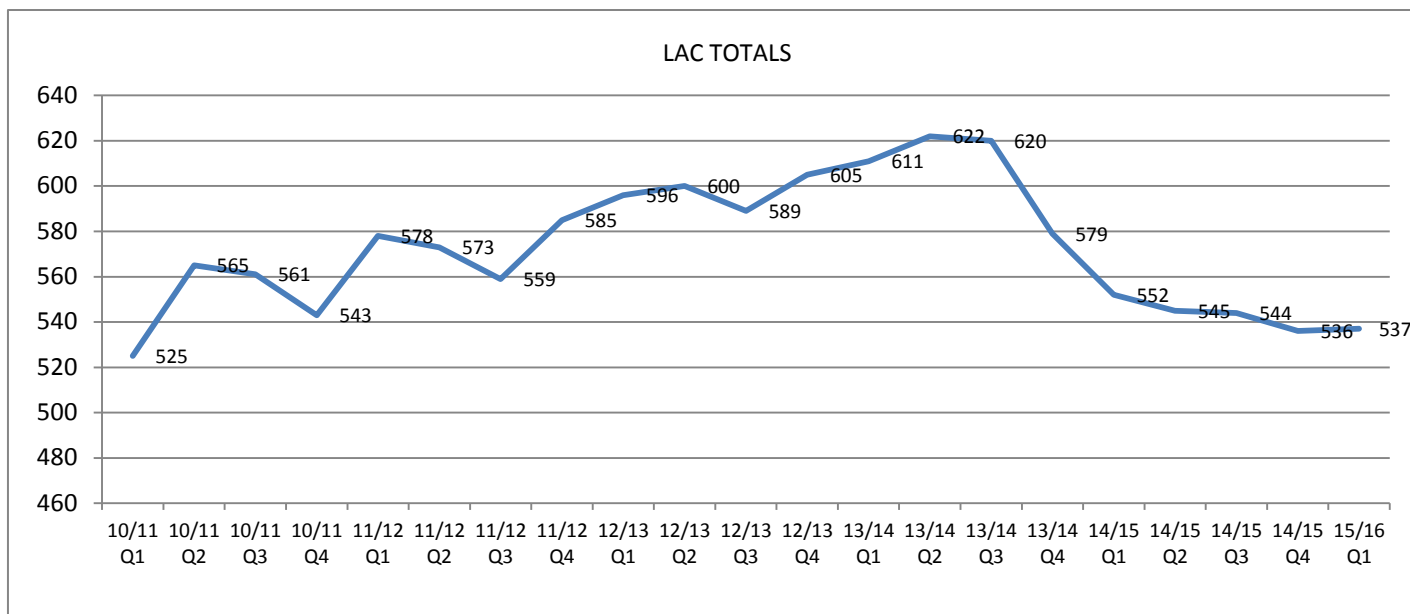
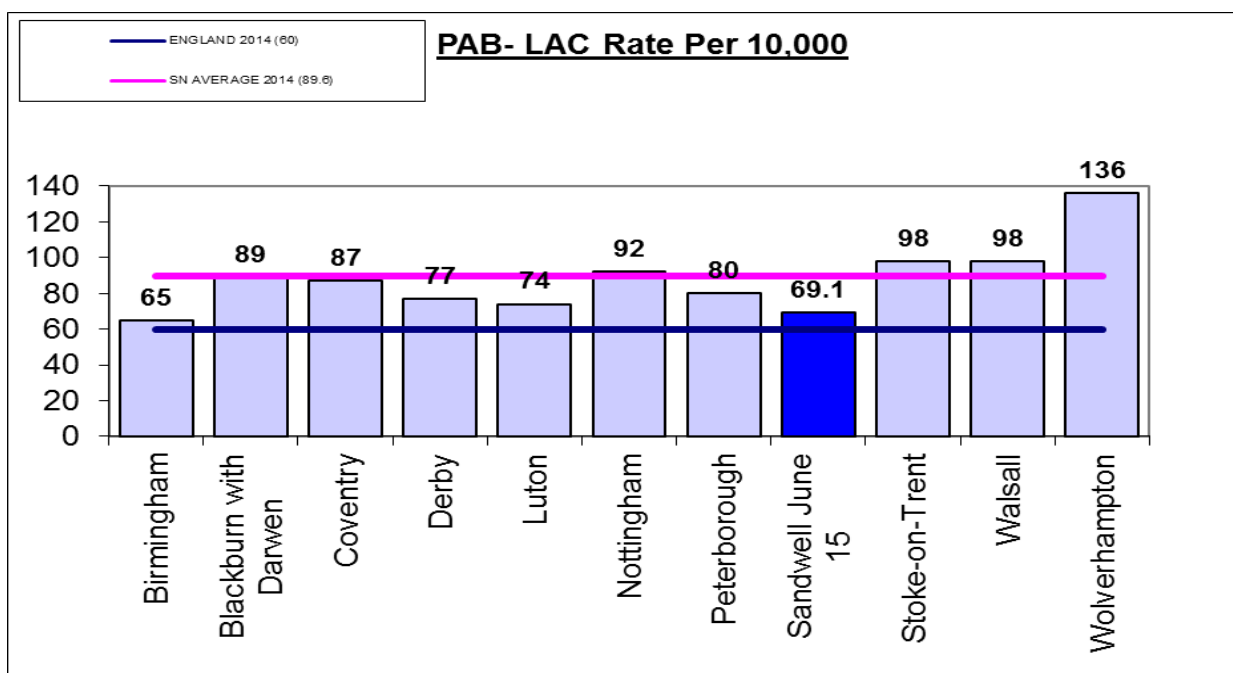


Appendix 1

Profile of Children in Care (2015)



The number of children in care has decreased from 605 at the end of March 2013 to 537 at the end of June 2015, which is a 12.7% decrease.

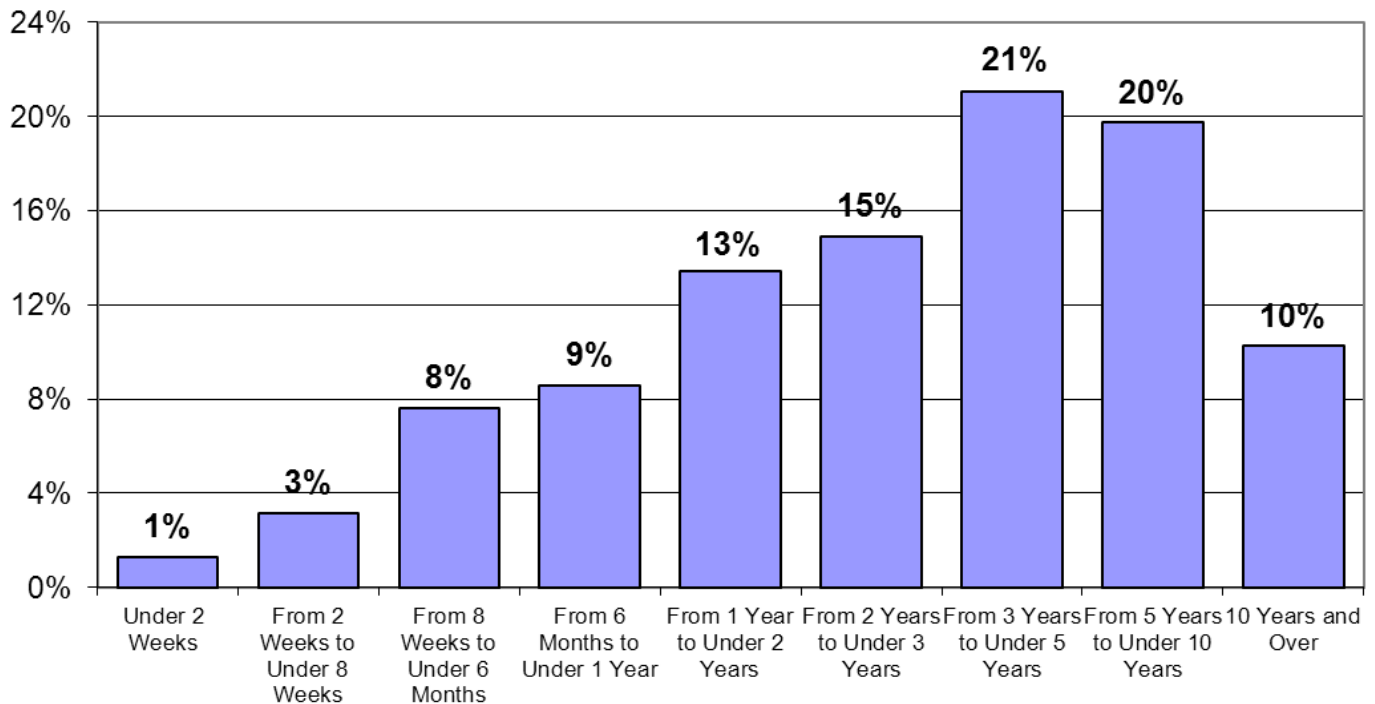


At 21 July 2015, there were 537 Looked After Children in Sandwell. As you can see from the graph above, Sandwell is significantly lower than the 2014 Statistical Neighbour average of 676 and 2nd lowest rate per 10,000.

Sandwell's rate of 69.1 is above the England Average of 60 per 10,000

Sandwell remains below the statistical neighbour average of 89.6.

Length of time in the care system



55 Children in Care have been in the care system for 10 or more years (50 last quarter).

51% of the Looked After Children population have been in care for over three years.

