

# Education & Children's Services Scrutiny Sub-Committee

Monday 27 February 2017

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1  
2QH

## Supplemental Agenda

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Item No.	Title	Page No.
4.	<b>Minutes</b> Minutes from the meeting on 4 October and 29 November 2016 are enclosed, for approval.	1 - 8
6.	<b>Mental health services for children in care and care leavers</b> A report on CAMHS Carelink is enclosed.  The cabinet member recommended that the committee consider this report at the last meeting :  <a href="http://modern.gov.southwark.gov.uk/documents/s65488/Appendix%201%20Best%20start%20in%20life%20Southwark%20school%20standards%20report%202016.pdf">http://modern.gov.southwark.gov.uk/documents/s65488/Appendix%201%20Best%20start%20in%20life%20Southwark%20school%20standards%20report%202016.pdf</a>	9 - 12
7.	<b>Care Leavers scrutiny review</b> A report on the visits to InSpire and St Giles employment support projects is enclosed.	13 - 16

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Date: 24 February 2017





## Education & Children's Services Scrutiny Sub-Committee

MINUTES of the OPEN section of the Education & Children's Services Scrutiny Sub-Committee held on Tuesday 4 October 2016 at 7.00 pm at Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

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**PRESENT:** Councillor Jasmine Ali (Chair)  
Councillor James Okosun  
Councillor James Coldwell  
Councillor Lucas Green  
Councillor James Barber  
Councillor Jon Hartley  
Councillor Catherine Rose

### OTHER MEMBERS

#### PRESENT:

**OFFICER SUPPORT:** Dr Kirsten Waters - Consultant in Public Health, Southwark Council  
Andrew Billington - Lead commissioner for Public Health commissioning Lambeth Council  
Aarti Gandesha , Manager , Healthwatch Southwark  
Alasdair Smith, Director , Children , Families and Adult Services  
Andrew Fowler, Head of Service, Children's and Adults' Services  
Jackie Cook, Head Of Social Work Improvement And Quality Assurance, Children's and Adults' Services  
Christine Liang, SGTO

### 1. APOLOGIES

1.1 There were apologies for absence from Lynette O'Dwyer.

### 2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were no urgent items of business.

### 3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

### 4. MINUTES

#### RESOLVED:

That the minutes of the meeting held on 6 July 2016 were agreed as a correct record.

### 5. SEXUAL HEALTH AND RELATIONSHIPS

Dr Kirsten Waters, Consultant in Public Health, Southwark Council and Andrew Billington , Lead commissioner for Public Health commissioning, Lambeth Council presented the report on Sexual Health .

The following issues were raised in the discussion with the committee that followed:

One of the aims is to improve access by young people.

- One of the aims is to improve access by young people.
- Commissioning will affect GPs, pharmacy and sexual health provision in school
- Commissioners work with Public Health to develop a quality framework, and looking at integrating with mental health, drug use, and also increasing for resilience in young people.
- A member spoke about a presentation from Rotherham Child Sexual Exploitation (CSE) abuse survivors which she had received. The young women had said that their sex education was about the mechanical aspects, such as fitting a condom, whereas their experience was much more about power relationships. She asked if these issues would be discussed in sex education. Kirsten spoke about CSE being located in Safeguarding. However the sexual educational programme does want to move more towards a relationship framework.
- Public Health officers were asked if there was reporting and training to work with perpetrators of harmful sexual behaviour. Officers responded that everyone will have safeguarding training, which is the core of the work. Referrals will go to MASH.
- Sexual Health in schools was asked about and the Sexual Health commissioner said that academies can opt out from teaching sexual education. He was asked why and responded that faith can be an issue. The consultant said, however , that relationships are good are with Southwark schools. Nina Dohel, Director of

Education, also assured members that the council do have good relationships with our schools on this issue, including faith schools.

- There was a query on data and its interpretation: high attendance rates could be interpreted as a good thing or a poor thing. It is good to have accessible services, but also concern that this could be indicative of high infection rates. The consultant in public health said there are no particular numerical target, however young people are encouraged to test, and they would be worried if testing rates go down with infection rates rising rapidly. Positivity rates are higher in Brooke - which is good that we know we know Brooke are targeting the right cohort. The service also has high condom registrations, which is good.
- There was a concern about staffing figures at WUSH.

