

Corporate Parenting Committee

Wednesday 22 September 2010

1.00 pm

Town Hall, Peckham Road, London SE5 8UB

Membership

Councillor Catherine McDonald (Chair)
Councillor Lisa Rajan (Vice-Chair)
Councillor Catherine Bowman
Councillor Patrick Diamond
Councillor Claire Hickson
Councillor Eliza Mann
Councillor Althea Smith
Barbara Hills
Chris Sanford

Reserves

Councillor James Barber
Councillor Helen Hayes
Councillor Darren Merrill

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information

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Or email: bola.roberts@southwark.gov.uk; paula.thornton@southwark.gov.uk
Webpage: <http://www.southwark.gov.uk>

Members of the committee are summoned to attend this meeting

Annie Shepperd

Chief Executive

Date: 14 September 2010



Item No.

Title

Corporate Parenting Committee

Wednesday 22 September 2010

1.00 pm

Town Hall, Peckham Road, London SE5 8UB

Order of Business

Item No.

Title

Page No.

MOBILE PHONES

Mobile phones should be turned off or put on silent during the course of the meeting.

PART A - OPEN BUSINESS

CORPORATE PARENTING COMMITTEE - BE HEALTHY THEME MEETING

1. APOLOGIES

To receive any apologies for absence.

2. CONFIRMATION OF VOTING MEMBERS

A representative of each political group will confirm the voting members of the committee.

3. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Members to declare any personal interests and dispensation in respect of any item of business to be considered at this meeting.

5. MINUTES

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Item No.	Title	Page No.
	To approve as a correct record the Minutes of the open section of the meeting held on 7 July 2010.	
6.	DESIGNATED DOCTOR FOR CHILDREN LOOKED AFTER ANNUAL REPORT 2009/10	5 - 26
7.	DRAFT TEENAGE PREGNANCY STRATEGY	27 - 79
8.	YOUNG PEOPLES SUBSTANCE MISUSE (YPSM) UPDATE COMMISSIONING	82 - 93
9.	CARELINK- SOUTHWARK CHILD AND MENTAL HEALTH SERVICES (CAMHS) FOR LOOKED AFTER CHILDREN AGES 0-16 YEARS	94 - 114
10.	CHILDREN LOOKED AFTER FINAL END OF YEAR 2009/10 PERFORMANCE MONITORING REPORT	115 - 120
11.	CORPORATE PARENTING COMMITTEE - WORKPLAN 2010/2011	121 - 124

ANY OTHER OPEN BUSINESS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”

PART B - CLOSED BUSINESS

ANY OTHER CLOSED BUSINESS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.



Corporate Parenting Committee

MINUTES of the OPEN section of the Corporate Parenting Committee held on Wednesday 7 July 2010 at 1.00 pm at Town Hall, Peckham Road, London SE5 8UB

PRESENT: Councillor Catherine McDonald (Chair)
Councillor Lisa Rajan
Councillor Claire Hickson
Councillor Eliza Mann
Councillor Althea Smith
Barbara Hills

OFFICER SUPPORT: Rory Patterson (assistant director of specialist services & safeguarding, Chris Saunders (head of children looked after service), Alistair Wilson (virtual head), Jackie Cook (children's services), Sara Feasey (principal lawyer children's service), Bola Roberts (constitutional officer) Paula Thornton (constitutional officer).

1. APOLOGIES

Apologies for absence were received from Councillors Catherine Bowman and Patrick Diamond. Apologies for lateness were received from Councillor Althea Smith.

2. CONFIRMATION OF VOTING MEMBERS

The members present were confirmed as the voting members.

3. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were no urgent items.

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interest.

5. MINUTES

Corporate parenting committee at its meeting on 18 February 2010 had requested that “a section for new members’ role on the corporate parenting committee should be included in the members induction handbook.” The committee asked for an update on progress in relation to this request and training for members in their corporate parenting committee role.

The committee also asked that this should also be linked to item 8, New Guidance Around Care Planning for Looked After Children which should also now be included.

RESOLVED:

The open minutes of the meeting of 25 March 2010 were agreed as a correct record and signed by the chair.

6. CHILDREN LOOKED AFTER: PROVISIONAL END OF YEAR 2009/2010 PERFORMANCE MONITORING REPORT

RESOLVED:

1. That the report be noted and measures adopted to address performance in relation to long term long-term stability be endorsed.
2. That the committee receive a report on the effectiveness of personal education plans (PEPs) to its 9 November 2010 meeting.

7. ESTABLISHING A VIRTUAL SCHOOL FOR LOOKED AFTER CHILDREN

RESOLVED:

1. That the report be noted.
2. That officers ensure that speakerbox has been included and engaged as part of the virtual school programme. Speakerbox should be consulted and views sought on an ongoing basis.
3. That a report be received from the virtual head with interim findings to the committee 9 November 2010 meeting.

8. NEW GUIDANCE AROUND CARE PLANNING FOR LOOKED AFTER CHILDREN

RESOLVED:

1. That the introduction of new guidance published in March 2010 to underpin the revised legislation for the care of children looked after by the Local Authority and the implementation of the new guidance by April 2011 be noted.

2. That officers should articulate the corporate parenting committee role in relation to the changes set out in the guidance. This should also be linked with the point made under the minutes section in relation to the members induction handbook and the need to include guidance in this area within the handbook.

9. CORPORATE PARENTING COMMITTEE - WORKPLAN 2010-11

RESOLVED:

1. The committee considered the 2010/11 work plan and welcomed the thematic approach for future meetings of the committee based on the Every Child Matters outcomes.
2. That it be noted that additional reports can be requested throughout the year and linked with the Every Child Matters themed meetings as appropriate.
3. The committee requested:
 - That an interim Not in Education, Employment or Training (NEETS) report to be considered at 9 November committee, with a more detailed report as set out on the work plan to be considered on 26 April 2011.
 - That a report on pupil premiums be included for consideration on 9 November 2010 as part of the 'Enjoy and Achieve Theme'.
 - That in relation to the 'Be Healthy Theme' theme on 22 September 2010 it was confirmed by officers that a nurse, along with the designated doctor would attend the committee.
 - That in relation to the substance misuse strategy set out for consideration 22 September 2010, officers should include how the broader strategy fits in and interlinks with adults and young people strategies and other work being undertaken in this area.
 - That in respect of the teenage pregnancy strategy listed for consideration 22 September 2010 as part of the 'Be Healthy' theme, officers should include more detail in respect of children in care and how this relates to the broader strategy, including figures for the last three years.
4. That officers establish a date for members of the committee to meet with speakerbox as soon as possible.

The following issues were raised:

- Celebration event. Confirmed that this event was taking place on 28 October 2010 with invites to be sent shortly.
- Time of committee. The Chair asked Bola Roberts to email members of the committee to seek their views on the current start time of the committee of 1pm. Views would be fed back to Councillor Catherine McDonald once received.

The meeting ended at 2.45pm.

CHAIR:

DATED:

Item No. 6.	Classification: Open	Date: 22 September 2010	Meeting Name: Corporate Parenting Committee
Report title:		Designated Doctor for Children Looked After- Annual Report 2009/10	
Ward(s) or groups affected:		All wards	
From:		Strategic Director of Children’s Services	

RECOMMENDATION(S)

1. That the committee receives the Annual Report from the Designated Doctor for Children Looked After and raises any comments at the meeting.
2. That the committee makes formal representations to the health commissioners to ensure that the needs of children looked after continue to be met in the newly commissioned provider arm.
3. That work is undertaken by the Primary Care Trust (PCT) and the local authority to ensure that adequate procedures are in place to provide timely health assessments for looked after children.

BACKGROUND INFORMATION

4. For the last five years Southwark has had a children looked after steering group responsible for overseeing coordinated activities to promote healthy outcomes for children in care and care leavers (also known as Health Management Group – HMG).
5. The Corporate Parenting Committee received periodic reports relating to various components of the overall health strategy. This is an updated report based on the previous ‘Health of Children in Care’ report which was presented to the CPC on 25 March 2010.

KEY ISSUES FOR CONSIDERATION

6. The annual report (Appendix 1) provides an updated headline summary of the key activity areas being managed in partnership between Southwark Children’s Services and Southwark PCT and SLaM.

Policy Implications

7. There are no new policy implications relating to this report.

Community Impact Statement

8. It is recognised that young people leaving care at 18 will have far better life chances if they have experienced a degree of emotional stability and have remained free from substance misuse, are physically active and have not already become a parent. The “Being Healthy” agenda has an impact upon care leavers’ capacity in being able to successfully engage in education, employment and training whilst making a positive contribution to society.

Resource Implications

9. There are no immediate resource implications relating to this report. It is important to note that all services may be subject to review following the outcome of the Comprehensive Spending Review on 20 October 2010.

Legal/Financial Implications

10. There are no Legal/Financial implications relating to this report.

Consultation

11. There is no consultation relating to this report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Health of Children in Care	Looked After Children Services Southwark Council 1 Bradenham Place London	Chris Saunders 020 7525 1039
Summary of DOH Statutory Guidance "Promoting the health and well being of looked after children 2009"	Looked After Children Services Southwark Council 1 Bradenham Place London	Chris Saunders 020 7525 1039
PCT Report: Update on the Health of Children looked After in Southwark 2008/2009	Southwark Children & Young Peoples Development Centre Sunshine House 27 Peckham Road London SE5 8UH	Beatrice Cooper 020 3049 8006
2009/2010 CLA Health Steering Group	Looked After Children Services Southwark Council 1 Bradenham Place London	Chris Saunders 020 7525 1039

APPENDICES

No.	Title
1	The Health of Children looked After in Southwark 2008/2009 Updated for Corporate Parenting Panel August 2010

AUDIT TRAIL

Lead Officer	Rory Patterson, Assistant Director of Children's Services	
Report Author	Shola Yemi and Beatrice Cooper	
Version	Final	
Dated	13 September 2010	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Cabinet Member	Yes	No
Date final report sent to Constitutional Officer	13 September 2010	

Appendix 1

The Health of Children looked After in Southwark 2008/2009
Updated for Corporate Parenting Panel August 2010
Beatrice Cooper and Shola Yemi Designated health professionals for
Southwark PCT

Key Points

The health of Children Looked After is

- everyone's responsibility
- important and valued by children and young people themselves
- much broader than health service needs or health assessments
- promoted by permanency, secured especially well by adoption but also Special Guardianship Orders and long term fostering
- There are excellent reviews of needs and research in the new Statutory Guidance "Promoting the Health and Wellbeing of Children Looked After". Nov 2009 ⁽⁴⁾

Individual Health Care Plans are vital

- Need to be well done
- Distributed to right people
- Valued and Read
- Implemented
- Audited

Commissioning, health and social care

- Health needs to include CLA in contracts
- Social services need to include health in contracts
- Need specialist services such as CAMHS for CLA, including 16+
- Need for effective commissioning for Southwark CLA placed out of Borough

Current changes / challenges

- New DH Guidance Promoting the Health and Wellbeing of Looked After Children Nov 2009
- New joint NICE SCIE guidance on Health of Looked After Children, being finalised and due out soon
- New Inspection framework
- New Government –
 - Every Child matters website has the warning "A new UK Government took office on 11 May. As a result the content on this site may not reflect current Government policy."
 - "So far, this government hasn't said anything about their intentions for looked-after children – and with all the talk of cuts this silence is worrying." Ex CLA and foster carer Guardian 9.8.10
- Challenge of cuts to Southwark social care and PCT budgets
- Improving liaison with social care for children discussed at adoption panel
- Increasing use of Health Visitors and school Nurses to see children for Review health Assessments
- Discussions continue within NHS Southwark in regards to increasing the nursing and administration establishment required to meet the demands of the service

Appendix 1

Southwark health services for children looked after

- Health management Group – multi-agency and multi-disciplinary team across health, education and social care
- Dr Beatrice Cooper and Ms Shola Yemi, designated doctor and nurse for CLA; Dr Dilsiri Abeyakoon, Medical Adviser to Southwark Adoption Panels.
- Community paediatricians led and supervised by Dr Cooper see nearly all newly looked after children for Initial health Assessments and Initial Health Care Plan at Sunshine House Child Development Centre
- Admin team for Children in Need and PAs to Designated Dr and Medical Adviser and EOs at Social Care are part of the CLA health team
- Dedicated CAMHS Service for CLA, CareLink (not reported on in detail here)
- Preparation of Health Care Plans for CLA seen for Health Assessments by GPs
- Immunisation catch up service started at Sunshine House in last year
- Advice, training and support to SWs, IROs, foster carers
- Liaison with other parts of health service around needs of individual CLA
- Sexual health advice to older CLA
- Review health Assessments in their own home for older children and “refusers” by CLA Nurses
- Medical Adviser to Adoption Panel – detailed assessments, reports and information gathering; vital contribution to and decision making panel

External Evaluations of Health Services to Children Looked After

- Southwark’s CLA Health service was rated good in JAR inspection in 2008, and “The effectiveness of support for children and young people’s physical and emotional health.” was classed a major strength
- The health support for looked after children and young people, both placed within and outside the borough, is good.
- Southwark has the highest number of adopted children in SE London, with only one disruption in the last 8 years.
- Inspection of Adoption service (2008) commented “The medical adviser has been called outstanding by both professionals and adopters. Her dedicated approach ensures that the health needs of children are fully considered and communicated to prospective adopters before any match is agreed”

Appendix 1

Introduction:

An Annual Report by the Designated Doctor and Nurse for Children Looked After (CLA) is required by the new Statutory Guidance Promoting the Health and Wellbeing of Looked After Children 2009.⁽⁴⁾

This report aims to inform key stakeholders of an overview of the health needs and gaps in service for this very vulnerable group of children and of the relevant statutory guidance.

The health of children looked after has been recognised as poorer than other children nationally and locally; In Southwark the multi-disciplinary and multi-agency health management group (HMG) have reviewed need and services via the health part of the annual business plan for CLA, the LA performance indicators for health, and audit. We have concentrated on improving the quality of health assessments, tracking processes to improve the availability of Health Care Plans to Social Workers and other key agents in implementing plans.

The new Statutory Guidance (P38) emphasises the importance of the NHS contribution:

11.1.3 The NHS contribution to the health of looked after children is made in 3 ways:

- *Commissioning effective services;*
- *Delivery through provider organisations;*
- *Individual practitioners providing co-ordinated care for each child or young person and carer.*

11.1.4 The support and contribution of the NHS is crucial to ensuring that local authorities fulfil all the responsibilities of corporate parenting and that looked after children achieve the same optimal outcomes as any good parent would wish for their child.

The new Statutory Guidance (P40 11.3.2) requires an annual report:

- *an annual report to inform the appropriate provider board and the commissioners;*
- *the collection and analysis of data to inform the profile of looked after children in the area for CYPP needs assessment;*

In the Practice Guidance this is described more fully (P75):

Annual report

- *the delivery of health services for children and young people looked after should be evaluated annually by the designated doctor and nurse. It should consider the above (The role of designated health professionals P74) and the effectiveness of health care planning for individual children and young people looked after, and describe progress towards relevant performance indicators and targets;*
- *it should also include the results of any independent local studies of the accessibility of health assessments to the children and young people themselves, to foster carers, parents, social workers and to health professionals;*
- *the report will be presented to the Chief Executive of the PCT Board who commissioned it and the Director of Children's Services.*

Of particular relevance to the annual report in the roles of the designated health professionals is the following section on P74:

Monitoring and information management

Appendix 1

- *ensure the quality of health care assessments carried out;*
- *ensure full registration of each looked after child – and all care leavers – with a GP and dentist;*
- *ensure that sensitive health promotion is offered to all;*
- *provide an analysis of the range of health neglect and need for health care for local looked after children – i.e. casemix analysis;*
- *ensure implementation of health plans for individual children;*
- *contribute to the production of health data on looked after children;*
- *ensure an effective system of audit is in place;*
- *review the patterns of health care referrals and their outcomes;*
- *evaluate the extent to which looked after children and young people's views are informing the design and delivery of the local health services for them.*

NICE / SCIE Guidelines on Health of Looked After Children are being developed and will be out soon. These are likely to have further recommendations for evidence based practice for health. In addition, the PDG endorsed the six entitlements of the National Children's Bureau's 'National healthy care standard2' – a child or young person will:

- have access to effective healthcare, assessment, treatment and support and have opportunities to develop personal and social skills, talents and abilities and to spend time in freely chosen play, cultural and leisure activities ⁽⁶⁾

Background

The legislation and guidance behind health and social care for children looked after (CLA) starts with the Children Act and the United Nations Convention on the Rights of the Child. The Children Act 1989 sets out the ways in which children may become looked after, defines parental responsibility. It also introduced two important principles for court decisions: a court may not grant an order eg Interim Care Order, if the child does not need one to be safe; and the child's needs are paramount in decisions about its care. The UN Convention speaks of rights including to health and treatment, recovery, family life, reintegration and rehabilitation for illness, recovery from abuse and neglect.

The current policy context for Southwark's shared responsibility is the umbrella of the *Every Child Matters* ⁽²⁾ framework for improving outcomes for children and young people and the programme set out in the *White Paper, Care Matters: Time for Change* ⁽³⁾, for improving outcomes for looked After Children. Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children has been published in November 2009. This imposes statutory duties on Local Authorities, Strategic Health Authorities and Primary Care Trusts to meet the health needs of all Looked After Children ⁽⁴⁾. There is special mention of the need for extra attention to the implementation of Health Care Plans, health promotion, and joint commissioning of services around sexual health and substance abuse.

The term 'Looked after Child' was introduced by the Children Act 1989 to describe children in the care of the local authority in England and Wales. These children are amongst the most socially excluded and disadvantaged of our child population. Failure to protect their health may worsen their life prospects and exacerbate previous damage and abuse. The results from research are shocking. Nearly two thirds have mental health problems, a quarter having a major depressive illness ⁽¹⁾. 20-30% of Children Looked After have learning difficulties and 25% of children who have been in care for more than a year have a statement of educational needs, compared to 2-3% of all children. Up to 44% of substance and alcohol abusers will

Appendix 1

have been in care as will 23% of the adult prison population. Other adverse outcomes as adults are early pregnancies, high unemployment and homelessness. Regulations (supporting Care Standards Act 2000) require that children looked after have an Initial Health Assessment by a medical practitioner and Review Health Assessments annually for the over 5s and 6 monthly for the under 5s. Most children are up to date with their annual health and dental assessments.

This report focuses on the health service contribution to the health of children looked after. Many other issues are very important to children and young people's health and wellbeing such as educational attainment, placement stability and adoption; this report has not addressed them separately.

Children and Young people Looked After, Nationally

Data for year to end March 2009

There were 60,900 children looked after as at 31.3.09 up 2% from previous year. This is a rate of 55 per 10,000 children, ie 0.55%; 57% boys

35,500 had been looked after for more than a year
3,300 children were adopted, up 3%

Reason given for becoming looked after, and legal status much the same as previous years
Abuse and neglect 61%; (Full) Care Orders 59%

Children and young people looked after in Foster care 73%, up 5 %
3,700 UASC up 5% - 87% male

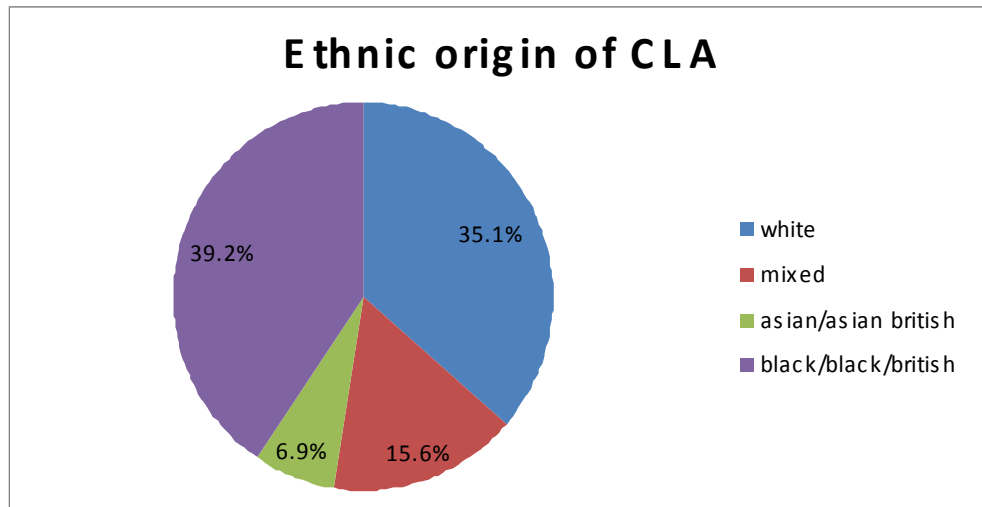
Children and Young people Looked After, Southwark

Over the last 6 years there have been around 600 Looked After Children (LAC) at any one time, approximately 1% of Southwark Child Population. This compares to a national average of approximately 0.6%.

There has been a steady decrease in the number of children in care at a given point than in previous years which has continued. Nationally CLA have increased from 2008-9, probably influenced by the Baby P case, which was reflected in an increase in CLA in Southwark between March and October 09 from 535 to 573, and since decreased to 558. There continues to be a high number of children who have remained in care for a year or longer, although this figure has continued to gradually decline in Southwark.

Appendix 1

Ethnic origin at 31.10.09:



Numbers and Health Performance Indicators Southwark (England)

	2007	2008	2009
Number of Children Looked After (as at 31 March)	620 (60,000)	570 (59,400)	535 (60,900)
CLA more than 1 year	430 (44,200)	395 (43,700)	371 (43,200)
CLA starting to be looked after	255 (24,000)	225 (23,300)	220 (25,400)
Immunisations up to date	73 (80%)	89 (82%)	79 (84%)
Health Assessments up to date	84% (85.1%)	92% (86.5%)	92% (85.9%)
Substance Abuse problem	4.9 (5.4)	5% (4.9)	5% (5.1%)

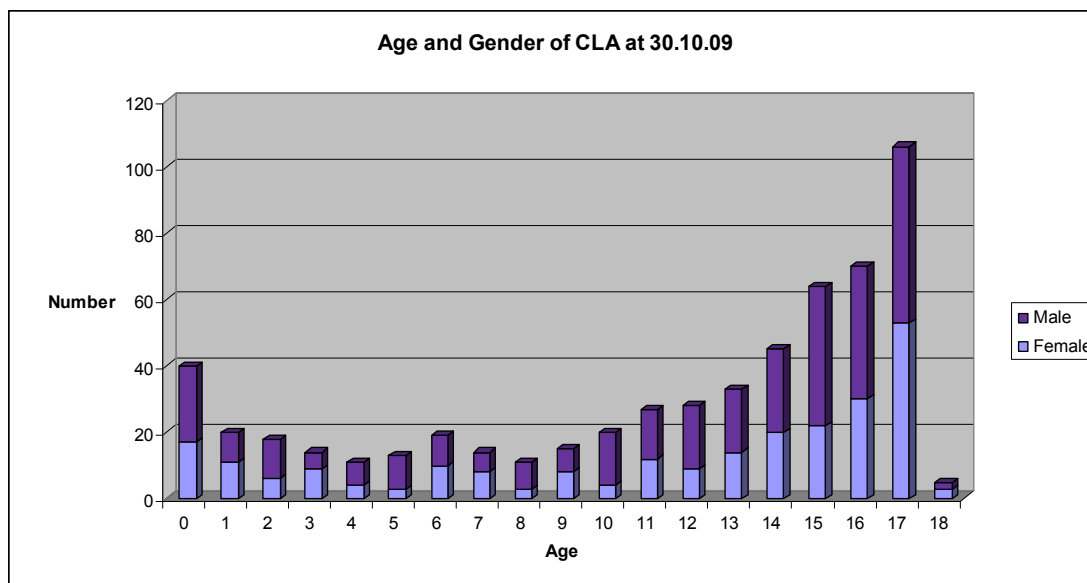
Year to end Sep 2009

Children who came into care in year to 31/09/09 and who stayed in care for more than 30 days **223**
 Children who have been in care for a year or more as at 30/09/09 **371**

Permanency panels, previously 2x month now all day once a month.

Children presented to Permanency Panel for decision for adoption
 Jan – Dec 2009 inclusive **29**
 Adults presented to Panel for approval as adopters **31**
 Adoptions, year to 31.3.2009 **30**

Appendix 1



See also Business Plan – parts relevant to Health – attached

An important issue for Southwark has been the number of refugee and asylum seeking children. This has been reducing whereas the numbers elsewhere and nationally have been increasing. The children looked after in Southwark are ethnically and culturally very diverse, which includes unaccompanied asylum seekers and children from asylum seeking families. Many children and young people and their families require support in using services, and their culture and religious background must be taken into account. Providing for 15-18 year olds presents particular problems. It is important to arrange access to appropriate care for unfamiliar diseases and to recognize emotional health problems, particularly when they are related to past experiences of violence.

Gathering information on immunisations and giving missed immunisations are frequently part of the health care plans but not often done. The reasons for this are as yet unclear. We have introduced a monthly immunisation catch up clinic.

30% of children looked after for more than a year have a statement of educational needs. There are higher rates of developmental disorders, such as ASD and ADHD, which may have gone previously undiagnosed. Mental health and behavioural difficulties, along with a number of other factors in the child and carer, are linked to increased risk of placement breakdown.