Breakdown by Age

Age Group	Sandwell Q1	Sandwell Q1%	England 2013 Average (at 31 March)
Under 1	34	6%	6%
01 to 04	80	15%	18%
05 to 09	116	22%	19%
10 to 15	211	39%	36%
16+	96	18%	20%
Not Recorded	0	0%	0%
Total	537	100%	100%

Breakdown by Placement Type

Type of Accommodation	Sandwell Q1	Q1%	England 2013 Average (at 31 March)
Foster Placement - In House provision	283	53%	51%
Foster Placement - External	123	23%	24%
Placed with Parents	36	7%	5%
Residential Homes - In LA	0	0%	9%
Residential Homes - Out LA	33	6%	
Placed For Adoption	30	6%	5%
Secure Accommodation	7	1%	6%
Independent Living	23	4%	
Family Centre or Mother and Baby unit	0	0%	
Other Placements	2	0%	
NHS/Health Trust or other Establishment Providing Medical or Nursing Care	0	0%	
Not Recorded	0	0%	0%
Total	537	100%	100%

Breakdown by Need

Current Main Category	Sandwell Q1	Sandwell Q1%	England 2013 Average (at 31 March)
Abuse or Neglect	340	63%	62%
Family in Acute Stress	73	14%	9%
Family Dysfunction	64	12%	15%
Parent Illness or Disability	8	1%	4%
Absent Parenting	29	5%	5%
Socially Unacceptable Behaviour	6	1%	2%
Disability	11	2%	3%
Low Income	4	1%	0%
Other	0	0%	0%
Not Recorded	2	0%	0%
Total	537	100%	100%

Breakdown by Ethnicity

Grouped Ethnic Origin	Ethnic Origin	Total	Sandwell Q1	Q1%	% Sandwell Ethnic Origin to 2011 Children Population
White	White - British	326	346	64.4%	59%
	White - Irish	2			
	White - Other	18			
Mixed	Mixed - White/Asian	24	93	17.3%	8%
	Mixed - White/Black African	6			
	Mixed - White/Black Caribbean	46			
	Mixed - Other	17			
Asian or Asian British	Asian - Bangladeshi	8	48	8.9%	25%
	Asian - Indian	19			
	Asian - Pakistani	8			
	Asian - Other	13			
Black or Black British	Black - African	14	38	7.1%	7%
	Black - Caribbean	21			
	Black - Other	3			
Other	Chinese	0	12	2.2%	2%
	Eastern European - Other Count	12			
	Middle Eastern Count	0			
Refused to Specify	Refused to Specify	0	0	0.0%	0%
Information not yet obtained	Information not yet obtained	0	0	0.0%	0%
Total		537	537	100%	100%

Breakdown by Gender

Gender	Sandwell Q1	Sandwell Q1%	England 2013 Average (at 31 March)
Male	295	55%	55%
Female	242	45%	45%
Unknown	0	0%	0%
Total	537	100%	100%

Breakdown by Religion

Religion	Total LAC	Percentage
No Religion	227	43 %
Church Of England	126	24 %
Christian	88	16 %
Islam (Muslims)	51	10 %
Sikhism (Sikhs)	17	3 %
Roman Catholic	13	2 %
Druidism	3	1 %
Hinduism (Hindus)	3	1 %
Atheist	2	0 %
Not Recorded	2	0 %
Jehovahs Witness	1	0 %
Seventh Day Adventist	1	0 %
Total	534	100 %

Breakdown by Language

Language	Total LAC	Percentage
English	500	89.9 %
Other Forms Of Communication	8	1.4 %
Punjabi	8	1.4 %
Hungarian	5	0.9 %
Polish	4	0.7 %
Latvian	3	0.5 %
Miripuri	3	0.5 %
Somali	3	0.5 %
Welsh	3	0.5 %
Albanian	2	0.4 %
Czech	2	0.4 %
Maketon	2	0.4 %
Not Recorded	2	0.4 %
Pushtol/Dari	2	0.4 %
Arabic	1	0.2 %
Bengali	1	0.2 %
British Sign Language	1	0.2 %
Farsi	1	0.2 %
Gujarati	1	0.2 %
Russian	1	0.2 %
Tigriniyan	1	0.2 %
Urdu	1	0.2 %
Vietnamese	1	0.2 %
Total	556	100 %

*Please note. Some CYP have more than one language recorded on the system

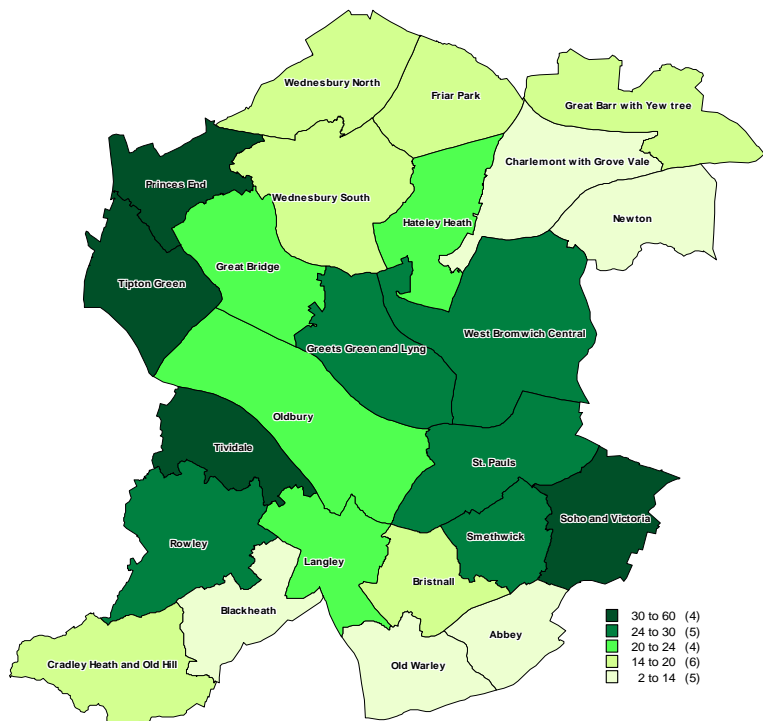
Children in Care - by Ward and Town at BLA

At 23rd July 2015

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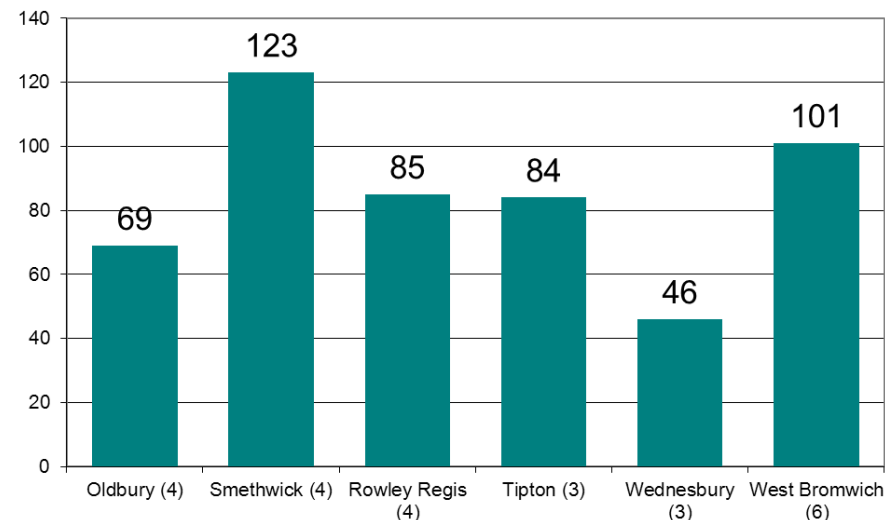


By Ward



Town + Total Wards	Total	%
Oldbury (4)	69	14%
Smethwick (4)	123	24%
Rowley Regis (4)	85	17%
Tipton (3)	84	17%
Wednesbury (3)	46	9%
West Bromwich (6)	101	20%
Total	508	100%

By Town



- 1) This data captures the ward and town which the child/young person was residing at the time they entered care.
- 2) Of the 535 Children Looked After at 23 July 2015, 508 (95%) had a home postcode recorded at the time they entered care that could be mapped by ward and town. The remainder had a home postcode recorded outside of Sandwell's boundaries.
- 3) Smethwick (123/ 24%) and West Bromwich (101/ 20%) had the highest numbers of Children in Care. Wednesbury had by far the fewest with just 46/ 9% LAC.
- 4) Soho & Victoria, Princess End and Tipton Green were the wards with the highest numbers of LAC. Blackheath, Newton, and Charlemont had the least. Those area's shaded in the darker colours on the map signify higher numbers of looked after children.

Ward	Total	Ward	Total
Soho and Victoria (SME)	60	Langley (OLD)	20
Princes End (TIP)	34	Cradley Heath and Old Hill (RR)	17
Tipton Green (TIP)	30	Wednesbury South (WED)	17
Tividale (RR)	30	Great Barr with Yew tree (WB)	16
Rowley (RR)	28	Friar Park (WED)	15
St. Pauls (SME)	28	Bristnall (OLD)	14
West Bromwich Central (WB)	28	Wednesbury North (WED)	14
Greets Green and Lyng (WB)	24	Old Warley (OLD)	13
Smethwick (SME)	24	Abbey (SME)	11
Hateley Heath (WB)	22	Blackheath (RR)	10
Oldbury (OLD)	22	Charlemont with Grove Vale (WB)	9
Great Bridge (TIP)	20	Newton (WB)	2

