



Children and Young People Scrutiny Committee

Date: Tuesday, 4 December 2018

Time: 2.00 pm

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

There will be a private meeting for members of the Committee at 1:30 pm in Committee Room 6, Room 2006, Level 2 of the Town Hall Extension.

Access to the Council Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

Filming and broadcast of the meeting

Meetings of the Children and Young People Scrutiny Committee are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

Membership of the Children and Young People Scrutiny Committee

Councillors –

Sameem Ali, Alijah, Hewitson, T Judge, Lovecy, McHale, Madeleine Monaghan, Sadler and Stone (Chair)

Co-opted Members -

Mr A Arogundade, Mr L Duffy, Mr R Lammas, Mrs B Kellner, Mrs J Miles, Dr W Omara and Ms Z Stepan

Agenda

1. Urgent Business

To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals

To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests

To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. Minutes

To approve as a correct record the minutes of the meeting held on 6 November 2018.

Pages
7 - 12

5. Manchester's Transformation Plan for Children and Young People's Mental Health and Wellbeing

Presentation of Craig Harris, Executive Director of Nursing, Safeguarding and Commissioning, the Strategic Director of Children and Education Services, Helen Scott, Senior Commissioning Manager, and Maria Slater, General Manager of Child and Adolescent Mental Health Services (CAMHS)

Pages
13 - 30

This presentation provides information on the practice, delivery and impact related to Manchester's Transformation Plan for Children and Young People's Mental Health and Wellbeing.

6. Population Health Needs of Manchester Children

Report of the Director of Population Health and Wellbeing

Pages
31 - 56

This report provides an overview of the health of children in the city, including outcomes in relation to the first 1000 days of life, dental health, physical health, obesity and malnutrition.

7. Annual Reports Fostering and Adoption Services

Report of the Head of Looked After Children

Pages
57 - 120

This report provides an update on the Council's performance in

relation to its adoption and fostering services.

8. Budget Setting - Children's and Education Services Business Plan - to follow

9. Overview Report

Report of the Governance and Scrutiny Support Unit

Pages
121 - 136

This report provides the Committee with details of key decisions that fall within the Committee's remit and an update on actions resulting from the Committee's recommendations. The report also includes the Committee's work programme, which the Committee is asked to amend as appropriate and agree.

Information about the Committee

Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision-makers about how they are delivering the Our Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Children and Young People Scrutiny Committee reviews the services provided by the Council and its partners for young people across the city including education, early years, school standards and valuing young people.

In addition to the elected members the Committee has seven co-opted member positions. These are:

- Representative of the Diocese of Manchester – Mrs Barbara Kellner
- Representative of the Diocese of Salford – Mrs Julie Miles
- Parent governor representative – Mr Ade Arogundade
- Parent governor representative – Dr Walid Omara
- Parent governor representative – Ms Zaneta Stepan
- Secondary sector teacher representative – Mr Liam Duffy
- Primary sector teacher representative – Mr Russell Lammas

The co-opted members representing faith schools and parent governors are able to vote when the Committee deals with matters relating to education functions.

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the Committee Officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

The Council welcomes the filming, recording, public broadcast and use of social media to report on the Committee's meetings by members of the public.

Agenda, reports and minutes of all Council Committees can be found on the Council's website www.manchester.gov.uk

Smoking is not allowed in Council buildings.

Joanne Roney OBE
Chief Executive
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Albert Square,
Manchester, M60 2LA.

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This agenda was issued on **Monday, 26 November 2018** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Mount Street Elevation), Manchester M60 2LA

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Children and Young People Scrutiny Committee

Minutes of the meeting held on 6 November 2018

Present:

Councillor Stone – in the Chair

Councillors Hewitson, T Judge, Lovecy and McHale

Co-opted Voting Members:

Mr A Arogundade, Parent Governor Representative

Mrs B Kellner, Representative of the Diocese of Manchester

Mrs J Miles, Representative of the Diocese of Salford

Dr W Omara, Parent Governor Representative

Ms Z Stepan, Parent Governor Representative

Co-opted Non Voting Members:

Mr L Duffy, Secondary sector teacher representative

Councillor Rahman, Executive Member for Schools, Culture and Leisure

Professor Yaron Matras, University of Manchester

Apologies:

Councillors Alijah and Sadler

Mr R Lammas, Primary sector teacher representative

CYP/18/54 Minutes

The Chair noted that, as requested at the Ofsted Subgroup meeting on 2 October 2018, Ofsted's letter on their recent focus visit had been circulated to Members of the Committee. He welcomed the progress made so far.

Decisions

1. To approve as a correct record the minutes of the meeting held on 9 October 2018.
2. To receive the minutes of the Ofsted Subgroup meeting held on 2 October 2018.

CYP/18/55 Promoting Inclusion and Preventing Exclusion

The Committee received a presentation of the Director of Education which provided information on work to reduce the number of school exclusions, including the National Review.

The main points and themes within the presentation included:

- The National Review of Exclusions;
- Information gathered from multi-agency consultations;
- The four strands of the draft strategy (universal, early intervention, alternative

provision or specialist support and ensuring best practice in the use of exclusion; and

- Next steps.

Some of the key points and themes that arose from the Committee's discussions were:

- Whether a breakdown of the types of schools which were excluding children was available;
- The allocation of financial resources and how much was being allocated to support children attending Pupil Referral Units (PRUs) and children at risk of permanent exclusion;
- Concern about the level of exclusion and the percentage of those being excluded who had Special Educational Needs and Disability (SEND);
- The importance of identifying and supporting children with challenging behaviour at primary level, even if their behaviour was more manageable at that age;
- Whether it was difficult for pupils attending a PRU to return to mainstream education and how many secondary school children who were permanently excluded returned to mainstream schools and how many were in long-term alternative provision; and
- The new Ofsted Framework due to be introduced in September 2019.

The Director of Education reported that a breakdown of data on school exclusions could risk identifying individual children and, therefore, could not be shared widely; however, she advised that this information had been provided to the Chair previously and could be provided again. She advised Members that it was difficult to draw conclusions on the types of school which were more likely to exclude pupils as most exclusions took place at the secondary school level and most secondary schools in Manchester were academies. She informed Members that the Executive had approved plans to allocate £20 million of basic needs funding to invest in SEND provision and alternative provision. She reported that the Council had also invested significantly in the Primary PRU, which had now moved to its new purpose-built premises at Plymouth Grove, and she suggested that the Committee might want to visit this. She also outlined other possible sources of funding, including an application for additional funding from central government, discussions with schools which had a significant under-spend and consultation with schools on whether 0.5% of the schools budget could be allocated to the high needs budget.

The Virtual School Head Teacher advised the Committee that it was important to ensure schools had the knowledge and skills to recognise what pupils' behaviour might be communicating about their unmet needs and what adjustments schools could make. She outlined how the Virtual School had worked with a number of schools to prevent Our Children (Looked After Children) from being excluded, including identifying underlying Social, Emotional and Mental Health (SEMH) needs, making reasonable adjustments and putting in place additional resources, where necessary. She advised Members that schools wanted more training on the impact of adverse childhood experiences, trauma and attachment and informed Members of a current pilot scheme taking place to train schools in this. She confirmed that high schools, primary schools, special schools and PRUs were involved in this pilot.

The Director of Education confirmed that children did return to mainstream schools after attending a PRU. She reported that, where the PRU was confident that the child was able to return to mainstream education, a school was identified for the child via the In-Year Fair Access Protocol. She informed Members that the PRU would continue to support the child, with the child often being dual rolled at the school and the PRU for a period of time until they were confident that the placement was working out. She reported that the situation for primary school children was more challenging, advising that permanent exclusions at primary school age were unusual and the excluded children often had very complex needs and ended up attending specialist provision.

Decisions

1. To request that a visit be arranged to the Primary PRU at its new premises.
2. To request that the Director of Education share school-level data on exclusions with the Chair.
3. To request that information on the final destination of pupils who attended the Secondary PRU following permanent exclusion be circulated to Members of the Committee.
4. To note that the Committee has previously requested a training session on the Ofsted Framework and that, as a new Framework is due to be introduced, this training will be held once details of the new Framework are known.

[Councillor Stone declared a personal interest as a member of the governing body of the Secondary Pupil Referral Unit.]

CYP/18/56 Supplementary Schools

The Committee received a report of Children and Education Services which provided an update on the work in the city to engage with and support Supplementary Schools.

Officers referred to the main points and themes within the report which included:

- Legislation and statutory guidance;
- Successes of Manchester's supplementary schools;
- Safeguarding;
- Ongoing challenges;
- New initiatives and developments; and
- Planned actions.

The Chair invited Professor Yaron Matras from the University of Manchester to address the Committee. Professor Matras informed Members that he led a unit at the University called Multilingual Manchester, which he advised, was a teaching and research unit which was also involved in public engagement and outreach with a range of stakeholders including the Council and supplementary schools. He informed Members about some of the work his unit did with supplementary schools,

particularly those teaching heritage languages. Some of the key work he highlighted included:

- Publishing a report on supplementary schools in Manchester in 2015;
- A two-year consultation with staff and parents at supplementary schools to identify priorities and needs;
- Launching a Supplementary Schools Support Platform;
- Facilitating teacher training sessions;
- Advising on curriculum design;
- Providing curriculum enrichment sessions; and
- Showcasing the work of supplementary schools.

Professor Matras also outlined some of the future activities the unit had planned and some of the challenges facing supplementary schools including staff training, access to learning resources, curriculum design, premises, motivating parents and children to take part in language classes and counteracting negative images about supplementary schools.

Some of the key points and themes that arose from the Committee's discussions were:

- What monitoring was in place for supplementary schools;
- Recognising the excellent work that some supplementary schools were doing; and
- Recognising the work of the Council and the university in this area, noting that most Councils did not have this level of partnership working with supplementary schools.

The Head of School Quality Assurance and Strategic SEND acknowledged that this was a challenging area as supplementary schools did not fall under any inspection regime unless they provided over 15 hours of education, which few did. She reported that the only approach which could be taken was positive engagement. She advised Members that the Council had developed good relationships with supplementary schools which had enabled officers to have challenging conversations, where necessary, and also to provide support, for example, with Disclosure and Barring Service (DBS) checks and first aid and safeguarding training.

The Director of Education informed Members that, due to the Council's previous work in this area, the Department for Education (DfE) had invited the Council to participate in its Out of Schools (OOS) Pilot. She reported that the Council had received funding from the DfE to further develop and build on this work.

Decisions

1. To thank Professor Matras for his contribution.
2. To request that the information Professor Matras provided to the Chair be circulated to all Members of the Committee.
3. To receive a further report on supplementary schools at an appropriate time.

CYP/18/57 Overview Report

A report of the Governance and Scrutiny Support Unit was submitted. The overview report contained key decisions within the Committee's remit, responses to previous recommendations and the Committee's work programme, which the Committee was asked to approve.

Decision

To note the report and agree the work programme.

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Manchester Health & Care
Commissioning

A partnership between
Manchester City Council
and NHS Manchester CCG



MANCHESTER
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Manchester
Clinical Commissioning Group

Manchester's Transformation Plan for Children and Young Peoples Mental Health and Wellbeing

Craig Harris

Executive Director of Nursing, Safeguarding & Commissioning (MHCC)

Paul Marshall

Strategic Director Children and Education Services (MCC)

Helen Scott

Senior Commissioning Manager (MHCC)

Maria Slater

General Manager CAMHS MFT (MFT)



Future in mind

Promoting, protecting and improving our
children and young people's mental health
and wellbeing



The National Context

- Fragmented and requirements to change

Future in Mind

- Prevention, Resilience, Early Intervention
- Access for our most vulnerable children- a system without tiers
- Workforce
- Data

Five Year Forward View for Mental Health

- Access
- 7 day flexible community offer

Manchester's Transformation Plan

Right support, right time, all of the time

www.mhcc.nhs.uk/publications/

- Where we are now
- Ambition to 2020/21



The i-THRIVE Programme

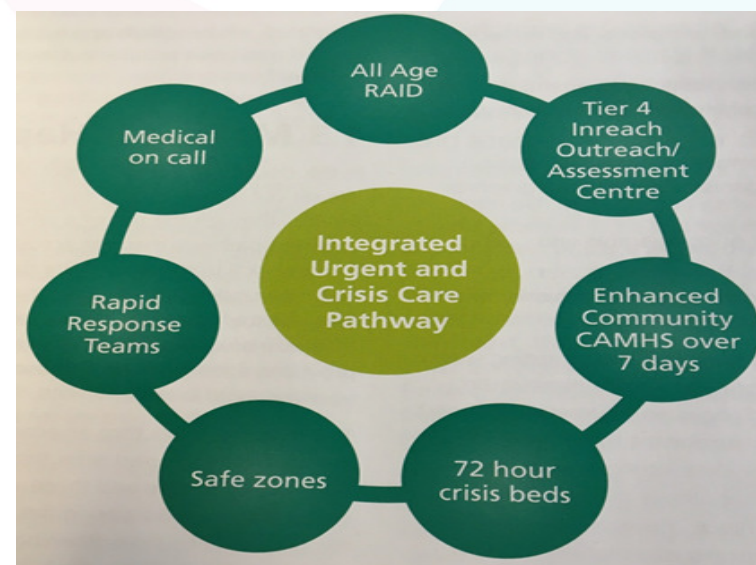


Devolution – CAMHS Revolution

- Aspirational – once in a generation opportunity
- Work at scale – across geographical and organisational boundaries

Greater Manchester accelerator schemes

- Standard GM CAMHS offer – 7 days a week
- Manchester beds for Manchester Children
- GM Integrated Crisis care pathway
- Workforce



Children and young people mental health

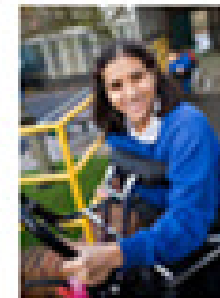
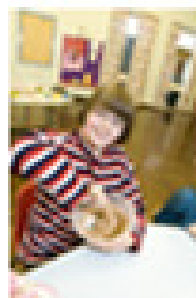
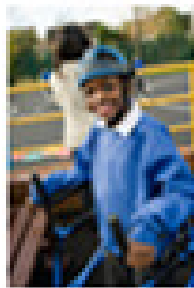
Greater Manchester CAMHS Transformation priorities

GM CAMHS Transformation Priorities				
ADHD	CYPIAPT/Core CAMHS Service	Eating Disorders	ITHRIVE/Workforce Development	24/7 CYP MH Service
Transitions into adult services	Perinatal/Parent infant MH	Autistic Spectrum	Learning Disability	All age education



Engagement

- Children and young people
- Families and carers
- General Practitioners
- Police
- Schools and colleges
- Early help
- Voluntary and community sector



Where are we now, regarding CYP Mental health in Manchester?

Greater Manchester Locality	Locality Population Aged 5-17 yrs.*	Prevalence % **	Estimated Prevalence of Mental Health Disorder
Bolton	47,297	9.8	4,635
Bury	30,549	9	2,749
Manchester	80,618	10.5	8,465
Oldham	41,833	10.1	4,225
Rochdale	36,288	10.1	3,665
Salford	37,267	10	3,727
Stockport	44,310	8.7	3,855
Tameside & Glossop	39,496	9.9	3,910
Trafford	39,957	8.4	3,356
Wigan	49,068	9.8	4,809
Greater Manchester	446,683		43,396
Greater Manchester (Aggregated)	9.7		43,328

Current Access rates to CYP Mental Health Services

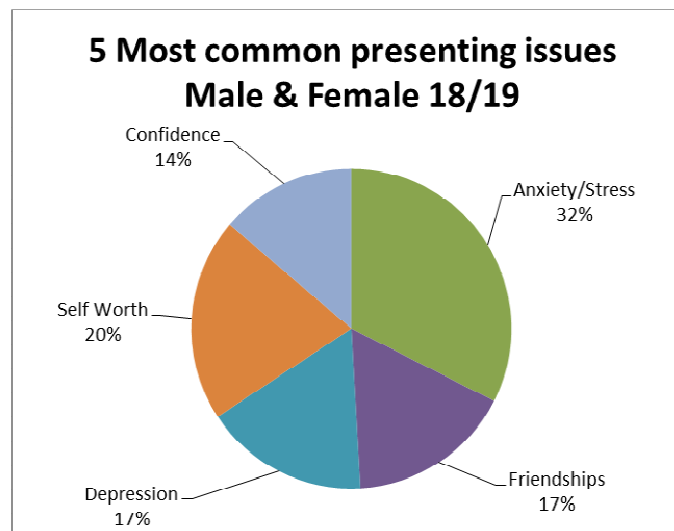
Summary of Access Rate to CYP Mental Health Services							
Latest Data	Jul-18		Period	Year to date (2018-19)			
*Please note this report has been updated with new CCG plan data for 2018/19				2 - Percentage of CYP with a diagnosable MH condition receiving two or more contacts in the reporting period.			
Parent	Level		Actual number of CYP receiving treatment (YTD)	Total number of CYP with a diagnosable mental health condition	Percentage access rate (forecast) highlighted if < 32%	Variation from standard	
England		ENGLAND	141,919	1,046,246	27.1%		
Greater Manchester	STP	Greater Manchester	10,005	59,099	33.9%		
Greater Manchester	CCG	NHS Bolton CCG	1,100	6,484	33.9%		
Greater Manchester	CCG	NHS Bury CCG	580	3,877	29.9%		
Greater Manchester	CCG	NHS Oldham CCG	650	3,965	32.8%		
Greater Manchester	CCG	NHS Heywood, Middleton and Rochdale CCG	1,070	5,086	42.1%		
Greater Manchester	CCG	NHS Salford CCG	1,160	5,445	42.6%		
Greater Manchester	CCG	NHS Stockport CCG	840	5,400	31.1%		
Greater Manchester	CCG	NHS Tameside and Glossop CCG	530	5,485	19.3%		
Greater Manchester	CCG	NHS Trafford CCG	660	4,593	28.8%		
Greater Manchester	CCG	NHS Wigan Borough CCG	605	6,400	18.9%		
Greater Manchester	CCG	NHS Manchester CCG	2,815	12,364	45.6%		

Current waiting times in Manchester

Average number of weeks

All Manchester Services	Apr	May	Jun	Jul	Aug	Sep	Q1	Q2
Waiting Times / RTT (<i>Referral to Treatment</i>)								
Average time Ref. to 1st contact / Appt (12 wks target)	5.9	5.2	5.0	4.1	4.4	4.8	5.3	4.5
Average time Ref to 2nd contact / Appt (18 wks target)	11.5	10.8	12.2	9.0	8.6	8.5	11.5	8.7

Presenting Issues and Outcomes



Top 10 primary diagnosis

ADHD/Hyperkinetic Disorder	1339
Autism Spectrum Disorder	1118
Not recorded	820
Assessment for social communication/Autistic Spectrum	599
No clinical diagnosis	509
Clinical Protocol/Care Pathway	498*
Depression	457
Tantrums/non-compliance	427
Neuropsychological Issues (developmental delay, Acquired Brain Injuries	415
Attachment problems	376



The Current offer in Manchester	
Scheme	Progress
Access	<ul style="list-style-type: none"> ● 2,815 CYP accessed treatment 18/19 ytd ● 45.6% of prevalence (12,364) against national target 32% ● Benchmark: national 27.1%, GM 33.9% ● 6wks wait (8wk national) ● 51% report reliable recovery ● Self referral pathway launched
Eating Disorder Service	<p>Children and Young Peoples Community Eating Disorder Service Commissioned from 1 April 17 To meet new access and waiting standard .</p> <p>81 young people received treatment 17/18 (caseload of 80 against the national caseload requirement of 50). 100% compliance with the national access standard. 80% of closed cases report problems partly or fully resolved</p>
Early Help through digital platforms	<p>Kooth.com launched May 2016. 24/7 early help offer using digital technologies- online counselling, messaging services, chat room facilities, forums and information resources. Integration workers have been employed to embed the offer across the city 6740 YP registered. 1632 YP have accessed counselling. 12,481 messages exchanged. 97% satisfaction. 37% users from BME communities. 70% access out of hours.</p>
Integrated Community Response	<p>Coproduced and co commissioned alliance model across 2 geographical footprints (Manchester and Salford). Lead provider 42nd Street, alliance includes Manchester Mind and Self Help Services</p> <p>Pilot provides pre Crisis multi -agency risk management, consultation and liaison support to Children and young People experiencing escalation of psycho social needs in targeted community settings- Early Help Hubs, Adolescent Edge of Care Unit and Manchester Pupil Referral Unit, brief interventions, On line CBT and information and advice. Aim: add capacity and confidence to universal services to support more Children in the community. Commissioned Independent evaluation Anna Freud against ITHRIVE articulation</p>



The current offer in Manchester	
Scheme	Progress
Perinatal Mental Health	By 2020/21, the NHS will support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period. Additional resource to; <ul style="list-style-type: none"> Expand the psychological therapy service and the Children and Parents service to develop collaborative working with the perinatal psychological therapy service and to focus on the relationship between mother and child. Establish perinatal community mental health teams delivered by Greater Manchester Mental Health NHS Foundation Trust. Managed in a three stage approach. Central and South operational since January 2018, North Manchester operational October 18
Support for our most vulnerable young people	Partnership with the city council to achieve positive outcomes for Manchester's most vulnerable young people needing more complex packages of care ; Integrated referral pathways, assessment protocols and procedures are in development along with a standardised review mechanism . Market management and development project being scoped to develop our offer for children who can't return home.
Emotional Health and Wellbeing Offer in Schools	Offer to all Manchester High Schools . Delivered by CAMHS and Healthy Schools Includes ; <ul style="list-style-type: none"> CAMHS training, named CAMHS lead at each school , termly consultation and liaison Mental Health School Links Programme – empowering staff to identify and respond Healthy Schools – I Matter safeguarding resource for Teachers and School Nurses based on PHSE Focus on –self esteem, assertiveness and emotional health and wellbeing, Equip children with resilience to deal with challenges of growing up in 21st Century
Peer Support and Resilience Project	18 month Peer support, Resilience and Anti Stigma. Positive signs of recovery commission approved and mobilising from Sept 2017 includes roll out of peer mentoring and accredited Mental Health Youth Champions programme.
Transition	National quality and innovation scheme in progress to improve experience of transition from CAMHS to AMHS. GM testing 18- 25 year Eating Disorder and ADHD

Manchester CYP Health and Wellbeing Redesign Programme

“Manchester **THRIVE** Programme”

THRIVE Model

There are 5 main elements of the THRIVE model:

- o Thriving
- o Getting Advice
- o Getting Help
- o Getting More Help
- o Getting Risk Support

Input offered



Description of the THRIVE-Groups



The aim is for services across Manchester to develop their offer and pathways in line with this model and work collaboratively across agencies to provide the care needed within each of these clusters, as per CYP and their families' needs.

The Manchester THRIVE Programme will aim to redesign how services are aligned to one another and shift the focus to ensuring CYP remain in the 'THRIVING' section of the framework. Where the need for services arises, CYP and their families are aware of what is available, how to access and can link in through schools, GPs etc. to get the right support.

Partnership working across agencies will be crucial to the success of the implementation of the Manchester THRIVE model.

8 Key Work streams

CYPMHWB1 iThrive Manchester	<p>Coproduction of iThrive Manchester, including proposals for new ways of working.</p> <p>(Based on the recommendations of “ Manchester: Enabling Children and Young People to Access Emotional Health and Wellbeing Provision” an iThrive Transformation Report, CPI, 2017) See Case study - http://www.implementingthrive.org</p>
CYPMHWB2 Workforce	<p>Production of local workforce plan to support delivery of the GM workforce strategy, including achievement of the following targets.</p> <ul style="list-style-type: none"> ▪ Workforce expansion ▪ CYP IAPTs
CYPMHWB3 Unmet need of Vulnerable Groups	<p>Plan to respond to unmet need of highly vulnerable populations, who find it difficult to access and engage with CAMHS , including proposals to pilot redesigned pathways to support children and young people with; Autistic Spectrum Disorder and ADHD , Learning Difficulties and learning delay, looked after children , children exposed to adverse childhood experience and those placed out of area.</p>
CYPMHWB4 Autism Assessment Pathway Pilot	<p>The delivery of the new coproduced Autism Assessment pilot in South Manchester and full economic assessment of the resource that will be released from the recurrent budget as a result of new pathway efficiencies to enable redistribution of resources if needed and inform commissioning decisions around a potential risk out citywide.</p>

CYPMHWB5 Transformation Pilot Reviews	Review of Transformation plan pilots, including fit to the iThrive model, to inform MHCC commissioning decisions including: <ul style="list-style-type: none"> ▪ KOOTH.com ▪ Children and Young Peoples Eating Disorder Service ▪ ICR ▪ Integrated School Health ▪ Peer Support Resilience and Anti Stigma
CYPMHWB6 7 day accessible community offer	Delivery of the new GM CAMHS Specification including: <ul style="list-style-type: none"> ▪ An extended 7 day offer and GM KPI's and Outcomes ▪ Increased access to treatment ▪ Waiting time reduction
CYPMHWB7 Review of CYP with complex Needs	Increase in CAMHS capacity to support commissioner led review of how best to meet the needs of CYP with complex needs and pathway redesign including, input into redesigned complex needs systems and processes with a view to implementing on a business as usual basis.
CYPMHWB8 Green Paper	A response to local delivery of Green Paper “Transforming children and young people’s mental health provision” recommendations for local delivery to inform commissioning intentions.



