG remain responsible for these children, and acknowledge the importance, and challenge, in maintaining a sound oversight.
- A significant amount of work has therefore been done, including;
 - Commencement of a CYPiC health data-base within the WCCG to highlight and address any statutory health assessments that are overdue
 - All hosting CCGs have the DNCYPiC direct contact details to ensure timely contact should an issue arise around health care provision
 - Quality assuring all statutory health assessments undertaken continues to stand at 100%
 - Sound escalation process for all CYPiC to DNCYPiC where concerns arise, (wherever they are placed)
 - Presence of DNCYPiC at all relevant meetings for those placed 50 miles plus;
 - Process in place to escalate concerns to the DNCYPiC and WCCG Children's Commissioner should there be any issues around transition/referrals for universal plus services, in particular CAMHS.

Figure 1 – profile of statutory health assessments

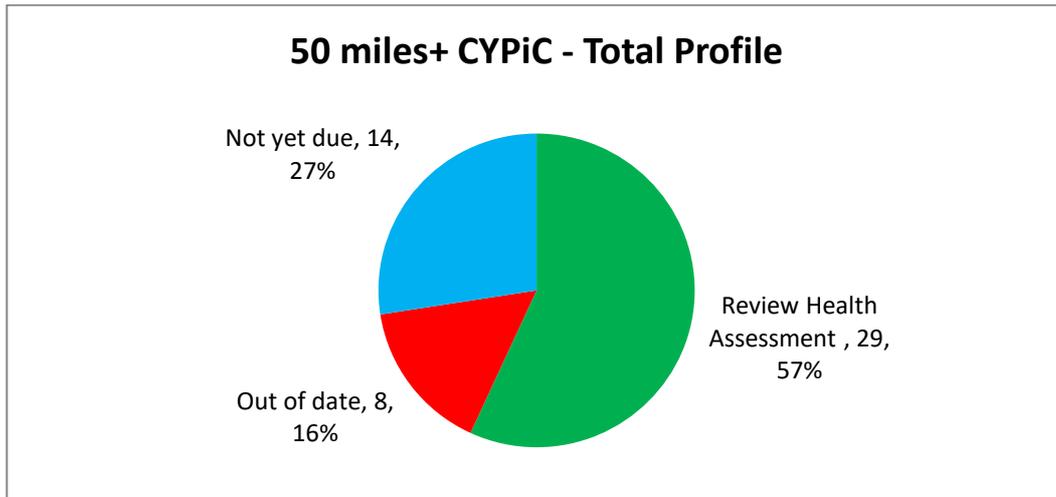


Figure 2

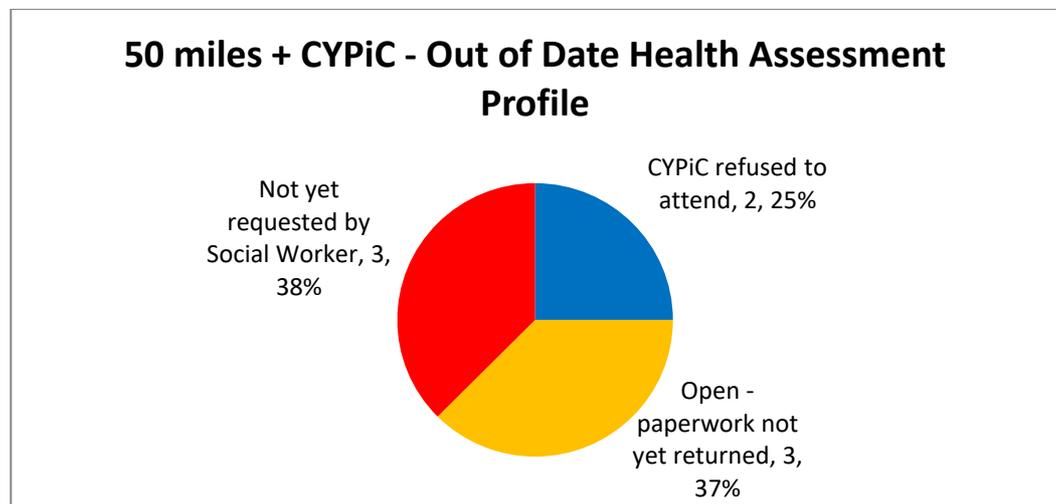


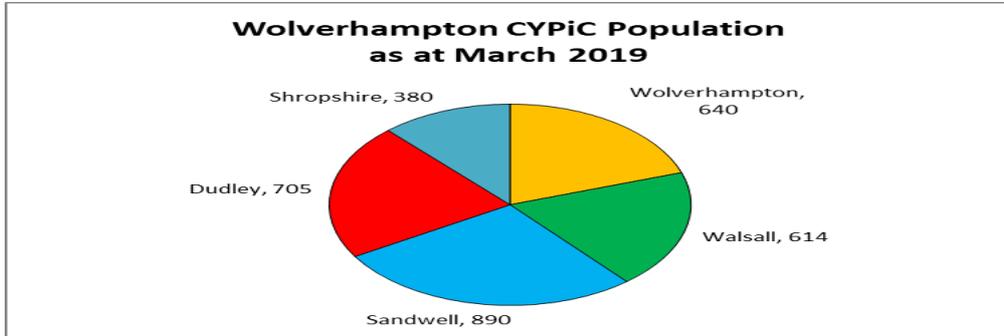
Figure 3



4. A local Perspective

- Wolverhampton continues to have a relatively high number of CYPiC, currently standing at 640, but comparable to our neighbours as shown in graph below;

Figure 4



- A significant number of our children are placed out of City. Please note however that it is positive that only 8% of children are placed further than 50 miles away.

Figure 5

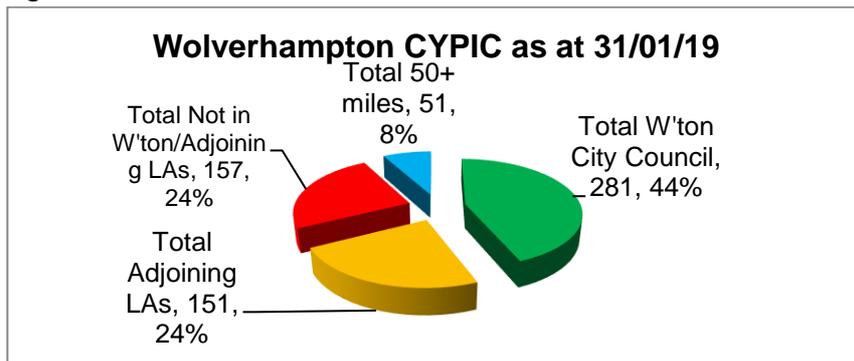
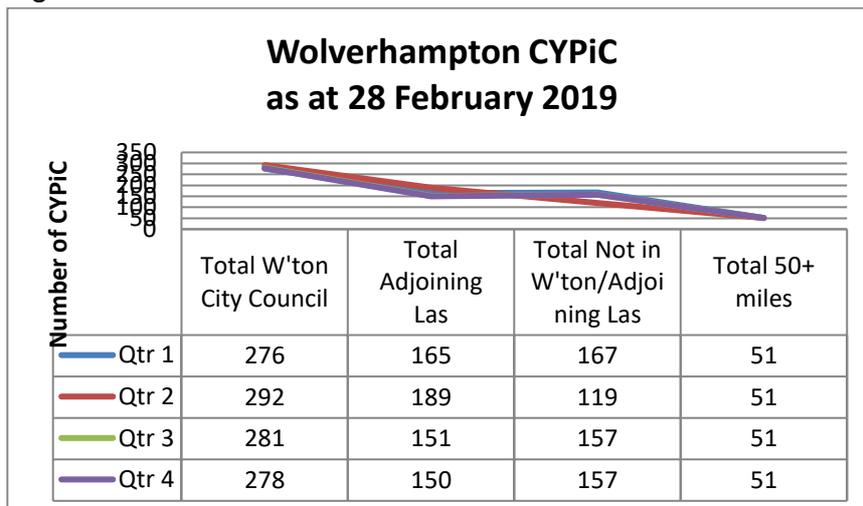


Figure 6



4.1 Core health activities

- The core health activities that require commissioning for CYPiC relating to statutory duties are:
 - **Initial Health Assessments (IHA)** - The initial health assessment should take place in time to inform the child's first CYPiC review within 20 working days of entering care.
 - **Review Health Assessments (RHA)** - The review of the child's health plan must take place once every six months before a child's fifth birthday and once every 12 months after the child's fifth birthday.
 - **Care Leaver Summaries (LCS)** - Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments), with guidance on how to access a full copy if required.
 - **Adoption Reports** - the collation of reports for adoption and fostering panel.

5 Provider Services

The Royal Wolverhampton NHS Trust (RWHT)

- RWHT is commissioned to provide health support for our CYPiC, including statutory health assessments. For all children placed within 50 miles (92%).
- During the period covered by this report, the team has expanded significantly.
- The administration staff have increased to three whole time equivalents and an apprentice position has been created to meet the increased demands of the service.
- The adoption administrator has relocated to join the CYPiC administration staff.
- The vacant Named Doctor post has been filled.
- A second Named Nurse post has been recruited to address the extension of the service as of April 2018.
- There are two medical advisors for adoption and fostering supported by a speciality Doctor.

5.2 Performance - Statutory health activity

Figure 7 - Initial Health Assessments

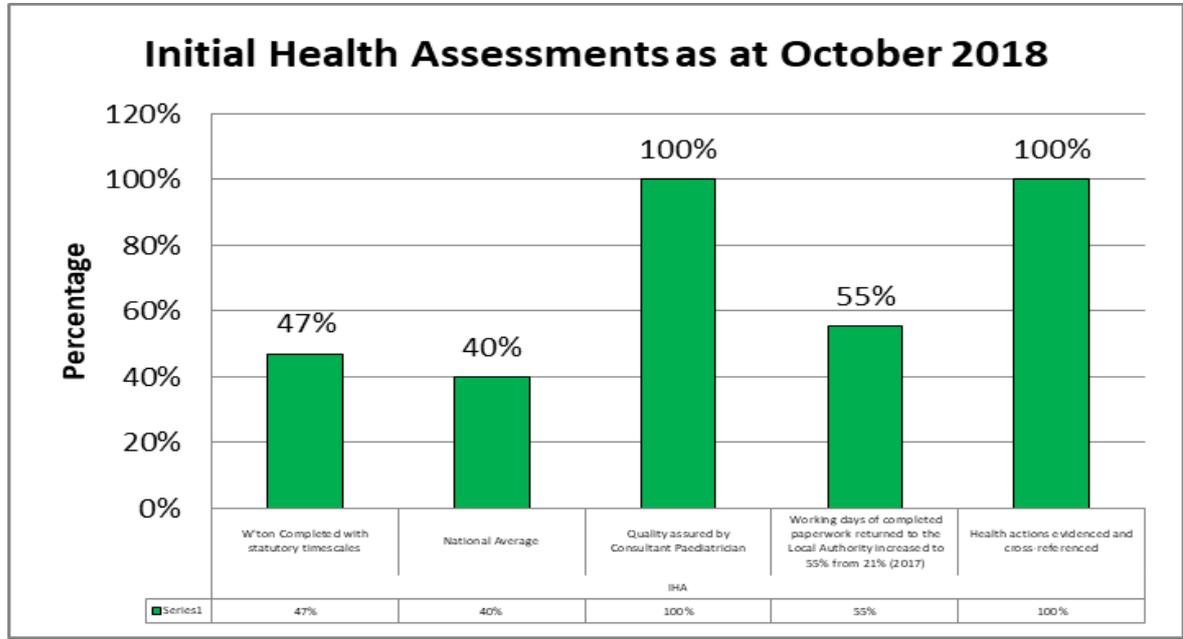
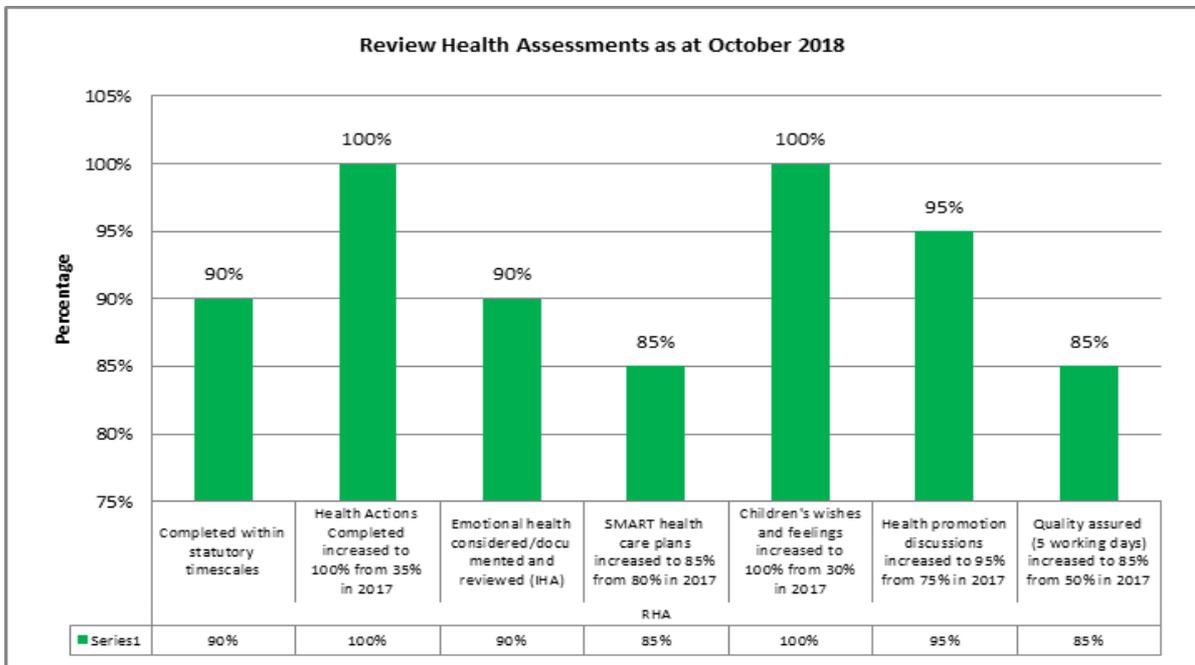


Figure 8 - Review Health Assessments



Please see **Appendix One** - case studies to highlight examples of some good work taking place with CYPiC by our Named Nurses and partnership agencies.

