

CORPORATE PARENTING PANEL

MONDAY 14 JANUARY 2013

9.30 AM

**MEETING ROOM 2, CIVIC OFFICES
CENTRAL MILTON KEYNES**

A G E N D A

Councillors: Bradburn, Brock, Miles, O'Neill, Small and Zealley

For more information about the meeting please contact Shelagh Muir on Tel: (01908) 254271
or e-mail: shelagh.muir@milton-keynes.gov.uk

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Agenda

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Meeting Attended: Corporate Parenting Panel

Date of Meeting: 14 January 2013

Comments:.....
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AGENDA

1. **Apologies**
2. **Disclosures of Interest**

Members and officers to advise any disclosable pecuniary interests, or personal interests, (including other pecuniary interests), they may have in the business to be transacted, and officers to disclose any interests they may have in an contract to be considered.
3. **Minutes**

To approve, and the Chair to sign as a correct record, the Minutes of the meeting of the Corporate Parenting Panel held on 19 November 2012(Item 3) (**Pages 4 to 8**)
4. **Regulation 33 Report (01-09-2012 to 31-11-2012)**

Presented by the Safeguarding & Quality Manager

To consider Item 4 (**Pages 9 to 12**)
5. **Children in Care Council: Today's Children, Tomorrow's Future Minutes.**

Presented by the Safeguarding & Quality Manager

To consider Item 5 (**Pages 13 to 14**)
6. **Children in Care (CIC) Health Report (Update and Discussion)**

Presented by the CIC Nurse and Head of Delivery, Corporate Parenting

To consider Item 6 (**Pages 15 to 43**)
7. **Safeguarding and Looked after Children Improvement Plan**

Presented by the Assistant Director, Integrated Support & Social Care

To consider Item 7 (**Pages 44 to 63**)
8. **Children in Care Strategy (Review Process)**

Presented by the Head of Delivery, Corporate Parenting

To consider Item 8 (**Pages 64 to 71**)
9. **Children in Care Performance (Update)**

Presented by the Head of Delivery, Corporate Parenting

To consider Item 8 (**Pages 72 to 79**)
10. **Date of Next Meeting**

The next meeting is proposed for Monday 8 April 2013 at 9.30 am.

Minutes of the meeting of the CORPORATE PARENTING PANEL held on
MONDAY 19 NOVEMBER 2012 at 9.30 am

- Present:** Councillor Miles (Chair)
Councillors Bradburn, Brock, O'Neill, Small and Zealley
- Officers:** G Tolley (Director of Children's Services), N Rayner (Assistant Director [Children's Social Care]), C Greer (Head of Delivery Corporate Parenting), M Grinyer (Head of Delivery - Setting and School Effectiveness) and S Muir (Committee Manager).
- Also Present:** Councillor Dransfield (Cabinet Member for Children and Learning)

CP66 DECLARATIONS OF INTEREST

None

CP67 MINUTES

With reference to Minute CP61 Members noted that that the Safeguarding Members Training Session had taken place and requested that future training sessions are specifically about the role of Members as Corporate Parents and not combined with Safeguarding training.

RESOLVED -

That the Minutes of the meeting of the Corporate Parenting Panel held on 24 September 2012 be approved and signed by the Chair as a correct record.

CP68 VIRTUAL SCHOOL HEAD TEACHER'S PROGRESS REPORT

The Panel received details of the Virtual School (VS) Head Teacher's Progress report from the Head of Delivery - Setting and School Effectiveness who summarised the progress made by the virtual school following the Ofsted Inspection of Safeguarding and Looked after Children 16-20 July 2012.

He advised the improvements to the educational outcomes data compared with the year 2011/12 and confirmed that these only related to those children continuously looked after by Milton Keynes Council for over six months up to 31 March 2012

The Panel welcomed the improvements and looked forward to receiving Virtual School Head Teacher's Progress report on a regular basis in order to challenge the findings. They commented that it was important that Members be made aware of the virtual school.

The Cabinet Member for Children and Learning felt that the governing body of the virtual school seemed to be the Virtual

School Management Committee but he was not sure how the members of this had been appointed; the model could be for parents to be appointed and in this case the Corporate Parenting Panel would fulfil that role.

The Corporate Director Children's Services explained that the virtual school was not a constituted school with a DFE registration number therefore the term "governing body" did not strictly apply, however it was important that the Panel fulfilled its role by acting as the governing body.

The Panel commented that:

- Data tracking systems had been improved and schools had agreed to submit regular progress data, enabling the VS to target interventions effectively.
- "Management Committee" would be a better name than "Governing Body"
- the statistics were skewed due to the low numbers of pupils concerned.
- all designated social workers and teachers were present at PEP meetings to discuss individuals progress.

RESOLVED:

1. That the virtual school progress report be reported to the Panel on a regular basis.
2. The Panel acts as a Governing Body to the virtual school, using the virtual school team plan and Virtual School Management Committee reports, to hold the school to account for progress against agreed actions
3. That the educational outcomes of the virtual school and the challenges faced in increasing attainment be noted.

CP 69 CARE LEAVERS CHARTER

The Panel received details from the Head of Delivery (Corporate Parenting) who clarified that the purpose was to raise awareness and highlight the implications of the Care-leavers' Charter for Milton Keynes Council which was launched during National Care Leavers Week on 19 October 2012.

The Panel noted that there were two national performance indicators in relation to care leavers currently collected on the young person's 19th birthday:

- Care leavers in suitable accommodation (100% on 30 September 2012)
- Care leavers in education, training or employment (57.14% on 30 September 2012)

The Head of Delivery (Corporate Parenting) confirmed that the Milton Keynes current Care Leavers Grant of £2000 compared favourably with those nationally and if a minimum of £2000 were imposed by Central Government as recently reported in the press, this would not create a budget pressures. MKC had been applauded for its Care Leavers Grant at a national event.

The Panel queried whether it was appropriate that young adults who were disadvantaged when leaving care should be referred to Adult Social Care as “vulnerable adults”. Officers reflected that this is dependant on the individual needs of the young people concerned.

RESOLVED:

1. That the report be noted.
2. That the adoption of the Care Leavers Charter is supported by Milton Keynes Council.
3. That a programme of “care proofing” policies and practice across relevant service areas within the Council to ensure that Looked after Children and Care Leavers are prioritised be followed.

CP70 FOSTERING SERVICE REPORT - REGULATION 35 REPORT

The Panel reviewed the Fostering Service Report and noted that following an inspection of the service by Ofsted in October 2012 the Service was found to be “Good with outstanding features” and was required to change to a three monthly reporting cycle from an annual cycle.

With regard to para 14 “Allegations” the Assistant Director (Children’s Social Care) confirmed she had read the minutes of the Review who were satisfied with the outcomes that were reported.

The Panel requested that any changes to the legislation in Housing Benefits that may adversely affect those who foster should be investigated; the Director of Children’s Services advised she would raise this anomaly with the South East Directors of Children’s Services Council for them to report to Central Government.

Assistant Director (Children’s Social Care) advised that the definition of “missing” would be clarified, the figures checked and reported to the next meeting

RESOLVED -

That the report be noted.

CP71 ADOPTION SERVICE – NATIONAL MINIMUM STANDARD 25 REPORT

The Panel received an update on the Adoption Service – National Minimum Standard 25 Report from Head of Delivery Corporate Parenting who clarified that:

- following an inspection of the service by Ofsted January 2012 the Service was required to change to a six monthly reporting cycle from an annual cycle.
- That the budget figures quoted referred to three different reporting periods and were reported quarterly.

RESOLVED –

That the reports for April – September 2011, October 2011 – March 2012 and April – September 2012 be noted.

CP72 RESIDENTIAL CHILDREN'S HOMES – REGULATION 33 REPORTS

The Panel received details of the monitoring arrangements in place within Milton Keynes' directly provided children's homes in relation to Regulation 33.

RESOLVED –

That the report be noted.

CP73 MEMBER REGULATION 33 REPORTS

The Panel Members advised that at recent visits previous concerns had been addressed although there seemed to be two reporting methods which was impractical and could be open to error.

The Panel Members found support with interactive systems good and were impressed with the actions of staff handling of an incident during a visit.

The Panel requested that the word "absconding" was changed as this was an incorrect interpretation, to "missing from care"

Assistant Director (Children's Social Care) advised that she had visited young people at Walnuts, Furze House and Westminster Drive and that staff were handling issues well. There were some physical difficulties with one group of young people at Walnuts therefore there was a need to use de-escalation with this group; there was some difficulty over the meaning of physical intervention and the difference between "restraint" or "guiding someone".. This will be discussed with the manager in the context of Residential Managers Meetings

RESOLVED –

That the report be noted.

CP74 TODAY'S CHILDREN TOMORROW'S FUTURE (TCTF)

Head of Delivery (Corporate Parenting) gave a verbal update:

- There had not been a minuted TCTF meeting since September 2012
- There is an event being held on Saturday 1 December 2012
- The event planned for 12 December 2012 has been cancelled due to a diary clash.

CP75 FORWARD PLAN

Head of Delivery (Corporate Parenting) circulated a forward planner for future Corporate Parenting Panel meetings and the Panel noted:

- Regulatory Reports had been mapped in
- The Health Service report from the statutory body would be brought to the 14 January 2013 meeting.
- The Chair requested an effective means of electronically circulating information; i.e. not email.

The Panel were asked to bring suggestions of items to the next meeting; all agreed it was a good way forward and that the new report templates is focussed and helpful.

CP76 DATE OF NEXT MEETING

The Panel noted that the next meeting of the Panel would be held on Monday 14 January 2013 at 09.30 a. m.

THE CHAIR CLOSED THE MEETING AT 10.45 AM

Corporate Parenting Panel Report

ITEM 4

REGULATION 33 VISITS SEPTEMBER-NOVEMBER 2012

Author: Jo Hooper

Title: Head of Productivity: Safeguarding

Division: Children & Families Integrated Support & Social Care

Report Summary

Purpose:

This report summarises the regulation 33 visits and reports to Milton Keynes Council's registered children's homes during September to November 2012 with a view to monitoring compliance with regulation and quality standards. The report seeks to identify themes and trends in relation to the quality of the service that may not be evident in individual reports. Overall, the visits have been positive, with some progress noted in areas of ongoing concern (e.g. the physical environment of Walnuts). A query about the appropriate point to involve the LADO in discussions about a particular issue was highlighted by the regulation 33 visitor and followed up.

Background:

Visits under Regulation 33 of the Children's Homes Regulations 2001 and as amended in the Children's Homes (Amendment) Regulations 2011 are a statutory requirement for the Local Authority. Visits take place at least once a month, usually by an officer independent of the management of the home, and may be unannounced.

Corporate Priorities:

Improving the quality of the Residential Services and their contribution to good outcomes for Milton Keynes' Looked After Children. This is in line with the council's Children & Families 2012/13 priority 4: To develop and maintain effective intervention that prevent the most vulnerable children and young people in our communities from experiencing additional difficulty and prevents them from suffering significant harm.

Performance Information:

All three residential homes are subject to regular Ofsted inspection and have been found to be of a good standard.

Equality and Diversity Impact:

The residential service is provided for disabled children from across the Milton Keynes community. It therefore needs to provide placements that can meet the diverse needs of the children and young people in the Council's care.

Recommendations /Proposals:

Corporate Parenting Panel are asked to note and discuss/challenge the report.

Full Report

1. Legal & Policy Framework

Visits under Regulation 33 of the Children's Homes Regulations 2001 and as amended in the Children's Homes (Amendment) Regulations 2011 are a statutory requirement for the Local Authority. Visits are to any children's home run by the Local Authority, but not to independent provision. Visits take place at least once a month, usually by an officer independent of the management of the home, and may be unannounced. Regulation 33(4) states that – the person carrying out the visit shall:

- (a) Interview, with their consent and in private, such of the children accommodated there, their parents, relatives and persons working at the home as appear necessary in order to form an opinion of the standard of care provided in the home;
- (b) Inspect the premises of the children's home, and records of any complaints and
- (c) Prepare a written report on the conduct of the home.

Regulation 33(2) (b) visits are undertaken by the elected Council Members who sit on the Corporate Parenting Panel (CPP). Quarterly visits are undertaken by Members of CPP. A guide for Members undertaking Regulation 33 Visits has been completed by Cllr Brock and is available for all new CPP Members. In addition to this guide, support and training is available to all new CPP members. CRB checks are completed for all CPP members.

Copies of the individual monthly reports are presented to Children and Families, Integrated Support and Social Care senior managers, Chair of Governors for The Walnuts, registered managers of the children's homes, regulation 33 visitors and Corporate Parenting Panel.

There are three Council children's homes in Milton Keynes: Furze House (respite care for disabled children); Westminster Drive (long term care for 6 disabled young people); The Walnuts (respite and long term care for children with autism who attend Walnuts school).

2. Ofsted Inspection of these Children's Homes

2.1 Completed Regulation 33 reports are sent as required to Ofsted on a monthly basis.

2.2 At the last inspection for:

- The Walnuts in June 2012 the overall rating was **good** maintaining the grading in February 2012 interim inspection where they were considered to be 'making good progress'.
- Westminster Drive in April 2012 the overall rating was **good** an improvement having previously been graded in September 2011 as **satisfactory**.
- Furze House had a full inspection in September 2012 and was judged as good and making good progress'

Copies of all latest Ofsted reports have been provided to members

3. General Issues from Regulation 33 Visits to the three children's homes

All visits to all three units for the period September to November 2012 were deemed good or very good, with the exception of one visit to Walnuts, which was rated 'fair'

(see below).

All visitors reported positive observations of the children and young people based on their direct interaction with those children and/or their observations of children and their interactions with staff. Visitors noted appropriate interventions to manage behaviours and respond to children's needs. They were impressed with the planning taking place to promote children's best interests and meet their day-to-day and longer term needs.

Health & Safety is generally good. Fire checks are up to date and have been completed in all units, although one had not been recorded. The topic of health was discussed in October and visitors noted overall that homes provided good healthy diets and promoted appropriate physical activities.

Visits are undertaken in statutory timescales and reports provided for processing in a timely manner. Three member visits took place during October and November, one to each home.

Copies of individual reports are distributed monthly to Corporate Parenting Panel Members; key senior managers, visitors and all registered managers.

4. Specific issues from Regulation 33 visits to Children's Homes

4.1 Furze House

Visitors all made very positive observations about staff interactions with and care of the children. In October the officer and member visits both commented on the positive targeted daily care planning that has been introduced.

The November visit was also good. However, the visitor identified an issue and questioned whether it should have been referred straight to the LADO. A young person had made a comment which could have been perceived as an allegation. However there had been joint work in progress over a period of weeks previously communicating and monitoring this young person's behaviour. The incident in question had happened earlier in the day and had been passed through to the social work team and investigation was in process. The LADO was consulted when clear information was available and it was decided that no further action was required. The LADO is discussing awareness of the LADO role with the manager.

4.2 Westminster Drive

Visitors again noted evidence of excellent working relationships between staff and young people and their parents. Time spent with the children and young people provided assurance that they felt safe and happy. A member visit in November particularly noted the impressive way that staff managed and defused a behaviour issue.

4.3 The Walnuts

Visitors continue to remark on the somewhat 'tired' and institutional feel of the physical environment but note that work is now being done to refresh the décor and undertake maintenance. This includes plans for a sensory room. It is noted that staff work hard to make the environment feel homely and comfortable. There is evidence of good relationships between staff and young people and staff are responsive and child-focused. Visitors commented on the high levels of commitment from staff,

particularly during recent periods of high levels of sickness. The sickness levels have resulted in some backlog of routine recording and sign-off, which is now being addressed.

The September rating was 'fair' because of lack of recording relating to a child going missing on two occasions. Walnuts was otherwise compliant with the relevant policy and procedure, although this needs to be fully aligned with MKC procedures to ensure an external visit to follow up when children go missing. The October member visit was presented and discussed at the 31st October Corporate Parenting Panel.