Where we want to be by 2020/21

- 35% prevalence - 7 day offer
- Crisis care pathway
- Local Transformation Plan priorities
- The Green Paper – Mentally healthy schools





**Manchester Health & Care
Commissioning**

A partnership between
Manchester City Council
and NHS Manchester CCG



**MANCHESTER
CITY COUNCIL**

NHS

Manchester

Clinical Commissioning Group

Thank you
Any questions?



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Manchester City Council Report for Information

Report to: Children and Young People Scrutiny Committee - 4 December 2018

Subject: Population Health Needs of Manchester Children

Report of: Director of Population Health and Wellbeing

Summary

This report provides an overview on the health of children in the city, including outcomes in relation to the first 1000 days of life, dental health, physical health, obesity and malnutrition.

Updates on the following commissioned services are given in the report: Health Visiting Service (including Infant Feeding Service), School Health Service (School Nursing and Healthy Schools) and Oral Health Improvement Service.

The report also outlines proposals which are currently being developed as part of the Children's Transformation work in the city to increase Health Visitor resources to meet the needs of the population and commissioning approaches to improving oral health and reducing childhood obesity.

Recommendations

Members of the Committee are asked to:

- i) Note the report
 - ii) Comment on the collaborative work being undertaken to improve health outcomes for children in Manchester
-

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable)

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Being in good health and developing good habits in personal health care is essential for our children and young people in enabling them to achieve their full potential in transition to adulthood. A healthy start in life is fundamental to our young people being able to contribute to the city and take employment opportunities.

A highly skilled city: world class and home grown talent sustaining the city's economic success	Improving educational outcomes is essential for young people to gain qualifications and contribute to Manchester's economic success. Ensuring our children are healthy in early years contributes to school readiness and reduced school absence through poor health conditions.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Ensuring the best health of our children is critical in addressing inequalities and the wider determinants that cause poor health. Our Health Visiting Service ensures that children, in particular those from our most disadvantaged communities, have access to good health care and referral for early and additional help.
A liveable and low carbon city: a destination of choice to live, visit, work	Demonstrating good health outcomes for our children is attractive to parents who choose to live and work in our city.
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

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 E-mail: s.doran@manchester.gov.uk

Name: Peter Cooper
 Position: Commissioning Lead, Children & Young People's Population Health
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 E-mail: p.cooper1@manchester.gov.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1.0 Introduction

- 1.1 This report provides an update on key health outcomes for children and young people in Manchester, including outcomes relating to the first 1000 days of life (pregnancy up to the age of 2 years), dental health, obesity and malnutrition. The report also includes information about some of the children's services commissioned by the Population Health and Wellbeing team.
- 1.2 In April 2017 the public health responsibilities and resources transferred into Manchester Health and Care Commissioning (MHCC), the new integrated health and social care commissioning organisation formed by combining Manchester Clinical Commissioning Group and MCC's commissioning functions. The Director of Public Health was appointed as the Director of the Population Health and Wellbeing Directorate with the Public Health team renamed the Population Health and Wellbeing team.
- 1.3 The Manchester Population Health Plan sets out our vision that, by 2027, we will all be living longer, healthier lives. The plan has five key priorities:
 1. Improving outcomes in the first 1,000 days of a child's life
 2. Strengthening the positive impact of work on health
 3. Supporting people, households, and communities to be socially connected and make changes that matter to them
 4. Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life
 5. Taking action on preventable early deaths

The Manchester Population Health Plan can be found by following this link:
https://secure.manchester.gov.uk/info/200048/health_and_wellbeing/5962/public_health/2

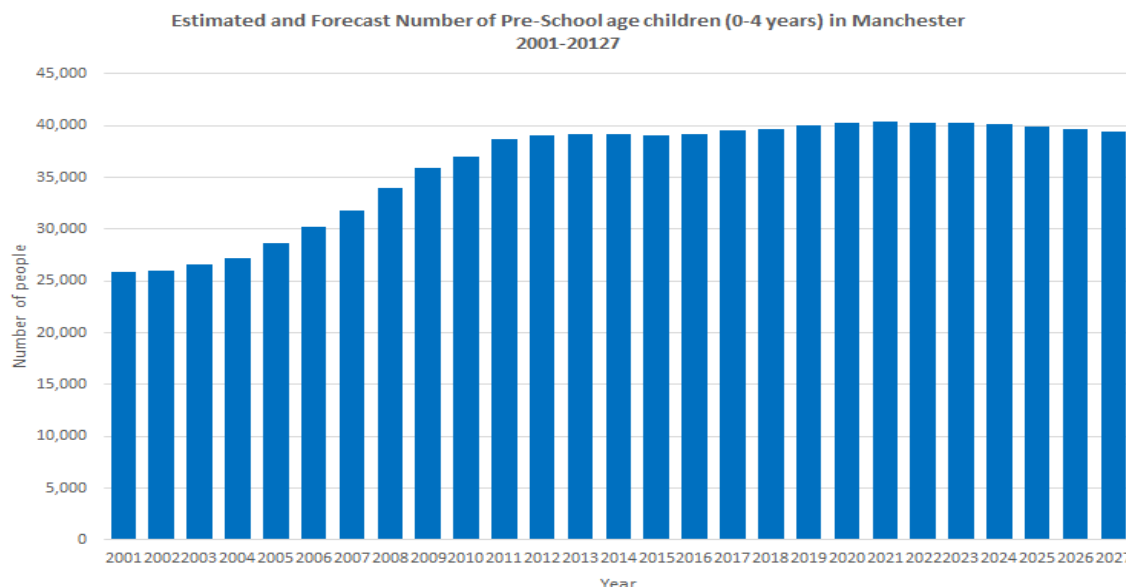
- 1.4 The first priority in the Manchester Population Health Plan is improving outcomes in the first 1,000 days of a child's life. This is the time during pregnancy and up to when the child is aged 2 years. Good health starts in the womb. What happens there, and as the brain and body develop through the first two years, has a lifelong impact on factors including obesity, success at school and even wealth in later life. Babies falling behind now are more likely to stay behind. By putting resources into a child's wellbeing in these important early years, it pays off more than spending later in life after a poor start.
- 1.5 Overall, children in Manchester have poorer health outcomes than children living in other areas of Greater Manchester and the country as a whole. Health outcomes are described in more detail in section 2.0. Headline data from Public Health England's Child Health Profile 2018 shows in Manchester we have:
 - An increasing rate of deaths under the age of one year old compared to England
 - A higher percentage of pregnant mothers smoking than in England
 - A greater proportion of low birth-weight babies than the rest of England

- A lower percentage of children who are school-ready at age 5 than the rest of England. Although this has been improving, one in three Manchester children are not school ready at age 5
 - Poorer dental health than the rest of England
 - A higher percentage of children who are obese at Reception age and Year 6 than the rest of England
 - A higher percentage of children who are underweight at Reception age and Year 6 than the rest of England (Below 25th centile).
- 1.6 The Population Health Plan's priority on giving children the best start in life is largely dependent on a high quality Health Visiting service that is able to work with all families and identify those needing additional support, early help and intervention. The Health Visiting Service works in partnership with the Early Years Outreach Workers to deliver the Early Years Delivery Model in Manchester.
- 1.7 The Healthy Child Programme is delivered to school aged children through the School Health Service (School Nursing and Healthy Schools) and the Oral Health Improvement Team. This includes delivery of the mandated National Child Measurement Programme (NCMP) and the Oral Health Epidemiological Survey. Ensuring children are seen by School Nurses and Oral Health Practitioners seeks to achieve early intervention and treatment for tooth decay, obesity or other health needs in the school aged population.
- 1.8 It is most important that children and young people are active, have a good diet and are given the right messages, opportunities and support to make informed decisions about their health as they transition to adulthood. Population Health and Wellbeing recognise this requires a whole system approach delivered collaboratively, particularly in our communities where health inequalities and the obesogenic environment present the greatest challenges.

2.0 Manchester Population Health Profile

- 2.1 The latest data from ONS shows that, as at mid-2017, there are estimated to be around 38,500 children aged 0-4 resident in Manchester. This is equivalent to just over 7% of the total resident population. This is a slightly higher proportion than in England as a whole (6.1%). Within the city, the proportion of the population aged 0-4 ranges from 11% of the population in Gorton South ward to around 1% of the population in the City Centre wards.
- 2.2 Data from Manchester City Council's in-house forecasting model shows that the number of children aged 0-4 years grew rapidly over the 10 year period between 2001 and 2010, driven by increases in international immigration and the number of births to mothers born outside of UK. Although, the city is forecast to see a small increase in the population aged 0-4 years in the period up to 2021, the rate of growth has slowed considerably compared with the previous years (see chart below).

- 2.3 The reduction in the rate of population growth in children aged under 5 is due, in part, to a reduction in the rate of migration of women from countries that are traditionally associated with higher fertility rates. The proportion of the population of Manchester aged 0-4 years is forecast to reach its highest in 2022.



- 2.4 Although the rise of population growth is predicted to level off, the health and care needs of children aged 0-4 years remain high relative to other parts of England and comparable cities. Recent figures for August 2018 suggest that over half (52%) of children aged under 5 years in Manchester live in LSOAs which fall within the most deprived 10% of LSOAs in England. This compares with just 13% of children aged under 5 years living in England as a whole.
- 2.5 Data from the End Child Poverty Coalition (published in January 2018) shows that, in 2017, Manchester was estimated to have the second highest proportion of children living in poverty in UK (topped only by Tower Hamlets). Between 2016 and 2017, there were estimated to be an additional 5,890 children living in poverty across Manchester. In 5 out of the 32 wards in the city (Moss Side, Rusholme, Longsight, Cheetham and Ardwick) more than 50% of children were estimated to be living in poverty.
- 2.6 More in-depth analysis of these figures shows that the highest levels of out-of-work poverty are found in wards with high numbers of children from a white ethnic group as well as high proportions of lone parent families. In contrast, the highest levels of children living in households with in-work poverty are in wards with large numbers of children from BME groups.
- 2.7 Data on the number of families approaching Manchester City Council's homeless service shows that the total number of families approaching the service over the 5 year period 2012/13 to 2016/17 increased by around 30%. *The number of families approaching the service in 2016/17 was higher than at any point in the last 5 years.* In contrast, there was only a slight rise in the number of single people approaching the service.

2.8 Levels of child poverty are reflected in the poor health outcomes for young children in Manchester:

- The infant mortality rate is worse than England with an average of 50 infants dying before age 1 each year
- Babies being born in Manchester with low birth weight rate (7.5%) are marginally above the national average (7.4%)
- Although Manchester can demonstrate a significant reduction in smoking during pregnancy, the number of women who maintain the habit through childbirth (11.6%) is still above the national average.
- By age two, 90.2% of children have had one dose of the MMR vaccine and 94.4% of children have had the DTaP / IPV / Hib immunisation. This does not meet the minimum recommended coverage level of 95%.
- School Readiness: 67% of all Manchester children achieve a good level of development at the end of reception as a percentage of all eligible children. This has improved from the 2016/17 figure of 66.2% but is still lower than the GM average (68%) and the England average (72%).
- However, performance in achieving school readiness for children receiving free school meals in Manchester (59.5%) is above the national average (56.0%) and is the highest performing of all north west authorities.
- Dental health is worse than England. 43.0% of 5 year olds have one or more decayed, filled or missing teeth.
- Levels of child obesity are worse than England. 11.7% of children in Reception are classed as obese.
- Manchester also performs significantly below the national average in children being underweight. 1.71% of Year Six pupils are underweight compared to a national average of 1.34%. 1.36% of reception aged children present as underweight compared to a national figure of 96%
- Demographic profiles demonstrate children from Indian, Pakistani and Bangladeshi families are most prevalent in being underweight.

Source: Public Health England Child Health Profile 2018

3.0 Commissioned services

3.1 To complement key programmes of work, children's public health services are commissioned to deliver the Healthy Child Programme and improve health outcomes for children and young people. Updates on the following commissioned services are given in the report:

- Health Visiting Service (including Infant Feeding Service)
- School Health Service (School Nursing and Healthy Schools)
- Services to reduce childhood obesity
- Oral Health Improvement Service

3.2 These services are commissioned until 2019 with option to extend.

3.3 The Health Visiting Service and School Health Service are commissioned with Manchester University Hospitals NHS Foundation Trust (MFT). The Oral

Health Service contract will transition to MFT in 2019 from the current provider Greater Manchester Mental Health Trust, to strengthen the joined up approach.

3.4 The Weight Management Service is commissioned with ABL Ltd.

4.0 Health Visiting Service (0 - 5 Years)

4.1 The Manchester Health Visiting Service provides a city wide, universal, service to all children resident in Manchester aged 0-5. The Health Visiting Service is a mandated service that works closely with Children's Centre Outreach Workers to deliver the Greater Manchester Early Years Delivery model.

4.2 The Health Visiting Service strives to ensure the highest possible uptake of the mandated Healthy Child Programme and there are a number of acknowledged challenges to achieving full engagement with all families. Many families in Manchester are experiencing a range of issues which have a detrimental effect on health outcomes such as poverty, poor nutrition, smoking, domestic abuse and poor mental health.

4.3 As part of the Healthy Child Programme the Early Years Health Visiting Services undertakes and reports on five nationally mandated contacts and one local Greater Manchester contact with newborn babies in Manchester. This is as follows:

- a woman who is more than 28 weeks pregnant (Antenatal Contact)
- a child who is aged between 1 day and 2 weeks (New Birth Visit)
- a child who is aged between 6 and 8 weeks (6-8 Week Review)
- a child who is aged between 9 and 15 months (9 Month Review)
- a child who is aged between 24 months (two years) and 30 months (two years and six months) (2 Year Review).

4.4 Performance of the Health Visiting Service has been impacted on by high caseloads and a move to electronic patient records in the last 12 months. The service performs well on new birth visits, maternal mental health assessments and 6-8 week health development assessments but performs poorer on 9 month and 2 year Health Development Assessments. It is important that improvements are made to increase the number of these assessments as these contribute to improving school readiness.

4.5 The quality and performance of the Health Visiting Service has however been steadily improving over the past 12 months. The service provides quarterly data and reports, including case studies, to the commissioner which demonstrate impact.

4.6 The commissioner and provider are in the process of reviewing the key performance indicators and implementing a new performance framework to further evidence the effective work of this service. There is effective partnership working between the commissioner, provider, partners and service

users. This has been demonstrated through the joint work to co-design and implement the strengthened health visiting model.

Contact	Description	Q3 2017- 18	Q4 2017- 18	Q1 2018- 19	Q2 2018- 19	England Average
Antenatal	Visit to every pregnant woman between 28 and 36 weeks	604 (31%)	389 (20%)	476 (26%)	506 (28%)	41% NW (34%)
New Birth Visit	Visit to every new born baby between 10-14 days to include maternal contact	84%	70%	74% (23% over 14 days)	77% (20% over 14 days)	88.4%
Maternal Mental Health Assessment	Undertaken with every mother between 6-8 weeks	85%	69%	66%	83%	86.1%
6-8 week Health Development Assessment	Contact with every baby between 6-8 weeks to assess needs, including ASQ	80%	81%	89%	90%	N/A
9 Month Health Development Assessment	Appointment for every child at 9m old to assess development and need including ASQ	66%	60%	61%	67%	77.1%
2 Year Health Development Assessment	Appointment for every child at 2 Year old to assess development and need including ASQ	65%	60%	59%	61%	76.5%

- 4.7 The service is aware of the need to increase performance against the 9 month and 2 year Health Development Assessments and has identified a variety of city wide and pilot initiatives in different areas as part of an action plan, including:

- Implementing a monthly validation process to ensure all children are offered a 9 month and 2 year Assessment and all data is inputted into the EMIS I.T system / Child Health system
 - offering all families who do not attend their offered clinic appointment a home visit to complete their child's developmental assessment
 - incentivising parents to attend assessments by gifting of Book Start Pack and Dental Pack at 9 month assessment
 - reviewing the invitation letter to improve clarity and to remove any confusion over appointments
 - scoping transition arrangements for 2 year olds into school settings to improve performance in partnership with Primary Education.
- 4.8 Antenatal contacts are dependent on referrals coming to the service from the midwifery services, which is currently inconsistent. Newbirths visits are arranged when Health Visiting teams are informed of new-born babies via the Child Health System (CHIS). Newborn children not seen within 14 days are generally seen within 30 days. The main reason for breaches is due to 'no access'. These are families who are not at home when the Health Visitor has scheduled an appointment and are therefore reappointed.
- 4.9 By virtue of the face to face contact Health Visitors have with families, there are varied requests and pressures on the service to deliver additional interventions including perinatal mental health assessment, neglect screening, the homeless families offer and to support initiatives such as Homestart assessments and Care Reviews.
- 4.10 Commissioners have worked closely with the provider to implement the Strengthened Health Visiting Model for Vulnerable Families and Babies within a reduced budget.
- 4.11 The new model includes the development of a Specialist Early Help Health Visiting Team, made up of the Specialist Early Help Case Planning team with the addition of the specialist Midwifery Liaison and Disability Health Visitors.
- 4.12 This will add to existing evidence based Best Practice Pathways to ensure vulnerable children are identified and provided with structured interventions. Pathways will cover:
- High impact areas
 - Vulnerable Babies
 - Drugs and Alcohol / Substance Misuse
 - Homelessness
 - Domestic Abuse
 - First child to Mother under 21 years
 - Mothers who are Care Leavers
 - Disability of Mother and / or Child
- 4.13 Joint-working with midwifery providers will improve the number of notifications received by the Health Visiting service thus enabling more antenatal contacts to be undertaken between 28-36 week.

- 4.14 The following new assessments are being introduced: Newborn Behavioural Observation (NBO) at the New Birth Visit, Newborn Behavioural Assessment (NBAS) and Ages and Stages Questionnaires about children's social-emotional development (ASQ-SE) into the 2 years Health and Development Review.
- 4.15 A review of the Homeless Families Health Visiting team to consider the interface with the generic Health Visiting teams will take place, for prioritisation of caseload and delivery of the health offer in line with service capacity.
- 4.16 Working with Primary School Heads and Early Years leads will develop improved ways to support the transition of a child into school by supporting school readiness and appropriate information exchange.
- 4.17 Developing Electronic Patient Record and EMIS activity reporting to support the enhanced capture of Health Visiting activity attributed to vulnerable groups.

5.0 Early Help Assessment and Early Years Delivery Model

- 5.1 The Health Visiting Service is a major contributor to the Early Help Strategy. Health Visitors are required to meet targets for delivering Early Help Assessments in supporting the delivery of the Early Years Delivery Model, often in a lead professional role. Health Visitors follow health pathways to identify needs within families and offer support to reduce demands on services at a higher level of social need. It is notable that Health Visitors are consistently the most prolific in instigating Early Help Assessments for families needing support. With more capacity, the Health Visiting Service could carry out even more of these important assessments.

Month	Apr 18	May 18	Jun 18	Jul 18
Early Years Health Visitor	49	51	40	40
School Health	2	5	2	0
Midwifery	18	14	10	10
Child and Adolescent Mental Health Services	1	1	0	0
Early Years Outreach (Children's)	70	71	52	50
Primary Schools	29	32	25	37
Secondary Schools	14	16	22	21

- 5.2 With the numerous demands on the service, historic increases in the population aged 0-4 years and the high needs of families living in poverty, this has meant that the current Health Visiting Service has faced an increasing

challenge to deliver the Healthy Child Programme commissioned workload. The service has not increased to accommodate rising need and new challenges.

- 5.3 The current average caseload for a Health Visitor in Manchester is 300 families. The national caseload recommendation for Health Visitors working in the most deprived areas is 100 families per Health Visitor.
- 5.4 The Population Health and Wellbeing Team has submitted a report to Manchester Health and Care Commissioning Executive in October 2018, outlining the Health Visitor Service pressures and an options appraisal for an equity adjusted model of delivery which could be realised with additional investment. The model was supported in principle and a time limited working group has been established to work up detailed proposals relating to the options. The group will involve finance leads from MHCC and MCC and it is important to note that the current financial context will need to be a key consideration of the working group.

6.0 Infant Feeding Service

- 6.1 The Integrated Infant Feeding Service is part of the Health Visiting Service and was commissioned in 2017 to increase the uptake of breastfeeding in North Manchester, support women to continue to breastfeed and provide a more co-ordinated support to parents of babies who are having other feeding difficulties, such as cow's milk allergies.
- 6.2 There are 4 main elements to the new service offer:
 - An early intervention, responsive home visiting service by a clinically appropriate professional (qualified prescriber with access to dedicated dietician) to support women to continue to breastfeed if they are having urgent feeding difficulties
 - One to one support and infant feeding clinics for mothers and babies with complex and ongoing feeding challenges with integrated referral pathways with GPs, paediatricians, dieticians and midwives. This includes babies who have mild to moderate cow's milk protein allergy and management of babies with Ankyloglossia (tongue tie)
 - Peer supporters to offer home visits in the early weeks to all women in North Manchester who are having feeding difficulties, to ensure initial support in establishing feeding in the early weeks
 - Additional drop in clinics to be hosted within North Manchester.
- 6.3 The key performance indicators that have been agreed for the infant feeding service include:

Outcome / metric	Baseline	Target	Rationale	Timeline	2018-19 Q2 position	Notes
More specialist Infant feeding clinics available in N.M/C	1 clinic per week. 6 mothers.	7 clinics per week 42 mothers	Increase accessibility and opportunity for mothers in North Manchester	Running to timescale	1 x specialist Infant Feeding Clinic with dietetic support 1 x Specialist Infant Feeding drop-in 1 x IFSW drop-in	Ongoing planning of roll out: 3x Neonatal Outreach and Infant Feeding Drop-ins 1x Perinatal mental health and infant feeding session 1x Public Health and Art collaboration drop-in for infant feeding and aversive feeders
Increase number of home visits for urgent and complex feeding challenges.	5 urgent home visits per week (<i>service also carries out 20 non urgent home visits a week</i>)	10 urgent home visits per week as an initial estimate.	Reduce the number of mothers who stop B'Feeding prematurely due to complex situations*.	Running to timescale	Initial care contacts: 362 Follow up care contacts: 1,345 HV Urgent care contacts: 387 Please note – this is an initial	

					report and data quality checks are ongoing	
Establish robust data set of babies breastfed at 6-8wks to include info highlighted in the Equality Impact Assessment	2015/16 64% breastfed Partially breastfed: 44.4% Totally breastfed: 26.2% Q2 2016 (initiation rates from Maternity Services) Revised baseline agreed	Minimum 90% with detailed recorded information	Understand the number of babies being breastfed at 6-8 weeks old.	Monthly	Q1 data 35.4% breastfed in North Manchester Q2 data to be finalised and submitted to DoH 14 th Dec 2018	
			To increase number of babies being breastfed at this period due to health benefits for mother and child.	Monthly		

Establish contacts from peer supporters to new mothers.	New Service.	70 contacts per month	To provide support and training on BF technique by non-clinical staff from women in their own communities taking into account cultural and social issues.	Monthly	Initial care contacts: 362 Follow up care contacts: 1,345 <i>Please note – this is an initial report and data quality checks are ongoing</i>	Universal pathway in development– plan to implement January 2019
Improved infant feeding experience for mothers and babies	Currently short, simple feedback forms	Offer detailed client evaluation to at least 20% of clients seen each quarter	Record experience to show both positive feedback and the benefits experienced and issues to understand if common themes occur to understand educational needs.	Qu'tly		Client feedback system still in development – await transfer to mobile working using i-pads

- 6.4 The Infant Feeding Service supports delivery of the breastfeeding friendly city agenda. Local businesses are encouraged to sign up to the Breastfeeding Friendly Awareness programme displaying the local campaign logo for the benefit of mothers feeding infants.
- 6.5 The UK has one of the lowest breastfeeding rates in the world, though it is recognised that breast milk protects babies from infections and diseases and reduces mother's risk of breast and ovarian cancers, cardiovascular disease

and obesity. At 66.6% Manchester's rate of initiated breastfeeding at birth is below the national average of 74.5%

7.0 Child Accident Prevention Service

- 7.1 Creating a population that is better educated in preventing unintentional injuries is expected to reduce the number and severity of child accidental injuries, and contribute to meeting national and local targets.
- 7.2 A new service has been modelled, in line with new Public Health England guidance, and commissioned with Manchester University Hospitals NHS Foundation Trust. The new service recognises and responds to the fact that the majority of unintentional injuries in this age group occur in the home. The service seeks to raise awareness in Early Years Education Providers, Parents/Carers and Children (3 to 5 year olds) of the most prevalent cause of unintentional injuries in this age group: (choking/suffocation and strangulation; falls; poisoning; burns and scalds; and drowning)
- 7.3 The service specification aims to prevent unintentional injuries in this age group by providing education, training and advice to parents/carers, children and staff. Service users are educated on hazard awareness, practical safety behaviour and appropriate responses to emergencies including first aid.
- 7.4 The service responds to seasonal fluctuation in accidents and injuries, with greater quantity of falls and trips experienced in summer and more burns and scalds in autumn/winter.
- 7.5 A multi-agency steering group has since been established in October 2018 to develop an accident prevention strategy for the city. This includes membership from across Council Directorates (i.e. Trading Standards, Highways, Early Years, Housing Enforcement), from within Manchester Children's Hospital Trust (i.e. Burns Service, Major Trauma Unit) and with CAPT (Child Accident Prevention Trust) in an advisory capacity.

