

Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

## Corporate Parenting Committee

The meeting will be held at **7.00 pm** on **3 March 2016**

**Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL**

### Membership:

Councillors Susan Little (Chair), Bukky Okunade (Vice-Chair), James Baker, Clare Baldwin, Leslie Gamester, James Halden, Steve Liddiard and Joycelyn Redsell

Natalie Carter, Thurrock Open Door Representative  
Christina Day, Children in Care Council  
Jackie Howell, Chair, The One Team, Foster Carer Association  
Sharon Smith, Vice Chair, The One Team, Foster Carer Association

### Substitutes:

Councillors Robert Gledhill, Cathy Kent, Andrew Roast, Graham Snell and Kevin Wheeler

### Agenda

Open to Public and Press

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<b>2 Minutes</b>	<b>5 - 14</b>
To approve as a correct record the minutes of the Corporate Parenting Committee meeting held on 3 December 2015.	
<b>3 Items of Urgent Business</b>	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
<b>4 Declaration of Interests</b>	

<b>5</b>	<b>Health of Looked After Children</b>	<b>15 - 30</b>
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**Queries regarding this Agenda or notification of apologies:**

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Agenda published on: **23 February 2016**

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# DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

## Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

## When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

**What is a Non-Pecuniary interest?** – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

### Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- Not participate or participate further in any discussion of the matter at a meeting;
- Not participate in any vote or further vote taken at the meeting; and
- leave the room while the item is being considered/voted upon

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

### Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

**Vision: Thurrock:** A place of **opportunity**, **enterprise** and **excellence**, where **individuals**, **communities** and **businesses** flourish.

To achieve our vision, we have identified five strategic priorities:

**1. Create** a great place for learning and opportunity

- Ensure that every place of learning is rated “Good” or better
- Raise levels of aspiration and attainment so that residents can take advantage of local job opportunities
- Support families to give children the best possible start in life

**2. Encourage** and promote job creation and economic prosperity

- Promote Thurrock and encourage inward investment to enable and sustain growth
- Support business and develop the local skilled workforce they require
- Work with partners to secure improved infrastructure and built environment

**3. Build** pride, responsibility and respect

- Create welcoming, safe, and resilient communities which value fairness
- Work in partnership with communities to help them take responsibility for shaping their quality of life
- Empower residents through choice and independence to improve their health and well-being

**4. Improve** health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being and safeguard the most vulnerable people with timely intervention and care accessed closer to home
- Enhance quality of life through improved housing, employment and opportunity

**5. Promote** and protect our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Inspire high quality design and standards in our buildings and public space

## Minutes of the Meeting of the Corporate Parenting Committee held on 3 December 2015 at 7.00 pm

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<b>Present:</b>	Councillors Susan Little (Chair), Bukky Okunade (Vice-Chair) (arrived 7:07), James Baker (arrived 7:17), Leslie Gamester, James Halden, Steve Liddiard and Joycelyn Redsell
	Jackie Howell, Chair, The One Team, Foster Carer Association
<b>Apologies:</b>	Councillors Clare Baldwin, Natalie Carter and Sharon Smith
<b>In attendance:</b>	Patricia Perolls, Designated Nurse, NHS Basildon & Brentwood CCG Carmel Littleton, Director of Children's Services Andrew Carter, Head of Children's Social Care Paul Coke, Service Manager (Children & Families) Simon Shardlow, Interim Service Manager, Placement and Support Keeley Pullen, Head Teacher for Virtual School Jenny Shade, Senior Democratic Services Officer

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Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

### 17. Minutes

The Minutes of the Corporate Parenting Committee held on the 29 October 2015 were approved as a correct record.

Jackie Howell asked that her comment on the Independent Review Officer Annual Report 2014-15 be changed to say Looked After Child Review instead of Health Plan. This was agreed by the Chair and Members.

The Chair reminded Officers that reports should not contain Acronyms as this will assist members to understand the reports.

The Chair also reminded Officers that recommendations should not be to note reports.

The Chair asked Officers to report back on the Action Points raised at the October committee.

The first Action Point was asked by Councillor S Little, who asked the Officer to bring the recommendations and action plan to the Adoption Report to this committee to reassure members that these had been signed off.

Andrew Carter informed the Members of the recommendations from the 2012 Ofsted Adoption Inspection have been followed up as set out in summary below:

1. Ensure that the format of the life story book is appropriate to the child's age and understanding that the book is given in stages and that prospective adopters were encouraged to update it with the child as their understanding develops. Ensure also that the completed life story book and later life letter were given at the latest within 10 working days of the adoption ceremony.
2. Encourage birth parents to use a support worker who is independent of the child's social worker from the time adoption is identified as a plan for the child. Help birth parents to work through their concerns through the counselling they receive and help them to understand how their child will benefit from their involvement in the adoption process.
3. Develop the recruitment strategy to ensure it addresses the recruitment of prospective adopters from minority ethnic backgrounds.
4. Ensure that the adoption panel's recommendation about the suitability of the prospective adopter is made within eight months of the receipt of their formal application.
5. Review partnership working with other adoption agencies so that arrangements most effectively meet the needs of children and adopters. Where support is provided by another agency on behalf of this agency, ensure that written records clearly demonstrate that children and adopters were being appropriately supported.
6. Ensure that you provide birth parents and adopted adults with full information about the Adoption Contact Register in a form that suits their needs. Information is provided to adopted adults in relation to the Adoption Contact Register. Additional focus is required to consistently engage birth parents and provide them with this support. Service planning is focused on increasing support to birth parents.
7. Ensure that all of the information in the children's guide is written in a style that is appropriate to the child's age and level of understanding.
8. Ensure that the manager exercises effective leadership so that the service is organised, managed and staffed in a manner that delivers the best possible child care and service provision for service users, including birth parents and relatives, adopted adults, children and adopters.

The second Action Point was asked by Councillor Redsell, who asked the Officer to provide a breakdown of the age groups of children attending their Independent Review.



Andrew Carter provided the committee with the following breakdown.

Age Group	Number of Young Persons	Number of Young Persons Attended Review
0-4	39	30
5-11	80	72
12-16	158	132
17 Plus	61	53

**18. Items of Urgent Business**

There were no items of urgent business.

**19. Declaration of Interests**

No interests were declared.

**20. Education Results of Looked After Children**

Keeley Pullen briefing summarised the report which outlined the educational outcomes for Thurrock Looked After Children in 2014/15 and analysed the results.

A supplementary document will be distributed to the Committee Members entitled Education Progress for Looked After Children Overview Report – November 2015.

Councillor Halden thanked the Officer for a very comprehensive report but had concerns on how Looked After Children were being tracked through system and how schools would know that some Looked After Children may have specific requirements. The Officer confirmed that Initial Plans and Personal Education Plans were undertaken and that the expectation would be on the school to work with the child and have a good relationship with the carers or foster carers.

Councillor Halden asked for assurance that the relationship between the Council and the schools is robust enough to ensure consistency especially for those children that were in the system at different times. The Officer confirmed that they were confident with the schools and that every reassurance is given that Looked After Children were placed with the right education package.

The Officer also confirmed that Schools and Looked After Children work together to ensure that any transition between schools were carried out.

The Officer stated that Independent Schools do not offer GCSEs so alternative packages are required to be found.

The Chair asked how many Looked After Children were in Year 11 in education. The Officer confirmed that 42 Looked After Children were in Year 11 and that last year's cohort data showed 38 were in education. The Officer explained the difference of four and explained the reasons of the circumstances.

Carmel Littleton informed the committee that the Department for Education only requested data for A\*-C and that future reports will be slightly different which will also provide data on Children with Special Needs.

Councillor Baker asked for clarification on what Virtual Schools were.

## **RESOLVED**

- 1. That the Corporate Parenting Committee scrutinise the 2014/15 performance of Looked After Children and to provide challenge and support to the Virtual School to further improve outcomes for all of our Looked After Children.**
- 2. That the Corporate Parenting Committee hold all schools and colleges to account through the Virtual School to ensure that Looked After Children were making the best possible educational progress.**

## **21. Recent External Placements for Young People**

Simon Shardlow presented the report which updated the members on the placement choices made for Looked After Children between the period of 1 August 2015 to 31 October 2015.

The Officer confirmed that there were 338 Looked After Children with an increase in the number of accompanied asylum seekers. Statistics were explained to members regarding the number of age groups entering and ceasing care and the reasons for these.

Councillor Redsell commented on the increase of 16 plus years of age and the Officer confirmed that this was the most challenging age group to place.

Members asked Officer to provide the committee with a breakdown on the reasons of the six children leaving care on their 18 birthday who deciding not to stay in care.

Andrew Carter confirmed that although the majority of special guardianships were family members, foster carers can also be included in this.

Councillor Liddiard asked Officers for a breakdown of Looked After Children finances compared to other local authorities. Carmel Littleton commented that this may be hard to collate due to the confidentiality of this published data.

Officers agreed to bring this back to the committee in the form of graph comparisons which will display the different age ranges.

This will be added to the Action Plan and brought back to the committee.

Members also asked Officer to provide a response to confirm the breakdown figures of how long Looked After Children were into care before they ceased. This will be added to the Action Plan and brought back to the committee.

A breakdown by age range of children becoming looked after was also explained to the members:

11+	11 young people
9-10	3 young people
8-9	9 young people
7-8	9 young people
6-7	5 young people
5-6	6 young people
4-5	26 young people
3-4	54 young people
2-3	46 young people
1-2	39 young people
0-1	130 young people

Councillor Gamester asked Officers if the education pathway was available for 24 year olds. Paul Coke commented that the local authority had a duty to offer this to 18 plus years of age up to 25 years of age to encourage further education, training or employment.

Simon explained the placement panel which is held weekly and regularly requests ongoing placements to be brought to the panel throughout the year for review based on the child's need.

The Chair requested that the recommendation be amended to say scrutinise and not note.

Action Point for Officers - To provide an average cost for Thurrock Placements and a scaling for this against the lowest and highest average Placement costs nationally.

Action Point for Officers - A breakdown figures of how long Looked After Children were into care before they ceased to be in care.

## **RESOLVED**

- 1. That the Corporate Parenting Committee scrutinise the efforts made by Officers to choose appropriate resources for Looked After Children including our more difficult to place children.**

## **22. Health of Looked After Children**

Patricia Perolls, Designated Nurse, presented the report which updated members of the healthcare needs of Looked After Children to ensure their health needs were addressed appropriately. It was highlighted to members that there had been an increase in the number of Looked After Children in Thurrock. The report focused on the following issues:

- Reported Performance
- Immunisations
- Health Assessments and Development Checks
- Optician
- Future Plans

The data from the Department of Education indicates that nearly two thirds of Looked After Children were placed out of area. It was clarified that the data in the report was based on last year's statistics and that further data would not be available until next month.

Patricia Perolls stated that Looked After Children were entitled to an annual optician test and those children at the ages of 16 and 17 will be supported by the local authority with help on costs via the National Health Service. If foster carers had any queries regarding the timing of the optician tests they should speak to the Looked After Children's Nurse.

The Chair asked the Officers were there records available for Looked After Children from birth parents. The Officer confirmed that these would be available if the child was born in this area.

Jackie Howell commented how surprised she was at the 57 per cent of the existing cohort were up to date with immunisations. On behalf of all Foster Carers she would like to record that foster carers do all they can to ensure immunisations were carried out on Looked After Children and this is recorded at supervision or at the Looked After Child review.

The Chair thanked Jackie and stated that the Foster Carers were doing an excellent job and appreciated all that they do to ensure Looked After Children were kept up to date with immunisations.

Andrew Carter stated that the 57 per cent was a concern but lots of work was involved to go through records to ensure these were up to date and this required the IT system to be right.

Members requested that a further Health of Looked After Children be returned to the Corporate Parenting Committee, alongside the Care Quality Commission to explain the significant delay in initial health assessments.

Councillor Okunade asked for assurance that data is being recorded accurately. The Officer confirmed that at present the Health and the Social Work systems do not speak with each other so prevents records being updated alongside each other. The Looked After Child Nurse is to hot desk in

the Looked After Children's team on a weekly basis to ensure that information is more readily to hand and will be shared with social workers.