We have not collected data on specific health problems identified at assessment. A survey in 2003 ⁽⁵⁾ showed that half of Children Looked After at an Initial assessment needed specialist outpatient services. Two thirds of these children had physical problems.

½ Need referral to out patients departments

- 10% no health recommendations
- 30- 50% mental health problems
- 20- 30% learning difficulties
 - 25% care > 1 year have a statement of SEN

C M Hill and J Watkins 2003 Child Care Health and Development 29 (1) 3-13

Local audit and the overview of initial and review health assessment has demonstrated that the pattern is very similar in Southwark. Anecdotally less than 10% have no health recommendations.

Appendix 1

Care matters: Time for Change expects improvements in sex and relationship education for looked After Children and increased support for pregnant women and mothers in care or who are care leavers. Southwark has appointed the named Nurse and designated nurse to help provide this education and support. From 2009/2010, the number of teenage pregnancies was to be added as a performance indicator; whether this will still happen after the change in government is not yet clear.

Southwark's PCT Strategic Plan is very relevant to Children Looked After

Four strategic aims:

- A healthier population
- More health services provided in community/ primary settings rather than hospitals
- Focus on prevention and health and well being across key public and private partners
- Patients at the heart of planning services

Context:

- Over reliance on hospital based services
- Under developed primary and community services
- The PCT's current profile of expenditure is unaffordable
- The affordability analysis requires £18m of savings in 2010/2011
- Our commissioning strategy is driven by the need to achieve a system of healthcare which is financially sustainable

Nine initiatives in place. *Especially relevant to CLA in italics*

- 1) *Maternity and new born*
- 2) *Children and young people*
- 3) *Staying healthy*
- 4) Long term conditions (includes diabetes and CVD)
- 5) Unscheduled care
- 6) Planned care (includes cancer)
- 7) End of life
- 8) *Mental health*
- 9) *Patient experience*

Service

Staffing

In Southwark, based at Sunshine House Children and young peoples centre, there is a designated doctor, adoption medical advisor, designated nurse and named nurse and a dedicated Children and Adolescent Mental Health service (CAMHS) service) that provides a service; clinical governance, includes the use of clinical audit to assess coverage, impact and outcomes.

BC was appointed, after a period of locum cover, in September 2004, to provide more time to fulfil the designated doctor role. There was a long period without a designated nurse for CLA until SY was appointed in 2006.

There have been on going severe problems with capacity, especially for developmental assessment and review of children with developmental difficulties, administrative tasks, and for the review of GP completed Review Health

Appendix 1

Assessments. Unfortunately our data systems are such that we have problems identifying children who need review and cannot collect accurate activity or outcome information.

Current Staffing

- 2 sessions Consultant Clinical time BC
- 1 session Designated Doctor time BC
- 7 Sessions Clinical and Medical Advisor to the Permanency panel
4 Sessions medical adviser, 3 clinical sessions DA
- 4 sessions other Dr clinical time, + 1 for GP RHAs
- 1 WTE CLA Designated Nurse SY
- 1 WTE Named nurse for CLA – recently vacant due to retirement
- 1 WTE admin post CLA
- 0.5 WTE Admin support – partially covered
- 0.75 WTE PA post supporting Medical Advisor
- Support from EOs in LA, with close liaison with Sunshine House admin staff.

Comparison with local areas and national recommendations (WTE)

	Southwark	Lewisham	Lambeth	Recommended
CLA desig sessions	0.1	0.26	0.3	0.25 ¹
MA sessions	0.4	0.4	0.6	#0.3 for panel + clinical per child / adult 0.15 ²
CLA nurses	2 (WTE, 1 in post)	2 (WTE, 1 in post)	2 (WTE, 1 in post)	
CLA admin	1+	1 ½	2 +	"Sufficient" ²
MA admin	½ PA includes some CLA	1/3 PA time	Appt letters	
HA done by	Send out all Some to GP In house and nurses	IHA by Drs RHA by HV, school nurses	Send out all Most in house Drs and Nurses	Led by Health Done by well trained health professional ³
Distribution Whole Health assessment to	GP: IHA only	GP, SN/HV	GP, SW, SN/HV	GP all
Distribution Health Care Plan	HCP from RHAs and IHAs to GP, SW, Carer, HV/SN, Young person if over 13,	HCP from RHAs and IHAs to carer, SW	?	
Lead HCP role for children with disability	none			0.13 sessions ³

½ per adopter; per child new assess 1.5 rev 1; collating 4; rpt 1/ c; overseas 3; counselling adopters 2

Recommended staffing

- 1- is from Child Health Promotion Report, 4th Report, Hall.
- 2- BAAF proposed JD and competencies
- 3- is from Promoting the health and Wellbeing of Children Looked After

Appendix 1

BAAF addressed this issue and noted that the 4th Hall report recommended 1 session (0.1 wte) designated doctor time per 100,000 people in a district. Notwithstanding the 2x greater than average looked after children rate in Southwark this would be 2.5 sessions.

Health Assessments

Overall I anticipate that there should be 220 + IHA per year and approx 400 + RHA per year for children and young people looked after by Southwark.

The clinical time recommended for health assessments by doctors at Sunshine House is adequate for the number of children seen but not to accommodate all Review Health Assessments.

Initial Health Assessments are nearly all carried out by the designated doctor and her community paediatric colleagues at Sunshine House in Southwark. 223 children became looked after last year, and remained so for more than 4 weeks. 188 were referred to us and we offered approximately 233 IHA appointments (data collection periods are not the same). Our attendance rates are very high with only 10% failing to attend.

Paediatricians at Sunshine House offered about 500 appointments in the last year to children for Initial and Review Health Assessments, including those for the Permanency panel. Slightly less than half were for initial health assessments; about 280 for reviews, mainly the most complex children.

The CLA Nurses completed about 115 RHA individually counted in the year. A few were requested from HV and school nurses although none have so far been received.

GP health assessments received at Sunshine House were about 100 per year; anecdotally some are not received at SH although they are recorded as having been done by CF. The cost varies: from nothing as the payments system seems to be poor; GPs claim from £32 – 120; and are generally paid £72. The PCT payments department have not been able to supply details, as they do not seem to collect them separately for different sorts of GP claims. The guesstimate of the amount paid out is $100 \times 72 = \text{£}7200$.

The Statutory Guidance requires (P40, 11.3.2)

Health professionals performing health assessments and contributing to health care planning have the appropriate skills and competencies by receiving appropriate training;

It is very difficult to train GPs who are all over the country, and who have very different interests and expertise which may not include the health promotion and sex education of teenagers. GPs are increasingly reluctant to assess these children. It would be much better, clinically and administratively, to have most of these children and young people seen by trained HVs or School Nurses or by specialist CLA nurses. We are struggling to get the funds transferred to pay for salaried posts such as additional CLA Nurse time.

CLA nurses and community paediatricians at Sunshine House do not currently have the capacity to see the approximately 100 children who are seen every year by GPs. Many of these children, indeed all the under 5s, should already be having an enhanced level of HV service. We aim to ask the child's HV to complete their Health Assessment and HCP. This would avoid duplication for the child, carer and the NHS

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and would enhance the HV role working with the child and family. We are planning to start training soon and evaluate the change in practice, with support from the Commission for Quality in Innovation. School nurses might not already be seeing school age children and might need additional training and time. The supervision of the Health Assessments and HCPs would be by the CLA Designated Dr and Nurse: BAAF estimated that this supervision work would be about 1 hour per child – 100 hours, approx 1 session per week. With additional training and support, and time for collecting information this would require at least 1.5 sessions nurses time, which would be covered by re-allocating the GP fees.

Court Work

The designated doctor has been asked to provide many reports for CLA for court proceedings, mainly child care proceedings but also criminal cases. This is entirely appropriate and we hope helpful to SS and the courts' decisions about children's futures, but represents an increasing amount of work under tight time pressure.

Permanency Panel and Adoption Work

This is an important and time consuming, and time critical part of our work. We understand the difficulties in scheduling compounded by uncertainties about court etc. We were experiencing more problems than we used to, knowing about children likely to be going to panel 2 weeks before the Adoption Panel. We have tried to improve this with regular liaison with adoption and fostering and CLA SW Teams; we still have to do some chasing of CLA Teams. We are working on advance warning of children likely to go to panel and a simple system of notification, as soon as it is decided, of who will be going forward to the next panel. The current situation with issues of recruitment and retention of SW staff makes it difficult for us to see the children, gather all the necessary information, and write reports in time for panel.

The collection of information continues to be very time consuming. The collection of maternal and neonatal health information has improved but the receipt of parental health information is still very poor prior to presentation to panel. There could be ways of trying to improve this routinely now there are dedicated health admin in place in SS or by closer working. However all boroughs and health staff I know of or have worked with have found this difficult. Obviously improving the follow up and implementation of the recommendations of HCPs would help the panel work.

The amount of reading for panel has considerably increased over the last couple of years in response to changes in Adoption law and regulations. This has been better for decisions but has increased the amount of time for the medical advisor in preparation for the panel and at panel. The time estimates from the BAAF job descriptions pre-date these changes.

Post adoption work has also increased, for community paediatric and CAMHS services.

Data Collection

There have been considerable problems collecting activity data for all areas of work at Sunshine House, because of major problems with reporting on RiO, and it took a while for PCT staff to build up confidence in the reporting of data on CareFirst and the initial teething problems of establishing regular data input. We cannot collect the data we need from CareFirst directly.

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Clinical Oversight

All Initial health Assessments (IHAs) are referred to Sunshine House. With the exception of a few Initial health Assessments carried out by other Health care professionals eg a GP where a child is placed in a mother and baby placement in Bristol or another paediatrician where a child is already followed up closely by them, all IHAs are carried out by the community Paediatricians at Sunshine House. Review health assessments (RHA) for children who have significant health or developmental needs, or who are likely to be adopted, are also carried out at Sunshine House. These are closely supervised and their Health Care Plans (HCPs) are signed off by the designated doctor or medical advisor for adoption. The designated Nurse writes the HCPs from the assessments completed by the nurses and the designated doctor and a community paediatric colleague write the HCPs from the assessments completed by other paediatricians and GPs.

Clinical Audit

Health Care Plans are the summary and Action plan from the health assessments. They are an essential output from the Health Assessments. However as Promoting the Health and Wellbeing of Looked After Children noted the Plans are often not implemented; our audits noted this locally too. Audits have looked at process, health care plans and implementation of health care plans. Successive audits have highlighted substantial delays in the distribution of Health Care Plans (HCP), particularly the HCPs that are written by the designated doctor and colleague from the GP health assessments.

Subsequent audits looked at the availability and implementation of HCPs by SW and CLA reviews. We discovered that many were unreadable, because of poor handwriting and scanning onto SS electronic records; as a result of these audits HCPs are now always type written.

Where HCPs could have been available to Child Looked After Reviews their significance and the need for action were not always understood or brought to the attention of the review. Working closely with Social services we have enabled health professionals at Sunshine House to directly enter HCPs onto Care First (CF, SS electronic record). Initially this was fraught with problems of access, but is now being used more consistently. The advantage of direct entry to CF is the ease of availability to Social Workers and the Reviewing Officers, and the ability to pull through recommendations from the HCP to individual child or young person's reviews.

The multi-disciplinary audit in October 2008 was inspired by the need to prepare young people for transition to adult life and concentrated on one group of particularly vulnerable young people: the children in year 9 (14 years old on average) who had statements of special educational needs. We had previously identified transition to adult life as of key importance for young people looked after and had expressed concern to the multi-agency transition panel that the needs of vulnerable CLA could be missed. We had also identified a difficulty in getting prompt appropriate assessments for these children, especially psychological assessment of learning needs.

There were 10 boys and 5 girls; 1 young person was accommodated under Section 20, the rest on Full Care Orders (FCO), with no unaccompanied asylum seekers. Most of these teenagers had been in care for a long time; had learning difficulties (60%) and/or behavioural difficulties (47%). 3 teenagers` (20%) also had a diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD) and 3 of Autistic Spectrum Disorder (ASD).

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This audit highlighted incomplete information in health and social services files about the special educational needs and relevant assessments and an unexpected difference in opinion between SS and health auditors on the need for further assessments to inform their needs as a child and especially to inform their need and eligibility for adult health services. We felt this was likely to reflect the different perspectives and expertise. This was particularly in the area of mental health and psychometric assessments. Dr Cooper, designated doctor for CLA, and Elizabeth Murphy, Head of CareLink, have reviewed the files of some of the young people where there was particular discrepancy. We felt that it would be helpful to look in more detail at these children's needs and will collect more information and 3 will be seen for more detailed assessment by a CareLink psychologist.

The most recent audit in 2009 was of children who were reported on CareFirst as having refused Health Assessments. Many young people reported as refusers had in fact been seen for health assessments, or had had analogous assessments from which a good HCP could be derived.

Peer audit will be introduced for all community paediatrician health assessments at Sunshine House this year.

Distribution of the HCP – a bottle neck in administration

It is vital that the Health Care Plan (HCP) summary and recommendations are shared with the health professionals involved with a child, the carer, social worker, and parents where appropriate. Long delay in distributing HCPs risks undermining all the good health assessments and analysis of a child / young person's needs. This was recognised as a clinical risk after a vacant post was frozen because of financial crisis in the PCT earlier in 2010. Fortunately a little more resource has been made available to the admin team. The distribution of HCPs is now almost up to date. Health and Social Services have worked closely to minimise duplication and maximise efficiency and a lot more has been achieved within the same resources.

Implementing the Actions of the HCP

This is a key issue that has come out of audit and local experience which showed that many (usually about ½) recommendations from HCPs are not being implemented. This is not just by Social care, eg foster carers and Social Workers, but also by health visitors, GPs, community paediatricians and hospital staff. Research, highlighted in the new Statutory Guidance showed similar problems had been found elsewhere and proposed a lead health professional (P42)

11.5.2 This lead health professional will:

- *ensure the health assessments are undertaken (working with the designated health professionals for looked after children, depending on local arrangements);*
- *work with the child's social worker to co-ordinate the health care plan and ensure actions are tracked;*
- *act as a key conduit and contact point between the child or young person and their carer, where they have difficulties accessing health services;*
- *act as a key health contact for the child's social worker;*
- *work with the designated health professionals for looked after children, coordinate the individual health reviews.*

There remains some uncertainty about how to deliver this and the National Children's Bureau was consulting with stakeholders on behalf of the DCSF possibly to develop more guidance on this. The introduction of this role did have cost implications identified in the economic impact assessment accompanying the draft guidance. It is

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not clear how this statutory guidance will, or can be, implemented in the light of cuts and different priorities of the new coalition government.

Local audit also revealed that recommendations were not always being discussed at Care Reviews. We hope to improve the reviewing and implementation of health recommendations at Care Reviews by the direct entry onto CareFirst of HCPs and strengthening the SW and IRO responsibility for reviewing and implementing the HCP.

Children with disability

27 children are looked after with significant disability in the children with disability team. These do not include those CLA for short breaks / respite care. The disabilities of these children and young people are profound and lifelong, and most of these children are placed in specialist provision out of borough. The designated doctor and nurse have not been able to concentrate adequately on these children as mostly their special needs are met by specialist paediatricians. However they have been consulted on individual children and it is apparent that the specific needs of children as looked after and without a normal parent and with the loss of past information and family historical context can be detrimental. There is a need to refocus highly specialist paediatrician time and attention to these extremely vulnerable children away from the more routine processes of CLA administration and reviews. A lead health professional role for the specialist nurses for children looked after would be very appropriate. The financial implications assessment included with the consultation for the statutory guidance estimated the time needed for the lead role for more needy children in a range of 4-6 days per child per year.

The cost of a statutory role of a lead health professional has been calculated as somewhere between £6.2 m and 9.3m. This calculation was done based on 2008 salaries, and based this on three scenarios, to reflect the current uncertainty around the costs for lead health professionals. The scenarios are based on three different sets of assumptions about the number of days of staff time required per annum for each child and the proportion of children who have more complex needs. These assume that 85% / 80% / 75% of looked after children need 1.5 / 2 / 2.5 days of band 6 nurse time per annum and 15% / 20% / 25% need 4 / 5 / 6 days of band 7 nurse time per annum (the children with more complex needs).

Clearly the children looked after within the children with disabilities team would be included in the most needy group. Unfortunately no monies have been identified to cover this see above. To meet this need currently less of something else would have to be done.

Children in criminal justice system/ secure children's homes, under Mental Health Act Sections.

These children have been rightly identified as having particular health needs and also particular difficulties in accessing health.

The Statutory Guidance states:

10.1.3 The legal status of children who are the subject of a care order is not affected by detention under the Mental Health Act or in custody. The responsibility of the local authority to promote the welfare of looked after children who are so detained remains and every effort should be made to make sure these children's health needs are identified and met, wherever they are living.

It has often proved difficult to obtain copies of health assessments for children in secure establishments but anecdotally I have felt that, when seen, the quality of these reports has been high. As with distribution of health care Plans from GP and our assessments their utility is much reduced if they are not available to future carers and GPs and SWs.

Sexual Health of CLA: This section written by Shola yemi, August 2010

Appendix 1

This report provides a summary of the work of the CLA health nurse team with respect to Sexual health.

The team currently consists of me (Shola Yemi) the Designated Nurse for Children Looked After and the Specialist Nurse for Children Looked After – who worked 3 days a week, but has recently retired from her post - leaving a 1 wte service gap.

The Designated Nurse role is part strategic and part operational. The Specialist Nurse's role is focused on teenage pregnancy and sexual health – This leaves a gap in service deliverability. However the Designated Nurse will continue to fulfil this role with support from the Designated Doctor for CLA.

The Nursing team is responsible for the health and welfare of all the children looked after in Southwark – including those who live out of the Borough. The nurses, working closely with the Medical team, have some responsibility for their sexual health. This requires close working relationships with other professionals, in health and other agencies, including the voluntary sector; we work with them to make health care for CLA a seamless, co-ordinated, overarching contact.

The nurses are also co-located at the 13+ unit at Bradenham for 1 day a week – allowing for drop in sessions and closer working with the young people who have contact with their Social Workers based there, and their Social Workers. The CLA Nurses are a resource used by many of the young people aged 13 to leaving care and beyond for support, information, advice and advocacy.

Southwark has some young people orientated specialist sexual health services with excellent sexual health promotion which helps to maintain safer, pleasurable sexual health as a right. We support the young people looked after in accessing appropriate sexual health services. We use effective, evidence-based sexual/relationship education and support from family and community members.

London has high rates of Sexually Transmitted Infections, HIV, teenage pregnancy rates, abortions including repeat abortions:

- 1 in 5 reported incidences of Chlamydia in the UK in 2005 were in London
- 1 in 3 reported incidences of Gonorrhoea/syphilis
- 1 in 4 reported incidences of Anogenital Herpes
- In 2006 53% of new HIV diagnosis in UK were in London
- 15% of England's Under 18 conceptions in 2005 were in London
- Abortion rates higher in London than England (across all age Groups)

Accessible information: ¹²³⁴

- people want accessible information - DEFINE study shows young people lack biological understanding and are embarrassed to discuss sexual health
- services that are people-friendly and open locally to meet their needs
- services promote self care and management

The Audit Commission estimated that £1 spent on contraception services would save the NHS £11.5 HIV prevention is better than cure, with considerable savings to the NHS.

There are identified key actions and levers which are required to ensure implementation of Sexual Health services in Southwark. These are demonstrated in Southwark's Teenage Pregnancy Strategy- which has previously been presented to the Board.

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Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies (DfES non-statutory guidance, July 2006) identifies risk factors to help local areas to identify and target vulnerable groups:

Risky behaviours:

- Early onset of sexual activity
- Poor contraceptive use
- Mental health/conduct disorder/involvement in crime
- Alcohol and substance misuse
- Teenage motherhood
- Repeat abortions

Education-related factors:

- Low educational attainment
- Disengagement from school
- Leaving school at 16 with no qualifications

Family/Background factors:

- Living in care
- Daughter of a teenage mother
- Ethnicity

These early identifiers are very common, often in combination, in children looked after. The CLA Nurse will work with the named Social Workers in assessing the risk to each young woman aged 13- 18 years old, of early sexual problems or early teenage pregnancy. The nurses work with the SW, her carers, and the young women to try to reduce the incidence of sexual health problems and teenage pregnancies.

Many young people - girls and young men with sexual health problems/issues like to know that they are able to call the CLA Nurse at any time, and that they may be accompanied to the local sexual health clinic, whilst empowering them to access this service by themselves in future. Each CLA Nurse contact with a young person includes meaningful dialogue about sexual health promotion, early pregnancy prevention and follow up support as required. Mobile contact numbers are often exchanged as the young people will use this when they feel they have no where else to turn and they have built up a good rapport with the nurses.

Sexual Health of CLA: This section written by Shola yemi, August 2010

References

¹ National Institute for Health and Clinical Excellence (NICE). One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Feb. 50 p. (Public health intervention guidance; no. 3).

² See work being done in Lambeth and Southwark through their Modernisation Initiative: www.modernisation-initiative.net

³ The London Sexual Health Promotion framework, a part of the London Sexual Health Programme, within the London Specialised Commissioning Group.

⁴The Define Study (2008), on attitudes of Young People to Sex.

⁵ Statistic from the paper by The Audit Commission. (2006), "Our health, our care, our say: a new direction for community services". Published by TSO (The Stationery Office).

Appendix 1

CAMHS

CareLink provides a therapeutic service to Southwark's Children Looked After up to the age of 16. CareLink provides a service to children in or near to Southwark by individual work with children, work with carers and facilitating access to local services for children and their carers. CareLink professionals work closely with SWs and the designated doctor and medical advisor in looking at children's mental health needs.

A research project into mental health screening using the Strengths and Difficulties Questionnaire (SDQ) was found to be effective at detecting mental health conditions for 5-16 year olds. From the cohort of children sent the SDQ 83% warranted going onto the next stage of screening which involved completing the Development and Wellbeing Assessment (DAWBA). Of those completing the DAWBA, 77% were found to have a diagnosable condition requiring further treatment, and all these children have now been referred to an appropriate resource. The great majority of children identified were already known to the CareLink service. Funding has now been secured for a research project to look at mental health screening for 0 to 4 year olds; the initial screening will take place alongside Initial Health Assessments.

There are difficulties securing adequate and timely mental health support for children placed a long way away from Southwark. This is made more difficult by the lack of clear procedures and agreed tariffs for cross boundary charging for children and young people looked after. This has not been resolved by the latest Statutory Guidance and work is continuing on devising a commissioning toolkit. There are difficulties in securing services for vulnerable 16+ year olds with mental health needs that do not meet the higher thresholds of adult services. Sometimes there are difficulties in providing appropriate services for children who have been looked after for less than 3 months.

Previous audits and work with the transition panel in Southwark have identified a need for more assessments, particularly psychometric and psychological assessments of young people approaching leaving care with possible learning difficulties or mental health needs. Representations have been made to Mental health commissioning for Southwark to increase the provision for young people looked after but have not succeeded.

References

- (1): Prevalence of psychiatric disorders in young people in the care system. McCann et al (1996) BMJ 313, 1529. Action Plan Health of looked After Children Islington 2007-2010
- (2): Every Child Matters (2003)
www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/childrenincare/childrenincare/
- (3): White Paper, Care Matters: Time for Change (2007)
<http://publications.dcsf.gov.uk/>
- (4): Promoting the Health and Wellbeing of Looked After Children – DH Nov 2009
Department for Children, Schools and Families; Department of Health (2009)
Statutory guidance on promoting the health and wellbeing of looked-after children.
London: Department for Children, Schools and Families.

Appendix 1

2 Visit www.ncb.org.uk/healthycare

(5): C M Hill and J Watkins 2003 Child Care and Development 29 (1) 3 -13

(6): www.ncb.org.uk/healthycare

Appendix 1

Healthy Care Standard Entitlement 4

HEALTHY CARE STANDARD ENTITLEMENT 3: Having cultural beliefs and personal identity respected and supported

Key Areas for Action	Conditions to be met for judgement		
	RED	AMBER	GREEN
Participation	CYP say they have little opportunity to explore or express their personal identity. CYP say they have little information about how to get advice and support to develop their personal identity.	CYP say they have some opportunities to explore and express their personal identity. CYP say they have some information about how to get advice and support to develop their personal identity.	CYP say they have many opportunities to explore and express their personal identity. CYP say they have good information about how to get advice and support to develop their personal identity.
Practice	Most case recording not up to date, and case files not ready to share with looked after children.	Some case recording up to date, and some case files are ready to share with looked after children.	Evidence of most case recording up to date and many case files ready to share with looked after children.
Policy	No joint protocols in place for sharing confidential information about looked after children between professional groups. Few services in place to promote the personal identities of looked after children.	Some joint protocols in place for sharing confidential information about looked after children between professional groups. Some services in place to promote the personal identities of looked after children.	Comprehensive joint protocol in place for sharing confidential information about looked after children between professional groups. Extensive services in place to promote personal identities of looked after children.
Partnership	Few strategies, resources and priority in place to ensure diversity needs of looked after children are being met. Few cultural, racial, sexual, and disability issues are being raised at partnership boards.	Some strategies, resources and priority in place to ensure diversity needs of looked after children are being met. Some cultural, racial, sexual, and disability issues are being raised at partnership boards.	Most strategies, resources and priority in place to ensure diversity needs of looked after children are being met. Many cultural, racial, sexual, and disability issues are being raised at partnership boards.

