

## Corporate Parenting Committee

Wednesday 18 July 2012

2.00 pm

Ground Floor Meeting Room G06 - 160 Tooley Street, London SE1 2QH

### Membership

Councillor Dora Dixon-Fyle (Chair)  
Councillor Eliza Mann (Vice-Chair)  
Councillor Catherine Bowman  
Councillor Barrie Hargrove  
Councillor Claire Hickson  
Councillor Wilma Nelson  
Councillor Althea Smith  
Barbara Hills  
Gordon McCullough

### Reserves

Councillor Poddy Clark  
Councillor Patrick Diamond  
Councillor Helen Hayes  
Councillor Lisa Rajan

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### INFORMATION FOR MEMBERS OF THE PUBLIC

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#### Access to information

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#### Contact

Paula Thornton 020 7525 4395 or email: [paula.thornton@southwark.gov.uk](mailto:paula.thornton@southwark.gov.uk)  
Webpage: <http://www.southwark.gov.uk>

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Members of the committee are summoned to attend this meeting

**Eleanor Kelly**  
Chief Executive  
Date: 10 July 2012



# Corporate Parenting Committee

Wednesday 18 July 2012  
2.00 pm  
Ground Floor Meeting Room G06 - 160 Tooley Street, London SE1 2QH

## Order of Business

| Item No. | Title   | Page No. |
|----------|---|----------|
|          | <b>MOBILE PHONES</b>  |          |
|          | Mobile phones should be turned off or put on silent during the course of the meeting.   |          |
|          | <b>PART A - OPEN BUSINESS</b>   |          |
|          | <b>BE HEALTHY THEME</b>   |          |
| 1.       | <b>APOLOGIES</b>  |          |
|          | To receive any apologies for absence.   |          |
| 2.       | <b>CONFIRMATION OF VOTING MEMBERS</b>   |          |
|          | A representative of each political group will confirm the voting members of the committee.                                      |          |
| 3.       | <b>NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT</b>   |          |
|          | In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.                  |          |
| 4.       | <b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>  |          |
|          | Members to declare any personal interests and dispensation in respect of any item of business to be considered at this meeting. |          |
| 5.       | <b>MINUTES</b>  | 1 - 3    |
|          | To approve as a correct record the minutes of the open section of the meeting held on 1 May 2012.                               |          |

| <b>Item No.</b> | <b>Title</b>  | <b>Page No.</b> |
|-----------------|---|-----------------|
| 6.              | <b>CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) AND CARELINK</b>      | 4 - 36          |
| 7.              | <b>2012-13 YOUNG PEOPLES SUBSTANCE MISUSE (YPSM) TREATMENT PLAN</b> | 37 - 47         |
| 8.              | <b>PERFORMANCE REPORT - LOOKED AFTER CHILDREN</b>                   | 48 - 51         |
| 9.              | <b>CORPORATE PARENTING COMMITTEE WORK PLAN 2012/2013</b>            | 52 - 54         |

#### **OTHER REPORTS**

The following item is also scheduled for consideration at this meeting:

10. **OUTCOMES OF OFSTED INSPECTION OF SAFEGUARDING AND LOOKED AFTER CHILDREN'S SERVICES REPORT**

**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.**

Date: 10 July 2012



## Corporate Parenting Committee

MINUTES of the OPEN section of the Corporate Parenting Committee held on Tuesday 1 May 2012 at 2.00 pm at 160 Tooley Street, London SE1 2QH.

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**PRESENT:** Councillor Catherine McDonald (Chair)  
Councillor Barrie Hargrove  
Barbara Hills  
Gordon McCullough

**OFFICER SUPPORT:** Rory Patterson (assistant director of specialist services & safeguarding), Alasdair Smith, Darren Coghlan, Liz Britton (children's services), Bola Roberts and Paula Thornton (constitutional team).

### 1. APOLOGIES

Apologies for absence were received from Councillors Althea Smith, Claire Hickson, Rosie Shimell and Lisa Rajan.

### 2. CONFIRMATION OF VOTING MEMBERS

The members listed as present were confirmed as the voting members for the meeting.

### 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 interests or dispensations.

### 5. MINUTES

#### RESOLVED:

That the open minutes of the meeting held on 21 February 2012 be approved as a

correct record and signed by the chair.