8.0 School Health Service (School Nursing and Healthy Schools)

- 8.1 School nursing is a universal public health service for children and young people of school age. The aim of the service is to ensure children, young people and their families have access to a core programme of preventative health care (universal Healthy Child Programme) with additional care based on need (universal plus offer, universal partnership plus offer).
- 8.2 Qualified school nurses are registered nurses who have completed a post registration graduate programme, and are registered as specialist community public health nurses. School nursing teams contain a mix of qualified school nurses, nurses and assistants.
- 8.3 Manchester re-modelled its School Health Services in 2015, based on the National and Greater Manchester service specification for School Nursing and an updated Healthy Schools specification. This model provides a named

school nurse to every school (excluding Special Schools as these are commissioned separately within MHCC), who is visible in schools each week to deliver the Healthy Child Programme.

- 8.4 The service comprises of five child focused functions: Immunisation, National Child Measurement Programme (NCMP) and Screening, Healthy Schools Programme Safeguarding (e.g. Obesity Pathway) and the Healthy Child Programme.
- 8.5 The Healthy Schools team work citywide to implement the Healthy Schools Programme which supports schools to adopt a whole school approach to improving the health and wellbeing of children and young people.
- 8.6 The Healthy Schools Service has a number of Public Health Specialists that offer training, support, direct interventions with pupils and resources to local authority schools focusing on the following themes: drug and alcohol education, emotional health and wellbeing, healthy lifestyles, sex and relationship education, safeguarding (including child sexual exploitation, female genital mutilation and domestic violence and abuse).
- 8.7 Currently 165 of 178 schools (93%) are engaged with the Healthy Schools Programme. This breaks down as:

93% of Primary Schools
97% of Secondary Schools
93% of Special Schools

This can be split into contacts with key groups; Staff (14%) Pupils (82%) Parents (4%) Governors (0%)
- 8.8 The annual School health check began in October 2018, to date 117 schools have completed the on-line health check assessment. Schools are given an overall score and work towards a Bronze, Silver, Gold award programme. Two schools have achieved Gold status this academic year; Newell Green Primary and Rack House Primary.
- 8.9 The quality and performance of the School Nursing Service has improved dramatically since the implementation of the re-modelled service and new key performance indicators. This is due to a clear specification and key performance indicators being implemented, effective partnership work between the commissioner, provider, partners and users and the commitment of the service and its staff.
- 8.10 The service provides quarterly data and reports, including case studies, to the commissioner, which demonstrate impact. The commissioner and provider have just reviewed the key performance indicators and implemented a new performance framework to further evidence the effective work of this service.
- 8.11 The quality and performance of the Healthy Schools Service has remained consistently high, this is demonstrated in the high percentage of schools

engaged in this voluntary programme. The service re-modelled its offer last year based on feedback from schools, which resulted in them re-implementing an awards scheme. Schools value the specialist support/input, training and resources that Healthy Schools provide in order to enable them to improve the health outcomes of their pupils.

- 8.12 The School Nursing Service has a number of elements of delivery and related key performance indicators. A sample of key performance indicators from each area has been provided below. Delivery in Quarter 2 is always lower than Quarter 1 due to the summer holiday period being in this quarter and education settings are closed.

Key Performance Indicator	Q1 April 18-Jun 18	Q2 Jul 18- Sept 18
Proportion of children that participate in the National Child Measurement Programme (NCMP) (Height and weight measurement)	The NCMP data is reported nationally on the previous academic year 201/18: The programme is ongoing with 3349 children measured at October 2018	
Percentage of children core screened where consent has been granted (Reception age)	The screening data is reported nationally on the previous academic year 2017/18: Reception – 4492 of 4545 consented children measured = 98.8%	
Number of young carers identified and referred onto a service by the School Nursing service in accordance with the Young Carers Pathway in Manchester	16 identified, 20 referrals	27 identified, 2 referrals
Number of school aged children on a Child Protection Plan with an identified health and development need, that requires input from the school nurse	705 children and young people	611 children and young people
Total number of children receiving an intervention from the school nurse service	124	65
Number of early help assessments with input from the school nurse	28	5
Number of young people supported via the extended role (Chlamydia screens in 15 -18 year olds, condoms, pregnancy testing and emergency contraception)	43	7

Number of children and young people receiving input from a school nurse for emotional health and wellbeing	424 (179 additional children were signposted to services excluding Child and Adolescent Mental Health Services (CAMHS) and 124 additional children were referred to CAMHS)	303 (156 additional children were signposted to services excluding Child and Adolescent Mental Health Services (CAMHS) and 37 additional children were referred to CAMHS)
Number of children measured as overweight or obese who are provided with an appropriate intervention within the school nursing service	124	65
Number of schools in which an awareness raising session around managing anaphylaxis, epilepsy and asthma has been delivered	87	80
Number of requests for health information received for education health and care plans and the numbers of health advice submitted in support of the plan	81 Requests 71 submitted	66 Requests 62 submitted
Uptake of the school leaver booster vaccine - Diphtheria, Tetanus and Pertussis (DTP) vaccine	This data is reported nationally on the previous academic year. Academic year 2017/18 data is: Year 10 DTP (School Leaver Booster) programme is completed and uptake is 78.4% 2018/19 data is not yet available	

9.0 Reducing Childhood Obesity

- 9.1 Increasingly, childhood obesity and inactivity presents as the major risk to children's health in Manchester. Our 2016/17 NCMP (National Child Measurement Programme) data presents 12,000 school aged children overweight (91st Centile) of which 2,500 are obese (96th Centile)
- 9.2 The Population Health and Wellbeing Team commissions a community based, multi component lifestyle weight management service, suitable for children

aged 2-18 years and their family members or carers (regardless of their weight), in accordance with applicable guidelines e.g. NICE (National Institute of Clinical Excellence). The intensive phase programme lasts for 12 weeks. Following completion of the intensive phase, appropriate ongoing support is provided to all participants for at least 12 months.

- 9.3 Group programmes are provided for children and young people (2-18 years) and their families, with 1-1 programmes offered to individual families where this better meets their needs, for example, children with learning disabilities.
- 9.4 The commissioned weight management service provide the National Child Measurement Programme (NCMP) feedback to parents/carers of children and young people in reception and year 6, who are overweight and obese. This follows the establishment of a data sharing agreement with Manchester University Hospitals NHS Foundation Trust who carry out the programme. The weight management service are required to proactively follow up these parents/carers to engage the family into a weight management programme, provided by the service.
- 9.5 Referrals to the service and adherence on the programme are lower than expected. However, 100% of children attending the programme achieve three or more outcomes compared to baseline. Outcomes can include weight maintenance, weight loss, improvements in psychosocial wellbeing and physical activity. To improve adherence on the programme, the provider consulted with clients and as a result of feedback trialled a shorter programme.
- 9.6 Unfortunately, this shorter programme did not deliver increased numbers or improved retention into the service. ABL Ltd (the provider) are now reviewing and evaluating provision to identify other opportunities to bring to the service to improve outcomes. An improvement plan has been put in place between the commissioner and provider to ensure outcomes such as adherence on the programme improve.
- 9.7 The Healthy Schools team refer young people into this service and have been the leader in establishing the *Obesity Safeguarding Pathway* and Assessment Tools.
- 9.8 The Obesity Safeguarding Pathway was launched in October 2018 and responded to actions from a serious case review where obesity through parental neglect was a significant risk to the health of the child.
- 9.9 The service handles a high number of complex families that would be more suited to an intensive service rather than a group programme (this is a gap in provision in Manchester and Greater Manchester).
- 9.10 A multi-agency whole system approach is being adopted in developing a specification for a Tier 3 weight management service for children at the 96th centile (those with the highest BMI where there is severe risk to health). This will be tendered in April 2019.

- 9.11 Physical activity is an integral element of reducing obesity and maintaining a healthy weight. The School Health Service implements a number of activities within school settings to keep children and young people active, including the Daily Mile Initiative and the Physical Education, School Sport and Physical Activity (PESSPA) Plan in partnership with Sport and Leisure (Manchester Active).
- 9.12 Sport and Leisure and Population Health and Wellbeing are committed to submitting a joint scrutiny report titled 'Sport and Active Lifestyles for Children and Young People'. This will be presented at the January 2019 committee, and will describe the Physical Activity offer and 2018 performance in detail.

10.0 Improving school food in Manchester

- 10.1 Due to the School Food Standards not applying to academies founded between 2010-2014, the Healthy Schools Team have been working with secondary academies to encourage them to meet the school food standards. This is part of the Healthy schools Health Check. Schools are now encouraged to exceed the School Food Standards, such as selling water throughout the school day and removing foods such as pizza from the lunchtime offer.
- 10.2 The Manchester Healthy Schools team have been recognised nationally for good practise by Public Health England and the Local Government Association for their achievements on school catering, this includes;
- removing all drinks apart from water and milk from the school menu
 - increasing fruit and vegetables available at break times while reducing the frequency of paninis and garlic bread
 - reducing or removing puddings altogether with fruit, yoghurt or cheese and crackers as alternative
- 10.3 Catering staff, Pupils and Parents are sometimes opposed to improving the nutritional content of school meals, therefore annual training is delivered to school catering staff, taster sessions are offered to parents and the pupil voice is always captured when proposing changes to the school menu.

11.0 Oral Health Improvement Team

- 11.1 The Oral Health Improvement Team provides and supports a range of programmes which aim to provide education and the means to improve self-care oral health behaviour for different groups in the population but, primarily, focussing on children under 11 years of age. Many programmes aim to increase the availability and use of fluoride, particularly given the changes in affordability of fluoride milk.
- 11.2 There is a clear requirement for activities to be focussed on those that maximise the impact of increased availability of fluoride to all sectors of the population whilst targeting vulnerable groups experiencing the highest levels of health inequalities with oral health improvement interventions. Vulnerable

group include deprived communities, looked after children, children with special needs and homeless families with children.

- 11.3 Manchester does not have a fluoridated milk programme in schools or nurseries. On 1st January 2018, schools were required to register with the Nursery Milk Remuneration Scheme to declare the number of children they were ordering milk for. In this period it was identified within Department of Health on-line guidelines that “schools cannot claim the NMR subsidy for any milk that has anything added to it”. Fluoride was listed as one of those additives.
- 11.4 Manchester City Council queried this with the Department of Health on behalf of schools, with request that this policy be reviewed. A parliamentary review took place lead by Oral Health at Public Health England. The outcome stated that ‘DH policy is that fluoridated milk does not meet the criteria for the reimbursement under the NMRS Programme’.
- 11.5 Schools received a written communication to confirm that the milk fluoridation scheme in Manchester did not meet the criteria for the subsidy. Schools could no longer claim and would be required to find their own funding or suspend the scheme should they wish to continue supplying fluoridated milk. As most schools were reliant on claiming the subsidy for 3 - 4 year olds, a number of schools had come out of the scheme by April 2018.
- 11.6 Despite the reduction in fluoride milk take up, the Oral Health Improvement Team are still able to demonstrate above national average performance in delivering fluoride varnish.

	2016 / 2017	2017 / 2018
	Fluoride Varnish Rate (Q4 2016 / 2017)	Fluoride Varnish Rate (Q4 2017 / 2018)
Bolton	51.4%	59.0%
Bury	57.6%	61.1%
Rochdale	58.1%	65.7%
Manchester	56.2%	71.4%
Oldham	65.5%	68.1%
Stockport	52.1%	55.7%
Tameside	59.1%	63.5%
Trafford	56.1%	61.5%
Wigan	58.5%	62.0%
Salford	50.6%	63.4%
Greater Manchester	56.4%	63.4%
ENGLAND	47.5%	54.6%

- 11.7 In order to meet the needs of the most vulnerable families and children, the team works with Early Years workers, school staff and community health staff to provide oral health education.
- 11.8 Manchester's Oral Health Improvement Team lead the Buddy Practise Scheme, this is a preventative scheme that brings primary care dental practices and schools together in partnership. The current scheme has been in place since 2016. Parents of children in nursery or reception classes were asked about their child's dental attendance and those children who either had no dentist or who had not attended for some time were identified and consent was sought and provided. The parents of non-attending children were then invited to a 'meet the dentist' session at the school. These take place first thing in the morning as children arrive to encourage as many parents to stay as possible.
- 11.9 Establishing a regular attendance pattern emphasised and assisted, either by the clinician or a member of the Oral Health Improvement Team is a vital aspect of the programme. Details of the partner practice was given and information on the dental helpline to assist parents to make appointments elsewhere if they chose. All children were also given toothbrushes (1450 parts per million fluoride) and a toothbrush.
- 11.10 The attendance of each of the children is checked following the 'meet the dentist' sessions, after 4-6 months the programme is repeated for those children who still do not attend. After this follow up the small number of children, with identified clinical need, who had still not been taken to a dentist, were followed up and the School Nurse/ Health Visitor was contacted with the child's details.
- 11.11 In the academic year 2017/18, the programme involved 50 schools, 909 children consented to be seen in phase 1 of the programme and 747 children had a fluoride varnish application with 230 children requiring treatment (25%). In phase 2, 431 children received consent to be seen and 301 of those children had fluoride varnish applied. Treatment need was much lower in the second phase with 73 children requiring treatment although again a treatment need remained.

Key Performance Indicator	Q2 Jul 18-Sept 18
Facilitate the drinking of fluoridated milk at primary schools and special schools in Manchester	681 children drinking dental milk on a daily basis 15 primary schools currently taking part in this academic year
Maintain the number of targeted schools and Early Years establishments that deliver a daily supervised tooth brushing scheme - The Brush Bus.	78 of 100 schools in most deprived areas of the city (78%) have brushing programmes 84 of 132 Private nurseries have a brushing programme (64%)
Buddy Practice Scheme to increase attendance among pre-school children and their families.	Phase 1 for this academic year started with 50 schools 909 children have visited a dentist as a result. 431 had previously not seen a dentist
Facilitate fluoride varnish applications with 3- 5 year old children in Early Years settings	747 (82%) children had fluoride varnish applied

11.12 The Oral Health Improvement Team is currently located within a Well-Being Services contract commissioned with Greater Manchester Mental Health Trust (GMMH). The contract is intended to transfer to the LCO in April 2019, which will align all of the Health Child programme contracts with one provider.

11.13 The original Local Care Organisation (LCO) plans were for the Health Visiting and School Health Services to transfer into the LCO in 2020/21. However, with agreement from MHCC and MCC, both the Health Visiting and School Health Services transferred to the LCO in April 2018.

12.0 Next Steps - Children's Services Transformation

12.1 As part of Manchester Children's Services Transformation work, the Population Health workstream is focusing on the following areas of work:

- Work to resolve capacity issues in the Health Visiting Service
- Strengthening joint working between Early Help, Early Years and Health Visiting in localities
- Transitioning the oral health improvement service from the Greater Manchester Mental Health NHS Foundation Trust to Manchester University Hospitals NHS Foundation Trust
- Reviewing current work and taking a whole systems approach to reduce obesity, including exploring opportunities through the Trailblazer Fund.

13.0 Government Trailblazer Fund

- 13.1 In November 2018 the Government announced a new Trailblazer Fund for childhood obesity offering £300,000 over three years to five successful bidders. This supports the Government and Public Health England's 'Action Plan on Obesity (2016) and 'Making Obesity everyone's business (2018)' reports which advocate for whole system approaches.
- 13.2 Manchester intends to apply to the fund with an initial expression of interest, in hope to be one of twelve authorities who are invited to develop their application in a 'Discovery Phase'.
- 13.3 The application will be made in collaboration with Manchester Local Care Organisation, Manchester Active and Growth & Neighbourhoods.
- 13.4 The expression of interest and proposal borrows learning from the Winning Hearts and Minds Programme, a whole system approach to improving heart and mental health outcomes in Manchester, developed in partnership with Manchester Health and Care Commissioning, Manchester City Council's Sport and Leisure Team and Eastlands Trust.
- 13.5 The core ambition of the programme was that early deaths (under 75) from heart disease would drop 50 per 100,000 by 2027 (Manchester currently has the worst early death rate from heart disease in the country at 85 per 100,000). The programme was driven by community-led initiatives in keeping with the Our Manchester approach. With a similar partnership base and targeting those same communities (and parents) where health inequalities are most prevalent, there is an opportunity to explore learning in this approach and infrastructure for partnership work to engage and retain children and families in physical activity.

14.0 Conclusion

- 14.1 On 30th October 2018, Manchester was host to Sir Michael Marmot (Institute of Health Equity). Eight years previously Sir Michael had authored the hugely influential *Marmot Review 'Fair Society, Healthy Lives'*. It was this report that highlighted the social gradient of health inequalities- the lower one's social and economic status, the poorer one's health is likely to be.
- 14.2 The return of the Institute of Health Equity to the city for a workshop with Health Professionals and Service Leads sought to learn from the changes that have occurred in addressing health inequalities in the period since the report was published. Manchester's experiences in challenging health inequality would partly inform a new publication due in 2020 '*Health Inequalities: What next? Ten years on from the Marmot Review*'.
- 14.3 What is evident in our city is a landscape that has changed immeasurably in how we respond to the health of children, through the ongoing transformation of health and social care. We recognise that we need to intervene earlier, *sometimes as early as a child is conceived*, to ensure children have the

correct support and have the best start in life in their first 1,000 days. Having a Health Visiting Service that has the resources to manage this demand and work closely with Early Years and Children's Centres to support infant well-being, parental mental health, child development and school readiness is key.

- 14.4 In their journey to adulthood, children are supported in that transition so that they can be their best and achieve personal and economic well-being (recognising the further benefits of work to health) as they get older, supported on that pathway by a school nurses linked into schools, a healthy education environment and targeted interventions such as Children's Mental Health, Dieticians or Occupational Therapy.
- 14.5 Acknowledging the societal elements of health linked to inequality, we are increasingly moving towards a whole system approach, whereby the health of our children, be that obesity or mental health, is the responsibility of everyone.
- 14.6 This whole system approach will be developed further under integration into Local Integrated Neighbourhood Teams (INTs) within the Local Care Organisation, and in work with Neighbourhood colleagues and other Directorates and organisations as we seek to address social determinants of health (obesogenic environments, clean air, green spaces and good housing) in our approach to developing happy, active and healthy children in Manchester.

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**Manchester City Council
Report for Information**

Report to: Children and Young People Scrutiny Committee – 4 December 2018

Subject: Annual Reports Fostering and Adoption Services

Report of: The Head of Looked After Children

Summary

The annual fostering report outlines key issues, challenges and outcomes from Manchester's Fostering Services during the reporting year from April 1st 2017 to 31st March 2018.

In the reporting year in response to the increase in numbers of Looked After Children from the previous year (1170 in 16/17 to 1250 in 17/18) the service recruited more in house carers (293 from 229 in the year before).

One of our key priorities in the 2016/17 report was to reduce the number of Independent Fostering Agency (IFA) placements and increasing the use of our own fostering households. We had 439 children and young people placed with IFA's in 2017/18, a reduction from 489 in the year before. There were a total of 488 children and young people placed with in house foster carers, an increase from 396 in 2016/17. This figure comprises 293 children with recruited fostering households and 195 children were placed with 'connected persons' carers.

During the year there was a total of 337 children placed with our in house carers. This is an improvement from 2016/17 when we made 317 new placements. The report outlines that we recruited 32 new fostering households and 35 connected carers in the year. This is an increase from 30 in the year previously. Unfortunately, 27 fostering households resigned or left us in the year, mostly through retirement, ill health or moving to another area.

In previous years, Manchester Foster Care Association was commissioned to provide independent support service to carers who are subject to complaints and allegations. Following a commissioning and procurement exercise, the contract was awarded to Fostertalk who have established the service to provide an independent support service for our foster carers and supported lodgings carers. They are a nationally renowned non profit organisation who provide a dedicated helpline to carers and will directly support them through any allegations or complaints. In addition, they support carers with issues around tax, development and training. Earlier in the year, carers take up of the service had been lower than expected but this has subsequently increased as the year has progressed.

The relationship with MFCA (Manchester Foster Carer Association) remains an important one. Subsequently it has been agreed the association will continue to be a member of our Corporate Parenting Panel, a senior officer will attend the Annual General Meetings twice yearly, facilitate the promotion of support and activities being

made available for our foster-carers and how the MFCA can help and promote the recruitment of foster-carers. In addition, MFCA will attend regular foster carer forums and training and the Head of LAC and fostering Service Manager will meet with them quarterly

Appendix II - Adoption Service from Adoption Counts Annual report - April 17 to March 18

The Annual Adoption Report reflects the adoption service being delivered to Manchester Adopters and is managed by Adoption Counts as our Regional Adoption Agency (RAA). This is a collaborative approach to delivering an adoption agency which brings the expertise and specialist skills of Manchester, Cheshire East, Salford, Stockport and Trafford. The service is commissioned by the Council and provided by Adoption Counts.

Regional Adoption Agencies (RAA) are a Department of Education initiative that set out Governments aim to see all local authorities with adoption responsibilities move to shared regional adoption agencies; it is worth noting the supporting legislation has provision to direct a Local Authority to be part of a RAA. They were created to replace the previous system of council adoption, to bring together groups of local councils to work better together on adoption. The regional agencies increase the pool of potential adoptive families and help match children awaiting adoption with the most suitable family as quickly as possible.

Within the reporting period 2017/18, 49 children were adopted with the average time taken to complete was 294 days. This is a reduction from the 80 placed in 2016/17 prior to the RAA taking over. This reduction in children adopted is due to two factors;

- The number of complex children waiting from previous years were successfully placed in 2016/17
- A national reduction in the numbers of Placement Orders granted by the Courts.

Although the reduction in the number of placement orders being granted has reduced, it has continued to have an impact on numbers of children placed and adopted in the years 2017/18 and the current year.

On 31st March 2018, there were 34 children subject to placement orders but not placed. Adoption Counts anticipate that they will have completed 49 adoptive placements/orders by March 2019 and responded to c598 enquiries from people wishing to consider becoming an adopter across all the member local authorities. This is an increase from the previous year and indicates that the marketing and recruitment of the new service is having an impact however challenges remain in recruiting and approving prospective adopters for larger group and black minority ethnic children.

Recommendations

Committee members are asked to consider the improvements made in relation to fostering and adoption and comment on the findings and recommendations contained therein.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable)

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	Both reports show the developments across our fostering and adoption services, utilising our local population to help and support Manchester
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Both reports show the developments across our fostering and adoption services, utilising our local population to help and support Manchester - Manchester people helping Manchester's children and young people.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

None

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Appendix 1 - Annual Fostering Service Report 2017/18

1.0 Purpose of Report

- 1.1 This report is an annual report intended to brief Scrutiny Committee Members on the business and activity within the Council's Fostering Service in 2017/18.
- 1.2 As well as providing data about activity in the service, and the role and business of the Fostering Panel, this report details service developments and improvements that have occurred in the year.