Councillor Gamester stated his concern that the Health Service and GPs were using System 1 but the Local Authority were not, hence there was no cross over and expressed his worry that all this should have been in place several years ago but this still was not the case.

Andrew Carter stated that IT had moved on and a new system called OneView will be available shortly.

Councillor Redsell stated that it was disappointing that the two systems do not yet share data and Councillor Redsell agreed to take this as a matter to the Health and Wellbeing Board.

The Chair requested that the recommendation be amended to say scrutinise and not note.

## **RESOLVED**

- 1. That the Corporate Parenting Committee scrutinise the contents of the report, acknowledging where progress has been made, whilst supporting Officers in their efforts to improve, where necessary, especially in facilitating inter-agency cooperation.**
- 2. That the item on Health of Looked After Children be added to the work programme for March 2016.**

### **23. Housing for Looked After Children and Care Leavers**

Paul Coke presented the report which updated members on the housing provision for Looked After Children and Care Leavers. The report contained information that clearly demonstrated the ambition of the local authority for care leavers in that the best outcomes in terms of good quality housing provision that any care leavers would be proud of and would be happy to live in permanently.

The report contained current statistics as of November 2015 of the number of care leavers in suitable accommodation from the ages of 19-21.

Paul Coke stated that the After Care Team had a good working relationship with Housing and worked very positively together. It was also stated that care leavers were in a housing allocation priority group.

Councillor Redsell asked clarification on the two bed room properties and who would this be available to. Paul Coke confirmed that these properties would be used as when required and that young persons or unaccompanied asylum seeker could be placed in these properties.

The Staying Put Arrangement where young people who wish to remain living with their carers once they turn 18 was explained to the members.

Councillor Redsell commented that the Staying Put Arrangement should be made more aware to care leavers. Andrew Carter explained that 18 years of age is not an ideal age for any young person to live independently and this was a means of looking for alternative accommodation.

Andrew Carter confirmed that Foster Carers should also be included in the Outcomes Section of the report as they all provide excellent support to young people in their care.

The Chair asked the Officer to explain to the members what Foyer was. The Officer stated that this was a project in the form of transition for care leavers between 16-25 years of age working with key workers on employment, further education and training. Care leavers will also be given priority group in the housing allocation process.

Councillor Okunade asked the Officers how many Thurrock care leavers have been evicted. The Officer confirmed that none had been evicted from the accommodation provided. Reviews were carried out three, six and nine monthly by the After Care Team and accompanied by a member of the housing team.

Councillor Redsell asked the Officers how they proposed to accommodate the 31 young people who will reach 18 years of age this year. The Officer confirmed that this will be a challenging task but these will be reviewed at the Transition Panel and one-to-ones will be carried out to ensure that the right accommodation is found for their needs. The Officer confirmed that it was clear that the best would be found for these young people.

Keeley Pullen stated that not all of the 31 young persons will come back to Thurrock as they were placed outside of the borough, although every assurance will be made to find the right accommodation.

The Chair asked if builders could be asked to pay for some care leavers accommodation as part of any new building developments. The Officer agreed that discussions could take place with the planning department and that Carmel Littleton was currently working with two Officers to try and identify any other council who has done this. Carmel will report back to members.

## **RESOLVED**

- 1. That the Corporate Parenting Committee support the Local Authority in its duty to provide appropriate accommodation for its care leavers.**
- 2. That the Corporate Parenting Committee supports the partnership working between Social Care and Housing Department.**

## **24. Work Programme**

It was agreed at the Corporate Parenting Committee to amend the work programme to include:

- That the item on Health of Looked After Children be added to the work programme for March 2016. This item will include an update from the Care Quality Commission.

Members were in agreement with the proposed changes to the work programme, following which the Chair requested that an updated work programme be circulated to the Committee and Officers following the meeting.

### **RESOLVED**

**That the work programme be noted, subject to amendment detailed above.**

**The meeting finished at 8.57 pm**

Approved as a true and correct record

**CHAIR**

**DATE**

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Democratic Services at [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)**

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<b>3 March 2016</b>	<b>ITEM: 5</b>
<b>Corporate Parenting Committee</b>	
<b>Health of Looked After Children</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-Key
<b>Report of:</b> Patricia Perolls, Designated Nurse for Looked after Children	
<b>Accountable Head of Service:</b> Andrew Carter, Head of Care and Targeted Outcomes	
<b>Accountable Director:</b> David Archibald, Director of Children’s Services	
<b>This report is</b> Public	

## Executive Summary

As the Committee are aware meeting the healthcare needs of Looked After children is a significant priority for Children’s Social Care and Local Health Services. Looked after Children continue to enter care following a period of parental neglect or abuse, and may not have had their health needs addressed appropriately.

### 1. Recommendation(s)

**1.1 The members of the Corporate Parenting Committee are asked to scrutinise this report.**

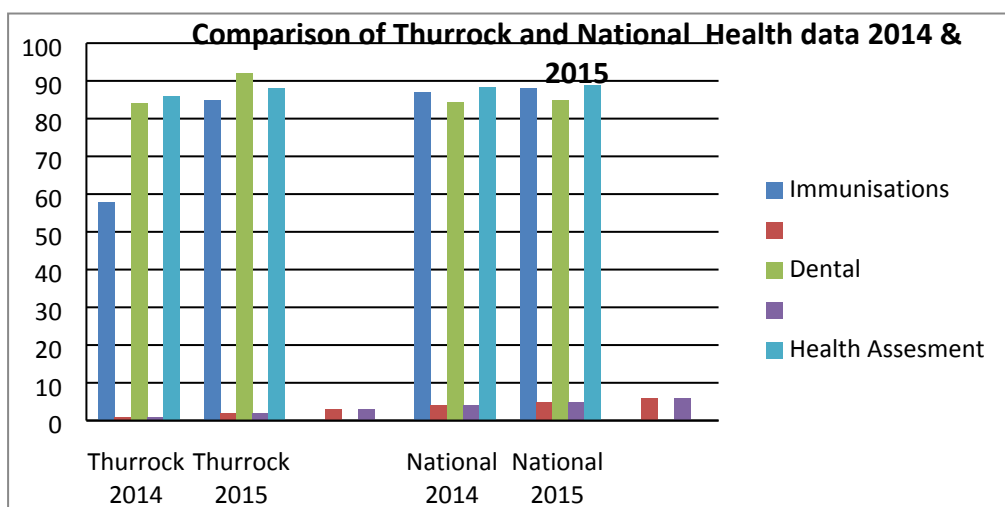
### 2. Introduction and Background

2.1 Looked after Children and in particular care leavers, have historically tended to have poorer health outcomes than other young people their age. This has led to a heightened profile around the performance of local authorities and health services meeting their obligations to ensure all checks are carried out in a timely fashion.

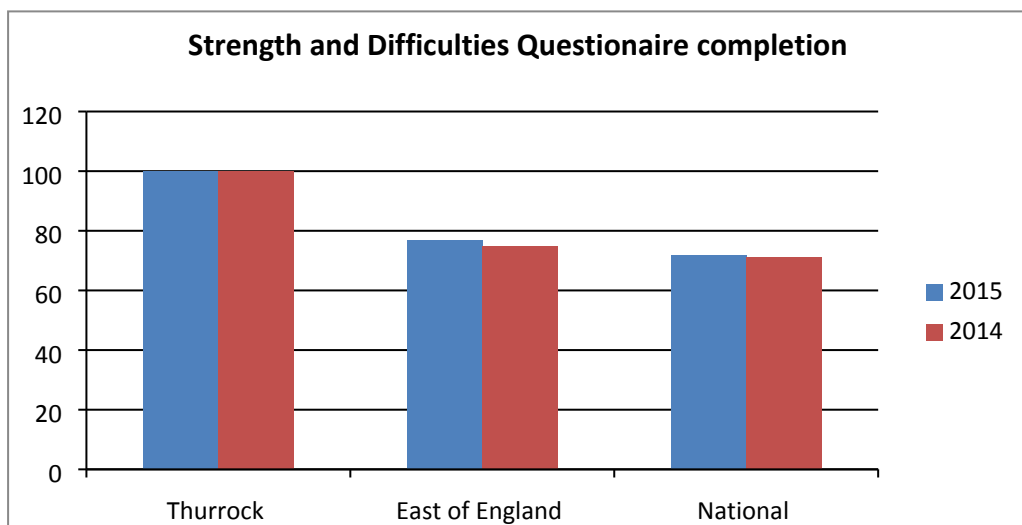
2.2 This report will focus specifically on the most recent data available and the most recent Care Quality Commission inspection of Safeguarding and Looked after Children’s Health Services within Thurrock. It will identify the key recommendations made by the Care Quality Commission in relation to Looked after Children’s Health that need to be addressed and progress to date.

### 3. Reported Performance

- 3.1 In December 2015 the Government published the latest figures for all local authorities, which are generated from the annual returns submitted by each local authority. In relation to health checks figures are reported annually on two specific cohorts of children, those who have been looked after for at least twelve months at 31<sup>st</sup> March and the subset of these children who are under 5 at that date, who should be receiving developmental checks.
- 3.2 The expectation is that all children should have an Initial Health Assessment (IHA) on entering care and a Review Health Assessment (RHA) each year thereafter. Children under the age of 5 are expected to have a Review Health Assessment twice a year.
- 3.3 Thurrock's reported performance for completion of yearly Review Health Assessments has again showed improvement on the previous year. There were 210 children who formed the cohort. Of these 185 (88% had their check recorded (compared 86.8% to the previous year and 81.8% the year before that).
- 3.4 The same statistical release also publishes the figures for children who have a recorded dental check in the previous period and those whose immunisation records are up to date.
- 3.5 For dental checks the reported figure (taken from the same cohort) is 92% up from 84.2% (For the previous year the figure recorded was 78.7 %.)
- 3.6 Last year the published statistic for Immunisations was a cause for concern, as the published figure stated that 57.8% of the cohort were up to date with immunisations. This year the published figure is 85%, which is a significant improvement and more accurately reflects the immunisation status of the cohort. However we are not complacent and ensure that each young person's health assessment contains details of their immunisation status which can be recorded within the child's social care record.



- 3.7 Although pleased that the data recording has improved we are not complacent and hope that this can be improved further in the coming year. It is hoped that having the Looked after Children’s Nurse for Thurrock based within Social care one day a week will support the Local Authority and progress improvements in data collection.
- 3.8 Thurrock previously appeared to be under-performing against the requirement for children under 5 to have developmental checks. It is encouraging to note that this year 83.3% of checks had been carried out with this age group although we know that this should be higher and would expect to see further improvement in the next year.
- 3.9 Another outcome which is reported on nationally is our completion of the “Strengths and Difficulties Questionnaire”, which is a widely used tool, recognised for its value is evaluating the emotional well-being of children. Local authorities are expected to ensure that these are completed on young people aged 5-16, and in care for over a year.
- 3.10 For 2014-2015 Thurrock had 165 young people who formed part of the reported cohort for a Strengths and Difficulties Questionnaire score. We achieved 100% completion on making sure these were done, against a National average of 72% and an Eastern Region one of 77%. Last year we also achieved 100% completion, against National averages of 71% both years and Regional averages of 75% respectively.



- 3.11 We continue to review children and young people with high Strength and difficulties questionnaire scores (those over the midway point) at the Multi-Agency Looked after Children group meeting to identify whether concerns have been raised about a young person not already receiving appropriate support. These meetings are multiagency and a representative from the Emotional Health and Well Being Service attends.
- 3.12 The commentary for the nationally released data for health checks repeated the previous finding that performance for all authorities was poorest for young

people aged 16+, and therefore targeting improved performance for this age group will continue to be placed as a high priority for 2015-2016. Considerable success has already been achieved in 2014-15 through the flexible & personal approach used by the Specialist Advisor Looked after Children's Nurse to engage some initially reluctant young people.

