

**CORPORATE PARENTING BOARD**

A meeting of the Corporate Parenting Board was held on Tuesday 23 February 2021.

**PRESENT:** Councillors A Hellaoui (Chair), T Higgins (Vice-Chair), J McTigue, M Nugent, J Platt, Z Uddin, C Wright, J Walker and C Dodds

**PRESENT BY INVITATION:** Councillors

**ALSO IN ATTENDANCE:**

**OFFICERS:** S Blood, V Banks, R Brown, S Butcher, K Dargue, T Dunn, P Jemson, R Scott, C Breheny, J McNally and Kelly

**APOLOGIES FOR ABSENCE:** Councillors A High, J Thompson, R Farnham, T Parkinson and Helen

20/63 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor High and Thompson.

20/64 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

20/65 **MENTAL HEALTH OF YOUNG PEOPLE AND CHILDREN LOOKED AFTER**

The Chair welcomed three officers to the meeting to discuss mental health assessment for children looked after.

The Chair firstly welcomed Nicki Ayres, Interim Designed Nurse for Looked after children/ Children in Care from Tees Valley CCG.

The officer advised that she has focused her presentation around the mental health assessments of children in care, and the health statutory duty in respect to these.

**Initial Health Assessments (IHA)**

In terms of initial health assessments, these should be offered to all children entering care and have to be completed within 15 working days with a report ready by 20 working days

These assessments should include the following:

- General health screen to include childhood vaccinations in line with National Healthy Child Programme, so height weight etc.
- **REGISTRATION with a GP and DENTIST – a review of the IHA at 6 months (3 months ideally) should look at whether both registration and attendance has occurred**
- Any unmet health needs are escalated appropriately and managed via onward referral and/or management by the CIC specialist teams or by referrals.

**Review of Health assessments**

The review of the health assessments become part of the process and there are offered every 6 months post the initial health assessment to every child under the age of 5 years and annually for those children over 5 years. The reviews

look at all aspects of the previous assessment and action any outstanding health needs for e.g. still not registered with dentist, seen by optician (if required) and we work with the carer to identify if there is any support that can be provided to ensure this occurs. Nationally and across Teesside, access to a dentist is an issue, and NHS England is monitoring the situation and is working wishes to be working with dentists to help them

understand the necessity of children in care to be registered.

The assessments should also inform any gaps in service provision which can support JSNAs and service provision.

### **Health passports**

Since 2018, there has been a requirement for every child aged 14 plus or those leaving care to be provided with a Health Passport, which is paper based, and contains all medical information on the child.

The passport contains information on their vaccination programme, short term ill issues, long term illnesses and any interventions which has been offered (e.g. stop smoking programme).

The requirement came from a specific recommendation from NICE SCIE PH 28 guidance for Looked after Children and Young People. The health passport should be offered at the final health assessment, but if declined still needs to be made available to the care leaver (various routes available e.g. the young person's registered GP) .

The child / young person once old enough can share their passport with who they wish, and the IHA would be discussed with the foster carers and professionals.

### **Middlesbrough landscape**

The officer further went on to discuss the Middlesbrough landscape, however was clear that the challenges identified in Middlesbrough can also be seen elsewhere in the country.

The challenges identified were as follows:

Initial health assessments undertaken within statutory timescales since April 2020 have shown a steady decline with compliance. As of November 2020 the compliance was at 55.60%.

The exception report that accompanies the data shows the reasons for this % and also individual rationale for the non-compliance to the timescales.

The officer outlined that the main reasons for this steady decline were:

- Refusal by child in care (especially an older child/teenager)
  - Failure to be brought to the appointment (was not brought) by the carer or in some circumstances the child had been placed back with their family and they had failed to be brought to the appointment. This point did bring about much discussion as one of the members was concerned that it reflected badly on foster carers. This was not the intention as carer covered ALL carers.
  - Outstanding consent for assessment and medical from parent (via CSC)
- It was noted that the numbers of children in care are relatively low per month but just one or two appointments not attended can impact on the compliance percentage

The Board queried what could be done to improve this and in response, the Head of Looked after children and Corporate Parenting Board added that although there has been a steady decline, there was 100% attendance in December 2020 and January 2021 of children looked after being taken for their first assessments within the timescales. There are new strategies in place and oversight to address this and work was being undertaken to provide information to the carer/ parent with information on what the initial health assessment was, which would provide clarity and reassurance. Understanding the rationale behind the reasons by they do not attend the IHA. The Director of Children Service's also outlined that it may be useful to provide the Board with a breakdown of the age of children looked after who do not attend their IHA, as a young person aged 16 plus has a right to refuse their IHA. **ACTION**

The Service manager 0-19 Healthier Together Middlesbrough also added that from reviews of the IHA if there were any actions to be taken forward, these were compiled into an action plan and addressed accordingly.