2.0 Introduction

- 2.1 Manchester City Council Fostering Service operates within the regulatory framework of the Children Act 1989, Fostering Service Regulations 2011, the Care Planning, Placement and Case Review Regulations 2010 and the National Minimum Standards for Fostering Services. Fostering services are inspected by Ofsted.
- 2.2 The inspection of local authority fostering services is incorporated into the Single Inspection Framework which takes into account the role of the fostering service in meeting the local authority's looked after children's needs.

3.0 Ofsted: Manchester Single framework inspection 2017

- 3.1 **Comments from the report inspection report relating to the fostering service:**
- 3.2 The fostering panel is suitably probing and challenging. It contributes effectively to overall service improvement and provides useful feedback, clear guidance and advice to staff.
- 3.3 Focused recruitment activity and good support to existing foster carers have led to an increase in the number and diversity of available foster placements.
- 3.4 The vast majority of Manchester's foster carers feel valued as part of the team around the child. Senior corporate parents engage carers well in wider service planning. Carers are represented on the corporate parenting group and welcome the opportunity to share their views and ask questions at quarterly meetings with children's services managers. The local authority celebrates foster carers' central contribution to the lives of Manchester's children looked after at an annual awards ceremony.

- 3.5 The creative development of specialist foster care provision, known as WRAPP (wrap-around service providing permanence) and targeted at children who need extra support, demonstrates Manchester's long-standing commitment to evidence-based models of care. WRAPP provides intensive support for children in foster care aged up to the age of 14 and has further expanded placement choice for children looked after.
- 3.6 Carers across all types of foster care are positive about their training opportunities, and they particularly value the training on the therapeutic model of care underpinning WRAPP. By helping a wider range of carers to develop their insight into the needs and behaviour of the children whom they look after, the training has broadened WRAPP's impact beyond its target group of children.
- 3.7 Supervising social workers provide good support and challenge to foster carers. Foster carers' annual reviews, chaired by IROs, are robust. Supervisory visits are timely, effective and well recorded, although changes in staff mean that some carers have not yet experienced sufficient continuity of support.
- 3.8 The fostering panel is suitably probing and challenging. It contributes effectively to overall service improvement and provides useful feedback, clear guidance and advice to staff.
- 3.9 The Fostering Service in Manchester is made up of six teams providing regulated fostering services as well as a further two teams offering non fostering, non-regulated services, as follows:
- Fostering Supervision Team 1
 - Fostering Supervision Team 2
 - Fostering Supervision Team 3
 - The Recruitment and Assessment Team,
 - The Therapeutic Fostering Scheme (WRAPP)
 - The Connected Persons Assessment Team
 - Short Break/Multi Link
 - Foster Carer EDS Emergency Duty Service
 - The Special Guardianship Assessment Team
 - The Staying Put Fostering
 - Supported Lodgings Provider Team
- Plans are in place for the support and supervision of Private fostering carers to transfer from localities to come under the fostering structure

- 3.10 As per the Regulations, the Service has a fostering panel chaired by a skilled and experienced independent social work professional. The panel considers and makes 'recommendations' about the suitability of foster carer applicants and on the long term/permanent matching of children with long term/permanence foster carers.
- 3.11 The Head of Service for Court and Locality is currently performing responsibility of Agency Decision making for Fostering. The Agency Decision Maker considers and makes decisions informed by but not constrained by the fostering panel recommendations. The Agency Decision Maker also has responsibility to agree the continued suitability to foster following a foster carer's annual fostering review. The Fostering Service Manager performs the role of Agency Decision Maker for the Fostering Service carer reviews.
- 3.12 There are two distinct types of approved foster carer that the Service works with and that are referred to throughout this report. They are 'recruited' foster carers and 'connected persons' foster carers. Recruited foster carers are those individuals or couples who are actively recruited from the public to care for children who are unknown to them. These carers are approved not for a named child, but for any child that falls within the number and age category for which they are approved. For example a recruited foster carer might be approved to foster two children aged 0 to 12. A connected persons foster carer is a person who is approved to care for a child that they already know and have a relationship with (a connection). Most connected persons foster carers are relatives of the child, and very often they are grandparents.

4.0 Manchester's Looked After Children Population

- 4.1 Manchester's looked after children population totalled 1,170 children at the end of 2016/17 and had increased to 1,250 by the end of 2017/18. From looking at the rate of children per 10,000 in the general population and comparing with statistical neighbours, other core cities, and the national average (based on the comparison groups 2016/17 year end figures), we can see that we have a higher rate of looked after children.
- 4.2 For example, at the end of 2016/17 the average statistical neighbour rate of looked after children was 94 children per 10,000 of the child population, the core city rate was at 82 per 10,000, and the national average was 62 per 10,000. Manchester's rate was 97 per 10,000 at the end of 2016/17 and had increased to 104 per 10,000 at the end of March 2018. We are aiming to reduce the population by improving our edge of care services and increasing the number of children for whom we secure timely permanence outside of care through special guardianship and adoption.

5.0 Looked After Children by Placement Type

5.1 With such a large number of looked after children to accommodate, it will always be necessary to use a mixed economy of care, utilising foster placements and residential resources in the independent sector to complement our own in-house local authority foster carer and residential resources.

5.2 At the end of 2016/17 75.6% of our looked after children were placed in foster care, inclusive of in-house and independent provision. At the end of 2017/18 this had slightly decreased increased to 74.2%. The most recent data indicates that nationally at the end of March 2018 73.5% of looked after children were placed in foster care.

5.3 The following table shows the number of children placed with in-house foster carers and independent fostering agency carers and the changes from 2014/15 to 2017/18.

5.4

Looked After Children by Placement Type				
	14/15	15/16	16/17	17/18
1.Total LAC	1291	1237	1170	1250
2.IFA placements	614	534	489	439
3.In-house recruited carer placements	205	191	229	293
4.In-house connected persons placements	162	185	167	195
5.Total in-house carer placements(3+4)	367	376	396	488

6.0 Children Placed in the MCC Fostering Service

6.1 As detailed in the above table, at the end of March 2018 there were a total of 488 children placed with Manchester's in-house foster carers. Of these, 293 children were placed with mainstream 'recruited' foster carers, and 195 children were placed with 'connected persons' foster carers.

6.2 At the end of March 2017 we had a total of 396 children placed with in-house foster carers, made up of 229 placed with recruited foster carers and 167 placed with

connected persons foster carers.

- 6.3 Overall, we were caring for 92 additional children with in-house foster carers at the end of 2017/18 compared to the end of 2016/17. We had 64 more children placed with our recruited foster carers and 28 more children placed with connected persons foster carers.
- 6.4 The 64 additional children placed with recruited carers is the result of recruiting new foster carers in 2017/18 who are more suitable and a better match with children who need placement, compared with foster carers who have left the service in the year.
- 6.5 Year end for 2017/18 there was an increase in placements with connected persons as the LAC population in Manchester was increasing. The 2017/18 figure of 195 shows an increase on previous year of 167.

7.0 Children Placed in Independent Fostering Agency Placements

- 7.1 As detailed in the table above we recorded a decrease in the number of children placed with independent fostering agency carers from 489 at the end of 2016/17 to 439 at the end of 2017/18. This was as a result of us making more placements with in-house recruited foster carers and an increase in the number of independent fostering agency carers becoming special guardians for the children they fostered.
- 7.2 We will continue to strive to maximise the number of children we place with in-house carers and reduce our reliance on the independent sector. Independent sector placements are on average considerably more expensive than in-house placements. In addition, in-house placements are more likely to be local and as a service we have a better knowledge of our carers' skills, experience and capabilities. As detailed in the above table, in 2014/15 the balance was 614 independent fostering placements compared to 367 in-house. This has become 439 independent placements to 488 in-house at the end of 2016/17, changing the balance from a 63% to 37% split in favour of the independent sector to a 53% to 47% split in favour of the in house sector.

8.0 New Fostering Placements Made in 2017/18

- 8.1 In 2017/18 there were a total of 337 new placements made with in-house recruited foster carers. This is higher than the 317 new placements made with in-house recruited carers during 2016/17 and indicates the increased contribution that the in-house service is making in meeting children's placements needs.
- 8.2 In comparison the local authority made 236 new placements with independent

agency foster carers in 2017/18.

8.3 In house fostering service is currently operating to full capacity as the demand for the service increases.

8.4 It should be noted that not all of these would have been new admissions to care as some will be moves from one placement to another, for example, a move from an emergency carer to a non-emergency carer, a move from a short term carer to a long term/permanence carer or less positively and less frequently because of a placement breakdown. The number of new admissions to care in 2017/18 was 568 in total.

9.0 Numbers of Approved Foster Carers

9.1 At the end of 2017/18 the Service had 207 in-house recruited foster carers. This compares with 206 at the end of 2016/17. The Service recruited 27 new foster carers in 2017/18 but also lost through deregistration a total of 26 existing foster carers, making a net gain of 1 carer household.

9.2 As discussed above in 4.3.4, the new carers recruited are more suitable and better matched with the needs of our looked after children than those we lost and as a result the foster carer pool was able to care for 64 more children at the end of 2017/18 compared to 2016/17.

9.3 At the end of 2017/18 we had a total of 130 connected persons foster carers caring for a total of 195 children. This compares with 118 approved connected persons foster carers caring for 167 children at the end of 2016/17.

10.0 Fostering Panel Functions

10.1 Manchester City Council Fostering Panel has the following primary functions:

10.2 To consider each application for approval and to recommend whether or not a person is suitable to be a foster parent (including “connected persons” under Regulation 24 of the Care Planning, Placement & Care Review Regulations 2010).

10.3 Where it recommends approval of an application, to recommend any terms on which the approval is to be given.

10.4 To recommend whether or not a person remains suitable to be a foster parent, and whether or not the terms of their approval (if any) remain appropriate:
(i) on the first review and

(ii) on the occasion of any other review, if requested to do so by the fostering service (e.g. following allegations or complaints against foster carers).

- 10.5 To consider and recommend approval of matches of children who have a plan for permanent fostering with suitable foster carers.

11.0 Fostering Panel Organisation

- 11.1 Manchester City Council Fostering Panel meets on a weekly basis with each meeting lasting half a day. Panel can sit for additional meetings if required to meet the needs of the service.

- 11.2 The panel maintains a central list of panel members with a wide understanding of fostering, children's multi-agency services, local services and the needs of the children looked after by the Council.

- 11.3 The panel has a key quality assurance role in relation to the work of the service.

- 11.4 The panel now has a permanent Panel Advisor in post from January 2018 who works with and supports the panel in its work. The Panel Advisor is the link between practitioners and the panel, offering support in preparation and delivering constructive feedback. With the appointment of a permanent Panel Advisor, there is a renewed focus on ensuring consistency in panel processes.

12.0 Panel Membership

- 12.1 The panel has a committed and loyal membership who are flexible with regard to attendance.

- 12.2 The Panel Chair and two Deputy Chairs work together to ensure that all panels are serviced. The panel meetings are planned with 6 members in attendance where possible.

- 12.3 The panel members have a wide range of professional experience, including social work, ex police officer, nursing, foster carer, adopter, youth justice, CAMHS and an Elected Member. The panel has reduced the over-representation of white women within its membership and the panel. Two panel male panel members have been recruited one of whom is black British.

- 12.4 Recruitment is underway to increase the central list to ensure that panel remains quorate. An individual with care experience is currently going through the recruitment processes as is a male foster carer. There are plans to undertake further focussed recruitment with the intention of recruiting a connected carer to the panel.

- 12.5 All panel member appraisals have been updated during the reporting year. Newer panel members have offered positive feedback on the functioning of panel and they have settled into their role well. Recent panel member appraisals indicate that panel members are confident in their role and not afraid to challenge and debate issues within panel. Panel Members have confidence in the Panel Chair to chair the meetings effectively.
- 12.6 The Panel Chair was also subject to an appraisal in the reporting year undertaken by the Fostering Agency Decision Maker.
- 12.7 The panel has a medical advisor to offer professional health advice. The Panel also has access to legal advice when required.

13.0 Panel activity and Development

- 13.1 A Panel training day is planned for the autumn alongside induction training for new panel members. The training will focus on the functions of the fostering panel with a focus on regulations and standards and GDPR. Learning is disseminated by the Panel Adviser and Panel Chair during the 'Any Other Business' section at panel on an ongoing basis.
- 13.2 During this reporting year, Panel Members will be provided with an up to date reading list and key documents to support them in their role. Whilst many established Panel Members will be familiar with many of the documents, providing this to the whole of the panel will ensure that there is consistency in the information shared to all Panel Members.
- 13.3 Panel Members have always offered constructive feedback particularly in relation to permanent matching processes. This feedback has informed the review of the permanent matching documents and processes. The new process is in the early stages of implementation and panel will have a key role in providing feedback on this.
- 13.4 Panel continues to operate as a 'paper panel'. It is a key priority to move towards a paperless panel in 2018/2019. Panel Members will be offered training and support to aid this transition. Moving towards a paperless system will have significant cost savings, increased data security and environmental benefits.

14.0 Panel Business in 2017/18

- 14.1 The following table details the number of each type of case considered by the Fostering Panel in 2017/18 with the data for 2016/17 in brackets:

14.2

Agenda Item	Statistics
Recruited carer approvals	32 (30)
Connected carer approvals	35 (20)
Temporary connected persons viability assessments considered (these ceased coming to panel on the 20 th February 2018)	68 (12)
Foster carer reviews	56 (25)
Long Term Matching (In House)	4 (10)
Long Term Matching (IFA)	19 (70)
Complaints	3 (1)
Deregistered at panel	0 (1)
Resignations	27 (31)
Total	244 (200)

14.3 Of the 32 recruited carer approvals, 16 households transferred from Independent Fostering Agencies or other Local Authorities, 5 households had previously fostered and 6 had professional experience of working with children. The remaining 5 households had not had any previous experience.

14.4 All recruited foster carer assessments presented to panel were recommended for approval by the panel and approved by the Agency Decision Maker.

14.5 The increase in the number of foster carer reviews correlates to the number of recruited carers approved in 2017/18. All first reviews return to panel as required by regulations. Previously, the Fostering Independent Reviewing Officer (IRO) presented first reviews to panel along with the allocated Supervising Social Worker (SSW). Practice changed in November 2017 when it was agreed that Fostering IRO's would not continue to routinely attend panel. Fostering IRO's will now only attend panel where there are issues, concerns or disputes. This change does not appear to have had any significant impact on the considerations of first reviews at panel. Along with reducing the time commitments for Fostering IRO's attending panel, it has allowed for greater flexibility and efficiency when booking reviews onto panel as there is only the SSW's availability to factor in.

14.6 There has been a decrease in the number of matches presented to panel. There are a number of potential reasons for this. The previous year's figure could reflect a 'spike' in matches following the renewed focus on permanence. An internal bespoke process has been proposed with the aim of addressing any historical

cases where there is continued delay in matching children. Therefore a number of cases may be matched through this process, bypassing panel. The paperwork and processes for matching of children through the panel process has proved to be a barrier. Staff have fed back what the barriers are to completing the paperwork and there has been some confusion about roles and responsibilities. This is being addressed through the changes to the permanent matching process which aim to address these issues.

14.7

Matches	Deferred
In house (4)	2
IFA (19)	5 (2 of which were deferred twice)

14.8 Of the 7 cases deferred, 5 were deferred, at least in part, due to questions about the foster carers capacity to offer long term care either due to the long term report not being completed or the issues not being sufficiently addressed within this document.

14.9 Matches deferred. 1 case was deferred due to the poor quality of the CPR. This is a significant improvement on the previous year. In all cases, when sufficient information was provided at a later panel meeting the match was recommended and approved.

14.10 It is anticipated that once embedded, the new process for permanent matching will drive up standards and ensure that the necessary information is presented panel without the need for deferment.

14.11 The role of fostering panel when resignations are submitted is to note this. There is no decision making function in this regard. As the service moves towards undertaking exit interviews with all carers, themes and issues arising out of these will be reported back to Panel Members.

15.0 Fostering Panel Quality Assurance

15.1 The Vice Chair of the Fostering Panel completes a feedback form as panel meetings progress for every case where the panel makes a recommendation. The forms have recently been redesigned and the feedback is that the current form is easier to use and captures the relevant feedback. Previously feedback was emailed directly to the social worker and team manager. It is now uploaded to MiCare and added to the child and/or foster carers record.

15.2 A key priority for 2018/2019 is to develop a more systematic way of collating and

analysing this feedback.

15.3 The Panel Chair reports a collaborative working relationship with the service, and reports that the standard of assessments remains generally good. No assessment has been placed before the panel that has been considered inadequate. The Panel Chair would wish that particular credit is given to the panel administrators who at all times ensure that the agenda runs smoothly and that panel members receive reports five working days before the panel.

15.4 The Panel Chair has raised some concern about the process for investigating complaints and allegations, in particular the timeliness for foster carers.

16.0 Feedback on the functioning of the Fostering Panel

16.1 Feedback is sought from representatives who attend Panel on the Panel's functioning. 52 forms were returned in the year 2017/2018. 51 responses were unanimously positive highlighting that carers felt well supported and welcomed by panel, panel focussed on the needs of the child, panel evidenced good knowledge of the case being discussed and understood the complexities.

16.2 Further comments included the 'engaging' approach from the panel chair and the thoroughness of panel was balanced with a relaxed approach.

16.3 Three areas were identified for improvement which were improve timeliness, consider the recruitment of a person who has been looked after and consider inviting carers into panel first.

16.4 A panel member has been recruited in line with the above feedback. Whilst panel endeavour to follow the agenda, there are often barriers to time keeping. Panel is extremely flexible and dynamic and will adjust the running order on panel days in line with the needs of the service. The discussions with the social worker need to take place before carers are invited into panel as these inform the areas that are then explored with the carers so the process could not be changed in this respect.

16.5 No feedback has been received from applicants and carers attending panel and this is a key area for development in 2018/2019.

17.0 Recruitment Activity and Outcomes

17.1 The Service worked in a targeted approach to attract, recruit and approve new 'recruited' foster carers in 2017/2018. The team worked closely with the Council's Communications and Media Team and changed our key messages to the public.

- 17.2 In 2014 we commissioned some external research which told us that Manchester's foster carers put themselves forward due to loving children and a desire to help children in their community. The research told us that Manchester's foster carers view fostering as a selfless act and about the positive impact it can have on children's lives.
- 17.3 Using this insight our recruitment campaign featured images of children with the copyline: "Be the difference, foster for Manchester". We targeted people who had not fostered before and who lived in a 25 mile radius of Manchester.
- 17.4 This approach brought in a lot of enquiries from people who wanted to "make a difference" to a child's life, but a high proportion of these did not have the right skills to foster then.
- 17.5 As a result of this, in April 2017 our recruitment strategy changed to reflect this. We worked with our marketing team to ask the question, who would make a great foster carer? And, who is our ideal candidate? Using this criteria we looked to target people whose profession meant they already had experience of working with children and so would have the necessary skills to make great foster carers.
- 17.6 Our key messages changed to:
 "If you've fostered, we need your help" and
 "If you've worked with children – we need your help".
- 17.7 This new campaign led to more enquiries from people who already had experience of fostering and education professionals.
- 17.8 The Recruitment and Retention strategy has been revised and refreshed for 2017/18 and implementation has commenced. The new strategy will result in improved performance over the course of the year.
- 17.9 **Outdoor Media**
 Our two strong images and messages were placed across the city on billboards and outdoor media sites. Alongside specific campaigns across the year (i.e. Fostering Fortnight each May) we have run our creative media images on outdoor sites across the city when available. This not only keeps the fostering message in people's minds but allows us to run our campaign messages in the months when enquiries to recruitment teams have historically been quieter (i.e. July/August).
- 17.10 **Digital Channels**
 When running marketing campaigns throughout the year we have also used digital channels and have targeted people by location, age, behaviour online and by profession.

17.11 **Manchester Schools**

The Service continued to have contact with schools linking in with their family workers and attended meetings with school staff in 13 schools, specifically:

1. Ashgate
2. Lancasterian
3. The Birches
4. St James
5. Beaver Road
6. Southern Cross
7. Melland
8. Meade Hill
9. St Mary's, Moss Side
10. Button Lane
11. Sandilands
12. Baguley Hall
13. St Peters

17.12 **Faith Communities**

The Service continued links with Faith 4 Network and visited 45 faith establishments who agreed to promote our marketing materials and raise the need for more foster carers in Manchester with their faith groups. We also met with the Bishop of Manchester, David Walker and Rabbi Elf representing the Manchester Jewish Faith Community.

17.13 **Ward Meetings**

The recruitment and assessment team attended 16 ward meetings (Ardwick, Baguley, Brooklands, Chorlton Park, Fallowfield, Hulme, Levenshulme, Miles Platting, Newton Heath, Moss Side, Moston, Old Moat, City Centre, Whalley Range, Withington, Rusholme) and discussed how community leaders could promote our message, leading to adverts in community newsletters.

17.14 **Fostering Recruitment Information Events**

We hosted 27 information events throughout the year at venues across the city, mainly in the evenings so as to make them accessible to a wider audience.

17.15 **Community Work**

The team was busy with outreach work in schools, libraries, sports halls, hospitals, local businesses, Manchester Airport, veterinary surgeries, GP's and faith organisations.

17.16 **Recruitment Outcomes**

The following table shows recruitment outcomes in 2017/18 (Frank to insert from monthly data set)?

	Apr l	Ma y	Jun e	July	Aug	Sep t	Oct	Nov	Dec	Jan	Feb	Mar
Enquiries	62	79	68	36	52	99	73	65	35	82	53	76
Detailed phone calls	40	38	46	25	39	58	47	37	22	53	25	40
Home visits	8	5	14	5	14	14	11	12	8	16	7	11

- 17.17 In 2016/17 there were 555 enquiries, compared to 780 in 2017/2018. The majority of the callers fall off in numbers between the stage of detailed phone enquiry and initial visits to people's homes. The recruitment team responds very promptly to interest and provide a warm welcoming and professional service to enquirers.
- 17.18 Thirty two foster carer households were approved in 2017/18. Whilst this is not as high as we would have liked as our target was 40, we were pleased with the quality of the resources coming though.
- 17.19 Of the 32 households that were approved in 2017/18, 16 households were transferring from Independent Fostering Agencies or other Local Authorities, five households had previously fostered and six had, or were working with children. Five of the households had not had any previous experience.
- 17.20 Whilst the Service did not meet its target, and the end of March there were a further 26 assessments looking positive in the assessment pipeline.

18.0 Family Finding: Permanent Fostering

- 18.1 This is a newly strengthened role based in the Recruitment team. The role provides a timely and consistent family finding service to identify the most appropriate child centred placement for our looked after children whose care plan is for permanent fostering.

19.0 Activity day

- 19.1 Working in partnership with Coram, Manchester Fostering hosted their first Fostering Activity Day on the 13th May.
- 19.2 After the event there were 24 expressions of interest for children, which led on to 3 potential matches for children requiring forever families.

- 19.3 After several months of preparation with staff and carers we had all 16 foster carer households attend who had confirmed and 14 children were featured.

20.0 Foster Carer De-registrations

- 20.1 In 2017/18 we de registered 27 existing foster carers which 12% of our total recruited carer population. This is comparable with 28 de registrations last year equating to 12.4%. It is higher than we would like and marginally above the national average of 12% as cited by National Fostering Agency.

- 20.2 There was five main categories for de registration;

- Not wishing to continue fostering
- Moving to another area/country
- Transferred to Supported Lodgings
- Ill health/Retirement
- Allegation/Complaint

- 20.3 There was no one overriding theme or trend for carer de registrations and no indicator that dissatisfaction with Manchester as main reason for resignation.

- 20.4 We are currently developing a Carer Retention strategy to ensure focus activity of retaining foster carers.

- 20.5 A foster carer Mentoring scheme is being developed to support newly approved foster carers and national guidance indicates that this is likely to increase carer satisfaction.

21.0 Coram I DFE sponsored project - Support Fostering Services

Since May 2017, Coram I have been working in partnership with Manchester fostering providing consultancy and support to develop practice standards, systems and processes.

- 21.1 **Piloting performance surgeries in the Fostering Services to ensure that SSWs are also driving permanency plans:** With support from Coram, fostering are undertaking performance surgeries with the Recruitment and Assessment Team and with the three Fostering Support teams. During the surgeries the Chair asks questions about the children placed with the foster carers, including progress of their permanency plans. This is supporting and enabling a shift in SSWs' perception and views of the foster carers as their 'main client' and re-focus on the child as the 'primary client'.