- 3.13 Amongst the 16+ age group there is an increasing number of Unaccompanied Asylum Seeking young people. These young people will often have had particularly traumatic experiences and may face specific emotional, mental health and physical health needs. Over the previous year we have worked to improve health outcomes for this group of young people and The Care Quality Commission noted that

*'The Looked after Children Nurse demonstrates a high level of understanding of the issues faced by unaccompanied asylum seeking children (UASC) and the potential impact on their health and wellbeing.'*

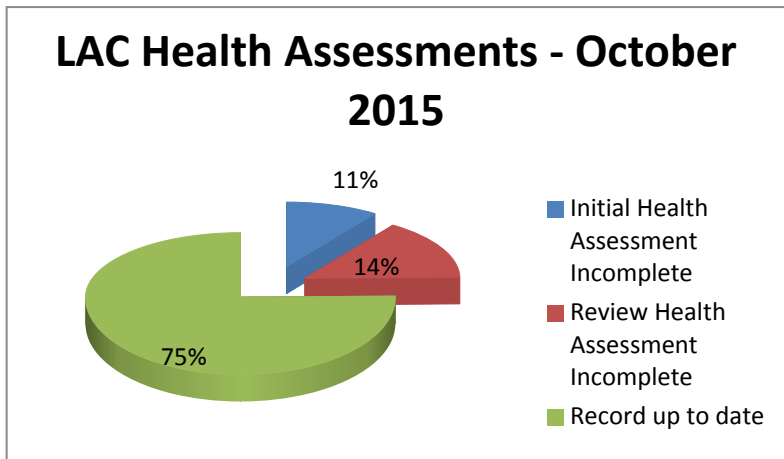
We will continue to work with this group of young people to improve health and immunisation up take.

#### **4. Reasons and Recommendations**

##### **4.1 Care Quality Commission Recommendations for Looked after Children's Health Services.**

- 4.1.1 In October 2015 the Care Quality Commission reviewed the health component of safeguarding and looked after children services in Thurrock. It focused on the experiences and outcomes for children within the geographical boundaries of the local authority area and reported on the performance of health providers serving the area.

- 4.1.2 From its review of health services in Thurrock it found that there was a delay in Children entering care receiving Initial Health assessments. It recommended that Provider Health Services work with Thurrock Council to ensure that the performance monitoring of the timeliness of initial and review health assessments is effective based on accurate, agreed shared data. Since the inspections action plans have been put in place and weekly meetings are held with health and social care to ensure that timescale are met. Progress has also been made by sending information electronically rather than in paper form as was done previously. There is still work to be done and Care Quality Commission action plans are monitored robustly by the Clinical Commissioning Group.



- 4.1.3 A recommendation was made to ensure that CAMHS routinely contribute to the initial and review health assessments of looked-after children with whom they are working. This is now in place as from 1 November the new Emotional Health and Wellbeing service provide CAMHS services and this service uses the same electronic record keeping service and so notes are readily available to those completing health assessments.
- 4.1.4 It was recommended that health work with Thurrock Council to ensure parental health history and the reason for the child becoming looked after is routinely secured in documentation at the outset of the child entering the care system. Doctor Band, the Designated Doctor for Looked after Children for the seven Clinical commissioning groups in Greater Essex is currently reviewing the information requested to inform health assessments and a new format will be trialled early in 2016.
- 4.1.5 The Care Quality Commission highlighted that effective arrangements are put in place to quality assurance initial and review health assessments for looked after children, including those who are placed outside of Thurrock – The standard of health assessments completed within Thurrock is of a high standard and training is given to all staff as to how to complete them. Auditing of health assessments is included within the current key performance Indicators for the provider service. As up to two thirds of Looked after children could have health assessments outside the area, these assessments are a priority for quality assurance. Any assessments that do not meet with recommended standard are escalated to the Designated Nurse within the Clinical Commissioning Group to raise with her counterpart in the area where the assessment was completed.
- 4.1.6 The Care Quality Commission wanted to ensure that a clear coding and naming convention for looked-after child documentation is in place on the case record information system and that looked-after children are flagged as a having higher level of vulnerability . This has been put in place by North East London Foundation Trust.
- 4.1.7 The Care Quality Commission advised that the Clinical Commissioning Group work with primary care to ensure that General Practitioners have a good understanding of the role and responsibilities they play in the provision of good health care for looked-after children and unaccompanied asylum seeking young

people and that they contribute routinely to initial and review health assessments To this end we have invited Dr Amin Band – Designated Doctor for Looked after Children to attend local General Practitioner forums and Time to Learn sessions to discuss the health needs of Looked after Children.

- 4.1.8 Within the report the Care Quality Commission did record positive feedback from foster carers and Looked after Children which were encouraging.

*“Sometimes if they have called to offer an appointment they are flexible if I am unable to make that time and are happy to give me another slot.”*

*“I see a paediatrician every six months; even though sometimes getting an appointment can be delayed the service is otherwise very good.”*

*“I am looking after a child with complex needs and the Looked After Children nurses have been very patient and creative in ensuring they get the child’s wishes and feelings even when the child is difficult to engage. They are very good at that. For example, they changed my child’s medication at her request so she could see what it would be like and then reinstated it later when she decided she would like to continue to take it.”*

*“The children had their health review today. Two ladies came. They were lovely and put the children at ease. It was so good that they did the health review here in our home. When it was done in school last year, he was only seven so some of his answers weren’t correct or were misunderstood.”*

*“We have had good support from the looked-after children’s nurse as well as the social worker.”*

## **4.2 Current Action Plan**

- 4.2.1 Following any Care Quality Commission Inspection the Clinical Commissioning Group and Provider Health Organisations are required to produce a detailed action plan for submission within 28 days of the publication of the report. This has been completed and is attached as an addendum to this report. The actions are monitored by the clinical commissioning group and they will feed back regularly to the Care Quality Commission. Regular meetings are held between the Provider health services and the Clinical Commissioning group to ensure actions are progressed.
- 4.2.2 To ensure members are adequately informed of the challenges and successes in delivering appropriate health care to looked after children.

## **5. Consultation (including Overview and Scrutiny, if applicable)**

None.

## **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 The content of this report is compatible with Health and Well Being Strategy Priority 12: *Provide outstanding services for children in care and leaving care*

## 7. Implications

### 7.1 Financial

Implications verified by: **Nicola Wright**  
**Finance Officer**

There are no immediate Financial Implications arising from this report.

### 7.2 Legal

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding**

There are no immediate legal implications arising from this report.

### 7.3 Diversity and Equality

Implications verified by: **Natalie Warren**  
**Community Development and Equalities Manager**

The significant Equality and Diversity implications arising from this report stem from the need for carers to have awareness of medical conditions which disproportionately affect different sectors of the community, such as Sickie Cell Trait, as well as professionals generally recognising both the physical and emotional needs of Unaccompanied Asylum Seeking young people.

- 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None.

9. **Appendices to the report**

Appendix 1 - Care Quality Commission Review of Thurrock Clinical  
Commissioning Group's Providers and Partner Agencies Recommendations  
and Action, January 2015

**Report Author:**

Tricia Perolls

Designated Nurse for Looked after Children





Thurrock Clinical Commissioning Group



**CQC Review of Thurrock CCG's, Providers and Partner Agencies**

**Recommendations and Action**

**January 2016**

	<p>Red Progress not on track - remedial action required</p>
	<p>Amber Progress will need monitoring to ensure it remains on track</p>
	<p>Green Progress on track no additional action</p>
	<p>Blue Action completed - evidence available on request</p>

The review was conducted between 19th October to 23<sup>rd</sup> October 2015 under Section 48 of the Health and Social Care

No.	Recommendations	Actions	Update/Progress	owner	Date of completion	Comments/constraints/Challenges	RAG
2.8	Work with Thurrock Council to establish efficient processes whereby notifications of children coming into care are conveyed to the looked-after children's health team.	To agree and schedule meetings between NELFT and Thurrock Council. to review processes . To ensure appropriate attendance at MALAC To ensure paediatricians have access to the generic secure email address.	Head of Children's met with Head of children's social care has met and further meetings to be scheduled to progress this action	Head of Children's services	31/03/2016		
2.9	Work with Thurrock Council to ensure that the performance monitoring of the timeliness of initial and review health assessments is effective, based on accurate, agreed shared data	To agree key performance indicators To complete joint review of timeliness of initial and review health assessments	KPIs has been agreed at meeting with commissioners 8.12.15	AD children's and sexual health services Head of Children's Service	30/06/2016		

No.	Recommendations	Actions	Update/Progress	owner	Date of completion	Comments/constraints/Challenges	RAG
2.10	Ensure that the voice of the child (VOC) is included in initial and review health assessments as appropriate	<p>To review training presentation to ensure VOC is explicit.</p> <p>To ensure use of VOC within the BAAF form.</p> <p>To ensure that health care plans include the voice and/ or wishes of the child.</p> <p>To add VOC to the registered audit of quality of IHAs and RHAs</p>	Quality assurance letter has been drafted and to be agreed at next LAC meeting 25.1.2016. this will be audited after implementation	Lead for Domestic Abuse ; CSE and LAC	30/06/2016		

No.	Recommendations	Actions	Update/Progress	owner	Date of completion	Comments/constraints/Challenges	RAG
2.11	Work with West Essex CCG to ensure that Emotional Wellbeing and Mental Health Services routinely contribute to the initial and review health assessments of looked-after children (LAC) with whom they are working	<p>To develop communication pathways between LAC/ EWMHS/ and Universal Service teams.</p> <p>To introduce the use of a standard letter reminding practitioners of requirement to liaise with all health practitioners, to go out with each assessment.</p> <p>To ensure that all staff who contribute to the care of LAC attend training to support their knowledge.</p>	<p>Standard letter being developed</p> <p>Specialist LAC nurse is currently delivering LAC training to all staff including EWMHS .</p>	Lead for Domestic Abuse; CSE and LAC	30/06/2016		

No.	Recommendations	Actions	Update/Progress	owner	Date of completion	Comments/constraints/Challenges	RAG
2.12	Work with Thurrock Council to ensure parental health history and the reason for the child becoming looked after is routinely secured in documentation at the outset of the child entering the care system	To ensure appropriate information sharing, including health history and reason for child coming into care, is recorded and incorporated into initial health assessments. LAC Nurse to co-locate with Children's Social Care (a minimum of) weekly to offer advice/support and to improve inter-agency communication.	LAC nurse has commenced weekly co-location sessions beginning January 2016.	Lead For Domestic Abuse, CSE and LAC	30/06/2016		

No.	Recommendations	Actions	Update/Progress	owner	Date of completion	Comments/constraints/Challenges	RAG
2.13	Put in place effective arrangements to quality assure initial and review health assessments for looked after children, including those who are placed outside of Thurrock	National Quality Assessment tool to be sent out with all health assessments. To review LAC training to ensure that staff are confident in use of the Quality assessment tool. Quality assessment tool to include the Voice of the Child. Ensure that the LAC nurse randomly selects 20% of all returned review health assessments to audit the quality of review health assessments. Review processes for quality assuring initial health assessments.	Review of processes to be carried out 29.1.16  Meeting has been convened 25.1.16 to review the quality of training and agree a plan of action for targeting key front line staff.	Lead For Domestic Abuse, CSE and LAC	30/06/2016		

No.	Recommendations	Actions	Update/Progress	owner	Date of completion	Comments/constraints/Challenges	RAG
2.14	Ensure that a clear coding and naming convention for looked-after child documentation is in place on the case record information system and that looked-after children are flagged as a having higher level of vulnerability	To work with SystemOne to ensure that there is an agreed naming convention. To review LAC training so that all staff are aware of naming conventions. To ensure that naming convention is discussed at all team meetings and a brief is emailed to all children's staff.	SystemOne has been updated to support this when documents are saved or scanned into the child's record.	Universal operational leads	31/03/2016		