## **6. ADOLESCENT AND AFTERCARE SERVICE**

### **RESOLVED:**

1. That it be noted that the delivery of the adolescent and aftercare service for looked after children and care leavers (13-21) contributes to economic well being.
2. That the relocation of the children looked after service in a single purpose built central location in Peckham from May 2012 be welcomed by the committee and noted.
3. That corporate parenting committee promote key partnerships/protocols with other council services to target looked after children and care leavers to deliver tangible outcome regarding apprenticeships, training and further education.
4. That the cabinet member for children's services write to all cabinet members to clarify how the needs for all looked after children and care leavers are being met within their portfolio areas and encouraging interventions that are in place or being developed.

## **7. NEET (NOT IN EDUCATION, EMPLOYMENT OR TRAINING) STRATEGY REPORT**

### **RESOLVED:**

1. That the report be noted.
2. That officers circulate to members of the committee figures of the outcomes and destinations for looked after children. Officers to also include in this note data relating to the activities utilised by looked after children as set out in Appendix 1 of the report.

## **8. PERFORMANCE REPORT - LOOKED AFTER CHILDREN**

### **RESOLVED:**

That the report be noted.

## **9. CORPORATE PARENTING COMMITTEE - WORK PLAN 2011/12**

### **RESOLVED:**

1. That the work plan for 2011/12 as set out in paragraph 5 of the report be noted.
2. That it be noted that the 'Be Healthy Theme' currently scheduled for July 2012 meeting may be amended if the final Ofsted report on the triennial inspection is

published. If published the July committee would consider this Ofsted report.

3. That the corporate parenting committee's meetings in 2012/13 be scheduled for start times in the day time and that the council calendar due for consideration by the council assembly meeting in May 2012 be accordingly adjusted.
4. That a verbal update given by the deputy director, children's specialist services and safeguarding to the committee in respect of the legal position and advice for unaccompanied minors be noted.

The meeting ended at 3.00pm.

**CHAIR:**

**DATED:**

|                                    |                                |   |   |
|------------------------------------|--------------------------------|---|---|
| <b>Item No.</b><br>6.              | <b>Classification:</b><br>Open | <b>Date:</b><br>18 July 2012                            | <b>Meeting Name:</b><br>Corporate Parenting Committee |
| <b>Report title:</b>               |                                | Child and Adolescent Mental Health (CAMHS) and Carelink |   |
| <b>Ward(s) or groups affected:</b> |                                | All   |   |
| <b>From:</b>                       |                                | Strategic Director of Children's Services               |   |

### RECOMMENDATIONS

1. To note the delivery of the Children and Adolescent and Mental Health (CAMHS) Carelink service.
2. To note the training with the British Association for Adoption and Fostering (BAAF) for foster carers, social workers, Independent Reviewing Officers (IRO's), members of the adoption and fostering panels and possibly contact workers. The aim of this training will be to think specifically about the emotional and developmental needs of under 5's.
3. That the committee to note that officers will promote key partnerships and protocols with other council services to target Looked After Children (LAC) and adolescents suffering from mental health issues and to note the other services and training provided by (CAMHS) Carelink service.

### KEY MESSAGES

4. Our remit is to offer a therapeutic service to children and young people who are looked after by Southwark Social Services, where there is a plan for them to remain permanently in care.
5. We work with Southwark looked after children both in and out of Borough. At any one time up to 50% of our open cases can be on children who are looked after by Southwark but live outside of the Borough.
6. It is also possible for individual Southwark foster carers to be referred on their own for support/advice on the care of LAC children in placement (even if the child is not referred for therapy). These referrals come from Fostering Team/Supervising Social Worker and Carelink work in partnership with them in providing support.

### BACKGROUND INFORMATION

7. An Annual Report of Carelink, Southwark Child & Adolescent Mental Health Service for Looked After Children is provided as guidance. This report focuses on the work undertaken by CAMHS and Carelink.

### KEY ISSUES FOR CONSIDERATION

8. 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 6% increase of children in the care of Southwark in the last year.

### Community impact statement

9. The extensive work carried out by CAMHS and Carelink is intended to improve the outcome for looked after children and adolescents who suffer from mental health. We also offer therapeutic services to adopted children and the family if this seems more appropriate than having intervention from the local CAMHS community team.