- 21.2 **Improved awareness of how data informs service delivery:** through the performance surgeries and the joint tracking meetings Coram supported the fostering service to secure a culture in the fostering service that ensures the importance of data.
- 21.3 **Developing Practice Standards:** The performance surgeries have highlighted some inconsistencies in utilising consistent practice standards, procedures and regulations. Coram have supported managers to embed the performance management approach through individual SW's supervision. Moving forward the plan is for the team managers to Chair the performance surgeries for their respective teams on a monthly basis with the Service Manager Chairing one team per month on a rota basis. This will ensure continuity and building upon the improvements achieved by Manchester to date since the implementation of the tracking/performance surgeries.
- 21.4 **SSW's supporting the CLA reviews:** Work is in progress with the IRO Service as to how Supervising Social Workers (SSWs) can contribute to the LAC Reviews by formulating and agreeing a template for SSW's to complete when they are unable to attend the review.
- 21.5 **Recruitment:** Coram has assisted in redesigning the Fostering Recruitment and Assessment process, and related materials (merging the Initial Home Visit and the application form and simplifying them). This has been signed off by Manchester and is been piloted since 12/03/2018. Coram wanted to support how changes to the revised R&A process can be reflected on the Council's management information system. However, there are challenges with this as Manchester are moving to a new management information system and all changes have been put on hold.
- 21.6 **Ambassador Scheme to support recruitment and retention:** Coram are supporting the R&A team to develop a formal Ambassador scheme, to ensure that the Council can draw on a pool of foster carers who could 'promote' fostering for Manchester.
- 21.7 **Activity Days for Fostering:** An Activity Day for Fostering was held in Manchester on the 13/05/2018. Initial feedback is very positive, with 10 children and 16 carers attending and 24 expressions of interest received so far. It will take a few months to see how many of these expressions of interest will convert into permanent matches.
- 21.8 **Redesign the family finding process:** Coram have redesigned the family finding process for permanent fostering. This was finalised in January 2018 and shared with key stakeholders (i.e. IRO Service, Court and Localities, Fostering Services).

- 21.9 **Redefining the role of the family finder for permanent fostering:** The role of the family finder has been redefined, alongside the Family Finding process, and made much more visible and working in a joined-up way with other parts of the Services. There is early evidence of more professional profiles being completed and a greater focus on exploring the use of DVD's when family finding.
- 21.10 **Children's profiles workshops:** A profile workshop was held in Manchester on the 28/11/2017. It was very well attended by Supervising Social Workers, Social Workers and Team Managers.
- 21.11 **Strengthen foster carers peer support/developing a mentoring scheme:** Coram are working with a team manager and 2 advanced practitioners in support and supervision teams to drive the development of the Mentoring Scheme.
- 21.12 **Seeking feedback from foster carers who are deregistered or resigned:** Coram have assisted the R&A team to develop an 'exit' interview template. The plan is for the R&A team to lead on obtaining feedback from those carers who were de-registered or resigned from April 2018.
- 21.13 **Seeking feedback from newly approved carers:** Coram are working with the R&A team to develop an interview questionnaire to seek the views of newly approved carers about their journey so far (including the quality of support received with their first placement).
- 21.14 **Seeking the views of foster carers on an ongoing basis:** We are working with the IRO Service to see how the feedback that foster carers give at Foster Carer Reviews could be fed back and used to improve the quality of the service they receive. We have asked the IRO Service to undertake a quarterly report summarising their findings, key strengths and areas of development, based on their role undertaking the Foster Carers Reviews.
- 21.15 **Improve the preparation for and chairing of matching meetings by the Localities, Permanence, Fostering and IRO Services:** Coram have supported the service in providing clarity which children should be presented to the Fostering Panel for permanent fostering matches (this is now all children up to the age of 16). Coram have also worked with the Fostering Panel Adviser and the Family Finder to streamline the documentation for the Fostering Panel in regards to the updated assessment of the foster carer and the match. The Family Finder now chairs the Matching that also focuses on the support needs of the child/dren and carer/s.
- 22.0 QA Fostering Audits**
- 22.1 The fostering service conducts monthly quality assurance audits of foster carers files. The audits files are allocated by QA Coordinator.

The audits are carried out by Team managers alongside the Supervising Social Worker and evidence quantitative and qualitative practice. The audits are moderated by Service manager. Monthly action trackers are maintained.

23.0 Foster Carer Support and Supervision

- 23.1 There are three Fostering Supervision Teams in the Service. These teams support, supervise and manage all of our approved foster carers, both recruited carers and connected persons carers, except approximately 10 who are part of the WRAPP therapeutic service.

- 23.2 All of our foster carers have a named allocated supervising social worker. The social worker is required to maintain a minimum of six weekly supervision visits to each foster carer unless the child's care plan a lesser frequency such as with long term matched/permanence placements. Compliance with this requirement is at 85% monthly average which is significant improvement from last years 73%.

- 23.3 There is a significant increase in the ratio of LAC seen during SSW supervision visits to foster carers. The required standard has been introduced into the fostering service for LAC to be seen at every second visit.

- 23.4 Foster carers receive a minimum of one unannounced visits per year by supervising social workers. It is expected that these visits are planned at a time when foster carer and LAC in placement most likely to be at home. The service has achieved an average of 83% unannounced visits completed on time within twelve month period. The service is increased the requirements of unannounced visits to twice yearly.

- 23.5 All carers have access to a range of training and development opportunities throughout the year and are encouraged and supported to attend monthly support groups.

- 23.6 Following a tendering process a new provider has been commissioned to deliver the foster carer post approval training programme. There is a transition period before the new provider is fully operational in January 2019.

- 23.7 There are 3 geographically organised support groups, south, north and central, all which meet monthly.

- 23.8 There is an ongoing focus on rolling out Secure Base training to our foster carer pool over the reporting year.
This is an attachment based training programme created and supported by Beek and Schofield at the University of East Anglia. Feedback about the training from

foster carers so far has been very positive about the impact the training has had on their ability to meet children's complex needs.

24.0 Foster Carer Reviews

- 24.1 It is a legislative requirement that all foster carers have their approval as carers reviewed within first six months of approval and twelve months thereafter. Foster carers also have a review of approval following a serious complaint relating to practice or after an allegation.
- 24.2 Following an allegation an initial investigation foster carers receive independent support from Foster Talk and a report should be completed by the fostering service and presented to panel within twelve weeks. It is recognised that more complex investigations may take longer, in which case the foster carer will be advised in writing about the required timescale for completion.
- 24.3 In Manchester foster carer review meetings are chaired by two dedicated independent reviewing officers from the Safeguarding and Improvement unit. The carer review system and process has been subject to a policy review within last twelve months with improved timelines for completion of reviews. In the last twelve months the majority of foster carers had their reviews in line with regulatory requirements.
- 24.4 Within the reporting period 318 fostering carer reviews were held. Performance in this area was 90.57% of required reviews (288) held within the 12 month cycle and there is a drive to ensure performance in this area improves over the next 12 months. 30 further reviews were held within the reporting period however these were out of timescale. Going forward Fostering IRO's will now complete a monthly report detailing any reviews that have fallen out of timescale, alongside any emerging themes and these will be escalated to the Service Lead. Currently IRO's also highlight those reviews that need scheduling where issues have arisen to the team manager and communication between the service and IRO's is good.
- 24.5 The reported information in the 2016/17 annual report stated that 100% of reviews were held within timescale however this was incorrect and is not supported by any data. However within the reporting year the Fostering Service in conjunction with the Safeguarding and Improvement Unit have updated the carer review policy and introduced improved standards and timelines which has greatly improved the service. Fostering IRO's and service leads from SIU and the fostering service now meet quarterly to review the service and consider outcomes and trends in order to continue to improve practice.
- 24.6 At the end of 2017/18 there remained 7 approved carers with reviews outstanding; reasons for this range from long term health needs to an ongoing investigation. These reviews continue to be tracked by the IRO's and continued dialogue with the Supervising Social Workers held to ensure up to date information is shared.

- 24.7 There is a notable improvement in the standard of foster carer reviews with improved focus on feedback and consultation from other professionals and third party agencies. The voice of the child at their carers reviews has significantly improved through the use of the MOMO Mind of my own App.
- 24.8 140 escalations were received by the Fostering Service from the Safeguarding and Improvement Unit within the 12 month reporting period. An overwhelming majority (76%) of these escalations relate to no Social Worker report or attendance at LAC reviews or foster carer reviews. Within the reporting period the number of these escalations has decreased month to month suggesting that performance in this area has improved. The Fostering Service is committed to continuing to improve practice in this area. Reporting in this area has been strengthened for 2018/19 and will be incorporated into monthly reports.
- 24.9 Other themes picked up on from escalations received are TACP assessments being completed out of timescale (4% of escalations received); delay in SGO assessments (2%) and a delay in long term family finding (2%). The small number of escalations received in these areas is positive however work is ongoing to ensure performance in each of these areas remains high and meets the needs of our children.
- 24.10 Feedback from the IRO's regarding performance in the last 12 months has highlighted that the review process is now completed within a much more timely manner from start to finish, including the sending out of invites, completion of professional reports for reviews, and ADM sign off. Fostering IRO's report a noticeable increase in the number of Supervising Social Worker reports being quality assured and sign-off by team managers prior to the review however an area of identified improvement was the need to ensure all carers receive a copy of their review report in advance of the review to enable the carer to fully prepare and ensure transparency across the service.
- 24.11 SIU will also complete bi-monthly audit reports which will assist in pulling out key themes to feed into the 2018/19 report.

25.0 The WRAPP Programme

- 25.1 The WRAPP (Wrap Around service Promoting Permanence) Programme was developed by Manchester's Family Placement Service in Partnership with CAMHS, and launched in February 2017. WRAPP is a Specialist Fostering service offering placement to children age 3-11 years of age in Manchester who present with highly complex and challenging developmental and behavioural presentations as a consequence of early maltreatment.

- 25.2 The WRAPP Programme is an attachment-focussed family based intervention that emphasises the child-carer dyad in supporting and stabilising placements, thereby promoting permanence. The Programme provides intensive training and support to carers as well as an enhanced professional fee in an effort to ensure permanence for at-risk looked after children.
- 25.3 The WRAPP Programme currently has 11 carers and 9 children in placement. A new carer has recently completed the WRAPP assessment process and will be ready for a placement by the end of August, 2018.
- 25.4 One of our carers is a short break carer, providing respite and mentoring service to the other carers, as part of the model.
- 25.5 Of the 9 children currently in placement, 5 are now or will soon be permanently placed with their carers, continuing to receive a tiered specialist service from WRAPP.
- 25.6 Referrals are accepted by the Clinical Psychologist who determines eligibility and appropriateness for participation in the programme.
- 25.7 Carers are recruited by the Recruitment and Assessment Team and receive an additional assessment from the WRAPP Team prior to becoming WRAPP carers.
- 25.8 Carers receive intensive training that included a 6 week or 16 week Secure Base Course, co-facilitated by WRAPP Team Members, A four day P.A.C.E. (Playfulness, Acceptance, Curiosity, and Empathy) Training, conducted by the Psychologist and the Advanced Practitioner, fortnightly training sessions as a part of the WRAPP Support Group, also co-facilitated by the Psychologist and the Advanced Practitioner, and regular consultations, including on call support, as determined necessary.
- 26.0 Cost-effective**
- 26.1 WRAPP is less expensive than equivalent IFA placements and residential care.
- 26.2 WRAPP currently provides almost double the placement capacity of TOPS for a significantly reduced operating budget
- 26.3 The current WRAPP placement capacity is 10 compared to 5 with TOPS model
- 26.4 WRAPP operates with 30 fewer hours of clinical and supervisory workforce provision, and 30 fewer support workforce per week.
- 26.5 From 5 initial placements, WRAPP has grown to providing 9 placements currently (80% increase in 11 months).

27.0 Clinically effective

- 27.1 Of the 12 children WRAPP has supported since February 2017:
- 1 have maintained stability whilst within the WRAPP program (92%)
 - 2 have moved on from the program successfully (17%)
 - 6 have been approved or are being assessed to remain with their carers long-term (50%)
 - All 12 have successfully stepped up to or are maintaining attendance at mainstream education placements full-time.
- 27.2 In the recent Ofsted inspection feedback, WRAPP was specifically commended for providing a specialist therapeutic service for children in need of additional intensive support, and as evidence of the MCC commitment to providing creative and evidence-based models of care.
- 27.3 The support package and level of input from WRAPP is attractive to quality carers within the wider service, and externally. The team has retained 10 placements of the 11 which have been involved with WRAPP since it transitioned from TOPS or been subsequently recruited to the service.
- 27.4 The positive experience of current WRAPP carers communicated to Ofsted recently demonstrates the high rate of satisfaction with the model as supportive and effective.
- 27.5 In response to the local need, WRAPP has expanded in age range from 3-6, to 3-11.
- 27.6 WRAPP has provided services for children already placed with MCC foster carers, bringing the carers and the children into the WRAPP programme.
- 27.7 WRAPP placements have been offered to children from a range of socio-demographic backgrounds, reflecting the diversity in the Manchester fostering population.
- 27.8 The pool of WRAPP foster carers also reflects this diversity, and the service has successfully provided 5 cross-cultural placements.
- 27.9 WRAPP is successfully supporting placements for children with a range of additional diagnosed difficulties, including ADHD, ASD, chromosomal abnormalities and global developmental delay
- 27.10 WRAPP team professionals provide support to the wider service through:
- Formal and informal psychology and education-orientated consultations, including a weekly psychology clinic to family placement, permanence, supported lodgings, court and locality and connected care teams.

- Skills coaching guidance for support workers and life story work advice and support.
- Training (on attachment and Secure Base, behavioural management, and therapeutic life story work).

27.11 WRAPP has recently been provided with additional Supervising Social Worker capacity, allowing the service to grow as additional carers are recruited.

27.12 In the future, an increase in psychology and education provision will also be necessary, and may allow additional opportunities for offering some of this resource to the wider service.

28.0 CPAT Connected Person Assessment Team

28.1 Definition:

A connected person can be a relative, friend or any other person with a prior connection with a child or young person who is looked after by the local authority. This includes grandparents, aunts and uncles, adult siblings, other adult family members friends, or someone who has known the child in a professional capacity such as a teacher or youth worker.

28.2 When a connected person has been identified as being in a position to care for the child who is in the care of manchester, they must/may be approved as foster carers for that child. The assessment and approval process for connected persons is the same as for any other non related foster carer, other than the timescales for the assessment when the child is already placed.

28.3 This team was first established in manchester in 2014 with a Team manager and 9.5 Social Workers. Year on year the demand for this service has increased. In 2016/17 there was 211 referrals to the CPAT. To date the team has received 251 and on target to be 500 by the end of the financial year showing a 100% increase.

28.4 This increase is linked to rise in LAC population in Manchester.

29.0 Short Break and Multi Link Service

29.1 Short break placements provides children in need with overnight and day-care provisions, these are generic placements for children with physical and learning needs that are less complex and can be managed within a short break placement with one carer.

29.2 Multi-link foster carers provides 210 days short break placements per an annum (18 days in a month) for children with multiple health, physical and learning needs

including children with advanced end of life care plans. The multi-link provision consist of five multi-link carer's two of those post are currently vacant and due to be filled.

- 29.3 In the financial year April 2017 no short break carers were approved, in financial year 2018 two short break foster carers were approved, with number of potential short applicants undergoing assessments or due to be presented to the fostering panel.
- 29.4 In financial year 2017/2018 nineteen children received overnight provision from the three multi-link carer's alone. A further eight children received short break daycare and overnight from the 7 short break carers. On average multi-link provided 630 days of 24 hour care and short break carers provided 108 days of 24 hour overnight and day-care. A total of 738 days of care was provided to children within multi-link and short break provision. (Three of the short break carer work part-time due to other work commitment)
- 29.5 A multi-link specialist 24 hour one overnight placement per a child cost of £62.57 + £78.57 retainer =£141.14 per day, compared to the residential 24 hour overnight placement providing similar care cost £570.00. A saving of £428.86 per overnight is made within multi-link placement. In a residential a child requiring 2-1 cost £935.50 compared to 2-1 provision within a multi-link would cost £203.71 saving of £731.70 per day.
- 29.6 Short break placement per child for 24 hour overnight period cost £62.57 compared to residential cost of similar provision costing £349.14 per day. Short break Day Care provision cost £35 for under 5 hours support and £70 over 5 hours compared to a fix rate for 24 hour care within a residential costing in the region of £349.14.
- 29.7 On average an in house multilink and short break carer's provided 738 day of 24 hour care costing £95,676.66 to £97,177.34 compared to cost for 738 days at residential for same level of care would cost between £257,562.00 to £690,399.00
- 29.8 Since January 2018 the recruitment of short break provision have been focused on special schools supported by multi-link/short break SSW and short break foster carers, particularly targeting experienced staff from the education establishments. Advertising and publication of short break provisions has been revised and distributed in the local shops, community centre/s, and schools. Online provisions has also been revised, updated and made simpler and queries are responded to within 24 hours or sooner. Fostering team manager has also approached other Local authorities to explore their strategies of recruitment, of short break carers and exploring methods used to providing a cost effective multi-link and short break provisions.

30.0 EDS: Emergency Duty Service

- 30.1 Manchester currently has three emergency Foster carers offering five placements 0-18. The placements are made direct by the Emergency Duty Service. Between March 2017 to date the EDS Foster carers have provided placements to seventy

children and young people.

- 30.2 There is an extremely high demand for EDS carers and the plan to is recruit more carers to meet the demands of the out of hours service.Under a new contract,
- 30.3 Very positive feedback has been received from the Emergency Duty Team regarding the high quality of the service provided by the EDS Foster carers.

31.0 SGO: Special Guardianship Assessment Team

- 31.1 The Special Guardianship Teams sits within the family placement service in Manchester Children's services. It comprises of one team manager and three assessing social workers.
- 31.2 The purpose of the Special Guardianship team is to complete full special guardianship assessment for children who have been identified as suitable to remain in their current placement long term. The special guardianship team works alongside the permanence service to identify those children who are in stable, secure placements in that their carers have a long term commitment to meeting their needs.
- 31.3 A special guardianship order is a legal order introduced with the intention of creating a permanent home for a child or young person who does not live with his or her parents. If adoption or long term fostering is not suitable or is not in the child's best interests, then a special guardianship order will be considered. Applications may be made by an individual or jointly by two or more people, the special guardianship order discharges the current care order in place and transfers the parental responsibility from the Local Authority to the special guardian which means that the person who holds the special guardianship order can make day to day decisions relating to a child's care and upbringing. Upon the successful discharge of the child's care order and granting of a special guardianship order the child will no longer be a looked after child and be closed to the Local Authority. This allows for increased capacity within permanence teams, the Independent reviewing teams and the management teams thus increasing service capacity and minimising the impact on important professional and financial resources. The current carers will be able to claim relevant benefits for the child or children in placement which will means a reduced cost to the local authority. If the child is in an IFA placement the local authority will no longer pay high cost IFA fees.
- 31.4 The special guardianship team are another element in providing the best outcomes for Manchester children, ensuring they have stability security, the sense of belonging to their carers without losing their identity or bond with their birth family. A special Guardianship Order helps children and young people find permanency with their carer, and helps them feels secure and safe however the child young person still maintains links with their birth family, this is especially important to older children who want to maintain a relationship with their parents.

- 31.5 From October 2017 until the present day the team have successfully discharged 9 care orders securing permanent homes for those children without the continued need for involvement from the Local Authority.

In addition there are a further 26 assessment which have been successfully completed and are awaiting court hearing dates.

32.0 Supported Lodgings Service

- 32.1 The Supported Lodgings Team sits within the Family Placement Service in Manchester Children's Services. The service comprises of one team manager and 5 supervising social workers. The Team manages all of their own recruitment, the assessment of potential providers, the supervision and review of placements as well as the facilitation of all training that is delivered fortnightly to providers throughout the year.
- 32.2 The Supported Lodgings Scheme aims to provide safe and supportive lodgings for any young people aged 16 years and over who are or who have been in local authority care. The aim of Supported Lodgings is to help young people prepare for independent living. The supported Lodgings services works very closely with Manchester Leaving care services as well as with the permanence service to ensure that all Manchester care leavers that are referred to the service are supported through their transition and are able to develop the skills that they need to become successful adults.
- 32.3 Currently that Supported Lodgings service has 68 providers across the city with a mixture of approvals ranging from one to three available placements each. The service currently supports 72 young people within those placements.
- 32.4 The supported Lodgings Service continues to grow and in 2017 – 2018 the supported lodgings service has recruited 16 additional providers. The service continues to be in high demand with continual interest from potential providers through recruitment drives and successful recommendations from current providers.
- 32.5 Manchester's supported lodgings service is over five times bigger than its neighbouring authorities who have contacted the team directly to request peer support to develop their own services due to Manchester's excellent reputation in this area. In addition supported lodgings providers who are approved by neighbouring Authorities have contacted our service in Manchester directly to request an assessment in a bid to transfer their approval to us based on reputation and recommendations.
- 32.6 Over half of the young people (55%) that the supported lodgings service provide support to are Unaccompanied Asylum Seeking children and young people

(UASC).

- 32.7 The service prides itself in ensuring that young people that are new to the UK or may have language and other barriers are safely supported to integrate into their communities and have access to education and other support that they may need to keep them safe and support their transition.

33.0 Staying Put

- 33.1 Staying put is when a young person continues to live with their foster carers after they reach the age of 18 years.
- 33.2 Specifically, it is defined by the Children Act 1989 as an arrangement whereby a young person, who when they became 18 was in law an 'eligible child' placed with a foster carer, continues to live with that person.
- 33.3 Whenever a young person continues to live with their former foster carer in these circumstances, it is referred to as a staying put arrangement. Staying put arrangements continue until the young person becomes 21, or stops living in the household before then.
- 33.4 A former relevant child who is pursuing further education or training may be entitled to support until the age of 25 years old.
- 33.5 The young person must be 18 years old and have previously lived with the foster carers with whom they want to remain. The young person must be an eligible young person in that they have been looked after for at least 13 weeks since their 14th birthday.
- 33.6 The staying put service currently supports 95 young people to remain within their foster placements post 18 years. Out of the 95 providers 22 of these are also MCC Foster Carers who continue to offer placements for younger children.
- 33.7 Within the Fostering Service we also operate a Staying Put and a Supported lodgings Service. The Staying Put Service promotes and supports existing foster carers to continue to offer accommodation and support to the young people they are fostering once they have turned 18. We have a total of 82 young people who are in staying put placements currently.
- 33.8 The same team also operate a Supported Lodgings Scheme. This scheme recruits members of the public to offer lodging accommodation in their home to care leavers.
- 33.9 At the end of 2016/17 we had 74 young people in staying put foster placements

and 58 young people placed with supported lodging providers.

- 33.10 These two services ensure quality support for a considerable number of care leavers post age 18 and are an essential resource as identifying alternative supported housing and accommodation is a challenge in the City.

34.0 Foster Talk

- 34.1 Foster talk is a non profit organisation providing independent support services to foster carers across from local authorities and independent fostering agencies. They have been contracted to support our foster carers and supported lodgings carers following a tendering process in March 2017.

- 34.2 The overall level of satisfaction from carers regarding the services of Foster Talk is high. However the quarterly contract monitoring indicates that the level of take up of the full range of services available is relatively low for an authority the size of Manchester. More recently we have worked with Foster Talk raise the profile and promote the services in order to increase levels of engagement.

35.0 Manchester Foster Care Association

- 35.1 MFCA is a self governing and independent voluntary organisation that for many years has promoted, supported, advised and helped to develop fostering services in Manchester. More recently the role of MFCA has changed. They no longer provide the fostering independent support service as this is now provided by Foster Talk. Also, following a recent tendering process MFCA will cease to deliver post approval training from January 2019.

- 35.2 Senior managers in the fostering services meet regularly with representatives from MFCA and there is a consultation process in place to develop a new working relationship.

36.0 Foster carer post approval training

- 36.1 Following a tender process a new, single provider will deliver the foster carer post approval training programme. A phased implementation process will start in September and will be fully operational in January 2019.

37.0 Foster Carer HandBook

- 37.1 The new Foster Carer Handbook due to be published December 10th 2018 for all Manchester Foster Carers and is a quick reference guide to be used when particular issues or queries arise, and to provide more information about fostering

in Manchester. The subject matter is written in alphabetical order and there is a useful glossary of terms at the end.

- 37.2 The Handbook contains the necessary information and reference to guidance and procedures to care for Manchester's Looked After Children safely and to the required standard.