No.	Recommendations	Actions	Update/Progress	owner	Date of completion	Comments/constraints/Challenges	RAG
5.1	Work with primary care to ensure that GPs have a good understanding of the role and responsibilities they play in the provision of good health care for looked-after children and unaccompanied asylum seeking young people and that they contribute routinely to initial and review health assessments.	Invite Designated Doctor to speak with Thurrock GP's.in Line with recommendation. Review and Resend Primary care Resource pack to all GP's in light of CQC recommendations - Work with Designates across SCCN to update Primary care Resource pack in Line with recommendation.	Designated Doctor for LAC has been invited to speak to Thurrock GP's at GP time to learn in February 16 to discuss the health needs of looked after children and unaccompanied asylum seekers and GP contributions to health assessments.	Designated Nurse and Designated Doctor for LAC LAC Designates Greater Essex SCCN	9 Feb 2016	SCCN Primary care Resource pack updated in April 15	
			Designated Nurse for LAC attends GP safeguarding forums and time to learn and raises issues relating to Looked after Children at each event.	Designated Nurse	Ongoing – Review March 2016		



<b>3 March 2016</b>	<b>ITEM: 6</b>
<b>Corporate Parenting Committee</b>	
<b>Recent External Placements for Young People</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-Key
<b>Report of:</b> Simon Shardlow, Interim Service Manager, Placements & Support	
<b>Accountable Head of Service:</b> Andrew Carter, Head of Care and Targeted Outcomes	
<b>Accountable Director:</b> David Archibald, Interim Director of Children’s Services	
<b>This report is Public</b>	

## Executive Summary

This report updates members of the Committee on a range of issues regarding the placement choices made for looked after children

### 1. Recommendation(s)

- 1.1 That the members of the Committee review the efforts made by officers to choose appropriate resources for looked after children, including our more difficult to place children.**

### 2. Introduction and Background

- 2.1 Reports for previous meetings of the Corporate Parenting Committee have provided elected members with some detailed information about the placement choices being made by officers for looked after children. These reports have included information on new external placements made in the period immediately preceding them and commented on a number of the presenting issues which influence decision making.
- 2.2 As members will be aware this report is regularly completed by the Service Manager for Placements and Support. The specific period I shall report on is from the 1.11.15 until the 31.1.16.
- 2.3 To help contextualise this report the numbers of children becoming looked after in Thurrock is detailed below in a comparative format:

**Children Looked After Year to date comparative data 2014/15 & 2015/16 as at 6.1.16**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2014/15	287	293	292	297	302	299	294	294	290	286	276	283	283
2015/16	282	289	298	306	316	325	339	338	347	333			333

- 2.4 As at 31.1.16 there were 333 children looked after. From the total number of children in care at year-end (2014/15) 41 were recorded as UASC (Unaccompanied Asylum Seeking Children) the current total number of Unaccompanied Asylum Seeking Children is 85.
- 2.5 There has been a steady rise of young people becoming looked after although lower intake than within the previous period reported on, with the largest age group of children continuing to be aged 16+ but a significant amount of children in this cohort are aged 0-5 & 12-15.
- 2.6 Children entering & ceasing to be looked after during period:

### Children Starting to be Looked After

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Year End Projection
CLA started (No.) 2014/15	12	13	6	7	16	15	12	14	8	16	4	14	137	
2015/16	10	15	17	21	15	20	24	14	17				153	203 ↓
CLA Started UASC (No.) 2014/15	2	2	2	1	5	2	3	1	1	3	2	6	30	
2015/16	3	6	10	5	6	2	7	4	4				47	78 ↓
CLA Started Non-UASC (No.) 2014/15	10	11	4	6	11	13	9	13	7	13	2	8	107	
2015/16	7	9	7	16	9	18	17	10	13				106	135 ↓

We continue to monitor those becoming looked after through the Threshold and Placement panels which happens on a weekly basis.

- 2.7 In this period (1.11.15 - 31.1.16) we have had 47 new children who became looked after and 29 who ceased to be looked after. Of those becoming looked after 13 were Unaccompanied Asylum Seeking Children.
- 2.8 The numbers in age groups entering and ceasing to be looked after within this period are as follows:

AGE GROUP	ENTER (47)	CEASE (29)
0-5	11	10
6-11	4	2
12-15	13	4
16+	19	13

The children entering care have done so for many reasons but primarily due to significant harm concerns relating to abuse and neglect; a small number of

children were placed initially under Police Protection during this period and 9 children were subject to Interim Care Orders.

## 2.9 Breakdown by age of children becoming looked after in period.

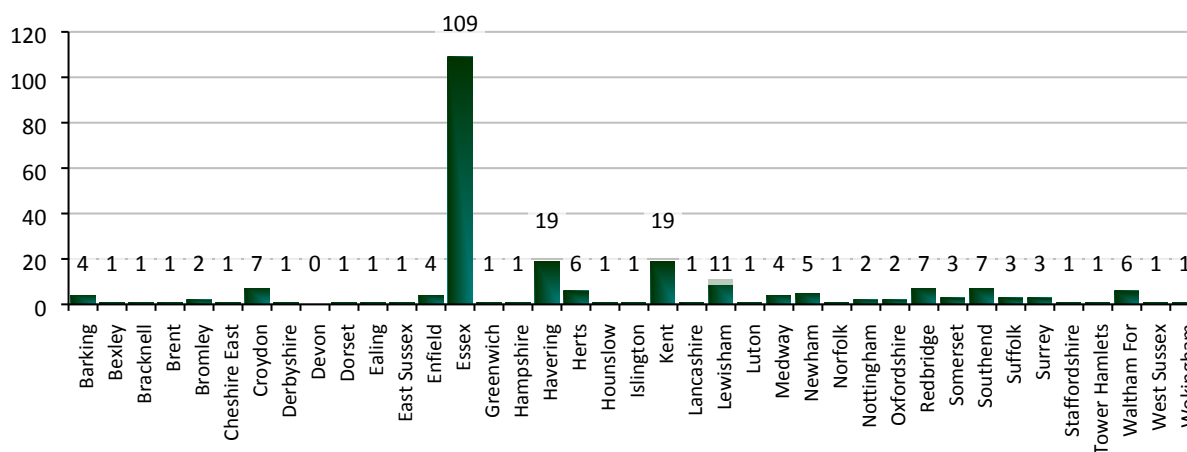
Age of child	In house Fostering	Independent Fostering	Residential	Other	Total by age
Under 1	3	1*	2**	0	6
1 – 5	3	1	1**	0	5
6 - 11	3	1	0	0	4
12 – 15	4	8	1	0	13
16+	4	1	1	13	19
<b>Total by provision type</b>	<b>17</b>	<b>12</b>	<b>5</b>	<b>13</b>	<b>47</b>

\* Mother and baby foster placement \*\* Mother & baby Family Assessment Centre

2.10 The total number of children and young people placed in foster care in this period was 29 (62%) of which 17 were placed with in-house foster carers. The vast majority of these children and young people were placed within a 20 mile radius of their home address.

2.11 The spread of all placements outside of Thurrock up to 31.1.16 is shown in the table below:

### Placements not in Thurrock



## 3. Issues, Options and Analysis of Options

3.1 Thurrock's in-house fostering service's current maximum capacity is for 153 placements (children) with very few vacancies.

3.2 There has been continued reduction in the use of residential generally. The current year to date Children's home population is 32 children, 10 of whom are children with disabilities.

3.3 In this period 3 children were placed in Mother & Baby Assessment Units, which are short term arrangements usually between 8-12 weeks as part of an agreed plan in court (or immediately preceding court and as part of the Public Law Outline).

3.4 Whilst the reduction in residential placements is positive the numbers of looked after children are rising (particularly regarding unaccompanied asylum seeking children), and the budget forecast for 2015/16 is projected for a significant overspend.

#### **4. Reasons for Recommendation**

4.1 It is hoped that members of the Committee will continue to find this information useful in developing their understanding of the issues involved. Officers accept there is a very real challenge in balancing the need to find the best possible placement option for children and young people, whilst simultaneously working within the financial resources available

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

None

#### **6. Impact on corporate policies, priorities, performance and community impact**

N/A

#### **7. Implications**

##### **7.1 Financial**

Implications verified by: **Nicola Wright**  
**Finance Officer**

As previously the key financial implication of the report is to note the continuing strain currently on the external placements budget, and the need to both contain the increase in numbers of looked after children where it is safe to do so, and make the most effective use of the funding available, and reduction in contribution from Health will amplify this concern.

##### **7.2 Legal**

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding**

The Children Act 1989 is very clear the best interest of the child should remain the paramount consideration, and the local authority would be very

vulnerable to legal challenges if it were evidenced that placement decisions were being made purely on the basis of financial considerations.

### 7.3 **Diversity and Equality**

Implications verified by: **Becky Price**  
**Community Development Officer**

The local authority has a clear duty to ensure that placements are identified appropriate to the needs of all children who require them. This is true for children of all backgrounds, cultures and ethnicities, but also for children with significant disabilities and particularly those less able to communicate their wishes and feelings to those organising their care.

### 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

### 8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

N/A

### 9. **Appendices to the report**

N/A

### **Report Author:**

Simon Shardlow  
Interim Service Manager, Placements & Support  
Children's Services, Care and Targeted Outcomes

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<b>3 March 2016</b>		<b>ITEM: 7</b>
<b>Corporate Parenting Committee</b>		
<b>Children in Care Council and Voice of the Child</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-Key	
<b>Report of:</b> Natalie Carter, Open Door		
<b>Accountable Head of Service:</b> Andrew Carter, Head of Care and Targeted Outcomes		
<b>Accountable Director:</b> David Archibald, Interim Director of Children's Services		
<b>This report is Public</b>		

## Executive Summary

This report updates members of the Committee in respect to the functioning of the Children in Care Council and its actions in representing the voice of the child for looked after children and care leavers.

### 1. Recommendation(s)

- 1.1 **Corporate Parenting Committee support the role of the Children in Care Council.**
- 1.2 **Councillors and senior officers attend the Children in Care Council meetings when invited.**
- 1.3 **Corporate Parenting support and endorse the role of the Young People's Project.**

### 2. Introduction and Background

#### Children in Care Council

- 2.1 The Children in Care Council is part of the Government's drive to ensure the voice of the child is an integral part of all the work undertaken within Children's Services.
- 2.2 The Government White Paper, Care Matters, Time for Change in 2007, made it a statutory duty for all local authorities to have a Children in Care Council

- 2.3 The document stated: *'It is important that children have a chance to shape and influence the parenting that they receive at every level – from expressing their wishes and feelings about the individual care they receive in their placements, through to helping shape the overall strategy for children in their area through a Children in Care Council'*
- 2.4 The Children in Care Council was transferred to Open Door in February 2012, following a review undertaken by former care experienced young people, "Leading Improvements for Looked After Children" (LILAC) in February 2011
- 2.5 The review stated: *"LILAC Assessors felt that potentially an independent body should take more of a hand in running the CHILDREN IN CARE COUNCIL so that issues can be explored fully, as currently members of the CHILDREN IN CARE COUNCIL feel they stop at a certain level of management and it may be possible for more to be achieved without any risk of a conflict of interest."*
- 2.6 The Children in Care Council currently have 15 active members who attend the monthly meetings, training and planning days and promotional events. Since the transfer there have been 26 young people who have joined the Children in Care Council.
- 2.7 The Children in Care Council have a Chair and Vice Chair nominated by the children and young people.
- 2.8 There is an agenda drawn up for each meeting and in the past 2 years they have devised a yearly work plan, which does change throughout the year depending on the current issues and the membership.
- 2.9 The Department provides Open Door with £8,000.00 per annum to assist with the costs of running the Children in Care Council.