Item No. 7.	Classification: Open	Date: 22 September 2010	Meeting Name: Corporate Parenting Committee
Report title:		Draft Teenage Pregnancy Strategy	
Ward(s) or groups affected:		All	
From:		Assistant Director Children's Specialist Services	

RECOMMENDATIONS

1.
 - (a) To note progress of Southwark's teenage pregnancy strategy and action plan for children in care.
 - (b) The draft strategy is informed by, and incorporated in the work of the new Teenage Pregnancy Commission.

BACKGROUND INFORMATION

2. A single service for children in care was established in April 2007 to work with key strategic partners to deliver the five every child matters outcomes.
3. The Adolescent and Aftercare Service (A & AC) is one of the three services which constitute the service to children in care and care leavers, these being:
 - Adolescent and Aftercare Service
 - Services for children in care aged 0-12
 - Adoption & Fostering Services

The Adolescent and Aftercare Service is responsible for all care planning and services for looked after children 13-18 and for care leavers aged 18-21. The Adolescent and Aftercare Service is therefore the lead service within children looked after services for matters relating to teenage pregnancy.
4. In partnership with Southwark PCT and SLAM, Southwark has a long standing strategic group (CLA Health Steering Group) responsible for delivering strategies to promote the full range of healthy outcomes for children in care namely:
 - Substance misuse
 - Teenage pregnancy
 - Physical health including activities, diet and self care
 - Child adolescent and mental health

See Appendix One for Steering Group Terms of Reference

5. The children looked after health steering group has developed a draft teenage pregnancy strategy and action plan for children in care 2010 – 2012.

6. The draft strategy also compliments other key Southwark strategic initiatives namely:
 - Provision of dedicated CAHMS team for children in care (Carelink)
 - Southwark's Health & Inequality Strategy 2009
 - Southwark's response to DOH requirements "promoting health and welfare of children looked after" statutory for Primary Care Trusts 2009 (Designated CLA Doctors Annual report)
 - Southwark's teenage pregnancy strategy
 - Southwark's family nurse partnership (FNP) early intervention programme
 - Southwark's commissioning of Blenheim services to deliver D.T.A. agenda.
7. The draft strategy will also be shaped by the development and subsequent work of the Teenage Pregnancy Commission.
8. Southwark's electronic social care recording system (Carefirst) has been modified to record teenage pregnancy screening activity and incidences of pregnancies for looked after children and care leavers.

KEY ISSUES FOR CONSIDERATION

9. Appendix 2 outlines the CLA Services 2010-12 draft strategy and action plan for Southwark's children in care. Young people in care are disproportionately affected by teenage pregnancy, and the draft strategy aims to reduce the number of conceptions, and break the cycle of young people in care and care leavers having their children removed because of concerns about parenting.

The key components are:

- Recruit replacement specialist teenage pregnancy nurse following retirement of current post holder
 - Development of integrated screening tool in partnership with drug treatment agency, teenage pregnancy strategy and child and adolescent mental health services.
 - Delivering of SRE and "choices and challenges" training for designated staff in the A & AC Service
 - Targeted audit activity (also part of children looked after services equality impact assessment and action plan 2010-12) reviewing outcomes which result in care proceedings.
 - Development of drop in service by A&AC Service to target most isolated and vulnerable looked after children and care leavers
 - Promoting a positive and aspirational environment for children in care
 - Effective links with F.N.P.
 - Continued strong links with Southwark's condom distribution scheme
 - Ongoing partnerships with local Brook Advisory Service and "C" card system.
10. Appendix 3 outlines Family Nurse Partnership services and evaluation for children in care.
 11. The performance and targets relating to teenage pregnancy and care leavers are outlined in Section A of the teenage pregnancy strategy (Appendix 1)

Policy implications

11. There are no new policy implications relating to this report.

Resource implications

12. The teenage pregnancy nurse post is joint funded by CLA Services and Southwark's TP Strategy.
13. SRE and specialist training (choices and challenges) are funded by Southwark's organisational development services and the CLA Service.
14. Resources allocated to meet this need will be dependent upon the outcome of the Comprehensive Spending Review.

Community impact statement

15. It should be noted that there are direct links between children and care and care leavers having children and incidents of isolation and mental health alongside reduced economic capacity and family stability (Appendices 2&3 refer)
16. In certain cases, there are examples where Southwark safeguarding services have had to intervene and seek the removal of children and infants born to children in care and care leavers. It is recognised that this has a significant impact upon the future aspirations and life chances of care leavers.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark's Health Inequality Strategy	Children's Services	Helen Mills 020 7525 3846
Department of Health – promoting the health and well being of children looked after statutory guidance	CLA Services	Chris Saunders 020 7525 1039

APPENDICES

No.	Title
Appendix 1	CLA Health Steering Group Terms of Reference
Appendix 2	Southwark Children in Care Teenage Pregnancy Strategy and Action Plan
Appendix 3	FNP partnership report, including audit revaluation of impact with children in care and care leavers who have become young mothers
Appendix 4	Teenage Screening process

AUDIT TRAIL

Lead Officer	Rory Patterson, Assistant Director Children's Specialist Services & Safeguarding	
Report Author	Chris Saunders Head of Services for Children in Care and Barbara Hills "Associate Director for Universal Children's and Sexual Health Services"	
Version	Final	
Dated	14 September 2010	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law and Governance	No	No
Finance Director	No	No
Cabinet Member	Yes	
Date final report sent to Constitutional/Community Council/Scrutiny Team		14 September 2010

Appendix 1

Children Looked After Services: Health Terms of Reference

- Maintain an overview of all health related services which provide support and services to children in care (16-18) and care leavers (18-21).
- Ensure key services have working protocols for promoting healthy lifestyles and outcomes of children in care including teenage pregnancy, substance misuse and mental health.
- Promote staff awareness across the system of the particular health needs of children in care/ care leavers and the range of support programmes available.
- To track each child in care to ensure individual health assessment plans are in place.
- To review service delivery and identify areas for improvement and commissioning opportunities.
- To deliver early recognition arrangements and targeted interventions for CLA most at risk.
- To consider any new government guidance or performance indicators and shape any required changes to the service provision including contributions made by partnership agencies.
- Ensure all agencies contributing towards the CLA outcomes are able to support evaluation, audit, service tracking and data collection activities.
- To ensure the CLA SEF fully supports the “Care Matters”, “putting care into practice” and “promoting the health and well being of looked after children” agenda .
- Monitor progress against CYPP priorities and Key Performance Indicators – including input in to the CAA, Be Healthy SEF, 903 Designated Doctor Annual Report and reporting to Corporate Parenting Committee (and other bodies as appropriate).

Appendix 2

Southwark's Children in Care Service Teenage Pregnancy Strategy and Action Plan

2010 - 2012

**Chris Saunders
Head of Service for Children in Care**

Appendix 2

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2. A Whole-Person and Whole-Service Approach: Raising Aspiration and Achievement
3. Bringing Families Together: Carer and Placement Support and a "Corporate Parenting " Approach
4. Targeted Interventions for most vulnerable Children in Care Groups.

C: The Children in Care Health Steering Group

Appendices

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2. Headline Projects
3. Procedure for Annual Health Assessment Refusers
4. CLA Teenage Screening Process – Flow Chart
5. Drop In Service
6. References

Appendix 2

A: Introduction

Appendix 2

Southwark's Vision

“to equip young people in care with the aspiration, confidence and knowledge they need to delay pregnancy until they are at least 18 or have completed education and training”

Achieving Southwark's vision requires a dual focus, described in the Government's 'Deep Dive' research as providing both the 'means and the motivation' to delay pregnancy. These 'means' may be material, informational, structural, or indeed, interpersonal. For example, young people may need access to contraception, information on how to access it and places where this can be provided, signposting to appropriate services, and the ability to discuss its use with a partner. But what they also need are 'motivations' – that is, good reasons to delay pregnancy. These should not be limited to foregrounding the 'dangers' of teenage pregnancy. Instead, work also needs to be undertaken to ensure that young people in Southwark's care have positive reasons not to get pregnant: a sense of possibilities for the future, educational and employment opportunities to enable them to feel they can contribute, and support networks that obviate the need for parenthood as a way of satisfying unmet emotional or identity needs. Ensuring that we begin to identify and meet *all* of these needs is vital, not only for the success of our TP strategy, but also for Southwark's wider vision for young people. Most of all, reducing Teenage Pregnancy is an issue, not just for those directly concerned with TP and sexual health, but for all of Southwark's services involved with children in care

Appendix 2

Southwark's Service for Children in Care

This document outlines the teenage pregnancy strategy being delivered by Southwark's Child in Care Service in partnership with key agencies.

The Children Looked After Service has three main service areas:

- 1) Adoption & Fostering Services
- 2) Services for looked after children aged 0-12
- 3) Services for looked after children (13-18) and care leavers (18-21) known as the "Adolescent and Aftercare service".

Whilst all parts of the child in care service have responsibilities and duties delivering the Teenage Pregnancy Strategy, the Adolescent and Aftercare Service is the lead service.

The Adolescent and Aftercare Service is located at No 1 Bradenham Close and has dedicated resources to undertake direct work and support interventions on site for work with older looked after children and care leavers.

The "be healthy" agenda for children in care and care leavers is jointly shared by a strategic steering group co chaired by the Designated Doctor and Head of Service for Children Looked After. The steering group has key partners from CAHMS, PCT, Quality Assurance Unit and Support Services to coordinate the delivery of all health services for Children in care including a teenage pregnancy strategy.

Impact on Teenage Pregnancy for Children in Care and Care Leavers

Children in care and care leavers are known to experience additional pressures with regards to aspiration and motivation. Many have entered the care system because of systematic neglect or abuse which directly impacts upon their resilience and capacity to always reach informed decisions. The absence of a strong family and social network also has a direct bearing upon decision taking on discovery of an unplanned pregnancy.

Young people in care and care leavers' potential parenting capacity is sometimes severely curtailed and may lead to safeguarding concerns for the unborn child or infant.

During 2009 the following outcomes for pregnancies were observed:

- a) Total number of pregnancies for children in care aged under 18 = 7
- b) Total number of births for children in care aged under 18 = 5
- c) Total number of babies made subject to proceedings = 4
- d) Total number of births for care leavers 18-21 = 10
- e) Total number of babies made subject to proceedings = 2

Appendix 2

The 3 overall targets for the CLA Teenage Pregnancy Strategy are:

1. To reduce the number of CLA teenage pregnancies by 33% by March 2012 (from 2009 totals).
2. Reduce the number of care leaver births by 10% by March 2012 (from 2009 totals).
3. To reduce the use of proceedings in respect of babies born to CLA and care leavers by 25% by March 2012 (from 2009 totals).
4. 100% screening delivered by 13.6 years or within 6 months of entering care
5. 100% of care leavers (under 20) are referred to FNP before 28 weeks of gestation for intensive outreach programme.

B: Action Plan 2010/12**Priority One – Extending free contraception and sexual health advice for looked after children.**

Access to contraception is of vital importance for reducing rates for teenage conception for children in care.

Whilst recommending a delay in the commencement of sexual activity may form part of our message to children in care, it is vitally important that we recognise that young people exercise their right to explore their developing sexuality and that as corporate parents one of our primary responsibilities to make that exploration as safe as possible. Important recent evidence ¹ has informed overall strategies in the UK suggesting that 77% of reduction in teenage conceptions comes directly from the widening use and availability of contraception.

According to Southwark's youth council many young people find it uncomfortable/embarrassing to access sexual health services and are not often not aware of where they are located.²

For children in care this process is additionally difficult as many are located outside of Southwark's boundaries with approved Southwark's foster carers. This makes any publicity/strategy relating to raising awareness of services more difficult as for many looked after children these require a significant amount of travelling. The Southwark looked after service and its partners therefore need to deliver a more sophisticated strategy including to the role and function of foster carers in identifying and promoting local resources whilst providing targeted interventions for the most vulnerable.

Recent research in Southwark relating to young people wishing to access condoms ³ has indicated that linking their free issue with the receipt of instruction may be acting as a deterrent. Southwark has implemented the C -card scheme through six community venues whilst many other local authorities have over 30. The challenge for the looked after service is to develop systems whereby young people can be confident that at short notice they can readily access free condoms and use the C Card System in a planned way.

A survey conducted by the Southwark PCT in 2004⁴ indicated that young people would like "condoms available in more places – not just in Sexual Health Clinics". In response to this the CLA Service has therefore delivered and will extend the delivery of free condoms from Bradenham Close.

As with many young people, obtaining advice and guidance from one's immediate carer is fraught with difficulty and this is an additional issue for young people in care and their foster carers. A strategy for looked after children therefore needs to consider how the most vulnerable looked after children and those who are sexually active are able to access meaningful sexual health consultation.

SRE training is an expensive resource which needs to be well targeted to have the maximum impact. The primary focus of SRE training for social workers in the looked after service will be in the Adolescent and Aftercare Service who are responsible for working directly with looked after children and care leavers ages 13 – 21. The Adolescent and Aftercare Service will have a designated Senior Practitioner with lead responsibility for teenage pregnancy who will as part of their duties coordinate and deliver SRE training for staff and act as a consultant and co-direct worker for staff.

Appendix 2

The CLA Service has established strong links with Southwark's condom distribution scheme. Clear information is available in reception and free condoms are available during office hours and group work/drop in activities.

The looked after service also has a full time designated teenage pregnancy nurse (joint funded with the teenage strategy) to deliver targeted interventions to those assessed as demonstrating most concerning sexual behaviour.

Actions

- The CLA Service will continue its effective condom distribution arrangements in ongoing consultation with young people in care (Speakerbox).
- The CLA Service will maintain its special link with the nearest pharmacy delivering the C Card System to Bradenham Close.
- The CLA Service will continue to utilise the Brook Advisory Service which is located very near to Bradenham Close as an immediate support and guidance for looked after children and young people.
- Establishment of Designated Senior Practitioner as a teenage pregnancy champion who will have lead responsibility for supporting the condom distribution scheme, coordinating SRE training for social work staff, offering advice to practitioners concerning young people recognised as high risk of teenage pregnancy, offering advice to staff as to what interventions might lead the young person to practice safer sex and work in partnership with designated teenage pregnancy nurse to improve screening/early warning activity.
- Delivery of SRE training for all staff in Adolescent and Aftercare Service.
- Targeted training for Southwark Foster Carers (pre approval and specialist training) to engender understanding, awareness and confidence in addressing issues of young people becoming sexually active and practising safe sex.
- Delivery of targeted training "Choices and Challenges"
- Designated Senior Practitioner Champion and Nurse for looked after teenage pregnancy to offer advice to carers (and directly to young people where appropriate) relating to the most effective forms of contraception when considering the young persons current lifestyle and frequency of sexual activity.
- Adolescent and Aftercare group work programme will include targeted sessions relating to sexual health.
- Southwark's drop in service (open Monday's, Tuesday's and Thursday's) targeted at looked after children and care leavers aged 16-21 who are the most vulnerable and/or not in employment, education or training will be supported by designated CLA teenage pregnancy nurse.
- The Speakerbox magazine for young people in care and care leavers (written by young people in care and care leavers) will regularly feature articles relating to contraception, positive choices and aspirations – as well as offering information as to who to have conversations with relating to safe sex and sexual relationships.

Priority Two – A whole person and whole service approach Raising Aspiration and Achievement

There is very strong evidence that teenage pregnancy is affected by a range of associated factors and this is widely recognised by agencies at all levels. Wider risk factors include (but are not limited to):

- Poor educational attainment.
- Social isolation and poor emotional health
- Disengagement from school ⁵
- Lack of hope for the future and low aspirations
- It is clear that all of these issues are extremely pressing for looked after children and that well documented poor educational achievement, disengagement from school and poor self esteem will be a significant factor for looked after children and care leavers. Looked after children are also more likely to experience social isolation when leaving care.
- Ensuring Southwark's looked after children access high performing schools ⁶
- Tracking attendance in Years 9, 10 & 11 to identify early signs of difficulty
- Rigorous application of PEP processes which work with schools and carers and looked after child to identify meaningful and positive attainment plans.
- Plans for tracking Year 6 transition's to secondary school
- Targeted interventions for CLA Education team for children in care who are not reaching their potential or where the gap between real/expected attainment is not reducing.
- Promotion of the education and attainment agenda with fostering services and commissioned placements to promote home learning
- Delivery of comprehensive access to looked after children to computers, broadband and personal laptops (FE/HE)
- Targeted training to promote reading and home learning environment
- Celebration (attainment) ceremony for looked after children
- Co located connexions advisors in Aftercare Service to promote positive career choices.
- Development of strategy with Southwark's designated teachers for looked after children who ensure a whole school approach to promote the best possible outcomes for looked after children.
- Strong partnerships with Southwark's SEN Service to champion support and development for children subject to a statutory statement.

Appendix 2

Priority Three – Bringing families together

Carer and Placement Support and a “Corporate Parenting Approach”

Parental support is also vital to reducing teenage pregnancy rates.

A recent IAG report recommended “better education and support for parents – to ensure they have the knowledge and confidence to discuss sexual matters with their children” as a priority intervention on young people’s sexual health. The FPA suggests that parental openness about sex raises the age young people first try out sexual activity ⁷, whilst 75% of 11-14 year olds want, but currently find it difficult, to talk about relationships with their parents.

This is obviously compounded for looked after children who are not living with their birth family and have not always developed a confident and comfortable relationship with their carer. Some looked after children experience multiple placement changes as a result of challenging behaviour and chaotic lifestyles which further reduces the possibility of discussing sexual health within a positive relationship with a main carer.

Indeed there is a strong correlation between looked after children and care leavers becoming pregnant and multiple placement changes and chaotic lifestyles.

The CLA Service therefore has the delivery of placement stability as one of its most important service delivery areas.

The CLA Service has a comprehensive range of wrap around support services provided by a number of service partners to provide dynamic and responsive support to foster placements regardless of their location.

A dedicated CAHMS Service for looked after children (Carelink), designated nurses, substance misuse worker and education/employment advisors are available to work with foster carers and young people to promote positive choices, high aspiration and placement resilience. Southwark’s Independent Foster Carers Association also offers assistance and support. The Fostering Service delivers out of hours support for carers and additional support programmes to promote healthy and aspirational lifestyles i.e. guaranteed broadband access, out of school activities, funding of hobbies/classes and celebration events.

Actions

- Deliver training programmes for Southwark carers (NVQ schemes) to effectively engage young people in relationship and sexual health conversations.
- SDQ activity completed by carers to provide early warning relating to emotional health and well being issues.
- Comprehensive health screening activity at Month 4 by Adolescent and Aftercare Service (motivational interviewing) to identify early issues relating to sexual health, substance use and vulnerability to crime (Appendix 4).
- Availability of teenage pregnancy specialist nurse for children in care (joint funded by teenage pregnancy strategy) to provide telephone advice to foster carers and home visits to work with young person and carer.

Appendix 2

Priority Four – Targeted Interventions for most vulnerable children in care

The children looked after service delivers a number of targeted services in partnership with a number of key Southwark agencies to minimise the risk of teenage pregnancy (and to support children born to children in care and care leavers under the age of 21).

These are as follows:

- Specialist nurse for teenage pregnancy working with looked after children (funded jointly with the teenage pregnancy strategy). The nurse will provide targeted interventions for young women identified as being at high risk concerning sexual health and teenage pregnancy. The nurse will also provide advice and guidance to carers and young people through a direct line facility. The nurse will undertake annual health assessments for young women over the age of 13 who are refusing to undertake their annual health assessment. The nurse will support the service through delivering training for foster carers, day to day advice to social workers, contributions towards A & AC group work and induction programmes for young people and care leavers.
- Delivery of a comprehensive screening process (motivational interview) for all looked after children aged 13 and above at the point they have been in care for four months. The screening process will specifically address risk of teenage pregnancy (high or low risk) which will require intervention for all those young people identified as being high risk of teenage pregnancy (Appendix 4).
- “Targeted interventions” will be delivered to all young people aged 13 -18 who are at risk of teenage pregnancy (or causing teenage pregnancy). Those young people assessed as being high risk following the screening process, will be subject to an intervention plan led by the designated nurse for teenage pregnancy supported by child’s carer, social worker and other named professionals. The targeted intervention will include specific conversation and advice to the young person relating to the most appropriate and effective form of contraception, taking into account the young persons lifestyle, health and the capacity to utilise various forms of contraception. The intervention plan will be reviewed on an annual basis.
- Adolescent and Aftercare Service will deliver a drop in service for young people aged 16-21 at Bradenham. This service is open Monday, Tuesday’s and Thursday’s delivering a range of social, recreational and engagement activities for the most hard to reach or isolated (for full details refer to Appendix 5).
- Delivery of informal advice and support offered to young people attending the drop in service by sexual health nurse service on Thursday’s.
- Delivery of targeted support and pathway planning with F.N.P. who have children to promote their capacity to deliver safe care and reengage themselves in employment, education and training.
- Development of carefirst to record and provide management reports relating to:-
 - a) delivery of teenage pregnancy screening at Month 4 (motivational interviewing) (Appendix 5 refers)
 - b) numbers of young people identified as high risk as a result of screening requiring a targeted intervention plan.
 - c) annual reviews required/delivered of those identified as high risk of teenage pregnancy
 - d) reports relating to direct work undertaken by CLA teenage pregnancy nurse
 - e) data relating to pregnancy and pregnancy outcome
 - f) targeted interventions for looked after children who are refusing to undertake their annual health assessments (refer to Appendix 3)

Appendix 2

- Deliver targeted response to CLA Health Assessment Refusers to include intervention by CLA Designated Nurse and where appropriate F.N.P.

Development of specialist Senior Practitioner role in the Adolescent and Aftercare Service to champion the teenage pregnancy issue and its day to day implementation within the care planning processes for social workers. One of the main responsibilities of the teenage pregnancy nurse is targeted direct work with any young woman who becomes pregnant to assist them in accessing appropriate advice and reaching an informed choice. The specialist Senior Practitioner will engage a care leaver who is also a young parent who will be able to assist the young person in care appreciate the impact of having a child at a young age and how it affects their transition into adulthood

C. Children Looked After Health Steering Group

Southwark has a multi agency steering group responsible for overseeing the “Be Healthy” agenda for looked after children. It is co chaired by the Head of looked after services and Designated Doctor for looked after children. The steering group produces an annual report relating to the health of looked after children and uses the “Be Healthy” section of the SEF (self evaluation framework) as its working tool.

The main areas of service management overview delivered by the CLA Health Steering Group relate to:

- a) physical health of looked after children
- b) delivery of mental health support services including strength and difficulty questionnaires
- c) teenage pregnancy strategy
- d) substance misuse interventions
- e) access to healthy lifestyles, recreation, sport and good diet
- f) successful transitions for those at 18 unable to live independently

The designated doctor presents the annual report to the Corporate Parenting Committee and the D.O.H.