### **Local needs v national needs.**

There is a lack of NHS dentist spaces but also a lack of understanding by dentists in some cases of their duty to Children in care, however this is being looked at locally and

nationally by NHS England.

In some areas of the Country, there has been a removal of dedicated CAMHS pathways for Children in care and in these cases evidence is required that the children will still be seen and not discriminated against. In some areas there are offered earlier intervention to prevent higher CAMHS support being required. The Board were also made aware that the new Royal College of Paediatrics and Child Health (RCPCH) Intercollegiate guidance supports greater emphasis on specialist Children in care.  
<https://www.rcn.org.uk/.../publications/2020/december/009-486.pdf?lac>

### **Mental Health of Children in Care**

The Board were provided with a very brief overview of the process for mental health support for children in care.

- The process begins when the child is taken into care, due to the general nature of the action needing to be taken
- Regardless of their situation, the child will in the main experience low level anxiety which may be best managed locally and not require onward referral
- Further down the line (6months - 1 year) the child is offered a strength and difficulty questionnaire (SDQ), which is a tool to help assess the child's health and well being status. The questionnaire was developed in 2005 by Robert N. Graham.
- The questionnaire is carried out once the child has been placed for a few months so that their carer has a better understanding of their needs. There are different SDQ's depending on the age of the child and the questionnaire has different levels of scoring and depending on these, would determine the level of intervention required. The interventions decided are monitored by the social worker and used to inform, school, health and social care of the child's possible issues.
- If it is deemed that a referral into CAMHS is required then the CIC health team and allocated Social worker should make sure that this has occurred and looking at all the options and support available for that child.

Following the presentation a number of comments were made in relation to the failure to attend, and it was emphasised and although a small minority of foster carers do not take the children to their appointments due to a variety of reasons, in the main there is a strong sense of duty from the foster carers.

Also, as part of the social work assessment (which is holistic), this would include up to date information, regarding registered doctors/ dentists and would include information from the school nurse.

A board member also made a query in relation to the waiting time for a child to be seen by CAHMS. In response, the officer advised that depending on need and triage, it has been known for a child to have to wait 26 weeks for an appointment, however, as she did not have accurate figures for Middlesbrough, this point would be addressed following the meeting.

The Chair secondly welcomes Wendy Kelly, CAMHS transformation/HeadStart Programme Manager to the meeting.

The Programme Manager advised that she would provide a general overview on Headstart but also discuss their approach to covid.

Headstart was introduced in Middlesbrough in 2013 as a Big Lottery funded project; additional funding was secured from Future in Mind, education and public health.

- Support young people aged 0-19 to cope in better in difficult circumstances and do well in school and in life.
- Build resilience in young people to prevent the onset of common mental health problems.
- Learn from different approaches and contribute to an evidence base for investment in prevention and early intervention.

- Develop an early intervention and prevention model to provide support in school, at home, in the community and virtually. Headstart work with schools and Colleges across South Tees.
- Develop a co-production model with children and their families.

The programme up until last year worked just in Middlesbrough, however in April 2020, the programme began to work in Redcar and Cleveland.

The Programme Manager outlined that across Middlesbrough, they work with every school and college (bar 1 school). The programme starts by looking at their whole school approach to emotional wellbeing of their pupils, their staff and their wider community. They do this by working on a resilience standard, looking at their governance, policy, practice and down to the playground. This is very reflective and when we are happy they have provided enough evidence, they are provided with the grant. The programme provides training for staff (resilience training). The programme also provides intervention (low level if required) and the Manager outlined that the best part of the programme was the Headstarter pupils champions, and we have developed an accredited programme for the children, where they can deliver training. To date there are 1057 pupil champions ranging from year 1-year 13.

In terms of the covid response, the Programme Manager advised that they were quite quick in developing system when the pandemic hit. A Partnership between TEWV, The Junction, Middlesbrough Mind, The Link and Headstart, co-ordinated by the CCG was established.

The partnership provided:

- Universal support for pupils- as schools outlined that there were some low level anxiety, worry about reestablishing relationships since covid
- Targeted support for pupils
- Staff training/ wellbeing
- Curriculum resources
- Parental support

The partnership stopped providing sessions in December but the Headstart team continue to offer specific sessions around Covid. The service have been an increase in bookings now that schools have returned, which are a mixture of in person and virtual.

The programme Manager advised that a study undertaken by NHS digital outlined that since 2017, there is a 50% increase in children suffering some a mental health disorder, and vulnerable children are twice as likely to suffer and they feel this may have a direct response to covid, and the long term direct response will be significant.