38.0 What Children Have Told Us

- 38.1 The fostering service continues to share and promote the findings from the 2017 Bright Spots Survey of looked after children had a number of positive messages as follows:
- 38.2 More children and young people (11-18yrs) in Manchester stated they felt safe in the home they lived in both in comparison to children in the general population, and to other local authorities.
- 38.3 Most (90%) children always felt safe in the home they lived in and over 75% felt settled.
- 38.4 Children reported that in the main they trusted their social workers and carers and the majority felt that their carers were sensitive to the way they were feeling.
- 38.5 Most children liked school, especially 4-11 year olds. A larger proportion of children aged 11-18yrs reported that their carers took an interest in their education compared to the general population.
- 38.6 Children aged 8-11yrs in Manchester were less likely to record that they worried about their feelings or behaviour regularly compared to children in other authorities.
- 38.7 When asked if they were happy yesterday 70% of children said they were & 89% felt their lives were improving 'A lot' or 'A bit'.
- 38.8 The thing that children appeared least satisfied about was contact. May children wanted more contact with parents and siblings.

39.0 Supersonic Group

- 39.1 The Supersonics group was launched in 2017 in order to capture the voice of children who are looked after by Manchester City Council between the ages of 8 and 11 years of age.
- 39.2 Young people aged between 8 and 11 will be invited to take part. The children are representative from different genders, ethnicities and from within different living arrangements including recruited/connected carers and residential care.

40.0 Purpose and Aims of the group

- 40.1
- To further shape our services for LAC in line with their wishes.
 - To establish what LAC think works and what could be improved.
 - To empower children and young people in talking about their experience.
 - For children to meet together with other children who are looked after.
 - Offer opportunities for looked after children to input into practice and policy changes.
 - Offer a safe place to try out new activities and raise confidence/self esteem and support children wanting to try out new and exciting opportunities.
 - Feed in children's views to the fostering recruitment, training, staff development and recruitment of social workers.
- 40.2 The primary responsibility for leading the group will lie within the Recruitment and Assessment.
- 40.3 Since June 30th 2017 there has been eleven activity events involving thirty four Looked After Children in placement with Manchester Foster Carers. The feedback from these events has been positive and informative and has been shared with the Voice and Influence Steering group.
- 40.4 Comments from young children during a superlatives session February 1st 2018
- 40.5 If you were interviewing a social worker for Manchester what would you ask them?
I would ask if I was upset what would you do?
- 40.6 I think Social Workers listen sometimes but they don't always give eye contact they look away.
- 40.7 What should a social worker look like?
They should be cheeky, energetic, happy, supportive and called Emma, Lucy or Harry. They should like animals. I want them to be 20-30 yrs old, wear smart clothes like a suit jacket, frilly shirt and skirt. When we asked why They said. *'It looks like they do not care if they visit looking casual'*
- 40.8 We asked them how many social workers had they worked with. One girl had 3 social workers in one year, the other girl told us 4 in one year. We asked why they felt the worker had left the service *'because they live too far away'*
- 40.9 What's it like meeting a new social worker?
'it's dreadful', 'we get fed up of repeating ourselves'
- 40.10 They want social workers to ask them more questions *'about me, what I do at weekends/ hobbies/ likes'*
'Social Workers ask difficult questions but that's ok'

'Social Workers sometime ask too many questions'

- 40.11 About meetings:
'I always attend, I want to hear what they are saying'
'I get to see my mum'
'I would prefer the meeting was at my school and not at home'.
- 40.12 Where do you like to sit at meetings?
'I like to sit with my mum'

50.0 Areas for development and service improvement 2018/19

- 50.1 We will implement the new carer recruitment strategy and recruit minimum of forty new foster carers to increase in house capacity and improved placement choice.
- 50.2 We will improve on carer retention to ensure we lose fewer carers through deregistration than previous year
- 50.3 We will improve communication with children and young people to ensure their voices are heard and used to influence and improve services
- 50.4 We shall continue to improve standard of support to foster carers and improve carer satisfaction with the fostering service
- 50.5 We shall continue increase the numbers of conversion of FCO's with connected persons to SGO's
- 50.6 We shall increase the number of Supported Lodgings providers and provide greater placement opportunities for young people as part of leaving care pathway plans
- 50.7 We shall increase the number of young people Staying Put with their Foster carers post eighteen years of age.
- 50.8 We shall improve communications across of areas of the fostering service and ensure staff have opportunity to contribute to improvements and developments of the service.
- 50.9 Fostering service will work to develop closer links and positive working relationships with colleagues in localities
- 50.10 Ensure that allegations against foster carers are investigated within required twelve weeks timeline wherever possible and that foster carers received independent support and regular updates in writing.
- 50.11 Statement of Purpose for the fostering services has been updated for 2018/19 and will be published on MCC website.

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Appendix 2 - Manchester Annual Adoption Report 2017-18

1 Introduction and Purpose of the Report

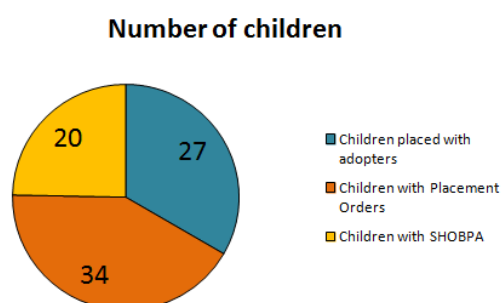
This is a report to Manchester City Council in relation to the performance of the Adoption Counts Service. Adoption Counts is the Regional Adoption Agency that manages Manchester's adoption service. Other local authorities involved in the partnership are Cheshire East, Salford, Stockport and Trafford. The agency went live in July 2017.

This report covers the operating period April 1st 2017 to March 31st 2018.

2 Number, type and age of children waiting for adoption and length of time waiting

As at the 31 March 2018 Manchester had 27 children placed for adoption but not yet adopted. As at the 31 March 2018 Manchester had 34 children waiting for adoption but not yet placed. There were a further 20 children with a 'should be placed for adoption' (SHOBPA) decision but no Placement Order as court proceedings had not concluded.

The chart below shows the numbers of children waiting by type;



2.1 Children Subject to Should be Placed for Adoption (SHOBPA) decisions

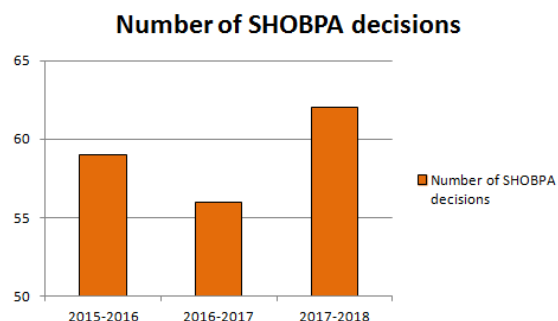
As at the 31 March 2018 Manchester had 20 children currently subject to SHOBPA but not at this stage the subject of legal orders to place for adoption.

2.2 Children on Placement Orders

As at the end of March 2018 there were 34 children who were the subject to Placement Orders and not placed.

2.3 Number of Children who had a SHOBPA during the period

Manchester had 62 children who were made subject to SHOBPA decisions in the 12 month period April 2017 to March 2018. This is up from the 56 made in the previous year 2016/17 and 59 in 2015/16.

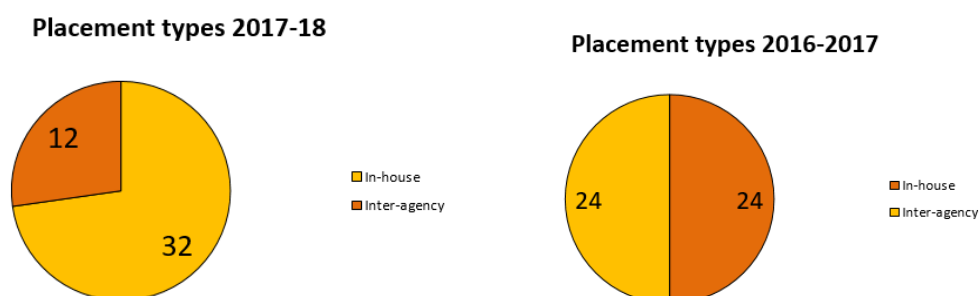


2.4 The Numbers of Children who had a Change of Plan in the Period

In the year 2017/18 9 children had their plans reviewed by the agency decision maker and 5 children had their plans changed and SHOBPA rescinded. In the previous year, 2016/17 7 children had plans reviewed and out of these 5 had the plan changed.

2.5 Number of Children Placed for Adoption during year.

Manchester had 44 children placed for adoption between 1 April 2017 and 31 March 2018. In the 3 month period April to June 2017 before Adoption Counts went live 11 children were placed. 6 of these were inter-agency placements and 5 were with Manchester approved adopters. In the period July 17 to March 2018 33 children have been placed. 27 of these were in house, as in Adoption Counts adopters, and 6 were inter-agency placements.

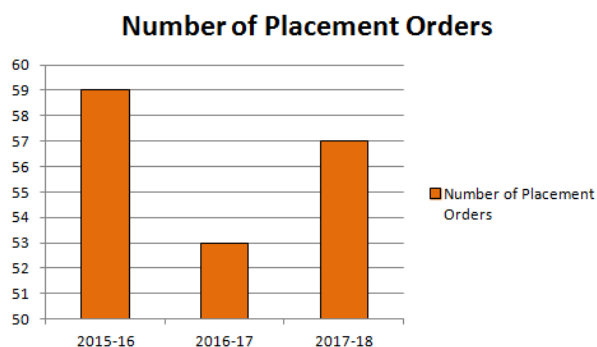


In the previous year 2016/2017, 48 children were placed for adoption, of whom 50% were placed in inter-agency placements. This reduction in children placed is due to two factors. A number of complex children waiting from previous years were successfully placed in 2016/17 and there has been a national reduction in the numbers of Placement Orders granted by the courts. Although this trend has now

reduced, with more Placement Orders being granted, it has continued to have an impact on numbers placed and adopted in the year 2017/18. The number of SHOBPA decisions has increased in the year 2017/18 so this may lead to an increase in numbers placed moving forwards.

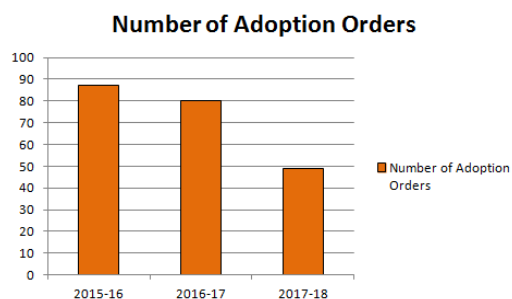
2.6 Number of Children Subject to Placement Orders in 2017/18

Placement Orders were granted for 57 children for this twelve month period. The year total for 2016/17 was 53 and 59 for 2015/16.



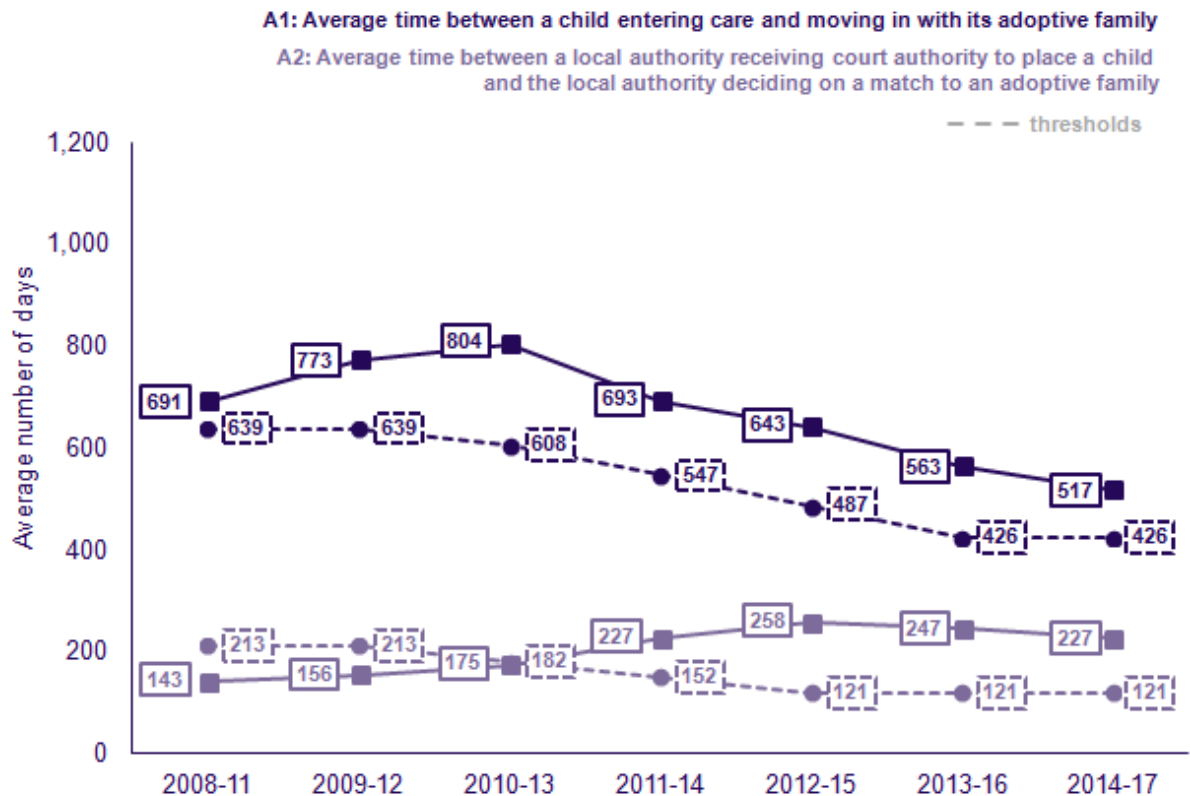
3 Number of Children Adopted

Manchester had 49 children adopted during the twelve month period. This is a significant reduction on the 80 adopted in 2016/17 and 87 in 2015/16. This reason for this is as per the information in section 2.5.



Using the data from the 49 children adopted these gives an average A1 of 294 days and an average A2 of 97 days. This means that both the A1 and A2 scores for the single year are within the national thresholds of 426 days and 121 days. The exception report contains individual information on the cases outside the A1 or A2 threshold.

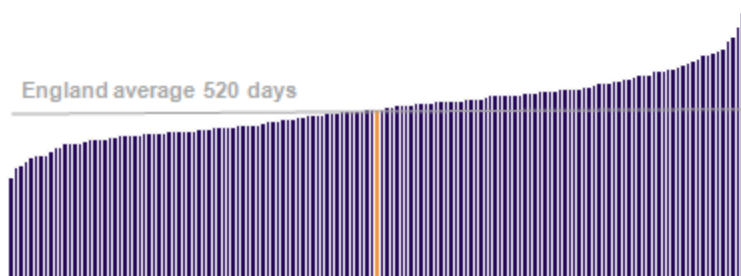
The government is trying to reduce timescales in adoption so it has set targets which are measured via the adoption scorecard. These are calculated over rolling 3 year averages. The cohort each year consists of children adopted within the year, therefore the scorecards are measuring historical practice in relation to adoption activity. The latest scorecards were published in May 2018 and these cover the period 2013-16. The Manchester scorecard is shown below.



This shows that although the length of time between a child entering care and moving into the adoptive family (A1) has been reduced this past year, at 517 this is 91 days above the target. A low number represents good performance. With regard to the A2, this has continued to fall for the last three years, though at 227, this is 106 days above the target.

The chart below shows that Manchester is performing in line with the England average of 520 for the A1 measure (low is good).

A1: Average time between a child entering care and moving in with its adoptive family, 2014-17



With regard to the A2 measure, Manchester's performance is only very slightly above the England average of 220 days.

A2: Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family, 2014-17



3.1 Early Permanency

Out of the 44 children placed for adoption in 2017/18 7 were placed in Foster For Adopt placements. There were no Concurrent Planning placements in the year.

4 Recruitment of Adopters

4.1 New Enquiries

598 new enquiries have been made to Adoption Counts since the agency went live (July 2017-March 2018 inclusive). During the same period in the previous year, when enquiries were made to the five Local Authorities, this number was 600. This does not appear to be an increase, however, enquirers, pre Adoption Counts, often made an enquiry to more than one of our five Local Authorities, some maybe to all five. The figure of 600 will include many of the same family making an enquiry to more than one agency. This obviously does not happen in Adoption Counts as there is only one point of enquiry for all five agencies.

Many of the new enquiries are from families at the very early stage of thinking about adoption and some don't wish to attend an information event at this point. These families are always still offered a place at an information event and they are sent correspondence to confirm this. A follow-up contact is always made to those who do not book on an information event.

As 598 enquiries were made in the three quarters of the year the agency was live, the projected number for the year would be approx. 800. In order to increase the number of adopters being approved, it has been calculated that Adoption Counts will need approximately 1200 enquiries per year. A new Marketing Officer is being interviewed for May 2018, so increasing the number of enquiries will be their main priorities for the 2018/19 year.

4.2 Information Events

Information events have continued to be held every fortnight and at three venues spread out across the agency region i.e. Salford, Stockport and Middlewich. The Middlewich venue continues to have the lowest number of attendees, however Adoption Counts do need to keep a presence in this area for accessibility to those enquirers living in the South of the area; some of them being as far south as Stoke.

216 families have attended an information event, since the agency went live (July 2017- March 2018 inclusive). Adoption Counts are being very inclusive in inviting families to information events, when not all of these are suitable to proceed to the next stage after that event, e.g. families about to move to a new house, not yet living in the area, had very recent IVF, etc. This opens the 'link' between Adoption Counts and the enquirer should they wish to proceed further when appropriate for them.

Taking this into account, approximately half of the families attending information events proceeded to have an initial visit. For the other half, many of those fall in to the category where they are not able to proceed at this point, with some others only attending the information event to understand about adoption. During this next period increased monitoring of why enquires are not proceeding will take place.

The information events have remained consistently presented and consist of a presentation from a member of staff, usually a Manager or Senior Social Worker, a Adoption Counts DVD is shown which features six adoptive families talking about their adoption experiences and two workers talking about family finding and adoption support. An adopter is usually also therefore in person to talk further about their journey and answer any questions. This is then followed by a short question and answers session. Each enquirer is given a leaflet entitled 'What Happens Next' so that they are fully aware of how to proceed further, should they wish to. The North spoke will trial a different format of presenting the events, and have had a family finding worker there for a Question and Answer session about the children/matching/etc. If this works well further monitoring of these will carry on with a view to possibly changing the other two areas to match.

4.3 Initial visits

Social workers carried out 100 initial home visits since the agency went live (July 17- March 2018 inclusive). The majority of these families had attended an information event prior to the home visit, and had had a detailed telephone conversation with the Recruitment team. In cases where it was felt that an information event would not be necessary for a family to attend, e.g. second time adopters, enquirers who have had other agencies visit already, etc. then they have proceeded straight to an initial visit after the detailed telephone conversation in order to avoid delay or potentially loss of the family to a different agency.

Adoption Counts have a target to have all initial visits arranged and carried out within ten working days of the detailed telephone conversation. There is then a further five working days for a decision to be made about inviting the family forward, this includes time for the worker to write the report and for the manager to review/ consider the decision. Currently the 15 day target is not being met, the average since going live is 24 days. This is an area which is being addressed with managers and staff, as need to improve performance in this area.

If a family is not invited forward after an initial visit then the social worker/manager informs the family of this and confirms the decision in writing. If it is the case where a timescale has been given for the family to come back then the recruitment hub team will diary in order to make contact after a suitable period of time.

4.4 Adopters Required

When Adoption Counts was launched there was no need to actively recruit adopters for single children aged 0-2, White British unless they would consider Foster for Adoption, as the children coming through for adoption were not for this age group. During this period a strategic decision was made for the agency to take prospective adopters forward for the very young age range i.e. 0-2, as there are now a high number of younger children coming through the Local Authority's, with a increasing request for more Fostering for Adoption placements. Previously the majority of the children coming through were older children, sibling groups.

4.5 Flexibility around Prospective Adopters

The number of prospective adopters both locally and nationally has been reducing and it is increasingly difficult to recruit adopters. Therefore as an adoption agency Adoption Counts needs to be very competitive in recruiting what is a limited resource. This means that as an agency all prospective adopters are having their individual situation assessed and decisions made on their individual circumstances, rather than having strict eligibility criteria. This is against a backdrop now of increasing numbers of children requiring adoption and younger children becoming more available.

Below are the areas which there may be flexibility regarding taking an application forward;

4.6 In Vitro Fertilisation (IVF)

Adoption Counts recommend a period of time of around six months after a family's last cycle before applying to adopt. However they are still invited to information events during those six months, to allow them to start their learning/thinking about the adoption process. Following analysis of why attendees of information evening do not proceed, IVF was noted to be the most cited reason. After discussions with other

adoption agencies (who appear to be more flexible regarding this) regarding practice in this area it has been agreed that Adoption Counts may be more flexible with this approach in certain cases such as where a family has previously in contact us and had numerous IVF attempts. As some families state they feel they knew their last attempt was not going to be successful. However, Adoption Counts would still wish for a thorough discussion with the family regarding their readiness and preparedness to move on to consider adoption.

4.7 E-cigarettes

During the first two quarters of being live Adoption Counts used the same guidance for E-cigarettes as those who smoked cigarettes. Therefore not been inviting smokers forward, for children under 5 years, until they had given up for 6 months before submitting their Registration of Interest. In the last quarter, for E-cigarette users, they have been advised must have stopped using E-cigarettes by the time they end Stage One of the process. This will be reviewed and changed if required as and when further research is produced around the effects of E-cigarette/vaping use around children and to the smoker's health.

4.8 Moving house

Adoption Counts maintains the request for those families wishing to move house in the near future to either move house before applying or not to move until a child is placed and fully settled within their new family. However, instead of delaying initial visits to those families, they have been arranged with a view to giving the family a decision as to whether we will be inviting them forward to application, subject to their new accommodation being suitable. This is so that the prospective adopter have a clear decision, and can address any areas requiring further work and so that the family have a link to the agency in order to come back to Adoption Counts for a visit once they have moved.

4.9 Registrations of Interest

59 Registrations of Interest were received since the agency went live (July 2017-March 2018 inclusive). Of these, nine applications were fast-tracked straight to Stage Two (2nd time adopters or foster carers). The remained all commenced Stage One.

4.10 Current position

At the end of the year 2017/18 (1 March 2017), there were 15 families in Stage One, 6 in between Stage One and Stage Two, and 25 in Stage Two.

These numbers are new Registrations of Interest since Adoption Counts went live, so are in addition to the families who had already registered their interest to the five Local Authorities within the Regional Adoption Agency before 3rd July 2017.

4.11 Timescales in Stage 1

Stage 1 has a timescale of 8 weeks; 56 days. Adoption Counts is currently averaging 85 days, which is approximately a month over timescale. Statutory checks are always commenced at the very start of Stage 1 so there is no delay with these being started. However, some of the delays are due to problems/delays with the applicants' medicals, or the applicants not prioritising some of the work they are requested to undertake. It is noted however that a much tighter control of this stage is required by the Team Managers and this has been raised with the group. Discretion can be used in a lot of cases where the majority of the Stage One matters have been completed and some can be carried in to Stage Two.

4.12 Timescales In Stage 2

Regrettably Adoption Counts are still experiencing issues with its data and can not accurately report on this information.

4.13 Adopters Approved

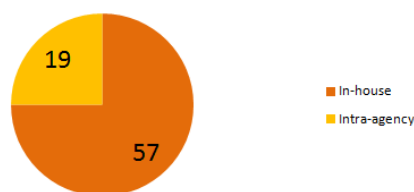
There were 45 adopters approved since Adoption Counts went live. Though a further 6 items were presented to panel and recommended for approval, the ADM did not sign these off in March, so these adopters will show in next years figures.

This figure is low however it represents what was in assessment with the Local Authorities at the point of transfer to Adoption Counts. The figures for quarter 1 and 2 in the next financial year look far more promising, however the numbers approved falls short of the number of adopters required to meet the needs of a growing population of children with adoption plans. Monthly sufficiency meetings with recruitment and marketing staff are continually monitoring the pipeline of adopters with a view to meeting future need.

4.14 Interagency

The chart below shows the number of children placed were placed. It shows most were placed in-house with Adoption Counts adopters. Please note however that Adoption Counts have experienced difficulties with compiling this data and so this is still provisional data. The end of year Adoption leadership Board returns made by each local authority will be used to quality assure this figure when they are made available to us on 13th June 2018.

**Children placed in-house/interagency
across Adoption Counts**



4.15 Partner/step-parent adoption enquiries

Adoption Counts received 111 partner adoption enquiries since the agency went live (July 2017-March 2018 inclusive).