Aarti Gandesha, Manager, Healthwatch Southwark, presented the submission from Healthwatch. She said that this is a summary report produced, awaiting a fuller report in development. Sexual Health is a priority for Healthwatch. They engaged with 100 young people.

The concerns included:

- Boys accessing online pornography, which distorted relationship expectations.
- Young people recommended that sexual education be progressive - it should include the emotional elements from the beginning and first. This should include issues of morality and consent. Sexual education contained too much about biology. The young people wanted to learn more about healthy relationships, abuse, rape, homosexuality or asexuality. They wanted an expert - not a reluctant form tutor who is uncomfortable with the subject matter.
- Young people said that if parents are uncomfortable with sexual and relational matters then they would find it difficult to go to them.
- Brooke was good as not obvious that they were providing sexual health services.
- Confidentiality was a concern amongst young people
- The young people recommended outside experts. They also said that beliefs and culture were an issue and that either in the delivery of sexual education this needed to be left aside or integrated into the delivery.
- Sexual Health services needed to be non judgemental.

Healthwatch engaged with parents in July. Parents said that they wanted more awareness on sexual education and for the teaching to be both compulsory and be standardised. Parents said they needed help and recommended interactive sessions, rather than lessons.

A member asked about revenge porn and how this might be tackled. The Healthwatch manager said that young people did mention revenge porn, live streaming, snap chat. It is a problem; and unsure how to tackle this. This also relates to mental health.

Healthwatch invited members to the launch event of the Sexual Health report in November.

Christine Liang, SGTO spoke about their initiative, Sex Positive, explaining that SGTO are developing work on this theme with a forum about 4 and 12 young people, mainly boys. This is partly about creating a forum for discussion, and possibly lobbying for improvements. Members welcomed this initiative and said that they would encourage their local TRAs to get involved.

## **6. REVIEW: LOCAL OFFER FOR CARE LEAVERS**

Alasdair Smith, Director , Children , Families and Adult Services; Andrew Fowler, Head of Service, Children's and Adults' Services and Jackie Cook, Head Of Social Work Improvement And Quality Assurance, Children's and Adults' Services presented.

A member asked about mental health. The Head of Social Work Improvement said there is a big need amongst Care Leavers, but often the counselling service is not meeting their needs because young people do not want to talk always to professionals , but often someone they have a relationship with. Loneliness is a big issue.

Officers were asked about reducing resources and rising need. The Director said providing services for Care Leavers is a statutory duty, but this is in the context of increasing duties and reducing funds. He added that poorly supported Care Leavers will cost us more. The service is attempting to use the resources more cleverly: providing a day for young people to attend the office and also being more flexible about seeing young people who turn up without an appointment.

A member raised services for unaccompanied asylum seekers and asked if they get a personal adviser. Officers said that presently they did, however the forthcoming Immigration Act may change this. There may be a funding cut off at 18 years old. A legal briefing on this issue is anticipated.

Officers handed round Speakerbox publications and the "11 Golden Rules for Professionals", which were appreciated by the committee.

A member asked about participation in Speakerbox. There are some young people who want to come, others who prefer one to one discussions. It does take effort to get engagement. There is a wider engagement of about 140 young people who are engaged in some way.

Officers were asked about the volume of Care Leavers. Officers said that 80 and 90 young people graduated every year.

Officers were asked about outcomes and relationships. The earlier children entered care, generally the better outcome.

**7. WORK PLAN**

This was noted.



## Education & Children's Services Scrutiny Sub-Committee

MINUTES of the OPEN section of the Education & Children's Services Scrutiny Sub-Committee held on Tuesday 29 November 2016 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

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**PRESENT:** Councillor Jasmine Ali (Chair)  
Councillor James Okosun  
Councillor James Coldwell  
Councillor Lucas Green  
Councillor James Barber  
Councillor Jon Hartley  
Councillor Catherine Rose  
Lynette Murphy-O'Dwyer

**OTHER MEMBERS PRESENT:** Councillor Victoria Mills; Cabinet Member for Children and Schools

**OFFICER SUPPORT:**

**1. APOLOGIES**

1.1 There were no apologies for absence.

**1. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**

2.1 There were no urgent items of business.

**3. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

3.1 There were no disclosures of interests or dispensations.

**4. MINUTES**



**RESOLVED:**

That the minutes of the meeting held on 18 February 2014 be agreed as a correct record.