5.3 Adoption

- There are two medical advisors for Wolverhampton, Dr Simon and Dr Kumara, also supported by a speciality doctor.
- The role includes:
 - Providing advice on the health needs of individual looked after children
 - Contributing to adoption panels
 - Advising on adult health assessments for prospective adopters and foster carers
 - Discussing the child's health, development, emotional/behavioural presentation, past experiences and intra-utero exposure with prospective adoptive parents, to ensure that adoptive parents are aware of any past, current and potential future difficulties the children to be placed with them either have or may develop.
- We undertake 40 adoption clinics per year between the two medical advisors. Over the last 12 months (Feb '18 to Jan '19)
 - Produced 164 adoption medicals. 35 following initial health assessment in clinic
 - Held 39 prospective adopters meetings (75% face to face meetings)
 - Advised on 264 adult health assessments (202 for fostering applicants, 62 for adoption applicants).
- Wolverhampton medical advisors will be contributing to the Regional Adoption Agency – Adoption @ Heart. There are six medical advisors across the four boroughs taking part (Wolverhampton, Dudley, Sandwell and Walsall) who will be attending panels between them. Each medical advisor will remain responsible for providing medical advice for children looked after by their own local authority.

5.4 Leaving Care Health Summaries

- It is the responsibility of the LA to request a care leaver health summary prior to the young person becoming 18. Health services are working closely in partnership to improve compliance in this area.
- 100% of care leavers known to health are offered a high quality, meaningful care leaver's health summary. Through the process, young people are encouraged to

express their wishes and concerns around their health and their transition to adulthood.

- There is a need to strengthen strategies used to reach hard to engage young people, and those who decline.
- This will be added to the Provider dashboard as a KPI within the 2019/2020 contracts.

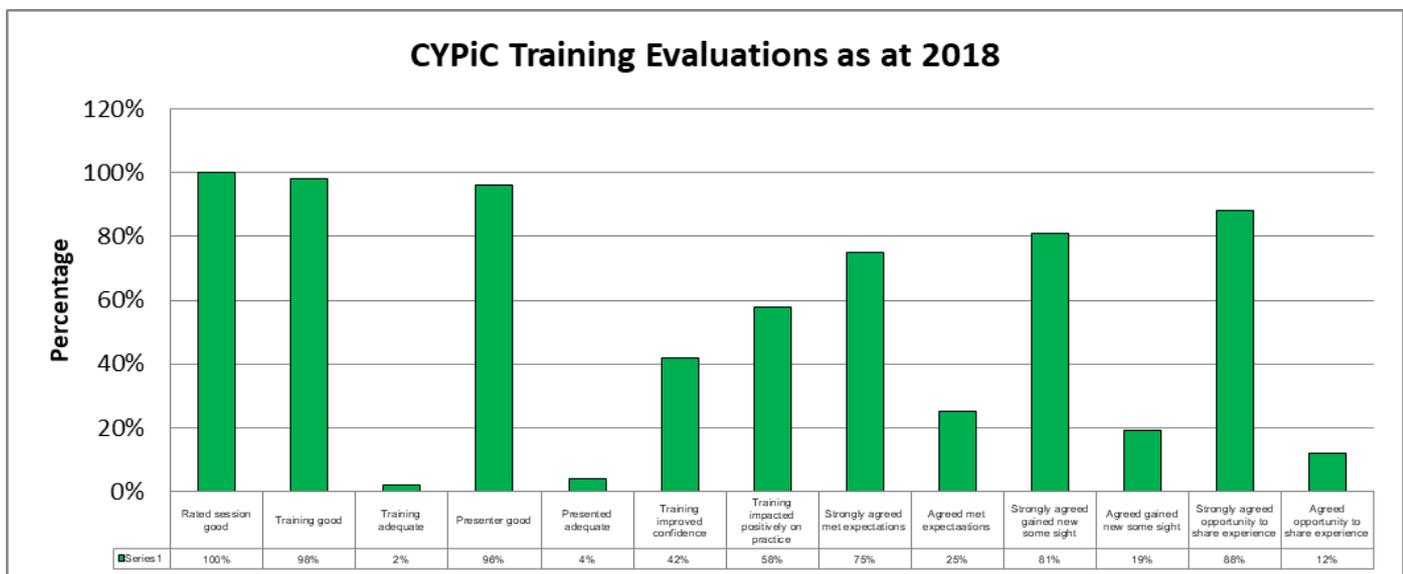
5.5 Key Activity and Progress

- Electronic systems and a generic email have been introduced to enable requests for statutory health assessments to be sent, forwarded and returned electronically rather than via post which reduces delays in receipt and the potential for loss of information.
- Weekly allocation meetings are held between administration staff and Named Nurses to identify issues early, allocate home visits and address any queries that have arisen, positively impacting upon performance.
- Monthly CYPiC team meetings have commenced to include members of the senior management team, Paediatric Advanced Nurse Practitioners (PANPs), Named Nurses and clinical and administrative CYPiC staff. The CYPiC Action Plan is reviewed at each team meeting and outstanding issues escalated to the Children's Services Directorate Meeting and to the Divisional team as required.
- From April 2018 CYPiC Named Professionals attend all key Directorate and Trust meetings, and the Trust Safeguarding Operational Group (TSO). This enables the team to raise the profile of CYPiC within RWT and escalate concerns.
- CYPiC Internal Policy and Standard Operational Policy has been ratified and circulated to partners.
- A database for the CYPiC Service has been developed in conjunction with the IT team and is fully implemented. This has improved reporting, compliance with GDPR and has amalgamated all previous spreadsheets used to record activity. The team is currently awaiting the introduction of Phase 2 of this system.
- A robust Quality Assurance (QA) process is strongly embedded within the department including feedback, QA rotas, and weekly audits of outstanding medicals.
- Health passports are now embedded into practice.

5.6 Training

- In 2017 there had been an absence of CYPiC training offered due to capacity which was largely due to the Named Nurse vacancy. This impacted on the timeliness and quality of RHAs completed by the 0-19 service. With the additional Named Nurse role now in place, this has now significantly improved.
- Level 2 and Level 3 training programmes have been developed and a rolling programme of training devised in order to meet the training requirements (RCPCH 2012) of specific groups of nursing staff.
- Training sessions have also been delivered to the paediatric medical staff both acute and community, the Trust Board, administration staff and the community midwives.
- A number of ad-hoc individual sessions have been facilitated with both students and new staff.
- A total of 83 evaluations have been returned by recipients of the training and the results are detailed below;

Figure 9



- From January 2019 the CYPiC team amended the evaluation process in line with the Trust Safeguarding Teams' evaluation forms. Training sessions were also amended to meet the evolving needs of the teams.
- "Total respect training has been delivered by the Local Authority within the Trust.

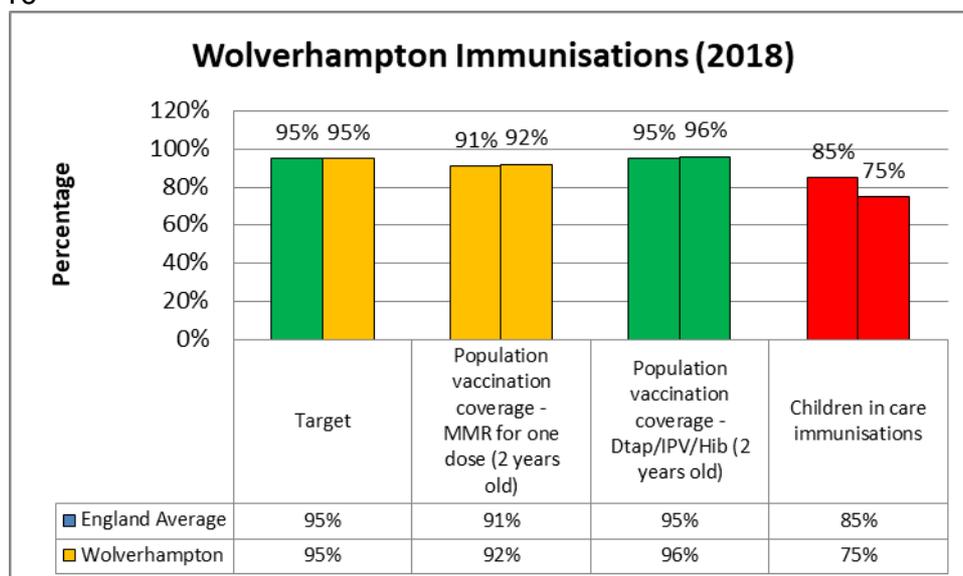
- The Named Nurses & Paediatric Advanced Nurse Practitioners have all accessed Unaccompanied Asylum Seeking Children (UASC) and are compliant with all statutory training requirements.
- A training and supervision plan has been devised for 2018/2019 and has been circulated to the 0-19 Service.

6.0 Public health and wellbeing

6.1 Immunisations

- Figure 10 below highlights that at two years of age children in care are less likely than the general paediatric population, both nationally and in Wolverhampton, to be fully immunised.
- This may be due to many children at this age being newly taken into care, often due to neglect which includes neglect of their health, resulting in many having missed vaccinations whilst in their parents care.
- Our aim would be to ensure that once in care, immunisation status is determined, and those with missed immunisations identified. Subsequently, by their next review health assessment they will be up to date.
- On a positive note, 100% of identified issues around missed immunisations in audited cases were appropriately addressed within the child’s health action plan, wherever the child is placed.

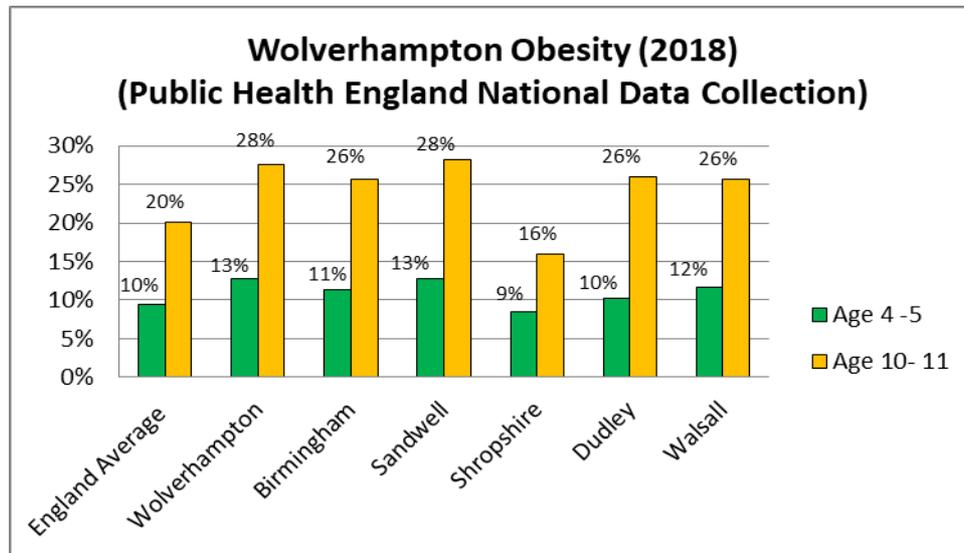
Figure 10



6.2 Childhood Obesity

- Figure 11 below highlights that Wolverhampton has the second highest numbers of obese children in the West Midlands.

Figure 11



- Specific data for obesity rates of CYPiC is not currently collected. Increased understanding is therefore required in order to generate population data to further profile issues, in partnership with Public Health, young people and those who are caring for them.
- The DNCYPiC completed a dip sample audit of 40 Body Mass Index (BMI) in Dec 2018 for children placed outside of Wolverhampton. Four (10%) were above average, all aged between 8-10 years. The WCCG will work with the Provider service to embed such audits within audit programs moving forward to enable better analysis and understanding. Outcomes will be presented within future reports.
- Reassuringly, through the robust quality assurance process, 100% of identified issues around BMI in audited cases were appropriately addressed within the child's health action plan, wherever the child was placed.
- Public Health also provides the co-ordination of immunisation services and health screening of asylum seekers and obesity strategy which are crucial to meeting the needs of our CYPiC. Public Health representatives now attend the strategic bi-monthly CYPiC health steering group.

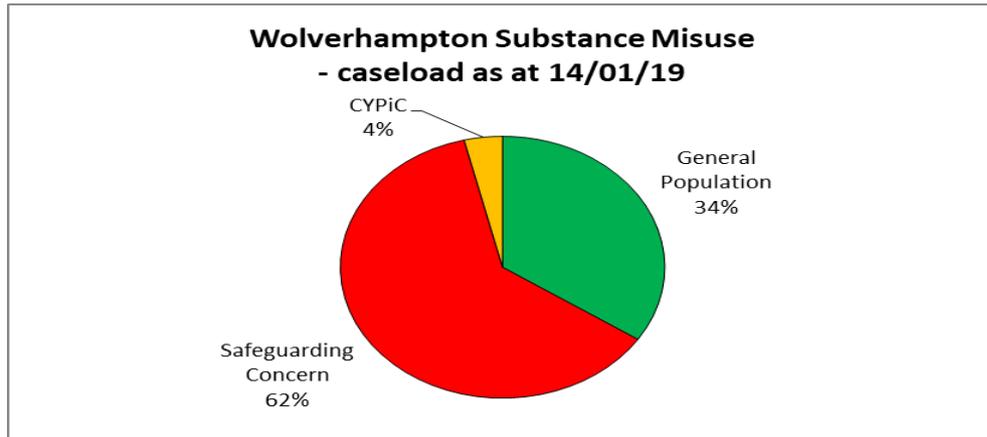
6.3 Wolverhampton Sexual Health Service

- It is difficult to obtain accurate figures for CYPiC, as data is anonymised and used only for statistical purposes.
- The latest general under-18 conception figures (for 2016) were released by the Office for National Statistics in March 2018.
- The under 18 conception rate in Wolverhampton (2016), has fallen since 2015 (from 31.8% per 1000 population to 25.8%). This maintains a generally downward trend over the past 10 years – from a peak of 61.1% in 2007.
- The conception rate for under 16's in Wolverhampton (2016) has also fallen, from 6% in 2015 to 5.6% in 2016 – following a general downward trend which peaked at 10.8 in 2010.
- The maternity rate for teenage mothers has dropped. Latest figures are for 2017/2018 in Wolverhampton, with a rate of 34 per 1000 population, dropping from 41 in 2016/2017 - maintaining an overall downward trend from a high of 99 in 2010/2011.
- The under 18 rate of abortion has fallen slightly from 11.7 in 2016 to 11.2 in 2017, This rate remains below the percentage for West Midlands (48.4%) and England as a whole (51.8%).