The Hub Recruitment Team take these enquiries and undertake a detailed telephone call to ascertain the family circumstances. Many of these enquiries are not taken further as adoption is deemed not to be the most suitable plan. Those that are felt potentially suitable to proceed are sent an information pack and enquiry form, and on receipt of the completed form a social worker is then allocated to speak further to the family.

After the meeting, the social worker/manager decide that adoption is the right plan, following which the Hub Recruitment Team will send the relevant application paperwork out and a social worker is allocated to carry out the assessment. Out of the 111 enquiries since we went live, 57 were allocated for a social worker conversation, and 14 applications were submitted.

5 Adoption Counts Marketing Report

5.1 1st October 2017- 18th March 2018

5.2 Objectives 2018/2019

- To increase enquiries by 10% (from 574 – 631)
- To approve 126 new adopters

5.3 Results quarters 3 and 4

- 384 enquiries
- 97 households attended open meetings
- 63 720 visits to the website
- Busiest week for enquiries was week commencing 16th October 2017 with 27 enquiries (National Adoption Week)
- Busiest day for website visits was 21st October with 1 881 page views
- 973 Twitter followers

- 317 Facebook 'likes'

5.4 End of Year Figures for Adoption Counts (3 July 2017-31 March 2018)

- 598 enquiries (target 638)
- 45 approvals (estimated need - 126)

5.5 Marketing Activity

National Adoption Week media campaign

25th September – 30th October (NAW w/c 16th October)

- 125 enquiries
- 33,376 web visits
- Billboards (w/c 9th October for 2 weeks)
- Bus shelter/roadside posters (w/c 25th September for 4 weeks)
- Bus rears (w/c 2nd October for 4 weeks)
- Train station digital posters (w/c 9th October for 2 weeks)
- Mobile advertising
- Facebook 'boost' posts
- Google adwords

Total spend: £24,867

Cost per enquiry: £198.93

The inquiry cost was expensive given the poor outcome therefore future campaigns will focus on a more digital approach and less outdoor spend, which can be expensive in terms of cost per enquiry.

5.6 Digital campaigns will include:

- Google adwords: maximum spend £40 per day
- Facebook and Twitter 'boost' posts once per month (focussing on the need for people of a BME background to come forward and adopters for children who wait longer)
- Mobile and 'pop up' advertising

5.7 Press releases

- Sibling group case study – 11th October
- BME adopter appeal – 30th November

5.8 Coverage

- The Voice (BME newspaper) – 30th November
- Manchester Evening News – 5th December (BME appeal)

5.9 New year, new start (Jan/Feb) and LGBT Week media campaign (March)

- Admaxim mobile advertising campaign (BME) – 15th January – 12th February
- LGBT Week – Gaydio Advert – 8 weeks from 1st March at 30 slots per week + interview with adopter on 8th March breakfast show
- 2 Facebook ‘boost’ posts – BME and LGBT audiences - January and March
- Press advertising - Manchester Weekly News, Macclesfield Express and Stockport Express – 4th and 18th January
- Google adwords max £50 per day from 4th January
- Stalls at LGBT Manchester event and CAHN Women’s Day event 8th March

Total spend: £11,863.40

Cost per enquiry: £79

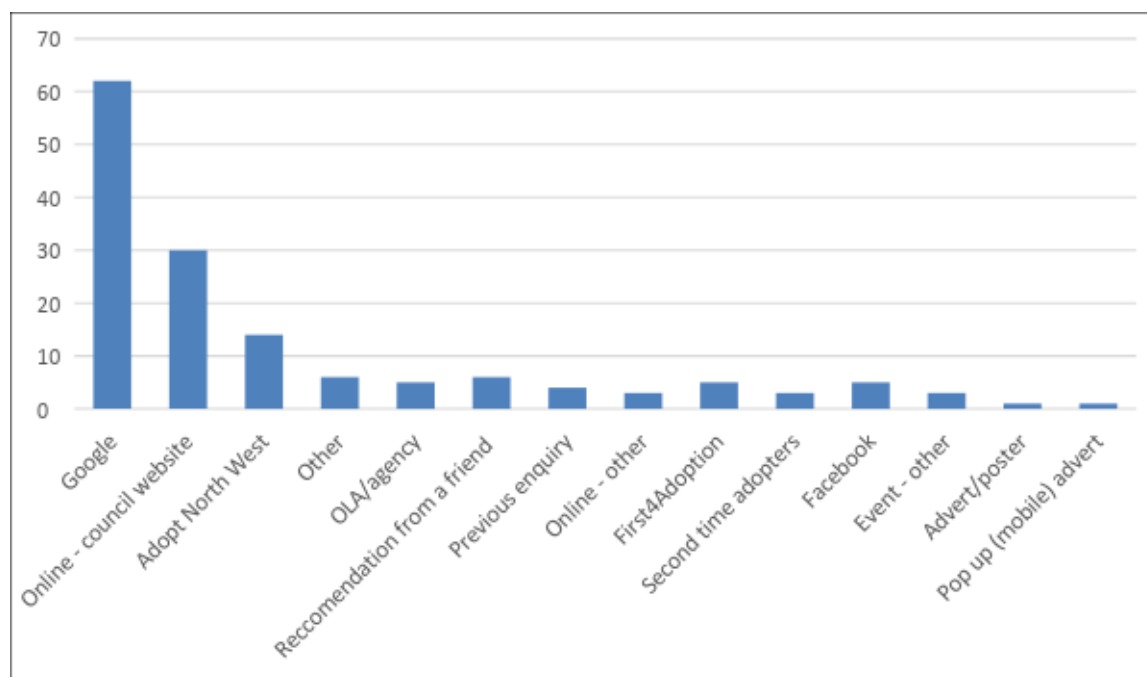
Press releases

- Siblings case study – w/c 4th January
- Same sex couple case study – w/c 1st March

5.10 Coverage

- Granada reports BME adoption – 12th January
- Trafford Messenger – 1st March

5.11 Enquiry Sources



Google continues to be the biggest source of enquiry (41% of enquiries from January to March).

5.12 Ethnicity

- Out of 99 people who disclosed their ethnicity, 6 had stated they were of a Black African or Caribbean background.
- Of these 6, enquiry sources included google searches, social media and a recommendation from someone who works for MCC.
- 2 out of the 6 enquiries had been invited to an open meeting.

5.13 Strategy 2018-2019

- Continue to utilise google adwords at £50 per day
- One year anniversary summer campaign/event
- Monthly Facebook 'boost' posts and regular tweets
- Biannual press releases particularly on family finding case studies
- Regular profiles added to website
- Campaign for sibling groups of 2 or more

6 Requirements On the Preparation of Adoption Report Regulations:

6.1 Complaints

During the period one complaint was received in respect of an adoption allowance payable by Manchester city Council. There were two complaints relating to Adoption Counts, one was from an adopter and the other from a local authority social worker.

6.2 Staffing

Adoption Counts has continued to actively recruit for a number of posts during this period. The first line management group was fully staffed from April 2018. This will be the first time since the start of Adoption Counts nine months ago, that there will be a full management team. However one of the Operations Managers, Karen Barker will be leaving Adoption Counts in July 2018. Interviews have taken place for this post and it has been offered to an external Candidate Cathy Sowden, expected to be in post in July.

A number of adverts have gone out for the following vacancies. It is expected that interviews will take place in May 2018.

- 2 FTE family finders
- 2 FTE recruitment and assessment workers
- 2 adoption support social workers.
- 0.5 marketing officer
- 0.5 family support worker (letterbox)

As a temporary solution to vacancy management a number of agency/casual staff have been recruited. Though Adoption Counts continues to actively recruit, some staff are resigning from the organisation. The staffing situation in the Cheshire East is currently challenging. The authority has been asked to recruit to cover a maternity leave which is imminent, whilst there will be newly vacant 5 recruitment post. A further member of staff currently employed by Cheshire east and based in Middleswich undertaking a family finding role plans to resign. There were also 4 members of staff on long term sick during this period.

Work to be undertaken during the next six months includes a review of the advanced/senior practitioners role. The agency has a high number of staff paid at advanced or senior practitioner level, but there is no clarity of the role or the additionality these practitioners could offer. The management team are therefore undertaking a piece of work to explore this. This will include reviewing the allocation of Advanced Practitioners across the region, with liaison with Human Resources in each local authority and with finance.

6.3 Business Support

Business support is now fully staffed.

6.4 Referrals to the Independent Review Mechanism (IRM)

Adoption Counts had no referrals to the Independent Review Mechanism during the period.

7 Development of Adoption Counts (Regional Adoption Agency)

7.1 Practice

Staff meet within their teams on a spoke basis monthly, whilst they also come together in their specialism-adoption support, family finding or recruitment and assessment. Adoption Support function as a single team across the region. All specialisms regularly review their practise. In April events will be held for recruitment and assessment workers, and for family finders, reviewing policy, practise development and performance. These development/practise sessions will be held in future bi-monthly.

7.2 Recruitment and Assessment

There is a national shortage of adopters which instigated the recent letter from the children's minister asking for recruitment estimates to 2020. Approvals in 17/18 in Adoption counts were low, with 45 in total. This reflects the low numbers of prospective adopters in the process of Adoption Counts going live being assessed by the Local Authorities. Figures for the first 2 quarters of 18/19 look better however the agency will need to continue to attract a high number of enquiries and improve conversion rates in order to continue to meet this years and next year's targets.

Monthly sufficiency meetings with marketing, the Enquiry Manager and Operations Manager leading on recruitment will closely monitor the pipeline of adopters from enquiry to approval, with enhanced follow up of those who attend an open evening, who do not go on to make an application. Conversion rates from enquiries to Registrations Of Interests are likely to improve given that recruitment is now less targeted, and the agency is taking applicants forward for very young children.

7.3 Family Finding Activity

Following discussions with all the operational Regional Adoption Agencies, it has become clear that in a larger organisation, ensuring the visibility of all approved adopters and all children requiring placement has its challenges. Given the national shortage of adopters it is important to move from a “first come first served” basis to a system which has a greater strategic overview, and which maximises in house capacity of those adopters approved. Monthly matching meetings where staff share profiles of children and adopters, and the use of link maker as our register, is to be now supplemented with a monthly management meeting to review priority children. Adoption Counts will also working with Coram BAAF to trial their collaborative matching project.

7.4 Information Technology

Following the IT consultant resigning in March, the work has been successfully mainstreamed with Stockport IT, who as the host agency is now providing project manager capacity and technical support to Adoption Counts by a member of staff being seconded Wythenshawe.

Stockport IT is currently overseeing the following;

- access to case management systems
- office 365 to enable shared diaries, secure email and data sharing etc.
- paperless panels.

Access to all case management systems is now in theory available to those who require it-albeit with some IT testing still required. This means that those staff who require access to Cheshire East and Trafford systems have to work on laptops provided by those authorities. It is envisaged that this is a short-term solution which will be replaced by remote access on other devices.

The implementation of Charms remains problematic. Children, adoption support and adopter's data is now in the system although running performance reports remains challenging. Given the difficulties encountered thus far it has been agreed that any migration of the letterbox system will remain on hold-given the highly sensitive nature of the service and the risk posed by any data breaches.

Adoption Counts is working closely with the four local authorities looking to fully implement Liquid Logic, in order to ensure that work flow processes are fit for

purpose. This means that Salford City Council will be the only authority not on Liquid Logic. It may be that Liquid Logic could offer a alternative to CHARMS in the future.

7.5 Duty

A full day duty system operates across the service. This is particularly critical given that there are some unallocated Cheshire East adoption support cases. To supplement this, the Adoption Support Team is now running triage clinics for adoption support referrals in order to deal with very high levels of demand and backlogs caused by staffing vacancies. It is envisaged that during the next six month period that Adoption Support will implement its own duty, with the duty arrangements for the rest of the service being reviewed.

7.6 Adoption Panels

During this period, two new panel chairs started to work for Adoption Counts. This means that there are now four independent panel chairs. A development day took place with the panel chairs on the 7 November 2017. Further meetings have been arranged on a quarterly basis. The last meeting in February 2018, looked at consistency of practice across the panel and quality assurance. A temporary appointment to a panel advisor role (12 months) is being considered to assist with the Quality Assurance of panel papers and enable team managers to fully embed a performance culture

There is at least one panel per week across the region, with each panel hearing a mixture of adopter approvals and matches. Robust auditing has been introduced during this period with a Child Permanence Report audit tool being used to measure quality at SHOBPA and then again at match. A Prospective Adopters Report audit tool is in the process of being implemented. During this period the Agency decision maker (ADM) for adopter approvals deferred two items for further investigation, with panel chairs deferring a further 2 items. Two matches have been deferred by the responsible local authority ADM although this was not in relation to a Stockport child. Learning from these cases has been fed back to chairs and is fed back into the organisation via management meetings, individual supervision, team discussion and learning circles where appropriate. The issues raised will also feed into a panel development day agenda scheduled for June.

A key objective in continuing to develop the panel system within the service is to further embed an auditing/quality assurance system and share learning across the local authorities. This is expected to further assist in improving the quality of Child Permanence Reports and the process will be improved by having a temporary full time panel advisor in post as opposed to a rota of team managers undertaking this role.

Continued work with the panel chairs will focus on ensuring that every opportunity is taken to ensure that adoption panels effectively challenge social work practice and continue to make a positive contribution to outcomes for children in need of adoption.

7.7 Establishing Culture

It was always going to be difficult to establish an Adoption Counts culture, following staff moving from individual local authorities. Despite the number of vacancies and ongoing recruitment, staff morale has improved over the last few months, with the organisation bonding together, reviewing and refining guidance/practice. Each teams has had a team day and there have been a number of opportunities for staff to come together in their functional roles, to embed consistency and share learning. Staff report that these development meetings are increasing their sense of belonging and identity to Adoption Counts. Further work to embed a culture of robust quality assurance at all levels has been undertaken, to ensure the agency is producing work of the highest quality.

7.8 Voice and Influence of adopted children and young people, parents and adopted adults

Adoption Counts have commissioned Adoption UK to help gain adopters views. Two adopter voice sessions were run in the region by Adoption UK in February. While not particularly well attended, turnout was higher than at sessions held by Adoption Counts. Feedback was welcomed and points to the need to focus more clearly on communication with adopters. Improvements to the website are being made as a result of this feedback. Problems seem to have been around developing and maintaining an up to date database as a forum for communication. In addition, staff vacancies have affected ability to deliver the full programme of activities across the region. A range of seminars, training, support and holiday events are now underway and have been well received. Plans are being made to record training sessions so that they can go on the website for adopters to review at their leisure.

7.9 Partnership Working

Adoption Counts continues to work closely with Adoption Matters and Caritas on the Flag initiative, a Performance Improvement Fund initiative secured by our partners to develop an early identification tool for children with complex needs. Our partners are also working with Adoption Counts on the centre of excellence developments.

After Adoption were awarded the contract for provision of Independent Support to Birth parents, with this contract reviewed through quarterly monitoring meetings.

Adoption Counts has a contract with Adoption Matters and Caritas for early placements via concurrency. The service also works closely with voluntary sector partners when seeking inter-agency placements for children who wait longer and include them in children who wait family finding meetings. Their expertise in bespoke

family finding will be commissioned as appropriate in consultation with Children's services.

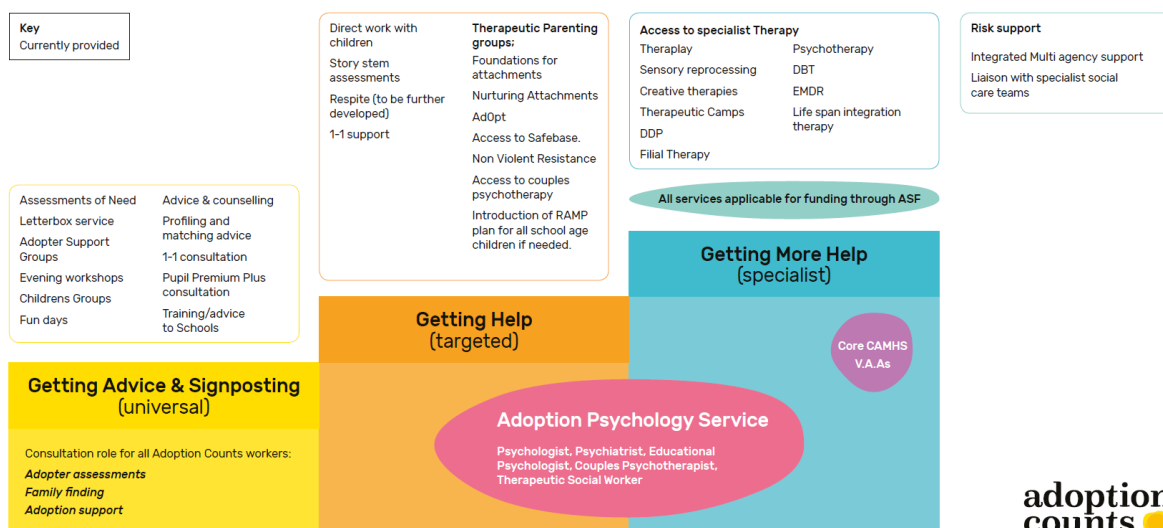
Adoption Counts are working with Coram BAAF to trial their collaborative matching project.

8 Adoption Support

Adoption Support remains integral to our delivery for adopted children, new adoptive families, birth families and adopted adults, recognizing the life long journey. We remain committed to supporting families in the early transition stages of a placement and when an adoption order is made. Thereafter we recognize that new challenges may emerge requiring varying levels of tailored support to ensure successful outcomes for children. We have based our service delivery on a graduated approach, with the new Adoption Psychology Service forming the foundation of our delivery.

8.1

Adoption Support Service - Graduated Approach



8.2 Centre of Excellence for Adoption Support

The successful Practice Improvement Fund (PIF) bid, to develop a Centre of Excellence for Adoption Support has enabled us to expand the Adoption Psychology Service delivery model used in both Manchester and Salford Child & Adolescent Mental Health Services (CAMHS).

The Adoption Psychology Service managed within Manchester Foundation Trust (MFT) is a dedicated assessment, therapeutic and consultation service for adopted children, those with a plan for adoption, those who may be harder to place, their parents and professionals.

The service does not replace local CAMHS provision but provides a targeted service for this population, in addition to the service children and young people can receive in their local area.

The team comprises a multi-disciplinary service of Clinical Psychologists, Child and Adolescent Psychiatrists, Educational Psychologists, Psychotherapists and Therapeutic Social Workers (employed by Adoption Counts). The team offer a full clinical service, to children under 12 and their families, and a consultation service for young people over 12 years of age and their families.

Manchester Foundation Trust have recruited to additional posts to enable the implementation of the model, as follows;

Manchester	Trafford & Salford	Stockport & Cheshire East
Kate Bonser, Consultant Clinical Psychologist	Katie Niemz, Clinical Psychologist	Lin Yool, Senior Clinical Psychologist
Sarah McIntosh, Educational Psychologist	Janine Ben–Ali, Educational Psychologist	Nadia Ezzamel, Educational Psychologist
Katy Peacock, Therapeutic SW	Joanne Lomas, Therapeutic SW	Vacant post TSW
Mary Kelsall – Child & Adolescent Psychiatrist Anne Shortall Child & Adolescent Psychiatrist Katie Kay, Trainee Clinical Psychologist Simon Cregeen, Couples Psychotherapist		

The Adoption Psychology Service offer;

- A consultation service for staff every 2 weeks, in 2 locations. This offers specialist advice across recruitment and assessment, family finding and adoption support.
- Acceptance of referrals of children/young people and carers for psychological assessment and specialist interventions or carer consultation as appropriate.
- Assessment of emotional and behavioural functioning including mental health assessments of children in adoptive placements and children in foster placements with additional needs.
- Input to family finding and matching processes (including the Adoption Support Plan). The prime focus will be children who may traditionally wait longer to place, such as older children, sibling groups and those with additional needs.
- Participation in multi-agency professionals meetings, case discussions, care planning or safeguarding meetings as appropriate.

- Group interventions to carers/parents e.g. attachment focused care giving.
- Consultation and training to parents to enable them to provide quality parenting and care in order to promote the emotional wellbeing of children and young people. This includes the provision of parenting groups and input into preparation groups.
- Contribution to the Adoption Counts training programme.

The Adoption Support Team have undertaken a Training Workshop delivered by the Educational Psychologists regarding;

1. Working with schools and understanding education: understanding Special Educational Needs (SEN) processes and Education Health & Care Plans (EHCP); queries about school admissions, exclusions, accountability, pupil premium funding, support available etc; and questions to ask a school.
2. Adoption Friendly Schools: consider strategies and interventions that might be reasonable to expect from a school..
3. Positive problem solving with schools: a model that can be used to facilitate difficult meetings in schools that fosters positive group problem solving.
4. RAMP and functional analysis of behaviour – How to engage schools in a reducing anxiety management plan (RAMP) - a framework for gathering information which helps us understand what is driving the behaviour and consequently plan appropriate next steps and strategies.

As part of the Greater Manchester Initiative, the services developed in partnership with Adoption Counts and the Adoption Psychology service are based on the i thrive model.

8.3

i-THRIVE Model of Care - Adoption Support



This means that our services for Adoption Support continue to reflect the different aspects of support needed at different times in the family's journey.

As part of the Centre for excellence we are developing evaluation tools to assist in evidencing positive outcomes for our families. This will involve 3 key areas;

1. Measures of clinical and educational improvement.
2. Measurements of adopter and children's perception of progress
3. Reviews of practice, service quality and case information

We have recently recruited to a research assistant post with the Adoption Psychology service that will assist with evidencing impact for our families.

The consultation sessions that are delivered through the psychology team provide us with valuable information about the needs of our adoptive families. This is then fed into the multi agency resource panel to assist with our in house service development and commissioning model. For example there has been an increase in referrals raising issues about child on parent violence, so we commissioned 3 Non Violent Resistance programmes to be delivered across the RAA over the next year.

8.4 Multi Agency Resource Panel

The panel continues to consider complex cases that require Adoption Support Fund (ASF) match funding from the Local Authority. This has enabled more consistent and transparent decision making across the region. The panel consists of representative from CAMHS, Virtual Schools, Social Care and Voluntary Adoption Agencies (VAA,s) which enables professional challenge and support to make the best use of resources in our agency.

In this period the panel have considered 3 requests for match funding.

October	November	December	January	February	March
Manchester – recommende d match funding in part	Review of previous case	Manchester – recommended match funding	Trafford – Recommended match funding	None	None

The multi-agency nature of the panel has enabled advice to be given about other services that can be delivered to the family as a wider package of support rather than families solely relying on therapeutic input.

8.5 Regionalising the Adoption Support Fund

Adoption Counts continue to pilot the regionalisation of the Adoption Support Fund with the support of Mott Macdonald, who are developing a single portal for Adoption Counts Adoption Support Fund (ASF) applications, with access to each Local Authorities legacy data for historic applications.

Our new internal system for processing ASF applications, with administrative support, is in place, using the Flexible Purchasing System (FPS) to ensure a more transparent way of securing providers to deliver the therapy.

We now have 34 providers registered on the Chest to deliver Adoption Support Services. This means that when an adoption support assessment identifies the need to secure a therapeutic intervention, the social worker creates a mini competition for providers to bid for the work. Early indications show that this is providing better value for money and a safer recruitment practice.

The system will eventually enable a smoother payment system for providers, but we are currently dealing with the challenges that the transition from 5 Local Authority invoice systems to a central Adoption Counts system brings.

Using the FPS system, we have been able to block purchase the delivery of targeted groups. We have commissioned the delivery of a 16-week Therapeutic Parenting programme – Nurturing Attachments, to be delivered in the south spoke – Cheshire East area and the delivery of 3 Non Violent Resistance training to be run in each spoke over the next year.

8.6 Adoption Support Fund Applications

We have continued to access the ASF to provide additional therapy for adoptive families using the current individual Local Authority portals.

This has enabled families to receive specialist support that we would not have been able to provide in house or access from other universal services.

Local Authority	Number of ASF Applications October 2017-March 2018	
Stockport	24	£39,890.46
Manchester	44	£104,887.12
Trafford	21	£42,984.39
Salford	4	£8,286.57
Cheshire East	32	£82,917.17

8.7 Referrals/Enquiries for Adoption Support

In January 2018, Adoption Counts began to use a single system, CHARMS (Social Care Network Solutions Ltd), for recording Adoption Support Referrals and casework. The transition of casework from each local authorities childcare recording system to using CHARMS has been fraught with challenges requiring ongoing quality assurance. This should be taken into consideration when examining the information below as currently provided by the system.