In terms of the covid response from schools (Middlesbrough)

788 pupils from 15 schools accessed sessions. Of those attending –

- 88% said that sessions had been useful or very useful
- 8% neither agreed or disagreed
- 4% did not find sessions useful

Post 16 support response:

- 5 post 16 colleges accessed support
- 10 drop-in sessions
- 8 specific covid-recovery sessions
- 144 students – 98% found them useful
- Resources provided for 550 students
- 180 visitors to the on-line support tool

Finally the Programme Manager outlined that in terms of school staff:

- Department for Education Well-Being for return webinars – 22 attendees over 4

- sessions – 100% found the sessions useful
- Mental Health ‘drop-ins’
  - Academic Resilience sessions
  - Curriculum resources and information
  - Governor training and awareness raising
  - Website, social media and newsletter (fortnightly)

The Chair finally introduced Carly Dodsworth, , Service manager from the 0-19 Healthier Together Middlesbrough.

The service manager advised she would discuss what the service do in terms of children looked after, their role and discuss the changed that have been made during covid.

The Board were made aware that the 0-19 Healthier together Middlesbrough fitted in between services offered by Nicki Ayres team and the Headstart Team. When the initial health assessments have been carried out, the review of those assessments and requests will come into the 0-19 services and depending on the need referrals may be made to Headstart.

In terms of the assessments to children looked after, they have had some transformational changes to look at how services can be done differently/ better which fits with the health improvement journey/safeguarding. The team now have a Specialist Community Public Health Nurse (Scphn) for children looked after which had a focused and specific role. The team wanted to improve the quality of assessment and management and they now have more oversight as the role is carried out by 1 person. However the team do have contingency plans in place if that person were on leave/ long term sickness.

Having the specialist nurse, helps with capacity in the wider team. Due to safeguarding in Middlesbrough, the team is small but has had some big challenges of what the team can offer in a safe way. Having the specialist nurse means that there is always a focus as children looked after and safeguarding are the main priorities of the team.

The number of children looked after requiring as health assessment has increased in the past year. Within the assessment the nurse looks at what is the health need, the outcome and the goal. The Board were made aware that there are generic roles including for example, registration with a dentist and ability for a child to brush their teeth but there are also specific goals for the child looked after depending on their need.

In terms of covid, the service has had to adapt to comply for government guidelines. Whilst most health assessment reviews are conducted face to face, some have had to conducted virtually due to the child/ carer or staff having to self- isolate or shield.

In terms of gaps in the service, the Manager outlined that they would like to strengthen their emotional offer to children with special educational need. This would link to children looked after.

The team was exploring ideas and were successful in some grant funding for additional posts. The Service was working closely with the Headstart team to ensure that any emotional resilience support does not duplicate services already offered, however is looking as always for early intervention.

The Chair thanked all the officers for their contribution to the meeting.

20/66

## **THE FAMILY YOUTH JUSTICE BOARD BRIEFING**

Item deferred

20/67

## **VIRTUAL SCHOOL - INTERIM ANNUAL REPORT AND COVID UPDATE**

The Chair welcomed the Virtual Schools Head to the meeting to present the interim Virtual schools annual report to the Board and to provide an update on Covid.

The Head outlined that although the final annual report will be brought out in March, publishing the interim report meant that any issues and challenges could be addressed sooner. It was noted that due to COVID end of Key Stage results are not to be published therefore this year they will limited additions made to the interim report.

The Head advised that normally the main focus of the annual report was to report on the end of year results (SATS and GCSE) , however due to covid, these results will not be reported. However we do know how our Children looked after achieved and this has been reported in previous CPB meeting. Therefore the Head discussed some of the strengths and some of the key areas of development :

The key strengths were as follows:

- 98.6% of looked after children have an up-to-date Personal education plan (PEP). The Head advised that in 2014 30% of PEPs were up to date and carried out within the statutory timeframe of 6 months. This is a great achievement.
- Arrangements were in place for the termly review of PEPs.
- Actions and activities recorded in the PEP were carefully monitored, ensuring they are implemented without delay. All PEPs are held on a live system called Welfare Calls, which provides good monitoring of attainment and progress.
- Where a Required improvement school is used the Virtual school head is confident of the school's ability to support the child.
- Attendance was monitored and evaluated (through the welfare call system). There are regular meetings with Social care partners to plan for individual children and to put in place system changes when needed.
- Progress and attainment are monitored and evaluated (through welfare calls as schools submit a weekly attendance records)
- Attainment, progress and attendance are reported regularly to the Governing Body. The virtual schools are held accountable and this is good practice.
- Details of all educational settings are up to date (this is a statutory responsibility)
- The Pupil premium + policy is published.
- Appropriate training was available for: Designated teachers school staff, social workers and carers and Independent reviewing officers. The Virtual Head advised that attendance at the training has increased during the pandemic with the move to virtual training
- In the event of an suspension (exclusion), arrangements for the child's ongoing education are made. If more than 1 day, the virtual schools will arrange for a tutor, and the Board were advised that we believe Middlesbrough Virtual schools was the only virtual school in the Country to have a dedicated CLA intervention centre.
- There have been no expulsions (permanent exclusions)