Author Signature	Jo Hooper	Date	12/12/12
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Corporate Parenting Panel Report

ITEM 5

TODAY'S CHILDREN TOMORROWS FUTURE

Author: Jo Hooper

Title: Head of Productivity: Safeguarding

Division: Children & Families Integrated Support & Social Care

Report Summary

Purpose:

To update Corporate Parenting Panel of the activities of Milton Keynes Council Today's Children Tomorrows Future (TCTF) since the last report.

Background:

Local Authorities are required to establish mechanisms which empower young people to act positively and effect change in their own lives. A Children in Care Council (TCTC) has been established to enable regular, good quality dialogue and involvement in the planning and delivering services, and to ensure that the Children in Care Council has direct links to the Director of Children's Services and Elected Members;

The existence, quality and effectiveness of this arrangement are monitored by Ofsted through inspection.

Corporate Priorities:

TCTF represent a central plank in the council's participation agenda through which we seek to provide responsive and effective services. Through active engagement with and listening to service users we aim to ensure that those services meet the expressed needs and improve outcomes for children in and leaving care in line with the Council's Children & Families 2012/13 priority 4: To develop and maintain effective intervention from experiencing additional difficulty and prevents them from suffering significant harm.

Performance Information: N/A

Equality and Diversity Impact:

The Corporate Parenting service is provided for children from across the Milton Keynes community. It therefore needs to provide interventions that can meet the diverse needs of the children and young people in the Council's care.

Recommendations /Proposals:

Corporate Parenting panel are asked to note the report.

Full Report

Since the last meeting with the Corporate Parenting Panel, TCTF has held a 'Party' to encourage young people to learn more about TCTF and its achievements. The party was organised by TCTF and was held on 1st December at the Youth Spot Café.

The party was well attended by supporting staff and approximately 20 young people from placements across the country. Whilst this number was lower than desired, the evening's objective was to increase awareness of TCTF and recruit new participants, both of which were achieved. All young people at the event were spoken to about TCTF and 'goody bags' were given out with more information about TCTF. Interviews with young people were held to see if any were interested in becoming members and to ask if there were any issues young people would like raised on their behalf.

The meeting on 12th December with councillors had to be postponed due to an extraordinary council meeting being held, however three young people took this opportunity to attend the All Party Parliamentary Group for looked after children and care leavers held at Portcullis House. The topic for the evening was placements – how to decide what the right placement is and what should happen when they go wrong. The event was well attended by professionals, children in care and care leavers from across the country and interesting discussions were developed. TCTF members have taken note of discussions and will debrief at the next TCTF with Councillors.

Author Signature	Jo Hooper	Date	12/12/12
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Children in Care – Annual Health Report

Author: Mandy Lane & Adeola Vaughan
Title: Designated Nurse & Doctor for Children in Care
Division: Milton Keynes Community Health Services

Report Summary

Purpose:

The purpose of this previously circulated report is to provide information on the progress and work to improve health outcomes for children in care by Milton Keynes designated health professionals, as outlined in the Statutory Guidance on Promoting the Health and Well-being of Looked After Children (**DOH 2009**) for the year 2011/2012.

It includes information on the background and agenda, current work and future priorities for the coming year.

Background:

This is the third annual report of the Children in Care Health Team, Milton Keynes Community Health Services. Milton Keynes Community Health Service is commissioned by NHS MK and Northamptonshire to provide a service that meets the requirements of the statutory guidance for NHS services to looked after children.

The annual report will be presented to the Milton Keynes Community Health Services Safeguarding Children Governance Sub Group, the Milton Keynes Corporate Parenting Panel, and the Multi-agency Children in Care Health Forum

Corporate Priorities:

Improving the Health outcomes for Milton Keynes' Looked After Children is central to our corporate parenting responsibilities. This is in line with the council's Children & Families 2012/13 priority 4: To develop and maintain effective intervention that prevent the most vulnerable children and young people in our communities from experiencing additional difficulty and prevents them from suffering significant harm.

Performance Information:

Milton Keynes compared favourably when reporting health outcomes for Looked After Children. In 2010/11 our health outcomes were higher than national averages in all areas, and higher than regional averages in all areas except immunisation uptake. There has been increased activity in all areas through 2011/12 and the figures published by the DoE in December 2012 suggest improved performance across the indicators has been achieved. Milton Keynes health outcomes are now better than both national and regional comparison in all performance areas. More details of these figures are available in the CIC performance update report.

Equality and Diversity Impact:

The Corporate Parenting Service is provided for children from across the Milton Keynes community. It therefore needs to provide services that can meet the diverse needs of all the children and young people in the Council's care.

Recommendations /Proposals:

Corporate Parenting Panel are asked to note and discuss/challenge the report.

Milton Keynes Community Health Services
Children in Care
Annual Report

1 April 2011 – 31 March 2012

Report compiled by:

Mandy Lane – Designated Nurse for Children in Care
Dr Adeola Vaughan – Designated Doctor for Children in Care

May 2012

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1. Introduction

This is the third annual report of the Children in Care Health Team, Milton Keynes Community Health Services. Milton Keynes Community Health Service is commissioned by NHS MK and Northamptonshire to provide a service that meets the requirements of the statutory guidance for NHS services to looked after children.

The annual report will be presented to the Milton Keynes Community Health Services Safeguarding Children Governance Sub Group, the Milton Keynes Corporate Parenting Panel, and the Multi-agency Children in Care Health Forum

2. Purpose and Scope

The purpose of this report is to provide information on the progress and work to improve health outcomes for children in care by Milton Keynes designated professionals, as outlined in the Statutory Guidance on Promoting the Health and Well-being of Looked After Children (**DOH 2009**) for the year 2011/2012.

It includes information on the background and agenda, current work and future priorities for the coming year.

3. Context

Milton Keynes comprises of a unitary Local Authority with one hospital and one community health provider.

Children and young people aged 0-19 make up 27% of the Milton Keynes population. Between 2010 and 2026 there will be growth of over 5% in the number of children aged younger than five in England and in Milton Keynes. The national trend shows the number of 13 to 19 year olds growing by only 4%, but this population is forecast to grow by over 28% in Milton Keynes (Milton Keynes Public Health Annual Report 2010).

Of this population approximately 280 children and young people are in the care of the Local Authority and are "Looked after Children" (LAC). Health Commissioners are responsible for the health care of these children, ensuring Looked After Children receive regular health assessments, including those placed out of area, as the provision of specialist care remains the responsibility of the commissioner.

Milton Keynes Community Health Services (MKCHS) is the main community health service provider and employs the designated professionals for children in care; and the specialist nurse to deliver the statutory health assessments of looked after children. There is a strong leadership commitment to ensure the health needs of looked after children are met. The Operational Director for

Children's Services and Secure Settings is the MKCHS Board lead member for safeguarding and looked after children.

The organisation is a member of the Milton Keynes Children and Family Partnership and the Milton Keynes Safeguarding Children Board

The health assessment team benefit from a good collaborative relationship with colleagues in the local authority.

4. Definitions

The Children Act 1989, defines a child as being "looked after" by a local authority if he or she is in their care or is provided with accommodation for a continuous period of more than 24 hours by the authority (section 22). They fall into four main groups:

- children who are accommodated under a voluntary agreement with their parents (Children Act 1989 – section 20);
- children who are subject to a care order (section 31) or interim care order (section 38);
- children who are the subject of emergency orders for the protection of the child (sections 44 and 46); and
- children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (section 21).

5. Policies, Procedures and Guidance

5.1 The Responsible Commissioner

Local commissioning arrangements have changed during this year following a merger between NHS Northamptonshire and NHS Milton Keynes who now as NHS MK and Northamptonshire commission health services for the Milton Keynes population. Following this change the designated nurse for safeguarding children now has children in care included as part of the remit of her role. Service level agreements for the children in care team are being developed along with Key Performance Indicators (KPIs) against which the service will be monitored; these are currently in draft status.

When children in care are placed outside of Milton Keynes, the originating PCT is responsible for health care and provision over and above primary care services.

"Where a PCT or a local authority, or a PCT and local authority acting jointly, arrange such accommodation, the "originating PCT" remains the responsible PCT for secondary healthcare type services, even where the child changes their GP practice. The "originating PCT" is the PCT that makes such an arrangement in the exercise of its functions, or the responsible PCT immediately before a local authority makes such an arrangement." (DOH 2007)

During the year requests for funding to the responsible commissioner have been passed by the designated nurse to NHS Mk and Northamptonshire commissioners and further work has been undertaken between Milton Keynes Council and NHS MK and Northamptonshire to improve joint funding arrangements.

5.2 Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DOH 2009)

The designated professionals' role, as outlined in the 2009 guidance is to work with PCTs to ensure the statutory requirements are met locally. Within the document the designated roles are defined as:-

The **designated doctor** will:

- be a senior paediatrician
- have undergone higher clinical/professional training in paediatrics and adolescent health.
- have substantial clinical experience of the health needs of looked after children.
- be likely to have worked or be working as a medical adviser to an adoption and/or fostering agency
- be clinically active in community paediatrics in at least part of the geographical location covered by the post.

The **designated nurse** will:

- be a senior nurse or health visitor;
- have undergone training in the specific needs of children and young people.
- have substantial clinical experience of the health and health care needs of children and young people.

Milton Keynes Community Health Services employs both a designated nurse and doctor for children in care. In addition, there was a new post of specialist nurse developed in 2010 to take the role of lead professional and undertake health assessments; that post was successfully filled in September 2010 and has now been part of the health team for 18 months.

5.3 Promoting the quality of life of looked after children and young people

The National Institute for Clinical Excellence (NICE) and Social Care (SCIE) published this guidance in October 2010. It aims to improve quality of life for looked after children and young people ensuring organisations, professionals and carers work together. In producing the guidance a wide body of evidence was examined along with consultation with children and young people; it takes account of proposed future policy changes by using generic terms where possible i.e. "commissioners of health services"

The guidance has 52 recommendations; although not statutory, the guidance assists in ensuring services are meeting their obligations to improve health and well-being.

In July 2011 a meeting of key stakeholders was held to complete the NICE self assessment tool that was published alongside the guidance to highlight areas of local good practice alongside areas for improvement, Health led services fully met the majority of the recommendations. However, work with care leavers, health information, and improving awareness of mental health services were considered to be areas which could be further developed. An action plan was developed following this event to address areas where further improvements could be made (**Appendix 1**). Progress against this action plan will be monitored by the Safeguarding Children Governance Sub Group.

5.4 Local Guidance

Milton Keynes has a Health Assessment Process for Children in Care, which is easily accessible on the community health services website. This document has been updated during the year and was approved in August 2011 to reflect the appointment of the specialist nurse, and resulting change in process for undertaking review health assessments.

http://www.mkchs.nhs.uk/assets/_managed/editor/file/Safeguarding%20Children/Children%20in%20Care%20Approved%20Protocol%202011%202_.pdf

6. Team Structure

The Team Structure chart (**Appendix 2**) shows the management arrangements of the team

6.1 Designated Professionals

The children in care designated professionals are provided by MKCHS Specialist Children's Health Services, commissioned by NHS MK and Northamptonshire

The Designated Doctor is a Consultant Paediatrician, who in addition undertakes the role of Medical Advisor for Adoption. The requirements of these roles are managed within a full time post.

The Designated Nurse is a full time senior nurse based within children's social care; the post is jointly funded with MKC.

6.2 Specialist Nurse

This is a full time post, provided by MKCHS and funded by NHS MK and Northamptonshire, the post holder is based with MKC Children's Social Care. A nurse has been in this post from September 2010, who undertakes the role of lead professional, and completes review health assessments for children in care, including those living outside of the Milton Keynes boundary. This post

has ensured that consistency can be offered to children and young people, as they are seen by the same health professional for routine child in care health assessments, even if a placement move has taken place.

6.3 Administrative support

A business support administrator is funded by Milton Keynes Council for 20 hours a week and supports the designated nurse in the organisation, scanning distribution, and recording of health assessments on ICS for children in care on behalf of MKC. The current post holder left at the beginning of February 2012 and this post is currently vacant¹.

6.4 Mental Health Service Provision

Milton Keynes Specialist Child and Adolescent Mental Health Services provide a dedicated service to foster carers providing support groups to Milton Keynes foster carers. This service is well established in Milton Keynes and is highly valued by the fostering service.

A jointly funded primary mental health worker post is based with the children in care team at MKC. The post holder provides consultations to social workers who have concerns regarding the emotional and mental health of children and young people they work with. There is also dedicated time available from a worker with particular expertise with children who displayed sexualised behaviours and also dedicated time from a clinical psychologist who provides assessment and advice to support placement stability.

7.0 Governance Arrangements

7.1 Health Assessment Team Meetings

The designated doctor and nurse meet weekly to review health assessments and health plans completed within the child health department, ensuring a consistent quality of health assessments for all looked after children. Once the plan is completed, the designated doctor countersigns the assessment, so that it can be identified as quality checked and be subsequently presented to adoption panel when required.

These meetings also offer a forum for the designated professionals to discuss practice issues and consider service requirements and improvements.

¹ Subsequently filled in May 2012

7.2 Clinical Supervision

Both the Designated and Specialist nurses have one to one supervision; this is an opportunity to discuss individual children and matters arising from assessments or on-going care where concerns are noted. In addition any service issues which cannot be resolved can be taken to supervision to explore fully, consider other solutions or rise within the organisation as required. The relationship between the children in care nurses and the community paediatricians is strong, enabling access to paediatricians for advice as needed.

7.3 Safeguarding Children's Governance Group

The Safeguarding Children Governance group is a sub group of the MKCHS Clinical Governance Committee which reports directly to the MKCHS board. The group was initially set up to monitor safeguarding children activity within MKCHS. Last year the remit of the group broadened and children in care were included within the scope of this group. The Terms of Reference amended to reflect the change (**Appendix 3**).

The purpose of the group is to monitor safeguarding children and children in care activity, approve and ratify relevant documents and papers, agree terms of reference and scope of any required case reviews and to identify and monitor any risks for the services.

7.4 Compliments, Incidents and Complaints

There have been no reported complaints about the service provided and positive feedback was received within the health element of the Adoption Team Ofsted inspection. Complimentary evaluation has also been received from foster carers who attended training.

There was one incident that met the criteria of being required to be reported through the MKCHS incident processes. This related to a request for a medical investigation. This was fully investigated and lessons which were learnt have been shared with the relevant individuals.

8. Partnership Working

8.1 Parents, carers, children and young people

The children in care team work with parents, carers, children and young people to ensure we are delivering and providing services that are relevant and appropriate for them. MKCHS have an organisational strategy for seeking the views of service users. The children in care team use evidence from published papers to help us develop and improve the service, and aim to develop this further in the coming year.

8.2 Local Authority Base

The designated and specialist nurse posts in Milton Keynes are based alongside the children in care team at children's social care services. The advantages for Milton Keynes have been that there is an easily accessible health representative available for advice and support to social workers who work with children, foster carers and adopters. Working together in this way supports the development of good working relationships and improves communication between services. The nurses assist and support all workers in their understanding of appropriate information sharing to ensure the best outcomes for the children and young people can be achieved. Information including health information and details of children coming into care are covered in more depth on ICS, the children's services database, and the nurses are therefore alerted on that system of changes, placement moves and dates required for health reviews.

The primary mental health workers are also based alongside the children in care team at MKC, with the same advantages.

8.3 Foster and Adoption Panels

The designated doctor and nurse continue to provide health contributions to adoption and fostering panels. The designated doctor as medical adviser is a member of the adoption panel which currently sits every 3 weeks. In addition a meeting is held before each panel between the medical adviser and the professional adviser to panel to ensure that all relevant health issues are discussed and plans in place before the panel meets and therefore avoid delays in recommendations that the panel makes to the decision maker at Milton Keynes Council.