#### Voice of the child

- 2.10 As mentioned, the voice of the child is an integral part of the work Children's Services undertake regardless of what the issues are.
- 2.11 The Children Act 1989, section 1 (3a) states that *'when determining any question with respect to the upbringing of a child, the court shall have regard in particular to the ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding)'*.
- 2.12 A further piece of guidance that is very important to note is that of the United Nations Convention on the Rights of the Child. Article 12 states the following:
1. *Parties shall assure to the child who is capable of forming his or her own views, the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.*



2. *For this purpose the child shall in particular, be provided the opportunity to be heard in a judicial and administrative proceedings affecting the child, either directly, or through a representative, or an appropriate body, in a manner consistent with the procedural rules of national law.*
- 2.13 Open Door work within the National Advocacy Standards (Department of Health, 2002), and as such is led by the young people.
- 2.14 The voice of the child is sought via many avenues within the processes undertaken within the Department and in practice. Examples of this are as follows:
- Within public court proceedings the child is represented by a Children's Guardian appointed by the courts
  - In Looked After Children's Reviews the Independent Review Officer will speak to the child/young person on their own to seek their views
  - It is expected when Social Workers visit the children/young people they are seen alone in order to obtain their views
  - Within **all** reports (i.e. assessments, care plans, pathway plans, court reports) it is expected that the views/wishes and feelings of the child/young person is recorded
  - We have the services of Open Door and the Advocacy Service, along with the Independent Visitors who will also represent the views of the children/young people.
- 2.15 The advocacy service is known as the Young People Looked After Project (YPLA), and is an independent project facilitated by Open Door. The project works with young people aged between 8 – 25 who are looked after or have been looked after and are entitled to an after care service.
- 2.16 The aim of the project is to give young people a voice in matters that affect their lives, particularly regarding issues that come about through being looked after or leaving care.
- 2.17 The project in the main works with individuals, but can provide a service for groups of looked after children/young people with identified common issues. It aims to nurture a trusting and honest relationship with the young people, but also with professionals.
- 2.18 The Advocacy Service is a confidential service but works within the statutory guidance for child protection.
- 2.19 The Project, wherever possible, aims to help resolve issues at the earliest opportunity to cause the minimum amount of distress and to prevent escalation to a formal complaint stage.
- 3. Issues, Options and Analysis of Options**

### 3.1 Issues

#### 3.1.1 Children in Care Council Activity

3.1.2 The Children in Care Council supported the Looked After Children celebration event held in May 2015, allowing young people to celebrate their achievements for 2014. Young people with their foster families had an evening of roller skating, attended also by staff, Councillors and senior officers. The event was very well attended.

3.1.3 The next celebration event was held on 16th February 2016 for achievements in 2015. Certificates of achievement will be presented to all young people including those who do not attend. Their certificates will be posted to them.

3.1.4 Nominations are made prior to the event. Two awards are given to three age groups, 11 and under, 12-16 and over 16.

3.1.5 In July 2015 the Children in Care Council facilitated a workshop for the social work recruitment day. This gave members the opportunity to be part of the recruitment process for new social workers who had applied to join Thurrock's social work teams. The focus of the workshop aimed to assess the applicant as to whether they had the qualities required to be a social worker in Thurrock.

3.1.6 The Children in Care Council have met with Health, Education, Team Managers and the Commissioning Team to consult on issues that particularly affect children and young people in care.

3.1.7 New social workers to the authority have visited the Children in Care Council as part of their induction

3.1.8 The Children in Care Council have been involved in the commissioning process in relation to foster care agency recruitment since 2012. They have contributed to the tendering process by devising 2 questions for prospective agencies. They were given the opportunity to mark the answers received as part of the tendering process organised by the Eastern Region Foster Care Select List, and give their feedback.

3.1.9 In 2014 Open Door, along with the Children in Care Council, was given the opportunity to take control of organising activities for the looked after children, especially during the school breaks. The Children in Care Council chose the activities suitable for all ages. They have evaluated what worked well and use this evaluation to plan future activities.

3.1.10 In 2015 an average of two activities were held each week during the school breaks. The children and young people are consulted on the choice of activities, and are given the opportunity to try new things, meet new people, build their confidence and self-esteem, whilst enjoying a fun packed activity.

3.1.11 The activities vary from using local venues to visiting London and beyond. Where possible public transport is used to allow young people the experience to become familiar with the various travelling options. Feedback and evaluation is obtained after each event to ascertain whether it was successful and how things can be improved.

3.1.12 Social Workers are always invited to these events.

3.1.13 The Children in Care Council invite senior officers and Councillors to their meetings. A number of dates were provided for this financial year, 14 July 2015, 13 October 2015, 13 January 2016 and 24 March 2016. Unfortunately some of these dates have not been well attended, but there will be further dates in the coming financial year that it is hoped all senior officers and Councillors will take the opportunity of meeting with the Children in Care Council

3.1.14 A request has been made for the Children in Care Council chair along with senior officers to attend full council meeting on the 27 February 2016. This is to present the revised Pledge and encourage all Councillors to sign up to it and promote the needs of the local authority's looked after children and care leavers as part of their role.

### 3.2.1 Voice of the child activity

3.2.2 In 2014-15 our advocates addressed and raised 95 issues on behalf of Thurrock Looked After Children, with one complaint moving to a formal process (i.e. Stage 1, Complaints Procedure).

3.2.3 The majority of the issues raised were dealt with and resolved at the informal stage.

3.2.4 The project is 'issue led' and young people are supported until the matter is resolved to everyone's satisfaction.

3.2.5 The current issues and work being undertaken by the project is as follows:

- Assisting a young person with unfair dismissal from a voluntary position
- Supporting a young person find appropriate education provision
- Mediation between young people and contact with their parents
- Supporting young people with accessing appropriate housing in Thurrock
- Regular liaison with Children's Services' staff and attendance at looked after children reviews
- Assisting with the completion of referrals to various organisations
- Requests for changes in social workers and placement moves
- Support during court proceedings
- Support with placement break downs
- Support with the transition to Adult Services

#### **4. Reasons for Recommendation**

- 4.1 It is important that we have mechanisms to elicit the voice of children and young people.
- 4.2 The Children in Care Council is statutory, but we need to continue to increase the numbers of those engaging and create other means for communicating the work of this group, such as a web page within the Looked After children web site

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

N/A

#### **6. Impact on corporate policies, priorities, performance and community impact**

N/A

#### **7. Implications**

##### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

The Children in Care Council is funded by the Through Care team service budget. The budget enables Open Door to facilitate the Children in Care Council meetings which take place twelve times a year. This budget also enables the Children in Care Council to stage the annual celebration event for looked after children. The finance will also incorporate an element of staffing costs, travelling costs for the children and young people and administrative costs.

##### **7.2 Legal**

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding.**

The Local Authority has a duty to provide all the services mentioned in this report and will need to continue to provide these services in the future.

### 7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**  
**Community Development and Equalities  
Manager**

This service is available to all looked after children and equality data is monitored to ensure a representative voice amongst the young people involved.

### 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

### 8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

N/A

### 9. **Appendices to the report**

Appendix 1 - Children in Care Council terms of reference

Appendix 2 - The National Standards for the Provision of Children's Advocacy Services 2002

### **Report Author:**

Natalie Carter  
Open Door Services

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**TERMS OF REFERENCE**

**Purpose**

The Children in Care Council (CICC) was created to support Children Education and Families (CEF) services in:

1. Improving outcomes for all Children Looked After (CLA) and leaving care who are the responsibility of Thurrock Children Education and Families.
2. Improving and strengthening resilience of Children Looked After by having a forum whereby the Children in Care Council can be consulted on issues that affect the standard of care that they receive.

The Children in Care Council will consider:

All Children Looked After of Thurrock council both placed within the borough as well as those who are placed outside the borough (OBP), and Children Looked After who are placed within Thurrock's boundaries, who are the responsibility of other Local Authorities.

The Children in Care Council will have achieved these aims by:

1. Holding to account all parts of the council, its partner agencies to fulfil their statutory duties and responsibilities in relation to looked after children and care leavers
2. Monitoring the implications of Thurrock council pledge to all Children Looked After.
3. Developing effective health promotion and support to care leavers and is facilitated to hold health and social care to account for undertakings set out within the pledge.
4. Representation of Children Looked After on Thurrock Youth Cabinet
5. Receiving information from council officers and external partners in the form of consultations in respect of relevant issues for Children Looked After.

**Members and Chair**

The Children in Care Council meetings will be chaired by the elected chairperson/ duty chair and co-chaired by Open door Children in Care Council coordinator at appropriate times.

Chairperson – Elected young person of the Children in Care Council

Deputy Chair – Elected young person of the Children in Care Council

### **Members of the meeting**

All members of the Children in Care Council will attend meetings, any Looked After Child who wishes to join the Children in Care Council.

### **Council Officers**

Head of Service

Service Manager responsible for corporate parenting

Service Manager responsible for fostering and adoption services

Councillor portfolio holder for education and children's social care

Any other officer who is deemed appropriate to attend

The Children in Care Council meetings will be supported by Open Door Children in Care Council coordinator, Open Door staff and support workers from through care teams when required. All staff to ensure the full and effective functioning of the group and will not be members of the Children in Care Council.

### **Frequency and format of meetings**

The Children in Care Council will meet at least 12 times per year. Council officers and any other officers deemed appropriate will be invited to the Children in Care Council meetings at least twice a year and requested to attend further meetings when issues arise. The Children in Care Council meetings will be chaired by the elected chairperson. On the meetings where council officer and any other officers attend, these meetings will be co-chaired by the elected Children in Care Council chairperson and the Open Door co coordinator.

Corporate Director of Children's Services will responsible in responding to items raised at the previous meeting no later than one week prior to the following meeting of the Children in Care Council.

### **Decision making powers**

The Children in Care Council has no powers to make decisions, but may make recommendations to the Corporate Director of Children's Services and elected member of the Corporate Parenting Committee who will then feedback into the corporate parenting group and leadership team.

### **Code of Conduct**

1. Members of Children in Care Council agreed to represent the views and wishes of all children in care and care leavers to the best of their ability.



2. Members of the Children in Care Council agree to treat each other, workers and visiting adults with respect.
3. Incidents of bullying, sexism, racism or other non-inclusive behaviours during the Children in Care Council meetings will result in an instant exclusion from the Children in Care Council at the discretion of a team manager and elected Children in Care Council person.
4. Any reports or minutes will not be shared with third parties unless agreed by the chairperson of the Children in Care Council.

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**THE NATIONAL STANDARDS FOR THE PROVISION OF CHILDREN'S ADVOCACY SERVICES 2002**

- 2.1 The *National Standards for the Provision of Children's Advocacy Services*, issued as section 7 guidance in November 2002, set out standards for the commissioning and delivery of advocacy services. The standards provide a framework for the planning, development and review of advocacy practice at all levels. In implementing this guidance, local authorities with social services responsibilities should ensure the standards are followed.
- 2.2 The purpose of advocacy in complaints procedures is to ensure that children and young people are given assistance when making or intending to make a complaint and that is the focus of this guidance. Of course, the role of advocacy is not limited to assisting children or young people when they wish to make a complaint. We know that children's interests can be promoted more effectively by having a personal champion in the form of an advocate who can help children and young people ensure their views and wishes are heard at all times. Advocacy in its broader sense is about empowering children and young people to make sure that their rights are respected and that their views and wishes are fully considered and reflected in decision making about their own lives.
- 2.3 As the National Standards set out, advocacy services provide independent and confidential:
- Information;
  - Advice;
  - Representation; *and*
  - Support.
- 2.4 The National Standards spell out the core principles which should inform the delivery of advocacy services
- advocates should work for and with children and young people;
  - advocates should help children and young people to raise issues and concerns about things they are unhappy about;
  - advocates should value and respect children and young people as individuals; *and*
  - advocates should ensure that children and young people can understand what is happening to them, can make their views known and, where possible, exercise choice when decisions about them are being made.
- 2.5 An advocacy service must ensure that independent advocates provide appropriate assistance to the child, taking into account their age, means of

communication, language, sex, race, religion, sexual orientation, health or disability. The advocate, when representing a child or young person, should be able to communicate effectively in a way the child is happy with.