### BACKGROUND DOCUMENTS

| Background Papers   | Held At                               | Contact  |
|---|---------------------------------------|--|
| Carelink Annual Report – Southwark Child and Adolescent Mental Health Service for Looked After Children | South London and Maudesley (SLAM NHS) | <a href="mailto:elizabeth.murphy@slam.nhs.uk">elizabeth.murphy@slam.nhs.uk</a> |

### APPENDICES

| No.        | Title   |
|------------|---|
| Appendix 1 | Carelink - Southwark Child & Adolescent Mental Health Service for Looked After Children - Annual Report 2011-2012 |

### AUDIT TRAIL

|   |   |                          |
|---|---|--------------------------|
| <b>Lead Officer</b>   | Rory Patterson, Deputy Director Children's Specialist Services and Safeguarding |                          |
| <b>Report Author</b>  | Elizabeth Murphy, Consultant Child and Adolescent Psychotherapist               |                          |
| <b>Version</b>  | Final   |                          |
| <b>Dated</b>  | 4 July 2012   |                          |
| <b>Key Decision?</b>  | No  |                          |
| <b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b> |   |                          |
| <b>Officer Title</b>  | <b>Comments Sought</b>  | <b>Comments included</b> |
| Director of Legal Services  | No  | No                       |
| Strategic Director of Finance and Corporate Services                    | No  | No                       |
| <b>Cabinet Member</b>   | No  | No                       |
| Date final report sent to Constitutional Team                           | 4 July 2012   |                          |



**APPENDIX 1**

**C A R E L I N K**

**Southwark Child & Adolescent Mental Health Service  
for Looked After Children**

**ANNUAL REPORT  
2011-2012**



## I N D E X

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## **INTRODUCTION TO CARELINK**

We are the team who offer a specialist Child and Adolescent Mental Health Service for Looked After Children. We are one of four CAMHS teams/services in the borough of Southwark. Our agency is an NHS team, and we work in close partnership with Children's Social Care.

The team is located, along with the rest of the Targeted CAMHS service at the Lister Primary Care Centre (a modern purpose built health centre) in the middle of Peckham. We also share an administrative base in a shared location with Children's Social Care staff also in Peckham, where we have close links with our social work colleagues from the Fostering Support and Adoption teams. There is a future plan for us to relocate to premises which will be shared by all the social work staff involved with Looked After Children – which will happen this year 2012.

The majority of our sessions with children, young people and carers take place either at the Lister Centre or at Southwark Child Health and Development Centre at Sunshine House in Camberwell (nearby). There we have shared use of the interview/therapy rooms with staff from Child Health and other CAMHS teams. In addition, practitioners see children in their placement (mainly foster homes) or sometimes in school settings.

## **THERAPEUTIC SERVICES FOR CHILDREN**

### **Presenting problems**

Children and young people are referred with a wide variety of problems – emotional disorders, low mood, depression, self harm, suicidal thoughts, PTSD, eating problems, anxiety, attachment disorder and difficulties, behavioural and conduct problems and neuro-developmental problems

### **LOOKED AFTER CHILDREN:**

Our remit is to offer a therapeutic service to children and young people who are looked after by Southwark Social Services, where there is a plan for them to remain permanently in care. Our age range was up to 16<sup>th</sup> Birthday, but during 2011 we increased our age range up to 18 years; although some young people already received a service from us beyond this age range if already in treatment with our team and no other resource was easily available.

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

### **ADOPTED CHILDREN:**

We have close links with the SW Adoption Team. We provide services to adopted children, in that Carelink can assist with the transition from foster-care to adopted family. We also offer therapeutic services to adopted children and the family if this

seems more appropriate than having intervention from the local CAMHS community team.

We are also referred adopted children and young people for a CAMHS assessment and possible therapeutic interventions who are experiencing extreme difficulties. Examples are adolescents undergoing developmental crisis that place pressure on the parents and increase likelihood of family breakdown. These young people are often not known to Southwark Social Care as the adoption may not have taken place in Southwark but the family now reside in the Borough, or the child and family were known in the past but have not had contact with the service for many years.

#### **FOSTER-CARER SUPPORT SERVICE:**

Our team routinely offer support and advice to foster carers who are looking after the children who are in therapy with our service. We also offer this to Independent Fostering Agency (IFA) carers in circumstances where IFA do not have an equivalent specialist service.