6.4 Substance Use

- Support for CYP around substance use (up until the age of 18), is provided through Wolverhampton 360 service. Children whose parents use substances also access support from the service.
- They currently have a total of 105 cases open;
- 4% are CYPiC
- 62% of these have a safeguarding concern (CIN/CP)
- 18 CYPiC have accessed support over the last year.

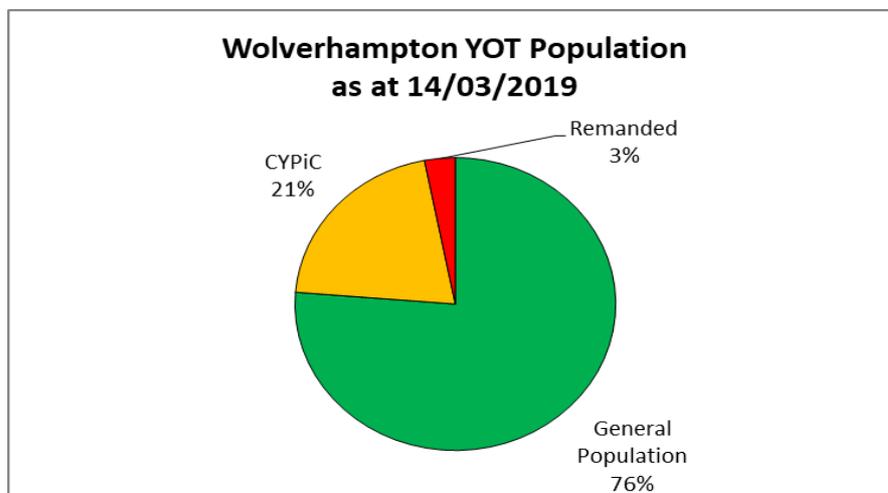
Figure 12



6.5 Youth Offenders

- There are currently 97 young people open to Wolverhampton's Youth Offending Team (YOT).
- Of these, 23 currently are CYPiC (24%). Three of the 23 (13% of CYPiC) have the status due to being on remand.

Figure 13

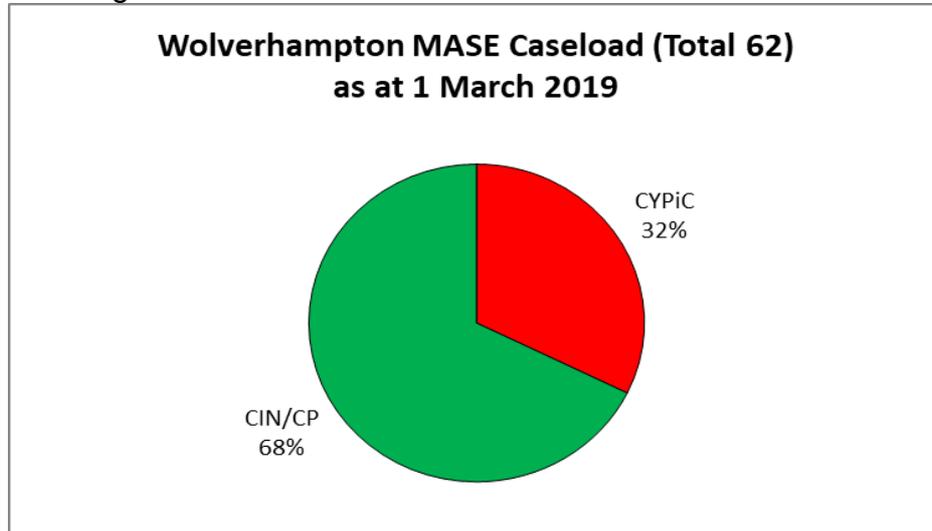


6.6 Sexual Exploitation

- During the reporting period there have been 62 young people known to Wolverhampton's Multi Agency Sexual Exploitation (MASE) panel.
- Figure 14 shows that 20 were CYPiC (two were recalls) and 42 were Child in Need / Child Protection cases (five were recalls).

- Named and/or Designated Nurses will attend MASE meetings to share and gather information. This has proved invaluable in terms of information sharing and mitigating risk, particularly when the CYP is placed outside of the City.

Figure 14



7. Voice of Children / Young People & Engagement

- Designated and Named CYPiC professionals attended task and finish groups at WCCG to redesign the BAAF statutory health assessment template to make it more CYP friendly. Children and Carers were consulted throughout the pilot study.
- The new form encourages increased participation of our CYP in perceptions and decisions around their health. To date it has been received very positively, and it is hoped that these will be rolled out regionally and nationally in 2019. **(Please see Appendix Two).**
- Of the Review health assessments audited, 100% were identified as portraying the wishes and feelings of the CYP. This is an excellent outcome, and action plans evidence their involvement in health plans moving forward.
- The challenge remains in ensuring that these plans are consistently re-visited during CYPiC reviews by the IRO's, with concerns/delays in actions being implemented escalated appropriately.
- DNLAC is in the process of identifying a local named health professional for each CYPiC and Carer, to work in partnership with the LA professional, when the

placement is further than 50 miles from Wolverhampton to ensure their voices are heard, regardless of the distance.

8. Wolverhampton Key Health Priorities

Priority Areas	Key Priorities
Health Assessments and Meeting Statutory Duties	<p>95% Initial Health Assessment (IHA) completed within 20 days.</p> <p>95% Review of health care plan within 6 months (under 5's), annually for 5 years and over.</p> <p>95% of 16 and 17 year olds receive a Health Summary when leaving care.</p> <p>WCCG complies with meeting the health needs of CYPiC placed in Wolverhampton by other authorities.</p>
Commissioning and Service Development	<p>Ensure commissioning arrangements are in place for all Provider Services around the provision of Integrated CYPiC Health Services.</p> <p>A fully functioning multi-agency CYPiC strategic health steering group.</p> <p>Comply with the Wolverhampton Pledge.</p> <p>Ensure robust co-commissioning arrangements are in place with Public Health and NHS England.</p>
Performance and Quality	<p><i>Audit and Analysis to include;</i></p> <p>Review of obesity rates amongst CYPiC – through routine BMI measurement at health assessments.</p> <p>Review of substance misuse and uptake of support in YP at RHA.</p> <p>Review of rates of immunisations – comparisons between rates at IHA and RHA.</p> <p>Unaccompanied asylum seeker health blood borne virus screening.</p> <p>Ensure performance and quality is routinely monitored.</p>
Mental Health	<p>Where CYPiC have mental health or emotional well-being needs, they are being offered a high quality, timely service that meets their needs, wherever they are placed.</p>

Transition	<p>All 16 and 17 year olds receive a Health Summary when leaving care.</p> <p>Suitable transition arrangements in place to ensure young people's needs continue to be met when they are no longer in care.</p> <p>Care Leavers have, or know how to obtain, the information they require about what health services, advice and support are available locally to meet their needs.</p>
-------------------	--

9. Child and Adolescent Mental Health Service (CAMHS)

Please note that the report was originally prepared for the Corporate Parenting Board in November. Therefore data was recorded for September 2017 to August 2018. Unfortunately it has been difficult to separate the data for September 2017 to January 2018 and so this has been left in the report and data for September 2018 to January 2019 added. Therefore this report is for a period of 16 months.

- The Black Country Partnership Trust (BCPT) are commissioned to provide mental health services through the CAMHS
- The team provides a therapeutic service to children and young people whom may be either in care and/or adopted and present with mental health difficulties.
- Typically, these children will have suffered considerable trauma and will present as being insecurely attached. Some of these children will have their own resilience and will find other protective factors in the new systems around them. However, some children and young people in care will require specialist intervention.
- In recognition of this requirement Wolverhampton CAMHS in conjunction with the Local Authority, Social Services and Education Department, have resolved to provide a quality service to children and young people in care and adopted children.
- The CAMHS provides an integrated and consistent approach to children and young people in care by placing the child at the centre of care provided. The clinician allocated to work with a child prior to their care placement will continue to support the child following placement rather than re-allocation.
- The service is able to access specialist medical expertise and systemic family psychotherapy and the Jigsaw clinic (Neurodevelopmental assessment clinic) when it is needed.
- Clinicians have received specialist training in approaches that are evidence based for the highly complex needs of CYPiC, therapeutic approaches that are often recommended in court reports and costly to provide in the private sector. They are not routinely available by many CAMHS or the core CAMHS team.

9.1 CYPiC Team

- The CAMHS CYPiC team has had a change of lead this year as a result of the service re-design. The lead who has taken over was previously the manager of the CAMHS so is not new to CYPiC. There continues to be positive staff retention with longstanding staff members consisting of the following:

Figure 16 CYPiC Team

WTE	Professional Title
0.10	Consultant Psychologist - Lead (CYPiC)
1.0	Social Worker (CYPiC)
0.6	Child and Adolescent Psychotherapist (CYPiC) (0.4 in core CAMHS)
0.64	Highly Specialist Clinical Psychologist (CYPiC)
0.48	Highly Specialist Clinical Psychologist (CYPiC)
1.0	Specialist Nurse Practitioner – EPP (CYPiC)

- During the year a CAMHS Practitioner was employed for three days a week from an agency to support the throughput and also a Clinical Psychologist in Training. This clinician left in July 2018, with another full-time agency worker joining the team until the end of March 2019 and a Clinical Psychologist in Training for two days a week until April 2019.

Figure 17: Current caseload

Open cases at end of January 2019	94 + 23 = 117
New referrals between September 2017 – end August 2018	106 +
New Referrals between September 2018 – end January 2019	<u>30</u>
	136
Discharges between September 2017 – end August 2018	107 +
Discharges between September 2018 – end January 2019	<u>42</u>
	149

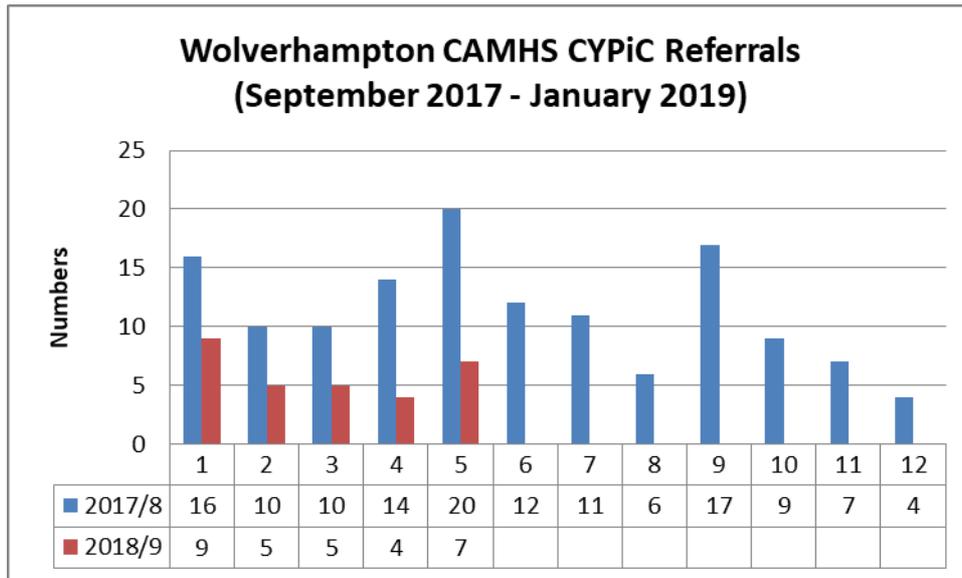
- We have seen a significant increase in the number of referrals we have received comparing September to August 2016/2017 and 2017/2018. As can be seen in Figure 18, 106 referrals were received, compared to 48 referrals recorded last year.

- There has also been an increase in the number of open cases. The number has been given in 2 figures; 94 is the number of open cases of children and young people in care seen by the CAMHS CYPiC team and 23 is the number of open cases of children and young people in care seen by other teams in CAMHS (Child and Family Service, Inspire or the Crisis Team).
- Following assessment the average length of care is 506 days correlating with the highly complex needs and care required, as suggested by research, clinical experience and knowledge.