The medical adviser offers meetings with potential adopters to clarify individual health needs of children being considered for adoption. During the year the health needs of 13 children were discussed with prospective adopters. In addition the medical adviser reviews GP health assessments of adopters and foster carers and provides written comments for consideration at the panel. During the 12 months to the end of March 2012, 227 medical opinions of adult applicants have been provided for panels.

The designated nurse is a member of the fostering panel which currently meets every 4 weeks. In addition advice is offered to social workers on the necessary recording of health information which is required for presentation at fostering and adoption panels. This ensures that, where required, the assessments are completed by the most appropriate health professional within the required timescale, and avoid unnecessary multiple examination of children. The statutory children in care health assessments are then of a high standard meeting the requirements for the adoption panel. The specialist nurse is an established fostering panel member, ensuring that health representation is available at each panel.

9. Service Developments

9.1 Saturday Clinics

The innovative Saturday clinic for Looked After Children continues with some new developments implemented through the year to meet identified changing needs. The clinic was developed to ensure timely and holistic assessments of looked after children in Milton Keynes. We have now extended the age range of children seen in the clinic to include the over fives. The increased volume of work means that the service is required to be flexible and so during times when the volume of requests is high, two doctors are available to undertake the assessments and so doubling the capacity of the appointments available to avoid delays in the assessments being offered and undertaken.

When reviewing the initial health assessments that were undertaken by GP's, it was noted that quality was variable and the required timescales were frequently breached due to delays in appointments being offered to conduct assessments. It was therefore considered a more equitable service to offer assessments to children of all ages at the Saturday clinic, whilst improving quality and timescales for completing this essential initial health assessment.

By offering a dedicated child in care clinic at the weekend, children can attend with minimal disruption to other important aspects of their lives such as education, as many children may have missed out on school before coming into care. The department can usually offer an appointment within 2 weeks, subject to the availability of the child and carer to attend.

Timely and comprehensive health plans are now available at Child Care Reviews, as these are completed at each assessment ensuring health needs can be considered as part of the care planning process.

During the year ending 31-03-2012 **190** children had their health assessments completed at the Saturday clinic compared to **129** children the previous year, reflecting the increase in the age range for which assessments were offered.

9.2 Delegated Responsibility for MKC foster carers

The fostering service has been working to update foster carers of changing arrangements for delegated responsibilities and decisions that may be delegated to them as indicated by the needs of the individual child and agreed at placement planning meetings. A conference took place in 2011 where external speakers were invited to present information to foster carers. As part of this initiative, the team developed a medical consent card, outlining who can consent to which treatments for the child. A card is given to the foster carer for each child in placement, and this will aid carers and avoid delays for children when attending health appointments, both routine and emergency.

10. Communication

10.1 Children in Care Health Forum

The multi-agency Children in Care Health Forum meet once each term. 2 sub-groups have met this year to focus on key areas of work: a children in care policy and implementation sub-group and an emotional health sub group.

10.2 Health Promotion Information

Health leaflets are displayed within children's social care that can be accessed by workers to pass to children, families and carers. During 2009, the "Who Cares about Health" booklets were purchased from the "Who Cares Trust", which are also available to be given to children and young people, offering a range of information in a concise format. The Children in Care website has been re-launched this year; a health page is available, including an outline of the nurse's role and links to appropriate on line health promotion resources.

10.3 RiO

In January 2011, MKCHS implemented the "RiO" system. RiO is an electronic record system providing a comprehensive health record with minimal need for paper records. All members of the children in care health team contributed time and views to the transformation team prior to implementation of the system. There have been some initial challenges in implementation of the system across MKCHS and the organisation's RiO implementation board is actively working on solutions to overcome these challenges which will support more effective use of the system by the children in care team. It has been identified that the specialist nurse would benefit from mobile working technology, as her role can take her out of Milton Keynes and away from the office for several days at a time. This will be progressed as part of the mobile working project within MKCHS.

Further work has begun to identify ways that RiO may provide performance management reports to be used to monitor and develop the service as well as for use in reporting performance to our commissioners. This work is on-going and will be a priority during the coming year, as ensuring that data is accurate in a population of children that changes daily will be challenging.

11. Training

11.1 Fostering Changes

During this year, the specialist nurse was jointly funded to complete the training for trainers programme to deliver the 'Fostering Changes' course which looks at how to improve relationships and manage difficult behaviour. This was undertaken alongside social work colleagues within the fostering team. 'Fostering Changes' has been developed by the Conduct Disorder, Fostering and Adoption National and Specialist Team at the Maudsley Hospital, South London and is recommended in the NICE/scie 2010 guidance 'Promoting the Quality of Life of Looked After Children and Young People'. Following the successful completion of the training for trainers programme, alongside social work colleagues in the fostering service, the 12 week programme was delivered to foster carers from January to March 2012. A further course is now being advertised to commence in January 2013. The effectiveness of the course was measured by participant's feedback questionnaires. The benefits to children and young people are measured through the use of a behaviour rating scale of the child in placement with the foster carer at the time they attend the course. The scale is completed before and after the course allowing a comparison to be made.

11.2 On-going Training

Training and updates continue to be offered to foster carers as part of their preparation to become approved as foster carers and as part of their training programme once approved. . The focus remains at present on 'fostering babies' as this is the need identified by the fostering team and foster carers. Updates are offered to all health professionals undertaking assessments for looked after children, covering topics such as emotional trauma, attachment disorders and Autistic Spectrum disorders in children in care, whilst the completion of health assessments and health plan is reviewed as part of the team meetings.

The designated nurse contributes to the newly qualified social worker (NQSW) development programme, providing a session to the programme covering the health needs of Looked After Children and health assessment process. The Children in Care Training Plan, which has been agreed by the Safeguarding Children Governance Sub Group outlines the sessions offered (Appendix 4).

12. Children in Care – Milton Keynes

12.1 Statistics

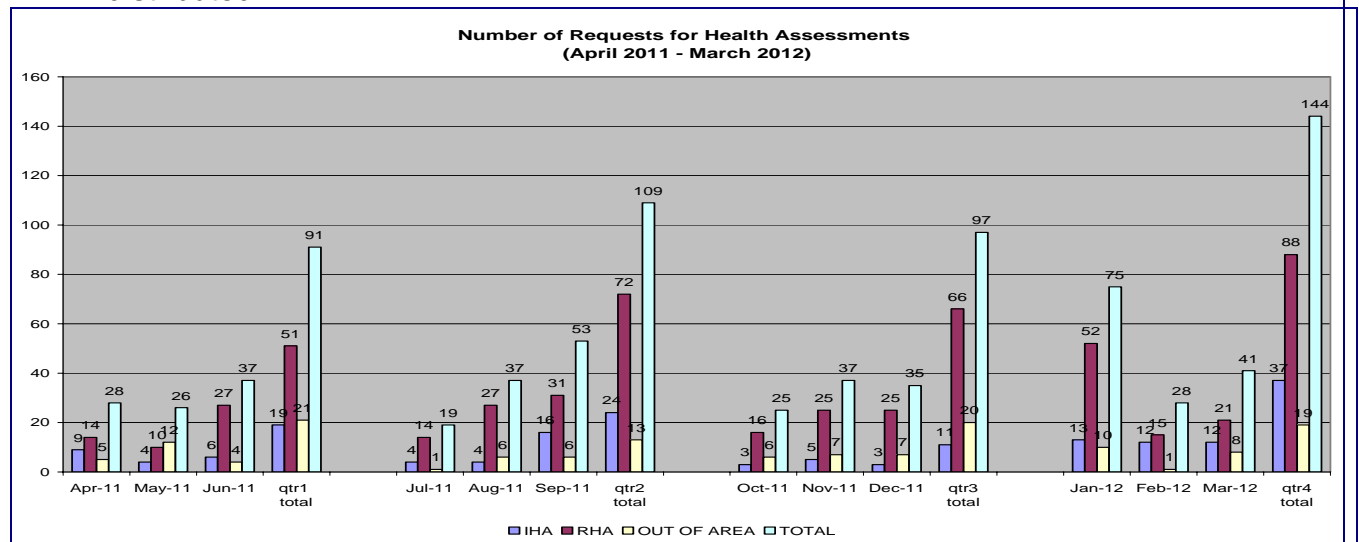
During the course of the year there were 461 children who were in care at some time and the responsibility of MKC/NHS MK and Northamptonshire compared to 447 the previous year.

192 children had been continuously looked after for 12 months or more (at 31/03/2012) compared to 183 the previous year, an increase of 5%.

At any one time there were on average 270 children in care.

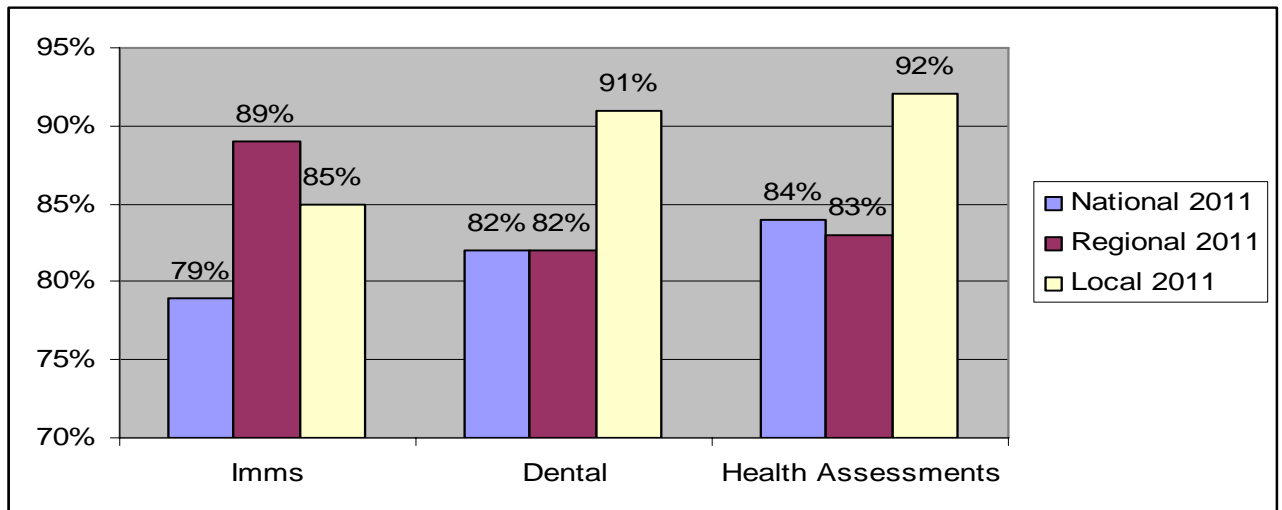
The number of health assessment requests received for the period from 1st April 2011 to 31st March 2012 was 441 compared to 390 the previous year, an increase of 13%.

The graph below demonstrates how the requests during the year were distributed.



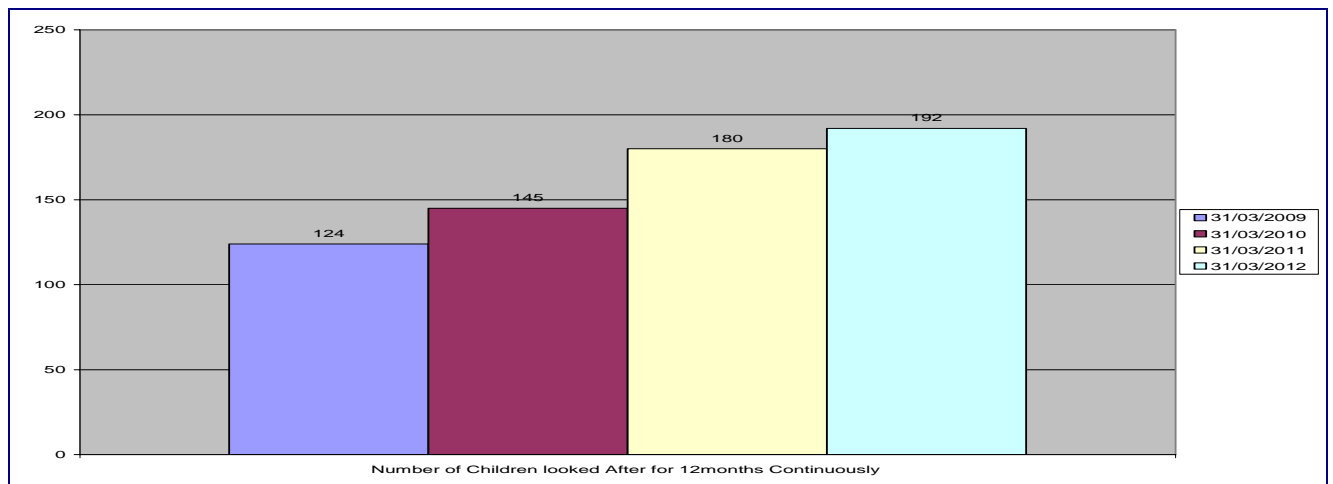
12.2 Key Performance Indicators – National

Milton Keynes compares favourably when reporting health outcomes for Looked After Children. Last year our health outcomes were higher than national averages in all areas, and higher than regional averages in all areas except immunisation uptake.



This year has seen an increase in all reported areas, and a comparison will be possible with regional and national indicators when these figures are published by the Department for Education in December 2012.

The team are pleased to note that outcome indicators have been either maintained or improved, when the number of children who have been looked after continuously for 12 months or more has increased each year.



Reporting for completed health assessments, for the year ending on 31/03/2012, identified that 96% had been completed compared to 92% the previous year, a 4% increase.

This increase could be attributed to the lead professional post being in place for the whole of the reporting year, so timescales can be better met without being dependent on other areas to complete assessments on our behalf. In addition, the dedicated administrator at MKC was able to identify in good time

assessments which would be due and alert social workers to the need for appropriate consent and request to be provided.

Limitations in achieving 100% are that a very small number of young people will decline the offer of a health assessment; the specialist nurse works flexibly with these young people, offering alternative venues, and times for appointments. In addition for children under 5 where assessments are required every 6 months, if the completed assessments within the year is only one day over the required 6 months it is reported as overdue. Work will continue in the coming year to identify not just the month an assessment is due, but also which date within the month when organising appointments.

Reporting for dental checks undertaken for year ending on 31/03/2011 were 92%, compared to 91% the previous year, a 1% increase.

A small increase, but greater emphasis to ensure current dental check information is recorded could see further increases in the coming year, as capturing the information is a limitation in achieving better outcomes here. Access to NHS dental services is not difficult in Milton Keynes, with many dental practices accepting children as new patients.

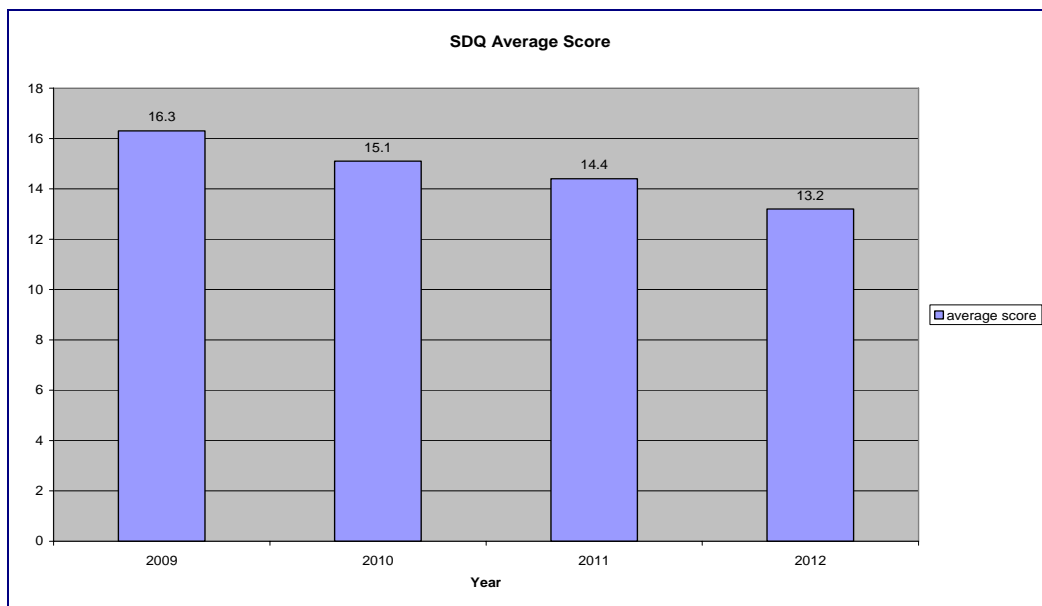
Immunisations rates for the year ending on 31/03/2011 were 93%, compared to 85% the previous year, an 8% increase.