It is also possible for individual Southwark foster carers to be referred on their own for support/advice on the care of LAC children in placement (even if the child is not referred for therapy). These referrals come from Fostering Team/Supervising Social Worker and Carelink work in partnership with them in providing support.

#### **TRAINING FOR FOSTER CARERS**

Carelink is involved in foster carer training from the early stages of the approval process. One of the Carelink staff contributes regularly to the foster care initial pre-approval training by providing sessions on managing behaviour and communicating with children.

Carelink has been involved in developing foster carer training in Southwark and two training programmes are now published by BAAF. These courses are usually both run annually, and are facilitated by two members of the team, who have special expertise in working with foster carers. One of these training programmes is called 'Fostering Changes'. This is a skills based course and runs over 10-12 weeks. The programme focuses on developing carers skills to promote positive relationships and to manage difficult behaviours. The other course is called 'Supporting Children's Learning' and a central component to this is its literacy programme. The training course uses Paired Reading which is a very supportive approach to developing literacy and one which we have found to work very well with looked after children. The course also explores how foster carers can support learning in its broadest sense, and help children to develop the necessary social and emotional skills that they need in order to access education and become more confident learners. This course is flexible, and runs between 5-10 sessions. Other courses have also been provided by members of the team, and may be offered in future. These include training on Mental Health and Emotional Intelligence. A group has also been run for carers with placements at risk of disruption. This was an open ended group which was designed to provide carers with reflective space and emotional support for some of the most challenging children and young people.

We are currently planning a workshop to look at problems with soiling and smearing. This will provide expert medical input on both encopresis and enuresis, and opportunity to discuss the mental health aspects of these problems in relation to looked after children. We are also planning a training course that will explore how carers may use sensory play to support children who have been traumatised, and

who have insecure patterns of attachment. Our aim is to target skills that will enable carers to provide more attuned and responsive caring, and facilitate in the child the development of greater emotional regulation and, (in due course), a more secure pattern of attachment with adult care-givers. We are currently developing a one day training with BAAF for foster carers, social workers, IRO's, members of the adoption and fostering panels and possibly contact workers. The aim of this training will be to think specifically about the emotional and developmental needs of under 5's. We plan to run this training to a mixed group of staff so we can generate discussion about different pressures, demands and points of view depending on your role in the child's life.

### **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 the child continues to reside in Southwark, or in certain circumstances where it is kinship care and the child has previously been in care to Southwark LA and had involvement with Carelink.

Carelink provides a 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 CLA social workers to present individual cases and think clinically about the needs and demands of the work.

The service offers Foster Carer training courses and workshops, on a regular basis and on a variety of topics and we contribute to other training offered by the local authority to both foster carers and other professionals (social workers).

### **Therapeutic services/specialisms 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

### **Current Staffing:**

We are a multi-disciplinary team consisting of staff from the following specialisms: child psychotherapy, art and drama psychotherapy, family therapy, clinical psychology, occupational therapy, specialist under 5s worker, therapeutic social work, specialist foster carer support workers, and research. We have access to psychiatry for individual cases as required.

The team also has various trainees attached to the team from time to time.

## **WIDER CONTEXT FOR CHILDREN IN CARE**

### **Introduction**

Children and young people who are looked after by local authorities (identified hereafter by the abbreviation CiC – children in care) 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, CiC 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 CiC vary between 37%-89% which compares with the estimate of 3%-18% for children outside the care system, but CiC 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 CiC often go unrecognised (McCann, James & Wilson, 1996; Richards, Wood & Ruiz-Calzada, 2006; Philips, 1997). Barriers identified include:

- The movement of CiC 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).

In the forward to *The Mental Health Needs of Looked After Children* (Richardson & Joughin, 2000) Sir William Utting summarised the situation relating to the mental health of looked after children as follows:

“Children who are looked after by the local authorities suffer as a group because of the unthinking and cruel assumption that they are at fault rather than the adults whose crimes and failings are responsible. The stigma of being ‘in care’ handicaps these children in gaining access to the services to which all children are entitled.”

Many CiC 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 evidenced in the research mentioned above.

The prevalence of diagnosed mental disorders among 5 to 10 year olds:  
The rate of disorder for CiC compared with children in private households was

- 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 CiC compared with children in private households was

- 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 “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. Agencies also have the key Joint Guidance (2010) issued by The National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE): “Promoting the quality of life for ‘looked after’ children and young people.” – mentioned in more detail below.