9.2 Referral and allocation process: Please see Appendix Three

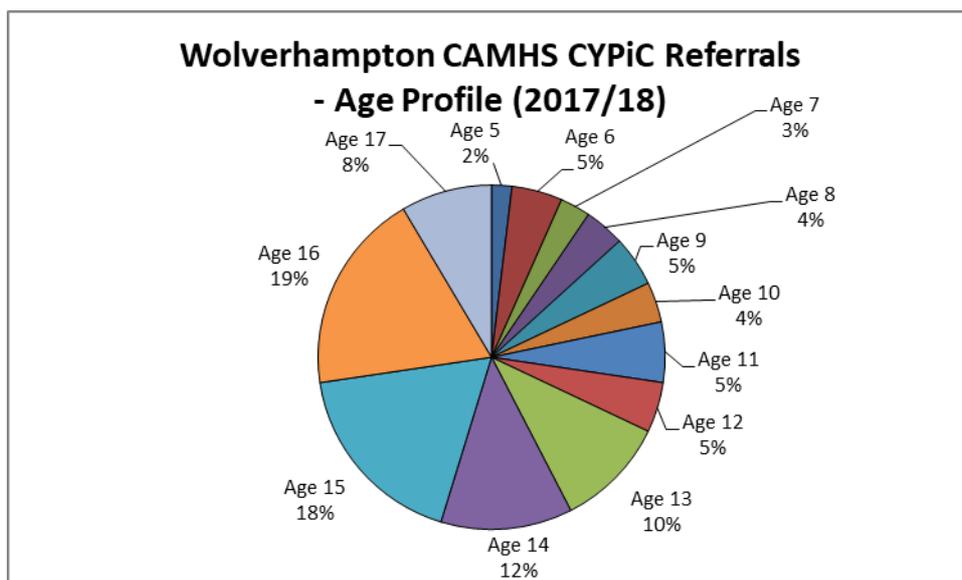
- All referrals to the CYPiC CAMHS Team are initially received through the CAMHS Single Point of Access (SPA). There have been changes to how the CYPiC CAMHS team process the referrals to make sure all the information is captured in a timely manner and to ensure the voice of the child is heard.
- By meeting the CYP at the beginning of our assessment it helps to understand the child's position, what they want and if they are ready for therapy.
- Once the referral is received, and we have consent from the social worker (if the referral has been received by a different professional), a professional's meeting is arranged to take place within two to three weeks. The social worker is asked to invite whoever is relevant to the child including the foster carer.
- Within two - four weeks of this meeting, the child/young person is invited to attend a 'Voice of the Child' meeting where their thoughts, feelings and needs are discussed. Information from the two meetings is then discussed to ensure that a joint team decision is agreed.
- Referrals for out of area children are managed in the same way. Information relating to the originating authority/placing authority is also established in order to ensure relevant funding is sought to support the child's intervention and care within the service.
- Within the 117 of open cases there are 30 cases that are out of area CYPiC.

Figure 18: CAMHS CYPiC team referrals per month 2017/2018 compared to 2016/2017



- As the data shows there was a significant rise in referrals between December 2017 and May 2018 compared to the previous year. This rise has contributed to the high increase in overall referrals received for the year.
- Black Country Partnership NHS Foundation Trust has helped to offset the rise in demand by funding agency staff but this will end March 2019.
- From the 106 referrals received 10 were assessed as inappropriate at screening stage, two were assessed and then concluded to be an inappropriate for our service and for three received we were not commissioned to offer an intervention.
- We have received 30 referrals so far since September 2018 and so are on a trajectory again for a significant rise in referrals compared to 2016/2017.

Figure 19: CAMHS CYPiC Referrals by Age 2017/2018



- The table shows that the highest numbers of referrals received are for 14 – 17 year olds. This may be because;
 - the young people have not come into care until they are older
 - they have received other therapeutic care before coming to CAMHS
 - have not needed therapeutic care due to a good package of care around them
 - have already been to CAMHS before.
- CYPiC are often emotionally dysregulated and the older they get without receiving help, the more at risk they become of developing a personality disorder.
- As stated earlier this is not always the case for those who are resilient and have a positive experience with a good replacement system around them.
- Figure 19 below gives the added data for number of referrals and ages of children between September 2018 and January 2019.
- As discussed above most of the referrals are for young people 14 – 17. However this table shows we received referrals for young people 18, 19 and 21 years of age.
- The service is now involved in a new project providing therapeutic support to unaccompanied asylum-seeking children. For this project we accept referrals up to the age of 25. A report on this will be available in the next report.

Figure 20: CAMHS CYPiC Referrals by Age September 2018/January 2019

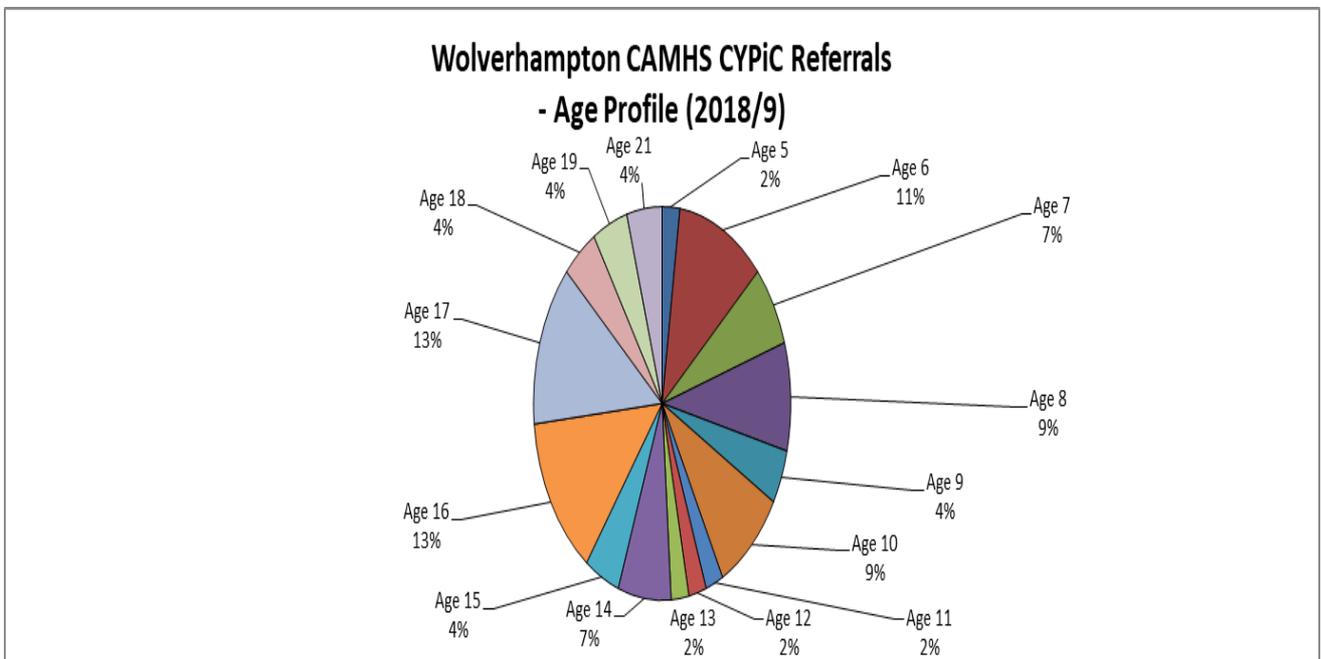
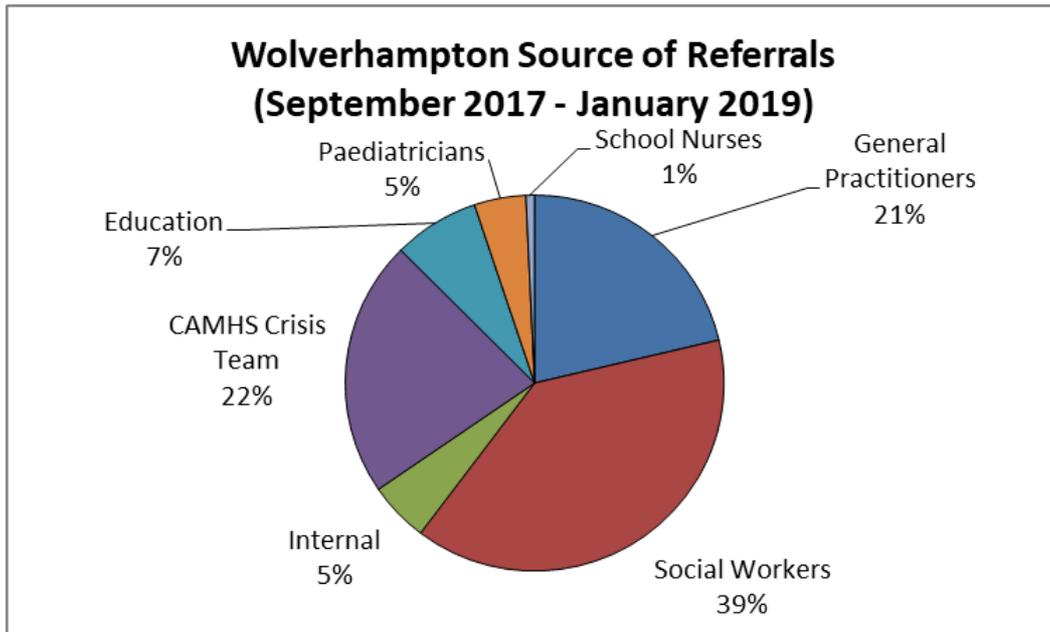
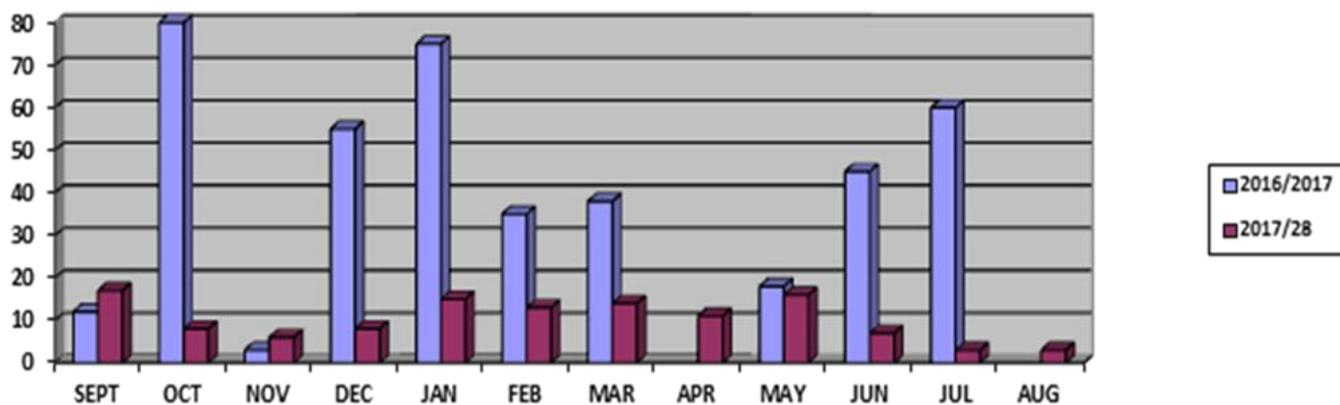


Figure 21: Source of Referrals for 2017/2018



- From non-social work referrals, a letter is written to the referring social worker to inform, gain consent and gather more information.
- This year CAMHS have also had a high number of referrals through the Crisis team following admission to the children’s ward at New Cross Hospital often after an episode of self-harm. Following initial assessment they were referred for ongoing therapy.
- There are also 20 children under the care of our psychiatrists.

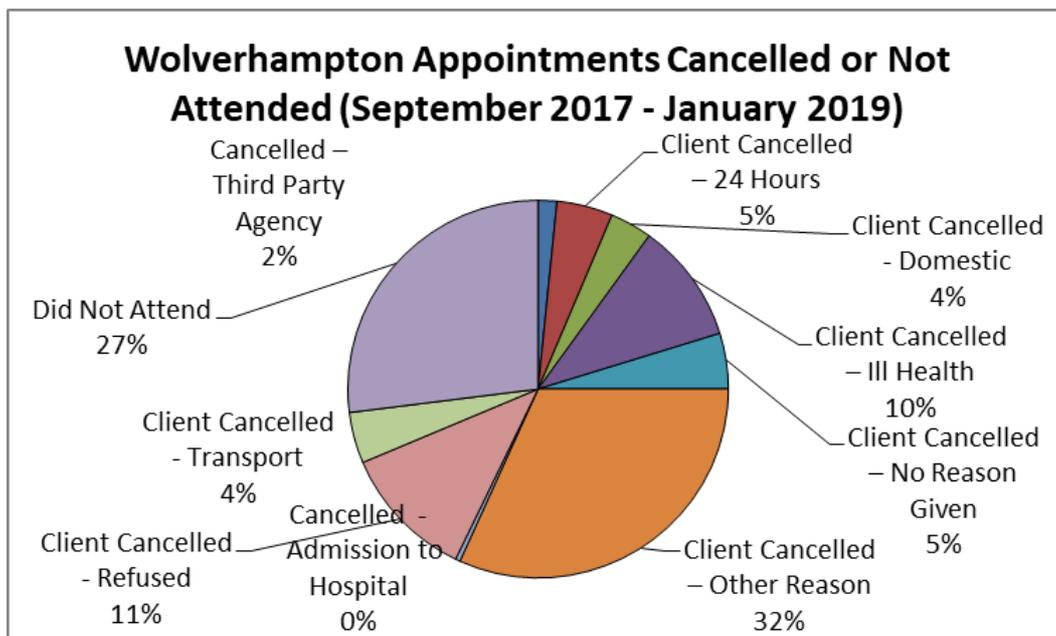
Figure 22: Average Waiting Time in weeks for CYPiC Sept 2017 – Aug 2018 compared with Sept 2016 – Aug 2017



- As demonstrated in the graph the waiting times have come down considerably from last year although we believe the figures reported last year contained some data reporting errors.

- Since incorporating the new model waiting times have decreased. This will continue as the new model becomes embedded in practice.
- Introducing the ‘Voice of the Child’ meetings, whilst crucial, did not help to reduce the waiting times. However, the change last year of undertaking the professional meetings at Beldray offices (and now Priory Green) has significantly cut down the waiting times.
- With this new system, social workers are already on site and the meetings take place on the day that the CAMHS professional is already based within the LA building offering consultation slots.
- The aim is for professional meetings to take place within two to three weeks of receiving the referral.
- Challenges that increase the length of stay in CAMHS and increases waiting times, are predominantly due to cancellations and non-attendance. These have been captured below with the reasons recorded.