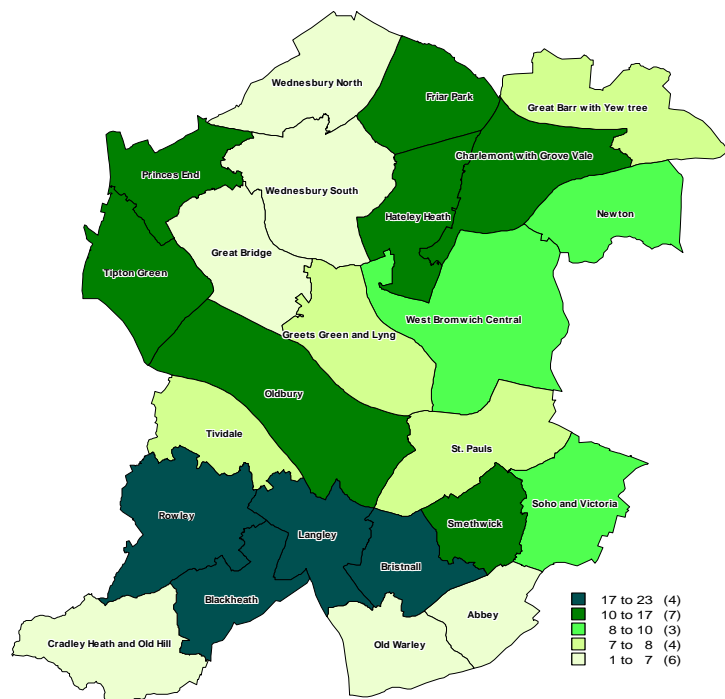
Internal Placements - by Ward and Town

At 23rd July 2015

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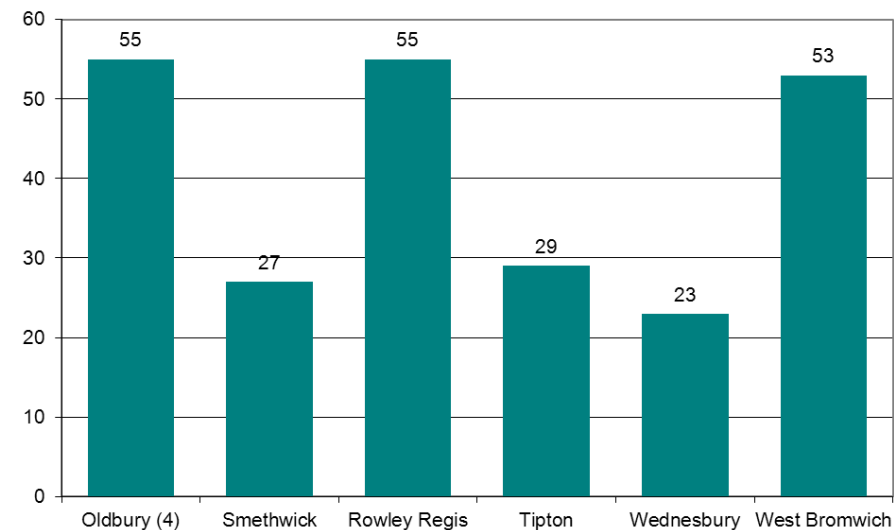


By Ward



Town + Total Wards	Total	%
Oldbury (4)	55	23%
Smethwick (4)	27	11%
Rowley Regis (4)	55	23%
Tipton (3)	29	12%
Wednesbury (3)	23	10%
West Bromwich (6)	53	22%
Total	242	100%

By Town



- 1) This data captures the ward and town which the child/ young person is currently placed in Sandwell
- 2) All 242 placed in Sandwell at 23 July 2015 had a care address postcode recorded.
- 3) Rowley has the highest number of looked after children placed (23) followed by Blackheath and Bristnall (19). Abbey has just one looked after child placed.

Ward	Total	Ward	Total
Rowley (RR)	23	Newton (WB)	8
Blackheath (RR)	19	West Bromwich Central (WB)	8
Bristnall (OLD)	19	Great Barr with Yew tree (WB)	7
Langley (OLD)	17	Greets Green and Lyng (WB)	7
Charlemont with Grove Vale (WB)	13	St. Pauls (SME)	7
Friar Park (WED)	13	Tividale (RR)	7
Oldbury (OLD)	13	Cradley Heath and Old Hill (RR)	6
Tipton Green (TIP)	13	Great Bridge (TIP)	6
Hateley Heath (WB)	10	Old Warley (OLD)	6
Princes End (TIP)	10	Wednesbury North (WED)	5
Smethwick (SME)	10	Wednesbury South (WED)	5
Soho and Victoria (SME)	9	Abbey (SME)	1

Appendix 2



***“You are just trusting them and then they leave”*: an audit of Looked After Children (LAC) team for Sandwell MBC**

March - June 2015



Contents

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2. Methodology	4
3. Findings.....	5
4. Observations and Recommendations	11





1. Background and introduction

This audit of the Looked After Children (LAC) team was commissioned by Sandwell MBC as part of its commitment to service improvement following a number of in-depth reviews of children's services in the Borough.

The audit was based on the Changing Our Lives Quality of Life Standards. These standards were written by over 650 disabled young people and adults and are recognised nationally as best practice. They were launched by the then Care Minister, Norman Lamb, in June 2014 and are recognised as national best practice: www.changingourlives.org/our-work/learningdisability/quality-of-life-standards

The aim of the audit was to find out the extent to which the LAC team works with children and young people in a person-centred way, putting them at the heart of planning and support. It focused on the following standards:

- Being in control of my life
- My voice
- The way people work with me

The audit was led by the Quality Crew, a team of young leaders who are trained auditors and who work in co-production with Changing Our Lives officers.



2. Methodology

The audit took place between March and June 2015. The audit team met with young people from the Looked After Children's and Young People's Board to explore any specific areas they wanted the audit to cover. The young people considered the draft questions, which the audit team had put together, re-wording some of the questions and adding others that they wanted the audit team to ask.

The audit team then met with 21 young people identified by the LAC team. This was mainly on an individual basis, although two groups of young people were interviewed together as this was what they preferred. Many of the participants were also involved in the Looked After Children's and Young People's Board, and so had experience of being involved in discussions about service provision. It is therefore possible that our interviewees were some of the more engaged and potentially positive young people being supported by the local authority; a similar review with a group of young people not involved in the work of the Board might have produced different results.

Most interviews were conducted in the young person's home, but a number took place at events organised by Sandwell Council (a careers fayre and a participation event) where this was more convenient for the young people concerned. The interviews focused on how the young people were involved in decision-making, whether they felt their voice was heard and their understanding of the complaints process.

Finally, the audit team looked at the "About Me" files of 11 of the young people who took part in the audit. These files are a relatively new initiative for the LAC team, having been developed over the last ten months in order to capture children and young people's voice. The aim of this element of the review was to see how young person-centred the plans were.

3. Findings

3.1 The way people work with me

The young people were asked about their relationships with the professionals in their life (their social worker, their independent reviewing officer and, where appropriate, their advocate). They were asked to describe them in three words and also asked about whether they felt the professionals knew them as people and listened to what they had to say.

Social workers


The vast majority of words the young people used to describe their social worker were positive, although a small number of young people were more critical (see Figure 1).

Figure 1 Terms used to describe social workers

great excellent good marvellous helpful fantastic funny
serious nice person OK a bit bossy sneaky crap alright
dull boring laid back polite caring knowledgeable
a good listener amazing sociable

Most felt that their social worker listened to them and respected them and some had an excellent relationship with their social worker:

“My social worker is so good I cannot explain, absolutely amazing, she respects me and is very social. She will do things for you and get things done... She gets her point across; she tells me what she likes and what she doesn't like. She understands what I need. She is an ideal social



worker, I have had a few and she's the best so far. My social worker comes to school every two weeks or often. It's easy to contact her; I ask staff at school and say I want to see her."

"I loved my social worker. She knew what I wanted – 'if that's what [person's name] wants, that's what she will do'. If she couldn't do something for me, she'd tell me why and help me appeal. If I had an issue she would come and see me, she was very approachable."

However, for others the experience was less positive:

"I think my social worker is crap because they say they will do stuff and then they don't do it for you. It's only when you tell them you going to run off because you feel that desperate that they do something."

"My social worker doesn't keep to what she says. She says she's calling and then she doesn't. I was meant to see my mom and she didn't contact me to say what had happened. She's nice but she can let me down."

Although most of the young people felt that their social workers were approachable, some were still fairly difficult to get hold of. The young people also felt that they had very little (if any) say over where and when they met with their social worker – this seemed to be decided by the worker rather than the young person.

A point that was made over and over again (almost without exception) was how many different social workers the young people had had over a relatively short space of time and how brief some of these relationships were. Most commonly the young people had had 3 social workers over an 18 month period, but one young person said they had had "about ten social workers in two years." Not surprisingly, this has a significant impact on the young people - particularly the older ones – with many feeling let down and abandoned:

“One social worker we only saw once, this is unorganised. I feel now like it's not worth bothering with social workers.”

“I've had twelve social workers in six years.”

“I've had a terrible time in the last few months. I had a couple of different social workers in what's felt like a couple of weeks. It's really stressing me and because I don't get on with my social worker, I think she doesn't come around and see me that often.”

“Some social workers are really nice but they leave me and I don't like change so I found it hard to leave 7 social workers. I've been in care for 3 years. This last year has been the worst for changes in social workers.”

“I had 3 social workers in one year; this was difficult because I had to tell my story over and over again. You are just trusting them and then they leave.”

Independent Reviewing Officer (IROs)

The young people had significantly less to say about their IRO, with some of the younger ones not sure who they were. While most of the young people were broadly positive about their IRO, this often felt a minor part of people's lives with only minimal contact.

There were two exceptions to this, both of who had been in care for a number of years, had worked with the same IRO over time and had developed a strong relationship. For both these young people, it seemed to be the IRO who provided the main stability in their lives. For example, one person had had many social workers in the twelve years they had been in care – but the same IRO:

“He knew what his job was and he did it as soon as I met him. I gained his trust; he gave me his email, phone number and helped me whenever he could. I don't know what he could have done better, he was too good.”

Advocates


Hardly anyone involved in this review had an advocate, and the younger children in particular did not know what an advocate was. However, the small number of young people who did have an advocate were exceptionally passionate about the person concerned and the role they had played in the young person's life. This included one young person who had been very critical of their social workers (and most other features of young people's services more generally), but extremely positive about their advocate:

"I've got an advocate from the Children's Society and they're great. They are very different to the social worker because they support you with what you want. My advocate is safe. An advocate listens and spends time with you and they understand where you are coming from. I think they're different to social workers because social workers get to go home at 5 o'clock and then their life carries on. My life is still crap."

Given such positive experiences, this seems an opportunity for future service development (see section 4 below).