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 and CLA Health Team. This report focuses on the Carelink CAMH 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 in detail.

### **Children in Care in Southwark – some statistics**

As at March 2012 there were 551 Children Looked After by Southwark which was an increase of 29 children compared to 522 at the end of March 2011 and a rate of 99.5 per 10,000 of the under 18 population. As at end March 2011, Southwark had both the highest rate (94.2 per 10,000) and number of CLA in London.

### **Key demographic characteristics of Southwark CLA**

- 8% of CLA are under one years old; 14% are 1 - 4 years; 16% are 5 – 9 years; 34% are 10 – 15 years and 28% aged 16+
- 58% are male; 42% are female
- 41.6% are Black or Black British; 32.7% are White; 16.9% are of Mixed ethnic origin; 4.2% are Asian or Asian British and 3.1% ethnicity recorded as ‘Other’

- 27 were unaccompanied Asylum Seeking Children
- 4.2% are in residential accommodation; 10% are living independently; 67.2% are in foster placements and 7.3% are being fostered by relatives or friends
- 65.3% of all CLA are placed within a 7 mile radius of their home
- Provisional 2011 – 2012 performance remains in line with last year on CLA with 3 or more placements
- Provisional 2011 – 2012 performance shows a considerable improvement of CLA under 16 years who have been looked after for 2.5+ years and have been living in the same placement for 2 or more years, or placed for adoption. This is above the end of year 2010/11 national and statistical neighbour's rate

### **Educational achievements of Southwark CLA**

- Key Stage 2 results show 55% of children achieving the expected level in maths, which was higher than national, London and statistical neighbour's average
- Key Stage 4 results showed positive figures, with 23.9% of our looked after children achieving 5+ grade A\*- C English and Maths, which was nearly double the national average (12.85)

### **National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) joint guidance: "Promoting the quality of life for 'looked after' children and young people." (2010)**

The drive for this guidance was the growing numbers of Children Looked After. In 2011, 65,520 children and young people were looked after by local authorities in England.

The majority of children and young people enter care after experiencing abuse, neglect or severe family problems.

It is important that children and young people experience high quality care, not just while they are being looked after but also for some time after they have grown up and moved out.

NICE and the Social Care Institute for Excellence (SCIE) issued joint guidance on improving the quality of life for looked-after children and young people in October 2010. This guidance combines advice about good practice for the Local Authority, CAMHS and other relevant bodies in relation to Looked After Children. This guidance therefore has a broader remit than most other NICE guidance.

The guidance makes a number of recommendations, amongst those most relevant to CAMHS services include the following:

#### **Strategic Planning**

1. 'Senior staff with responsibility for commissioning and providing health services, including CAMHS, should provide services that meet the emotional health and well being needs of children and their carers' (Recommendation 1). 'Commission services dedicated to looked after children and young people that are integrated...have expert resources to address physical and emotional needs'(Recommendation 2): Southwark borough has Carelink as a designated service to promote mental health and emotional well being of children and young people in care.



### **Out of Borough Children**

2. In Southwark, children placed by other boroughs within our borough would not receive a Specialist LAC CAMHS service but can be referred to our generic CAMHS services, unless the referring authority's CAMHS offers an out reach service to them.
3. Children who are looked after by Southwark but placed outside of the borough may receive a service from Carelink wherever this is feasible (unless curtailed by distance). Carelink will facilitate and negotiate with external CAMHS teams to ensure children placed in more distant placements receive an appropriate CAMHS service.

### **Specialist accessible and flexible services that include children & young people in unstable placements**

4. 'Commission dedicated services for looked after children and young people... that are accessible and flexible ... including those in short-term and transitional placements' (Recommendation 8). In Southwark, we offer flexible, accessible specialist services for looked after children, including for those in unstable, short term and transitional placements, including for those placed outside of the borough.

### **Transition services for the over 18s**

5. 'Therapeutic services for children and young people, ...continuing with and completing a therapeutic intervention after the young person reaches the age of 18, when this is necessary' (Recommendation 80. 'Support transfer to adult mental health services' (Recommendation 49). Carelink have only recently been commissioned to work with LAC up to age 18 years, and will be supporting those children with transitions to adult services.
6. 'Services include a specialist practitioner role in a dedicated multi-agency mental health service to support young people moving to independent living at age 18 or older who may not meet the threshold for onward referral to adult mental health services' (Recommendation 8). Southwark CAMHS – Carelink does not yet have a specialist practitioner to fulfil this role, but the tasks are shared amongst the team members. Southwark have a Transitions Panel – where senior practitioners from adult and children's services liaise about individual cases to consider transitions needs.