Figure 23: Number of Appointments Cancelled or Not Attended



- The service recognises that these categories do not give a tangible insight into why appointments are not being attended or cancelled but to capture this information on a database is limited due to each individual’s circumstances being unique to them.
- On a positive note a recently developed a spreadsheet within the team will enable the service to capture this in more detail in order to report enhanced information and identify where there are repetitive issues that need exploring and escalation indicators. This has also been added to the CCG dashboard for monitoring.

- When a child or young person in care is not brought to an appointment contact is made to establish why and we inform the social worker. If we are not able to make contact with the carer or residential unit or the non-attendance is repetitive we ask the social worker to intercede to support and internal safeguarding process implemented as required.

9.3 Outcomes used by CAMHS for children and young people in care

- Wolverhampton CAMHS CYPiC team currently report on a number of key performance indicators to ensure we are meeting commissioner quantitative targets. To ensure we are providing a quality service and providing the right therapeutic models we have decided to introduce a range of outcome measures.
- The outcome measure used, the reason for their use, and the outcomes it measures are explained in Appendix Four.

9.4 What CAMHS CYPiC Offer to CYP, Carers, Families and Professionals

- **Direct Therapeutic Work**

Direct therapeutic work involves working with the following according to the needs of the child:

- Child on their own
- Child and carer together
- Carer on their own
- A worker to see the child and another to see the carer
- The clinicians in Wolverhampton CAMHS CYPiC are highly skilled and trained in evidence based approaches for working with CYPiC e.g. Theraplay, Child Psychotherapy, Dyadic Developmental Psychotherapy, Cognitive Behaviour Therapy, Story Stem, Dialectic Behaviour Therapy, Mindfulness and others.
- This is not the case in all CAMHS teams or the Core CAMHS team and in many areas these pieces of specialised work have to be commissioned out.
- Clinical interventions aim to integrate attachment, systemic, psychodynamic and psychoanalytic traditions in practice recognising the individual needs of the child or young person.
- These approaches involve working with others involved in their care (foster carers, residential workers, looked after children's nurses) as an approach to actively engage them within the service. This is because the system around them is vitally important and daily impacts the dynamics within the relationship.
- Sometimes the work with the foster carer and others is just as or even more important than with the young person, especially if the young person is not ready to engage in therapy.
- For the young people who are actively engaged in individual appointments a number of approaches are utilised. The benefits for the child or young person include:

- Feeling listened to and understood
- Able to talk or be quiet depending on what feels right for them at the time
- Assistance to make sense of often difficult, painful and confusing feelings
- Exploration of relationships with significant others i.e. carers, with the young person directly or with the carer separately with another worker
- Additional benefits include stabilisation of placements through effective exploration and thus understanding of relationships whilst also achieving improved school attendance and attainment.

9.5 Nurturing Attachments and Complex Trauma Training Programme for Foster Carers

- The service has continued to deliver the Nurturing Attachments and Complex Trauma Training programme for foster carers who foster children/young people who meet the criteria for specialist CAMHS, in order to provide them with the necessary knowledge and skills to provide attachment focused parenting.
- The 'Nurturing Attachment Training Programme' is a manualised programme (Golding, 2013) that is designed to provide support and guidance to foster carer and adoptive parents who are parenting children who have experienced maltreatment, trauma or are having attachment related difficulties.
- The training resources include theoretical content and a range of activities supported by reflective diary sheets, activity sheets, and handouts. The programme is based upon the concepts of attachment theory, an understanding of child and relationship development and the impact of trauma on children's development.
- The programme has developed a 'House Model of Parenting' that aims to help parents to develop parenting skills that are matched to the emotional and behavioural needs of their children. Parents are encouraged to manage behaviour but within the much broader context of building trust and security with the children and enhancing their development.
- The programme provides a coherent set of ideas and practical suggestions for therapeutically parenting the children in a way that nurtures security of attachment and therefore contributes to the building of resilience and emotional growth. CAMHS CYPiC have trained our staff in this approach and successfully run this programme twice a year for the last two years.
- The programme is an 18 week course and each week is 3.5 hours. The course is run by two experienced clinicians. Between September 2017 and August 2018 Group 5 started in May 2017 and ended in November 2017. A total of seven carers who were supporting nine young people attended this group. Group 6 took place between January 2018 and June 2018 with a total of 11 carers who were supporting 12 young people. Please see Appendix Five for feedback given by some of the foster carers.

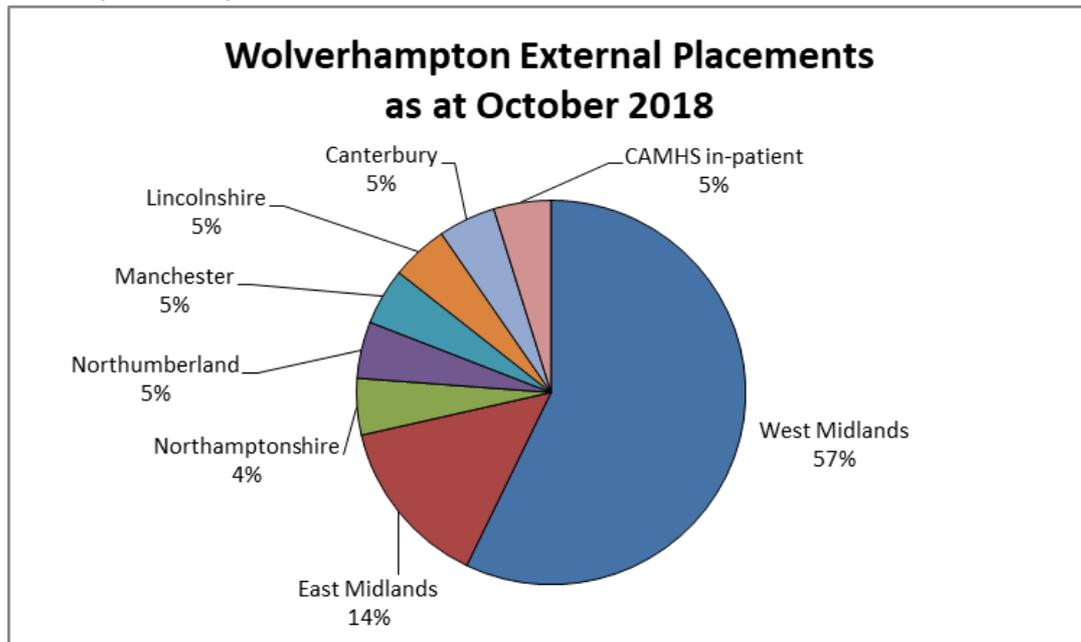
9.6 Consultation

- The CAMHS offers weekly consultation to Social Workers through bookable appointments, one day per week (8 slots) to support and facilitate attendance.
- Consultation is available for all Social Workers across the city who have CYPiC and/or adopted children on their caseload.
- These slots have proved to be useful to allow social workers space to think about the children they work with in a therapeutic way and help them to understand their complex presentations. As previously mentioned, some children are not ready for therapy and other work needs to be done first. A consultation can be useful to think this through in a collaborative way and agree if and when CAMHS is right for a child.

9.7 CAMHS Clinical Specialist External Placement Panel (EPP)

- EPP is a triparty panel that represents health, education and social care.
- The clinical nurse role is a relatively new role within CAMHS, and involves working as a clinician; assessing children and young people that have been placed in specialist placements, and reporting the findings back to EPP.
- Recommendations are given in regards to therapeutic interventions that may be offered to the children and young people whilst within placement, as well as monitoring progress and ensuring support is 'stepped down' appropriately.
- Joint quality assurance visits with the DNCYPiC at the CCG also take place where an issue around health provision has been identified.
- The EPP nurse travels to every child and young person wherever they are placed every three months.
- There are currently 21 CYP residing within specialist placements.

Figure 24 – specialist placements



9.8 Changes and Improvements

- The CAMHS CYPiC team have undergone a number of changes since the report last year. The team have a new model of working and since September the figures are starting to show a positive change in reduction of waiting times.
- The introduction of evidence based outcome measures will enable the service to demonstrate work is client centred, meaningful and is achieving positive outcomes.

9.9 Challenges

- Social workers retain corporate parenting responsibility for the child/young person regardless of where they are placed. CAMHS involvement is based on clinical need and geographical location of the current placement and this can result in CAMHS involvement being episodic. For example, if a Wolverhampton CYPiC is moved to another area (20 miles plus) the case will need to be transferred. (The social worker will need to make the referral and establish agreed funding from WCCG).
- Similarly, if a CYPiC is placed in Wolverhampton, and require CAMHS input, Wolverhampton CAMHS will be required to respond to this.
- In recent years there has been an increase in the number of out of area CYPiC being placed in Wolverhampton, and as an NHS provider we are duty bound to respond to the presenting clinical need. This can result in such cases needing prioritisation and existing waiting list cases required to wait longer.
- BCPFT have no control over the number or severity of the out of area cases

- Therapeutic work with children and young people in care is complex and placement break downs can occur despite the efforts of the various professionals and carers working with the child. This is particularly heart breaking in the case of adoption breakdowns.
- Referring a child to CAMHS to prevent a placement breakdown is not always the best course of action. Therapy takes a while to work. In most cases, when a child starts to access their difficult memories their behaviour escalates and they become destabilised before they start to settle and emotionally regulate.

9.10 Further Challenges

- A major challenge is capacity. As this report has shown the referrals for CYPiC has doubled in the last 12 months and the complexity and risk has increased, yet the capacity in the team has remained the same
- As responsible, ethical clinicians the service have a duty of care to continue to find ways of reducing waiting times so that CYP can access the therapy they need in a timely manner but we also need to ensure we are meeting their on-going needs until the therapeutic goals have been met.
- Therapeutic work with CYPiC is not a 'quick fix' and so balancing the throughput of reducing waiting times and providing the right level of therapeutic involvement is a challenge.

9.11 Visions and Plans for the Future

- The success of the Nurturing Attachments and Complex Trauma Training programme for foster carers who foster children/young people was highlighted.
- Whilst this group is only available for the foster carers or adopters of CYP who are referred to CAMHS, the local authority has requested that training reaches out to internal foster carers. This has been agreed and is proving to be successful.
- As part of the CAMHS CYPiC team we have two clinicians who have started working with the local authority to provide therapeutic care to specifically to UASC. Dr Brigid Duffy who is part of the CAMHS CYPiC Team is leading on this.
- The WCCG, Local Authority and Headstart have together combined finances to fund a tier 2 counselling service called BEAM in the City. BEAM also offers a drop in service. They are able to accept referrals for CYPiC up to the age of 25.
- Wolverhampton CAMHS are currently undergoing a service redesign. However the vision for the clinicians specialising in working with CYPiC is to continue, (providing funding continues), to ensure an excellent evidence based service is available for this most vulnerable cohort. This includes building on existing multi agency relationships to ensure good systemic, inter agency working.

9.10 Finally

- Working with children and young people in care is difficult and heart wrenching but it is a privilege and CAMHS CYPiC clinicians are glad to be a part of the wider professional system that has a part to play in changing and shaping the future of these children and young people.

Supporting evidence:

Department of Education; Promoting the health and wellbeing of looked-after children 2017

NICE Guidance; looked-after children and young people (last updated May 2015)

Paper 9: Delivering Psychological Services for Children, Young People and Families with Complex Social Care Needs. Miriam Silver, Kim Golding and Caroline Roberts from “what good looks like in Psychological services for children, young people and their families” The Child and Family Clinical Psychology Review No 3 - summer 2015.

Abidin, R. R. (1983). Parenting Stress Index: Manual, Administration Booklet,[and] Research Update.

Abidin, R. R. (2012). *Parenting stress index* (4th ed.). Lutz, FL: PAR.

British Association for Adoption and Fostering (2008) **BAAF Response to CAMHS Review**. London: BAAF.

Goodman R (1997) The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, **38**, 581-586.

Goodman R, Meltzer H, Bailey V (1998) The Strengths and Difficulties Questionnaire: A pilot study on the validity of the self-report version. *European Child and Adolescent Psychiatry*, **7**, 125-130.

Goodman R (1999) The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, **40**, 791-801.

Goodman A, Lamping DL, Ploubidis GB (2010) When to use broader internalising and externalising subscales instead of the hypothesised five subscales on the Strengths and Difficulties Questionnaire (SDQ): data from British parents, teachers and children. *Journal of Abnormal Child Psychology*, **38**, 1179-1191.

Gowers, S.G., Harrington, R.C., Whitton, A., Lelliott, P., Wing, J., Beevor, A. and Jezzard, R. (1999). A Brief Scale for measuring the outcomes of emotional and behavioural disorders in children: HoNOSCA. *British Journal of Psychiatry*, **174**, 413-416.

Gowers, S.G., Levine, W., Bailey-Rogers, S., Shore, A. Burhouse, E. (2002). Use of routine, self-report outcome measure (HoNOSCA-SR) in two adolescent mental health services. *British Journal of Psychiatry*, **180**, 266-9.

Pirkis, J. E., Burgess, P. M., Kirk, P. K., Dodson, S., Coombs, T. J., & Williamson, M. K. (2005). A review of the psychometric properties of the Health of the Nation Outcome Scales (HoNOS) family of measures. *Health and Quality of Life Outcomes*, **3** (76), 1-12.

This page is intentionally left blank

Case Study Boy M

Boy M is a 17yr old Unaccompanied Asylum-Seeking Child. M arrived in the UK via Kent and through the referral scheme came to live locally. M had a review health assessment in September 2018. He was at this point living in a flat through housing support in preparation for being 18yrs of age. M shared during time on his own - urological concerns. Advised and agreed for housing support worker to support to GPs. Sexual health reviewed – M reluctant as he noted due to cultural issues to confirm that he was or had been sexually active – long supportive discussion. M was keen to take LAC nurse details. M was also concerned that he had a court hearing due in relation to his request for asylum. Social worker confirmed referral to CAMHS UASC service at this point. It was agreed due to M being isolated, his education access being tenuous (dependent upon his asylum status) and a current health issue that we would review in approximately one month should M wish.