We are currently working with **456** open cases (excluding Letterbox)

We have a further **131** cases awaiting allocation, **88** for Adoption Support Assessments, **19** for Access to records and a further **24** unspecified (this means that the person taking the call did not feel able to categorise the referral into either category)

During the period October 2017 – March 2018 we received **378** new referrals into the Adoption Support Service, the number of requests are defined below;

(Please note; This does not include the Letterbox service, which is recorded separately.)

Local Authority	Adopted Adult	Adoptive Family	Birth Family	Signposting
STOCKPORT	13	40	6	-
MANCHESTER	35	30	2	1
SALFORD	10	8	3	1
CHESHIRE EAST	27	36	1	1
TRAFFORD	5	32	2	-
UNDEFINED	17	87	5	7
OTHER LA	-	7	-	1
	107	240	19	12

We are currently positively managing the waiting list by introducing an Adoption Support Surgery. This enables us to offer appointments to families in response to their request, so we can begin their assessment of need and start to formulate recommendations, rather than wait until allocation.

The Adoption Support team current staffing is;

7.15 FTE Social Work roles
 2 FTE Therapeutic SW roles
 3.6 FTE Letterbox Family Support Workers
 0.8 FTE Senior Letterbox SW

8.8 Letterbox Service

As part of developing the Adoption Support Service we have created a new staffing structure that allows for all letterbox workers to be supervised by the same practitioner. This has created a discreet team of workers who have developed consistent practice and systems for use across the region. This allows Adoption Counts to support birth families and adopters to provide the best they can for the child to promote their identity.

We are currently operating over 1,300 letterbox agreements which means over 3,000 exchanges in a year. The new process will work towards reducing potential data breaches.

The team meet every 6 weeks to moderate practice and link with After Adoption, who provide the independent counselling to birth parents in relation to their child being placed for adoption.

8.9 Group work

Adoption Counts continues to recognise the importance of supporting adopters through the use of group work, to enable families to access professional guidance whilst building support networks with other adopters. We have continued to hold coffee drop-ins for informal support in the South spoke and plan to expand this delivery model across the region.

We have further developed this approach to include open access topic based workshops, to enable adopters to access monthly support with clear advice and guidance to enable them in their therapeutic parenting role. These are delivered alternately in the North and South spoke to maximise attendance across our Region.

These began in March 2018 with the delivery of the workshop By Dr Katie Niemz - **Working with attachment/early brain development** and was attended by 34 adopters.

Future topics include;

- An Introduction to Therapeutic Parenting,
- Helping your child with change – supporting transitions in school & nursery
- When to tell, what to tell – helping your child understand their story.

We have also held a successful **Easter Egg Hunt – family Fun day** attended by 67 parents & children. Feedback from families was very positive.

‘Fantastic Friendly event amongst like minded people – excellent.’

‘Very valuable for my daughter and I to maintain relationships with children from her past whom she only sees at this event. Thank you’

‘Good event, well organised and great fun for the children.’

We have also continued to deliver the following groups –

- Foundations to Attachment
- Nurturing Attachments programme
- access to Safebase training
- access to Therapeutic camps for children
- Non Violent Resistance, for families experiencing child to parent violence.

9 Focus On Outcomes for Children

9.1 How do you involve adopters in matching, linking and subsequent planning?

The matching process within the Adoption Counts Family Finding policy requires full information about the child to be shared with adopters after short listing has taken place. Adopters will meet the key professionals for the child as well as their foster care and have the option of meeting the placing agencies medical advisor. Life Appreciation Days are held wherever possible to promote best practice in sharing the full history of the child with adoptive parents. There is also an opportunity to meet the child through ‘Bump into Meetings.’

Adopter led family finding is undertaken via Link Maker and activity days.

9.2 How do you involve adopters in the development of your agency?

Consultation events have taken place as part of the process of developing policies and procedures. Adopters from all 5 local authorities were invited to be part of these events. The adopters who have attended have had involvement in shaping aspects of enquiry process and specifically influenced practice with a view to not having early conversations with adopters about personal issues such as infertility, acknowledging the need for professionals to build rapport before discussing such sensitive issues. The feedback at these events also confirmed the benefits of having experienced adopters as presenters at information events. Further feedback was given about the adoption support process and specifically the need for quick and easy access to low level interventions along with the need for priority to be given to working with schools addressing the needs of adopted children in the school environment. As a consequence the PIF bid and development of the Centre of Excellence for Adoption

Support is specifically looking at how the service will work in partnership with education services.

As mentioned above Adoption Counts have also commissioned Adoption UK to assist in gaining adopters views.

Adoption Counts takes feedback from prospective adopters at the mid point in Stage 2 and after panel for both match and approval. The feedback is then collated and fed into practice.

9.3 How do you involve staff in the development of your agency?

During the project phase staff were kept informed via a quarterly newsletter as well as consultation events in each local authority. Staffs from all 5 local authorities were involved in practice development work streams for eighteen months prior to the service going live in July 2017. This work ensured that the policies and procedures in the new agency were informed by the existing good practice within the services. In addition staff information and consultation events for all staff have been held on two occasions prior to going live as well as specific conference events where the focus has been on either recruitment or adopters or family finding for children. The newly created Adoption Support Team set up monthly team meetings prior to the 'go live' date, to cement the team identity and enable open discussion during the transitional period. The teams were instrumental in planning their team building day to reflect their shared needs. This facilitated a sense of trust, security and belonging which enabled workers to take responsibility for managing the transitions into a Regional Adoption Agency.

Following the go live date in July 2017 2 "have your say events" have been held to enable staff to feedback to senior managers about their experiences of working within the new agency. Staff continue to contribute through team meetings, training and supervision.

Since the start of Adoption Counts, there have been development workshops for the Adoption Panel Chairs, Family Finders, Recruitment and Assessment and Adoption Support Workers. These will continue on a regular basis into the future to ensure consistency of practice, review service performance and allow feedback from workers to develop practice.

10 Learning from Disruptions

There were no disruptions regarding Manchester children during 2017/18 and there was 1 disruption of a placement of 2 siblings placed by another local authority in the Adoption Counts partnership. A disruption meeting relating to this case identified learning that focused on the need for effective communication and information sharing between professionals with a view to ensuring that child permanence reports contain all relevant information about the child and their history so that this is shared

with adoptive parents prior to placement. The particular importance of foster carer's records being read by the placing social worker was highlighted.

Regular learning events are held within AC in order to disseminate learning from disruption meetings, case reviews, learning circles and formal training events.

11 Quality of Reports

There has been a key focus on developing effective systems to ensure reports about children and adoptive parents are quality assured at key points in the process. A quality assurance template has been implemented for team managers and agency advisors to use in auditing and checking Child Permanence Reports at the point of the SHOBPA decision and again prior to matching panel. This two stage process will ensure that the CPR tells the story of the child accurately and that changes and improvements identified at SHOBPA are implemented prior to matching panel. Whilst there is an emphasis on ensuring that first line managers in social work teams undertake initial quality checks, Adoption Counts managers have a responsibility to ensure all reports regarding children and adopters that are presented to the ADM and to matching panel are robust, up to date and accurate.

A Prospective Adopters Report audit tool will be introduced 2018/2018 to ensure that the quality of reports produced within Adoption Counts are also of a good standard.

12 Accountability

The Regional Manager reports on a regular basis to Adoption Counts management board, attended by directors of children's services from the 5 local authorities, or their deputies, voluntary sector representatives and 2 adoptive parents. The board has strategic responsibility for overseeing the work of the agency in relation to the following key areas

- Sufficiency of adopters
- Timeliness for children
- Adoption support
- Management oversight of quality and performance
- Partnership working
- Use of resources
- Professional development

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**Manchester City Council
Report for Information**

Report to: Children and Young People Scrutiny Committee – 4 December 2018

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for information
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Contact Officer:

Name: Rachel McKeon
Position: Scrutiny Support Officer
Tel: 0161 234 4997
Email: rachel.mckeon@manchester.gov.uk

Wards Affected: All

Background Documents (available for public inspection):

None

1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee, responses to them, if they will be implemented, and if it will be, how this will be done.

Date	Item	Recommendation	Action	Contact Officer
5 September 2017	CYP/17/40 School Place Planning and Admissions	To request further information on the number of siblings who have been allocated places at different schools.	A response to this recommendation has been requested and will be reported back to the Committee via the Overview report.	Michelle Devine, Interim Head of Access
5 September 2017	CYP/17/41 School Governance Update	To recommend that the Council work to increase recruitment of school governors who reflected the diversity of the local community.	A response to this recommendation has been requested and will be reported back to the Committee via the Overview report.	Ruth Bradbury, School Governance Lead
27 February 2018	CYP/18/16 The Employment of Children	To request that the Council carry out a social media campaign to raise awareness of the legislation relating to child employment.	A response to this recommendation has been requested and will be reported back to the Committee via the Overview report.	Amanda Corcoran, Director of Education
4 September 2018	CYP/18/43 Children and Young People's Health including Mental Health Programme	To request that the Chair, on behalf of the Committee, write to the relevant Government Minister to lobby for additional funding for children and young people's mental health services.	A response to this recommendation will be reported back to the Committee via the Overview report.	Rachel McKeon, Scrutiny Support Officer

4 September 2018	CYP/18/44 Early Help Strategy	To request to that the analysis of the Troubled Families outcomes for 2017 be provided to Members of the Committee.	A response to this recommendation has been requested and will be circulated to Committee Members.	Joanne Dalton, Strategic Lead for Early Help and Interventions
9 October 2018	CYP/18/50 Draft Independent Reviewing Officer Annual Report 2017 – 2018	To request that a session be arranged outside of the formal Scrutiny Committee meetings for Members to examine the number of children becoming Looked After and the reasons for the changes in the numbers.	A response to this recommendation will be reported back to the Committee via the Overview report.	Rachel McKeon, Scrutiny Support Officer
6 November 2018	CYP/18/55 Promoting Inclusion and Preventing Exclusion	To request that a visit be arranged to the Primary PRU at its new premises.	This visit has been arranged for 30 November 2018.	Rachel McKeon, Scrutiny Support Officer
6 November 2018	CYP/18/55 Promoting Inclusion and Preventing Exclusion	To request that the Director of Education share school-level data on exclusions with the Chair.	A response to this recommendation will be reported back to the Committee via the Overview report.	Amanda Corcoran, Director of Education
6 November 2018	CYP/18/55 Promoting Inclusion and Preventing Exclusion	To request that information on the final destination of pupils who attended the Secondary PRU following permanent exclusion be circulated to Members of the Committee.	A response to this recommendation will be circulated to Members by email.	Amanda Corcoran, Director of Education
6 November	CYP/18/56 Supplementary	To request that the information Professor Matras provided to	This information was circulated to Members by email on 7 November 2018.	Rachel McKeon,

2018	Schools	the Chair be circulated to all Members of the Committee.		Scrutiny Support Officer
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2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **20 November 2018** containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Register of Key Decisions:

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents that will be considered	Contact officer details
Capital Investment in schools Ref:	The approval of capital expenditure in relation to the creation of school places through new builds or	City Treasurer	January 2018 or later	Checkpoint 4 Business Case	Amanda Corcoran 0161 234 4314 a.corcoran@manchester.gov.uk

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents that will be considered	Contact officer details
2016/02/01D	expansions.				
Contract for 'The provision of a service for NEET Young People and those young people most at risk of becoming NEET' 2018/10/04G	The appointment of a Provider to deliver a Targeted Youth Support Service	Director of Education and Skills	December 2018	Report and recommendations	Mike Worsley Procurement Manager mike.worsley@manchester.gov.uk 0161 234 3080
TC850 – Education Management System 2018/09/24B	An Education Management System which will integrate the Education department(s) at MCC along with parents and educational providers across Manchester.	City Treasurer	November 18 onwards	Report and Recommendation	Jon Nickson Senior Project Manager 0161 234 3723 j.nickson@manchester.gov.uk
Organisation of Special Educational Needs provision	Agree to a prescribed alteration to Rodney House school to change designated age	The Executive	March 2018 or later	Report outlining proposals. Outcomes of consultation process.	Amanda Corcoran Interim Director of Education 0161 234 1866 a.corcoran@manchester.gov.uk

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents that will be considered	Contact officer details
Ref: 2016/06/28	range and number of places. Agree to proposed changes to Sensory Services following consultation.				
School Place Planning Report Ref: 2018/04/16A	Approval on the strategy and spend options for the 19/20 basic need allocation	Executive	May 2018	Children and Young People Scrutiny report	Name:Amanda Corcoran Position:Director of Education Tel no:234 4314 Email address:a.corcoran@manchester.gov.uk
Leaving Care Services Ref: 2018/03/21B	It is resolved for MCC to decommission the current 3rd party contract and establish a 'Wholly Owned Trading Company' to deliver Leaving Care Services.	The Executive	30/5/18	Report, supporting documents and recommendations	Name: Paul Marshall Position: Strategic Director Tel no: 0161 234 3804 Email address: paul.marshall@manchester.gov.uk
Children and Young People Foster Care Flexible Purchasing System	Approval to use the North West FPS for the delivery of Foster Care services	Strategic Director of Children's Services	May 2018	Contract Report and recommendation	Mike Worsley Procurement Manager Tel: 0161 234 3080 Email: mike.worsley@manchester.gov.uk

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents that will be considered	Contact officer details
Ref: 2018/05/1D					
Children's Residential Care Flexible Purchasing System 2018/08/01A	Approval to use the North west FPS for the delivery of Residential Care for Children	Strategic Director of Children's Services	August 2018	Contract Report and Recommendation	Mike Worsley, Procurement Manager, Tel: 0161 234 3080 Email: mike.worsley@manchester.gov.uk
Contract for the Provision of Housing Related Support for Young People, Homelessness and Drug and Alcohol Services 2018/08/16B	The appointment of Provider to deliver	Executive Director Strategic Commissioning and Director of Adult Social Services	December 2018	Report and Recommendation	Mike Worsley Procurement Manager mike.worsley@manchester.gov.uk 0161 234 3080

**Children and Young People Scrutiny Committee
Work Programme – December 2018**

Tuesday 4 December 2018, 2.00pm (Report deadline Thursday 22 November 2018)				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Child and Adolescent Mental Health Services (CAMHS)	<p>To receive a presentation on CAMHS and transitions; giving due regard to the following areas for the general population and Our Children (looked after/care leavers):</p> <ul style="list-style-type: none"> • profile of need in Manchester - set in the context of the national and Greater Manchester picture • how the voice of children and young people shapes and influences services • caseloads of CAMHS workers and interventions responsive to need • transition arrangements • performance (including waiting times and non-attendance) • impact and outcome • future planning and transformation arrangements including the transformation of mental health services for children in Manchester and any commissioning intentions 	Councillor Bridges	Paul Marshall/ Maria Slater (CAMHS)	<p>See September 2018 minutes</p> <p>Invite Mental Health Champion and Chair of Health Scrutiny Committee</p>
Children's Health	<p>To receive a report on the population health needs of children in Manchester including:</p> <ul style="list-style-type: none"> • school nursing service • health visiting • dental and physical health 	Councillor Bridges	David Regan/Sarah Doran/Paul Marshall	See June 2018 Audit Committee minutes

	<ul style="list-style-type: none"> public health investment in addressing childhood obesity and malnutrition 			
Annual Adoption and Fostering report	To receive a report on the Council's performance in relation to its adoption and fostering services	Councillor Bridges	Paul Marshall	
Budget Setting – Children's and Education Services Business Plan	To consider the proposed Children's and Education Services Business Plan.	Councillor Ollerhead Councillor Bridges Councillor Rahman	Carol Culley/ Paul Marshall/ Amanda Corcoran	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and any items for information.	-	Rachel McKeon	

Tuesday 8 January 2019, 2.00pm

**** DUE TO CHRISTMAS BREAK PLEASE CAN AS MANY REPORTS AS POSSIBLE BE SUBMITTED BY 10 AM ON FRIDAY 21 DECEMBER ****

(Actual report deadline – Thursday 27 December 2018)

Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Reducing Infant Mortality	To receive a report on work to reduce infant mortality.	Councillor Craig Councillor Bridges	David Regan/ Sarah Doran/ Paul Marshall	
Delivering the Our Manchester Strategy	This report provides an overview of work undertaken and progress towards the delivery of the Council's priorities as set out in the Our Manchester Strategy for those areas within the portfolio of the Executive Member for Children's Services.	Councillor Bridges		
Budget Setting –	To receive any additional information requested by the	Councillor	Carol Culley/	TBC

Children's and Education Services Business Plan	Committee at its meeting on 4 December 2018.	Ollerhead Councillor Bridges	Paul Marshall/ Amanda Corcoran	
Special Educational Needs and Disability (SEND) Annual Report	To receive an update on SEND provision, to include school exclusions.	Councillor Rahman Councillor Bridges	Amanda Corcoran	
Young Manchester	To receive an update, including on the response to the recommendations of the Youth and Play Task and Finish Group.	Councillor Bridges Councillor Rahman	Amanda Corcoran	See December 2015 and February 2016 minutes
Sport and Active Lifestyles for Children and Young People	To receive a further report to include a review of the data from the 2017/2018 academic year.	Councillor Bridges Councillor Rahman	Amanda Corcoran/ David Regan/Lee Preston/Neil Fairlamb	See December 2017 minutes Invite Chair of Communities and Equalities Scrutiny Committee
Overview Report		-	Rachel McKeon	

Tuesday 5 February 2019, 2.00pm (Report deadline Thursday 24 January 2019)				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Refreshed budget and business plans	The Committee will consider the refreshed budget and business plans for Children's and Education Services following consideration of original proposals at its December 2018 meeting.	Councillor Ollerhead Councillor Bridges Councillor	Carol Culley/ Paul Marshall/ Amanda Corcoran	

		Rahman		
Complex Safeguarding/Protect report	To receive a report on the Council's Complex Safeguarding service.	Councillor Bridges	Paul Marshall	TBC
Edge of Care Services	To receive a report on the range of approaches used to support children and young people on the edge of care, to include the context, anonymised case studies and information on value for money.	Councillor Bridges	Paul Marshall/ Sean McKendrick	TBC See December 2017 minutes
Safeguarding Arrangements	To receive a report on the new safeguarding arrangements.	Councillor Bridges	Paul Marshall	TBC See October 2018 minutes
Overview Report		-	Rachel McKeon	

Tuesday 5 March 2019, 2.00pm (Report deadline Thursday 21 February 2019)				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
School Attainment	To receive an analysis of the 2018 outcomes of statutory assessment at the end of the Early Years Foundation Stage, Key Stage 1, Key Stage 2 and Key Stage 4. To include a summary of performance according to groups by ethnicity.	Councillor Rahman	Amanda Corcoran	
Integration of Early Help and Early Years	To receive a report on the integration of Early Help and Early Years.	Councillor Bridges	Paul Marshall/ Amanda Corcoran	
School Governance	To receive a report on school governance.	Councillor Rahman	Amanda Corcoran	
Dedicated Schools Grant	To receive a report on the Dedicated Schools Grant.	Councillor Rahman Councillor	Carol Culley/ Amanda Corcoran	TBC

		Ollerhead		
Overview Report		-	Rachel McKeon	

Items To be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Changes to Lancasterian Sensory Support Service	To receive a report in order to monitor the impact of the changes.	Councillor Rahman	Amanda Corcoran	See February 2017 minutes
Early Help	To receive an update report in a year's time.	Councillor Bridges	Paul Marshall	See September 2018 minutes
Early Years	To receive a quarterly update. Next update to report on the Early Years Delivery Model, focusing on the Health Visitor programme.	Councillor Bridges	Amanda Corcoran	See 2 January 2018 minutes
Foster Care	To receive a further report at an appropriate time, to include information on the success of the Council's fostering service's recruitment and retention activity and an update on the number of children for whom the Council have secured a 'permanent' placement. To update Members on the issues raised by Manchester Foster Care Association, where appropriate.	Councillor Bridges	Paul Marshall/Sean McKendrick	See November 2017 minutes
Greater Manchester Review of Children's Services	To receive a further report which provides more information on the proposals for Greater Manchester Children's Services, the Children and Families Bill and the Alan Wood review of LSCB, including the implications for Manchester City Council.	Councillor Bridges	Paul Marshall	See 31 January 2017 minutes
Leaving Care Service	To receive an update report in the 2019/2020 municipal year, to include further information on the	Councillor Bridges	Paul Marshall	See October 2018 minutes

	work that Barclays Bank is doing to support our young people. To note that this report will also include an update on work to ensure suitable accommodation for our young people.			
Locality Plan	To receive a report on the Locality Plan as it relates to services for children and young people, including Child and Adolescent Mental Health Services.	Councillor Bridges Councillor Craig	Paul Marshall	See November 2016 minutes Invite Chair of Health Scrutiny Committee
Looked After Children and Care Leavers Placement Sufficiency Strategy Review	To request a further report in the 2018/2019 municipal year to update on progress and impact. To request that this report includes consideration of the reasons why the number of LAC is increasing in Manchester and nationally and information on the placement of sibling groups.	Councillor Bridges	Paul Marshall/Sean McKendrick	See May 2018 minutes
Looked After Children (LAC) and Corporate Parenting	To receive an annual report on the work of the Corporate Parenting Panel. To include an update on recent developments in respect of LAC and corporate parenting. To include the future role/best use of existing children's homes including best practice within other local authorities and models of practice.	Councillor Bridges	Paul Marshall / Linda Evans	See May 2018 minutes
Looked After Children (LAC) Investment Plan budget	To receive a quarterly update.	Councillor Bridges Councillor Flanagan	Paul Marshall /Simon Finch	Invite Resources and Governance Scrutiny Chair
Manchester Curriculum for Life	To receive an update report in 12 months' time.	Councillor Rahman	Amanda Corcoran	See July 2018 minutes Invite Chair of Economy Scrutiny Committee

Manchester Safeguarding Children Board (MSCB)	To receive the MSCB's Annual Report.	Councillor Bridges	Paul Marshall / Julia Stephens-Row	
Post Ofsted Improvement Plan Update	Regular reports provided by the Strategic Director for Children's Services detailing action taken as part of the Ofsted Improvement Plan. An update is currently received at each meeting. Updates will be aligned to themes within the Improvement Plan. Future content of reports will include: Corporate Parenting and LAC, Safeguarding, Fostering and Adoption, Quality of Practice (including a breakdown of the cases which have 'not met' practice standards, including case studies if appropriate) and Missing from Home. To also include an update on the progress and impact of the Getting to Good Board and its priorities. To receive a report outlining the impact of the actions in relation to the following Ofsted recommendation: "Monitor and improve the frequency and quality of management oversight and supervision in all teams. Ensure that supervision is regular, reflective and challenging, and that managers record the rationale for their decisions."	Councillor Bridges	Paul Marshall/ Linda Evans	See September 2017, 30 January 2018 and May 2018 minutes.
Proxy Indicators	To receive quarterly presentations of the proxy indicators outlined in the report considered by the Committee in June 2018 and to request that these presentations also include information on school attendance and exclusions.	Councillor Bridges Councillor Rahman	Paul Marshall/ Sean McKendrick/ Amanda Corcoran	See June 2018 minutes
Raising Standards of Practice in Children's Social Care	To receive an update report.	Councillor Bridges	Paul Marshall	See September 2016 minutes
Safeguarding	Regular reports provided by the Strategic Director for Children's Services, three a year. Future content to	Councillor Bridges	Paul Marshall / Linda Evans	See July 2017, February 2018

	include: <ul style="list-style-type: none"> • Working together • Sex education in schools, safeguarding risks of access to internet porn, internet bullying • Feedback of action from lifestyle choices • Information on multi-agency work to disrupt and enforce against activities leading to Child Sexual Exploitation (CSE) • Safeguarding children in sport 			and October 2018 minutes
School Attendance and Attainment	To receive regular reports regarding attainment and attendance. To include information on the use of flexi-schooling in Manchester and on children who are not included in the school attendance figures because they are waiting for a school place or are being home schooled.	Councillor Rahman	Amanda Corcoran	See 30 January 2018 minutes
School Calendar	To receive a report on progress to better align school calendars for 2018/2019.	Councillor Rahman	Amanda Corcoran	See June 2016 minutes
Supplementary Schools	To receive a further report on supplementary schools at an appropriate time.	Councillor Rahman	Amanda Corcoran	See November 2018 minutes
Working Together to Safeguard Children	To consider Edwina Grant's discussion paper on future arrangements for working together to safeguard children at a future meeting.	Councillor Bridges	Paul Marshall	See 30 January 2018 minutes
Young Carers	To receive a report on Young Carers.	Councillor Bridges	Amanda Corcoran	See 30 January 2018 minutes

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