This is a further increase that could be attributed to the implementation of the lead professional. Where immunisations are not up-to-date they are included in the health plan to follow the Health Protection Agency guidance (HPA 2010) for incomplete or unknown immunisations, ensuring the most appropriate schedule for immunisations is followed to provide good protection. In addition, a letter is also written to the child's GP to alert them to the need for this part of the plan to be implemented, and immunisation information has been entered as soon as received by the administrator who has worked closely with the team. In Milton Keynes we have a generally good uptake of immunisations, on some occasions parents may not consent to certain immunisations and delays have been noted where consent has not been available for an appointment. The introduction of the 'medical consent' card clearly highlighting consent and for which treatments consent can be given by the foster carer with delegated responsibility, should minimise this in the coming year.

Strengths and Difficulties Questionnaires (SDQs) are now completed as part of health assessments. The Strengths and Difficulties Questionnaire is a brief behavioural screening questionnaire about 3-16 year olds which enables the assessor to have a greater understanding of the child's strengths and needs as regards their emotional health and well-being. Carer questionnaires are completed, and for children over the age of 11, who are agreeable they too complete a questionnaire.

This is the 4th year that the SDQ carer score has been reported and there has been a decrease in the overall SDQ score each year. This is an improvement as a lower score indicates fewer identified concerns, 0-13 being normal, 14-16 borderline and 17+ abnormal (Youth in Mind 2000). During individual assessments when a high score is assessed, it is regularly noted that an intervention such as CAMHS is already in place, or a child is in a specialist placement to meet these identified needs. When a high score is assessed, and no intervention in place, further discussion takes place with the child's social worker and an agreed action, such as an appropriate referral is included in the child's health plan.

An increasing body of research confirms the high level of mental health needs amongst children in care (DOH 2009); therefore a greater emphasis within health assessments to identify needs and formulate health plans is of benefit to all children. This year there was approximately a 90% return of SDQs completed by carers, either during the health assessment or later via the child's social worker.



13. Audit

In February 2012 an audit was undertaken to collate information detailing the timescales from when a child comes into care and the request for the first assessment was received. This was conducted to assist us in identifying where delays occur in the health assessment process for the initial health assessment, as appointments can be offered in timescale at the Saturday clinic; however, it appeared that the assessments were still delayed. 48 children were included and the time was calculated from the date of entry into care to the date that a request with consent was received from the social worker.

45% of assessment requests were received after a child had already been in care for 4 weeks or more; therefore recommendations were made and disseminated to the children in care health forum, and service lead for children in care at MKC.

In addition, the license for electronic BAAF health assessment forms has been purchased by MKC, which will improve the completion of the request by the child's social worker who are more familiar with the use of electronic forms. Now that a baseline has been established through audit, a comparison through repeat audit can be undertaken in the coming year.

14. Key Priorities for 2012/2013

Priority Area	Local lead	Timescale
Agree a revised Service Level Agreement and associated Key Performance Indicators with NHS MK and Northamptonshire to ensure that there is a clear understanding of what commissioners require us to deliver to support children in care.	FW	July 2012
Ensure that actions are identified to meet the , 'Markers of Good Practice (MoGP) assurance framework for Looked After Children are implemented to provide assurance to commissioners about the service provided by MKCHS to meet the needs of children in care.	AV ML	March 2013
Work to ensure full implementation of the electronic health assessment forms to enable social workers to make requests in a more timely manner and therefore ensure children are offered health assessments within the required timescale.	ML	September 2012
Monitor and review of the health assessment process to ensure that children in care are consistently offered timely holistic assessments and have access to a consistent lead professional.	ML	March 2013
Secure more consistent feedback from children and young people on the services offered by the children in care health team to enable us to review service provision to better meet the needs of children in care.	ML	October 2012
FW –Fiona West AV – Adeola Vaughan ML – Mandy Lane		

15. Conclusion

The children in care health team has a long established working partnership with children's services in Milton Keynes. Key posts are joint funded, and the importance of being based with the children in care team is valued, enabling the sharing of information to be undertaken promptly to avoid delays for children wherever possible.

Service delivery has changed during the year in response to identified needs and will continue to do so in the coming year. We aim to consistently deliver high quality care to looked after children and ensure the views of looked after children are incorporated into both their individual health plans and future service development.



Milton Keynes Community Health Services

**Promoting the quality of life of looked after children and young people.
National Institute for Health and Clinical Excellence (NICE) &
social care institute for excellence (scie)
Health Action Plan**

The guidance published in October 2010 provided a comprehensive set of 52 recommendations across 16 broader themes to improve the quality of life of looked after children. The first jointly produced guidance between NICE and scie identifies actions for all agencies and the subject areas are summarised below.

	Guidance Area	Recommendations
1	Strategic leadership, planning and commissioning.	1-2
2	Audit and inspection	3-4
3	Care planning, placement and case review	5
4	Professional collaboration	6-7
5	Dedicated services to promote mental health and emotional wellbeing	8-11
6	Placements for children and Young people	12-14
7	Sibling placement and contact	15
8	Supporting babies and young children	16-19
9	Health assessments records and information	20-23
10	Personal quality of life	24-25

11	Diversity	26-34
12	Supporting foster and residential care	35-38
13	Care provided by family and friends	39-40
14	Improving education	41-45
15	Preparing for independence	46-49
16	Training for professionals	50-52

The guidance although not statutory, provides a framework for good practice ensuring that services are meeting their obligations to improve health and well-being for looked after children. A self assessment tool was published alongside the guidance and this was completed in Milton Keynes during 2011.

The designated nurse for children in care initially completed the self assessment and distributed the document to key professionals for their comments, a meeting was held on 5th July 2011 to collate those views and the determine the areas where the recommendations were met and identify those areas where improvements are required. The meeting was attended by team managers from children and young people's services, commissioners of health services, safeguarding and quality manager MKC, training and development officer MKC, CAMHS child psychotherapist, designated professionals and senior manager specialist children's health services.

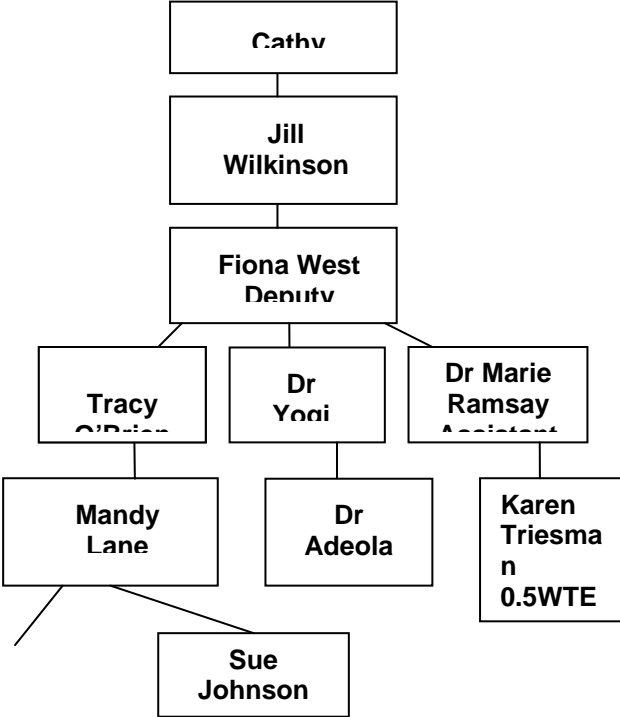
With many initiatives currently being implemented within Milton Keynes Council Children and Young Peoples services i.e. the implementation of the care planning regulations, sufficiency strategy, family and friends' policy, financial policy, recruitment strategy for foster carers and new role of placements officer, the group were confident that the recommendations relevant to MKC led provision were fully met. Special Guardianship Orders were not explicitly covered within the guidance; however it was raised by some that this is a growing area of need and increasing numbers of children in care secure permanency through this route.

Health led services fully met the majority of recommendations; where the recommendations are not met, or an improvement could be made the following plan proposes actions to meet recommendations.

Recommendation	Action required	Local Lead	Progress/ Actions
<p>1. Create strong leadership and strategic partnerships to develop a vision and a corporate parenting strategy that:</p> <ul style="list-style-type: none"> • focuses on effective partnership and multi-agency working • addresses health and educational inequalities for looked-after children and young people. 	<ul style="list-style-type: none"> • Consider which multi-agency group the LAC health forum should report to, now that the Children's Trust 'be health/stay safe' sub-group has disbanded. • Amend terms of reference to reflect the change. 	ML	Complete – October 2011 – next review of TOR July 2012.
<p>8 – 11. Dedicated services to promote mental health and emotional wellbeing</p>	<ul style="list-style-type: none"> • SpCAMHS team have reviewed the guidance and confirmed they meet the recommendations. They will now raise awareness of CAMHS thresholds with other services. 	ML/MR	Work commenced, discussed at emotional health sub-group 19/4/12
<p>12. Use current statutory guidance on complex care funding to ensure there are pooled and aligned budgets for looked-after children and young people who are likely to require highly specialised care placements for a significant period.</p>	<ul style="list-style-type: none"> • As there is no health representation on 'joint placements panel'. Identify appropriate representative. 	JB	Complete – commissioning arrangements now changed.
<p>22. Ensure that if the original personal health record is lost or unavailable a new one is provided, and when it is reissued it should include as much information as possible; the issuer will need to look back and incorporate historic information.</p>	<ul style="list-style-type: none"> • E-mail reminder to be sent to social workers to request a replacement when required and advise that replacement 'red books' are available from MK health visitors. 	ML	Complete – red books also available from LAC nurse.
<p>22. Ensure that early health information is obtained, including obstetric and neonatal health information, on all children or young people entering care.</p>	<ul style="list-style-type: none"> • Where BAAF forms are required the background history will be included in the health plan. 	AV	Implemented October 2011
<p>48. Ensure that if a young person declines to attend their final statutory health assessment they are offered the choice of having a written copy of their basic medical history (such as immunisations and childhood illnesses) and that a health professional, in partnership with the young person's social worker, ensures that the young person knows how to obtain their social care and detailed health history.</p>	<ul style="list-style-type: none"> • Attend care leaver team meeting to agree a process to implement this. 	ML	Completed 18/4/12 – leaflet to be devised by July 2012

The plan with be monitored by the children in care health forum's implementation sub-group and MKCHS safeguarding children governance sub-group. Mandy Lane -Designated Nurse – Children in Care – May 2012 update.

Children in Care – Team Structure



Vacant post
Business Support
Administrator
(20 hours – MKC)
funded)

Appendix 3



Milton Keynes Community Health Services

Safeguarding Children Governance Sub Group

<p>Structure</p>	<p>The Safeguarding Children Governance Sub Group reports directly to the Clinical Governance Committee, which in turn reports to MKCHS Provider Committee and the PCT Board.</p> <p>The Safeguarding Children Governance Sub Committee has links with:</p> <ul style="list-style-type: none"> - MK Safeguarding Children Board The Operational Director will forward minutes from MKSCB to the group for information and agenda relevant items as appropriate. - Health Professionals Safeguarding Children Forum The Named Professionals and Specialist Nurse will agenda items from the forum as appropriate. - Safeguarding Children Team Meeting The Named Professionals and Specialist Nurse will agenda items from the team meeting as appropriate - Children in Care Health Forum The Designated Professionals for Children in Care will agenda items from the forum as appropriate.
<p>Reporting arrangements to the Board</p>	<p>The Safeguarding Children Governance Sub Group will provide a six monthly report to MKCHS Provider Committee via the Clinical Governance Committee.</p> <p>Highlight and/or exception reports will be provided to the Clinical Governance Committee if required via the Operational Director for Children's and Secure Settings, chair of the Sub Group</p>
<p>Duties (Responsibilities) of the Committee</p>	<p>The purpose of the Safeguarding Children Governance Sub Group is to:</p> <ul style="list-style-type: none"> - Monitor safeguarding children and children in care activity within MKCHS to assure responsible director; managing director; and provider committee that appropriate systems and processes are in place and the organisation is effectively able to meet its duty to safeguard and promote the welfare of

	<p>children.</p> <ul style="list-style-type: none"> - Approve and ratify relevant documents and papers to be submitted to Milton Keynes Safeguarding Children Board; NHS MK; MKCHS Provider Committee; Leadership Management Team; and other forums. - Agree the terms of reference / scope of MKCHS case reviews; consider and approve reports compiled for serious case reviews / individual management reviews and case reviews; agree findings and recommendations from reviews; and monitor implementation of resulting action plans. - Assess, monitor and review safeguarding children risks for the organisation.
Membership and quorum	<p>Operational Director for Children's and Secure Settings (Chair) Senior Manager, Specialist Children's Health Services. Named Nurse for Child Protection Named Doctor for Child Protection Specialist Nurse for Child Protection Designated Nurse for Children in Care Designated Doctor for Children in Care Clinical Effectiveness Team Manager</p> <p>Other members to co-opted / invited as required.</p> <p>For the meeting to be quorate 3 members should be present, including either the Operational Director for Children's and Secure Settings or the Senior Manager, Specialist Children's Health Services, who will deputise as Chair in her absence.</p> <p>If the meeting is not quorate, the agenda will be reviewed and items not requiring decisions; approval or ratification may still be discussed.</p>
Responsibilities of members	<p>Each member of the Safeguarding Children Governance Sub Group is required to:</p> <ul style="list-style-type: none"> - attend each meeting or send a nominated deputy - provide information / reports as required - represent their area of the organisation - carry out any specific actions / duties allocated by the Sub Group
Information requirements	<p>Each meeting the agenda will be prepared and members required to provide reports / actions plans or other information as requested.</p> <p>Each meeting the Sub Group will consider</p> <ul style="list-style-type: none"> - Ongoing case reviews - Monitoring of training requirements - Audit activity - High risk issues for the organisation

	<p>Every 6 months the Sub Group will consider the report for presentation to MKCHS Provider Committee</p> <p>As required and at least every six months the Sub group will review safeguarding children risks on the risk register.</p> <p>Papers requiring review and approval should be submitted to Senior Manager Specialist Children's Health Services one week prior to the meeting.</p> <p>Papers required to update progress on specific items / actions may be tabled.</p>
Committee arrangements	<p>Meetings will be bi-monthly. Exception meetings will be arranged if required. Timeframes of some items may require electronic approval / ratification</p>
Monitoring arrangements	<p>The Operational Director for Children's Health and Secure Settings is responsible for:</p> <ul style="list-style-type: none"> - monitoring attendance at the group - ensuring the sub group is meeting the identified responsibilities - taking appropriate action to rectify

April 2011
Review date April 2013



**Milton Keynes Community Health Services
Children in Care Health Team
Training Plan 2011/2012**

The emphasis on training and development for professionals working with children in care is ensuring that those providing care have current, up-to-date information on the health needs of this vulnerable group of children. Children in care are reported as having a worse level of health than their peers as a result of abuse and neglect within their families. Once in care, this mobile group of children can be further disadvantaged if their health needs cannot be met quickly due to placement moves and gaps in their health histories.