The composition of the steering group are as follows:

Designated Doctor for Children in Care – Consultant paediatrician
 Head of Service for Children in Care
 Designated Nurse for Children in Care
 Service Manager for Adolescent and Aftercare
 Service Manager for Adoption & Fostering
 Service Manager for Looked After Children 0-12
 Clinical Lead for CAHMS - Manager of Carelink
 Designated Nurse for Teenage Pregnancy
 Team Manager Special Health & Disabilities Team
 Blenheim Manager – Commissioned Service to deliver DTA framework for Southwark Council
 Lead Doctor for Adoption Services
 Support Services Manager for CLA Services
 Support Services Manager for PCT Services
 Carefirst Development & Compliance Manager

This service group meets quarterly

Appendix 2

Appendices

- 1) Teenage pregnancy action plan
- 2) Headline projects
- 3) Procedure for annual health refusers
- 4) CLA screening process flow chart
- 5) Drop in service description
- 6) References

Appendix 2

Appendix 2

Appendix 1

CLA Teenage Pregnancy Action Plan 2010/11

1) Extending free contraception and sexual health advice for looked after children			
Key actions	Date	Achieved	Lead
The CLA Service will revise its condom distribution policy in consultation with young people in care (Speakerbox).	Dec 2010		
The CLA Service will develop a special link with the nearest pharmacy delivering the C Card System to Bradenham Close	May 2010		
The CLA Service will continue to utilise the Brook Advisory Service which is located very near to Bradenham Close as an immediate support and guidance for looked after children and young people	Full Year		
Establishment of Designated Senior Practitioner as a teenage pregnancy champion who will have lead responsibility for supporting the condom distribution scheme, coordinating SRE training for social work staff, offering advice to practitioners concerning young people recognised as high risk of teenage pregnancy, offering advice to staff as to what interventions might lead the young person to practice safer sex and work in partnership with designated teenage pregnancy nurse to improve screening/prevention activity	June 2010 Identified (TF) A & AC staff received specialist training ref: TP April 2010 "Challenges and Choices"		
Delivery of SRE training for all staff in Adolescent and Aftercare Service			

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<p>Targeted training for Southwark Foster Carers (pre approval and specialist training) to engender understanding, awareness and confidence in addressing issues of young people becoming sexually active and practising safe sex.</p>			
<p>1) Extending free contraception and sexual health advice for looked after children (cont)</p>			
<p>Key actions</p>	<p>Date</p>	<p>Achieved</p>	<p>Lead</p>
<p>Designated Senior Practitioner Champion and for looked after teenage pregnancy to offer advice to carers (and directly to young people where appropriate) relating to the most effective forms of contraception when considering the young persons current lifestyle and frequency of sexual activity.</p>	<p>October 2010</p>	<p>In part Champion in post Nurse vacancy</p>	<p>TP Strategy CLA services (CS)</p>
<p>Adolescent and Aftercare group work programme will include targeted sessions relating to sexual health. Link with Family Nurse Partnership.</p>	<p>Nov 2010</p>		<p>P McC – A & AC Service F.N.P.</p>
<p>Southwark’s drop in service (open Monday’s, Tuesday’s and Thursday’s) targeted at looked after children and care leavers aged 16 - 21 who are the most vulnerable and/or not in employment, education or training will be supported by designated CLA teenage pregnancy nurse.</p>	<p>Drop in started T.P. Nurse not in post</p>		<p>T.P. Strategy F.N.P.</p>
<p>The Speakerbox magazine for young people in care and care leavers (written by young people in care and care leavers) will regularly feature articles relating to contraception, positive choices and aspirations – as well as offering information as to who to have conversations with relating to safe sex and sexual relationships.</p>	<p>Full year</p>		<p>T.P. Strategy – nurse Children’s Services Children’s Rights Officer Health Steering Group</p>

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2) Inerate high aspirations for looked after children to achieve their maximum potential through a consistent message concerning education namely			
Key actions	Date	Achieved	Lead
Ensuring Southwark's looked after children access high performing schools ⁶ .	Appointment of Virtual Head	Yes	AW
Tracking attendance in Years 9, 10 & 11 to identify early signs of difficulty	Screening process in place		T.P. Nurse and T.P. Strategy
Rigorous application of PEP processes which work with schools and carers and looked after child to identify meaningful and positive attainment plans.	Dec 2010-08-19 100% target for first term introduced	On Track	CLA Service Virtual Head Teacher (AW)
Plans for tracking Year 6 transistion's to secondary school	Sept 2010	Yes	CLA Education Team and VHT
Targeted interventions for CLA Education team for children in care who are not reaching their potential or where the gap between real/expected attainment is not reducing.	1-1 Tuition Sept 10 Year Tracking Establishment of virtual school	On Track	CLA Education Team and VHT
Delivery of comprehensive access to looked after children to computers, broadband and personal laptops (FE/HE)	Full year	Yes	Fostering Services
Celebration (attainment) ceremony for looked after children	Oct 2010	On track	CLA Service
Co located connexions advisors in Aftercare Service to promote positive career choices	Full year	Yes	Connexions Service Review

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Development of strategy with Southwark's designated teachers for looked after children who ensure a whole school approach to promote the best possible outcomes for looked after children.	New induction and training for designated teachers Jan 2011		VHT
Strong partnerships with Southwark's SEN Service to champion support and development for children subject to a statutory statement.	Full Year	Yes	VHT SEN service (BH)

3) The CLA Service has the delivery of placement stability as one of its most important service delivery areas.

Key actions	Date	Achieved	Lead
Deliver training programmes for Southwark carers (NVQ schemes) to effectively engage young people in relationship and sexual health conversations.	Fostering Service training plan with OD services Feb 2010		Fostering Services and Organisation Development (SS/JH)
SDQ activity completed by carers to provide early warning relating to emotional health and well being issues	Targets set for 2010/11		KPI
Comprehensive health screening activity at Month 4 by Adolescent and Aftercare Service (motivational interviewing) to identify early issues relating to sexual health, substance use and vulnerability to crime.	New tool in place by Jan 2011		CLA Service T.P. Nurse
Availability of teenage pregnancy specialist nurse for children in care (joint funded by teenage pregnancy strategy) to provide telephone advice to foster carers and home visits to work with young person and carer.	Not in post		T.P. Strategic Group

Appendix 2

Priority Four – Targeted Interventions for most vulnerable children in care

4) The children looked after service delivers a number of targeted services in partnership with a number of key Southwark agencies to minimise the risk of teenage pregnancy (and to support children born to children in care and care leavers under the age of 21). These are

Key actions	Date	Achieved	Lead
Specialist nurse for teenage pregnancy working with looked after children (funded jointly with the teenage pregnancy strategy). The nurse will provide targeted interventions for young women identified as being at high risk concerning sexual health and teenage pregnancy. The nurse will also provide advice and guidance to carers and young people through a direct line facility. The nurse will undertake annual health assessments for young women over the age of 13 who are refusing to undertake their annual health assessment. The nurse will support the service through delivering training for foster carers, day to day advice to social workers, contributions towards A & AC group work and induction programmes for young people and care leavers.	Screening tool to be developed for Jan 2011 Nurse not in post		T.P. Strategic Group

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<p>Delivery of a comprehensive screening process (motivational interview) for all looked after children aged 13 and above at the point they have been in care for four months. The screening process will specifically address risk of teenage pregnancy (high or low risk) which will require intervention for all those young people identified as being high risk of teenage pregnancy.</p>	<p>For launch in Jan 2011</p> <p>Nurse not in post</p>		<p>CLA Service DTA T.P.Nurse Carelink</p>
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4) The children looked after service delivers a number of targeted services in partnership with a number of key Southwark agencies to minimise the risk of teenage pregnancy (and to support children born to children in care and care leavers under the age of 21). cont

Key actions	Date	Achieved	Lead
<p>“Targeted interventions” will be delivered to all young people aged 13 -18 who are at risk of teenage pregnancy (or causing teenage pregnancy). Those young people assessed as being high risk following the screening process, will be subject to an intervention plan led by the designated nurse for teenage pregnancy supported by child’s carer, social worker and other named professionals. The targeted intervention will include specific conversation and advice to the young person relating to the most appropriate and effective form of contraception, taking into account the young persons lifestyle, health and the capacity to utilise various forms of contraception. The intervention plan will be reviewed on an annual basis.</p>	Carefirst able to produce tracking reports	Yes	
	Integrated screening tool developed Dec 2010		
	Nurse in post		
	Training for staff in MI Dec 2010		Organisational Development Service A & AC Service

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Adolescent and Aftercare Service will deliver a drop in service for young people aged 16-21 at Bradenham. This service is open Monday, Tuesday's and Thursday's delivering a range of social, recreational and engagement activities for the most hard to reach or isolated (for full details refer to Appendix 6).	April 2010	Yes	A & AC Service
	Nurse not in post		
Delivery of informal advice and support offered to young people attending the drop in service by the CLA T.P. nurse on Thursday's.	Service withdrawn Nurse not in post		

4) The children looked after service delivers a number of targeted services in partnership with a number of key Southwark agencies to minimise the risk of teenage pregnancy (and to support children born to children in care and care leavers under the age of 21). cont

Key actions	Date	Achieved	Lead
Delivery of targeted support and pathway planning for young people in care or care leavers who have children to promote their capacity to deliver safe care and reengage themselves in employment, education and training	NEET Strategy in place. Targeted vulnerable teenagers – full year	Yes	CLA NEET Steering Group A & AC Service
Development of carefirst to record and provide management reports relating to:- g) delivery of teenage pregnancy screening at Month 4 (motivational interviewing) (Appendix 5 refers) h) numbers of young people identified as high risk as a result of screening requiring a targeted intervention plan. i) annual reviews required/delivered of those identified as high risk of	Screening tool developed with partners Dec 2010		CLA Health Steering Group
			Carefirst Development Team

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teenage pregnancy j) reports relating to direct work undertaken by CLA teenage pregnancy nurse k) data relating to pregnancy and pregnancy outcome l) targeted interventions for looked after children who are refusing to undertake their annual health assessments (refer to Appendix 4)			
4) The children looked after service delivers a number of targeted services in partnership with a number of key Southwark agencies to minimise the risk of teenage pregnancy (and to support children born to children in care and care leavers under the age of 21). cont			
Key actions	Date	Achieved	Lead

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<p>Development of specialist Senior Practitioner role in the Adolescent and Aftercare Service to champion the teenage pregnancy issue and its day to day implementation within the care planning processes for social workers. One of the main responsibilities of the teenage pregnancy nurse is targeted direct work with any young woman who becomes pregnant to assist them in accessing appropriate advice and reaching an informed choice. The specialist Senior Practitioner will engage a care leaver who is also a young parent who will be able to assist the young person in care appreciate the impact of having a child at a young age and how it affects their transition into adulthood</p>	<p>Lead in place June 2010 (T.F.)</p>	<p>Yes</p>	<p>A & AC Service</p>
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Appendix 2

Appendix 2

Headline Projects – CLA Teenage Pregnancy 2010-12

Listed below are the main features for Southwark's teenage pregnancy strategy for children in care which are outlined in full in the strategy document: -

- Joint funded CLA Nurse for teenage pregnancy – funding extended beyond 2011
- Drop in Service
- Senior Practitioner Champion in Adolescent and Aftercare Service for teenage pregnancy
- Teenage pregnancy screening undertaken at month 4 for all children entering the care system at age 13 and above
- Well established multi agency CLA health Steering Group
- Training for social work staff (motivational interview) and for foster carers
- Advice for foster carers directly from CLA teenage pregnancy nurse
- Targeted intervention for young people identified at risk of teenage pregnancy
- Continuous profile through Speakerbox magazine
- Effective partnerships with Bleinheim, Brook, C Card Pharmacist and Family Nurse Partnership.

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Appendix 3

CLA Health Assessments – Policy and Practice note concerning Older Young People in Care refusing to attend Annual Health Assessment

Introduction

Each year about 3% of looked after children do not have their annual health assessment because they have clearly communicated that they do not wish to have one as they do not see the need. (This rises to 6% for dental review)

The CLA Health Steering Group have therefore brought together the IRO Service, Speakerbox, Key Health Professionals and CLA Services to develop a working protocol as to how best to respond to young people in these circumstances. It is recognised that as agencies and individual professionals we must do all we can as Corporate Parents to promote healthy outcomes for Children in Care.

Whilst some young people are very positive about managing their own health needs and make a positive decision not to comply with what they see as unnecessary “tick box” health assessment process, there are others who may be more vulnerable due to chaotic lifestyles.

Definition of a refuser

Young people age 16 or 17, and some under the age of 16 who are deemed to be ‘Gillick competent’ * are presumed in law to be competent to give consent for themselves for their own health and dental assessments, medical treatment and other procedures. This means that they can sign their own consent forms or refuse to sign their consent forms for health assessments. In exceptional situations where there are serious concerns about a child’s or young person’s health and a physical or mental health assessment is thought to be necessary their wishes and feelings may need to be overridden. In these circumstances Senior Management and legal advice should be sought before any action is taken.

Service Response

Leadership for this area does not rest with a single agency or professional group. It is accepted that all lead professionals and carers working with young people should be providing a consistent and positive message concerning the benefits of preventative health activity.

Discussion at Review with Independent Reviewing Officer

If a young person has refused to have a Health Assessment, the IRO at the Review will explore reasons why and if these can be resolved;

- Determine if the young person is being reasonable in their refusal and there is no serious concern that may require their wishes to be overridden;
- Ensure as a minimum that they have or will get written information on drugs and alcohol, sexual health, and contacts for confidential advice
- Inform the young person that they will pass their name to the LAC Nurse and ask for their consent for the LAC nurse to make contact with them to discuss any concerns and health issues.
- Explain that in conversation with the LAC nurse, they can raise their concerns confidentially and “design” their health assessment (including venue) to best suit their needs.
- Review their health needs and make review recommendations to address as appropriate.
- Distribute CLA nurse flyer explaining their role and how to make contact.

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It remains best practice to encourage children and young people to consider the benefits of Health Assessments and to explore where possible their reasons for refusal. In some situations e.g. concerns about confidentiality, fed up with different professionals asking the same questions, preferences for male/female professionals or inconvenient time and place for health assessments, it may be possible to overcome these concerns and obstacles that are preventing the young person proceeding with a health assessment. It may also be possible to carry out some of the functions/purposes of a Health assessment in an alternative and more acceptable manner for the young person e.g. a trusted adult such as the foster carer can ensure the young person has information on sexual health, understands it and knows how to access independent advice/counselling if needed. Carers could also encourage the young person to design an annual assessment to address only the issues of concern to the young person or by asking if the LAC nurse can carry out a telephone discussion, post/email information or even organise a meeting at a place the young person feels more comfortable.

Nevertheless, some young persons will continue to refuse health assessments and we must be sensitive with any further attempts to persuade them to change their minds. They may feel the pressure to adhere to the statutory requirements for Local Authorities to ensure Looked After Children have Annual Assessments makes them 'different' to peers who are not in the care system, sometimes even living in the same placement. These young people may see it as a contradiction in being encouraged to live independently, making more responsible and far reaching decisions about their lives but feel pushed into having a health assessment when they believe they do not need it. Some see it as being 'managed' by a bureaucratic system rather than parented with respect for their wishes, feelings and ability to make their own decisions. In these situations it is therefore better to accept and respect their decisions. The new guidance (The Children Act 1989, Guidance and Regulations Volume 2, Care Planning Placement and Case Review 2010) supports this.

'In cases where a child refuses consent to an assessment and it is decided s/he is sufficient understanding to carry out a health assessment in accordance with regulation 7(1) or provide a written report of a health assessment. However in these cases the child's health should still be considered as part of the care planning and review process'. (p25 Section 2.60)

Role of dedicated administration staff in tracking health refusers

In the CLA service there are two nominated support officers (0-12 & 13-18) who have direct responsibility for notifying carers (placements) and young people that their annual assessment is due. They will issue reminders and maintain contact until this has been completed. If a young person is refusing to attend, this will then be logged on Carefirst for tracking and reporting purposes.

Role of allocated social worker

The allocated social workers have a case management responsibility to deliver a comprehensive and coordinated response to the "Be Healthy" agenda.

The annual health assessment should be valued and promoted as a key process to afford young people space to discuss a whole range of health issues as well as being a physical health check. The annual health assessment produces a health plan for the child which is placed on the child's ICS record for social work attention/action. The statutory review report requires the social worker to comment upon the plan and its implementation. Young people who are anxious, wary or negative about their annual health assessment should be listened to carefully to establish the source of their concern and receive appropriate support and encouragement to access meaningful health input.

Relevant Health Assessments for Children with Disabilities

Children with severe health needs or disabilities are placed in specialist residential provision and subject to regular medical overview. To ask for a further assessment is not a good use of resources and is also not appropriate for the child/young person. In such cases the designated doctor for CLA (consultant paediatrician) will review the health of the child and determine whether their health input has constituted appropriate health overview and that effective planning is in place.

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Role to Specialist Nurse

Southwark has an arrangement whereby a referral can be made to the Specialist CLA Nurse if conversations at reviews or with carers or key professionals indicate that the young person is refusing a health assessment and a suggestion has been made to the young person that an independent conversation with the specialist nurse might be of benefit.

Young people should know about the role of the designated nurses as these are profiled through leaflets and flyers at every invitation for annual health assessments and are profiled in the Speakerbox magazine for looked after children.

In addition the nurse specialists attend drop in services being run by the Adolescent and Aftercare Service and are involved in the 13+ induction process.

Adolescent and Aftercare Service.

In response to a referral the designated nurse would initially make telephone contact with the young person to explore their wishes and feelings and offer a more informal approach to undertaking an annual health assessment. It is hoped that this informal approach which would hopefully lead to a face to face meeting. This would then take the form of a guided conversation relating to all health needs to establish whether there are any significant issues which the young person might wish to pursue and explore.

Recording on Carefirst

The young person will be designated as a refuser on Carefirst but a further category will be added which would indicate that the nurse specialists had attempted to make contact by telephone but that the young person had still been resisted to any health intervention.

This will enable the service to demonstrate that it was fully tracking young people who do not have an assessment and that as Corporate Parents, Southwark has not simply given up should a young person "refuse".

Other forms of health assessments

It is noticed that young people with significant health needs, physical disabilities or are in youth offending institutions receive medical inputs from other health professionals. Using the advice from the Designated Doctor the CLA steering group have agreed to consider the following health assessments are equivalent to an annual health assessment.

These being:-

Youth Offending Institutions: Admission Health Assessment

Health Examinations as part of adoption procedures.

Children with special health needs or disabilities (see above).

Assessments undertaken by school nurses and health visitors (by agreement in place of registered G.P.)

Footnote: * Definition 'Gillick Competent' Children and Young Persons are deemed to be capable of giving valid consent to health-care treatment without parental knowledge or agreement provided they have sufficient intelligence and understanding to be fully aware of the nature, purpose, and hazards of the treatment.

Appendix 2

Appendix 5

CLA and Care Leaver Drop in Service

Introduction

This document outlines the “drop in” service delivered by the CLA Adolescent and Aftercare Service in partnership with the Southwark Stakeholders.

The drop in service was introduced in response to a number of identified needs and clear feedback from service users.

The Adolescent and Aftercare Service is part of the Child in Care Service responsible for delivering all care planning and ECM outcome activity for looked after children aged 13-18 and care leavers from 18-21. Located at Bradenham Close SE17, the Adolescent and Aftercare Service has dedicated resources for dedicated work with teenagers which have been utilised to deliver the drop in service.

Background

As well as accessing services, service users have generally made use of reception spaces to network and socialise. This has given rise to incidents of aggressive and violent behaviour, principally because adequate supervision is not available in the reception area. These incidents and their aftermath place additional strain on the duty function and may create a negative environment for direct work or deter some from seeking assistance.

The service asked a care leaver to carry out research into service delivery, principally around how our “walk in” service is perceived amongst service users and staff. He interviewed 50 young people and a range of staff members and found that whilst there was good practice, there were several areas that could be improved.

The introduction of a drop in service is one component of a wider strategy, which is focussed on improving service delivery, assisting those who are NEET and prioritising staff safety.

Regretfully the increase in violent incidents over the last eighteen months has created a degree of tension and unease amongst the staff team, which is evidenced by staff reporting lower morale, demonstrating an over cautious approach to more challenging clients or conversely higher risk taking and “bravado”.

For a few older CLA and care leavers a culture of dependency has developed, who are beginning to react against more consistent messages around service provision, particularly in relation to reducing levels of financial support available.

It is recognised that many of these young people/adults are NEET and are relatively isolated in their living environment, with limited social contact. For some, the Adolescent and Aftercare Service remain the sole agency with whom they have any meaningful contact.

Whilst the service does not seek to promote or encourage dependency, it is recognised that this group have limited external resources and require support and assistance in making links with relevant services in order to develop a degree of resilience and financial responsibility. To facilitate this, we want to encourage participation and positive engagement in an informal setting, whilst promoting and providing information concerning our more formalised programmes and re-introduce service users to external community based resources.

When interviewed 90% of a sample group said that if a more informal drop in service existed, they would make use of it. They were also helpful in making suggestions about what they would like the drop in service to provide

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Outline and Aims

The formulation of a structured “drop in” service, seeks to meet young people on their terms. It is recognised that for some disassociation from societal norms has been a factor in their care history and that formalised, structured and enforced activity might lead to further alienation. The introduction of an informal drop in service provides a transitional “taster” of our services whilst maintaining some level of engagement. It will also provide a stepping stone to more formalised and structured work programmes.

The “drop in” service will deliver constructive activities in a welcoming and safe environment. Utilising effective partnerships and role models (esp male) the service will tackle issues of exclusion, isolation, challenging behaviour and disengagement

The key aims of the drop in service are:-

- minimise disruption in reception,
- serve as a link between reception and our more structured group work sessions,
- offer networking opportunities for young people,
- provide regular access to education and careers advisors for those who are NEET
- maintain constructive contact with those isolated/vulnerable CLA/Care Leavers
- Re-engagement with care services

Service Links and Information

- Community based leisure, health services, faith groups and 3rd sector sources of support and advice
- Formal Group Work programme
- Speaker box
- Southwark’s youth service (TYS)
- Targeted Entry Level/Level 1 Literacy/Numeracy courses
- CAB/Welfare Advice
- TP/TDS services
- Banking/Financial Advice Services

NB: These will be provided through partner agencies taking part directly in the drop in programme or through agreed referral pathways where A&AC staff will actively facilitate engagement.

Service Description

The service operates on Monday, Tuesday and Thursday each week. Each day will provide one morning, lunch time and afternoon session (10-12noon) (1-12pm 2-4pm)

The drop in service utilizes space already provided within the Adolescent and Aftercare Services. In general activities will take place in “The Pink room”, the IT suite, the kitchen and activity room. Some off site excursions may be planned for one to one work, (subject to risk assessment).

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Activities/sessions will broadly adopt a youth work model of working in corporately.

- Breakfast club
- Children's play time
- Homework club
- Quiz hour
- Arts & Crafts – painting drawing, knitting, sewing
- Journalism/graphics session (production of newsletter)
- Afternoon Tea
- Games afternoon
- Education & Careers clinic
- Fluff and fold (do your laundry & ironing)
- DJing/music studio – build your own track
- Forum/Discussion Groups
- CAB/DTA/TP/Dental/Informal Clinics

These will be advertised on message boards, posters, reception tv and mail shots.

Target group

The target group would be NEET and/or those who are socially isolated,(aged 16-21). By offering informal access to leisure, education and meals/refreshments (without the need for appointment), it is hoped this group will begin accessing services and specialist staff.

Identified young people will have the service included in their pathway plan and will be encouraged to attend by their allocated personal advisor, social worker and independent reviewing officer.

Resource Options – staffing & equipment

Service Resources

Personnel

- Group worker – 3 sessions per week
- Apprentice group worker - 4 sessions
- Volunteers (x2) – all sessions
- Social work/health and social care students (x4) – 1 session per student
- Male group worker/youth worker – employed specifically to work on drop in function – all sessions *
- Floating Managers (x1) – as and when required
- 1 member of staff (PA/SW) for each session (note: social workers and personal advisors will be placed on the rota for either group work or drop in)
- Connexions Advisor and NRF worker available one session per week
- Volunteer Care leavers (x2) (who has already exited the service) – 4 sessions

NB: Given current financial constraints all of the above personnel resources are to be funded within current resources (except marked *)

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Equipment

- Pool table
- Dart board (Velcro darts)
- Selection of board games, etc. – e.g. Ludo, dominoes, Monopoly, Pictionary, backgammon, Connect 4, Jenga, chess, draughts, cards, etc
- Toys, educational books for small children
- Electronic consoles – Wii/PS3
- Arts and crafts table – selection of Arts and crafts
- Coffee machine and tea urn
- Writing materials
- IT suite
- Tumble Dryer/Washing Machine
- Sewing machine
- Ironing board & Iron
- DVLA theory test – CD Rom
- Kitchen/Cooking Facilities

Security of equipment: - all games will be supervised and moved to locked cupboards in the activity room when the sessions end.

Budget:

a) **2009/10 Start up costs were incurred to purchase core equipment from A & AC direct work budget.**

b) 2010/11 Running Costs

- Experienced male youth worker part time delivered in partnership with TYS
- Ex care leavers will be provided with a nominal payment of £20 per session
- Replacement costs – wear and tear/breakages
- food/transport/refreshments

Risk Assessments

Each activity will be subject to a Risk Assessment in keeping with Health & Safety practice.

Evaluation of Drop in Service

Whilst the service will be drawing upon existing resources resources from within CLA services and partnerships with Youth Service, Southwark Works Connexions and Health, it is important that it's impact is evaluated to further shape the service and to confirm its effectiveness.

The CLA service therefore intends to undertake the following evaluation steps:

- Evaluation period January to December 2010
- Statistical analysis against the following measurable outcomes:
 - a) Number of young people attending and engaging with the drop in service (16-18) who are NEET.
 - b) Number of care leavers (18-21) who were isolated in community and NEET attending and engaging with drop in service.

Those

- c) still NEET
- d) now engaged in formal group work programme or other day time project
- e) now engaged in employment, education and or training

18-21 who

Appendix 2

f) remain isolated in the community and NEET

- Qualitative feedback via direct interviews with participants (undertaken by care leaver during university recess over summer period) to assess:
 - a) enjoyment of drop in service
 - b) which parts were most beneficial
 - c) impact upon daily routines and motivation
 - d) Impact upon becoming engaged in employment, education and training
 - e) how could drop in service be improved to achieve a b c and d above
- Impact upon young people accessing formal group work programmes delivered by the Adolescent and Aftercare Service during review period
- Reduction in violent and aggressive incidents in reception recorded area during review period.