## **ENABLING CHILDREN TO ACCESS ADVOCACY SERVICES**

- 2.6 Many children and young people describe complaints as problems not being sorted out. The emphasis of this guidance is on providing help and assistance and ensuring that independent advocacy is available quickly when requested.
- 2.7 Regulation 4 says that where a local authority receives from a child or young person representations made under section 24D or section 26 of the Children Act 1989, they must provide him or her with information about advocacy services and offer him or her help in obtaining an advocate. They must provide the same information and help where they become aware that a child or young person intends to make representations under section 24D or section 26. When a child or young person says that a complaint is about to be made, the authority should ensure that help and assistance is offered and given if a child or young person would like an advocate to speak for them.
- 2.8 Some children and young people may already have an advocate before they reach the stage of a complaint. Responses to consultation indicated that the vast majority of concerns and problems that children share with advocates are resolved “informally”. However, the complaints officer (or children’s complaints officer if applicable) should act as a “back- stop” in checking that a young person has been put in touch with an advocate and is happy with the level of support they are receiving. If this is not the case, the children’s complaints officer or equivalent officer should:
- inform the child about their rights to advocacy;
  - ask the child if an advocate is wanted;
  - provide help and assistance about how to find advocacy services; • offer the child or young person help and assistance.

### Guidance on Providing Effective Advocacy Services for Children and Young People 11 Making a Complaint under the Children Act 1989

- 2.9 The child or young person should be asked if it is important to them if the advocate shares the same race, culture, gender, religion, disability and/or sexual orientation as themselves. The local authority should take such matters into consideration when making arrangements for the provision of advocacy services. Services should ensure that wherever possible they can meet the preferences of children and young people.

- 2.10 The local authority should provide the child or young person with information about advocacy services. This will usually be the name, telephone number and contact point for the service. If the child so requests, the complaints officer or equivalent officer should make initial contact with the advocacy service on their behalf.

## **CHILDREN OR YOUNG PEOPLE PLACED OUT OF THE LOCAL AUTHORITY AREA**

- 2.11 Local authorities when placing children out of the local authority area should ensure that arrangements are in place for the child or young person to access advocacy services when making the placement. There are different ways local authorities can achieve this. For example, the local authority may make arrangements with their contracted advocacy provider to support children placed out of area. Alternatively, local authorities may wish to come to an arrangement with the local authority where the child or young person is placed.

## **CHOICE FOR THE CHILD OR YOUNG PERSON**

- 2.12 There will be times when children and young people will wish to choose their own advocate, for example, a relative, teacher, carer, friend or family member. Children and young people may select anyone of their choice as an advocate although there may be reasons why the person chosen by the child should not agree to take on the role, for example, there might be a conflict of interest. Children and young people should be helped by the complaints officer, children's rights officer or equivalent officer to understand the choices open to them and the differences between the options. For example, the child should be helped to understand the differences in the kind of support available and be helped to make an informed choice between "informal" advocacy provided by a relative or friend and a professional advocate provided under the arrangements made by the local authority.
- 2.13 The child or young person should be given an opportunity to meet an advocate and agree the arrangement before the advocate's appointment is confirmed and any information shared with them. The child should understand that they have the right to choose an advocate whom they feel comfortable with and the local authority should take reasonable action to accommodate a child's wishes. Equally, if the child or young person requests a change in advocate the local authority should take steps to facilitate this.
- 2.14 Where a child chooses their own advocate, the local authority may facilitate support and advice to help the individual to effect the role of an advocate. For example, the local authority should consider providing information about the *National Standards for the Provision of Children's Advocacy Services*.

- 2.15 Where advocacy services are provided in-house, a child or young person may nevertheless feel more comfortable if they are enabled to use an advocate who is not an in-house advocate of the local authority. In any event, the local authority should proactively provide information about alternative sources of help. If the child prefers to use an advocate who is not provided in-house then the local authority should consider the request carefully and think about what steps it might take to meet the child's wishes.

## **PUBLICITY ABOUT ADVOCACY SERVICES**

- 2.16 Section 26A(5) of the Children Act 1989 requires local authorities to give such publicity to their arrangements for the provision of advocacy services as they consider appropriate. Section 26(8) also requires local authorities to give appropriate publicity to their procedure for considering representations.
- 2.17 Many children and young people told us that they are not aware about how to make a complaint. Local authorities must have robust communication and publicity mechanisms to ensure children and young people, including those with additional communication needs, are aware of their right to advocacy when making or intending to make a complaint. The *National Standards for the Provision of Children's Advocacy Services* set out the Government's policy for publicity about children's rights and advocacy services. The Government wants local authorities to:
- inform children and young people about advocacy and children's rights services if they intend or wish to make a complaint; provide help and assistance when children and young people want an advocate to speak for them.
- 2.18 When a local authority first become aware that a child or young person wants to make a complaint, they should provide age-appropriate materials about children's rights and advocacy services and talk to the child or young person to explain these materials, answer any questions and ensure that they understand their rights. The range of materials available should include texting, Minicom and the use of symbols for children and young people with learning difficulties. Publicity should include translation into the child's first language where appropriate.
- 2.19 As set out in the *National Standards for the Provision of Children's Advocacy Services*, appropriate materials and methods should be developed for children with little or no communication and those without literacy skills. Local authorities may wish to develop electronic methods of communication.

Guidance on Providing Effective Advocacy Services for Children and Young People Making a Complaint under the Children Act 1989 13

- 2.20 Publicity materials about making a complaint and information about children's rights/advocacy services, appropriate to the ages of children and young people, should be given to all young people when they are first assessed as being in need and again when they become looked after. For children looked after, this should be recorded in the child's care plan and checked at every review by the Independent Reviewing Officer. Complaints publicity materials should include information about advocacy and children's rights services and be kept under regular review. Age-appropriate publicity materials should be accessible for children and young people with disabilities.
- 2.21 Local authorities should have a programme of regularly updating information and publicity on advocacy services to staff and foster carers to ensure that new staff and carers are able to inform children and young people properly of the support they can access.

Thurrock Children in Care Council, Supported by Natalie Carter (Open Door)

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<b>3 March 2016</b>	<b>ITEM: 8</b>
<b>Corporate Parenting Committee</b>	
<b>Children in Care Pledge Update</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key
<b>Report of:</b> Paul Coke, Service Manager, Through Care Service and Natalie Carter, Open Door	
<b>Accountable Head of Service:</b> Andrew Carter, Head of Care and Targeted Outcomes	
<b>Accountable Director:</b> David Archibald, Interim Corporate Director of Children's Services	
<b>This report is Public</b>	

## Executive Summary

This report provides information about Thurrock's Pledge.

### 1. Recommendation(s)

**That members:**

- 1.1 Support the amended Pledge.**
- 1.2 Agree that the Pledge is monitored and reviewed by the Children in Care Council (CiCC) on a yearly basis and a report provided to the Committee.**
- 1.3 Agree that a review of the Pledge's content by the CiCC will take place every two years.**

### 2. Introduction and Background

- 2.1 The Pledge is a requirement directed by the Government in their documents, 'Care Matters: Transforming the Lives of Children and Young People in Care', October 2006 and 'Time for Change' published in June 2007.
- 2.2 These documents require local authorities to adopt a pledge that should be developed by the Children in Care Council, which in turn should then be

adopted by the local authority as a key communication tool that develops partnership working with the children and young people, plus a tool for challenge.

- 2.3 The Children in Care Council, along with the Department, have reviewed the current Pledge and made amendments which were approved in June 2015.
- 2.4 The amended Pledge consists of promises made to young people in the care of Thurrock Council. It is an agreement between the children/young people and Thurrock Council who, as corporate parents, are represented by Councillors, the Chief Executive, the Director and Head of Services and other officers.
- 2.5 These promises cover a number of aspects of a child/young person's life which will enable them to reach their full potential.
- 2.6 The Pledge applies to all children and young people who are looked after and have left care by Thurrock Council regardless of where they are placed.
- 2.7 The promises are categorised into the five outcomes that were previously used within the Care Matters Agenda and Ofsted reports:
  - Health
  - Stay Safe
  - Enjoying and Achieving
  - Making a positive contribution
  - Economic well-being
- 2.8 The amendments to the Pledge are as follows:
  - social workers will visit at least twelve times a year and give you the opportunity to meet with them independently during this visit (Amendment 1)
  - giving you access to life story work in conjunction with Thurrock's life story policy including a book/memory box containing important information about your childhood. This information will include: where you were born, the area you grew up in, schools you attended, photos, family tree, calendar of events and other memories you may wish to add (Amendment 2)
  - social workers should give young people their contact details such as email, mobile number and/or office number (Amendment 3)
  - Respect your privacy when possible (Amendment 4)
  - We will seek your views about contact arrangements and support you in attending family contacts (Amendment 5)
  - Supporting you in opening a bank account/savings account (Amendment 6)
  - Providing you with identification such as passport, birth certificate or alternative identification available to you (Amendment 7)

- Supporting you to have access to your files (Amendment 8)

### **3. Issues, Options and Analysis of Options**

- 3.1 The Pledge is an integral part of how the local authority and the children and young people of Thurrock work together in improving services and outcomes for young people, plus a mechanism for challenge where appropriate.
- 3.2 The Pledge has now been updated to reflect the current climate and view of the Children in Care Council.
- 3.3 The Children in Care Council's view is that the Pledge may not fulfil everyone's needs. All young people who spend time in the care system will have a different experience of being in care.
- 3.4 The Children in Care Council would like all young people in Thurrock's care system to feel happy, safe and secure and that they are given the same opportunities of other young people within the borough.
- 3.5 The Children in Care Council will send a short survey to looked after young people aged 8 – 18 asking key questions about the Pledge. This will allow the Children in Care Council to gather information and measure the impact the Pledge has on those in Thurrock's care. The Children in Care Council will also obtain permission to raise issues that may arise from the survey if there are areas where the Pledge is not being kept. This survey will be completed between the months of April 2016 – June 2016.
- 3.6 The Children in Care Council would like to publicise the key elements of the Pledge document by producing a short video clip/film during 2016. This will better inform young people. Using a visual aid will accompany the pledge booklet and allow the key elements to be focused on. The video clip will be available for all professionals to use and will be incorporated into social worker/foster care training, which will include induction.

### **4. Reasons for Recommendation**

- 4.1 The Pledge is a key tool which the children and young people can use to challenge and judge the services provided by the local authority.
- 4.2 It is a duty and responsibility for the local authority to ensure it has an up to date Pledge that all children and young people who are looked after are aware of and have access to.

### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 None

**6. Impact on corporate policies, priorities, performance and community impact**

6.1 The Council's responsibilities for looked after children and care leavers are unique and sit at the heart of all priorities.

**7. Implications**

**7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

The local authority will fund the printing of the Pledge through our Communications Department. It will then be disseminated to all looked after children.

**7.2 Legal**

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding**

As part of the local authority's statutory requirements, a Pledge needs to be available to all looked after children and young people. The Pledge needs to be readily available and accessible to all.

**7.3 Diversity and Equality**

Implications verified by: **Natalie Warren**  
**Community Development and Equality Manager**

The Pledge is an important part of how the Council and the children and young people of Thurrock work together to improve services and outcomes for young people. As the Pledge is a document for all our looked after children and young people, it will be made widely available including on relevant websites. In addition, it can be made available in different languages and for those that are visually impaired upon request.