### **Mental health services for black and minority ethnic children and young people**

7. 'Ensure that CAMHS are sensitive to the needs of black and minority ethnic children and young people (including those of multiple heritage and can provide appropriate interventions for emotional and mental health problems associated with racism and cultural identity' (Recommendation 9). We believe that our specialist CAMHS for LAC service has a high degree of sensitivity to the needs of Black and ethnic minority children, including dual heritage, offering interventions for emotional and mental health problems, with an understanding of the impact of racism on self esteem and cultural identity.
8. 'Ensure access to mental health services for unaccompanied asylum-seeking children who are looked after.' (Recommendation 10). Although there are no longer any specialist workers for Unaccompanied Asylum Seekers in the Trust, as these young people tend to be looked after under Section 20 of the Children Act they are often seen in our specialist Looked After Team. Carelink

has built up some knowledge of working with the presenting problems of these young people, including working with PTSD (including trauma focussed work), dislocation (from family and culture), stress related to the immigration process and increased risk for suicide and mental illness.

### **Babies and under 5s**

9. 'Ensure that all frontline practitioners have access to specialist services... to help them meet the emotional and physical wellbeing needs of looked-after babies and young children' (Recommendation 17). 'Ensure carers and frontline practitioners working with babies and young children receive specialist training' (Recommendation 18). Meeting the needs of babies and under 5's is a particular priority for Carelink. Our team offers specialist screening for looked after children under 5 (Ages and Stages Questionnaire tool) with direct carer-child attachment based interventions and supports offered to the foster carers.

### **Foster carer training and support**

10. 'Train foster and residential carers' (Recommendation 36). 'Support foster carers and their families (Recommendation 37). Our team offers specialist training and support to foster carers and adopters. Examples of this: Fostering Changes<sup>1</sup>, Fostering Education<sup>2</sup> (Paired Reading course), reflective practice groups and specialist training to foster carers on various topics such as the impact of parental mental illness and attachment. One of our team members was the co-author of Fostering Changes and the BAAF Education programme.
11. Supporting and supervising carers (Rec; 37). Carelink has a strong foster care support element in our work, where foster carers can be referred or indeed refer themselves for individual input. We work closely with the Local Authority's Fostering and Adoption teams, to ensure the right sort of support.

### **Research**

12. The guidance acknowledges the lack of good research in this area: 'there is a lack of robust, adequately controlled, studies completed to a high standard. Consequently, the UK evidence base does not serve the needs of looked-after children and young people as well as it might' (pg89). Within the South London and Maudsley NHS Foundation Trust there are some examples of research into looked after children being supported or undertaken directly. This includes:

- Study of Adolescents in London (SAIL) – investigated the quality of attachment in looked after children who had been in placement for at least 6 months. The study showed that achieving stability had significant beneficial impact of adolescent's attachment almost raising levels to that of controls in birth families.
- National & Specialist CAMHS have supported doctoral thesis research into the risk for depression in this group. This will look at the latent, or hidden, risk of depression in otherwise well looked after children, as a way to develop well-being interventions to prevent the onset of low mood when faced with life events and stressors.

<sup>1</sup> Evidence based foster care training.

<sup>2</sup> Package for Foster Carer training from BAAF

- Audit of referral patterns to National Adoption & Fostering Service – comparing rates of mental health with ONS statistics. A significant over-identification of attachment issues and a gross under-identification of conduct, ADHD, learning and neurodevelopmental issues; compared with national statistics and a specialist assessment.
- An evaluation of the under 5s screening and stability project originated by Carelink, Southwark CAMHS.
- An evaluation and implementation of mental health screening for 4-16 year old children and young people looked after by Southwark. This was done by Carelink, Southwark CAMHS.
- A Lewisham Family Therapist carried out qualitative research into the experience of foster carers. The results of this study supported the importance of listening to the “voice” of foster carers in order to increase carer satisfaction, create contexts for collaborative working relationships and sustain and increase placement stability.
- Lambeth have been involved in several service evaluation projects: (1) placement stability project (2) Fostering Changes evaluation – part of national project (3) audit on psychotropic medication in Lambeth LAC – phase 2 out of borough
- Staff have also offered supervision to research dissertations, for example, investigating the experience of staff working in Therapeutic Communities, resilience and young people in residential care and the impact on foster carers of caring for traumatised young people.