Appendix 2

Appendix 6

References

- 1) See J. Santelli et al. 'Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use.' American Journal of Public Health, Jan 2007, Vol. 97, No. 1.
- 2) Southwark Youth Council Meeting, November 2008. SYC SRE Issues for discussion with YSE.
- 3) Condoms are the only viable method of preventing STIs, and the prevention of HIV and Chlamydia transmission is of a high priority in Southwark. At present, only Level 2 pharmacies are allowed to distribute condoms in this way because of a requirement that a demonstration is provided by a trained professional to each young person who presents. It might be suggested, however, that many young people would be discouraged from accessing free condoms by being compelled to attend an explicit demonstration by a stranger in what might be construed as a highly invasive and inappropriate experience.
<http://www.medicalnewstoday.com/articles/107118.php>
- 4) In Petrie S, Jawad R and Bhatti S (2006b) Southwark Young People's Sexual Health & Teenage Pregnancy, Needs Assessment and Equity audit (2006), Department of Public Health Southwark PCT, London.
- 5) A survey of teenage mothers showed that disengagement from education often occurred prior to pregnancy, with less than half attending school regularly at the point of conception. Dislike of school was also shown to have a strong independent effect on the risk of teenage pregnancy. Poor attendance at school is also associated with higher teenage pregnancy rates. Among the most deprived 20% of local authorities, areas with more than 8% of half days missed had, on average, an under-18 conception rate 30% higher than areas where less than 8% of half days were missed." p.11
http://www.everychildmatters.gov.uk/_files/94C1FA2E9D4C9717E5D0AF1413A329A4.pdf
- 6) 79% of the young people who had been in care had no GCSEs or other educational qualifications when they left school. Only 11% had 5 or more GCSEs at grade A* – C.
- 7) FPA, Speakeasy - talking to your child about sex and relationships. At
<http://www.fpa.org.uk/Inthecommunity/Speakeasy/Speakeasytalkingtoyourchild>

The Family Nurse Partnership

A programme of prevention and early intervention

*Be healthy
Stay safe
Enjoy and achieve
Positive contribution
Economic well-being*

Southwark Family Nurse Partnership

The Family Nurse Partnership

An intensive preventive programme through pregnancy until child is aged 2

Benefits children and families who have the poorest outcomes

To improve antenatal health, child health and development and parents economic self-sufficiency

What families get:

- Weekly, fortnightly, monthly home visits by Family Nurses
- Each visit delivered using motivational interviewing techniques and activities to improve self efficacy, change behaviour and build attachment
- Based on nurse/client relationship - experts in reaching the most excluded clients locally



The Family Nurse Partnership

The case for prevention and early intervention has never been stronger

- Advances in neuroscience and infant development demonstrate the critical impact of just how important early life is for the emotional and cognitive development of children and prevention of adult onset diseases. Pregnancy and early life is a sensitive period when adversities become biologically embedded – fetal programming
- Increasing evidence that effective health promotion and disease prevention interventions in early life can produce measurable benefits in health, later educational achievement, economic productivity and responsible citizenship. Increasing evidence of savings along a range of dimensions, e.g. Social Care, health
- Pregnancy and birth a key time – mothers have an instinctive drive to protect their young and first time parents in particular want their child to be healthy and happy and do well in life
- FNP focuses on early intervention and prevention at this critical time utilising this ‘window of opportunity’ to focus on ‘doing’ and addresses difficult issues so that change happens in families – much more than ‘support’.
- Recognised in Marmont Review (2010) and Early Intervention documents (DCSF 2010)

Teenage pregnancy in Southwark

- Southwark's teenage conception rate is consistently high and one of the highest in UK.
- There were 220 births to women aged < 20 in 2007
- Southwark can offer up to 105 FNP places to eligible young women on a 2 ½ year cycle. High uptake and retention rates locally.
- **Who are we reaching? The overall picture....**
- Southwark FNP is reaching the most vulnerable clients. 27% of clients have more than 4 significant stressors such as poor mental health (44%), hostile/neglectful relationship with own mother (45%), serious loss or trauma (39%), homelessness (30%) for example.
- 25% of the current case load are 'looked after' or leaving care
- 61% have less than 5 GCSE's at recruitment
- Clients range from 13 – 19 years of age, ethnicity 14% mixed, 36% white, 41% black
- 30% of original and 45% of current cohort recruited < 16 weeks pregnant. We are aiming to reach 60% of cohort < 16 weeks gestation.

(all figures from caseload audit March 2010)

Local impact so far - audit results

- **Recruitment & retention of clients**
- Excellent results throughout programme and USA stretch objectives exceeded (90% uptake, 18% attrition). Main reason for leaving= moved away.
- **Breast feeding**
- 86% of clients initiated breast feeding
- 80% of these clients were still exclusively breast feeding at 2 weeks
- 53% were still breast feeding at 6 weeks, 23% exclusively
- 27% of cohort still breast feeding at 6 months
- **Contraception**
- 80% of clients use regular contraception. Pill, implant and condoms most popular choices
- **NEET**
- 42% of clients have returned to education
- 32% of clients have returned to work
- 44% of clients were NEET at intake, around 26% NEET currently (original cohort).

• (all figures from caseload audit: March, 2010 & OE reports)

CLA caseload audit results

- 25% of mothers on caseload are 'looked after' or leaving care
- Client age range from 13 – 21 years old
- 50% of clients were placed out of borough for varying periods during FNP involvement and had multiple changes of social and key workers. The Family Nurse is often the only consistent professional in client's life as able to follow the client within reasonable distance.
- FNP involvement has significantly influenced the decision not to remove several children into foster care due to level of client engagement with FNP. For example, one child removed from care of mother and placed in care of father due to father's involvement and continued work with Family Nurse. Child remained on a child protection plan for monitoring, but with support passed a parenting assessment and has become engaged with Children Centre activities locally.
- The FNP programme is delivered from very early pregnancy until the child reaches 2 years of age. The programme focuses on building self efficacy and esteem, promoting bonding and attachment behaviours and improving life chances for the mother and baby.

The Family Nurse Partnership

Audit results CLA clients

- 25% of caseload CLA or leaving care
- 86% of CLA clients belong to Southwark, 2 other clients placed in SWK by Greenwich and Croydon .

➤ Identified client vulnerabilities

- 50% of clients disclosed domestic violence in their own childhood
- 86% had a hostile/neglectful relationship with mother or father
- 36% were bullied at school
- 71% disclosed serious loss or trauma
- 7% has alcoholic mother
- 64% disclosed depression, anxiety or OCD
- 36% have experienced homelessness
- 21% disclosed domestic violence within current relationship
- 14% disclosed self harm/ eating disorder
- 14% disclosed drug misuse by parents
- 7% disclosed being sexually abused

Pregnancy, contraception and breast feeding

- 79% of pregnancies were unplanned.
- One repeat pregnancy (1st child 23 months old, planned pregnancy, mother aged 21).
- **Post natal contraception**
 - 14% reported using oral contraceptive pill
 - 57% reported using implant
 - 21% reported abstinence
 - 7% reported using condoms

- **Breast feeding**
 - Only one client decided not to breast feed her baby, her family were not supportive of breast feeding.
 - 29% breast fed for 2 weeks
 - 22% breast fed for 6 weeks
 - 43% breast fed for longer than 4 months, 14% breast fed for > 1 year.

Father involvement

- The vast majority of fathers are reported as not being involved with the family and therefore not present at FNP visits (64%).
- An additional 7% of father's reported as involved with family, but working and no FNP contact although appropriate materials left for them.
- 29% of fathers are reported as having significant involvement with the FNP visits. One father became sole carer for the baby during the programme. The Family Nurse continued to visit both parents separately and contributed to child being placed with father, rather than being removed into foster care when the mother was unable to parent safely.

Return to work or education

- 64% of clients have successfully returned to education
- 36% of clients have neither returned to education or work.
- Of the clients that have not returned to work or education:
 - 1 client very keen to return to education, but unable at time of audit as no recourse to public funds
 - 1 client planned to have a second baby and decided to stay at home to care for her child (also moved into a refuge out of borough).

Child in need / child protection plans

- **Social care involvement**
 - 43% of CLA clients had no social care referrals during FNP programme
- **Child Protection – pre-birth**
 - 29% of clients were referred to FNP with a pre-birth child protection plan already in place.
 - Case 1 on CP plan due to risk of neglect as client no recourse to public funds, sofa surfing and failure to disclose details of contact with father of child. Became a CLA aged 16, baby remained on CP plan for duration of FNP.
 - Case 2 on CP plan due to high risk family history, risk of physical abuse. Mother 14 years old. Baby now 5 months old and remains on CP plan. Client engaging well with FNP and making good progress.
 - Case 3 on CP plan due to risk of physical harm related to high risk family history. Client had been on CP plan herself due to risk of physical and emotional harm. Case closed after 3 months, no further social care involvement.
 - Case 4 on CP plan due to mother’s chaotic lifestyle, volatility and unsafe home environment. Mother 15 years old at time of birth. Continued on CP plan and child eventually successfully placed with father who has continued to be supported by FNP.

Audit results for children

- A & E attendance
 - No A & E attendances for accidents or ingestion
- Ages and Stages Developmental Assessments
 - Ages and Stages questionnaires (ASQ) are comprehensive developmental reviews completed with parents. They are completed every 2 months from 4 months of age and cover communication, gross motor, fine motor, problem solving and personal social. 60 is the highest normal score achievable, scores around 25-30 require referral.
 - The overall average score at 4 months was 55
 - The overall average score at 10 months was 55
 - The overall average score for ASQ at 14 months is 55
 - The overall average score at 20 months was 55

Post natal child protection/ child in need

- 21% of CLA clients were referred to Social Care in the post natal period. 14% of these referrals was initiated by the Family Nurse.
- Case 1 was referred for assessment as per protocol after the client was arrested by the Police when her mother was found to be in possession of drugs. Maternal grandmother known drug user. Case not opened by Social Care.
- Case 2 child in need referral was initiated by the Family Nurse due to concerns regarding the chaotic household (client living with her birth father again). The case was closed after initial assessment and monitoring after a period of 10 weeks.
- Case 3 was referred by CLA Social Worker due to mother's erratic behaviour and involvement in organising thefts with other school children. The client was well engaged with FNP during pregnancy, but poor engagement after return to school. Referral initiated when child aged 18 months old
- Case 4 was referred as CIN due to low mood and impact on parenting. Case closed after 3 months.

The Family Nurse Partnership

What difference does FNP make with 100 families?

For a cost of £3000/yr/family (around £300k/FNP team/yr) the outcomes attributable to the FNP could bring us the following cost benefits:

Year One:

- If we prevent 1 day in hospital for 10 pregnant women we save £10,000
- If we prevent one overnight stay in SCBU for 10 babies we save £4,500
- If we prevent a 10 day stay in intensive neonatal care for just one baby we save £10,000

Year One and Two

- If we prevent 5 emergency hospital admissions we save £3,750
- If we prevent 20 A&E attendances we save £2,000
- If we prevent 5 children going into foster care it will save £135,000 a year
- If we prevent the need for 10 core assessments by children's social care we save £6,500

Thereafter

- If we prevent 10 cases of serious conduct disorder we can save society £2.25m over their lifetime and £1.5m if we prevent 20 cases of moderate conduct disorder
- If we improve the outcomes of 50 children with multiple disadvantages we could help save local services over £5m by the time these children are 16
- If we help 10 young women with no qualifications return to education and so gain employment we can save the state £70,000 in benefits alone
- If we contribute to improved literacy and numeracy in 80 children we could help save society up to

The Family Nurse Partnership

Where does FNP fit locally?

- FNP targets Southwark's most vulnerable families, but without stigmatisation. The service has been rated highly by users in terms of usefulness and acceptability (DCSF 2008).
- Contributes to Southwark Strategic Plan, NHS 'Vital Signs', CQUIN. NICE compliant.
- Could contribute to FIP and 'Think Family' strategies locally.
- Contributes to the Healthy Child Programme and fits within progressive universalism, providing skilled input to the most needy at the 'intensive care' end of the spectrum. Helps to move most vulnerable clients down spectrum by building resilience and skills in families.
- Contributes to safeguarding most vulnerable families and promotes integrated working with partner agencies, such as Social Care, Children Centres, Connexions, Midwifery etc.
- Helps to engage clients with midwifery services when not picked up by ordinary routes e.g facilitate booking with midwifery colleagues. Also have access to wider family.

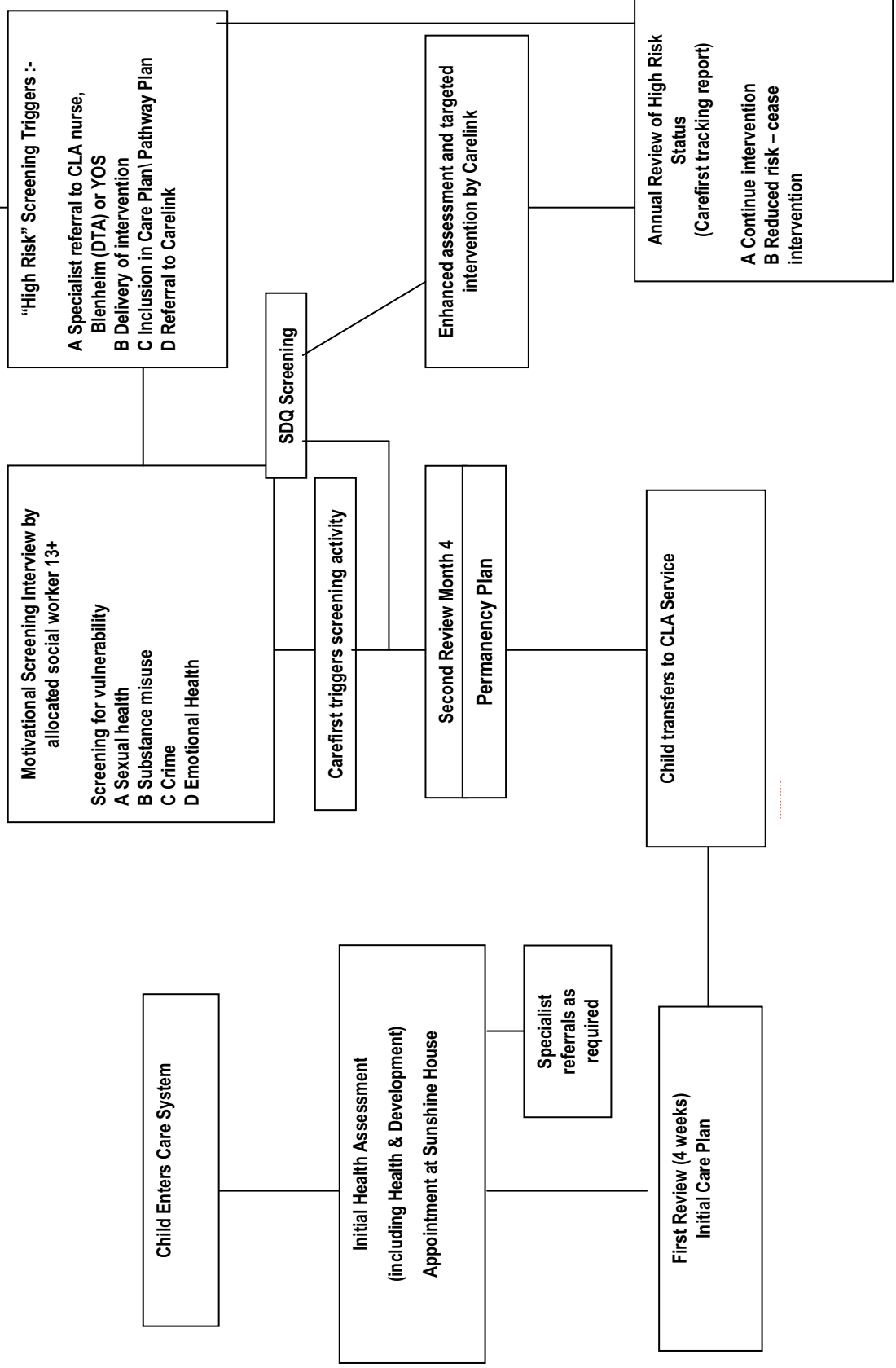
NEXT STEPS.....

- Continue to contribute to UK RCT (due to report in 2013) on outcomes for FNP compared to universal services.
- Strengthen links with Children’s Centres – recent joint Fun Day held at 1st Place. Continue to build on this by capturing client voice – focus group planned jointly with Children Centres. Additional aim to work with CC regarding integration of clients into CC in antenatal period onwards.
- Team have recorded 46% relative reduction in client smoking through use of motivational interviewing techniques and referral to local services. Family Nurses to become NRT prescribers – training planned for June 2010 – contribute to Smoking Cessation strategy.
- Continue to distribute condoms to clients- SRE large component of FNP programme.
- Sharing good practice – FNP Programme Supervisor commencing group supervision with newly qualified health visitors.

CLA Service Health Screening Process

Appendix 4

NB: "High Risk tracking Report available to Team Managers (BOX1) for management overview and QA



Item No. 8.	Classification: Open	Date: 22 September 2010	Meeting Name: Corporate Parenting Committee
Report title:		Young Peoples Substance Misuse (YPSM) Commissioning Update	
Ward(s) or groups affected:		All	
From:		Strategic Director of Children's Services	

RECOMMENDATION(S)

1. To inform members of the progress of the Specialist Young Peoples Substance Misuse service and update members of the policy implications and strategic alignment of the work.
2. To ask the Committee to contribute to the forthcoming needs assessment beginning in November 2010, which will inform the 2011-12 YPSM Treatment Plan and so ensure that the needs of Looked after Children are specifically considered.
3. To receive the draft 2011-12 YPSM Treatment Plan for comment prior to its presentation to the Southwark's Children & Families Trust (formerly Young Southwark) and the Drug and Alcohol Action Team Board.

BACKGROUND INFORMATION

National Background

4. A key aim under the Every Child Matters (ECM) 'Be Healthy' outcome for children and young people is to encourage young people to choose not to take illegal drugs.
5. Department for Education and the National Treatment Agency require Drug and Alcohol Action Teams and children's services to work together to improve outcomes for young people and their families and the community, as part of an overall strategy for meeting children and young people's needs.
6. Young people's services must be fully committed to identifying drug misuse in young people and intervening before the problem becomes acute, building on this through the ECM: Change for Children programme so that more can be done to prevent drug misuse earlier on, preventing today's young people from becoming tomorrow's problem drug users, a central aim of the government's drug strategy.

Local Background

7. The 2010/11 YPSM Treatment Plan has been developed following a comprehensive needs assessment process and was been signed off and agreed by the Director of Environment and Housing (Gill Davies) and the Strategic Director of Children's Services (Romi Bowen)
8. The Young Person Substance Misuse Joint Commissioning Group is made up of senior leads from Children Services and Southwark DAAT. This group is responsible for all strategic and commissioning decision relating to young people's substance misuse treatment provision. The YPSM Group reports to the Southwark's Children & Families Trust (formerly Young Southwark) and the Drug and Alcohol Action Team Board, a sub group of the Safer Southwark Partnership.

9. Until 2009, YPSM provision in Southwark was provided by a Virtual Team of seven funded posts across the Youth Offending service (YOS), the Children Looked After Team (CLA) and Children's and Adolescents Mental Health Services (CAMHS) and Community Drug Education Project (CDEP). Following a needs assessment and consultation with a range of stakeholders, including young people, it was agreed that a dedicated young person's service to reach out to all young people in need of substance misuse advice, support and treatment across the borough was required.
10. Needs assessment work identified particularly the early intervention needs of the very large numbers of 13-17 year olds in Southwark who are using cannabis and alcohol and need interventions to prevent immediate and future harms.
11. After a comprehensive tendering process, the new contract was awarded to Blenheim CDP (BCDP) who was already well known in Southwark for running expert and successful substance misuse services for individuals over the age of 18. Blenheim CDP have also demonstrated their ability and commitment to engaging young people in service design and review and to positively continuing needs assessment work with young people to ensure the service best meets the needs of all young people in need in Southwark.
12. The new service launched in April 2010 and is currently based at Cator Street SE15. This is an interim arrangement with the service relocating to its permanent base at Crampton Street SE17 in December 2010.

Children Looked After

13. In 2008/9 data from treatment service told us that there were 21 recorded adults in treatment for substance misuse with dependant children.
14. In 2010 Children Services told us that from February 2008 to July 2009, 120 children and young people were subject to care proceedings. In 29 of these cases substance misuse was identified as a contributory factor. This represents substance misusers being implicated in 24% of all care proceedings during this period. In addition, of those 29 cases, 9 parents also had a mental health problem and 12 were living in a situation where there were concerns about domestic violence. In one case learning difficulties were also a factor. In the majority of the 29 cases, the child was under 5 years old and 12 of the cases concerns arose prior to birth.
15. The number of children in care with an identified with significant substance misuse need is particularly low; however there are high levels of children in need of 'Brief Interventions'. This may be due to data collection and reporting problems
16. BCDP has received 2 referrals from Children Looked After Team in quarter one.
17. BCDP are working closely with Southwark Children Looked After Team developing referral pathways, information sharing protocols and an integrated screening tool. Work is also underway to provide joint drop-in services from September 2010.

KEY ISSUES FOR CONSIDERATION

Policy Implications

18. The 2010/11 YPSM Treatment Plan is driven by the Department for Education and the National Treatment Agency.
19. The work within the YPSM Treatment Plan is aligned and linked to various Strategies across Community Safety and Children Services, some are listed below:
 - Southwark's Children and Young People's Plan 2010-2013
 - SSP Rolling Plan

- Southwark DAAT Treatment Plan
- SSP Alcohol Strategy 2010-12
- Young Southwark's Strategy (13 to 19 year)
- Youth Justice Business Plan

Financial implications

20. At this stage there are no new financial implications arising from the YPSM Treatment Plan, beyond officer's support/time to undertake the development activities outlined in the plan.

Community impact statement

21. The new service will have an impact on children and young people accessing treatment services, which in turn will have a positive impact on the wider ECM outcome areas. These areas include education and training outcomes, as the service supports young people with access and retention, consequently raising the attainment of underachieving groups. The service also works with families, by providing support to parents and carers.
22. The service provided by BCDP will improve the outcome for all children, young people and their families affected by substance misuse.

BACKGROUND DOCUMENTS

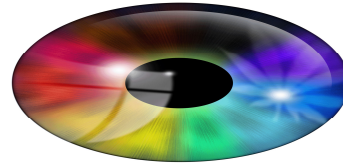
Background Papers	Held At	Contact
Young peoples Substance misuse treatment plan	160 Tooley Street, London SE1 2TZ	Dionne Cameron (020 7525 7101)

APPENDICES

No.	Title
Appendix A	Insight Southwark Activity Report Quarter 1 2010/2011

AUDIT TRAIL

Lead Officer	Rory Patterson, Assistant Director Children's Services	
Report Author	Dionne Cameron, Young Persons Substance Misuse Coordinator	
Version	Final	
Dated	13 September 2010	
Key Decision	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Officer	14 September 2010	



INSIGHT
Southwark

Quarter 1 Activity Report 2010/11

Contents

- 1. Staff – induction, training, recruitment**
- 2. Premises**
- 3. Borough partnerships**
- 4. DUST training**
- 5. Referrals**
- 6. Targeted / Tier 2 activity**
- 7. Specialist / Tier 3 activity**
- 8. Family Support**
- 9. Summary**



BLenheim CDP
THE LONDON DRUG AGENCY

Appendix A Insight Southwark Activity Report Quarter 1 2010/2011

Introduction

Quarter 1 of 2010/11 has consisted in part of a lead in period, Newly recruited staff and those transferred from the previous service via the TUPE process have been inducted into the organisation, internal systems and policies have been agreed and implemented, and external partnerships have been negotiated. This activity report will detail what has been achieved in this first quarter in terms of service set up, and planned developments and work agreed in Quarter 2.