**7.4 Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Not applicable.

**8. Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- N/A/

**9. Appendices to the report**

Appendix 1 - The Pledge

**Report Author:**

Paul Coke

Service Manager, Through Care Service

Children's Services

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# Thurrock's Pledge



To Children and  
Young People  
in Care

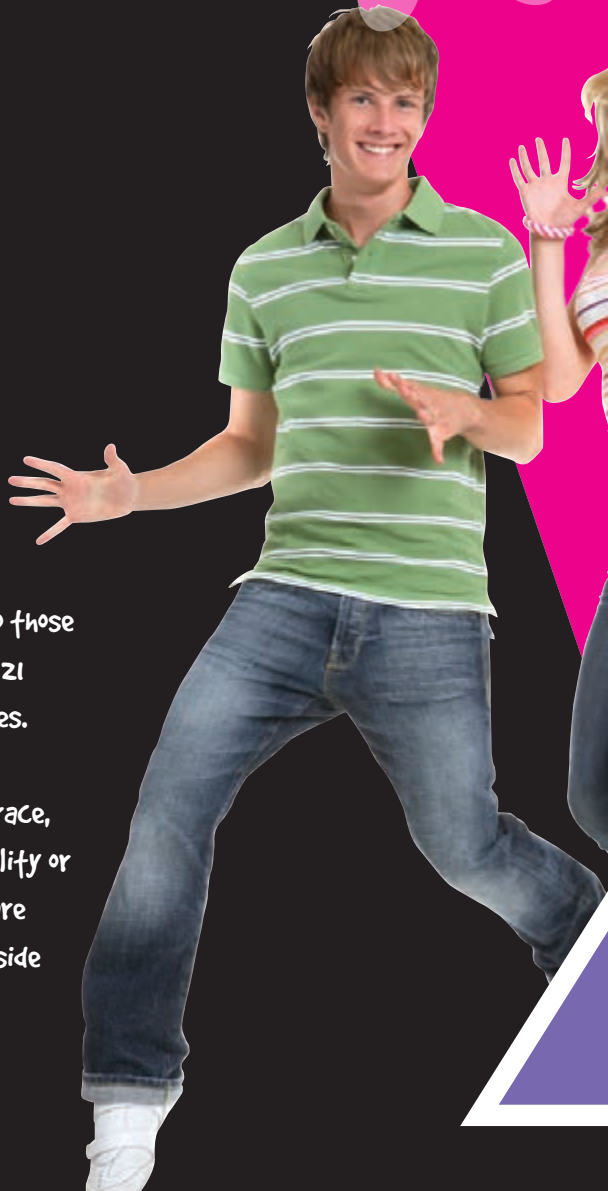
our pledge was written by young people and has been adopted throughout the council for children and young people in the care of Thurrock Council.

our pledge makes five promises,  
These cover:

- \* Health
- \* Education
- \* Reaching your potential
- \* Positive relationships
- \* Leaving care.

It applies to all children and young people, from birth to 18 years of age who are in our care. Some apply to those leaving care, from the age of 18 up to 21 years and even 25 years in a few cases.

The pledge applies regardless of sex, race, sexual orientation, disability, age, ability or background. It applies wherever you are placed, whether you live inside or outside Thurrock.





# Thurrock's

# Pledge

We promise to work to help you to develop healthily



We will help you keep fit and healthy. We will give you the resources and information to continue a healthy journey. We will support you to have regular health and dental checks



We will support you in all aspects of your development and give you every opportunity to flourish

# Thurrock's Pledge

We promise to do everything we can to keep you safe and feel important to us while in care:

We will be available to speak to you when you need to. We can discuss problems, anxieties and achievements.

We will visit you at least 12 times a year and give you the opportunity to meet with social workers independently during visits.

We will involve you in decisions and plans that will affect your current and future life.

We will ensure you access life story work in conjunction with Thurrock's life story policy including a book or memory box containing important information about your childhood. This information will include: where you were born, the area you grew up in, schools you attended, photos, family tree, calendar of events and other memories you may wish to add.

We will not change your social worker unless absolutely necessary.

We will give you advice and support to stay safe, both within your home and in your community.

We will give you a way to contact your social workers directly, such as email, mobile number and/or office number.

We will always try to call you back within 24 hours.





# Thurrock's

# Pledge



We promise to help you reach your dreams while in care:



We will celebrate your achievements and recognise your goals and help to push you further while in care.

We will support you to attend and achieve throughout your education.

We will provide you with good educational opportunities that best meet your abilities.

We will provide you with a translating dictionary in your language when you first come into care if your first language is not English.

We will give you the same opportunities available to young people who are not looked after.

We will respect your privacy, where possible.

# Thurrock's Pledge

We promise to support your positive relationships and social activities:



We will give priority when you ask to stay with friends and relatives away from your normal placement.



We will seek your views about contact arrangements and support you in attending family contacts.



We will aid you in having easy access to libraries, youth clubs and positive activities.



We will give you access to an independent visitor/mentor.



We will support you in being heard throughout the local authority - across all departments.



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# Thurrock's

# Pledge

We promise to help you reach your dreams while in care:

- 
- 
- \* We will support you in opening a bank account / savings account.
  - \* We will provide you with identification, such as passport, birth certificate or alternative identification available to you.
  - \* We will support you to have access to your files.
  - \* We will support you financially up until the time you start work or are entitled to claim benefits.
  - \* We will provide you with a grant to help you settle into your own accommodation when you leave care.
  - \* We will support you in higher education at university.
  - \* We will help you to seek employment and training.
  - \* We will help you with transport for attending education and looked after children appointments.
  - \* We will support you to apply for all documentation and providing you with necessary information on your rights.

# Thurrock's Pledge

## From the Director of Children's Services

The PLEDGE is our PROMISE, made by Thurrock Council and its staff. We make promises to you that we intend to deliver.

We have the responsibility to ensure that you are healthy, stay safe, learn, enjoy life and achieve your goals. We will prepare you for your adult life when it is time for you to leave care. We may not always be able or willing to do what you want; but we will always involve you in the important decisions that affect your lives. We will always treat you as an individual and take into account the unique things about you, for example your age and sex, your race, language and religion, your sexual preferences and any disabilities you might have.

Thurrock Council will listen to you and your views within the Children in Care Council. The CiCC is your direct voice to all the Directors, Elected Members and council officers who make the decisions in Thurrock that affect all residents.

We have special responsibilities for you. I want you to know that we are committed to you and to your future.

This pledge shows the commitments that we have made to you, putting you at the heart of everything that we do as a Council.

Thurrock Council wants to make sure we stick to the promises made to you and ensure that we are providing you our best service. Please discuss this pledge and let us know your views about how Thurrock Council is doing on its promises. This can be done through your independent reviewing officer or you can get in contact with the CiCC. Additionally, the CiCC is always looking for new representatives and would welcome your interest if you want to get involved. If you have any comments or questions about anything you see in the pledge, please contact your Social Worker.

email: [ciCC@opendoorservices.org](mailto:ciCC@opendoorservices.org)  
or Call 01375 389879 for further  
information

<b>3 March 2016</b>	<b>ITEM: 9</b>
<b>Corporate Parenting Committee</b>	
<b>Emotional Well Being and Mental Health Services for Vulnerable Groups including Looked After Children</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Not Applicable
<b>Report of:</b> Andrew Carter, Head of Care and Targeted Outcomes	
<b>Accountable Head of Service:</b> Andrew Carter, Head of Care and Targeted Outcomes	
<b>Accountable Director:</b> David Archibald, Interim Director of Children’s Services	
<b>This report is</b> Public	

## **Executive Summary**

Since 2013, lead commissioners from Thurrock Council, Southend Council, Essex County Council, and all seven Essex National Health Service (NHS) Clinical Commissioning Groups, have been working in partnership (Children and Young People Emotional Wellbeing Mental Health Partnership) to develop a redesigned and comprehensive service model that integrates Tier 2 and Tier 3, child and adolescent mental health services.

The vision is to improve the emotional wellbeing and mental health of children and young people, aged 0-25, with these needs. The aim of the redesigned service (previously known as Child and adolescent Mental Health Services) is to improve children and young people’s educational and social life chances by ensuring swift easy access and the provision of high quality services that use evidence-based effective interventions. There is a greater emphasis on promoting and maintaining the well-being of children and young people by intervening earlier.

There will be an increased focus on prioritising our most vulnerable young people, including looked after children as we know these groups are particularly at risk of poor mental health and the impact on their future life chances.

Many young people, parents, carers, emotional wellbeing and mental health professionals were involved in helping us shape and design this new service by telling us what their concerns were with the previous service and their ambitions for the future.

The new Emotional Well-being and Mental Health Service went live on the 1<sup>st</sup> November 2015. The new provider is North East London Foundation Trust (**NELFT**).

## **1. Recommendation(s)**

- 1.1 That members receive further reports once data is available to enable scrutiny of the delivery of the new service offer with a focus on service delivery to looked after children.**

## **2. Introduction and Background**

- 2.1 Previously all seven NHS Clinical Commissioning Groups in Essex, Essex County Council, Southend Council and Thurrock Council were responsible for commissioning mental health and wellbeing services for children and young people who suffer from mental health problems. Those services were delivered by a range of different organisations operating under multiple contracts. Feedback from a wide range of stakeholders, including children, young people, teachers and clinicians was that services needed to modernise to offer more services in schools and in the local community. The aim of this was to improve accessibility and ensure children are able to access services when they need them, with better signposting of provision, advice and support to professionals working with children and young people. There will be a greater emphasis on capacity building, including staff training and more practitioners to support a greater range of children and young people in family and group settings. In addition to which it was identified that support to children and young people in crisis also needed to be strengthened.
- 2.2 These changes will support universal services and organisations to maximise the support they can provide children and young people. Looked after children and vulnerable groups will be prioritised for assessment with earlier intervention leading to reduced complexity for children and young people later, delaying or avoiding the need for more costly, specialist interventions as they grow older.
- 2.3 As part of the new model, the new service will be expected to ensure that the need for intensive services is prevented wherever possible, but that there is an effective pathway to tier 4 services (specialist paediatric psychiatric services which are commissioned separately by NHS England) when required and that transition between service tiers is managed effectively.
- 2.4 This is the first time the NHS and local authorities across the county have worked together at such a scale, to design one equal, integrated service. This will ensure Looked after Children will have improved access to a wider range of services that address their specific needs.

## **3. Issues, Options and Analysis of Options**

- 3.1 The issues and options contained in this report are based on the joint strategic needs assessment (JSNA) commissioned by Essex County Council



in partnership with Thurrock Council, Southend Borough Council and the Clinical Commissioning Groups covering these areas.

- 3.2 The JSNA supported commissioners in Thurrock working to redesign and remodel emotional well-being and mental services to address the inequalities in provision for children and young people.
- 3.3 This work informed the commissioning and procurement of the Emotional Well-Being and Mental Health Service for children, young people, their families and carers to ensure that the best quality of care and outcomes can be achieved.
- 3.4 National research highlights that good emotional and mental health is fundamental to the quality of life and productivity of individuals, families, communities and nations. Positive mental health is associated with enhanced psychosocial functioning; improved learning; increased participation in community life; reduced risk-taking behaviour; improved physical health; reduced mortality and reduced health inequality.
- 3.5 Poor emotional well-being and mental health can lead to negative outcomes for children, including educational failure, family disruption, poverty, disability and offending. These often lead to poor outcomes in adulthood, such as low earnings, lower employment levels and relationship problems which can also affect the next generation.
- 3.6 Half of lifetime mental illness arises by the age of fourteen and widespread research has shown that early intervention and preventative strategies are effective and crucial to improve the emotional wellbeing and mental health of populations. Resilience to poor psychological health can be developed at individual, family and community levels and interventions are most effective when they take a holistic, family centred approach.
- 3.7 Research shows that more looked after children have mental health problems than other young people, including severe and enduring mental illness. Presenting a moral imperative that these children and young people are prioritised for assessment to ensure their difficulties are addressed at the earliest possible opportunity to minimise any negative impact on their future life chances. The new service will ensure this happens.
- 3.8 The case for the provision of effective emotional wellbeing and mental health services is compelling and by developing a joint approach to the commissioning of services better value for money has been achieved whilst securing clear pathways for looked after children to access services at different levels of need increasing take up and access.
- 3.9 Members may wish to note the Government's report "Future in Mind" Published in March 2015 has set further recommendations on the work that needs to be done to further enhance emotional well-being and mental health services, these include

- removing the arbitrary age cut-off especially for Looked After Children and children and young people from vulnerable backgrounds
  - the need for bespoke care pathways using evidence based interventions for children from minority and vulnerable backgrounds, and looked after children, with alternative treatment venues being made available.
  - shared assessment, case management and regular multi-agency case review processes for these young people
  - designated professionals to liaise with agencies and ensure that services are targeted and delivered in an integrated way for children and young people from vulnerable backgrounds
- 3.10 In September the collaborative commissioning forum produced its report ‘Open Up, Reach Out’, our transformation plan for the emotional well-being and mental health of children and young people 2015 – 2020.
- 3.11 This resulted in an additional government funding of 3.3 million pounds per annum across Thurrock, Southend and Essex. . This funding will be utilised to improve access and equality, build capacity and capability in the system and build resilience in the community.
- 3.12 In year one 2016 – 2017, there will be further needs analysis and stakeholder engagement to ensure we are getting it right for our children, young people, their families and their carers.
- 3.13 In Year two 2017 – 2018 , there will increased crisis services and extended home treatment opportunities, improved response to self-harm and suicide, and for the first time the development of an eating disorder service in the south of the county. There will also be an improved Emotional Well Being training offer to schools to enhance community resilience.
- 3.14 In year three and beyond, there will be additional work to improve our response to suicide and self-harm prevention, improved attention deficit hyperactivity disorder and continued capacity and capability building to ensure sustainability of the changes we would like to see.
- 3.15 There is a strong focus on the most vulnerable groups of children and young people and it is recommended that in due course a report on the performance of the commissioned service with a particular focus on access to services for these groups is provided for members.
- 3.16 The contract will be robustly managed by the collaborative commissioning forum to ensure NELFT continue to deliver and improve on the Key Performance Indicators and outcomes therein. In addition they are charged to

work closely with Tier four services including acute trusts commissioned by National Health Service England.