3.2 My Voice/Being in Control of My Life

Although the Quality of Life standards include domains around 'hearing my voice' and 'being in control of my life', most of the young people found it difficult to talk about (or even to conceive of) having rights, experiencing meaningful choices or being able to influence what happens to them. This felt different to some other user group settings, where the notions of rights, control, choice and 'nothing about me without me' is more embedded (albeit it often difficult to achieve in practice). As a result, most of the data in this section came from specific questions that the audit team asked, rather than being raised spontaneously or naturally. Given that a number of the young people were involved in Sandwell's Looked After Children and Young People's Board and therefore had some experience of involvement in local strategy, some still struggled to apply the same ideas to their own lives. Although starting from a low base, three main themes emerged:

- 
1. The nature and conduct of meetings
 2. Their knowledge and experience of the complaints process
 3. Sparse information contained in the “About Me” folders

Meetings

About half the young people said that they did not attend review meetings, generally through choice as the meetings were dull. Those that did attend said they had little (if any) choice over where meetings were held, when they were held or who was there. Most felt that the meetings were boring (i.e. long and slow) and that they could be functional (completing tasks that needed doing – but without the process really meaning much to the young people concerned).


“People talk about how I’m getting on, and all that. I’m never there.”

Complaints

When asked about their knowledge of the complaints process, most of the young people said that they had not made a complaint (even where they felt they’d had poor experiences of social workers). Most knew how to complain if needed – but the vast majority of participants seemed resigned to whatever happened to them (whether positive or negative) and felt unlikely to make a formal complaint. This might raise issues around how best to seek feedback in future, including how to find out about negative experiences if the young people concerned are unlikely to raise concerns through formal channels (see below for further discussion).

“About Me” folders

Sandwell MBC has developed “About Me” folders, which should contain person-centred information about topics such as ‘my goals’, ‘signs of safety’ and ‘house of dreams’. In conversation with the Council, this seemed to be a flagship initiative of which services were extremely proud. As a result, the audit team were asked to look specifically at the folders, presumably in anticipation that this would provide rich information about the young people’s lives.



In practice, the 11 folders viewed had a very creative, individualised front cover and a photograph of the young person inside. From outside, they looked exciting and beautifully produced. However, on closer inspection almost all the folders were then completely empty. Only one or two had any other content at all – and this included some spelling tests for one young person and some information mistakenly filed for the person’s sibling. Staff said the folders had been developed over the last ten months and that in general some had more information in them than others.


4. Observations and Recommendations

Overall, this audit of the work of the LAC team has revealed a mixed picture. While many of the young people who took part had broadly positive experiences of their social workers, their IRO and advocates (where applicable), they nevertheless highlighted issues such as:

- Significant turnover of social workers, and a subsequent sense of feeling abandoned.
- A limited relationship with IROs (with two key exceptions).
- Little experience of advocacy (although very positive experiences for the small number of young people with an advocate) and for some young people little knowledge of the role of an advocate.
- Little say over how review meetings function.
- A sense of being resigned to whatever happens to them, rather than of being likely to proactively raise concerns or use the complaints process following a negative experience.

When asked about their voice and about being in control, the young people gave very limited answers, and there felt little sense of rights, choice, control and ‘nothing about me without me.’ Although the “About Me” folders sound a positive initiative in principle, the folders reviewed here had no actual content and seemed a missed opportunity, not least to prevent the young people from having to tell their story over and over when new workers become involved. Given the rapid turnover of social workers, which many of the young people reported, this lack of meaningful information about people’s lives and aspirations is perhaps unsurprising.

It is also important to stress that most participants were already involved in the Looked After Children’s and Young People’s Board and so were already engaged in debates about local services. With hindsight, it is possible that the sample of young people included may not therefore be representative – and that different results might have been obtained by talking to a broader group of young people. Typically, it was young people actively involved with the Board and/or young people in very stable, caring foster placements who seemed most positive – with more negative experiences reported by young



people living in children's homes and/or less engaged with the work of the Board.

In terms of future service developments, there seems to be scope to:

- Focus on mechanisms to deliver greater continuity and stability in the social work workforce.
- Involve young people in the future recruitment and training of social workers (this may already happen, but several young people proactively raised this as an important way forward).
- Improve knowledge of and access to advocacy services.
- Clarify with young people what rights they have to have a say over when and where review meetings take place/who is there.
- Explore ways of making reviews feel more person-centred and meaningful to the young people concerned.
- Consider how best to find out about negative experiences if young people are unlikely to complain.
- Further develop the "About Me" folders.
- Extend the work of the Looked After Children's and Young People's Board so that it engages with a broader range of young people.

Appendix 3

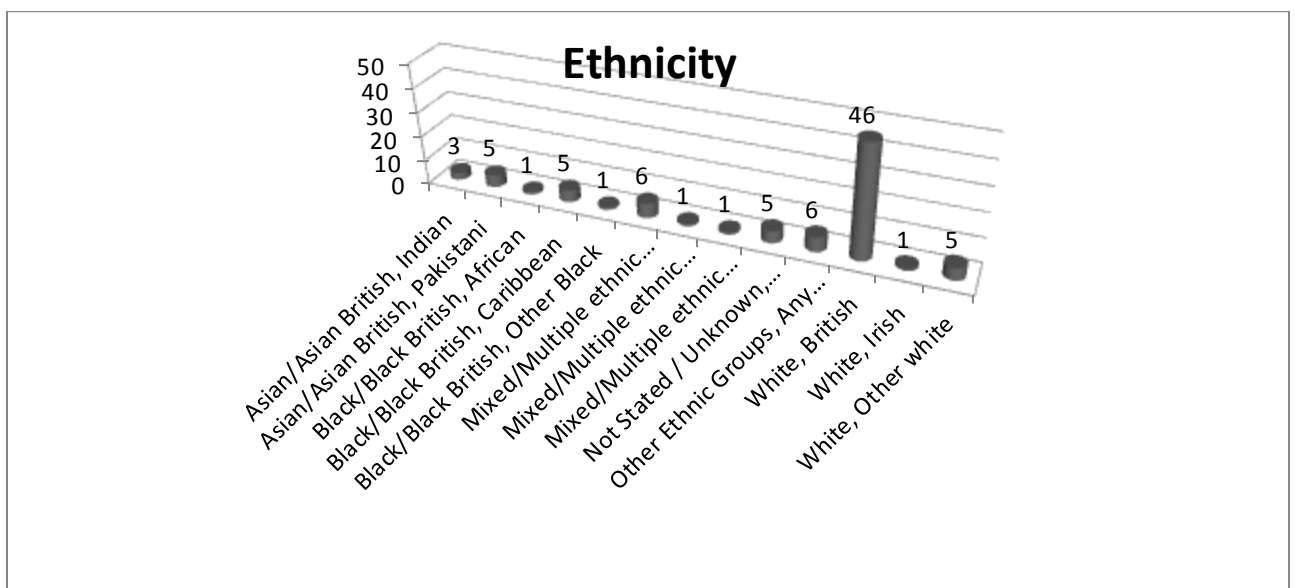
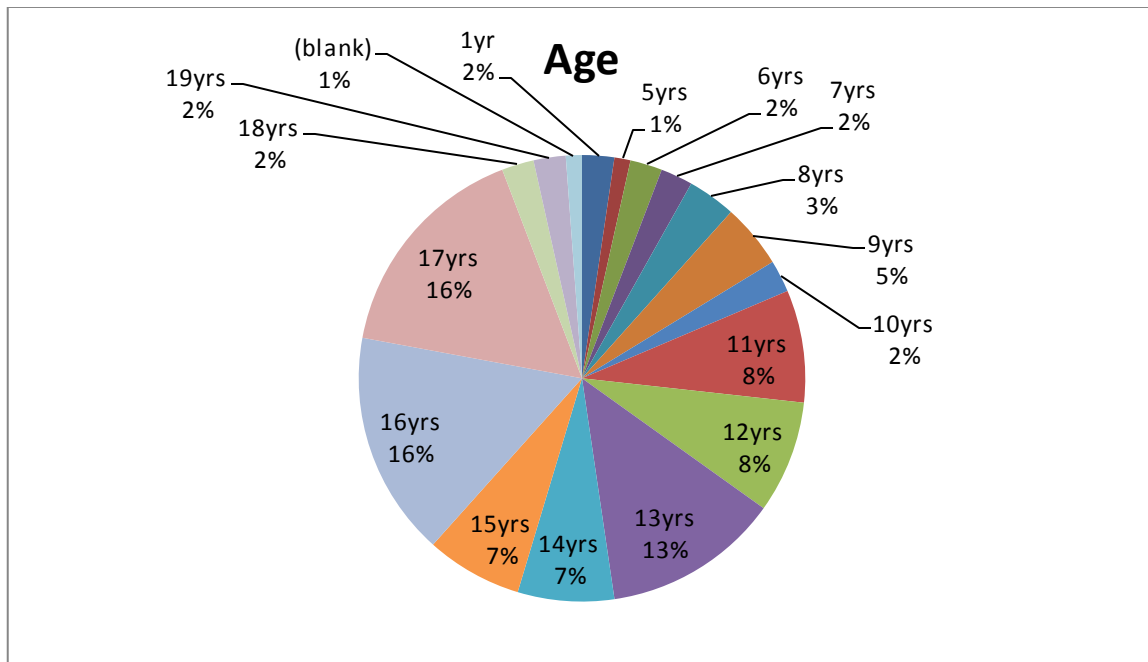
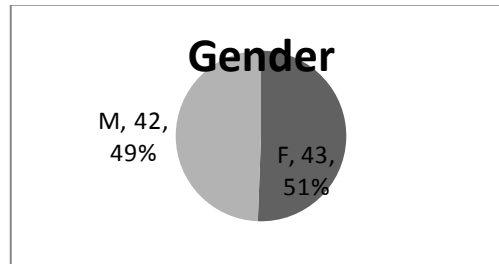