Quarter 1 - Achieved	Quarter 2 schedule
<p><u>TUPE transfer</u></p> <p>Two staff from Lewisham Council (CDEP) and one from Southwark council transferred to Blenheim CDP on 01.05.10.</p> <p>One member of staff who transferred via the TUPE process has been off work sick since 05.05.10. They have been in dialogue with the Development Manager and Resources Director, and it has been requested that a referral to Occupational Health is made shortly, to discuss adaptations to the role and other options,</p>	<p>In conjunction with HR, management of the impact of long term sickness, and support for staff member through referral to occupational health and subsequent discussions.</p>
<p><u>Recruitment</u></p> <p>Full time Project Team Leader commenced employment on 06.04.2010.</p> <p>Full time project administrator commenced employment on 10.05.10.</p> <p>Two full time project workers have been offered posts and are awaited a start date for employment, subject to their CRB clearance and references. An additional candidate has been offered sessional work, and is also awaiting a start date.</p>	<p>During Q2 we will be evaluating the impact of the long term sickness in the team, and likely look to expand the relief bank of staff to cover the cost of this absence.</p> <p>The three new workers will be subject to the induction process.</p> <p>Two further sessional workers to be recruited for evening and ad hoc cover.</p>

Appendix A Insight Southwark Activity Report Quarter 1 2010/2011

<p><u>Induction, Learning & Development</u></p> <p>Supporting five staff commencing within one month and coming to the organisation via differing routes has been a significant management task.</p> <p>An external group supervisor has been appointed, and facilitates a monthly group in which clinical issues can be openly and safely discussed but also where issues of team formation and constructive feedback can be taken.</p> <p>All staff (bar the member who is sick has received the organisational induction from the Client Services Directorate, received one-to-one managerial supervision and inductions.</p> <p>The team has also been training in NDTMS and Bomic as a case management system. This allows client work to be monitored effectively and the requirements of the core data set are met.</p>	<p>Two new full time staff and 1 new sessional worker will be inducted into the organisation and the service.</p> <p>The team will be attending four days of bespoke training in August, focussing on Advanced Safeguarding, Personal Safety in Detached Youth Work Setting, Establishing a Safety Culture and Working with Vulnerable Groups.</p>
<p><u>Premises</u></p> <p>Our offer of £30k + VAT for first 3 years, rising to £32,000 + VAT for years 4 and 5, plus £7k service charges (capped) has been accepted by the landlords of Units 15 & 16 O Central. We are close to signing a lease and are approaching architects about plans.</p> <p>An application for change of use from B1 to D1 has been submitted to Southwark Council's planning department, with the initial consultation period ending 07.07.2010. Planning Aid for London are managing the application process on behalf of Blenheim CDP.</p>	<p>Should the application be approved, we will immediately seek to have a lease agreed and signed, and commence building works.</p> <p>Should the application be sent to planning committee – for example, if objections have been made by residents during the consultation period, we will begin planning consultation documents and meetings with residents and stakeholders, with support from Planning Aid for London.</p> <p>The O Central site is an ideal in terms of service provision and location, so securing it is a key strategic priority in the medium term service development.</p>
<p><u>Borough Partnerships</u></p>	<p>Ongoing review of care pathways with other providers. In consultation with the DAT, we hope to establish a Young People's</p>

Appendix A Insight Southwark Activity Report Quarter 1 2010/2011

<p>Joint working agreements have been agreed between Insight Southwark and:</p> <p>Southwark Inclusive Learning (SILS) – Anthony Peltier, Executive head teacher: covering referral pathways, information sharing and safe working arrangements within pupil referral units</p> <p>Southwark Looked After Children – Chris Saunders: covering referral pathways, information sharing, the development of an integrated screening tool and joint cover of LAC drop-in from September 2010</p> <p>Southwark Youth offending Service – Samuel Robinson, Resettlement Manager: covering referral pathways and information sharing for young people on referral orders and Youth Rehabilitation Requirements, reporting arrangements and fortnightly satellite slots</p> <p>Gateway Foyer, Look Ahead – Mike Bransback, Operations Manager: covering referral pathway, information sharing, joint action planning and a fortnightly satellite at the hostel</p>	<p>Drug Reference Group, in which treatment providers and those closely linked can discuss joined up approaches to data management, information sharing, and develop protocols for Tier 4 treatment access, needle exchange and prescribing.</p>
<p><u>DUST training</u></p> <p>There was some delay in commencing the roll out of DUST training, pending the team being trained in the delivery of the training to professionals on 24.06.10.</p> <p>The first session to workers from the Area Youth Teams (3), SILS (3), YOS (3) and Arrest Referral teams (2) on 08.07.2010. The second date will be Thursday 22nd July</p> <p>No dates are set for August as feedback from teams was that annual leave would mean a low uptake.</p>	<p>Dates to be set for training in September, October and November. Evaluation forms to be considered in training meetings and inform any improvements required.</p>

Appendix A Insight Southwark Activity Report Quarter 1 2010/2011

<p>The DUST training package has been revised to fit into a half day session, incorporating drug awareness information. This should enable more staff to take up the training.</p>	
<p><u>Events</u></p> <p>We successfully supported the Bermondsey Carnival in July, as part of the strategy of publicising the service and also to deliver ad hoc advice and information to young people, parents and others attending the carnival.</p>	<p>We have stands booked at the Rockingham and Mix Festivals in August, where we will be distributing literature, giving advice and information regarding drugs and alcohol, and using interactive engagement tools including the drug box and "beer goggles".</p>

Appendix A Insight Southwark Activity Report Quarter 1 2010/2011

Referrals																	
	In quarter 2 we will be targeting services with whom contact has been made but who have not yet referred – Look Ahead, Youth Services, Connexions.																
<table border="1"> <thead> <tr> <th>Source</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Police</td> <td>2</td> </tr> <tr> <td>SILS</td> <td>2</td> </tr> <tr> <td>AACS</td> <td>3</td> </tr> <tr> <td>YOS</td> <td>6</td> </tr> <tr> <td>Looked After Children</td> <td>2</td> </tr> <tr> <td>Self</td> <td>1</td> </tr> <tr> <td>Total Quarter 1</td> <td>16</td> </tr> </tbody> </table>	Source	Number	Police	2	SILS	2	AACS	3	YOS	6	Looked After Children	2	Self	1	Total Quarter 1	16	
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<p>Service User Involvement Two clients were consulted on a 1:1 basis about the new assessment tools, with their feedback used to inform the layout and some of the language.</p>	Two service user focus groups are scheduled for August. Service users will have the opportunity to inform development of the service, receive some harm reduction information, and be rewarded with a mobile phone credit voucher.																

Appendix A Insight Southwark Activity Report Quarter 1 2010/2011

<p><u>Tier 2 / Targeted Activity</u></p> <table border="1" data-bbox="273 258 1052 619"> <thead> <tr> <th><u>Activity</u></th> <th><u>Satellite</u></th> <th><u>YP A&I (Advice & Information)</u></th> <th><u>Prof A&I</u></th> <th><u>Parent/ Carer A&I</u></th> </tr> </thead> <tbody> <tr> <td>No. of contacts</td> <td>5</td> <td>109</td> <td>13</td> <td>3</td> </tr> </tbody> </table>	<u>Activity</u>	<u>Satellite</u>	<u>YP A&I (Advice & Information)</u>	<u>Prof A&I</u>	<u>Parent/ Carer A&I</u>	No. of contacts	5	109	13	3	<p>In quarter 2 we will continue to deliver satellites at the YOS and Gateway foyer,</p> <p>Workshops will continue in the Pupil Referral units - Monday 05th J Summer House PRU – 1 workshop Sils 3 – 3 workshops Sils + - 1 workshop, St Michaels College. Feedback from the workhops delivered in the pupil referral units has been extremely positive, from both teachers and pupils, and from discussions around referral processes and information sharing we anticipate a flow of referrals to tier 3 as a result of this work</p> <p>Sessions are also booked in conjunction with Area 3 detached team throughout the summer.</p> <p>Forms that capture demographic data on young people receiving universal / targeted interventions around substance use are now being used, and will enable us to evaluate the diversity of young people receiving advice, information and signposting.</p>
<u>Activity</u>	<u>Satellite</u>	<u>YP A&I (Advice & Information)</u>	<u>Prof A&I</u>	<u>Parent/ Carer A&I</u>							
No. of contacts	5	109	13	3							
<p><u>Tier 3 / Specialist Activity</u></p> <p>There have as yet been no discharges; the figures below relate to care planned interventions commenced in Quarter 1.</p> <table border="1" data-bbox="190 976 1102 1337"> <tbody> <tr> <td>Total active Tier 3</td> <td>6</td> </tr> <tr> <td>Gender</td> <td>Male 3 Female 3</td> </tr> <tr> <td>Referral Source</td> <td>PRU - 2 Family - 4 Social Services - 1 YOT - 1</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Total active Tier 3	6	Gender	Male 3 Female 3	Referral Source	PRU - 2 Family - 4 Social Services - 1 YOT - 1			<p>Some minor teething problems around referral processes between Insight and CLA & YOS have now been resolved, so we anticipate a steady flow of referrals directly to Tier 3 from these providers.</p> <p>The CAMHs substance misuse specialist now has 50% of their time dedicated to the young people’s service, which will also generate referrals directly into Tier 3. The staff member has attended 3 service clinical meetings, and already proved to be an invaluable resource for assessing whether a CAMHs referral is appropriate, or whether key-work with input from the psychology post is more suitable.</p> <p>A formal SLA between Insight Southwark, CAMHs and the DAT needs to be agreed, but has been delayed due to a management vacancy at CAMHs.</p>		
Total active Tier 3	6										
Gender	Male 3 Female 3										
Referral Source	PRU - 2 Family - 4 Social Services - 1 YOT - 1										

Appendix A Insight Southwark Activity Report Quarter 1 2010/2011

Post code	SE15 - 1 SE16 - 1 SE17 - 1 SE22 - 1 SE5 - 1 SW15 - 1	A meeting with CAMHs to discuss existing care pathways for Tier 4 treatment, needle exchange and prescribing is scheduled for 10.07.10, with a view to agreeing a borough wide protocol in which SLaM and Insight Southwark work in partnership.
Primary Drug	Herbal Cannabis - 4 Alcohol - 1 Nicotine - 1	
Secondary Drug	Alcohol - 1 Nicotine - 1	
Ethnicity	Black African 1 Black Caribbean 1 White Irish / British Mixed 1 White British 3	
Dual Diagnosis Registered disabled Statement of SEN	1 0 2	
<p>No onward referrals have yet been made for young people accessing the service.</p> <p>Presenting issues of referrals so far have been mostly herbal cannabis and skunk, but at least two clients have complex needs around ADHD, a mental health diagnosis, and / or have young children in local authority care. We are pleased to see an even split between male and female service users, and will be monitoring diversity closely as referrals increase alongside targeted activity.</p>		

Appendix A Insight Southwark Activity Report Quarter 1 2010/2011

Family Work One parent is currently receiving structured support from the service, in coping with the impact of her son's drug use and offending behaviour.	Family support groups starts Wednesday 14 th July, fortnightly from 4.00pm to 6.00pm, at Cator Street. This was begun in May, however following low uptake we decided to promote the group with a mail drop and emails to key local services, and recommence in Q2.

Summary

Insight Southwark now has a stable core team of staff, and will soon be fully staffed with a small bank of sessional workers.

Cator Street is a useful administrative base for the team, however opportunities to deliver group activities are limited from this site. We are committed to securing O Central, in line with vision for the service as a hub to which young people can come to experience a range of learning activities, with substance misuse information and interventions woven through.

Quarter 2 will continue to be a period of development for the service, in terms of recruiting new staff, building on new relationships with providers, and linking with the youth service sessions to deliver universal work. As the profile and reputation of the service grows we anticipate a steady rise in referrals, and have contingency plans in place to maintain continuous delivery during a possible relocation period.

Along with BCDP's other service provision for young people, monthly meetings of the YP SMS Development Group are taking place, the aims of which are to review and develop effective and innovative practice with young people, improve performance management and review staff learning and development needs. This builds on BCDP's ongoing commitment to improvement through evidence based practice, through its partnership with King's College Institute of Psychiatry and its effectiveness agenda, as demonstrated through its recent research around TOPS (Treatment Outcomes Profile) and its national training programme for ITEP.

Development moving into Quarter 2 is very encouraging, and provides a sound foundation to rapidly increase numbers of young people in Southwark receiving a specialist substance misuse intervention, as well as those receiving briefer, targeted interventions around drugs and alcohol.

ⁱ Report prepared by Liz Barter, Development Manager, Insight Southwark 07.07.2010.

Item No. 9.	Classification: Open	Date: 22 September 2010	Meeting Name: Corporate Parenting Committee
Report title:		Carelink- Southwark Child and Mental Health Service for Looked After Children Ages 0-16 years	
Ward(s) or groups affected:		All wards	
From:		Elizabeth Murphy, Consultant Child and Adolescent Psychotherapist / Lead Clinician, Southwark CAMHS	

RECOMMENDATION(S)

1. That officer from SLAM, the Primary Care Trust, and the local authority bring forward proposals to the Committee for meeting the needs of 16-18 year old young people in care.
2. Continue and support the work with under 5's as this we predict will be invaluable with early identification and prevention.

BACKGROUND INFORMATION

3. In Southwark the current policy context for shared responsibility is the Every Child Matters framework for improving outcomes for children and young people and the programme set out in the White Paper, Care Matters: Time for Change, for improving outcomes for looked after children. Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children, published in November 2009 imposes statutory duties on Local Authorities, Strategic Health Authorities and Primary Care Trusts to meet the health needs of all Looked After Children.
4. Over the last decade Southwark Council has taken seriously the need of it's looked after children and developed the Quality Protects programme (Department of Health 1998a) and the National Priorities Guidance (Department of Health 1998b). This led to the development of Carelink, the CLA CAMHS team and its close working relationships with the CLA Social Care and Health Team and the CLA Education Team, CLA Health Team.
5. This report focuses on the Carelink CAMHS service contribution. Many other issues are very important to children and young people's health and wellbeing such as educational attainment, placement stability and adoption; this report does not address them.

KEY ISSUES FOR CONSIDERATION

6. Please see attached report.

Policy implications

7. The National Institute for Health and Clinical Excellence (NICE) has recently issued draft guidance to improve the quality of life for 'looked after' children and young people.

8. The draft guidance proposes providing targeted support at school and for further education, especially before and during applications to attend further or higher education. Supporting students throughout their time at university or college was also recognised. The guidance has recommendations specific to CAMHS.

Community impact statement

9. It should be noted that there are direct links between CLA's population and placement and Carelink interventions and their network (Appendices 1 refer)

Resource implications

10. There are no resource implications relating to this report. However, it is important to note that all services may be subject to review following the outcome of the Comprehensive Spending Review on 20th October 2010.

Legal/Financial implications

11. There are no legal/financial implications relating to this report.

Consultation

12. NICE's Final guidance is expected in September 2010, once the consultation process has been completed. However from the draft guidance we know that the Southwark CAMHS Carelink team is offering the range of interventions that are recommended for this population and their network. It is worth noting that there has been a 10% increase of children in the care of Southwark in the last year.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Report from Consultant Child and Adolescent Psychotherapist / Lead Clinician, Southwark CAMHS	Attached as appendix	-

APPENDICES

No.	Title
1	CARELINK- Southwark CAMHS service for Looked After Children Ages 0-16 years

AUDIT TRAIL

Lead Officer	Rory Patterson, Assistant Director of Children's Services	
Report Author	Elizabeth Murphy	
Version	Final	
Dated	13 th September 2010	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Cabinet Member	Yes	No
Date final report sent to Constitutional Officer	13 th September 2010	

CARELINK- Southwark CAMHS service for Looked After Children Ages 0-16 years.

Introduction

Children and young people who are looked after by local authorities (CLA) are among the most vulnerable and disadvantaged members of society (see research by 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, CLA have often 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 CLA's vary between 37%-89% which compares with the estimate of 3%-18% for children outside the care system, but CLA 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 CLA often go unrecognised (McCann, James & Wilson, 1996; Richards, Wood & Ruiz-Calzada, 2006; Philips, 1997). Barriers identified include:

- The movement of CLA 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).

Recommendations

1. That officers from SLAM, the PCT, and the local authority bring forward proposals to the Committee for meeting the needs of 16-18 year old young people in care.
2. Continue and support the work with under 5's as this we predict will be invaluable with early identification and prevention.

It is important to note that many services may be affected by the outcome of the Comprehensive Spending Review, and recommendations have to be viewed in this context.

Many CLA have moved so often between placements that their lives have lost the stability and rhythm that children need in order to thrive. They lag far behind their contemporaries in educational attainment and have serious health needs, which in the past have not been met. In particular the Review (Children Safeguards Review, 1997) received evidence that 75% of looked after children had mental health problems, some of them complex and severe.” This is evidence in the research mentioned above.

The prevalence of diagnosed mental disorder among 5 to 10 year olds, the rate of disorder for CLA’s compared with private household children were:

- Emotional disorders: 11% compared with 3%
- Conduct disorders: 36% compared with 5%
- Hyperkinetic disorders: 11% compared with 2%
- Any childhood mental disorder: 42% compared with 8%

Among 11 to 15 year olds, the prevalence of diagnosed mental disorder for CLAs compared with children from the private household survey were;

- emotional disorders: 12% compared with 6%
- conduct disorders: 40% compared with 6%
- hyperkinetic disorders: 7% compared with 1%
- Any childhood mental disorder: 49% compared with 11%

These figures show diagnostic categories and do not reflect levels of impairment.

In Southwark the current policy context for shared responsibility is the Every Child Matters framework for improving outcomes for children and young people and the programme set out in the White Paper, Care Matters: Time for Change, for improving outcomes for looked after children. Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children, published in November 2009 imposes statutory duties on Local Authorities, Strategic Health Authorities and Primary Care Trusts to meet the health needs of all Looked After Children.

Over the last decade Southwark Council has taken seriously the need of it’s looked after children and developed the Quality Protects programme (Department of Health 1998a) and the National Priorities Guidance (Department of Health 1998b). This led to the development of Carelink, the CLA CAMHS team and its close working relationships with the CLA Social Care and Health Team and the CLA Education Team, CLA Health Team. This report focuses on the Carelink CAMHs service contribution. Many other issues are very important to children and young people’s health and wellbeing such as educational attainment, placement stability and adoption; this report does not address them.

The National Institute for Health and Clinical Excellence (NICE) has recently issued draft guidance to improve the quality of life for ‘looked after’ children and young people.

Appendix 1

The draft guidance proposes providing targeted support at school and for further education, especially before and during applications to attend further or higher education. Supporting students throughout their time at university or college was also recognised. The guidance has recommendations specific to CAMHS. These include:

- Early identification and prevention of physical and emotional health problems (Rec; 20, 33, 39). Carelink achieved this through its screening of 4-16 year olds referred to service, close working relations to CLA Social workers, CLA Health and Education colleagues so we know of children before they are referred. It is also happening with the under 5's screening of all CLA.
- Access to specialists CAMHS. Carelink is the bespoke service for Southwark Children Looked After 0-16. Either we offer assessment and treatment to children and young people referred to our service or signpost and or facilitate referral to other services.
- Access to professional consultancy for CLA and young peoples care team. Carelink staff regularly have 'drop-in' service for social workers to discuss any child; we run 'reflective space' with CLA teams, regular training and education, network and consultation meetings. As the team is very accessible all aspects of CLA regularly meet to discuss concerning cases.
- Training for Foster carers. Carelink runs termly training 'Fostering Changes' for our carers. The training recommended in the guidance was developed in Southwark with our carers. We have since gone on to develop training about 'Fostering Education', to support foster carers to develop children's reading.
- Supporting and supervising carers. Carelink has a foster care support element to its team where foster carers can be referred or indeed self refer. We work closely with the departments fostering team.

Final guidance is expected in September 2010, once the consultation process has been completed. However from the draft guidance we know that the Southwark CAMHS Carelink team is offering the range of interventions that are recommended for this population and their network. It is worth noting that there has been a 10% increase of children in the care of Southwark in the last year.

Details of the Carelink Service

LOOKED AFTER CHILDREN:

Primarily a specialist assessment and therapeutic service for children and young people, who are Looked After by London Borough of Southwark where there is a plan for permanency. Carelink will see children whether they are in placements within the borough of Southwark, or elsewhere if feasible for them to travel to us or us to visit them. Otherwise, we will facilitate referral to the child's local CAMHS/therapeutic services if possible.

Age cut-off for the service is 16 at referral, but in practice the team are quite flexible and will not turn a child away if previously known to us or an alternative service cannot be identified.

The main strands of our work are

- direct work to children, young people and their carers,
- teaching and training,

- consultation and advice to all parts of CLA services, education, health social services etc
- research

ADOPTED CHILDREN:

Carelink can assist with transition from foster-care to adopted family. It can also offer CAMHS service to adopted children and the family (as long as they remain in Southwark).

FOSTER-CARER SUPPORT SERVICE:

Individual Southwark foster carers can be referred for support/advice on the care of CLAs in placement, irrespective of whether children are referred to us. Carelink will work in partnership with the supervising social worker in providing support.

The service offers Foster Carer training workshops, on a regular basis and on a variety of topics e.g. parenting teen's, parenting under 12's etc. A member of our team is the lead author of this programme, which is now available across the country. In conjunction with BAAF and the fostering department we developed a 'Fostering Education' training programme for carers. This uses 'Paired reading' as a method of improving children's reading. We also run workshops across the department on children's mental health and on attachment, separation and loss.

Other Interventions

Carelink provides consultation/advice to the professional network and especially the SW team on care planning, therapeutic needs, placements, and transitions.

Carelink can work with cases where there is a Special Guardianship Order – where the SGO is to a former foster carer and child resides in Southwark, or in certain circumstances where it is kinship care and child has previously been in care to Southwark LA and had involvement with Carelink.

Carelink provides Drop-In consultation service to the CLA SW teams on a regular basis.

Carelink provides advice/consultation/workshops to the CLA SW teams on Life Story Work and other direct work with children. We also run a 'reflective space' for social workers to present individual cases and think clinically about the need and demands of the work.

Current Staffing:

0.5 WTE	Consultant Child Psychotherapist
1.0	Team Administrator
1.0	Team Manager and CAMHS Specialist Practitioner/ Family Therapist
2.0	Therapeutic Social Workers (one is a Drama Therapist)
0.6	Clinical Psychologist
1.0	CAMHS Practitioner/Art Therapist
0.8	Occupational Therapist – specialising in work with under 5s
0.8	Consultant SW – specialising in foster carer support
0.4	Social Worker – specialising in training and supporting carers

1.0 Research Assistant

There are also various trainees attached to the team from time to time, including from the following specialisms: psychotherapy, psychology, family therapy and social work.

The team do not have psychiatrists as part of the team, but have access to psychiatry as the need arises.

The Administrative base for the team is a Social Services office, at East Dulwich – premises shared with the SW Fostering and Adoption teams. Practitioners travel to another site, the Southwark Child Health and Child Development Centre at Sunshine House in Camberwell, in order to meet with children and carers in a therapeutic setting. There we have shared use of the interview/therapy rooms with staff from Child Health. In addition, practitioners see children in their placement (mainly foster homes) or in school settings.

Carelink do not undertake assessments for court and care proceedings, due to limited resources. Carelink are commissioned to provide an accessible assessment and therapeutic service to our Children Looked After. A strength of the service is our ability and willingness to see children, where feasible and practical, when they move out of the borough of Southwark. It is difficult to secure adequate mental health and emotional wellbeing services for children in many outside boroughs. It is also valuable to individual children that they are able to keep seeing the same therapist even when they move placement, which gives them continuity in the therapeutic relationship and can be very useful in helping them with transitions.

We routinely get feedback from all who use our service and use this to continue to shape and develop the service and work.

Therapeutic services offered:

- Individual psychoanalytic psychotherapy (for some this will be intensive psychotherapy)
- Play therapy
- Art therapy
- Drama therapy
- Systemic Psychotherapy – including a family therapy clinic, which also takes referrals from foster carers, looking at impact on their own families of fostering challenging children
- Specialist under 5s input by Lead Occupational Therapist
- Cognitive Behaviour Therapy and social skills/behavioural approaches
- Psychiatric assessment and review
- Child Attachment Interview – specialist assessment on attachment type
- Psychometric Testing
- Foster Carer Support Service
- Training for foster carers
- Consultation to professional networks and child's social worker

Presenting problems

Children and young people are referred with a wide variety of problems – emotional disorders, low mood, depression, self harm, suicidal ideation, PTSD, eating

problems, anxiety, attachment disorder and difficulties, behavioural and conduct problems and neuro developmental problems.

RESEARCH IN THE TEAM

The team has always had a commitment to review, audit and get feedback on its work. More recently we are carrying out formal research with the support of our colleagues in CLA social services, CLA Health and CLA Education. In addition to the developmental work on the Fostering Changes programme and the Fostering Education programme we successfully completed one research pilot and this September 4-16 screening have started the second research project 0-4 screening. To our knowledge this work is not happening in any other similar services.

SDQ Screening Study 4-16 year olds

The mental health needs of CLA are not routinely assessed with many children receiving help when more intensive treatment is needed (Whyte & Campbell, 2008). Looked-after status potentially overshadows other explanations for observed emotional and behavioural issues in professionals' minds. This suggests the need for systematic screening to promote early identification and intervention. In 2008 the team were successful in a bid for money from Guy's and St Thomas' Charity to run a mental health screening programme for all young people aged 4-16 remaining in the care of the social services department for four consecutive months over a period of 12 months.

We agreed on the age range as the measures used - Strengths and Difficulties Questionnaire (SDQ) and the Developmental and Well Being Assessment (DAWBA)- are not validated for use on children below the age of four. Carelink is not funded to provide a service to young people over the age of 16 years and so we did not screen over that age as we could not guarantee they would receive a clinical service. The pilot study evaluated a mental health screening protocol and assessed social workers level of concern about the mental health of young people screened. The research supports the SDQ as a brief screening measure. While the uptake of the second part of the screening was lower than desired it did identify some previously undetected psychiatric disorder. We found that the detailed information provided by the DAWBA did aid referral and assessment of children out of borough. Southwark Social workers are confident about making referrals as they are familiar with the Carelink team. The fact that the team is co-located in a social services building was also identified as an advantage. We are now using the DAWBA as part of our assessment as this helps strengthen our current assessment. We are fortunate that Professor Robert Goodman joins our team meeting approx. every 6 weeks to review the DAWBA's and help identify clinical need.

Emotional / mental health screening study – Southwark Looked After Children 0-4 years

The team have received funding for a project to run for 15 months again funded by a grant from Guys and St Thomas' Charity.

The aim of this study is to identify early social and emotional difficulties in young children, aged 0-4 years, who become looked after by Southwark Children's Services. There is strong evidence that 70-80 % of children entering care have extensive needs that require skilled professional help (Ward et al 2008).

Appendix 1

The project plans to screen all young children entering care within a 12 month period. We are asking foster carers and birth parents to complete a standardised screening questionnaire at the child's initial health assessment, and will consider the information in the context of the child's general development. The second part of the screening involves carrying out a home observation of the child's interaction and play with their carer.