'The Healthy Care programme', identified that whilst publications such as 'promoting the health and well-being of looked after children' (DOH 2009) provided a framework for improving health outcomes, the biggest impact on the health of the child would be the environment in which they lived and the opportunities provided for them. With this in mind, the primary emphasis for training is to increase the knowledge and skills of those foster carers who provide a home and family to the child during their time in care.

Training is incorporated into the MKC training programme and routinely offered at fostering preparation groups. During this year, the team specialist nurse is being jointly funded to complete the training for trainers programme to deliver the 'fostering changes' how to improve relationships and manage difficult behaviour, training alongside social work colleagues to MK foster carers. Fostering changes has been developed by conduct disorder, fostering and adoption national and specialist team at the Maudsley hospital, south London and is recommended in the NICE/scie 2010 guidance promoting the quality of life of looked after children and young people.

The table below summarises the training being offered during the academic year 2011/2012.

Mandy Lane
Designated Nurse – Children in Care
November 2011

Term	Dates	Training	Lead professional
Autumn 2011	September 29th	Community paediatricians' update – Attachment/ASD in children in care	AV + Guest speaker
	Nov 1 st , 8 th , 15 th , 22 nd	'Fostering Changes' training for trainers.	SJ
	September 20 th & Nov 24 th	Preparation for foster care Health session provided within training organised by fostering service.	ML + SJ
	December 8th	Community paediatricians update – health assessments	AV
Winter 2012	Jan 24th	Drug and Substance Abuse Awareness raising session aimed at foster carers and social workers.	ML + compass
	Feb 9th	Fostering Babies Update session on the specific needs of young children in foster care.	ML + experienced foster carer
	12 weekly sessions from Jan - March	'Fostering Changes' Delivery of the programme to 10 Milton Keynes foster carers.	SJ + 2 Fostering social workers
	29 th January	Preparation for foster care Health session provided within training organised by fostering service.	ML
Summer 2012	10 th May	Preparation for foster care Health session provided within training organised by fostering service.	SJ
	TBC	Sexual Health Awareness session aimed at foster carers	ML + brook
	TBC	Community paediatricians' update	AV

ML – Mandy Lane, Designated Nurse Children in Care
 SJ – Sue Johnson, Specialist Nurse Children in Care
 AV – Dr Adeola Vaughan, Designated Doctor Children in Care
 Compass – Young Peoples Drug and Alcohol Service
 Brook – Young Peoples Sexual Health Service

References

DOH 2009, Statutory Guidance on Promoting the Health and Well-being of Looked After Children, Department of Health, November 2009.

DOH 2007, Who Pays? Establishing the Responsible Commissioner, Department of Health, September 2007

HPA 2010 , http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947406156

NICE/scie 2010, Promoting the quality of life of looked after children and young people. Public Health Guidance 28. National Institute for Health and Clinical Excellence, October 2010.

The Children's Act 1989

Youth in Mind 2000 <http://www.sdqinfo.org/a0.html>

Safeguarding and Looked after Children Improvement Plan.

Author: Nicky Rayner
Title: Assistant Director
Division: Children & Families Integrated Support & Social Care

Report Summary

Purpose:

This report seeks to inform the Corporate Parenting Panel about progress made with the activities relating to Looked After Children outlined in the Safeguarding and Looked after Children Performance Improvement Plan: 24 August 2012 – 24 February 2013.

Background:

An Inspection of Milton Keynes Safeguarding and Looked After Children Services was carried out by Ofsted/CQC in July 2012. In response to the final inspection report an inter agency Improvement Plan was agreed by Milton Keynes Children and Families Partnership to address the recommendations and requirements identified through the inspection. The Looked After Children's section of the 3 month review of the plan, as at 24th November 2012, is presented for the panel's information, scrutiny and challenge.

Corporate Priorities:

Improving the quality of the Service for Looked After Children and their families contributes to good outcomes for Milton Keynes Looked After Children. This is in line with the council's Children & Families 2012/13 priority 4; To develop and maintain effective intervention that prevent the most vulnerable children and young people in our communities from experiencing additional difficulty and prevents them from suffering significant harm.

Performance Information:

The purpose of the inspection was to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The overall effectiveness of interagency provision for looked after children was rated as Grade 3 -Adequate with its Capacity to Improve rated as Grade 2- Good.

Equality and Diversity Impact:

Services for Looked After Children and young people are provided for children from across the Milton Keynes community. They therefore need to provide interventions that can meet the diverse needs of the children and young people in the Council's care.

Recommendations /Proposals:

Corporate Parenting Panel are asked to note and discuss/challenge the report.

LOOKED AFTER CHILDREN EXTRACT FROM FULL PLAN

**Milton Keynes Children and Families Partnership
with Milton Keynes Safeguarding Children Board**

**Inspection of Safeguarding and Looked After Children Services Ofsted/CQC July 2012
Performance Improvement Plan: 24 August 2012 – 24 February 2013**

Overall responsibility: Milton Keynes Statutory Director of Children’s Services and Statutory Lead Member for Children’s Services

II. LOOKED AFTER CHILDREN

Immediate action

Freeing Orders were replaced by Placement Orders under the Adoption Act 2002 (enacted in full by 2007). These court orders are required before a Looked After Child can be placed for adoption. Children’s adoption plans may be rescinded and converted to long term care when adoptive placements are not found. Their Freeing/Placement Orders should then be revoked. However, Milton Keynes and many other LAs did not routinely apply for the appropriate revocations in these cases. A recent court case, involving young people who had inappropriately remained subject to Freeing Orders in another LA, criticised this approach. A ministerial letter to all LAs in July 2012 required LAs to apply to discharge the Freeing and Placement Orders for all Looked After Children who no longer have an adoption plan. At that time, there were 8 Milton Keynes LAC (from 5 families) subject to Freeing Orders and 18 LAC subject to placement orders who were in this situation. The plan to address this was agreed and underway prior to the inspection.

Concerns about MK LAC missing from care are not at the level recently reported in the press in relation to, for example, young people placed in Kent by London Boroughs. However:

- The inspection team identified that the MK electronic social care record system was not used effectively to aggregate all missing from care episodes involving MK LAC. Consequently, there is a mismatch between LA and police missing from care information beyond that generated by the differing data sets (the police record LAC missing from MK addresses, whichever LA is responsible for their care, whilst the MK Social Care system aggregates missing episodes for all MK LAC, wherever they are placed).
- Current MK procedural guidance requires social workers to undertake ‘return interviews’ when any MK missing LAC return to their placement, wherever they are placed geographically. This generally happens as required.
- In addition, there are a significant number of LAC placed in MK by other LAs, whose return interviews are technically the responsibility of their home LA. In 2011/12, a one-year project commissioned by the MKSCB from a national charity provided return visits to all missing LAC in the MK area, working mainly with LAC placed by other LAs. Concerns about the end of this project were noted by the inspection team.
- A well-established comprehensive protocol is in place between MKC Children’s Services and Thames Valley Police in relation to missing children and young people. This includes responses to those who are missing from care. However, at the time of the inspection, there was no specific guidance issued to MK foster carers beyond that included within the overall Thames Valley protocol.

Action within 3 months (24.11.2012)

The level of complaints by LAC and their uptake of the independent advocacy service (newly commissioned from a voluntary organisation, ‘Voiceability’) were both identified as being at a low level. Some LAC informed inspectors that they were not aware of the complaints process or of the advocacy service.

Milton Keynes is a relatively small geographical area, and so places a number of LAC outside the LA boundaries. Some are placed within 20 miles of the boundary with MKC foster carers, or in independent commissioned placements which are considered to be sufficiently local to ensure that LAC maintain their family and community links. Others require a

specialist placement which is not available locally, or need to be placed at a distance for safeguarding reasons. The council has a "LAC placement sufficiency plan" which is successfully reducing the number of LAC placed out of area due to non-availability of appropriate local placements. This action requires the sufficiency plan to be maintained and enhanced.

MKC LAC experience a higher % level of "placement instability" (i.e. placement moves) than those cared for in other similar LAs. This instability has to date not responded to a range of remedial activity. This action correctly suggests that placement stability will be enhanced by improved placement sufficiency. Improved sufficiency is one of several elements in the current MK ISSC whole-system action plan to improve stability performance.

The percentage of LAC placed within 20 miles of MK is increasing, indicating a positive impact of placement sufficiency work to date:

	Mar-11	Jun-11	Sep-11	Dec-11	Mar-12	Jun-12
0 - 20 miles	207	217	229	224	227	239
21 - 50 miles	23	19	21	22	19	17
51 - 100 miles	24	19	19	17	21	23
101 miles and over	17	15	11	12	11	6
% 0 - 20 miles	76.1	80.4	80.6	81.5	81.7	83.6
Number of LAC	272	270	284	275	278	285

In 2010, new statutory guidance relaxed the requirement for disabled children in receipt of overnight short break respite care to be formally "Looked After". Milton Keynes fully implemented this change, substantially reducing the number of support packages subject to the more highly regulated and time consuming LAC processes. However, new local procedures were written for professionals, rather than for parents and families, and missed the opportunity fully to explain why a small number of support arrangements remained within the "looked after" system.

IROs are responsible for chairing meetings which review LAC care plans whenever these change or on a 3 or 6 monthly basis. National regulatory guidance suggests that a full time IRO caseload should be up to c. 70 LAC. National benchmarking indicates an average of about 76. MK IROs expressed concerns to the inspection team that they are unable to complete their review records in a timely manner due to their overall pressure of work. MK IROs have an average of 68 - 72 LAC per full time IRO.

The inspection team's findings reflected the LA's own audit findings that, whilst there are examples of good practice, these issues are not sufficiently and consistently captured and addressed in children's social care planning and are insufficiently evidenced in case records.

All new LAC should have a health assessment within 28 days. New notification processes are in place, which are improving performance. The inspection team were concerned by the data in the 2011/12 LAC health report, which recorded significant delays in some assessments.

Prior to the inspection, the service was offering copies of health assessments to young people if they wanted them.

Action within 6 months (24.02.2013)

The use of agency staff to supervise contacts whilst recruitment activity is completed to MKC staff vacancies in the LA's new in-house supervised contact provision (designed to improve medium and long term performance) has proved unreliable. An action plan is in place between senior managers and the agency service provider to address this until the in-house contact service is fully staffed.

II. LOOKED AFTER CHILDREN – This section will also be monitored by comprehensive reports to the MK Children and Families Partnership and the Corporate Parenting Panel, and exception reporting to the MKC Children and Young People's Select Committee

Action 8	Review all cases where children are subject to freeing orders or placement orders where the plan for adoption or permanence may have changed.							
Core Objectives	<ul style="list-style-type: none"> The discharge of all freeing and placement orders where adoption is no longer the plan for the child. Improved clarity of care planning and long term stability for MK LAC formerly subject to an adoption plan. Improved focus on effective and urgent family finding for all MK LAC with active adoption plans. 							
Success Criteria:	All MK Looked After Children subject to a freeing order or placement order have an active adoption plan.							
Activity	Starting Point	Timeline	Resource requirements	Lead(s)	Projected outcomes	Risk RAG Mitigation	Monitoring	Progress
Undertake Review	8 Freeing Orders & 18 Placement Orders to be discharged	24.8.12		MKC ISSC Head of Delivery Corporate Parenting	Identification of cases requiring action	G	MKC ISSC AD CSC (report)	Completed
Identify and agree resources required to discharge identified inappropriate orders		24.8.12	£100K legal costs; £20K social work costs; Court time	MKC ISSC Head of Delivery Corporate Parenting	Resources in place (including court time)	G	MKC ISSC AD CSC (via budget report)	Completed
Discuss the discharge plans with affected LAC and their families	Potential concerns identified and addressed	30.9.12	As above	MKC ISSC Head of Delivery Corporate Parenting	LAC aware of discharge plans - any anxieties addressed	G	MKC ISSC AD CSC (IROs to confirm)	Completed
Freeing Order discharge applications lodged with the court		31.10.12	As above	MKC ISSC Head of Delivery Corporate Parenting	Orders discharged within usual court timescales	R	MKC ISSC AD CSC (legal team report)	Of 8 children, 2 applications lodged with Court, 4

Placement Order discharge applications lodged with the court					As above	MKC ISSC Head of Delivery Corporate Parenting	Orders discharged within usual court timescales	R Meeting planned with Legal to accelerate the work	MKC ISSC AD CSC (legal team report)	Applications to court drafted and with legal. 2 Children unhappy with their discharge plans. 3 Applications to Court Drafted: 1 child SGO being progressed.
					30.11.12 & ongoing as required			challenging than anticipated.		
Action 9	Ensure that local procedures and practice appropriately support looked after children who go missing from care and that provision for return interviews are offered in addition to those provided by the police.									
Core Objectives	<ul style="list-style-type: none"> Ensure that responsible local agencies and the MKSCB have a complete and accurate picture of the numbers, location and pattern of missing episodes of all LAC who go missing from care. Address the safeguarding needs of MK LAC who go missing from care. Ensure that LAC who are the responsibility of other LAs who go missing from care whilst placed in Milton Keynes are appropriately supported and safeguarded. 									
Success Criteria:	Agencies work effectively together to safeguard MK LAC and all LAC placed in Milton Keynes who go missing from care.									
Activity	Starting Point	Timeline	Resource requirements	Lead(s)	Projected outcomes	Risk RAG Mitigation	Monitoring	Progress		
Specific guidance issued to Social Workers re the recording tab to be used on the electronic record system in addition to case notes to capture aggregate data.	Under-reported aggregate social care data	September 2012		MKC ISSC Head of Delivery Corporate Parenting	Raised awareness of the process and clarity around roles and responsibilities. Accurate data re missing MK LAC.	G	MKC ISSC AD CSC (via monthly data reports)	Completed Children missing from care are now monitored on ICS (CSC child database) and reported at CSC Performance Meetings. 15		

									events since April 1 st involving 10 children.
Additional specific guidance written for Foster Carers (consistent with the Thames Valley Protocol)	Reliance on general missing children protocol	September 2012		MKC ISSC Head of Delivery Corporate Parenting	Raised awareness of the process and clarity around roles and responsibilities (checked with carers in carer reviews). Specific guidance in place.	G		MKC ISSC AD CSC (sample of carer reviews)	Completed
Instruction to Social Workers to carry out visits following all absences (in line with MK policies).	This was already usually in place	September 2012		MKC ISSC Head of Delivery Corporate Parenting	Improved safeguarding and placement support.	G		MKC ISSC AD CSC (feedback from IROs)	Completed Since inspection, all children missing 24 hours or more have been visited.
MKSCB development day discussion on interagency monitoring of and responses to children in care who go missing in MK	No agreed inter-agency strategy	September 2012		Initially, MKC ISSC AD CSC (subsequent implementation to be led jointly with identified TVP lead)	Agreed consensus and options for monitoring and safeguarding other LA's LAC, including escalation process if other LAs do not appropriately safeguard their LAC.	A		MKSCB Chair	MKSCB formally agreed to adopt the Children's Society Runaways Charter, now on the website. Individual agencies have reviewed and adapted their processes to ensure return visits in place, data accurate, cross checking of systems. Social

									Care/Police liaison in progress.
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Action 10	Raise awareness of the complaints procedure and the availability of an independent advocacy service to support children and young people should they wish to make a formal complaint.								
Core Objectives	<ul style="list-style-type: none"> LAC aware of the complaints procedure and advocacy support. 								
Success Criteria:	An increased number of LAC using the complaints procedure and accessing advocacy support to do so.								
Activity	Starting Point	Timeline	Resource requirements	Lead(s)	Projected outcomes	Risk RAG Mitigation	Monitoring	Progress	
Communication plan in place to raise the awareness of LAC, parents and families, social workers, managers, IROs, foster carers and other professionals	Limited awareness 24.8.12	Detailed within the plan – all completed by 24.11.12	Corporate complaints team and social care manager time	MKC Head of Customer Service	Increased awareness and uptake of complaints and advocacy by MK LAC reflected in quarterly complaints reports	G	MKC ISSC AD CSC	Complete Customer Service Head attended TCTF 10/10/12 and foster carers meeting 12/10/12 to discuss complaints processes. Article in fostering newsletter (19/09/12). Quarterly complaints item to CSC Performance Meetings. Advocacy briefing for C&F managers arranged for 16/01/13	

A letter from the Voiceability advocacy service sent (with their leaflet) to all MK LAC aged 6 plus	Limited awareness	21.9.12	Postage and printing	MKC ISSC Head of Delivery Corporate Parenting	Increased use of advocacy service (Voiceability contract monitoring data)	G	MKC ISSC AD CSC	Complete Sent 21/10/12, also letter to foster carers.
Young people, facilitated by Voiceability, to review and suggest improvements to the current MKC children's complaints literature.		December 2012	Within Voiceability current contract	MKC Head of Customer Service	Accessible literature – increased LAC awareness, understanding and use of complaints.	A	MKC ISSC AD CSC	This work has commenced with initial feedback received from young people at TCTF, on track for completion in December.