**VIDEO - OPENING OF THE MEETING**

<https://bambuser.com/v/6548486>

**5. INTERVIEW WITH THE CABINET MEMBER FOR CHILDREN AND SCHOOLS****RESOLVED**

The report 'Best start in life -Southwark School standards report 2015-16' will be circulated. This looks at achievement with NEETs over time, and Looked After Children & Care Leavers.

**VIDEO - INTERVIEW OF CABINET MEMBER FOR CHILDREN AND SCHOOLS**

<https://bambuser.com/v/6548491>

<https://bambuser.com/v/6548498>

<https://bambuser.com/v/6548525>

**6. CARE LEAVERS REVIEW****VIDEO - CARE LEAVERS REVIEW**

<https://bambuser.com/v/6548524>

<https://bambuser.com/v/6548531>

<https://bambuser.com/v/6548541>

<https://bambuser.com/v/6548544>

<https://bambuser.com/v/6548548>

**7. WORK PLAN****VIDEO - WORK PLAN**

<https://bambuser.com/v/6548551>

## Carelink CAMHS

### Service Description February 2017

Children and young people who are looked after by local authorities are among the most vulnerable and disadvantaged members of society (Sempik, Ward & Darker, 2008). They are at increased risk of poor outcomes in terms of mental health, educational attainment, employment and criminality (Viner & Taylor, 2005). By definition, Looked after Children have already experienced traumatic events in their lives, so it is unsurprising that they are more likely to develop mental health problems than those in stable family environments. Estimates of psychopathology among looked after Children vary between 37%-89% which compares with the estimate of 3%-18% for children outside the Care system, but Looked after Children also endure a higher prevalence of psychological adversity than even the most socio-economically disadvantaged children living in private households (Ford et al., 2007).

The mental health needs of Looked after Children often go unrecognised (McCann, James & Wilson, 1996; Richards, Wood & Ruiz-Calzada, 2006; Philips, 1997). Barriers identified include:

- The movement of Looked after Children within the care system (Richardson & Lelliot, 2003);
- Lack of Child and Adolescent Mental Health Services (CAMHS) for those without a plan of permanency (Department of Children, Schools and Families, 2009);
- Perceived stigmatisation of a mental health diagnosis in addition to being in care (Richardson & Lelliot, 2003)
- A higher turnover of social workers involved in the care planning (British Association of Adoption and Fostering, 2008; Richardson & Lelliot, 2003).

Given the high level of emotional, mental health need, early adversity and psychosocial stressors these children experience it is important that these children experience high quality care and accessible, flexible and bespoke CAMHS assessment, treatment and intervention. This view has been endorsed by the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) joint guidance; 'Promoting the quality of life for Looked after Children and Young People (2010).

**Carelink** is a specialist Child and Adolescent Mental Health Service (CAMHS) for Looked after and Adopted Children 0-18 years. The team is part of the South London and Maudsley NHS Trust and is one of five CAMHS teams in the Borough of Southwark. Carelink is jointly commissioned by Southwark Children's Social Care (CSC) and works in close partnership with the CSC, Child Health and Education.

The team is located at the Lister Primary Care Centre (a modern purpose built health centre) in the middle of Peckham. The majority of our sessions with children, young people and carers take place at the Lister Centre and depending on need and resources we see children in their placement (mainly foster homes) or in school.

**The overarching aim for Carelink** is to provide a flexible, accessible community based mental health service for Southwark Looked after Children 0-18 years (both in and out of Borough) and professionals involved in their care. We understand that Southwark has a richly diverse population. The team aim to provide care that is sensitive and appropriate to the client's circumstances, gender, ethnicity, language and culture. The team carries out comprehensive assessments and use available outcome measures which provide evidence of benefits to our client group, and evidence of high levels of service-user satisfaction. In addition to offering a high quality clinical service the team is

actively engaged in clinical research to add to the evidence base about best assessments and treatment interventions to offer to this population.

Our strong relationship with CSC is central to the team development, service planning & clinical provision and on-going research.