M offered a follow up appointment which he accepted – he had not visited the GP (as 'I did not want to talk to them'). M confirmed he had been sexually active and that he had concerning symptoms – referred to outreach sexual health services – urgent referral to consultant and urgent treatment given. M agreed to a further telephone contact – confirming symptoms resolved. M unfortunately had his asylum request refused at this point. M remained under the care of CAMHS UASC service.

We were concerned as a team around M that without the prompts and the ability to build a relationship with a health worker that M would not of disclosed his personal health issues – he was keen to note that his religion was so important to him and it took great reassurance to illicit this information. M continues to be offered monthly contact.

This page is intentionally left blank

Case Study Girl S

Girl S is 14 years of age – living with her maternal grandmother who had given notice on the placement due to her inability to keep S safe and frustrations that the LA had identified the need for S to be placed in foster care and after 7 months no placement identified. Girl S is a NEET (not in education, employment or training) therefore does not have a school nurse. Health overview remains with the LAC team.

LAC team were requested to attend a MASE meeting. Significantly high concerns were raised in relation to CSE and the need to continue to aim to disrupt the relationship with the perpetrator by building a relationship with S was key. S had identified health needs including cannabis use, poor sleep, delayed immunisations, back pain – which had not been explored thoroughly. There were weekly attempts at engaging with S.

What was key to note at the MASE review was that there had been a delay in finding S a placement – the courts had identified the need for a therapeutic placement with access to education. It was escalated via the LAC nursing service to heads of service that there was a significant delay, increasing the risk of further harm to S by the perpetrator. Supported social worker to arrange a multi-agency meeting to prepare for the External Placement Panel (EPP). LAC nurse attended the EPP to share concerns once more – and representing health in the absence of a health worker.

S placed in a secure placement out of area within a further month.

It is key to note it was felt that the escalation of concerns to heads of service and supporting the social work team with the process of EPP and MASE that S is now in a safe environment. S had not received any consistent education for a number of years. Since in placement has been noted to be only functioning at level 1 learning and is attending education provision 75% of the time. No further concerns regarding the perpetrator and now closed to MASE.

This page is intentionally left blank

Case Study HS

Initial contact was via MASE. HS at this point was placed in Wolverhampton area – multiple missing episodes and increasing CSE concerns. LAC nurse involvement was attending MASE meetings escalating concerns alongside social work team, ensuring an alternative placement was found. When placement found – ensuring transfer of health plan in out of area services for HS – and visiting for RHA.

This page is intentionally left blank

Case Study JR

JR is a 14yr old boy who lives out of area. At the time of the RHA it was noted that JR had one year prior had a long term foster placement breakdown due to his behaviours and the ability for his foster family to maintain a safe environment. JR maintains contact with this family. JR attends a special school and has in the last year had significant episodes away from school – this will be as JR noted due to when something goes wrong at school he will need to build up his confidence to go back. This took up to between two and twelve weeks to resolve.

At the time of the RHA an unmet need was identified as emotional wellbeing support. JR had been previously assessed by CAMHS (one year prior)– and CAMHS was seen as not the identified service required however a therapeutic intervention was . To the date of the RHA this had not been sought and was frustrating for JR, 'I need it', JR saw this as the key issue with his ability to remain in his current placement. Issue was escalated to Designated Named Nurse alongside supporting the SW to address the issue with her manager. Within one month services were sought and funding agreed. The communications took a considerable amount of LAC nurse time. Feedback from the SW via the IRO noted that this young man had been waiting for four years – for therapeutic intervention. Issue escalated to CCG.

This page is intentionally left blank

Case Study JT

JT is a 17yr old girl. At the time of meeting JT she was living out of area in a foster placement where she was having numerous missing episodes and a previous MASE referral.

JT refused the initial RHA – JT, social worker and YPA present. Long discussions post home visit discussing CSE risk. Reattempted home visit – cancelled by carer on way due to JT not wanting it. Placement broke down – JT living inbetween x2 crash pads in Wolverhampton. Ongoing contact with YPA and SW aiming to complete the RHA – to support concerns regarding her current relationship, substance misuse and missing episodes. JT and her YPA agreed weekly contact for JT to collect her funds from Social services. The contact with social services lasted 3months – resulting in the YPA accessing health when JT had concerns regarding her contraception – home visit completed the next day. JT now residing with her mother – who previously was seen as a CSE risk to her. RHA completed with JT's consent. Agreed follow up contact due to issues raised in RHA – and offered support. No ability to discuss relationship due to partner being present. JT then not available for contact post RHA.

This young lady is of significant concern – there is no health representative that JT makes contact with. Ongoing concerns regarding her personal safety and wellbeing. JT is currently on antidepressants and did have Healthy Minds support out of area and saw her mental health as important at the RHA. The hope was to offer contact should she wish. JT is vulnerable and like many LAC children is keen to gain permanence by having her own home. JT is in what is considered a controlling relationship, is using cannabis, has mental health concerns, living with her mother who was of previous concern with an inability to keep her safe. JT will remain open to the LAC team should she wish. Plan in place for SW or YPA to make contact should JT agree.

This page is intentionally left blank

Case Study RJ

RJ is an Afghanistan 17yr old girl who has been in care since she was 12years of age. Her mother lives in Afghanistan and RJ initially came to England with her father and his partner – who was shared to be her birth mother. RJ suffered neglect and violence from her step mother and was unable to be protected by her father. RJ lives in the Birmingham area and has been in her current placement for over a year. Initial contact with practitioner was for the RHA arranged with the carer at time which would be ideal for RJ.

The RHA identified reduced weight loss, multiple missing episodes – safety plan in place, assaulted twice by un-named males, concerns from carer in change of appearance, limited college access, access to funds not provided by carer or social services, unwillingness for RJ to share information. SW had referred to MASE – and actions in process regarding risk that was posed to RJ – RJ had a good relationship with her YPA. Practitioner concerned about risk of radicalisation

Practitioner attended MASE meeting – RJ present. Safety plan readdressed. Practitioner available for follow ups due to no access to school nurse.

This page is intentionally left blank

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

Part 2- To be completed by the assessing health professional and retained within the child's health record.

A copy of this entire form will be sent to the child's adoption agency and, in England, to the GP as lead record holder, as required by statutory guidance.

The child should be told about the reasons for the assessment and that information will be shared, and their views obtained.

To aid with continuity of care, you will need the following information:

- A copy of the previous health assessment/s. This should be entire IHA or RHA form.
- A copy of the previous health care plan
- The Social Worker should provide an update on health issues, including actions or outcomes from the last assessment
- Reports from other health professionals where relevant
- Current Personal Child Health Record or Carer-Held Record Book
- Access to the child's community paediatrics record

Consent by the child with capacity to consent is essential.

Does the child have capacity to consent? Yes/No

If not, then check for signed consent in Part 1

Consent by the child

1. I understand the reason for this health assessment
2. I agree for it to take place.
3. I understand that following this assessment, recommendations for my health care plan will be drawn up.
4. A copy of Part 3 will be given to;

	Please detail names
Me	
my Social Worker	
my carer, birth parent/s	
GP	
School Nurse/Doctor	

In adoption, I understand that this entire form will be sent to my adoption agency and that the information in it should be shared with my prospective adopters.

Child name _____

Signature of child _____

Date _____

Name NHS DoB Looked After Children- Review Health AssessmentCONFIDENTIAL

Professionals checklist (please tick if viewed to support health assessment)			
Consent (Part 1) in the event a child does not have the capacity to consent		Education, Health Care Plan (EHCP)	Social worker summary
GP information		Strengths and Difficulties Questionnaire (SDQ)	Family history
Previous health assessment/plan		Immunisations	LAC review minutes/plan

Present at the health assessment			
Name	Role	How long have they known the child	
Child seen alone	Yes/No	If no, give reason	
Carer seen alone	Yes/No	If no, give reason	
Venue health assessment completed			

When was your last LAC review?	
When is the next LAC review?	

Social Worker Name		Responsible LA	
Contact number		Date last seen	

Section 1- Review of previous health recommendations

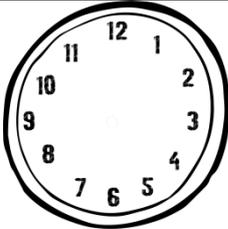
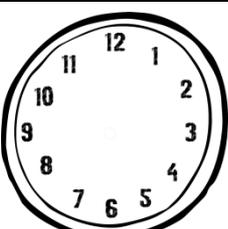
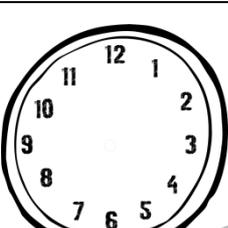
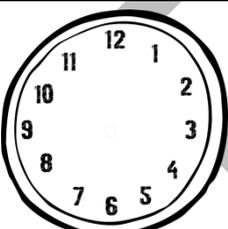
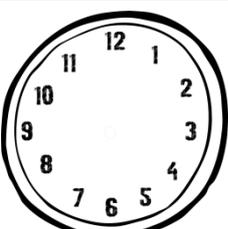
Has the child/young person received a health assessment in the last 12 months (6 months <5 years)	Yes/No
Have the recommendations been completed since the last health assessment	
Child's views	Carers views
You told us you'd like this to happen for you?	
Has this happened for you? If no, why not?	

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

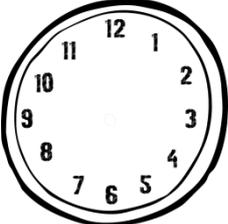
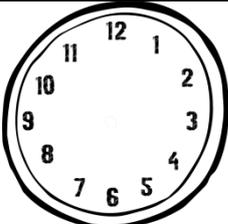
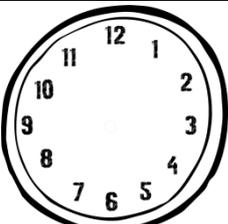
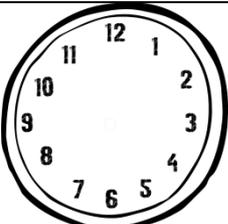
Section 2- Health discussion (please use the 24 clock to aid discussion) Let the child support you with drawing, colouring and writing about their day.

	<p><u>Breakfast/Lunch/dinner/snacks</u></p>
	<p><u>Sleep/naps</u></p>
	<p><u>Oral hygiene- include last dental appointment</u></p> <p><u>Dentist name and address:</u></p> <p><u>Last dental visit:</u></p>
	<p><u>Personal Hygiene/toileting/self care and independence skills</u></p>
	<p><u>Childcare/education provision</u></p>

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

	<p><u>What does the child like to do during the day?</u></p>
	<p><u>Social skills/friendships/attachment</u></p>
	<p><u>Additional activities discussed</u></p>
	<p><u>Changes in routine weekend; (please consider contact arrangements with family?)</u></p>

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

Draft

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

Section 3

What's going well.....

What can we improve on for your next health assessment.....

Child's views

Carers views

Child's views

Carers views

Page 116

Draft

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

Page 117			
----------	--	--	--

Draft

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

Section 4- Health overview

Have there been any changes since your last health assessment? Have you attended the GP/hospital for any reason?

Do you have any current conditions or diagnosis which affects your health or development?

Do you take any regular medication (dosage and frequency)/equipment required, e.g. mobility aids

Do you have any allergies/adverse reactions to medication, food or animals (treatment if required, e.g. EpiPen)

Please detail health professionals involved in your care.....

Role	Name/address	Give details/date of last visit
Health Visitor/School Nurse		
Optometrist/Orthoptist/ Ophthalmologist		
Paediatrician		
CAMHS/mental health services/voluntary sector		
Therapists, e.g. physio or occupational therapy, speech and language		
Other		

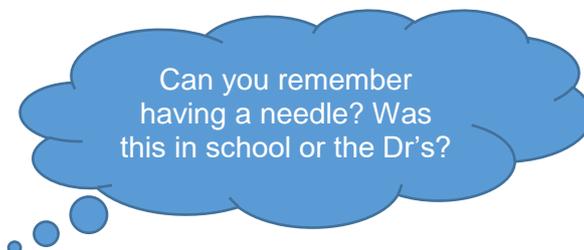
Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

Immunisation status

Are you fully immunised?	Yes/No
Next one due:	
Advice provided on next immunisation	Yes/No



Child development

Has an ASQ been used to support developmental assessment (please delete) **YES/NO**

Has the child's school report been used to support assessment (please delete) **YES/NO**

Stop What you are doing	Look <ul style="list-style-type: none"> ○ At the child ○ The carer ○ The environment 	Listen <ul style="list-style-type: none"> ○ To the child ○ Listen to what the child is saying ○ Listen to professionals
-----------------------------------	---	--

Developmental area	Observation	Action
Child's presentation		
Gross motor skills		
Fine motor skills		
Communication		
Cognitive development		
Social and self care skills		
Behaviour		

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

--	--	--

Your Growth

Weight today (KG)		Height today (cm)		BMI Today
Centile today		Centile today		
Previous weight (KG)		Previous height		Previous today
Previous centile		Previous centile		