**Black Country Advocacy
Annual Report for Sandwell
1st April 2014 – 31st March 2015**



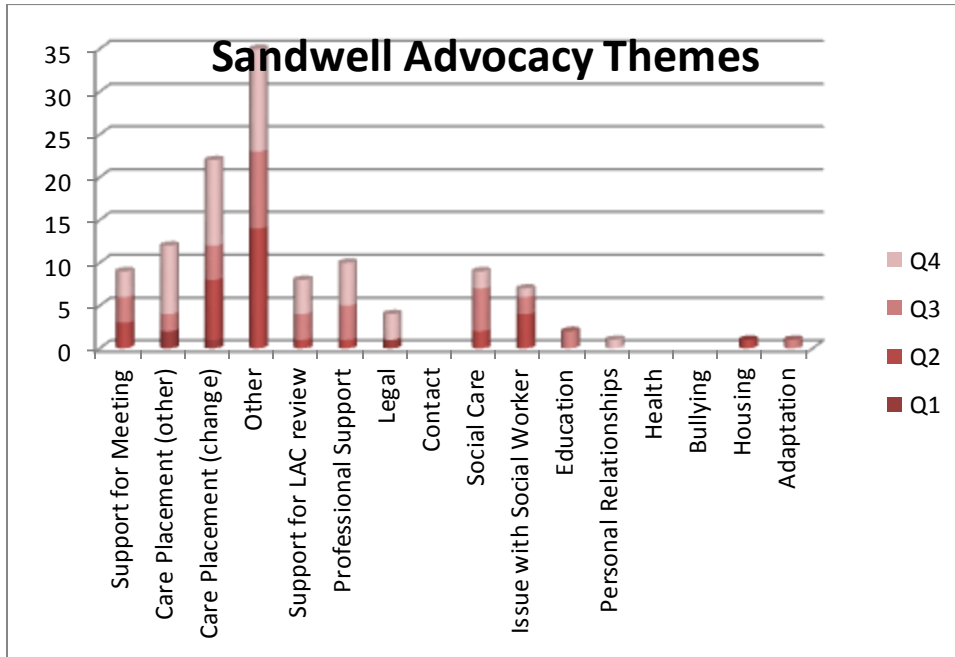
Demographics

There were 86 Service Users from Sandwell throughout the period, 59% were aged between 13 – 17 years.



Advocacy Issues

Throughout the year the 86 service users presented 121 Issues, the overall themes are displayed in the cumulative chart below; further details are provided in the following table:



Other includes: complaints, issues around respite, no further action and more complex cases which cannot be easily categorised. The dedicated Sandwell worker has advised that there have been lots of education issues, meetings in schools, equipment adjustments and issues relating to short term breaks.

Adaptation	1
Care Placement: issues around independence	1
Care Placement: other	11
Care Placement: support to challenge change of placement	16
Care Placement: support to request change of placement	6
Education: other (Please use 'Notes' field to provide more detail)	1
Education: support to access school based activities	1
Housing:support to apply for housing	1
Legal: support regarding child custody / removal	3
Legal: support to challenge care order	1
Other	35
Personal Relationships: other	1
Professional Support: issue regarding other service	3
Professional Support:support to access other services	1

Professional Support: issue related to social worker	7
Professional Support: lack of information for CYP	2
Professional Support: other	4
Social Care: finance issues for over 16/17 year olds	2
Social Care: issue around access to leisure	2
Social Care: other	5
Social Care: support for other, formal meeting	5
Social Care: support for other, informal meeting	1
Social Care: support for planning meeting	1
Social Care: support for professionals meeting	2
Social Care: support in LAC review meeting	8

Local Authority Complaints

There has been an increasing amount of complaints not meeting their time scale deadlines.

Service User Status

LAC Section 20	
Care Leaver	1
Foster Care	16
Residential Unit	3

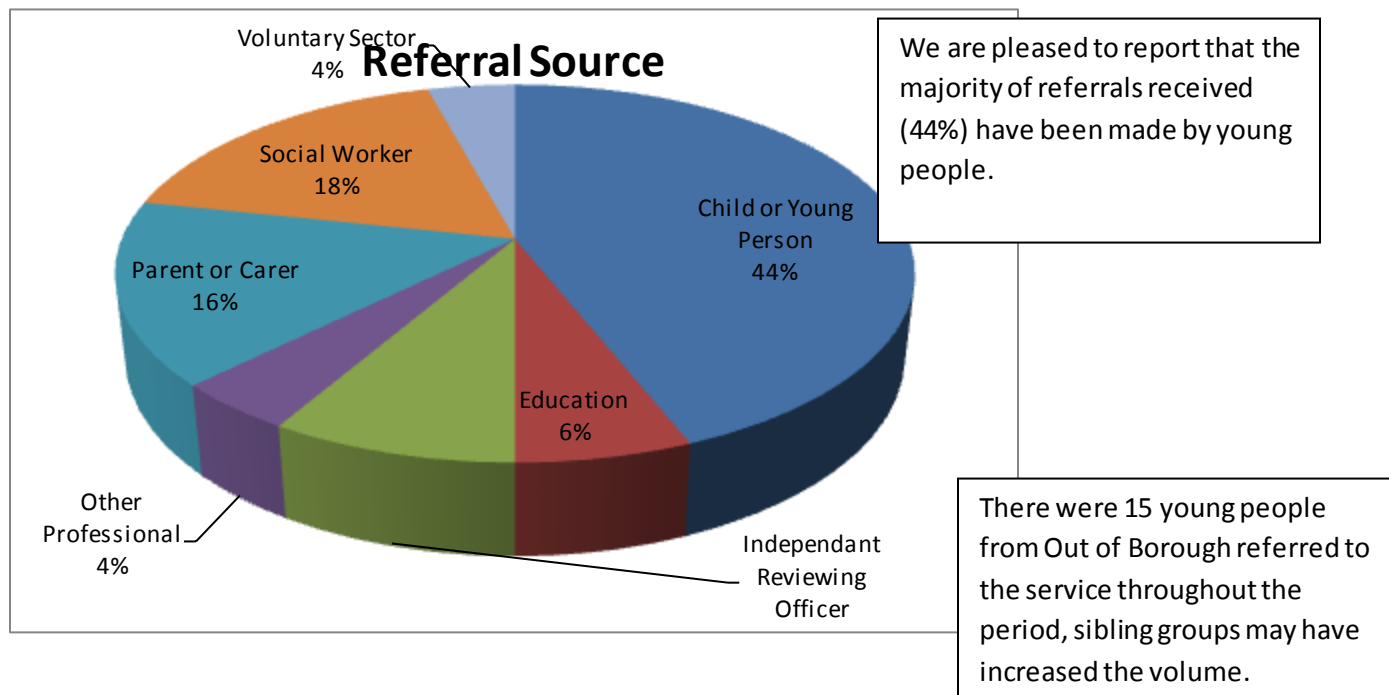
LAC Section 31	
Care Leaver	2
Foster Care	28
Residential Unit	14
Secure Unit	1
Unknown	1

Child Protection Plan	
Emotional Harm	8
Child in Need	7

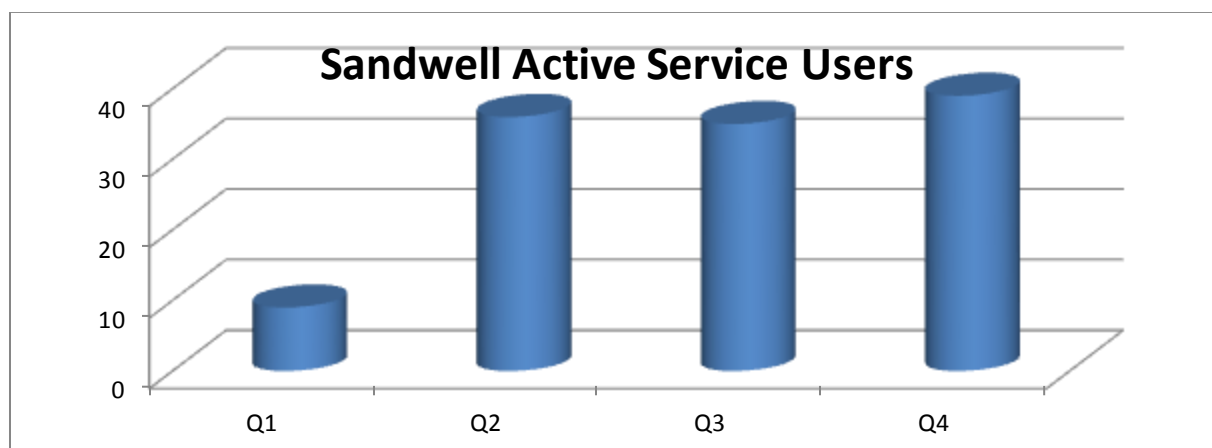
Disability

SANDWELL	14
Disability (Learning Disabilities)	12
Disability (Physical Disabilities)	1
Disability (Physical Disabilities); Disability (Learning Disabilities)	1

Referral Data



There was a dramatic increase in referrals in from Quarter 2 and referrals have remained steadily high in Quarters 3 & 4.



Residential visiting

Event Title	Sessions	No. of participants
Advocacy visit to North Street Children's Home	11	3
Newton Road monthly residential visit to offer advocacy support for residents	6	4

The contractual residential visiting is under discussion by the commissioners as there has been a reduction in Local Authority homes and increased numbers of private residential placements across the Black Country.

Total Respect

The Total Respect Network was formed to provide opportunities for the young people from each local authority to meet and share ideas. From the meetings working relationships have developed for the young people and collaboratively they have designed their own logo.

For the first time ever the Training the Trainers course (July/August) received a full complement of attendees from each of the local authorities. The young people were very positive about the course and enthusiastic about delivering training, the supporting staff expressed that they were really impressed and challenged by the course, the facilitator rated the group as “one of the best groups she had ever trained!”



A further network day was held in September, this was open to all of the trained young people, including the recent trainees. This was a great day with all participants' show-casing new ideas and sharing changes to some of the long standing exercises.

The group were keen to participate in a team-building day and to have branded clothing to wear when delivering training; two young people volunteered to apply for the Pot of Gold funding from The Children's Society. With assistance from Karl (Advocate) the application was sent in and successful in achieving a grant of £780. The entire group participated in offering ideas around creating a logo and this was finally agreed in January (see left) and branded clothing was ordered.

With the funds from the Pot of Gold application the Network Group attended the Pioneer Centre in Cleobury Mortimer. The group enjoyed the 'big bounce', archery and the Pioneer trail (team building and trust games). It was a very cold but sunny and everyone had a good time!



In March the group (fully kitted out in their new Total Respect hoodies) attended the 'Over the Rainbow event. The event was run by The Children's Society at the National Motor Museum to celebrate all those who had been successful in Pot of Gold Applications.