Main areas of developments:

- Continue to improve the quality of PEPs- when Ofsted came Middlesbrough we

55% good or better in quality of PEPs and the virtual head advised that every month she will do a random audit of 20 PEPs and Middlesbrough were 68-80% good or better in quality. Middlesbrough has also tweaked the quality assurance tool for PEPs which is robust and challenging. Middlesbrough was looking at introducing additional quality assurance for PEPs e.g. Paula Jemson and they were looking at introducing another Virtual school head to audit the PEPs as an external eye. The Virtual Head also advised she was looking to introduce a peer review from the National Association of Virtual school Heads , as this was a key area of development.

- In an emergency placement ensure the PEP is initiated within 10 working days of a child becoming Looked After. The Head reported that Middlesbrough Virtual schools was now the best in the Country at signing off PEPs in good time scales.
- In emergencies ensure a new educational placement is provided within 20 school days and avoid drift and delay in providing suitable education. Covid has brought challenges in terms of bubbles in schools, however the virtual schools have introduced online learning so there is no gap in learning for that child.
- For 16 – 18 year olds, liaise with the child's Personal Advisor to ensure educational goals and needs are understood. There is now a new post 16 policy in place.
- Ensure all children are receiving their appropriate entitlement to education, and continue to work creatively with SEND and Social Care to help achieve this.
- Work with partners including social care to improve school placement stability. Middlesbrough now have a school move process, however we have issues when the case is in Court.
- Work creatively with schools and carers to continue to improve academic outcomes at all key stages. Virtual schools work more collaboratively with foster carers by attending foster carer coffee mornings and there is a virtual school foster care pack being developed.
- Increased attendance at training for social workers. There has been an issue in the past with caseloads of social workers, however we are now seeing more social workers attending training and the new Virtual Head was working closely with the Principle Social Worker to put a programme of training in place.
- Improve attendance and reduce 'Persist Absenteeism'.
- Reduce the number of fixed term exclusions. Over the past few years there has been a steady decline.
- Increase the number of children accessing mainstream schools. It is becoming apparent that when children get to Key stage 4, they are going into alternative provision where GCSEs are not available and therefore the Virtual school is looking at further ways to keep them in mainstream school.
- Decrease the number of NEETs.

The virtual head further went to provide an update in relation to covid; which covered 3 main areas:

- Attendance: at the start of the third lockdown there was contradictory guidance issues; on the one hand the Government was encouraging vulnerable children to attend, and on the other offered parents the option of keeping them at home. In the case of looked after children Middlesbrough's expectation was that all children looked after should attend unless there was a very good reason not to (medical\_, and this reason had been discussed and agreed with the social worker and Virtual School.

- Laptops- all Foster Careers were contacted to ensure children have appropriate ICT equipment.
- Foster carer support- it was evident that for those children at home with foster carers, it was important to support the foster carers during this time. Due to this, the following occurred:
  1. Weekly coffee mornings have recommenced.
  2. Regular “in the know posts” including how to support mental health needs are available (via social media)
  3. Virtual School contact reminder and support offer has been sent to all Carers.
  4. Updated online recourses available.

Following the presentation, a board member asked what mechanisms were in place by the virtual school to challenge exclusions. In response, the Virtual School Head eluded to a young person who had been excluded for smoking in a teachers face and they were suffering from anxiety surrounding returning to school after lockdown. The school excluded the young person for 5 days, the Virtual schools challenged the school/governors and provided them with the virtual school protocol to ensure they were provided the correct support for that young person. Following that challenge, the exclusion was reduced and it avoided a permanent exclusion. Schools are aware of the Virtual School policy and if a child looked after is excluded for more than 5 days, the Virtual School Head will notify the schools governing body.

A question in relation to children being placed out of the area for school was also raised and the Virtual School Head advised that their education and support would not differ and the main focus was to ensure the educational wellbeing of that child. The Virtual School Head that when a student is placed in an emergency it can be a challenge to identify and go through the admission process of finding a new school out of area, however education via 1:1 tuition will always be provided until the student is on a school roll. School transport was also raised and the Virtual school head outlined that when a child required transport, the service would contact 'home to school transport' and ensure this was arranged appropriately.

The Chair thanked the Virtual school head for her presentation.

AGREED- That the report be noted.

20/68

**ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

Philomena Protocol

The Chair asked Chief Inspector Deb Fenny and Sue Butcher, Director of children’s services to provide a brief overview of the Philomena protocol, which had been circulated to members for information.

Further information and an update on the progress of the protocol would be circulated to Board members at a later date.

Spotlight 2

The Chair advised the importance of every councilor in their role as Corporate Parents and therefore asked if members wished to be involved in the second spotlight report to contact her or the Democratic services officer for further information.