Action 11	Ensure there are sufficient placements available to enable children to be matched to carers that best meet their identified needs and support placement stability.							
Core Objectives	<ul style="list-style-type: none"> Sufficient appropriate local placements for all LAC whose needs do not require placement at a distance to be placed within 20 miles of Milton Keynes in a placement which meets their needs and does not end in an unplanned move. 							
Success Criteria:	Improved placement location – % of LAC placed within 20 miles. Improved placement stability for LAC – reduced numbers experiencing 3+ moves in a year. Increased number of in-house Milton Keynes Foster Carers.							
Activity	Starting Point	Timeline	Resource requirements	Lead(s)	Projected outcomes	Risk RAG Mitigation	Monitoring	Progress
Continue to Implement 2011-14 LAC placement sufficiency plan.	Children placed within 20 miles of MK 81.7% March 2012	November 2012		MKC ISSC Head of Delivery Corporate Parenting	Increase the % of children placed within 20 miles of MK to 85.0%	G	MKC ISSC AD CSC via quarterly data report	September 2012: of the 290 CIC, 238 (82.1%) placed within 20 miles.
Implement targeted Fostering recruitment strategy	142 registered Foster carers in March 2012	Ongoing		MKC ISSC Head of Delivery Corporate Parenting	153 registered foster carers in March 2013 (a net increase of 11) FC = Foster Carer	A	MKC ISSC AD CSC via monthly data report	As part of the Annual Recruitment Strategy, a range of advertising and publicity

Introduction of Permanency Tracking Forum to promote and ensure progress towards LAC permanency plans.	Some evidence of delay	October 2012	MKC ISSC Head of Delivery Corporate Parenting	Reduced drift in planning and matching to long term placements.	A	MKC ISSC AD CSC (via minutes of the forum)	SW teams consulted and Forum protocols established. First forum will be held 29/11/12	events have taken place, including 16+ age group. At end Nov 2012 we have 150 foster carers, which includes 18 Friends and Families; plus 7 supported lodgings
Review the level of supported housing available to the more vulnerable 16 and 17 year old LAC (see priority 6 – the use of the 53 St Mungo's beds)	Contract includes this group – but some access issues	October 2012	MKC ISSC Head of Delivery Corporate and Parenting MKC Head of Housing Access	Local supported placements within Milton Keynes for 16/17 year old LAC and care leavers who do not want (or are not suited to) family placements	A	MKC ISSC AD CSC	Contract with St Mungos is in place. July Performance Review held with Housing/St Mungos/CSC - vulnerable 16-17 year olds identified as a priority and PI set	

Continued monitoring and whole system actions (including placement sufficiency) to address placement stability issues	Poor performance	November 2012	MKC ISSC Heads of Delivery Corporate Parenting and Social Work	LAC who move placements do so for positive reasons. Improved performance on the 3+ moves stability indicator	A	MKC ISSC AD CSC via monthly data report	Placement tracking more closely linked to operational managers through Permanency Tracking Forum. Stability presentation to various key groups, Team Managers and Fostering Panel
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Action 12	Clarify the reviewing process for families in receipt of short term breaks.							
Core Objectives	<ul style="list-style-type: none"> Parents and disabled young people understand and are satisfied with the planning arrangements for their short breaks. 							
Success Criteria:	User satisfaction and understanding fed back through the main residential short break provider (Furze House).							
Activity	Starting Point	Timeline	Resource requirements	Lead(s)	Projected outcomes	Risk RAG Mitigation	Monitor -ing	Progress
Officer group to review the current policy against the relevant guidance	24.8.12 The policy is correct, but inaccessible.	24.11.2012 August 2012		MKC ISSC Head of SEN & Disability		G	MKC ISSC AD CSC	Completed
A family friendly version of the current policy, emphasising the key role of family/parental choice, to be drafted and shared with parents for comment/ amendments before distribution for general use.	See above	Draft completed 21.9.12 Consultation October 2012 Circulation by November 2012		MKC ISSC Head of SEN & Disability		G	MKC ISSC AD CSC via progress reports	Completed Information leaflet re reviewing process and legal status created in consultation

Review administrative support to the team with a view to releasing IRO time from routine tasks	Additional admin support required	September 2012	1 file (see also priority 3 above) – funding TBC	MKC ISSC Head of Productivity	Care plans are effectively reviewed and records distributed in a timely manner.	A	MKC ISSC AD CSC (review report)	review IRO systems; consider impact of legislative changes e.g. adoption, youth justice, family justice; review use of Winscribe
Roll out winscribe, a technical solution which will improve recording of LAC reviews and release IRO time.	Limited engagement	Autumn 2012			Care plans are effectively reviewed and records distributed in a timely manner.	A	MKC ISSC AD CSC (progress report)	Review completed – resource yet to be identified Winscribe rolled out 23/10/2012. Flow chart and timescales agreed for completion of outcomes/ minutes. Interim review of Winscribe Jan 2013

Action 14	Ensure that the needs of children and young people in relation to their racial and cultural identity, religion and disability are fully incorporated in assessment care planning and recording.
Core Objectives	<ul style="list-style-type: none"> All MK Social Care staff develop the skills to recognise and address these needs in their work with children, young people and families, to include them in their analysis of needs and planning for individual children and to support children, families and carers in recognising and building upon their resultant strengths and overcoming any barriers which they may experience. MK LAC receive appropriate services which acknowledge and build upon their diverse individual needs.
Success Criteria:	Appropriate incorporation of assessment of, and attention to, individual, family and community diversity needs improves outcomes for MK Looked

After Children across the full range of outcome areas.									
Activity	Starting Point	Timeline	Resource requirements	Lead(s)	Projected outcomes	Risk Mitigation	Monitoring	Progress	
AD meeting with managers to reinforce the need for management oversight of and support to front line workers to ensure more effective implementation of recent training/briefing in this area	24.8.12	September 2012	Maintain effective social worker caseloads and supervision ratios	MKC ISSC Assistant Director Social Care	Focus on improving performance in this area delivers more effective practice and contributes to improved outcomes for LAC across all outcome areas.	G	See below	Completed	
Increased use of the 'disability' tag on electronic case records to record disability issues and ensure more accurate aggregate data capture.	Limited use outside the dedicated disability team.	September 2012	As above, plus ICS and data support staff time	Head of Delivery, Social Work	Improved awareness of disability issues for less profoundly disabled children.	G	MKC ISSC AD CSC via monthly data reports and AD dip sampling	Raised at CSC Performance meeting. ICS (children's database) team to help staff record disabilities. AD dip sampling in progress.	
Themed case file audit of diversity issues, with feedback to Heads of Delivery (as well as line managers) of all cases assessed below 'good'.	As above	November 2012	As above plus management time to undertake the audit	MKC ISSC Head of Productivity Safeguarding	As above	A	Sept CSC Performance meeting and CSC management meeting agreed to defer time scale as	Terms of Reference to be agreed at CSC management meeting 06/12/12. Audit during December.	

MKC Children and Families Partnership to consider the needs of and practice with LAC	SLAC inspection report findings	Report by March 2013			Diversity Commission Chair	Partner agency diversity action plan includes addressing the needs of MK LAC	A	MK Children and Families Partnership board	Head of Delivery Corporate Parenting will report following the themed audit	To report to Performance meeting in Jan 2013
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Action 15	Milton Keynes Borough Council and Milton Keynes Community Health Services NHS Trust must ensure that all initial health assessments are completed within the statutory time-frames.									
Core Objectives	<ul style="list-style-type: none"> Looked After Children health needs identified and addressed at the earliest possible point. 									
Success Criteria:	Improved health outcomes for Looked After Children									
Activity	Starting Point	Timeline	Resource requirements	Lead(s)	Projected outcomes	Risk RAG	Mitigation	Monitoring	Progress	
Revise process provided to all social work teams outlining roles and responsibilities, including social work compliance with three day timeframe for notification to the Children in Care Health Team.	SLAC report identified concern	30 th September 2012	Nurse time	Exec Lead MKCHS/ MKC ISSC Head of Delivery Corporate Parenting MKCHS Executive Lead and Looked After Children Nurse and MKC ISSC Head of Delivery Corporate Parenting	Raised awareness of process and clarity around roles and responsibilities. Prompt SW notification of new Looked After Children.	G		MKC ISSC AD CSC & MKCHS Executive Lead	Complete. Protocol for Initial Health Assessment document, which contains the revised process, was distributed to CSC Team	

	Feb 2012 45% of requests for Initial Health Assessments were made after the the child had been in care for 4 weeks.	November 2012	TBC (ICS development time)	MKC ISSC Head of Delivery Corporate Parenting (in consultation with data colleagues) and Children in Care Health Team	Reduced delay in process. Increase the number of initial Health Assessments completed within timescale to at least 90% (with the an expectation of 100% compliance)	A	MKC ISSC AD CSC & MKCHS Executive Lead	Managers in Sept 2012
Build alerts into the process which remind frontline workers to complete e-forms and ensure management action when delay is identified.	Clinics currently provided	31 st October 2012	Additional medical practitioner time	MKCHS Child Health Manager	Greater flexibility and more readily available appointments.	G	MKCHS Executive Lead	Alert to LAC nurse set up on ICS on 15.10.12. Q1 figure improved to 32% outside 4 weeks. Q2 figures not available but early indications this has continued to improve.
Explore offering additional Saturday & weekday clinics to provide more frequent and rapid access to health assessments .	Access to health assessments has been reviewed. Service improvements introduced to improve efficiency of existing clinics	Additional Saturday						Additional Saturday

Establish monitoring system so all elements of delay in offering initial health assessments are recorded.	Established system not in place	December 2012	NA	MKCHS Designated Nurse for Looked After Children	Delays recorded	A	MKCHS Executive Lead and MKC ISSC AD CSC	clinics set up, if required, to meet demand. This has improved the number of children having their IHA within 4 weeks of notification. Work in progress and on track for Dec 2012
Quarterly audits carried out and reported to bi-monthly Performance Meeting for any further remedial action.	SLAC report identified concern	30 September 2012 31 st December 2012 31 st March 2013	Sufficient LAC nurse time to audit the system	Looked After Children Health Team	Timely and accurate data to inform corrective management action	G	MK ISSC AD CSC & MKCHS Executive Lead	Audit completed Oct 2012 by Looked After Children Health team, looking at timeliness of notification from CSC to CIC team. Audit shows improvement still required. CIC team following up and re-audit planned for December.

Action 16	Milton Keynes Borough Council and Milton Keynes Community Health Services NHS Trust must ensure that all care leavers receive a copy of their health history in line with statutory guidance.							
Core Objectives	<ul style="list-style-type: none"> All Care Leavers receive their health history as required, and this is provided in an appropriate accessible format. 							
Success Criteria:	100% of care leavers receive their health history.							
Activity	Care Leavers engage in the design of the history format and feedback that the history is accessible and useful.							
	Starting Point 24.8.12	Timeline 24.11.2012	Resource requirements	Lead(s)	Projected outcomes	Risk RAG Mitigation	Monitor -ing	Progress
Format of health history record designed with young people	Record not currently provided	30 th November 2012	Participation worker time	MKC ISSC Head of Delivery Corporate Parenting	Agreed format of tangible record for young people	A	MKC ISSC AD CSC & MKCHS Executive Lead	Options for Independ ence (Care leavers) team manager met with TCTF (Children in Care Council) Sept 2012. Health record to be provided in a format similar to the health 'red book'. Young people to design the 'front cover'
Revised process provided to all social work teams	Record not currently provided	31 st October 2012	NA	MKC ISSC Head of Delivery Corporate Parenting	Raised awareness of process and clarity around roles and responsibility.	G	MKC ISSC AD CSC & MKCHS Executive Lead	Key staff aware of the process for sharing health records with

Health history provided by Looked After Children nurse based on initial health assessment	Record not currently provided	31 st October 2012	Children in Care Health Team	MKCHS Designated Nurse for Looked After Children	All Care Leavers 16 plus are given the summary / plan of Initial Health Assessment / Review Health Assessment. 7	G	MKC ISSC AD CSC & MKCHS Executive Lead	Final Health assessment for care leavers re-designed to provide copy of full Health, Birth and Immunisation history.	young people and this will be monitored by IROs through LAC review s.
Ensure the provision of the health history is monitored through the Looked After Children review process.	Record not currently provided	31 st October 2012	Independent Review Officer time	MKC ISSC Head of Productivity Safeguarding	Accurate recording	G	MKC ISSC AD CSC via IRO service report	IROs reminded to action	
Children in care website to be updated and monitored to include details on access to health records.	Record not currently provided	30 th September 2012	Participation worker time	MKC ISSC Head of Productivity Safeguarding	Increased understanding of access to health history amongst Care Leavers	A	MKC ISSC AD CSC via user feedback reports & number of website hits	Significant health info on KIC:MK web site, regularly monitored. New procedure for providing info through IROs. Website to be updated with new health history record info (see 16.1	

Admin review of the current and future service support needs.	Review completed	Contact Support Assistant is recruited to a permanent contract by November 12.	1 full-time admin worker	MKC ISSC Head of Delivery Social Work	High quality contact service is offered to looked after children and their families.	A	MKC ISSC AD CSC – report received	Further recruitment of one CSA still to be advertised. Permanent part-time admin worker agreed and recruitment is ongoing.
To ensure that spot purchased supervised contact arrangements meet the required standard.	Currently not met – monitored action plan in place	All contacts which are spot purchased meet the standards required by December 12.		MKC ISSC Head of Delivery Social Work	High quality standards are maintained for all children and young people including those receiving external contact provision.	A	MKC ISSC AD CSC via progress report on Manpower Action Plan	Review meetings with Manpower take place 8 weekly to monitor quality. Manpower reports that 98.2% of the bookings have been fulfilled during September.

Key:

MKC - Milton Keynes Council
ISSC – Integrated Support and Social Care
AD – Assistant Director
CSC - Children's Social Care
MKHFT – Milton Keynes Hospital Foundation Trust
MKCHS – Milton Keynes Community Health Service

MKSCB – Milton Keynes Safeguarding Children's Board
LA – Local Authority
LAC – Looked After Children
SW – Social Worker
CCG – Clinical Commissioning Group
TVP - Thames Valley Police

Children in Care Strategy – Review

Author: Charles Greer
Title: Head of Delivery Corporate Parenting
Division: Children & Families Integrated Support & Social Care

Report Summary

Purpose:

This paper seeks to provide a brief review of the Children in Care Strategy 2009 -12 and outlines the progress and continuing challenges in relation to the identified priorities within that strategy. It seeks to inform Corporate Parenting Panel of the work undertaken and planned to review this framework document. The council is building upon the lessons from recent inspections, messages from children and young people and consultation with key stakeholders to finalise the Milton Keynes Children in Care strategy for 2013-16.