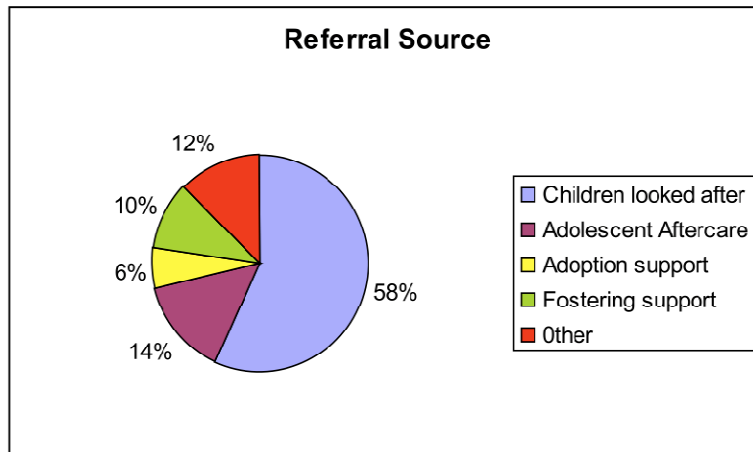
We will formulate a profile of the child's social-emotional development and share information from the screening with professionals across the network of health and social care, with the aim of positively informing and influencing the care planning for the child. In addition we will deliver a short intervention of foster carer support/advice to focus on the children highlighted as having specific needs. We also want to improve access to CAMHS for children with more significant mental health difficulties who remain looked after and signpost children to appropriate community services if they are returning home to their birth family.

We will evaluate the uptake of the screening and utility of the service by collating feedback from foster carers, paediatricians and social workers from CLA, Adoption and Fostering, Assessment and Safeguarding, and Family Support teams.

In addition the project will provide specific data on the number and types of social and emotional difficulties among children under 5 who are looked after in Southwark which could be used to inform future staff training programmes and service developments.

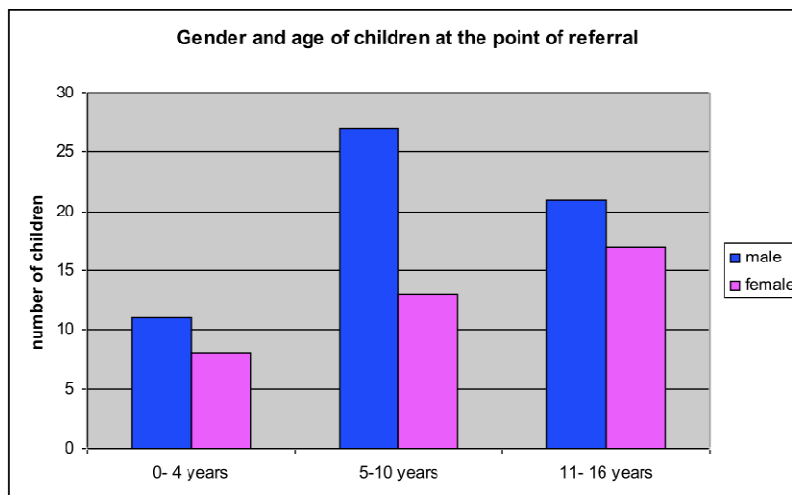
Appendix 1 - Statistics from Carelink for existing team caseload at August 2010:

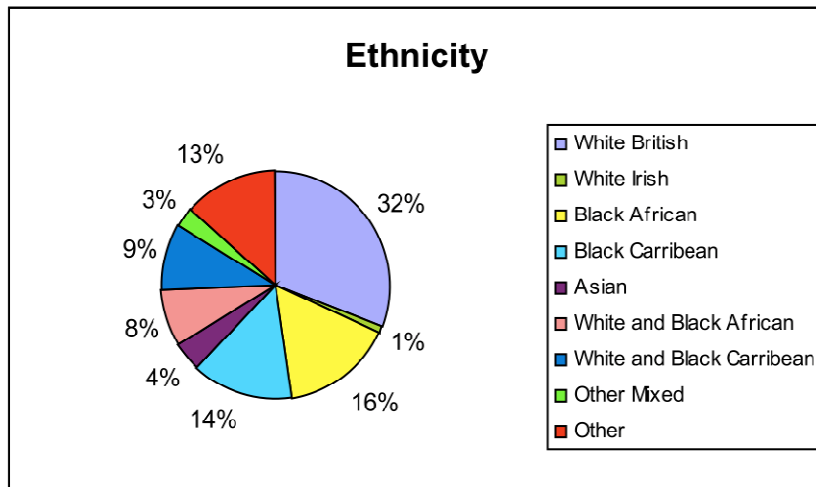
N = 97 this number refers to the children on referral and not the foster carers. We do not count consultation and work with carers. The team case load generally is between 100-120.



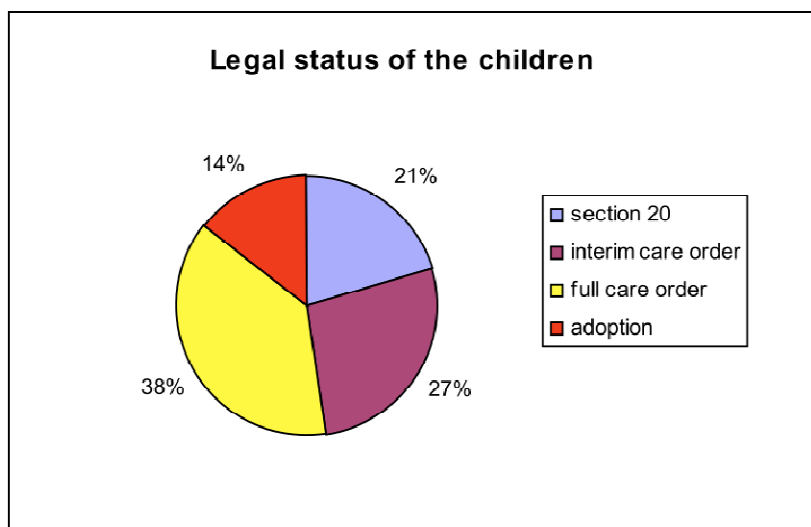
Note: Children Looked After, Adolescent Aftercare, Adoption support and Fostering support are all social work teams.

Other includes internal CAMHS referrals, GP's, Paediatricians and other social work teams including Referral and Assessment and Family Support Teams.



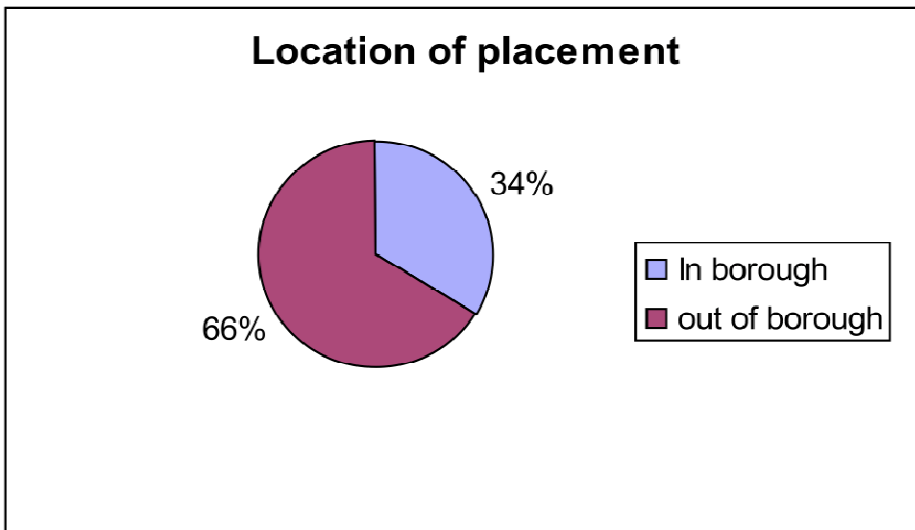


The age of children referred and ethnicity is in keeping with statistics for Southwark's CLA population

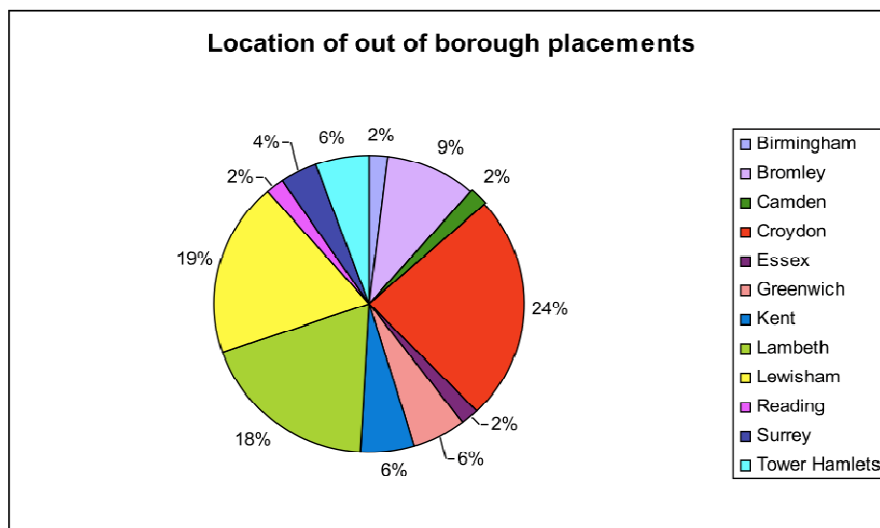


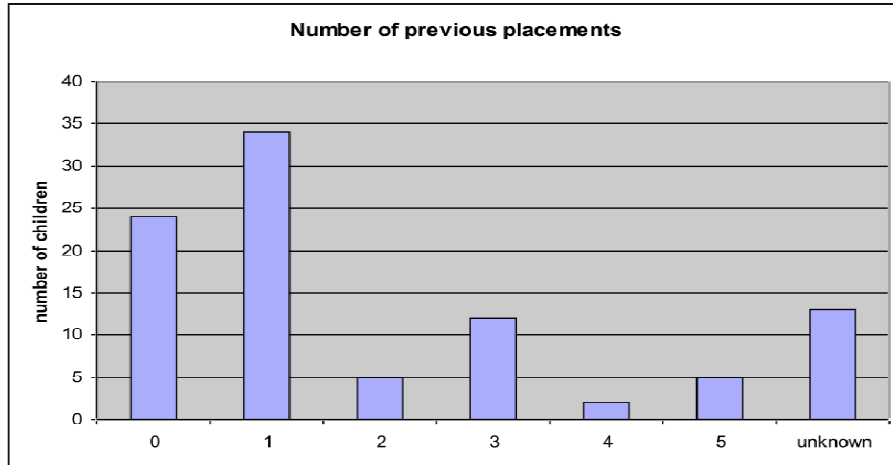
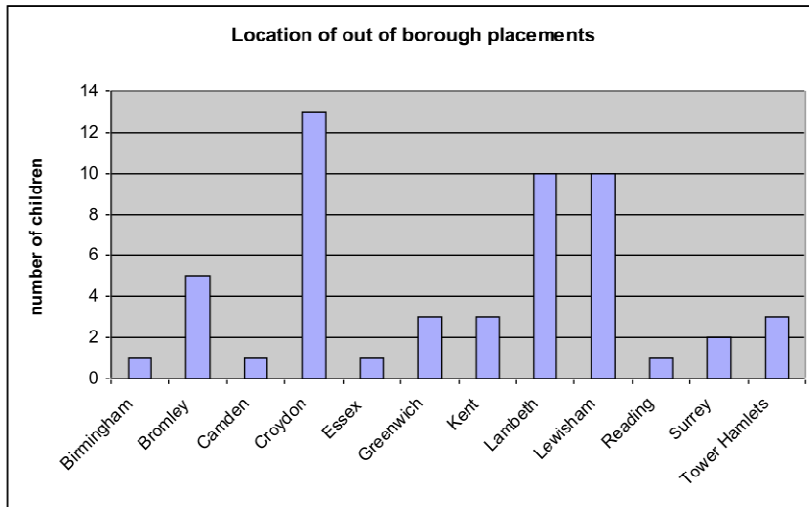
Note: Section 20 = voluntary accommodated by the local authority

While most Southwark CLA are in Southwark placements we also provide support to Private and Voluntary sector carers.

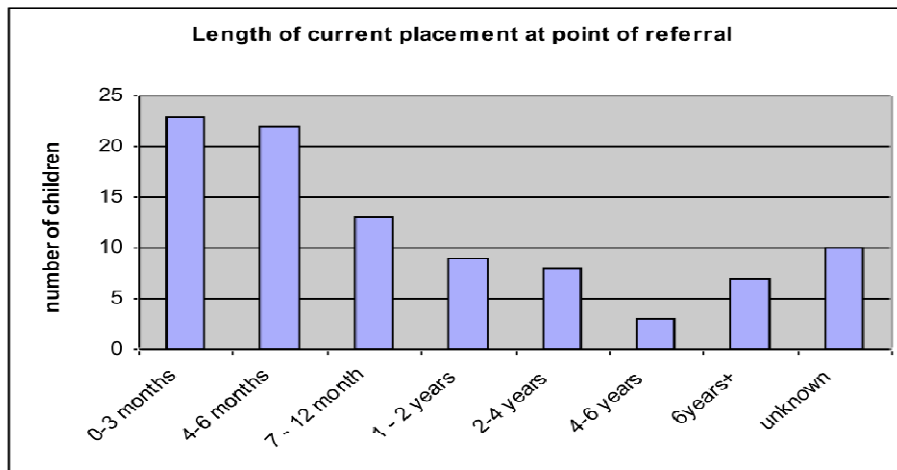


A high percentage of our work is out of borough and we are committed to offering a Southwark service to Southwark children where possible.



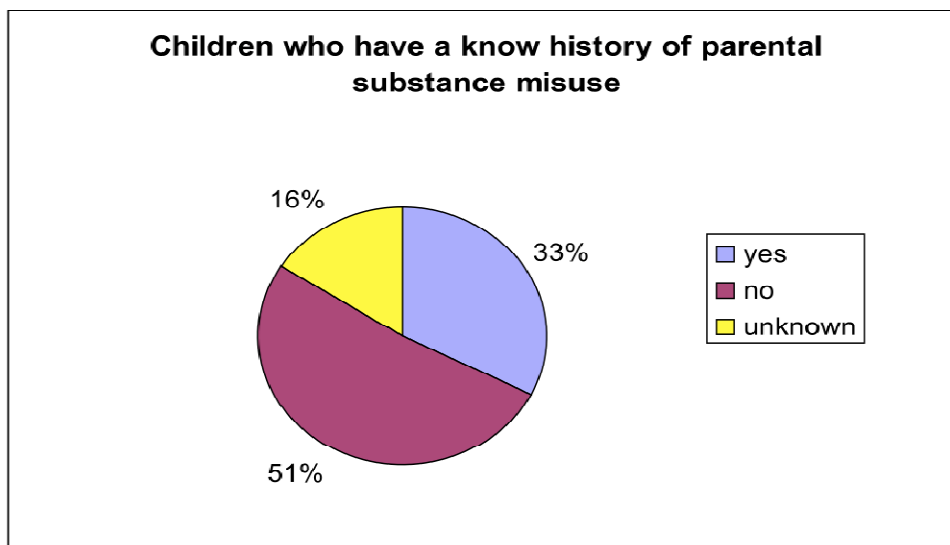
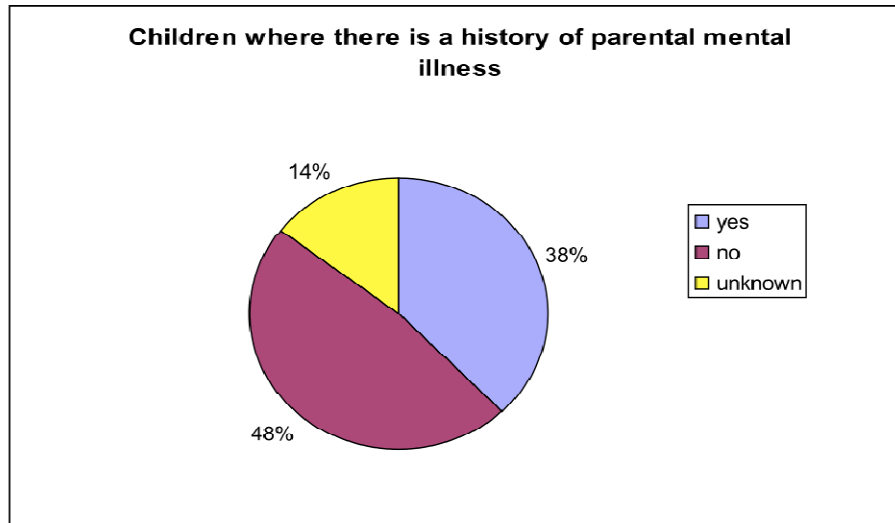


Number of previous placements at point of referral to our service



Southwark Social Services regularly reviews children's placements and we all work towards stability of placement. If a child has to move we hope this happens in a planned way. In an audit in March 2009 69% of children who have been looked after by Southwark for 2.5 years were in stable placements e.g. in placements for 2 years plus. This is an increase of almost 10% in three years. It is difficult to attribute any one factor to the increase as realistically it is a combination of all staff and foster carer's efforts. However the flexible and tailored support offered to children and carers in Carelink is an important dimension. We have many examples of being able to keep foster children in foster homes given the high levels of support we offer carers rather than the child needing to go to a residential unit. It is also important that we can remain involved in the child's care over several years if necessary; maintaining a consistent presence in the child's life. This means we can give specific and targeted intervention when required and 'share the burden' of caring for often the most needy and vulnerable children in the Borough.

Significant factors from child's background which may be indicators of adversity or vulnerability:



This is supported by Felitti et al (1998), who did research on Adverse Childhood Experiences and suggested that if a child had four or more of the following there was a high probability that they were at risk of mental and physical health problems in later life. The adverse experiences include domestic violence, sexual abuse, physical abuse, emotional abuse, neglect, death/separation of a parent, parental mental health difficulties, parental substance abuse and parental criminality. We know that the vast majority of our population will have experienced most if not all of the above.

We have recorded where the mental illness and substance abuse is known there will be many instances where we do not know.

DIAGNOSTIC TOOLS AND OUTCOME MEASURES

CAMHS teams across Southwark are using various outcome measures, including some which are generic like the Strengths and Difficulties Questionnaire (SDQ), Development and Wellbeing Assessment (DAWBA) and Children's Global Assessment Scale (CGAS) and some which are more specifically targeted like the Moods and Feelings Questionnaire (MFQs).

Children's Global Assessment Scale

Ref: <http://depts.washington.edu/wmirt/index.htm>

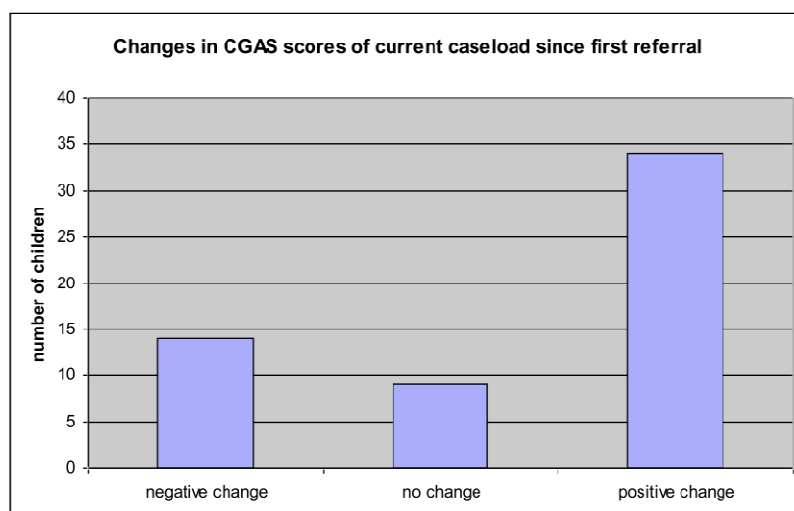
This is a 100-point rating scale, measuring psychological, social and school functioning for children aged 6-17. It was adapted from the Adult Global Assessment Scale and is a valid and reliable tool for rating a child's general level of functioning on a health-illness continuum.

A child or young person receives a score at initial assessment, which is a clinician rating on the basis of known information about general areas of functioning. This score is reviewed on a regular basis by the practitioner and the team, and at the point of closure of treatment, to give an indication of the child's progress in terms of their functioning.

Southwark CAMHS are now ensuring all children referred receive these scores, in order to provide outcome measures.

Children's Global Assessment Scale:

CARELINK – Data on differences in CGAS score for those children who currently have at least 2 scores noted



Total number of children with paired CGAS scores is 57. The total current caseload is 97.

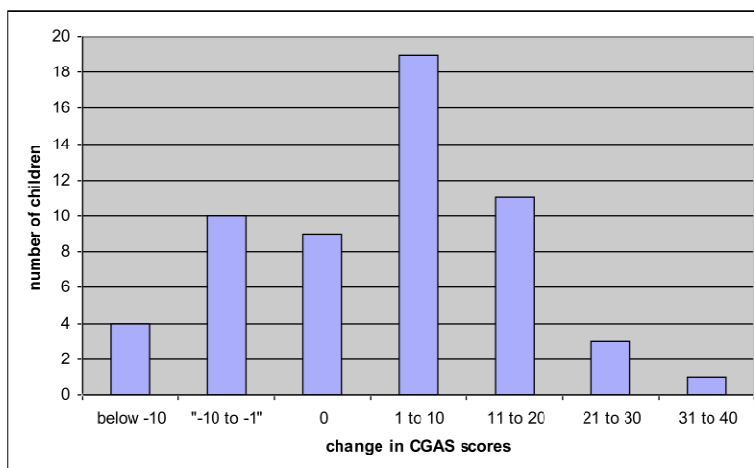
Appendix 1

NB: some children do not yet have two scores – may only have initial score given at assessment/point of referral.

Overall the outcomes are very good. This shows that a designated, accessible, bespoke and flexible service that not only works with the children but also their carers and the wider network is giving added value to this group. As explained above CGAS looks at day to day functioning so irrespective of initial diagnosis it's the child functioning that is important to them leading a happy and healthy life. We looked at the negative score and some of the reasons include death of a parent, move of placement, change of social worker. We will continue to follow this up closely.

Carelink is a stable team that is well integrated into Southwark CLA and CAMHS. We continue to build a sound knowledge base on treatment and interventions that are helpful to our children. We have successfully started research and have plans to submit proposals to research further area relevant to this group.

Level of change in CGAS Scores of current caseload since point of referral



Total number of children with paired CGAS scores is 57. The total current caseload is 97.

User feedback- Children and young people

This feedback is obtained by sending out a questionnaire.

Overall the staff are rated as kind and caring, allow the children to talk about important things, do seem to understand the children and are trustworthy people.

Free text comments about what would make your appointment better include;

'Fun'

'I don't know what can be improved'

'not in school time'- following this we are exploring if we can run an evening clinic and have raised this with senior managers as there is a resource implication.

Free text comments about the best thing about appointments include;

'Making me open up, allowing me to talk'

'Being able to talk in private'

'Letting things out, make it funny'

'Tell my feeling and talk about them'

'Playing and talking'

'I can talk and am given ideas to help myself get better'

User Feedback- Social Workers

The feedback was obtained by a member of the Carelink team meeting with Social Work CLA teams and undertaking a semi-structured interview. The responses were very positive and included the following:

- The teams said that Carelink is well respected for the work they do, they involve Carelink in care planning for children and gave examples of how the team had assisted in a complex piece of work.
- Access to the Carelink services was described as quick with a clear response even if the response is not always what is hoped for. Communication is good as are follow up calls regarding referrals.
- Social Workers wanted regular updated lists of staff in Carelink and what is on offer. This has since been provided.
- Social workers want more services for children in transition/care proceedings.
- Social workers know that Carelink do not provide a services to children who are being rehabilitated home but wish this could happen. This and the above point need to be discussed at a strategic level.

USER FEEDBACK

Foster Carer Support Service

This service is for foster carers (or prospective adopters) who are referred in their own right to Carelink for support/advice and behavioural strategies to help them manage the looked after child or young person in their care – the child does not have to be referred or be seen by our service at the same time (although sometimes they might be).

There is a specific feedback form given to foster carers on completion of a period of support from Carelink.

Appendix 1

Examples of comments from foster carers over the last year, about what they found most helpful:

“A friendly person who understood and was able to support and suggest ideas and strategies to support myself and my child”

“I would use Carelink in the future if needed, a friendly, supportive service.”

“I found it helpful when we worked on behaviour sheets, rewards and time out.”

“I really liked the way we worked and the “fly on the wall” feedback from the team watching was fantastic. Really enjoyed the exploring and acting out of some of our problems. Extremely informative.”

“The way that help was offered was really good.”

“Being able to explain any difficulties I was having, and then being offered a solution, or at least tactics to try at home in order to resolve problem.”

“Initially it was my Social Worker who referred me, but now I feel confident to make a referral myself or to phone up for advice from Carelink.”

“It was perfect.”

“The Carelink workers were very helpful in offering me support with a couple of issues. One in particular that left me feeling isolated and disappointed by the fostering service/employers. However, this quickly faded with Carelink’s help.”

“The worker from Carelink is absolutely fantastic. She is very knowledgeable and all her advice has been very beneficial towards the CLA in my care. I have also attended a course that Carelink facilitates and this too was remarkable in the development of my practice. She still calls me from time to time to enquire how I am doing with my new placement, which is very nice and appreciated. Y and Z are an asset to Southwark Social Services and I would not have achieved the desired results in the LAC and my practice had it not been for their input.”

“Help and advice to assist me in understanding some of the child’s problems and for me to look at my own self and how I was dealing with some situations.”

“Carelink was very helpful and understanding towards us and we left the meetings feeling fully supported.”

“Good, constructive and very useful help and tips. Felt listened to and there was empathy and sympathy.”