Please detail any concerns about child development

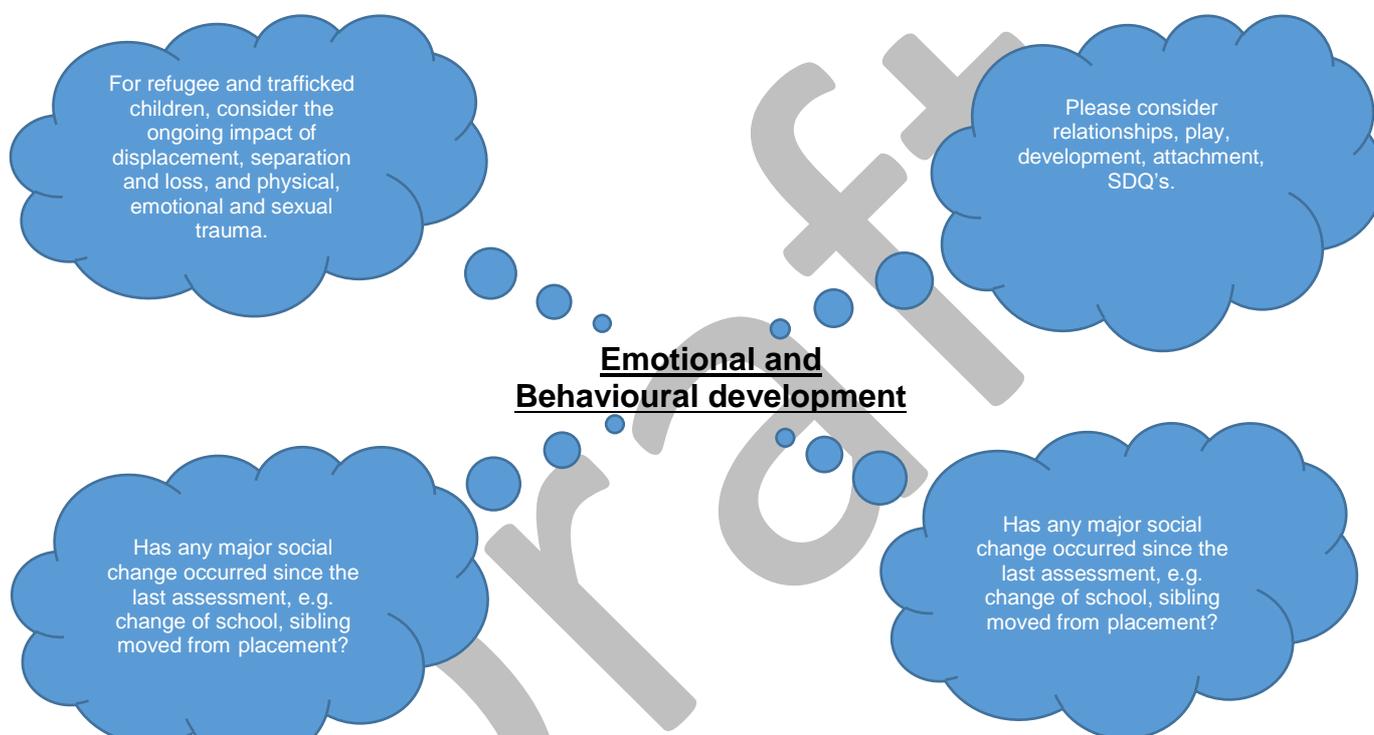
Draft

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

Section 5- Emotional health and well being



Has an Strengths and Difficulties Questionnaire (SDQ) been completed (please delete) YES/NO

Date of SDQ:

SDQ score;

Actions following SDQ:

Please provide examples for each emotion and how the child manages these?

Please consider self harm/substance misuse/smoking/vaping or suicidal ideation when exploring emotional health

		What are you feeling today?
---	--	-----------------------------

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

	Happy	
	Angry	
	Sad	
	Excited	

Three wishes

- 1.
- 2.
- 3.



Section 6- Safety and health promotion

(Please shade in the appropriate areas relevant for the child)

Smoking/vaping	
Substance misuse	
Bullying	
Child sexual exploitation	
Episodes of missing	
Female genital mutilation	
Other	

Detail any risk/vulnerability or health promotion provided to mitigate any risk to the child

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

Detail and referrals or liaison with multi agency professionals to manage risk		
Name/agency referral	Intended support required	Date referred

Additional comments/observations

--

Assessing health professional

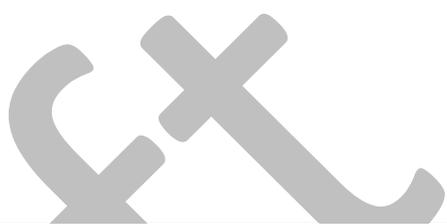
Name			
Designation		Qualifications	
Registration	NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Date	

It is good practice for the assessing health professional to discuss the issues raised in this report with the child, where it is appropriate, and to seek appropriate consent for further dissemination of information. The assessing health professional or agency health adviser should discuss the issues and their implications for the child with any future carers.

Please respect confidentiality and take care whether or not to share personal health information

Name NHS DoB

Looked After Children- Review Health Assessment
CONFIDENTIAL



Free drawing/writing page for child

Name NHS DoB

Looked After Children- Review Health Assessment
CONFIDENTIAL

Part 2- To be completed by the assessing health professional and retained within the child's health record.

A copy of this entire form will be sent to the child's adoption agency and, in England, to the GP as lead record holder, as required by statutory guidance.

The child should be told about the reasons for the assessment and that information will be shared, and their views obtained.

To aid with continuity of care, you will need the following information:

- A copy of the previous health assessment/s. This should be entire IHA or RHA form.
- A copy of the previous health care plan
- The Social Worker should provide an update on health issues, including actions or outcomes from the last assessment
- Reports from other health professionals where relevant
- Current Personal Child Health Record or Carer-Held Record Book
- Access to the child's community paediatrics record

Consent by the child with capacity to consent is essential.

Does the child have capacity to consent? Yes/No

If not, then check for signed consent in Part 1

Consent by the child

1. I understand the reason for this health assessment
2. I agree for it to take place.
3. I understand that following this assessment, recommendations for my health care plan will be drawn up.
4. A copy of Part 3 will be given to;

	Please detail names
Me	
my Social Worker	
my carer, birth parent/s	
GP	
School Nurse/Doctor	

In adoption, I understand that this entire form will be sent to my adoption agency and that the information in it should be shared with my prospective adopters.

Child name _____

Signature of child _____

Date _____

Name NHS DoB

Looked After Children- Review Health Assessment
CONFIDENTIAL

Professionals checklist (please tick if viewed to support health assessment)			
Consent (Part 1) in the event a child does not have the capacity to consent		Education, Health Care Plan (EHCP)	Social worker summary
GP information		Strengths and Difficulties Questionnaire (SDQ)	Family history
Previous health assessment/plan		Immunisations	LAC review minutes/plan

Present at the health assessment			
Name	Role	How long have they known the child	
Child seen alone	Yes/No	If no, give reason	
Carer seen alone	Yes/No	If no, give reason	
Venue health assessment completed			

When was your last LAC review?	
When is the next LAC review?	

Social Worker Name		Responsible LA	
Contact number		Date last seen	

Review of previous health recommendations

Has the child/young person received a health assessment in the last 12 months (6 months <5 years)	Yes/No
Have the recommendations been completed since the last health assessment	
Child's views	Carers views
You told us you'd like this to happen for you?	
Has this happened for you? If no, why not?	

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

Section 2- Health discussion (please use the 24 clock to aid discussion) **Please consider for children 14-18 years how independence is promoted and how this can be supported for transitioning leaving care.*

Breakfast/Lunch/dinner/snacks	00:00	Sleep
	01:00	
	02:00	
	03:00	
	04:00	
	05:00	
Oral hygiene- include last dental appointment	06:00	Activities
	07:00	
	08:00	
	09:00	
Dentist name and address: Last dental visit:	10:00	Time spent with carer/key worker/ residential staff
	11:00	
	12.00pm	
Personal Hygiene/please detail any toileting concerns, child self care regime/menstruation)	1.00pm	Education provision/employment
	2.00pm	
	3.00pm	
	4.00pm	
	5.00pm	
	6.00pm	
Physical activity	8.00pm	Aspirations
	9.00pm	
	10.00pm	
	11.00pm	
	11.00pm	
Changes in routine weekend; (please consider contact arrangements with family?)		

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

Section 3

What's going well.....

What can we improve on for your next health assessment.....

Child's views

Carers views

Child's views

Carers views

Draft

Name NHS DoB

Looked After Children- Review Health Assessment
CONFIDENTIAL

Section 4- Health overview

Have there been any changes since your last health assessment? Have you attended the GP/hospital for any reason?

Do you have any current conditions or diagnosis which affects your health or development?

Do you take any regular medication (dosage and frequency)/equipment required, e.g. mobility aids

Do you have any allergies/adverse reactions to medication, food or animals (treatment if required, e.g. EpiPen)

Please detail health professionals involved in your care.....

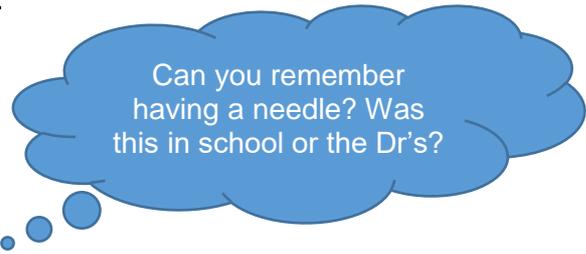
Role	Name/address	Give details/date of last visit
Health Visitor/School Nurse		
Optometrist/Orthoptist/ Ophthalmologist		
Paediatrician		
CAMHS/mental health services/voluntary sector		
Therapists, e.g. physio or occupational therapy, speech and language		
Other		

Name NHS DoB

Looked After Children- Review Health Assessment
CONFIDENTIAL

Immunisation status

Are you fully immunised?	Yes/No
Next one due:	
Advice provided on next immunisation	Yes/No



Child development

Have you seen your school report been used to support assessment (please delete) YES/NO

Are you aware of your school target (please delete) YES/NO

Any concerns detailed in your school report? (please detail)

Stop What you are doing	Look <ul style="list-style-type: none"> ○ At the child ○ The carer ○ The environment 	Listen <ul style="list-style-type: none"> ○ To the child ○ Listen to what the child is saying ○ Listen to professionals
-----------------------------------	---	--

Developmental area	Observation	Action <small><i>*please consider for children 14-18 years and how independence can be developed and promoted to support leaving care.</i></small>
Child's presentation		
Communication		
Cognitive development		
Social and self care skills		
Behaviour		

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

Your Growth

Weight today (KG)		Height today (cm)		BMI Today
Centile today		Centile today		
Previous weight (KG)		Previous height		Previous today
Previous centile		Previous centile		

Please detail any concerns about child development

Draft

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

For refugee and trafficked children, consider the ongoing impact of displacement, separation and loss, and physical, emotional and sexual trauma.

Please consider relationships, play, development, attachment, SDQ's.

Emotional and Behavioural development

Has any major social change occurred since the last assessment, e.g. change of school, sibling moved from placement?

Has any major social change occurred since the last assessment, e.g. change of school, sibling moved from placement?

Has a Strengths and Difficulties Questionnaire (SDQ) been completed (please delete) YES/NO

Date of SDQ:

SDQ score;

Actions following SDQ:

Please provide examples for each emotion and how the child manages these?

Please consider self harm/substance misuse/smoking/vaping or suicidal ideation when exploring emotional health

		What are you feeling today?
	Happy	
	Angry	
	Sad	

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

	Excited	
---	---------	--

Three wishes

- 1.
- 2.
- 3.

Section 6- Safety and health promotion

(Please shade in the appropriate areas relevant for the child)

Gang violence	
Smoking/vaping	
Substance misuse	
Bullying	
Child sexual exploitation	
Episodes of missing	
Female genital mutilation	
Other	



Where the client is aged 13-15, the experience of relationship abuse is a safeguarding issue and the safeguarding authorities should be made aware of the case. No guarantee of confidentiality can be made to the young person.

Where the client is aged 16-18, again the experience of relationship abuse is a safeguarding issue and appropriate referral routes must be followed. However, the MARAC should form part of those routes and should be aligned to the safeguarding process.

Sexual health	
<p>Sexually active?</p> <ul style="list-style-type: none"> - Are you in a relationship currently? - Is your partner supportive? - Consent 	

Name NHS DoB

Looked After Children- Review Health Assessment
CONFIDENTIAL

Can you say no when you want to? <ul style="list-style-type: none"> - Do you ever feel frightened of your partner or other people at home? - Have you ever been in a relationship where you have been hit or hurt in some way? - Are you currently in a relationship where this is happening to you now? 		
Do you need contraception?		
Do you know where local clinics are for:		
Contraception ? Please detail (please consider fraser guidelines)		
G.U.M. clinic ? Please detail		
Advice on personal checks as age appropriate		

Detail any risk/vulnerability or health promotion provided to mitigate any risk to the child
--