Background:

The Milton Keynes Children in Care strategy 2009 -12 set out how Milton Keynes Council, together with partner agencies, intended to meet the needs of all children in the Council's care. The strategy set out the broad aims for children in care and the guiding values and principles that have shaped children in care service. It sought to ensure that children and young people in Milton Keynes Council's care had the best possible life experiences, were safe, happy and healthy, and achieved their full potential at school and in the future. As detailed in previous reports to Corporate Parenting Panel, much has been achieved (e.g. a reduction in the use of residential and distant placements) but there are clear areas for future attention, including a focus on CiC educational achievement, placement stability and continuing the improvement of Milton Keynes adoption and leaving care services.

Corporate Priorities:

Improving the outcomes for Milton Keynes' Looked After Children is central to our corporate parenting responsibilities. The Children in Care strategy is the overarching framework document for identifying key priorities and how they are to be addressed. This is in line with the council's Children & Families 2012/13 priority 4: To develop and maintain effective intervention that prevent the most vulnerable children and young people in our communities from experiencing additional difficulty and prevents them from suffering significant harm.

Performance Information:

See performance update report.

Equality and Diversity Impact:

The Corporate Parenting Service is provided for children from across the Milton Keynes community. It therefore needs to provide services that can meet the diverse needs of all the children and young people in the Council's care.

Recommendations /Proposals:

Corporate Parenting Panel are asked to note the report, to agree to the proposed consultation and to advice on how they can best be involved in shaping the Children in Care strategy 2013-16.

Summary of Children in Care Strategy 2009 -12

The Children in Care strategy recognises that the vast majority of children and young people are most likely to thrive and achieve good outcomes if they are cared for within their own family. We have therefore sought to provide preventative services and early intervention to support children and their families and prevent children becoming looked after.

Where children cannot be supported within their immediate family, the emphasis of our strategy for children in care is that placements with a relative, friend or other person connected with the child will be explored as the preferred alternative arrangement. In accordance with this, family group conferences are well established as part of our processes and are offered to families where there is a risk that the child or young person may need to be accommodated.

The demographics of Milton Keynes over the last decade have impacted heavily on Children in Care services; the dramatic rise in the 0-17 population over that period has included a significant proportion of disadvantaged families. Despite the success of our family support strategy, the numbers in care have consequently significantly increased over the last 3 years.

When it is not possible to keep young people at home, and provided it is in the best interest of the child, they are placed with foster carers, predominantly through direct council provision. Through our fostering recruitment strategy, we have worked towards increased capacity within our in-house services.

Residential placements are only used where the complexity of a child's needs mean they cannot live in a family setting or where a child expressly will not or can not accept an alternative family. While we have proactively reduced the overall number of residential placements, we recognise that for a small number of children and young people, family placements are not suitable, and their needs are best met within residential care. For this reason, the provision of residential care continues to be a small but important part of our strategy and planning,

In all cases, it has been our strategy that placements should be sufficiently local to enable children in care to remain in their communities, maintain their networks and minimise disruption in their lives. Out of area placements are only be considered when all local options have been explored.

The primary purpose of the Children in Care strategy is to enable a focus on this vulnerable group of children and to seek to close the gap between their life outcomes and those of their peers in the community. There has, both nationally and locally, been an improvement in outcomes for Children in Care. In Milton Keynes, there remain challenges, particularly in relation to placement stability and educational achievement. Both remain improvement priorities.

Our practice for commissioning residential and foster care placements is more robust and has moved towards a more targeted approach. We are developing more strategic relationships with both providers and other local authorities with a focus on ensuring sufficient capacity and the choice of high quality local placements at the best price possible.

Children in Care Strategy 2009-12 Priorities – Impact summary

Detailed data of the following areas has been included in separate reports to Corporate Parenting Panel.

1. Strengthen governance arrangements for corporate parenting

The Corporate Parenting Panel (CPP) is a non party based panel with regular and committed membership. It meets quarterly and considers and commissions reports around issues relating to Children in Care. The terms of reference for the panel were reviewed in May 2010 and confirmed to be in place in the 2011/12 CPP Annual report. The members are strongly linked with the Children in Care council (TCTF) and participate in routine (Regulation 33) visits to the council's children's homes. The corporate parenting annual report 2011-12 outlines the activities and involvements of the CPP.

2. Develop our corporate parenting responsibility with the involvement of young people supported by the corporate parenting officer, IROs, and advocates

We have developed a robust pattern of links between TCTF and the CPP to support the delivery of this priority:

- Quarterly meetings between TCTF and CPP Elected Members;
- Annual 'getting to know you' event with TCTF members and elected members;
- All CPP members have profiles completed that all CIC have access to;
- TCTF deliver a training session for newly elected CPP members within the induction training for new CPP members;
- TCTF members attend Regional and National CIC Council meetings looking at issues of corporate parenting responsibility and share their experiences and views with CPP members at the quarterly meetings.

3. Establish Children in Care Council/ Forum and agree the 'Pledge'

- The CIC Council – TCTF – is well established.
- The CIC website (KIC: MK) was refreshed in Jan 2012, providing information on the CICC to all LAC and access to the recently updated Pledge.
- All Young People in Care were sent a copy of the pledge.
- Various stakeholder forum groups and consultation events/days are held.
- In September 2012 a termly 'life learning group' for CIC aged 14 plus replaced the previous 'stake holder groups'. Young people identified this as a need. This group now runs over a period of 6 to 9 sessions each term and includes life skills, cooking skills, DIY, budget skills, etc.

4. Increase the percentage of children in care who are fostered in or close to Milton Keynes

Details of how we are delivering this priority are given in our sufficiency strategy:

- We seek to place young people who are entering care in Milton Keynes, preferably through our in house fostering service.
- Where this is not possible, we use well-commissioned independent foster placements within a 20 miles radius of MK.

- In 2011/2012 the Fostering Service approved 40 new foster carers, giving a net increase of 12 new foster homes. The net increase in foster care is expected to continue in 2012/3
- On the 31st March 2012, there were 212 MK CiC in foster care, 163 (76.9%) of whom were placed with “in house” MKC approved carers in MK and surrounding areas.
- On the 31st March 2012, 227 of the 278 children in MKC care (81.7%) were placed within 20 miles of MK.

5. Develop culturally appropriate services locally for black & minority ethnic children

- The MK fostering service recruits foster carers from diverse cultural backgrounds. We currently have 13% Black and Ethnic Minority foster carers and continue work to increase this percentage.
- Every effort is made to match children appropriately, taking into account their cultural background.
- All Milton Keynes foster carers have had access to the resources for children from minority ethnic, cultural and religious backgrounds provided by EMASS (Ethnic Minorities Advisory & Support Service); in the event that we are unable to make a cultural match, for example if a child’s other needs take precedence, we identify what resources the foster carers require to enable them to meet the child’s cultural needs and ensure that these are available

6. Reduce the number of children in external residential placements

Milton Keynes council seeks to keep children with their birth families or wider families whenever possible. When this is not achievable, the preferred option is to place children in an alternative family placement such as foster or adoptive care. Residential care or school placements are identified as being the most appropriate placement for a few young people in care who have particular or complex needs.

- Plans for admissions to residential care are presented to a weekly Resources Panel or, where children have complex needs, the inter agency Complex Needs Panel. These panels formalise senior management challenge to and provide an overview of the use of residential care.
- If residential care is agreed, it is accessed through the placement commissioning staff, where contracting and service specifications are in place, including a focus on the required placement outcomes.
- All placements in external residential homes are reviewed at a monthly external placements panel to ensure that they continue to meet the needs of the young person, that the young person is progressing and that the placement is delivering value for money.
- The current use of residential care in Milton Keynes is low. On the 31st March 2012, 25 children (8.9% of the MK CiC population) were in residential care. This includes secure accommodation, residential school, full-time residential placements for children with disabilities and children’s homes.

7. Continue to provide support to young person and their family when they have returned home.

Routine care plan reviews, wherever possible, identify what support is required to return children home or to “ friends and family” placements both at the beginning of their time in care and when a child’s needs or home situation have changed over a more extended care period.

- In 2011/12, the MKC Fostering Service undertook 50 Viability Assessments in partnership with Family Support Team colleagues. This is expected to increase in 2012/13.
- The use of Special Guardianship Orders continues to increase, providing permanency for young people within their extended families.
- A number of children and young people who had been in care for an extended period have been returned to the care of their families.
- This pattern of activities has continued and increased in 2012/13

8. Support more young people to chair or take a more active role in their reviews

- A number of MK young people continue to chair/lead their reviews (practice in MKC since 2002).
- A consultation event with young people and IROs was held on 16th July 2012, the agenda for which was set by TCTF, and included 'young people leading/chairing their own reviews and developing guidance and support for young people to do this'.
- The Fostering Team run a training course for foster carers called "Care Planning and Preparing Children and Young People for Reviews".

9. Support more young people in care and those leaving care to engage in wider activities, in line with the Milton Keynes youth participation strategy

- A TCTF member has been co-opted onto the wider 2012/13 MK Youth Cabinet.
- There has been considerable engagement by MK young people in care with the MKC youth participation strategy. For example, CIC and Care Leavers were part of the young people's Participation Charter conference in November 2011, along with other young people from the MKC Youth Cabinet and YOT.
- The wider youth cabinet has become more aware of specialist children's services. For example, the 3 person young people's panel for the 2012 appointment of the Assistant Director, Children's Social Care included a member of the youth cabinet whose personal experience of children's services was confined to universal provision, alongside two young people with personal experience of family support services and being in MKC care.

10. Ensure the Education Service for children in care is effectively working with young people, schools, college, libraries and other learning resources to improve attainment at Key Stages of the National Curriculum and beyond

Whilst much work has been done in this area, it remains a key strategic priority, with an acknowledgement that further targeted work is required to raise the attainment of each individual CiC:

- The team and the virtual school for children in care is now established and feedback indicates that it is valued by carers, schools and young people.
- The Virtual school head was appointed in May 2010 and this role has been enhanced through the transfer of responsibility to a senior manager in Education Effectiveness & Participation.
- The team has an annual team plan, agreed and overseen multi-disciplinary group (the virtual school management meeting - VSMM) that was established to lead, support and raise the profile of the virtual school, to ensure shared ownership of the virtual school and to oversee and bring challenge to the progress of the virtual school improvement plan.

- The team provides a range of support for the education of children in care, with the overall objective of improving their attainment. In particular, they:
 - seek to outline the roles and responsibilities of those involved, providing information about relevant processes and provision within MKC.
 - provide a practice handbook for the education of Children in Care to social work teams and Foster Carers.
 - track and monitor the progress, attendance and attainment of each child in care in school to enable targeted intervention for specific young people, for example, coaching support and, for some young people, commissioning supplementary specialist teacher input.
 - work with social work teams to ensure that all children in care have an effective personnel education plan (PEP) and regularly audit PEP completion.
 - provide access to programmes designed to increase aspiration
 - offer a range of extra-curricular opportunities to support learning and widen social and cultural experience
 - monitor attendance and exclusion data, (permanent and fixed term). This data is used to trigger a timely respond on an individual basis from the school inclusion service. Direct support is offered to schools and children close to or already subject to exclusion, to avoid or minimise the impact of time lost.

11. Monitor school attendance and exclusion to ensure that these issues are addressed promptly.

- School attendance of MKC CiC is routinely monitored on our behalf by a commissioned third party (Welfare Call).
- Attendance information is shared in a timely fashion with key staff to facilitate appropriate intervention.
- Attendance figures as of April 2012 are primary 96.49% and secondary 93.01%
- The Fostering Service work closely with the Education service for children in care to ensure that intervention and support is put in at the earliest opportunity.
- The Children in Care Education team monitor exclusions and work with SW and schools to avoid permanent exclusion and minimise the numbers and impact of exclusions for individual children.
- The Team seek to put support in place from the second day of any exclusion.

12. Providing training for foster carers, designated teachers and social workers so they can address the issues that give rise to poor attainment for children in care

The education of CiC is a high priority for the fostering service. This is reflected in the annual training directory. Education is covered as part of the Core training which must be undertaken by all foster carers.

The following courses are included in this year's (2012/13) training directory:

- Promoting Educational achievement in children and Young People in Foster Care (core training).
- Helping My Child Learn (5 sessions)
- Getting Teenagers to Revise (short course)
- Encouraging children to write correctly

In addition, the CiC Education team provide support to governors and designated teachers through an annual training day and supplement this within the school when requested. Forums have been held, but have been poorly attended and other approaches have therefore been pursued.

13. Increase support to care leavers who are in further education

- The Options for Independence (OFI) team provide personal and emotional support through Personal Advisors (PAs).
- PAs facilitate disruption meeting with colleges when a young person is struggling.
- OFI provides bursaries to supplement student loans and laptops for care leavers who require these for educational reasons.
- Education incentives (£200) are offered to those care leavers who remain in education on their 19th birthday.
- An identified link worker from the Connexions service provides information and guidance to care leavers on opportunities in higher education.
- In conjunction with the CIC education team, extra tuition has been provided for care leavers who have learning difficulties.
- The team have successfully accessed universal funding to complement LA funding to support care leavers in education (for example from the Buttle trust).
- PAs escort care leavers to college and university open /taster days.
- The service offers financial support for child care for care leavers who are young parents who face additional barriers to accessing education.
- It also encourages and facilitates young people's participation in educational trips in the UK and abroad, including exchange programmes.
- The MKC staying put policy facilitates care leavers staying with their foster carers post 18 while attending education courses.

14. Further develop initiatives to increase the number of care leavers who are in education or employment

This is an on-going priority for the service. We recognise that those young people who leave care at age 18, are particularly vulnerable to becoming NEET, and so to having reduced life chances. Currently, we have a wide range of activities to address this local and national priority, including:

- Engagement with care leavers to develop specific initiatives and the overall strategy
- Work with a number of voluntary and community sector partners to deliver targeted projects
- Support and challenge to care and post-care placement providers to improve support and preparation for young people as they prepare for and move to independent living
- Work to ensure that the ETE needs of care leavers are fully considered and prioritised in the universal and targeted provision designed to address the needs of Milton Keynes' young people.

Review of Children in Care Strategy

The Children in Care strategy review provides an opportunity to reevaluate our approach to delivering the shape of services to children in care and to identify the priorities for those children and young people over the coming 3-5 years.

The Director of Children's Services (DCS) and Lead Member for Children and Young People's Services are responsible for ensuring that the Local Authority is an effective corporate parent and for securing the commitment of local partners in meeting the identified and agreed needs of children in care.

The new strategy will set out the council's strategic intentions in respect of children and young people who are looked after in Milton Keynes. It is required to specify the means by which those strategic intentions will be realised and the actions that will be taken to ensure that we achieve the best possible outcomes for the children and young people in the council's care.

This paper opens the dialogue with the Corporate Parenting Panel in relation to this review. Consultation will continue through January and February 2013, led by the Council (Children and Families) with the full range of local partners across health, schools, youth offending, the Police, Probation and the voluntary and community sectors and children and young people. The consultation will engage with existing partnerships, including the Milton Keynes Children & Families Partnership.

The consultation seeks to identify the key priorities for each partner in relation to their contribution to, and expectations of, services for children in care. The resultant strategy will include the inter agency:

- Vision
- Values and principles
- Key challenges
- The national context
- The Milton Keynes context
- Key priorities for each agency including:
 - Assertive prevention of care
 - Placement stability and range of high quality placement provision
 - Health issues of children and young people in care
 - Educational attainment and achievement
 - Leisure and interests outside of school
 - Effective care planning
 - Working to our promises in the Pledge
 - Sufficiency

Information from a programme of consultation workshops will be used to inform the new strategy, for consideration by the Children and Families Leadership Team in March 2013. An interagency meeting will be held in March to consider the draft and propose amendments and seek agreement from partners. The final draft will be presented to Corporate Parenting Panel in April 2013 for consideration and approval.

Members of Corporate Parenting Panel are invited to discuss the proposed above scope of the review and indicate how they would best wish to be involved in its progress.