Email from Professional re Over the Rainbow Event:

Just wanted to say thank you for Saturday, the kids had a good day and said they enjoyed it. I have to say I too did enjoy it. Sure we will meet again soon.

Take care

The Total Respect Network has gone from strength to strength and the young people continue to build on the links already made, much of which have been enabled by the commitment of the supporting staff from the local authorities who have hosted meetings and transported young people.

Feedback

We have an ongoing Survey Monkey which young people and referrers can access if they wish, throughout the period there have been only one young person, and two parent/carer responses. Additional charts and analysis will be provided once the number of responses increases. Advocates have also provided young people and referrers with hard copies of the survey offering them an alternative to the online survey, there have been some limited response to this. All of the young people who responded **agreed with** the following statements:

- My Advocate listened to me
- My advocate helped me to understand his/her job
- I could talk to my advocate
- My advocate helped me
- I would ask an advocate to help me in the future

Compliments

Verbal feedback from parent:

"Thank you so much for your help. I do appreciate it"

...It was really helpful that you shared the children's wishes and feelings as in this particular case I was conscious the children may not disclose everything to me...

Email from Social Worker

"..thank you for making my wish come true and helping me I am so happy now and can be with my friends and can learn a lot more.."

"You listened to me, gave me time to talk about things and then gave me good advice, so I was able to tackle the problem myself."

Appendix 4

Looked After Children & Young People

Annual Report 2014/15





Authored by:

Jane O'Reilly
Designated Nurse for Looked
after Children

Dr David Low
Designated Doctor for Looked
after Children



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Foreword

by Dr Low and Jane O'Reilly

This report provides an overview of the Looked After Children(LAC) Service through 2014/15.

The year began with uncertainty and many challenges. With key recommendations to implement from CQC(Care Quality Commission) and OFSTED.

It has therefore been a year of redeveloping the service, and planning for the future.

In August 2014, CQC visited Sandwell to undertake a review of Safeguarding and Looked after Children within the borough. The findings for Looked after Children proved positive and encouraging, which highlighted the hard work and dedication that had been put into the redevelopment of the Looked after Children's service.

CQC were able to observe sensitive and child centred initial health assessments (IHA's) being conducted by the Designated Doctor, where it was noted that "good consideration was given to cultural, religious and gender issues".

Over the course of the year we have been immensely proud of the work that has been undertaken and the outcomes that this has achieved.

Jane O'Reilly.



James C Low.



Introduction and back ground



Definition of 'Looked After Children' (LAC)

Children in care or Looked After Children are children who have become the responsibility of the local authority. This can happen voluntarily, by parents struggling to cope through an intervention by children's services because a child is at risk of significant harm. (NSPCC 2015)

The National Picture.....

Most children become Looked After as a result of abuse or neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of the children in care have a diagnosable mental health disorder and two thirds have special educational needs. Delays in identifying and meeting their emotional well being and mental health can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults (DOH 2015).

And Locally.....

The Sandwell OFSTED inspection in 2013 found significant issues with LAC services and care. Recommendations from this inspection were prioritised and prompted improvement plans across the services that work with this vulnerable cohort.

This of course has shaped the work undertaken to develop the CCG's service to provide good quality care and commissioning.

OFSTED recommended that the LAC team should:-

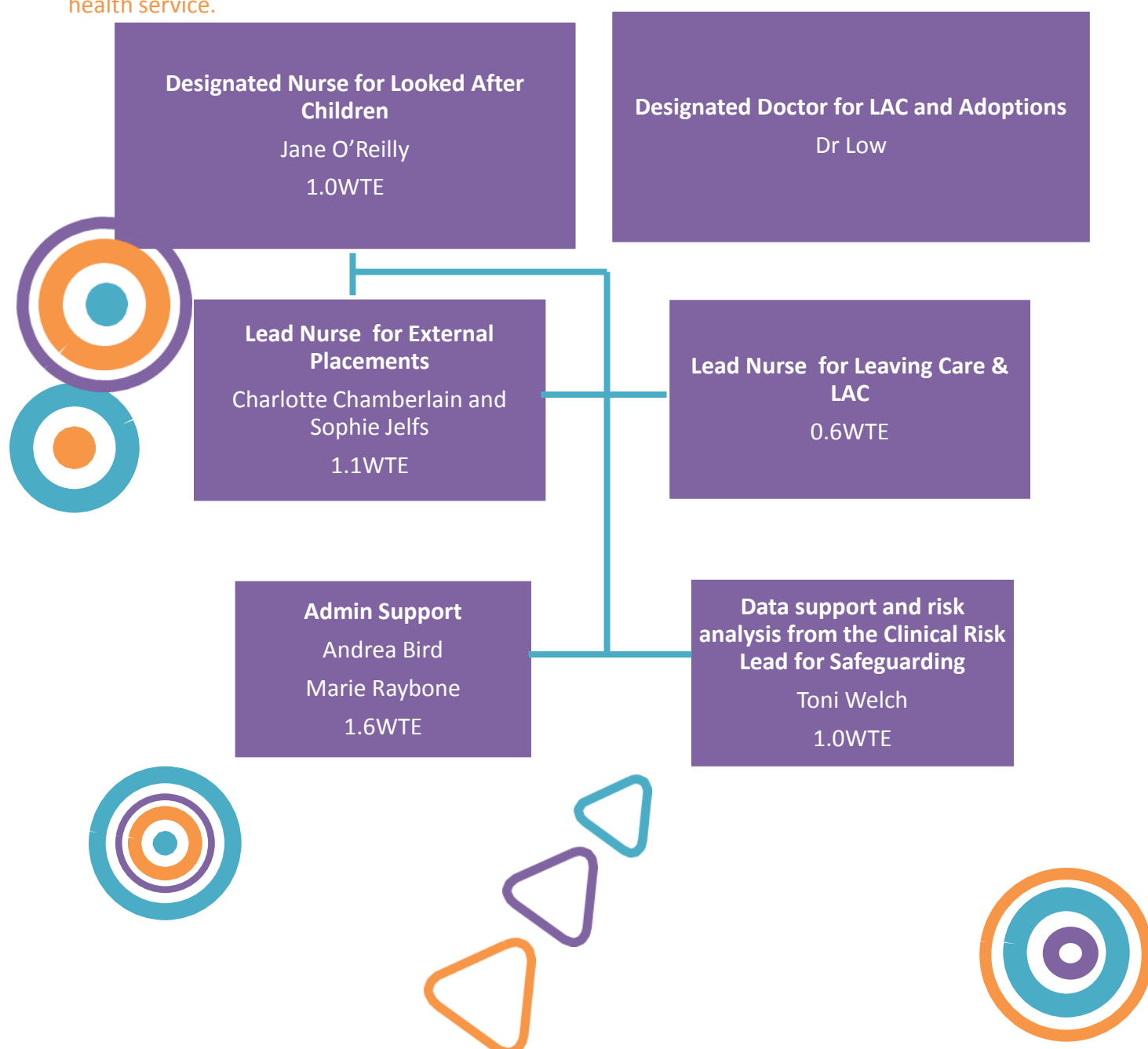
- Ensure that plans are firmly in place to eliminate the backlog of initial health assessments for children and young people coming into care
- Ensure plans are in place to improve the quality of initial and review health assessments to ensure that these include the fullest information obtainable to inform the comprehensive health needs of looked after young people.

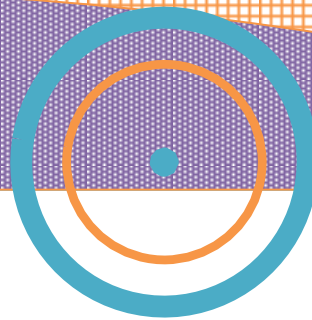


The LAC Structure within SWB CCG

The LAC Team are part of the Safeguarding Children Unit employed by Sandwell & West Birmingham CCG. The Team work in partnership with the Local Authority Children's Services, Health Visitors, GP's, CAMHS and Paediatric Consultants. Sandwell's Out of Borough placements are managed by working collaboratively with external Providers and Commissioners, plus regular contact and visits from the Team in liaison with Commissioners.

The team are supported by The Looked after Children's team in Birmingham, who support the school health service.





The Team

The LAC Health Team, has been established since 2003, and has grown and re developed this year following support and finance from the CCG.

The Designated Nurse is now supported by the Lead Nurses for External Placements (job share), and the Leaving Care Nurse.

Designated Doctor

The Designated Doctor function is a statutory post, as described within the intercollegiate document. The post was previously held by Dr David Low. He completed all of the IHA's for children entering care. He also performed Adoption medicals. Dr Low retired in May 2015. The post is currently vacant awaiting a new appointment by Sandwell and West Birmingham under a service level agreement with the CCG.

Designated Nurse

The Designated Nurse for LAC has a strategic overview of the performance, quality and strategy for the service.



Lead Nurse external placements

A budget of £ 1.4 million is held by the Designated Nurse to ensure that the complex health needs of children in care are met. The Designated Nurse works closely with the Lead Nurse for External Placements and the Sandwell Resources Panel to ensure robust monitoring of the health contribution to out of borough placements, ensuring therapeutic interventions are delivered appropriately and provide value for money.

This role of the Lead Nurse is a job share; two members of staff from differing nursing backgrounds (Charlotte is a trained mental health nurse and Sophie has a health visiting background) together they provide expertise in this area. This ensures that the Looked after population of Sandwell and West Birmingham are given the best possible opportunities; and that there is a measure on the quality of the provision.

Leaving Care Nurse

This role remains operational, care leavers are offered health assessments, and issued with the health passport. The residential units within Sandwell are offered bespoke work with individuals to help in preparation for independent living. This provision is extended to children and young people who live within a 50 mile radius of Sandwell; this ensures a continuity of care





Administrative Team

The LAC team within the CCG are supported by 2 Administrative Officers. (1.6 WTE)
Both are experienced administrators with a wealth of Safeguarding experience.

The Administrators have been instrumental in the development of robust databases, mechanisms and partnership working with other agencies.
Throughout the year they have helped shape the systems used to capture nationally reportable data; established better working processes; enhanced working relationships within partner agencies and ensured that information relating to the LAC cohort is recorded accurately and robustly.