## **1. Overview of services**

### **LOOKED AFTER CHILDREN:**

Our remit is to offer a CAMHS assessment and therapeutic service to children and young people 0-18 years who are looked after by Southwark Social Services, where there is a plan for them to remain permanently in care. Given the changes in CSC and the high number of children on s20 we also offer a CAMHS assessment to children and young people, where the young person entered Care late and/or the permanency plan has not yet been fully agreed, when there are concerns about mental health and risk.

We work with Southwark Looked after Children both in and out of Borough. At any one time up to 50% of our open cases are Children who are looked after by Southwark but live outside of the Borough. Where possible we aim to work with Southwark children irrespective of address so we can offer continuity of service should there be a change of placement and to support better collaboration with the network given our close links with the CLA social workers. Where children and young people live too far to travel to Southwark for appointments we will broker referral to other CAMHS teams in their locality as requested.

### **ADOPTED CHILDREN:**

We have close links with the CSC Adoption Team. Carelink can assist with the transition from foster-care to adopted family especially when the child has already been known to the team. We offer assessment and therapeutic services to adopted children and the family if this seems more appropriate than having intervention from the local CAMHS community team and the geographical distance for the family is not too great.

We are also referred adopted children and young people who are living in Southwark and may not have previously been known to our team when they are experiencing emotional and mental health difficulties. These young people are often not known to Southwark Social Care as the adoption may not have taken place in Southwark but the family now reside in the Borough, or the child and family were known in the past but have not had contact with the service for many years.

### **Foster Care Support:**

Foster carers of all children and young people referred are offered therapeutic support. This includes joint working with foster parent and child if clinically indicated (often for younger children) and foster parent sessions in parallel to the child or young person's individual work.

### **Multi-agency review meetings:**

We meet key professional in the child's network to feedback outcome of assessment. Children and young people in on-going treatment with Carelink have termly multi-agency review meetings. These meetings include foster parents, Social Worker, Supervising Social worker (SSW), Independent

Reviewing officer (IRO) and the young person, Child Health and Education when appropriate. At these meetings the child or young person's CAMHS Care plan is agreed.

## **Staffing**

Carelink is a multi-disciplinary team consisting of staff from the following specialisms: child psychotherapy, art and drama therapy, family therapy, clinical psychology, occupational therapy, nursing, therapeutic social work. We have access to psychiatry for individual cases as required. From time to time Carelink has trainees from a range of disciplines attached to the team. The team has a stable workforce with many clinicians trained in more than one assessment and treatment modality.

Carelink is committed to offering a high quality clinical service to Looked after Children and is actively involved in clinical research.

## **2. Presenting problems.**

Children and young people are referred with a wide variety of problems and these include; emotional disorders, low mood, depression, self-harm, suicidal thoughts, PTSD, developmental trauma, eating difficulties, anxiety, attachment disorder and difficulties, behavioural and conduct problems, neurodevelopmental problems, early onset psychosis. Given the trauma and early adversity experienced by Looked after Children it is more usual to have high levels of comorbidity and complexity. The children and young people are assessed by the team and Specialist assessments and interventions are requested as needed e.g. specialists neurodevelopmental assessments.

## **3. Carelink Assessment and Intervention Provision.**

Carelink CAMHS assessment & interventions include the following:

- Individual psychoanalytic psychotherapy
- Family and Systemic psychotherapy
- Consultations to network and carers
- CAMHS generic and more specific treatment assessments
- Sibling work
- Support Social Workers with Together & Apart assessments
- Work with carers and adopters, with children or separately looking at attachment issues
- Drama therapy, art therapy and creative therapies
- Short-term solution focused work
- EMDR
- Mental state examinations and risk assessment.
- Group work
- Cognitive behaviour therapy
- Trauma focused interventions
- Parent/child work
- Specialist assessments e.g. cognitive assessment, Story Stem Assessments, specialists assessment for under 5's (ASQ-SE, KIPS and clinical formulation of child's needs).

On average the Carelink team has a case load between 190-220 open cases. Each staff member has an individual caseload in the region of 30-40. The length of treatment varies from assessment only which may be 3-4 appointments to several years of treatment. Given the high level of emotional and

mental health need, the challenges the children and young people face at different developmental stages long term treatment for Looked after Children and support for their parents/carers is essential.