Feedback from Independent Reviewing Officer on a particular case: email sent to Team Manager and Clinical Lead

“I would like to tell you how impressed I have been by the work of x staff to support child Y and his prospective adopters. Their huge commitment and effort has I think been crucial in preventing Y’s adoption placement from breaking down, and their support to Y and his prospective adopters through some extremely testing times has had a significant and very positive outcome. He has been helped to develop a secure relationship with his adoptive parents and is now much more settled at home and at school. At the review yesterday a recommendation was made that the prospective

adopter's should go ahead with their application to adopt, and it is the key work of x staff that has enabled the family to reach this point".

Elizabeth Murphy,
Consultant Child and Adolescent Psychotherapist/Clinical Lead Southwark CAMHS

September 2010.

Item No. 10.	Classification: Open	Date: 22 September 2010	Meeting Name: Corporate Parenting Committee
Report title:		Children Looked After: Final End of year 2009/10 Performance Monitoring Report	
Ward(s) or groups affected:		All	
From:		Strategic Director of Children's Services	

RECOMMENDATION(S)

- 1 That the committee note this report, and endorse the measures adopted to address performance in relation to long-term stability.

BACKGROUND INFORMATION

- 2 Services for Children Looked After (CLA) are monitored through a series of national and local performance indicators.
- 3 This information is monitored on a monthly basis at senior management meetings. Summary information is monitored by the Young Southwark Executive.
- 4 These figures reflect Southwark's final 2009/10 end of year position submitted to Department of Education (DfE). End of year results are expected to be published end September 2010 by the DfE where an end of year benchmarking report will be made available. For the purposes of this report end of year 2008/09 comparators are used to benchmark. There were no significant changes to performance from the previous provisional report (June 2010).
- 5 Amendment to NI 101 – clarification of calculation leading to a change in the figure

Particular Success

- 6 The length of placements for children looked after has improved over the last 12 months. End of year 2009/10 figures bring us above end of year 2008/09 national, London and statistical neighbour averages (NI 63).

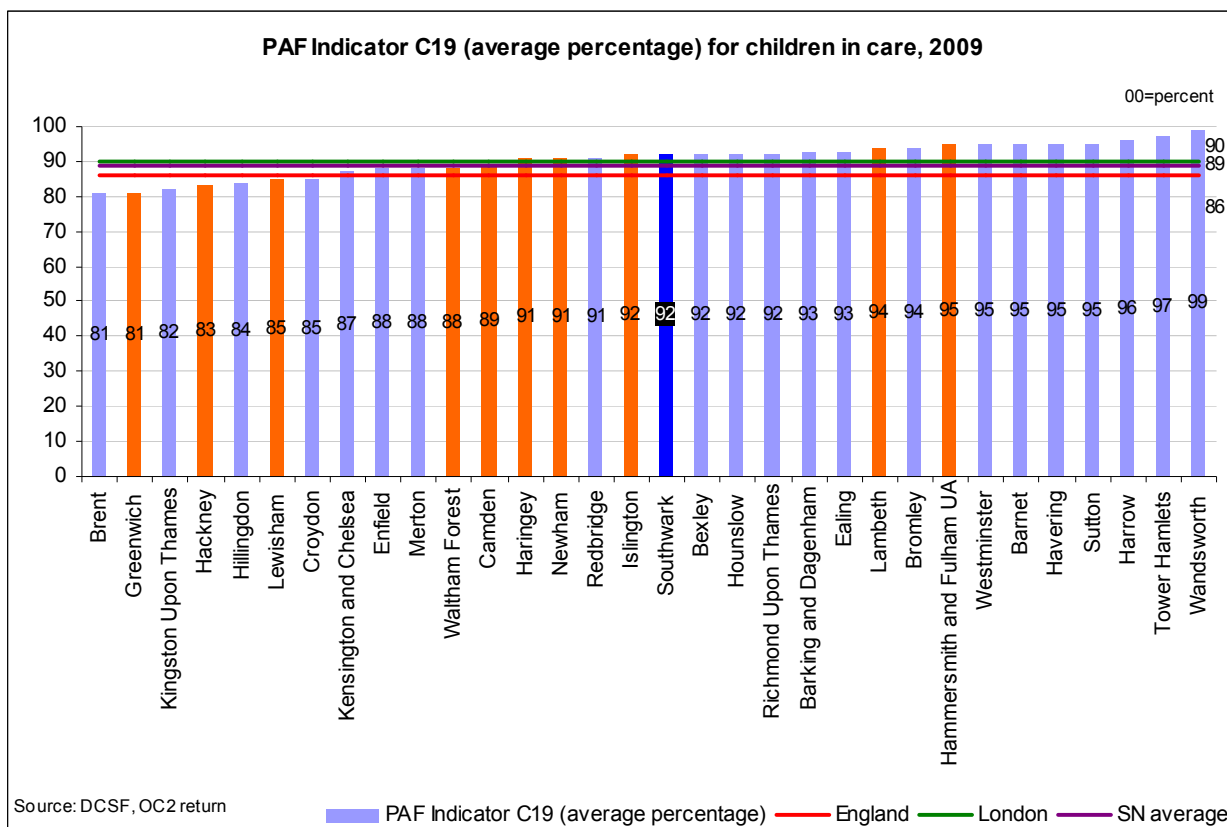
Areas of Development

- 7 The proportion of care leavers in education, employment or training has slightly decreased over the 12 month period. End of year figures are below end of year 2008/09 national, London and statistical neighbour averages (NI 148).
- 8 Children looked after with 3 or more placements has remained in line with last years end of year figures. However, performance is still below end of year 2008/09 national, London and statistical neighbour averages (NI 62).

Summary End of year 2010 Indicator Set – Be Healthy

- 9 CYPP 11 – Health of children looked after

The majority (91.9 per cent) of children that were looked after as at 30 September 2009 for at least 12 months had their dentist and health assessments. This is in line with last year (91.3 per cent) and is above national (85.9 per cent) and statistical neighbour (88.9 per cent) averages.



10 NI 58 – Emotional and behavioural health of children in care

The average score on the Strengths and Difficulties Questionnaire (SDQ) for children aged 4 to 16 who have been looked after continuously for at least 12 months as at 31 March 2010 was 12.1. This indicator is calculated as the average score for children with a completed SDQ, however these were completed for a small proportion of the eligible cohort. Our performance is in line with end of year 2008/09 national, London and statistical neighbours.

Summary End of year 2010 Indicator Set – Other Outcomes

11 Children looked after as at 31 March 2010

End of year 2009/10 shows a 4.1% increase in the number of children looked after over the last 12 months (557 compared to 535 children looked after).

In 2008/09 Southwark had the 5th highest number of children looked after in London and was in the top quartile nationally for high numbers of children looked after.

12 NI 61 – Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption

Performance has declined for the proportion of children who were adopted during the year and placed for adoption within 12 months of the decision that they should be placed for adoption. However, we remain above end of year 2008/09 national, London and statistical neighbour averages.

13 NI 62 – Children looked after with 3 or more placements

Final end of year data shows that performance is in line with end of year 2008/09. However, performance is lower than end of year 2008/09 national, London and statistical neighbour

averages.

In 2008/09 Southwark was ranked 24th out of 32 London boroughs for performance and was in the bottom quartile nationally.

14 NI 63 – Long term stability of looked after children: length of placements

As a recommendation from JAR there was a significant amount of energy and work over the last 24 months put into improving this area and final end of year data shows the success Southwark have made with an increase in the long term stability of placements. This brings us above end of year 2008/09 national, London and statistical neighbour averages.

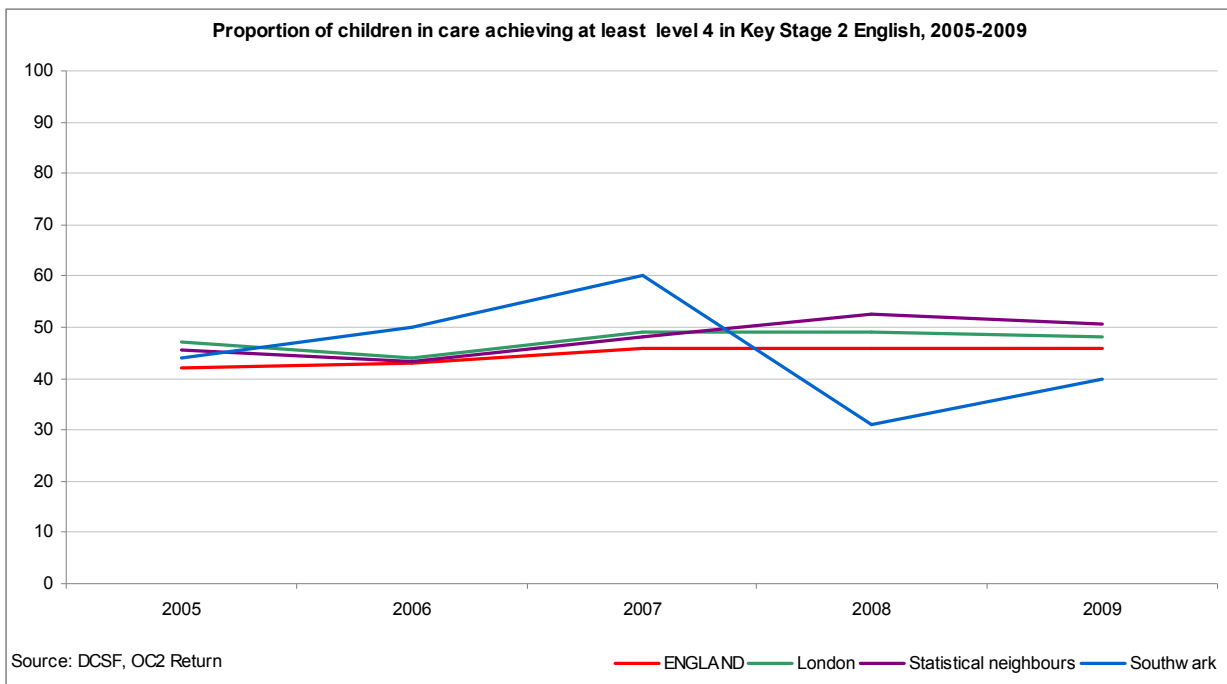
In 2008/09 Southwark was ranked 20th out of 32 London boroughs and was in the 2nd quartile nationally for high performance.

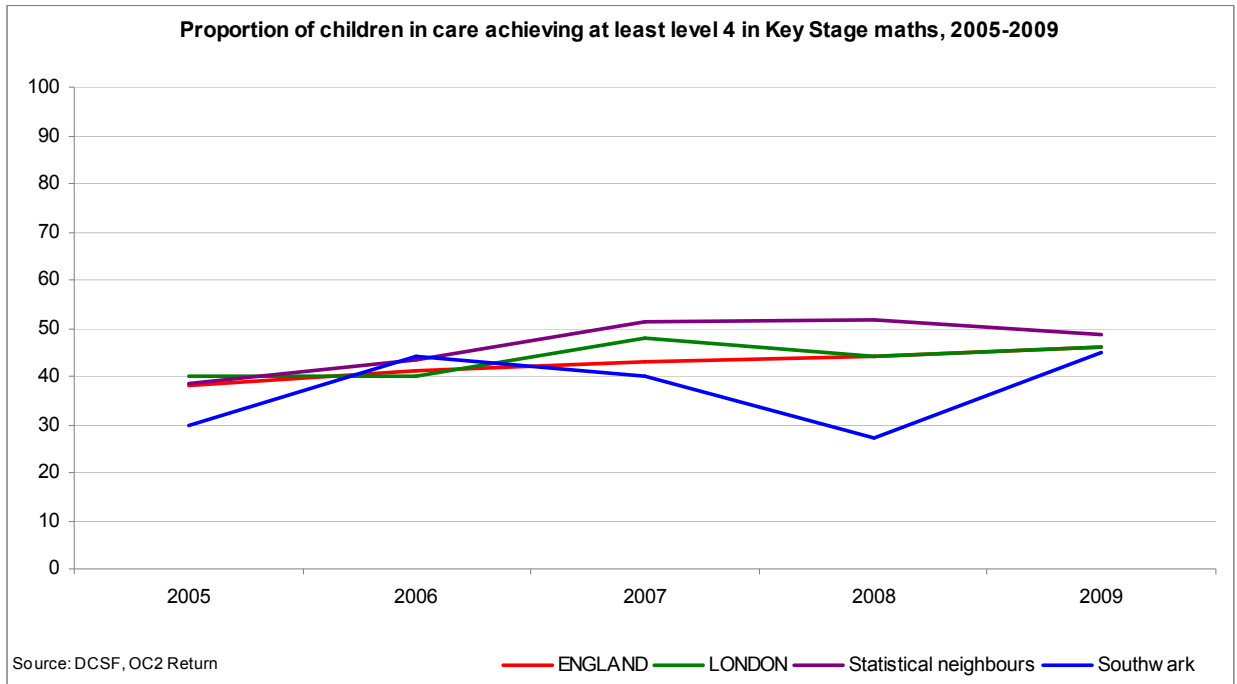
15 NI 66 – Looked after children cases which were reviewed within required timescales

92.8 per cent of children had their cases reviewed within the required timescales during 2010. This is a slight decrease compared to last year and we remain in line with end of year 2008/09 national, London and statistical neighbour averages.

16 NI 99 / 100 – Children in care reaching level 4 in English / maths at Key Stage 2

2009 results have shown an improvement in the proportion of children achieving the expected levels at Key Stage 2 (from 30.8 per cent to 40.0 per cent in English and 26.9 per cent to 45.0 per cent in maths). This is below the national (46 per cent), London (48 per cent) and statistical neighbour (50.7 per cent) averages for English but achievement in maths is in line with national and London averages (both 46 per cent).





- 17 NI 101 – Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 including English and Maths)

Key Stage 4 results in 2009 showed 13 per cent of children in care obtained at least 5 A* to C grades including English and mathematics at GCSE or equivalent. This was higher than the national average (9.8 per cent) and in line with London (13.1 per cent).

- 18 NI 148 – % of care leavers in education, employment or training

Final data shows care leavers in education, employment or training has slightly decreased over the 12 month period and is below end of year 2008/09 national, London and statistical neighbour averages. A good strategy is in place and is targeting support to those most vulnerable to not being in education, employment or training (NEET) so we are expecting future improvements.

In 2008/09 Southwark had the 13th lowest proportion out of the 33 London boroughs and was in the 3rd quartile nationally.

- 19 NI 147 – % of care leavers at age 19 in suitable accommodation

Performance for end of year 2009/10 remains high with the majority of care leavers at age 19 in suitable accommodation. Final figures show performance remains above end of year 2008/09 national, London and statistical neighbour averages.

In 2008/09 Southwark had the 5th highest proportion out of the 32 London boroughs and was in the top quartile nationally for high performance.

Policy Implications

- 20 This decision has been judged to have no policy implications.

Community Impact Statement

- 21 The decision to note this performance report has been judged to have no or a very small impact on local people and communities. Clearly the quality of these services has a big impact on children looked after from all communities.

Resource Implications

22 This decision has no resource implications.

Consultation

23 The management teams of Children's Safeguarding and Specialist Services have discussed the indicators set out in this report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
General guidance on performance indicators	Department for Education website	

APPENDICES

No.	Title
Appendix 1	Performance Indicators table

AUDIT TRAIL

Lead Officer	Rory Patterson	
Report Author	Monika Ciurej / Gwen Sinnott	
Version	Final	
Dated	13 September 2010	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Cabinet Member	Yes	No
Date final report sent to Constitutional Officer	13 September 2010	

Appendix 1

Corporate Parenting Performance Indicators - For Southwark Children's Services

REPORT	All Ref	Long Description	2007/08	2008/09	2008/09 Target	2009/10	2009/10 Target	Status on current data	Comparators					Benchmark Year
									Against Target	Direction of Travel (Vs last year)	Stats Neighs (status)	London (Status)	England (Status)	
ECM Outcome 1: Be Healthy														
28	CYPP 11	PAF C19: Health of children looked after	88.1%	91.3%	88.0%	91.9%	90.0%	Final	Above	↔	Above	In Line	Above	End Sept 2009
29	NI 58	Emotional and behavioural health of children in care DCSF DSO	NEW	NEW	NEW	12.1	NA	Final	NA	n/a	In Line	In Line	In Line	2008/09
ECM Outcome 2: Stay Safe														
43	CYPP 24	CH39: Children looked after 31 March per 10,000 pop aged under 18	105.3	97.8	101.0	102.0	100.0	Final	Below	↓	Below	Below	Below	2008/09
44	NI 66	PAF C68: The percentage of children looked after at 31st March <i>all</i> of whose reviews during the year were completed on time.	95.5%	94.1%	96.0%	92.8%	95.0%	Final	Below	↔	In Line	In Line	In Line	2008/09
45	NI 62 / CYPP 25	PAF A1: Percentage of children looked after with 3 or more placements during the year	12.2%	14.1%	12.0%	14.9%	11.5%	Final	Below	↔	Below	Below	Below	2008/09
46	NI 63	Stability of placements of looked after children: length of placement. % of LAC aged under 16 at 31 March who had been looked after continuously for at least 2.5 years who were living in the same placement for at least 2 years, or are placed for adoption	70.2%	67.4%	69.0%	72.2%	69.0%	Final	Above	↑	Above	Above	Above	2008/09
47	CYPP 26	PAF B79: % of CLA aged 10 to 15 in foster placements or placed for adoption	85.7% (192/224)	86.0%	86.0%	85.0%	87.0%	Final	Below	↔	NA	NA	NA	2008/09
48	NI 71	Children who have run away from home/care overnight	NEW	NEW	NEW	10		Final		n/a	In Line	In Line	In Line	2009/10 Q3
49	NI 61	% of looked after children adopted during the year who were placed for adoption within 12 months of the decision that they should be placed for adoption, and who remained in that placement on adoption	81.8%	87.1%	85.0%	81.8%	87.0%	Final	Below	↓	Above	Above	Above	2008/09
ECM Outcome 3: Enjoy & Achieve														
87	(LAA) NI 101	Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4, including English and Maths) PSA 11 LAA	NEW	N/A	10.5% (6 of 57)	13.0%	17.1%	Final	Below	n/a	n/a	In Line	Above	2008/09 AY
89	(LAA) NI 99	Children in care reaching level 4 in English at Key Stage 2 PSA 11 LAA	60% (9 of 15) (06/07 AcYr)	31.0%	50% (17 out of 34)	40.0%	56.0%	Final	Below	↑	Below	Below	Below	2008/09 AY
90	(LAA) NI 100	Children in care reaching level 4 in Maths at Key Stage 2 PSA 11 LAA	40% (6 of 15) (06/07 AcYr)	27.0%	50% (17 out of 34)	45.0%	56.0%	Final	Below	↑	Below	In Line	In Line	2008/09 AY
ECM Outcome 5: Positive Contribution														
129	(LAA) NI 148	% of Care leavers in employment, education or training at age 19 LAA	67.5%	61.9%	68.0%	60.5%	71.0%	Final	Below	↔	Below	Below	Below	2008/09
130	NI 147	Percentage of care leavers at age 19 who are living in suitable accommodation (as judged by the council)	91.6%	97.6%	93.0%	97.5%	93.0%	Final	Above	↔	Above	Above	Above	2008/09

Abbreviations: AY - Academic year

Item No. 11.	Classification: Open	Date: 22 September 2010	Meeting Name: Corporate Parenting Committee
Report title:		Corporate Parenting Committee – Workplan 2010/2011	
Ward(s) or groups affected:		All	
From:		Strategic Director of Children’s Services	

RECOMMENDATIONS

1. That the corporate parenting committee review the workplan for 2010-11.

BACKGROUND INFORMATION

Role and function of the corporate parenting committee

2. The constitution for the municipal year 2010-2011 records the corporate parenting committee’s role and functions are as follows:
 1. To secure real and sustained improvements in the life chances of looked after children, and to work within an annual programme to that end.
 2. To develop, monitor and review a corporate parenting strategy and work plan
 3. To seek to ensure that the life chances of looked after children are maximised in terms of health educational attainment, and access to training and employment, to aid the transition to a secure and productive adulthood.
 4. To develop and co-ordinate a life chances strategy and work plan to improve the life chances of Southwark looked after children.
 5. To recommend ways in which more integrated services can be developed across all council departments, schools and the voluntary sector to lead towards better outcomes for looked after children.
 6. To ensure that mechanisms are in place to enable looked after children and young people to play an integral role in service planning and design, and that their views are regularly sought and acted upon.
 7. To ensure performance monitoring systems are in place, and regularly review performance data to ensure sustained performance improvements in outcomes for looked after children.
 8. To receive an annual report on the adoption and fostering services to monitor their effectiveness in providing safe and secure care for looked after children.
 9. To report to the council’s cabinet on a twice yearly basis.
 10. To make recommendations to the relevant cabinet decision maker where responsibility for that particular function rests with the cabinet.
 11. To report to the scrutiny sub-committee with responsibility for children’s services after each meeting.
 12. To appoint non-voting co-opted members.

KEY ISSUES FOR CONSIDERATION

3. The committee has previously received an annual report on adoption and fostering services and independent review officers service, quarterly reports on performance indicators for children looked after, regular reports from the speakerbox service for children looked after and ad hoc statistical analyses and the outcome of statutory service inspections. The corporate parenting committee agreed on 7 July 2010 to move towards thematic meetings.

Policy implications

4. The policy agenda has been measured against the government's five "Every Child Matters" outcomes: Be Healthy; Stay Safe; Enjoy and Achieve; Make a Positive Contribution; Achieve Economic Well-Being. The committee's programme of work has been developed to meet these outcomes.

Future agenda items

5. The following workplan sets out the allocation of items for future meetings. The committee may wish to review the scheduling.

22 September 2010

Be Healthy Theme

- Designated Doctor for CLA – Annual report (nurse also in attendance)
- Teenage Pregnancy Strategy (including more details of children in care and how this relates to the broader strategy, with figures for the last three years)
- Substance Misuse Strategy (including how broader strategy interlinks with adults and young persons strategies and other work undertaken in this area)
- Child and Adult Mental Health Services (CAMHS) support for CLA – Carelink
- Update on final end of year 2009-2010 performance indicators and focus on key indicators for the Be Healthy theme e.g. health assessments, and the wider performance data.

9 November 2010

Enjoy and Achieve Theme

- KEY stage results and confirmed GCSE results
- Report from the Virtual Head Teacher (Celebration, Special needs, attendance, exclusion) with interim findings
- Accessing Leisure, including Fusion Partnership
- Children in Care Placements Commissioning Strategy
- Children Looked After (CLA) performance indicators 2010-2011 Quarter 2, focusing on key indicators for the enjoy and Achieve theme and wider performance data.
- Effectiveness of personal education plans
- Interim report Not in Education, Employment or Training (NEETS)
- Pupil Premiums

16 February 2011

Stay Safe Theme

- Annual report on the adoption and fostering services
- Safeguarding children – trends and court actions (report from legal services and CLA 0-12 services)
- Stability and Permanency for Children in Care, including life story work
- Children in Care and Youth Offending (including data analysis and joint working).
- Independent Reviewing Officers (IRO) Annual report
- Children looked after (CLA) performance indicators 2010-11 Quarter 3, focusing on key indicators for the Stay Safe theme and wider performance data.

26 April 2011

Economic Wellbeing Theme

- Unaccompanied minors
- Adolescent and After Care Service
- NEET Strategy (Not in Education, Employment or Training) (including university support, apprenticeships, coaching, drop-in services, connexions, Southwark Works, training partnerships.
- Children Looked After (CLA) performance indicators for the Economic Wellbeing theme and wider performance data.

To be allocated:

- Speakerbox Action Plan
- Children in Care Annual Report
- Feedback from joint meetings between Speakerbox and members of the Corporate Parenting Committee

Community impact statement

6. The work of the corporate parenting committee contributes to community cohesion and stability.

Resource implications

7. There are no specific implications arising from this report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Minutes of meetings of Corporate Parenting Committee	Constitutional Team 160 Tooley Street SE1 5LX	Bola Roberts 020 7525 7232

AUDIT TRAIL

Lead Officer	Rory Patterson, Assistant Director Children's Services	
Report Author	Bola Roberts, Constitutional Officer	
Version	Final	
Dated	14 September 2010	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Officer	14 September 2010	

**CORPORATE PARENTING COMMITTEE AGENDA DISTRIBUTION LIST MUNICIPAL YEAR
2010-11**

NOTE: Original held by Constitutional Team; all amendments/queries to
Bola Roberts 020 7525 7232

To	Copies	To	Copies
Membership	1 each	Constitutional Officer to Bola Roberts, Tooley Street	10
Councillor Catherine McDonald		Total:	37
Councillor Lisa Rajan			
Councillor Eliza Mann			
Councillor Claire Hickson			
Councillor Patrick Diamond			
Councillor Catherine Bowman			
Councillor Althea Smith			
Reserves			
Councillor James Barber	1 each		
Councillor Helen Hayes			
Councillor Darren Merrill			
Co-opted members			
Barbara Hills	1 each		
Chris Sanford			
Libraries			
Albion	1 each		
Dulwich			
Newington			
Local Studies Library			
Children's Services			
Romi Bowen			
Rory Patterson			
Chris Saunders			
Adrian Ward			
Debbie Walsh			
Eleanor Parkin			
Legal		Dated: 29 June 2010	
Sarah Feasey			
Jill Easty			
Organisational Development			
John Howard			