Detail and referrals or liaison with multi agency professionals to manage risk

Name/agency referral	Intended support required	Date referred

Additional comments/observations

Name NHS DoB

Looked After Children- Review Health Assessment

CONFIDENTIAL

--

Assessing health professional

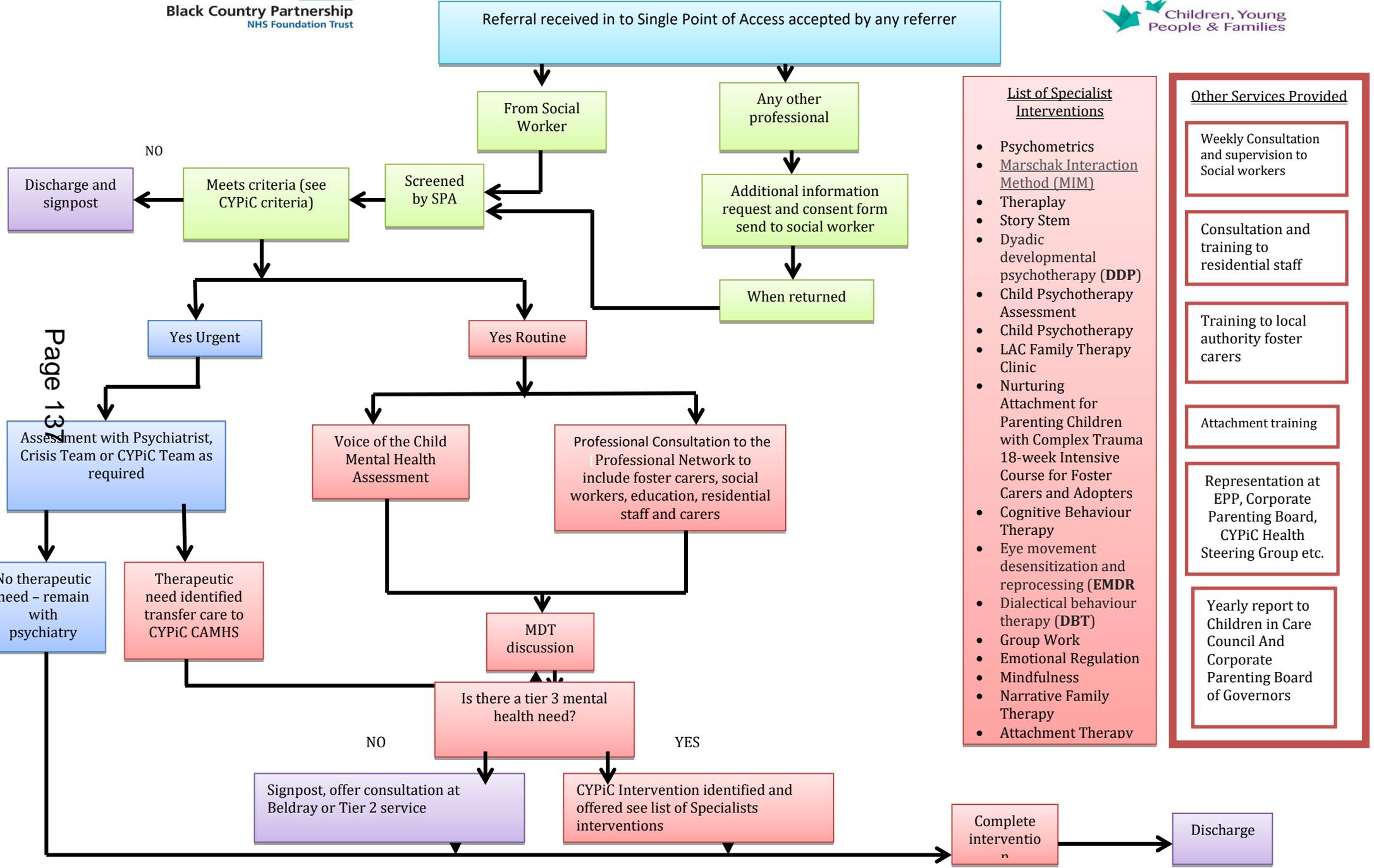
Name			
Designation		Qualifications	
Registration	NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Date	

It is good practice for the assessing health professional to discuss the issues raised in this report with the child, where it is appropriate, and to seek appropriate consent for further dissemination of information. The assessing health professional or agency health adviser should discuss the issues and their implications for the child with any future carers.

Please respect confidentiality and take care whether or not to share personal health information

This page is intentionally left blank

Children and Young People in Care WOLVERHAMPTON CAMHS PATHWAY



- List of Specialist Interventions
- Psychometrics
 - Marschak Interaction Method (MIM)
 - Theraplay
 - Story Stem
 - Dyadic developmental psychotherapy (DDP)
 - Child Psychotherapy Assessment
 - Child Psychotherapy
 - LAC Family Therapy Clinic
 - Nurturing Attachment for Parenting Children with Complex Trauma
 - 18-week Intensive Course for Foster Carers and Adopters
 - Cognitive Behaviour Therapy
 - Eye movement desensitization and reprocessing (EMDR)
 - Dialectical behaviour therapy (DBT)
 - Group Work
 - Emotional Regulation
 - Mindfulness
 - Narrative Family Therapy
 - Attachment Therapy

- Other Services Provided
- Weekly Consultation and supervision to Social workers
 - Consultation and training to residential staff
 - Training to local authority foster carers
 - Attachment training
 - Representation at EPP, Corporate Parenting Board, CYPiC Health Steering Group etc.
 - Yearly report to Children in Care Council And Corporate Parenting Board of Governors

Outcomes used by CAMHS for children and young people in care

HONOSCA

The HONOSCA was created by Gowers et al (1999). HONOSCA is an acronym which stands for “Health of the Nation Outcome Scales for Children and Adolescents”. This outcome can be used in conjunction with a practitioner, with children aged 5-18 and can be self-administered by young people from 13-18 years of age. The HONOSCA is comprised of 15 questions which are rated on a Likert scale of 0-4. The first 13 questions explore the different problems a young person may be experiencing and the final two questions explore the young person (their carer or clinicians) awareness of their difficulties and the services available. This outcome has been demonstrated to hold good reliability and validity (Gowers et al, 2002 and Pirkis et al., 2005) and can be used pre and post treatment. The HONOSCA is not always the best outcome measure to use for looked after children. It is therefore important to have a formulation of the presenting issues to inform the decision of choice when choosing the relevant outcome measure.

Strength and Difficulty Questionnaire

The SDQ was created by (Goodman et al 1997/2010). The SDQ letters represent the longer title of this outcome measure which is “The Strengths and Difficulties Questionnaire.” The SDQ can be used with young people aged 3-17, a SDQ is available for use by the parent, teacher and clinician. When the young person reaches 11 a separate SDQ can also be completed by the young person up to the age of 16. There are also separate questionnaires which are available to measure the level of strengths and difficulties the young people have prior to treatment and following treatment. The SDQ is comprised of 25 questions, rated on a likert scale scored 1-4. The 5 areas the measure explores include: emotional symptoms, conduct problems, hyper activity/inattention, peer relationship problems and pro social behaviour. The SDQ has been indicated when using as a screening tool as has been shown to be able to predict psychiatric disorders due to its “good specificity” and “moderate sensitivity” (Goodman et al, 2000). Hence again this outcome measure does not necessarily always measure the needs of looked after children if their primary presentation is attachment.

BERRI

The BERRI is used by Wolverhampton CAMHS team as an outcome, in addition to the SDQ and HONOSCA to look at the child’s wellbeing, prior and following the intervention. The BERRI is a: “Checklist to explore behaviour, Emotional wellbeing, Relationships, Risk and Indicators of Psychological distress in Children and Young people.” The Berri was developed by Dr Miriam Silver (Consultant Clinical Psychologist).

The BERRI measures five areas: Behaviour, Emotional Wellbeing, Risk (to self and others), Relationships and Indicators (of Psychiatric or Neurodevelopmental conditions). In addition to mental health being measured, the BERRI also as discussed measures risk, relationships and behaviour. These are key areas due to their complex presentation and needs resulting from their attachment difficulties leading to issues in

these particular areas, but not necessarily additional mental health issues. Thus by using this outcome the area not measured by other tools can be captured and monitored, which can indicate whether the intervention used is reducing areas such as risk, improving relationships and thus potentially demonstrating that the child is becoming more securely attached. Further, this outcome suits a bio social model rather than bio medical outcome measures (such as HONOSCA) which have shown to not be a good measure to implement with looked after children (British Association for Adoption and Fostering, 2008).

As can be seen from the information discussed above these outcomes explore a number of areas of the young people's difficulty but do not record the carers outcomes. This is crucial in working with children and young people in care. To ensure placements do not break down and there is continued stability for the young person the carers need to feel able to provide care for the young people. Therefore to capture the carer's wellbeing and their relationship with the child, the following outcome measure is used pre and post intervention.

PSI-4

The PSI-4 is the shortened name provided to the Parenting Stress Index (Version 4). The PSI-4 was developed by Abidin (1983). The purpose of the parenting stress index is to measure the amount of stress in the parent and child's system. The three areas of stress measured by this outcome are the: child characteristic, parent characteristic and external situational stress surrounding both the child and carer. There are two forms of the PSI the short and long form. The short PSI- 4 is used by the Wolverhampton CAMHS Looked after children's team and is comprised of 36 questions (Abidin, 2012). The tool has been shown to be both a valid and reliable outcome in the measurement of parent (carer) stress in the three areas discussed (Abidin, 2012).

We are starting to implement these measures from immediate effect and therefore intend to report the outcome of these in next year's report.

CITY OF WOLVERHAMPTON COUNCIL	Corporate Parenting Board 28 March 2019
--	--

Report title	The House Project	
Cabinet member with lead responsibility	Councillor Paul Sweet Children and Young People	
Wards affected	All wards	
Accountable director	Emma Bennett, Director of Children's Services	
Originating service	Children's Services	
Accountable employee	Alison Hinds	Head of Children and Young People in Care
	Tel	01902 553035
	Email	Alison.Hinds@wolverhampton.gov.uk

Recommendations for action:

The Corporate Parenting Board is recommended to:

1. Receive information regarding a proposal for The House Project to be implemented in the City of Wolverhampton.

1.1 Purpose

- 1.1 The purpose of this report is to appraise the Corporate Parenting Board of the proposal to implement The House Project in the City of Wolverhampton.

2.0 Background

- 2.1 The House Project takes a ground-breaking approach through its commitment to young people's ownership to enable young people leaving care to achieve successful independence. The Project was co-designed with young people from the start and works on cooperative principles through which adults and young people in and leaving care work together to refurbish properties that become their homes and build a long-term community of support.
- 2.2 Moving to independence from 16 and living alone from 18 as a care leaver is daunting. Doing this without the support of close family and at a much earlier age than the general population (average age of leaving home is 24) does not work for many young people. They have described their loneliness, fear and the feeling that they have been 'dropped off a cliff'.
- 2.3 The establishment of the first House Project was in Stoke-on-Trent. They recognised the energy, creativity and will to thrive of their young people. Through the House Project this potential was channelled by young people into managing the refurbishment of properties which became their homes and building a community of support to overcome the loneliness and fear they had described. The process focused on maximising young people's ownership of all aspects of the project, so they could feel proud of what they had developed and have confidence in themselves and their futures.
- 2.4 In its successful pilot phase, funded in 2015 by the Department for Education (Dfe), young people aged 16+ managed the refurbishment of void properties in Stoke-on-Trent, which they moved into and which became their homes for as long as they wanted.
- 2.5 A second phase of DfE Innovation funding in 2017 is enabling the development of new House Projects in five local authorities and the establishment of 'The National House Project' as a National Charity which will develop the model and provide the expertise and support to enable any group of young people and the adults working with them to apply to set up their own House Project in the future.
- 2.6 The House Project is seeing young people move to successful independence by transitioning to full council tenancies whilst maintaining contact with the project – an informal source of support that lasts as long as it needs to. For others, the project provided the confidence to get jobs and stay in college – aspirations that had previously seemed completely out of their reach.
- 2.7 The National House Project is a Charitable Incorporated Organisation, established in August 2018 as part of phase two of the DfE Innovation Programme. It was established to support the development of House Projects in five local authorities (Islington, Oxfordshire, Warwickshire, Rotherham and Doncaster) and create the evidence base, resources and financial modelling to enable roll out to interested local authorities post March 2020.

- 2.8 Interested local authorities will be supported to set up their own Local House Project via membership arrangements with the National House Project. With contracted support arrangements and a suite of resources the fidelity of the model will be assured.
- 2.9 Through a paid membership arrangement the National House Project provides direct support and guidance and develops and disseminates the framework.
- 2.10 Links are built with local housing providers which enables the House Project to lease properties. Links are built with companies and training providers engaged locally in building and associated trades. Through these connections, young people learn to project manage any works necessary to make their house a home.
- 2.11 Young people follow an induction and then apply to be House Project members. It's a challenge not a 'given'.
- 2.12 The House Project aims to ensure that all young people have a secure education, training and employment offer and pathway. Some will continue with their pre-House Project plans and work part time on the House Project, for others the House Project may be able to offer a full time accredited one-year study programme based on all the skills and knowledge they will acquire.
- 2.13 If successful on the programme and when they have refurbished their property, the care leavers become tenants of the House Project until they are ready to move to long term tenancy or even ownership. As excellent tenants, when they 'graduate' from the House Project, they retain the property that they have made into a home. They continue to be a member of the House Project community for as long as they wish.
- 2.14 This not-for-profit entrepreneurial approach saves money, allows a safer step down from residential care and stretches budgets to provide longer term support and better outcomes, or 'social capital'. Landlords get good tenants and local authorities have a long-term, sustainable housing solution to meet the needs of young people leaving the care system

3.0 Progress

- 3.1 The City of Wolverhampton is keen to develop a Local House Project to support care leavers in the City as it is believed it will complement and enhance the already successful supported housing accommodation offer that we have for our care leavers in the City.
- 3.2 Initial discussions have taken place with the National House Project to discuss possible proposals for implementation.
- 3.3 The National House Project will be visiting Wolverhampton over the next month to meet with the staff in the Transitions Team. More importantly, they will also be consulting with our care leavers and gaining their views about the proposed project.

4.0 Financial implications

- 4.1 There are no direct financial implications as a result of this report.

4.2 Negotiations are currently taking place with a local business who have expressed an interest in supporting the funding a Local House Project in Wolverhampton.

4.3 If any financial implications arise from discussions due to take place then they will be the subject of a further report in the future.

[NM/13032019/T]

5.0 Legal implications

5.1 There are no direct legal implications arising from the report.

Any implications that arise at a later stage will be the subject of a further report at a later date.

[TC/14032019/W]

6.0 Equalities implications

6.1 This project will seek to offer additional support to a group of young people who are significantly disadvantaged in terms of outcomes.

7.0 Environmental implications

7.1 There are no environmental implications.

8.0 Human resources implications

8.1 There are no human resource implications.

9.0 Corporate Landlord implications

9.1 The project will need to acquire suitable accommodation for the care leavers involved.

10.0 Health and Wellbeing implications

10.1 Care leavers are a group of young people who are significantly disadvantaged in society in many areas of life including education, employment and health outcomes

10.2 The House Project seeks to support young people who are part of the project to achieve in education or employment, to reduce feelings of social isolation and improve self-esteem and emotional wellbeing.

11.0 Schedule of background papers

11.1 There are no relevant background papers.