Children in Care Performance Update

Author: Charles Greer
 Title: Head of Delivery Corporate Parenting
 Division: Children & Families Integrated Support & Social Care

Report Summary

Purpose:

This report seeks to increase Corporate Parenting Panel's awareness of the performance measures used to assess outcomes for children in care and provides an opportunity to identify the relative strengths and challenges for the service through comparison of the major performance indicators with both our statistical neighbours and national average data.

Background:

Changes to local authority performance arrangements were announced in 2011, including the ending of the National Indicator Set. However, some data collection has continued as part of the single data list for government. Whilst under review, many of the NIs relating to Looked After Children remain in place.

This report is prompted by a recent Statistical First Release from the DfE: "Outcomes for Children Looked After by Local Authorities in England, as at 31 March 2012"

Corporate Priorities:

Improving the outcomes for Milton Keynes' Looked After Children is central to our corporate parenting responsibilities. This is in line with the council's Children & Families 2012/13 priority 4: To develop and maintain effective intervention that prevent the most vulnerable children and young people in our communities from experiencing additional difficulty and prevents them from suffering significant harm.

Performance Information:

The figures are taken mainly from the recently released DoE Statistical First Release and our own local performance data. Where the indicator is part of the National Indicator set (**NI**) a brief narrative is provided.

Equality and Diversity Impact:

The Corporate Parenting Service is provided for children from across the Milton Keynes community. It therefore needs to provide services that can meet the diverse needs of all the children and young people in the Council's care.

Recommendations /Proposals:

Corporate Parenting Panel are asked to note and discuss/challenge the report.

Performance Overview – Outcomes for Children in Care

	PI Reference and description	England Average 31.03.12	Statistical Neighbours 31.03.12	Milton Keynes 31.03.12	Milton Keynes 30.11.12
	No. Children in Care per 1000 of 0-17 population.	5.9 31.03.11	6.1 31.03.11	4.8 31.03.11	4.7
HEALTH	Emotional & Behavioural Health of CLA (SDQ) NI58	13.8 (31.03.12)	14.2 (31.03.12)	13.2 (31.03.12)	N/A
	Percentage of eligible children with an SDQ score considered Borderline.	13%	14%	14%	N/A
	Percentage of eligible children with an SDQ score considered of concern.	36%	42%	32%	N/A
	Number of children looked after at 31 March who had been looked after for at least twelve months whose immunisations were up to date.	83.1%	86.0% SE region as SN N/A	97.4%	N/A
	Number of children looked after at 31 March who had been looked after for at least twelve months whose dental checks were up to date.	82.3%	86.9% SE region as SN N/A	92.1%	N/A
	Number of children looked after at 31 March who had been looked after for at least twelve months who had had their Annual health assessment.	86.2%	84.7% SE region as SN N/A	97.4%	N/A
	Number of children looked after for at least one year, and aged 5 or younger at 31 March 2012 whose development assessments were up to date.	80.2%	83.5% SE region as SN N/A	100%	N/A
STABILITY	Stability of looked after children adopted following an agency decision that the child should be placed for adoption NI61	74.0%	68.2%	92.3%	100%
	Stability of placements of looked after children: number of moves NI62	10.7%	11.0%	16.5%	12.5%
	Stability of placements of looked after children: length of placement NI63	68.8%	68.6%	54.0 %	57.4%
EDUCATION	Percentage of CIC who achieved at least Level 2 in Reading at Key Stage 1 :	67%	71%	67%	N/A
	Percentage of CIC who achieved at least Level 2 in Writing at Key Stage 1 :	57%	48%	67%	N/A
	Percentage of CIC who achieved at least Level 4 ⁶ in English at Key Stage 2: NI99	60%	56%	37.5%	N/A
	Percentage of CIC who achieved at least Level 4 ⁶ in Maths at Key stage 2: NI100	56%	51%	37.5%	N/A
	Percentage of CIC who achieved at least Level 4 in English& Maths at Key stage 2:	50%	47%	37.5%	N/A
	Children in Care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths) NI101	15.1%	16.7%	13.6%	N/A
	Percentage of children in Care with at least one fixed term exclusion.	12.4%	12.1%	8.5%	N/A
LEAVING CARE	Care leavers in suitable accommodation NI147	90%	86.8%	81.3%	96.6% (31.12.12)
	Care leavers in Education Training or Employment NI148	61%	61.7%	53.1%	62.4% (31.12.12)

Key outcomes for Children in Care nationally

Evidence from the Department of Education nationally suggests that care can be a positive experience for most children and that outcomes are improved compared to 20 years ago and in relation to other vulnerable groups of young people today. There has been a heightened awareness of the needs of children in care particularly in relation to health and education outcomes.

Health

The comparator data shows Milton Keynes performing very well in relation to both our statistical neighbours and the national figures for immunisations and dental checks for children in care for twelve months or more. In both areas our performance is in the nineties and 10 percentage points plus above our statistical neighbours and the all England figures. Similarly, the percentage of children having completed health assessments is in the high nineties.

NI 58 Emotional and Behavioural Health of Children in Care (NI 58)

Measurement: The average score of all Strengths and Difficulties Questionnaires for Children in Care aged 4 – 16, who have been in care for 12 months at period end. Good performance is indicated by a lower number.

Children and Young People in care experience significantly worse mental health than all children. This performance measure assesses progress in improving the emotional and behavioural health of children and young people in care. Milton Keynes performance in 2011 at 14.4% was better than the average for the South East Region (14.9%) but trailed the England average (13.9%) by half a point. The 2012 figure show an improvement and the Milton Keynes average score is now below both the National and South East average. In addition, the numbers of children in care with borderline or mental health concerns in Milton Keynes has dropped from 57% in 2011 to 46% in 2012

Stability

NI 61 Timeliness of Placements of Looked After Children for Adoption following an Agency Decision

Measurement: The number of children who were placed for adoption within 12 months of the decision that they should be placed for adoption, excluding children who were placed within 12 months of the decision whose placement broke down before being adopted. Good performance is typified by a higher percentage.

In 2010/11 Milton Keynes experienced a reduction in the number of children being adopted within 12 months of the decision compared to the previous year. At 70% this represented a decrease of 8.6% in performance although the overall figure remained favourable comparable with our statistical neighbours. 2011/12 saw an increase in adoption activity and timeliness with 92.3% of children being successfully adopted within the timescale.

The number of children waiting for and placed for adoption is directly linked to the number coming into care, particularly through care proceedings, and the plans that are then made for each child's permanent future. The government focus and Adoption Action Plan has helped to consolidate and drive the improvements made in our adoption service. This is an area where we anticipate performance will continue to improve and the half year figure for this indicator in 2012/13 is standing at 100%

NI 62 Stability of Placements of Children Looked After

Measurement: The percentage of children looked after at 31st March with three or more main placements during the year. Good performance is indicated by a low percentage

This indicator is an important measure of the stability of the care that a child has experienced. On the whole, stability is associated with better outcomes. Proper assessment of a child's needs, an adequate choice of placements and effective placement support to meet the varied needs of different children are essential if appropriate stable placements are to be made.

This indicator is cumulative. The number of LAC who have experienced 3 or more placements since 1st April 2012 therefore increases monthly. At the end of November 2012, there were 34 LAC in this group, from a total care population of 280 (i.e. 12%). This is likely to increase further by financial year end and may exceed the Milton Keynes performance target of 13.6%. The 2010/11 England figure was 10.7% and the statistical neighbour average was 11%.

The MK rate of children in care per 10,000 of the under 18 population is currently 47.1. The England 10/11 rate was 59.3 and the statistical neighbour average rate was 61. Numbers of LAC in other LAs have reportedly risen since these figures were reported. If the overall number of children in MK care were to increase over the next few months, performance on this indicator would improve.

Unplanned placement moves must be minimised. However, moves can be positive. They can also, typically, be part of the care experience of older young people who may move around as a result of personal choice or, in some cases, due to the continuing impact of the behavioural and other issues which contributed to the breakdown of their original family situations.

24 of the 34 who have experienced 3+ placements so far this year entered Milton Keynes' care within the current or last financial year.

Only 8 children of the 34 were aged under 12. Of those, 6 moved for very positive reasons (e.g. a move into an adoptive placement or being placed with their parents or extended family as part of a rehabilitation or assessment plan during care proceedings).

20 of the 34 were aged 15 or over (and 13 of that older group of 20 had come into Milton Keynes' care within the current or last financial year).

13 of the 34 moved to a placement with relatives, with a view to moving out of the care system if this were successful. Some of these placements did not succeed, and led to a further subsequent move. However, they needed to be explored in order to satisfy court requirements or in order to support an older young person who wished to move "home" and could not settle elsewhere until this had been tried.

Other positive reasons for moves included 2 extended admissions to hospital and extended periods of respite care (which counted as 3 placements, even when one young person returned to her stable long term placement).

There continued to be a drive to improve placement stability and monitoring of those young people who are at risk of 3 or more placements moves in contravention of their care plan. A stronger link with operational staff and permanency planning has been established through the Permanency Tracking forum which we believe is adding to our collective understanding of the factors impacting on placement stability and more readily influencing planning decisions.

Measurement: The percentage of children under 16, who had been looked after continuously for at least 2.5 years at 31st March and were living in the same foster placement for at least 2 years, or are placed for adoption. Higher percentages indicate good performance.

Placements break down because they are not sufficiently well-matched to children's needs, or of sufficient quality, or because they are not well supported. Placement breakdown has a significant impact on children's wellbeing and disrupts their education and access to other key services.

More than one financial year's performance impacts upon this indicator. At the start of the current financial year, the highest possible performance figure was 72.2%. At that point, all the children in the cohort of 108 children who could have been in care for 2.5 years on 31.3.13 were known; the figure could only stay the same (assuming no moves – positive or negative) or deteriorate. The England and SE 10/11 benchmarks are 68.6% and 68.8% respectively. Our current performance (at the end of November 2012) is 57.4%.

The change from the start of the year involves 14 of the children having left the care system for positive reasons (mostly adoption). A further 9 moved placement.

Placement moves can be both positive and negative. Negative reasons generally relate to placement breakdown due to very challenging behaviour on the part of the young person or to the foster carer's changing personal circumstances (e.g. ill health). Positive reasons, relating to better meeting the needs of the young people, can include extended stays in hospital, moves which enable a young person better to maintain contact with relatives (with a view to future family reunification) or a move to a "permanent" care placement which, for an older young person with particular needs, can take more than 6 months to identify.

As with NI 62, the relatively low rate of MK children in care per 10,000 0-18 is likely adversely to impact upon the performance of this indicator.

Previous years' performance: The comparative figures relate to very small numbers of LAC (**not statistically significant**). Potentially "stable" LAC at the start of 12/13 is a lower percentage than in previous years.

Year	Starting position on 1 st April	Final position on 31 st March	Exits in year (positive)	Moves in year (positive & negative)
12/13	78 potentially "stable", from a cohort of 108 LAC aged 0-15 who would have been in care for 2.5 years by 31.3.13 (72%)	November figure: 54 of 94 (57%)	November: 14 (18% of the initial 78)	10 (13% of the initial 78)
11/12	57 of a cohort of 75 (76%)	34 of 63 (54%)	12 (21% of the initial 75)	11 (21% of the initial 57)
10/11	49 of a cohort of 64 (77%)	32 of 54 (59%)	10 (20% of the initial 49)	7 (20% of the initial 49)

To increase the long-term stability of children who remain in care for significant periods of time is a corporate priority. The Permanency Tracking Forum has been focusing on both long and short term placement stability and it is believed that more proactive planning for permanence will impact on this indicator. The service will seek to improve monitoring and tracking of permanence through a robust permanence planning process which takes account of a number of routes to permanence, including special guardianship, residence orders and adoption.

Education

A more detailed report outlining the educational attainment data for 2011/12 was presented separately to the November 2012 Corporate Parenting Panel. This report outlined that at KS2 36% of pupils in the Milton Keynes Cohort achieved L4+ in English and Maths compared to 33% in 2011 and 11% in 2010.

Of the children in the cohort in 2012, only one child has no identified special needs, (five had a statement, one at school action plus and one at school action) three of the eight children attended specialist provisions.

For the all CiC cohort only 6 of the 11 pupils were in mainstream education and 66% of these achieved L4+ including English and maths.

NI99 – CLA reaching L4 in English at Key Stage 2

Measurement: Number of LAC eligible to take Key Stage 2 SATs who have been in care for 12 months or more who achieve Level 4 or above in English. Good performance is characterised by a higher percentage.

The national educational achievements of children in care are generally poor compared to all children the aim of this indicator is to measure the progress towards narrowing the gap between children in care and all children.

In 2011/12 three children in a cohort of nine succeeded in achieving level 4 in English in Milton Keynes giving us performance figures of 37.5%. This compares with a 2009/10 figure of 22% and a 2010/11 figure of 41.3%.

NI100 – CLA reaching L4 in Maths at Key Stage 2

Measurement: Number of LAC eligible to take Key Stage 2 tests who have been in care for 12 months or more who achieve Level 4 or above in Maths. Good performance is characterised by a higher percentage.

The 2011/12 examination results from this year indicate that we have succeeded in improving performance in mathematics this year to 33.3%. While still below the national and statistical neighbour data this represents an improvement from 11% in 2009/10 and 33% in 2010/11.

NI 101 CLA achieving 5 A*-C including English and Maths

Measurement: % of CLA, who have been in care for at least 12 months, achieving 5 A*-C including English and Maths. Good performance is characterised by a higher percentage.

The national educational achievement of children in care at GCSE level is currently significantly lower than that of all children. The aim of this indicator is to measure the progress towards narrowing the gap between children in care and all children.

The performance of KS4 pupils who had been in care for 12 months improved slightly with 3 of the 22 gaining 5+ GCSEs A*-C including English and maths, equivalent to 13.6 % compared to 0% last year and 4.7% in 2009/10.

There were twenty two children this year in the reporting cohort. Nine of the students had identified special educational needs. One student was placed in year 10 and did not sit exams. One student did not achieve in a secure unit although academically he had been predicted to get 7 GCSEs A*-C including English and Maths. Two other students were supported to remain at school, one was on the verge of exclusion and although they achieved some qualifications they were unable to achieve 5 GCSEs A*-C including English and Maths.

Care Leavers

NI 147 Care leavers in suitable accommodation

Measurement: Young people aged 19 who were previously looked after under any legal status and are placed in suitable accommodation at or near their 19th birthday: Accommodation is regarded as suitable if it provides safe, secure and affordable provision for young people. It would include short-term accommodation designed to move young people on to stable long-term accommodation, but would exclude emergency accommodation used in a crisis.

In the first two quarters of 2012-13 100% of young people who met the above criteria were in suitable accommodation. Although unconfirmed in quarter three there were 9 out of the 10 young people in suitable accommodation with the 10th being in prison. If this figure is confirmed a cumulative figure of 96.6% is achieved going into the final quarter. There are a further 8 young people in the cohort who will turn 19 in the final quarter of the year, 7 of whom are currently in suitable accommodation. If this is maintained we will achieve a year end figure of 94.4. We are therefore hopeful that we will meet or exceed the overall year end target of 80%

NI148 Care leavers in Education Training or Employment

Measurement: Young people aged 19 who were previously looked after under any legal status aged 16 who are in employment, education or training on their 19th birthday: they must be engaged either full or part-time (less than 16 hrs per week) in one of the following: Higher education; Education other than higher; Training or employment;

According to internal records, 7 out of 10 young people who turned 19 years of age in Quarter 3 were in education, training or employment making an unconfirmed Q3 figure of 70% in EET and an overall performance of 62.4% at the end of December. Of the remaining 8 in the cohort who will have a 19th birthday, 7 are currently in education giving a potential 88% figure for the final quarter and a 68.8% end of year figure.

The main reason why YP are not in ETE is pregnancy and ill health, confinement in prison, immigration status or lack of engagement with Options for Independence team who have no legal enforcement over them to participate in ETE post 18.

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Corporate Parenting