Clinical Risk Lead for Safeguarding

The LAC service required significant development and improvements at the beginning of the year. The Clinical Risk Lead for Safeguarding supported and worked with the team to identify areas of development and contributed to the initiatives undertaken to achieve the redesign of the service.

Data sets were agreed , and analysed regularly to ensure that the team were on trajectory with plans and actions required throughout the year. This included working closely with the Local Authority (LA) data team to develop projections and trajectories for the RHA completions. An audit plan has been developed to continually monitor progress and compliance.





Policy and Statutory Guidance



Overview

Statutory guidance for Looked After Children & Young People sets out a number of requirements and indicators for those working with this cohort. Many of these are performance based indicators that ensure children and young people within the care system are receiving regular good quality care and monitoring. This enables issues to be identified at the earliest stage and allows for appropriate referral, treatment or escalation

What Does That Mean for Sandwell and West Birmingham CCG

The guidance sets out timeframes for statutory health assessments to be completed.

Specifically –

An Initial Health Assessment (IHA) must be completed with a child within 28 days of the child becoming 'Looked After'

Following the IHA, the child must have regular review health assessments (RHA's) completed. The timeframes for these differ depending upon the age of the child.

For children Under 5, an RHA must be completed every 6 months. For those over 5 this is extended to annually.

The IHA's for Sandwell residents entering the care system are completed by the Designated Doctor for LAC.

RHA's are completed by the most appropriate health professional working with the child. In many cases this is the Health Visitor or the School Nurse, however, SWB CCG also have a dedicated LAC Nurse team that undertake the RHA's for those children not in education and/or placed out of borough.





NICE (National Institute for Health & Clinical Excellence) Quality Standard for LAC

'Looked after Children and Young People should expect to have the same opportunities as other children and young people, including being healthy and safe. They should be provided with the opportunities needed to help them move successfully to adulthood.' (NICE, 2013)

NICE have developed guidance standards to help support quality service provision for LAC.

'NICE quality standards aim to improve outcomes for Looked after Children by:-

- improve quality in practice and outcomes
- support the provision of care that has been shown to work and to be cost-effective
- increase the national consistency of social care provision
- support the development of inter-agency and inter-professional working
- demonstrate to looked-after children and young people what they can expect from high-quality care.' (NICE, 2013)



The Intercollegiate Framework March 2015

The core competencies of the Designated professionals for Looked after Children are specified in intercollegiate guidance and include:

- Working strategically with service planners, commissioners and service providers to ensure the needs of looked after children are taken into account
- Provision of policy advice across interagency and corporate parenting boards
- Develop, leading and monitoring quality assurance processes and service improvement across the health economy
- Ability to influence change and effectively challenge colleagues in health and social care about the health and wellbeing of Looked After Children





How are the children heard?

The voice and journey of the child was identified as an integral aspect to Sandwell's improvement plan in accordance with the Munro Review of Child Protection, Final Report May 2011. To inform the improvement plan, young people have been consulted about the service they receive. As a consequence a children's champion group has been developed.

The Lead Nurse for Young People over 16 years is a member of this group. The group is a small but active group of very committed young people who represent the voice of looked after young people through the Corporate Parenting Board.

REDY System

Reflective Learning International has developed the REDY System, (The Real Time Evaluation Device for Youth) this is a system for children and young people to utilise to ensure their feedback is given. The system was designed by young people, for young people. SWB CCG purchased REDY to capture the experience of Looked After Children who attend clinic for an Initial Health Assessment (IHA).

The REDY system has been in use since April 2014.

The REDY system has proven to be very popular when used with children attending for their IHA and as a result the team has been able to make several improvements to the clinic environment and the IHA process by utilising the data available.

Communi-crate

In addition to the REDY system, Sandwell now incorporates the use of the communi-crate resource tool to illicit the voice of the child during the health assessment.

The communi-crate was developed in Sheffield for use in social care to enhance the way children and young people in the care system are listened to and have their views taken into account in any decision being made that affects their lives. The crate contains tools and resources to enable effective child participation to take place.

The clinical environment

The clinical area where children are seen for their initial health assessment is at the Lyng Health Centre. It is important that the area is as welcoming as possible to ensure that each child offered quality health assessment in an area that is not frightening or overly clinical. The safeguarding unit have incorporated the Redy system and communi-crate to facilitate this.



Does it make a difference?

The REDY System

The REDY system has provided foundation data and information for the team to help them make changes to their practice and the environment in which the clinics are conducted.

Where the response indicators were low or indicated that the children were not pleased with their experience, the LAC team have been able to implement change.

This method has been used to make essential improvements to the clinic environment, to make it more child friendly and to provide the children with activities and stimulation whilst in the waiting area.

Health Assessments

The Designated Nurse for looked After Children has also taken steps to ensure that the child's voice is heard through the completed review health assessments. This ensures that the practitioner has captured the wishes and feelings of the child within the assessment and has documented this clearly. This processes has been developed further following a CQC review of Safeguarding practice within Sandwell.

By capturing the voice of the child within the assessment documentation there will be a coherent 'journey' available for the child. It will ensure that professionals undertaking the assessments are able to analyse attitudes and behaviour in order to make appropriate referrals and engage appropriate support for the child.

Every RHA is quality checked by the Designated Nurse ensuring that a high standard is maintained and training issues addressed.

The designated Nurse for Birmingham undertakes the same process for the school nurse cohort





The Assessment Process

BLA

- Child Becomes Looked After
- Social Worker contacts Safeguarding Children Unit to book an IHA

IHA

- LAC Administrators book the appointment and collate health information for the child from a variety of sources
- Child attends IHA appointment, Designated Doctor performs a comprehensive health examination of the child

RHA

- IHA documentation completed and entered onto child's electronic record, along with a 'flag' to note the child's vulnerable status
- Recall details entered onto the electronic file and also onto the LAC database

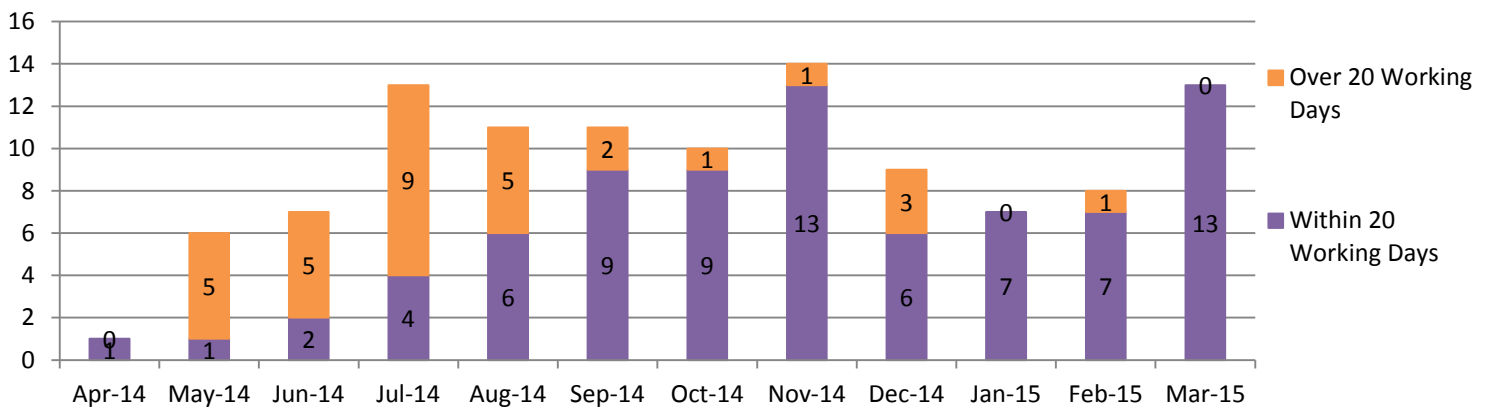
RHA

- Child recalled for a RHA on a regular basis
- 6 Monthly RHA's for Under 5's
- Annual RHA's for over 5's

Health Assessment Performance

Initial Health Assessments

The graphs below show the number of Initial Health Assessments (IHA) completed by the Designated Doctor during 2014/15, also indicating the number completed within statutory timeframes.

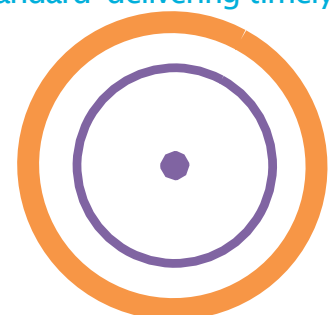


During the year Sandwell Metropolitan Borough Council (SMBC) saw 110 children/young people entering the care system. Of these, a total of 78 received their IHA within the statutory timeframe. However, there were a further 32 that were completed outside of this.



There has been significant partnership working undertaken in order to identify reasons for the delays seen early in the year and to work together in addressing these.

The figure above evidences that the work has largely been successful, with the delays being reduced to ensure the children/young people are being seen within timescales and that the service is performing to a high standard delivering timely care, in accordance with DoH guidance.