#### **4. Interagency Work**

Integral to our work in Carelink is good multi-agency collaboration and support. All CAMHS team working with Looked after Children need to have a close relationship with CSC on both a strategic and operational level. Support from Social Workers strengthens treatment outcomes given the complex networks around our children. In addition, close working relationships with Child Health and Education is important to facilitate joint assessment and better plans for our Looked after children and young people. We are grateful to our Southwark colleagues for their ongoing support and are keen that where possible integrated multi-agency work and practice continues to support our vulnerable children.

#### **5. Issues for consideration**

- Waiting list
- Access to services for children placed out of Borough
- Transfer to AMH
- On-going risk management
- Support for care leavers
- Raising the awareness of the specific emotional, social, developmental and mental health needs of Looked after and Adopted children.
- Ensuring on-going stability in the service.

Elizabeth Murphy  
Consultant Child & Adolescent Psychotherapist  
Carelink CAMHS  
February 2017

## Outreach visit to Local Economy Team programmes on Thursday 10<sup>th</sup> November 2016

The Education and Children's Services Committee is conducting a review into the experience of children and young people leaving the care system, in order to make recommendations for improvement.

The government's [Keep on Caring Strategy](#) sees the local help and support that care leavers receive from their local authority as being critical to whether care leavers make the transition from care to independence successfully. One of the key outcomes of the strategy is to improve access to education, employment and training.

The Council's Local Economy programme youth employment programmes are accessible to care leavers, though they do not track outcomes for care leavers specifically as part of their contract monitoring with providers.

The chair of the committee, Councillor Jasmine Ali, , scrutiny project manager, Julie Timbrell, with the support of Elaine Gunn , Principle Strategy Officer, visited two providers, St Giles Trust and Inspire. They were chosen as examples and in order to understand more about the employment support offer available to young people in Southwark, the issues young people are often faced with, the impact of the programmes on the lives of young residents and to hear case study examples about Southwark care leavers.

### St Giles Trust

Visit Dee Rouse (Contract Manager) at St Giles Trust.

Address: St Giles Trust, Georgian House, 64-68 Camberwell Church Street, SE5 8JB

[www.stgilestrust.org.uk](http://www.stgilestrust.org.uk)

St Giles Trust provides the council's Youth Fund part-time employment programme called **GROW**. This programme supports young people (aged 16-24) who are still in education or have other responsibilities (such as caring) into part time work. The current 2 year contract runs until March 2017. They **deliver** the Youth Fund **Getting Ready for Work programme**. This provides a 'ladder of support' for young people who are keen to engage in employment but are not work ready. The programme targets support based on the level of need and work readiness of the young person. They have been contracted to work with 220 people and to date they have worked with 200. The aim is part time employment and sustaining employment for 6 months.

The project confirmed that they work with care leavers, and other young people who need support, including working with young people with caring responsibilities. Some young people can often only work for shorter periods due to restrictions on time.

The project works by addressing career progression, and this can often include college and attending short courses. Smaller providers are able to build confidence with young people through developing relationships. Part of the projects work is employment engagement with actual and potential employers.

A Young person's experience - Ariana O

*Joined through work experience for a week, but stayed for a year. Her work experience in St Giles enabled her confidence to grow and she said she has learnt a lot. Ariana said the project made her aware of the qualities she had. She went on to work at another cafe, and now has a job as a barista for 6 hours. She is also attending full time education, studying business.*

*She said the project helped her with everything - from personal issues to education. She obtained a qualification and received help with the course homework. Now she is studying English, as her third language. She said that GROW helps people get out of gangs and fights.*

*When asked if the project had helped Ariana develop friendship she said that when she first arrived she was more withdrawn and lacked confidence, but now she has developed and focused on that area, becoming more outgoing; now she does have many friends. Dee added that Ariana has developed experience with mixing with different ages in a work environment. Ariana said that with clients here it is important to be patient with people and not judge people. The staff here is very good at that. When asked about young people who are more resistant Ariana said that staff can talk to people in separate rooms and that helps.*

The project looks at the wider needs of young people and they do training on food and budgeting. Many young people turn to McDonald's to eat. The project provides advice, but it is difficult as some hostels may not have cooking facilities.