- 3.17 Our looked after children are able to access Child and Adolescent Mental Health Services in the locality where they are registered with a GENERAL PRACTITIONER. This is a historical reciprocal arrangement and in recent times has become a matter of debate as increasingly localities are prioritizing children from their own boroughs, It is my understanding at the time of writing this report that discussions are being held on a regional and national level to address the issue as it has significant moral, ethical and service delivery implications

#### **4. Reasons for Recommendation**

- 4.1 The recommendation is made to members to update them on the development of this work.
- 4.2 Members are asked to consider that the new contract commenced on the 1<sup>st</sup> November 2015 and there full contract monitoring information will not be available until April 2016 as the service is in the process of transition until then.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 Stakeholder engagement between 2011 – 2014, before and after the publication of the Joint Strategic Needs Assessment influenced the procurement model.
- 5.2 Stakeholders included children, young people and families, clinicians and other professionals such as teachers as well as those working in the voluntary and community sector. The specification of the new service genuinely reflected what service users and professionals told us was important to them

#### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1. The development of the new service supports our priority to improve health and well-being.
- 6.2 The new service model will deliver an increase on the percentage of demand being met and to improve emotional wellbeing, resilience and self-esteem for children, young people, their families and carers in Thurrock. It will do this by
- Having a joint approach across, Thurrock and Essex Southend local authorities and the seven Essex NHS Clinical commissioning Groups with one provider, which will result in a reduction in provider management costs and estate costs - releasing more money for front line service delivery

- Increasing the number of children and young people who receive a service by using evidence based interventions which are traditionally shorter, but more effective. This will enable practitioners to work with more children and young people annually.
- providing easier access to services with quick responses and improved consultation, advice, support, training and guidance
- improving joint working with adult mental health services with a smoother transition into adult services for those 14-25 year olds who require it
- consistent admission criteria across Essex, Thurrock and Southend to meet needs in each area
- establishing consistent pathways across Essex, Thurrock and Southend, regardless of where people live
- more delivery at home and in local schools, health and community venues because early and convenient access can change people's lives
- Assessment prioritisation for vulnerable children (e.g. looked after children, children on child protection plan, or those with learning disabilities).

6.3 Details of the outcomes and key performance indicators relating to vulnerable groups is contained in Outcome 6 in appendix one.

6.4 Details of the service model are attached in Appendix two.

## 7. Implications

7.1 Implications verified by: **Kay Goodacre**  
**Finance Manager**

Whilst there are currently no financial implications to this report as the service has been commissioned through existing budgets. Increasing demands and the reduction in Early Offer of Help provision will mean future budgets will come under increasing pressure and this provision will be need to be constantly reviewed.

## 7.2 Legal

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding**

There are no legal implications to this report as it provides an update on a previously commissioned service.

### 7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**  
**Community Development and Equalities  
Manager**

This report provides a progress update on support to children and young people who may face significant inequalities; the commissioned service improves access to support and services and therefore should reduce inequalities.

### 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

### 8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- “ Future in Mind -Promoting, protecting and improving our children and young people's Mental Health and well-being”
- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

### 9. **Appendices to the report**

Appendix 1 Outcomes and Key Performance Indicators for Re-commissioned Children and Young People Emotional Well Being and Mental Health Service

Appendix 2 Children and Young People's Emotional Wellbeing and Mental Health Service Model

#### **Report Author:**

Paula McCullough  
Commissioning Officer  
Children's Services

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## Appendix 1

The outcomes and indicators below will contribute towards the achievement of the following overarching outcomes for looked after children in particular:

<b>Local Outcome: 6. Vulnerable groups such as Children Looked After, Fostered/Adopted, leaving Care, on the edge of Care, with a Severe Learning Disability and their families and carers receive priority and appropriate evidence based interventions from EMOTIONAL WELL BEING AND MENTAL HEALTH services</b>	
<b>Key Performance Indicators</b>	<b>Contract Measures (quality and performance)</b>
90% of children looked after/child protection plan/Learning difficulties show improved Mental Health (report monthly)	Children and young people report they had a good understanding of their emotional well-being and mental health care plan (report annually)
100% of children looked after with high strengths and difficulties questionnaire score are receiving treatment (report annually)	
100% reports requested completed on time (report monthly)	
Providers to attend planning meetings with 10 days' notice and provide reports (e.g. Looked after Children reviews, Personal Education Plan meetings, Permanency planning meeting) (report monthly)	
Children and Young people looked after are prioritised for assessment - 100% of Children in Care are seen as minimum Priority Type Urgent - so 7 day timescales apply (report monthly)	<p>Number of children and young people receiving Emotional Well Being And Mental Health intervention as part of a reunification with their birth family (report annually)</p> <p>Number of Children in Care who receive an Emotional Well Being And Mental Health intervention to support placement stability (report annually)</p>
	<p>Number of foster carers who receive advice/training from the Emotional Well Being And Mental Health service (report monthly)</p> <p>Foster carers report they feel supported and better able to meet the Emotional Well Being And Mental Health needs of children in their care (after training from Emotional Well Being And Mental Health) (report annually)</p>

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## Appendix 2

Children and Young People's Emotional Wellbeing and Mental Health Service (EMOTIONAL WELL BEING AND MENTAL HEALTH) service model are detailed below:

Feature	Previous CHILD AND ADOLESCENT MENTAL HEALTH SERVICES Tier 2 and 3	New EMOTIONAL WELL BEING AND MENTAL HEALTH model
Delivery model	<ul style="list-style-type: none"> <li>• Southend and Thurrock each commission SOUTH ESSEX PARTNERSHIP TRUST to deliver Tier 2 provision in their area</li> <li>• Clinical Commissioning Groups commission South Essex Partnership Trust to deliver tier 3 services</li> </ul>	<ul style="list-style-type: none"> <li>• Joint commissioning approach across Southend, Essex and Thurrock Local Authorities and the 7 Clinical commissioning Groups</li> <li>• One provider commissioned to deliver a comprehensive tier 2 and 3 service across the 7 Clinical Commissioning Groups population areas with a locality focus and locality integrated teams</li> </ul>
Quality	<ul style="list-style-type: none"> <li>• Services provide a restricted range of therapeutic interventions with a high proportion of psychotherapy which reflects staff experience</li> <li>• No agreed pathways common across the area</li> <li>• Services often work in isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Use of a wider range of effective evidence based therapeutic interventions including psychological therapies identified by National Institute Of Clinical Excellence and inspired by the guiding principles of children's talking therapies (Increased Access To Psychological Therapies)</li> <li>• Use of a pathways approach agreed and consistent across the whole area</li> <li>• Emphasis on joint working with other services</li> </ul>
Age / Eligibility	<ul style="list-style-type: none"> <li>• 0-18</li> <li>• Services do not always work with children with Learning Difficulties, Autistic Spectrum Disorder/Attention Deficit Hyperactivity Disorder or behaviour issues</li> <li>• Services do not always work with children looked after until they are in a settled placement</li> </ul>	<ul style="list-style-type: none"> <li>• 0 – 25 with improved joint working and planning between adult and children's mental health services for young people from 14-25</li> <li>• Admission criteria will be consistent across Essex from June 2015 to meet estimated needs in each area.</li> <li>• Service to work with behaviour and emotional and mental health in a joined up way</li> <li>• Service to respond to emotional and mental health needs of children with a disability including Learning Difficulties</li> <li>• Service to work with Children Looked After through all stages of their placement journey</li> </ul>
Referral approach	<ul style="list-style-type: none"> <li>• One Child And Adolescent Mental Health Services gateway in South Essex managed by South Essex Partnership Trust</li> <li>• Little feedback to</li> </ul>	<ul style="list-style-type: none"> <li>• Referrers informed within 2 working days of referral where referral was directed</li> <li>• One 'front door' into services in Thurrock; with screening service located within the Multi Agency Safeguarding Hub</li> <li>• Referrals directed to appropriate service if not appropriate for Emotional Well Being</li> </ul>

	<p>referrers about what services will be provided for the referrals they make</p> <ul style="list-style-type: none"> <li>• Referrals directed back to referrer if not appropriate for Tier 2 or Tier 3.</li> <li>• No standard set for Average waiting times</li> </ul>	<p>And Mental Health Service</p> <ul style="list-style-type: none"> <li>• Standards for waiting times to be set – 24 hours emergency; 7 working days urgent and 28 working days for referral to assessment and assessment to treatment</li> </ul>
Delivery (times and locations)	<ul style="list-style-type: none"> <li>• Most delivery in service office bases and clinics</li> <li>• High rate of DNA (Does Not Attend) and many cases closed after missed appointments</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthened outreach approach</li> <li>• More home based delivery</li> <li>• More delivery in local school, health and community venues</li> <li>• Service to be open beyond usual office hours</li> <li>• Strengthened focus on assertive crisis outreach</li> <li>• Discussion with family to set agreed appointment times</li> <li>• Follow up and outreach to engage those with needs who miss appointments</li> </ul>
Vulnerable group and prioritisation	<ul style="list-style-type: none"> <li>• No prioritisation of vulnerable groups</li> </ul>	<p>Prioritisation for</p> <ul style="list-style-type: none"> <li>• Children Looked After, Fostered/Adopted, Leaving Care and on the Edge of Care</li> <li>• Children with a severe learning disability and complex social, mental and emotional health difficulties</li> <li>• Young Offenders</li> <li>• Those misusing substances</li> </ul>

**Corporate Parenting Committee  
Work Programme  
2015/16**

Dates of Meetings: ~~18 June 2015, 10 September 2015, 29 October 2015, 3 December 2015, 3 March 2016~~

<b>Topic</b>	<b>Lead Officer</b>	<b>Date</b>
Placement Updates of Care Packages	Paul Coke / Andrew Carter	18 June 2015
Care Leavers Progress	Paul Coke	18 June 2015
Missing Children & Child Sexual Exploitation	Andrew Carter	18 June 2015
Children In Care Pledge Update Report	Natalie Carter / Paul Coke	18 June 2015
Placement Updates of Care Packages	Simon Shardlow	29 October 2015
Achieving Permanence/Adoption Report	Simon Shardlow	29 October 2015
Independent Review Officer Report	Neale Laurie	29 October 2015
Budget Update (include comparison on costs with other local authorities)	Simon Shardlow	29 October 2015
Education Results of Looked After Children	Keeley Pullen	3 December 2015
Placement Updates of Care Packages	Simon Shardlow	3 December 2015
Health of Looked After Children	Paul Coke / Patricia Perolls	3 December 2015
Housing for Looked After Children and Care Leavers	Paul Coke	3 December 2015
Placement Updates of Care Packages	Paul Coke	3 March 2016
Children in Care Council and the voice of	Open Door / Children In Care Council	3 March 2016

Updated: 3 December 2015

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the child		
Children In Care Pledge Update	Paul Coke / Natalie Carter	3 March 2016
Health of Looked After Children	Patricia Perolls	3 March 2016

Items for the municipal 2016/17 work programme:

1. Independent Review Officer to highlight the breakdown of complaints
2. Update on bank accounts/passports held by Looked After Children
3. Care Leavers in Employment