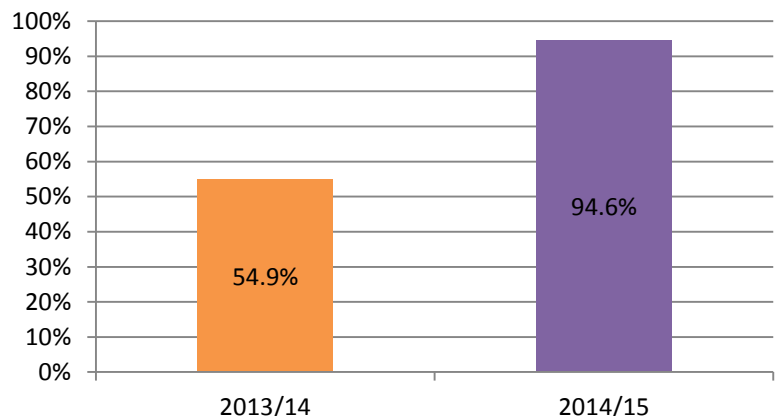
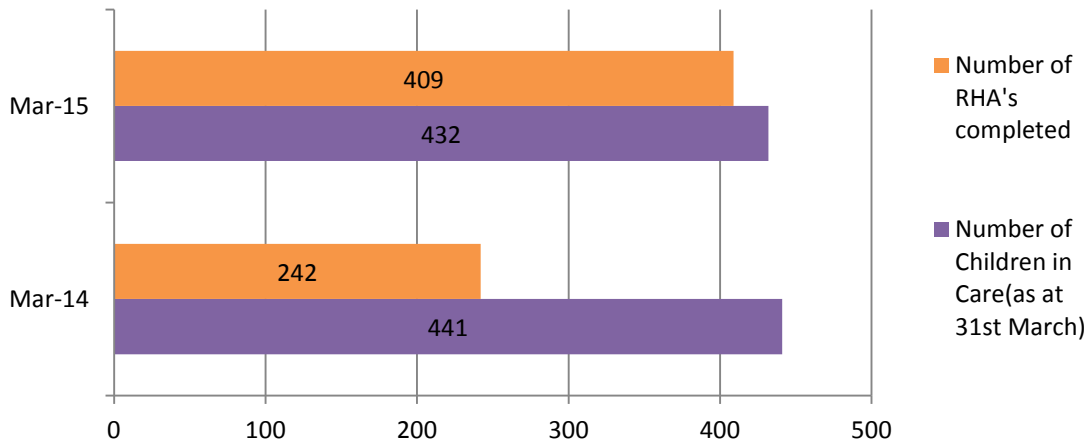
Review Health Assessments

Following low uptake rates during 2013/14, one of the main challenges for the LACYP Health Team during 2014/15 was to improve the number of Review Health Assessments (RHAs) completed.

This has been a priority throughout the year and a significant amount of work has been undertaken to improve and develop the systems, processes and mechanisms to ensure that the RHA's are completed in a timely and appropriate manner. The revised processes enable children's health to be monitored effectively and the appropriate services are in place to support the children through their journey.

The SWB CCG Safeguarding Children Unit have created robust databases to capture the children's details and ensure that there is effective mechanism to recognise when a child is due an assessment. Processes are now in place to the appropriate health professional and enable the RHA to be completed in a timely manner.

RHAs are being conducted by Health Visitors and School Nurses where the child is placed within the Sandwell Borough (or attending a Sandwell Education Facility) and by the Lead Nurses for External Placements or the Lead Nurse for Leaving Care where they are placed outside of the borough.



Training & Support for Health Professionals

Health Visitors

Informal training has been delivered to the health visiting service; to introduce the new Designated Nurse and to inform the service of the processes in place to ensure that looked after children receive their health assessments in a timely manner.

There are close links with the health visiting service to monitor performance and turnaround of review health assessments

Social Workers

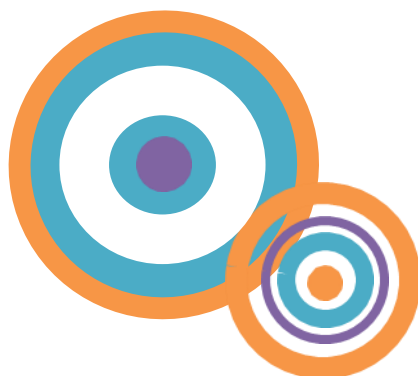
Training has also been delivered to social workers to explain the importance of completing the BAAF (British Association for Adoption and Fostering) consent form, to initiate the health assessment process. The Designated Nurse for LAC has met with the Group Head for LAC from Children's Services to establish a more robust and timely method of obtaining consent and submission of Part A of the BAAF paperwork from the Social Workers.

GP's

The Designated Nurse for Looked after Children delivered a presentation to Birmingham GP's at a PLT (protected learning time) event which explained the importance of the GP summary report to inform the initial health assessment. There has been an increase in GP's providing a summary, but this is still an area for development. The profile of Looked After Children is being raised amongst GP's. This is achieved by the Newsletter that GP's receive, and a leaflet that is given to all GP surgeries. The CCG intranet page that GP's access also has a Looked After Children's page.

School Nursing

From the 1st April 2014, the provision of the School nursing service in Sandwell came under the auspices of Birmingham Community Health Care Trust. For this reason training is delivered to the school nursing service by the Designated Nurse for Looked After Children in Birmingham. Close links with the Birmingham LAC team have ensured that RHA have been completed in a timely manner and are of good quality.





Key Achievements from 2014/15

Administration

One of the most significant achievements this year has been the development of the monitoring and quality assurance systems within the LAC service. The improvements that have been embedded into the service this year will form the foundation of work going forward.

Internally within the CCG Safeguarding Children Team the administration processes have been improved to ensure that there is dedicated support available for LAC; The significant work to build a robust database has enabled the team to have access to relevant information for the cohort. It also allows the CCG to monitor the performance of service providers in relation to the LAC assessments.

The developments have not been restricted to the CCG. There has been significant work undertaken to improve the processes of interagency information sharing and recording. Accurate data capture and improved working arrangements between agency admin teams has resonated in timelier assessments and support being provided to the LAC cohort.

The Health passport

The health passport is issued to care leavers on or close to their 18th birthday. Although the concept of a passport was a recommendation from CQC, the Safeguarding Children Unit felt that it was essential to include the opinion of young people in the design. A basic template was developed and Looked After young people redesigned and made it their own; choosing the layout of the passport, logo, and colour. The content was discussed at length to ensure that all topics needed for a healthy future were covered. These included, sexual health, how to register with a GP, and dentist. The immunisation status and family history were also included.

The passport is issued to each care leaver, providing them with information to make healthy choices and empower them to have ownership of their health. It will be audited in September 2015 to evaluate effectiveness.



Working Collaboratively.....

With the Local Authority.

2014/15 has been a challenging year for the Looked after Children's Service. However, there have been successes from the challenges faced. Within Sandwell these include improved collaborative working between the CCG LAC team and partner agencies.

The partnership approach that has been adopted has resulted in improvements which benefit the LAC cohort

There has been work to integrate the CCG LAC team into the decision making process for the most complex LAC cases, this includes inclusion in the funding discussions and care planning for the children.

The Designated Nurse for LAC has established a 'Hot Desk' within the Local Authority LAC Team and is now actively working from within the LA team at least 1 day per week. She is available to respond to health related queries relating to individual children, or health questions in general. This has promoted a sound and trusting relationship between Health and Social Care; and enhanced service provision for Looked After Children.



With the School Health Service and Health Visiting Service.

Effective working together with the Health Visiting and School Health Nursing Services is evident in the achievement of the 94.4% RHA completion rate.

Working collaboratively with these services has enabled the team to achieve the national target this year, and plan services for the year ahead.

Work has been undertaken by the Designated Nurse with health visiting teams to develop their skills in assessment, analysis and improved understanding of the vulnerabilities of Looked After Children.

Regular review and monitoring meetings have been established with the School Health Nursing Service to ensure that any risks to the achievement of national RHA targets are identified and mitigated.





Key Priorities for 2015/16

Mission Statement

The LAC Health Team aim to ensure that the Looked After Children of Sandwell & West Birmingham have appropriate, outcome focused support from health partners.

QUALITY

It is the intention of the team to focus upon the quality of services and provision through the next year (2015/16). In particular the quality and appropriateness of services commissioned for children and young people placed out of borough.

The Lead Nurses for External Placements will be integral in the development of quality outcome frameworks for individual children as well as the assessment quality for this cohort.

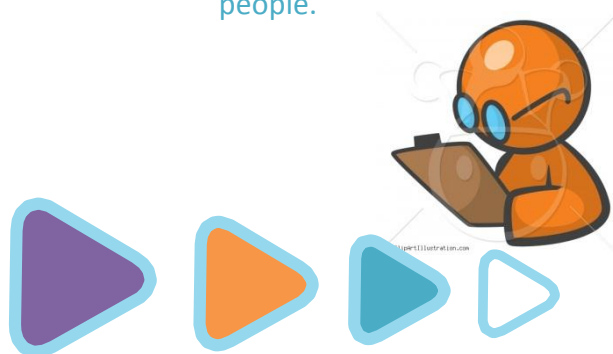
It is anticipated that the establishment of robust mechanisms for monitoring and evaluating outcomes for complex LAC cases will not only improve the quality of care and support provided to the children but may also reduce the cost to the CCG in ensuring appropriate services are provided.

PARTNERSHIPS

More work will be undertaken to develop improved partnership[working for the LAC cohort and embed 'health' within the decision making functions for children. This will take a more strategic focus as the team work with partner agencies to ensure that the child's health is considered within all decisions.

AUDIT

The Designated Nurse for LAC will reintroduce the NICE standards for LAC across a multi- agency base. The multi -agency audit tool for LAC NICE standards will require all agencies working with LAC to complete the online tool and regular submissions. This will identify areas for development across single organisations and evaluate how effectively agencies work together to meet the needs of children and young people.



2015/16 Action Plan

Area of Development	Action	Deadline	Lead
Quality services for LAC placed out of borough	To establish Multi Disciplinary Team (MDT) meetings/panels to enable detailed discussions relating to individual children	August 2015	Designated Nurse for LAC
	To work with MDT's to develop outcome frameworks for individual children	March 2016	Lead Nurse(s) for External Placements
	To develop quality assurance methods for commissioned bespoke services	March 2016	Lead Nurse(s) for External Placements
	Establish robust mechanisms for monitoring and evaluating the impact and outcomes for children with complex needs/cases	March 2016	Designated Nurse for LAC
Health Assessments	To plan/map review health assessment requirements to adhere to statutory target compliance	April 2015	Designated Nurse for LAC/ Clinical Risk Lead for Safeguarding
	To establish mechanisms for quality assuring Initial health assessments	July 2015	Designated Nurse for LAC
	To embed the use of the CSE screening tool in Health assessments (where appropriate)	August 2015	Designated Nurse for LAC
Audit	To create and implement an evaluation tool to measure the success of the Health Passport	May 2016	Designated Nurse for LAC
	To establish the LAC NICE standards audit (via Virtual College) across partner agencies	August 2015	Designated Nurse for LAC



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