Another problem was zero hour's contracts. This created problems with young people's hostels because of variation in money to pay rent. Changes in take home pay were difficult to manage particularly as many young people do not know how to negotiate with the hostels; consequently the young people were building up debts of 500 or 600 pounds. The project now keeps up contact with the young people every two weeks addressing issues as they arise. They also help them with their rights e.g. not taking overtime the young people can not actually manage, through fear of losing their jobs. The support workers are there to fight the young people's corner.

Their work is about building confidence in making choices to build independence, and showing the young people services that can help, if the young people needs to access specific help. The project is there, with the young person, to offer support and guidance, until such time as the young people decide they can do it for themselves. The project said that when the young people start to make autonomous decisions they know the young person is ready to move on and at that point the project might suggest reducing support to once a month, for example.

When asked how long this takes the project team said it takes some time often to build a relationship and to identify the issues - depression; exploitation; gangs. There can be many things going on for each young person, and help can only be provided once a relationship is developed. Sometimes young people can be helped in a month, sometimes support lasts a year and half.

One issue flagged up was that funding can be time limited, but the project can not just drop clients. This needs to be looked into if the funding changes; giving consideration to what happens to the young people still receiving support from the project.



## Inspire

Visit Tracy Franklin (Director) and Asma Begum (Programme Manager InSpired to Work) at Inspire at St Peter's

Address: InSpire at St Peter's, The Crypt at St Peter's, Liverpool Grove, SE17 2HH

<http://in-spire.org.uk/youth-programme/>

Inspire deliver the **InSpired to Work programme** as part of **Southwark Works**. This programme supports young adults 18 – 24 into employment by supporting them through training, job searching & creation, advocacy and bursaries. This programme includes the Employee Mentor programme, which matches a young person's aspirations with a mentor and placement in an organisation. An employer mentor guides the young person's work placement and supports their future career development.

Inspired to Work started 5 years ago

A young people coming through the door will first receive an Initial Assessment, which will help decide where the young person would best fit. A plan will be developed identifying what the young person wants to do. The project will look for ways to address functional skills and life issues. A programme will be developed to work with the young people to upskill or find paths to an apprenticeship and or employment.

Young people are supported go on extensive workshops about employment, and also money savvy workshops on how to manage their money. Each young person has a dedicated case worker. Young people are matched with a placement and mentor from the industry the young want to enter into e.g. Accountancy. The initiative also holds unique events, such as event management.

There is higher level support package for young people "getting ready to work" for people with more needs, which offers intensive support and access to funds.

The project is open to all local people who are local, not just Care Leavers. InSpire have been working with a specialised service that works with care leavers so they have received more referrals. More recently Inspire have been working with an officer who is the employment lead for Southwark on a council initiative recently convened to focus on 40 young people, in conjunction with other agencies. Relevant people and organisation all came together to create action plans for the young people and develop a range services. The young people were not there for there for time efficiency reasons; however the young peoples' social workers & PAs were present. InSpire found this approach really valuable, particularly being able to hear from the range of professional expertise and understand the breath of opportunities. Each young people was assigned support and an action plan. The lead council officer is holding this process. Inspire received 9 referrals.

Recently the project received new funding for "ladies in reduced circumstances" for employment support, training, white goods, transport. The money is focused on meeting needs and then enabling

young people to develop independence. An example is where one young people has received funding for two illustrations courses from this fund.

InSpire was asked for recommendations on improving the offer for Care Leavers and identified the following issues:

- There are problems around of communication with housing and social care for the young people, that the voluntary then have to pick up.
- Apprenticeships pay a low amount, the high living costs locally mean young people require extra support in order to be able to access an apprenticeship. This means that apprenticeships are unaffordable unless there is either family support, or additional social support.
- Care leavers can get support , but Care Leavers on the fringe might have problems – for example have accessed care services later.
- Young people who fall through the gaps are a concern.
- London living wage is needed for young people. This would make Apprenticeships fully accessible to a range of young people.

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**EDUCATION & CHILDREN'S SERVICES  
MUNICIPAL YEAR 2016-17**

**AGENDA DISTRIBUTION LIST (OPEN)**

**NOTE:** Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

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Councillor Lucas Green	1	Niko Baar, Liberal Democrat Political Assistant	1
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Councillor James Okosun	1		
Councillor Catherine Rose	1		11
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