Overall, in respect of the joint 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 6% increase of children in the care of Southwark in the last year.

### **RESEARCH PROJECTS IN THE CARELINK TEAM**

The team has always had a commitment to review, audit and get feedback on its work. We have been carrying out formal research with the support of our colleagues in CLA social services, CLA Health and CLA Education.

#### **Children in Care and Strengths and Difficulties Questionnaire (SDQs) screening**

The mental health needs of children in care are not routinely assessed with many children only receiving help when more intensive treatment is needed if their needs are recognised at all (Whyte & Campbell, 2008). In Southwark we agreed there was a need for systematic screening to promote early identification and intervention. In 2008 the Carelink team with Southwark Children’s Social Care (CSC) successfully bid for a grant from Guy’s and St Thomas’ Charity to run a mental health screening programme for all young people aged 4-16 years remaining in the care of the social services department for four consecutive months over a period of 12 months.

The strategy had the following components:

We used the Strengths and Difficulties Questionnaires (SDQs) and Development and Well Being Assessment (DAWBA).

- The SDQ is a brief, well validated and commonly used measure of psychopathology in 4-16 year olds (Goodman, 2001). The measures are currently not validated on children below the age of 4 years.
- A computer algorithm combines information on symptoms and impact from all informants to give a prediction of the likelihood of psychiatric disorder as 'probable', 'possible' or 'unlikely' (Goodman, Ford, Simmons, Gatward & Meltzer, 2001).
- We had support from supervising social workers, social workers and foster carers to ensure completion of the questionnaires. The measures were completed by children aged 11 and over, their foster carers and the schools.
- Foster carers and social workers caring for children with an 'unlikely' prediction were informed that it was unlikely that the child had significant psychopathology at this time. However it was stressed if they disagreed they could contact the Carelink team to be seen by a clinician and discuss their concerns.
- All informants for children with a 'probable' and 'possible' diagnosis were invited to complete a structured online psychiatric assessment, the DAWBA. In addition all children with a 'probable' and 'possible' diagnosis were offered a CAMHS service.
- Most children were seen by the Carelink team. For children living outside of the Borough unable to travel to our service we were able to successfully engage services local to the children and carers to offer a CAMHS service.

On completion of this research in 2009 and in accordance with Government indicators, Southwark Local Authority (CSC Department) agreed to continue to support the screening of children in care. The Government only requires that the foster carers complete an SDQ and does not state what the Department has to do with this information.

For the SDQ to be interpreted reliably there needs to be at least two informants (three if the child is 11+). In order to make the information clinically useful in Southwark we have agreed the following:

- On a given date once a year all foster carers are asked to complete an SDQ for all Southwark children in their care. To date the return rate has been 100%.
- The SDQ is returned centrally and forwarded to the Carelink team where they are reviewed.
- When the SDQ is reviewed if there are concerns we complete the rest of the screening and where indicated ensure that a clinical service is offered to all children and young people with identified mental health need.

In the two years we have been doing this screening all children and young people who have been identified as having a mental health need are already being seen or are on referral to a CAMHS service, usually the Carelink team.

We think that this is due to the fact that Southwark social workers and foster carers are correctly identifying mental health needs in children in their care and ensuring referral to the appropriate services.

The CSC Department will continue to ensure foster carers complete the SDQs annually and the Carelink team will clinically review to ensure early identification of need and accessibility of service to children in care to Southwark.

Carelink are now using the DAWBA more routinely as part of our assessments. We are fortunate that Professor Robert Goodman (who devised the SDQ and DAWBA) joins our team at regular intervals to review the DAWBAs and help identify clinical need.

### **Emotional / mental health screening study – Southwark Carelink Screening and Intervention Project for 0-4 LAC**

Our thanks to Guys and St Thomas' Charity, who made a research grant to fund the project to run for 15 months.

#### **Introduction**

Experts in the field (Sempik et al, 2008; Milburn et al, 2008) have called for more research into the presentation and needs of under 5s Looked After Children (LAC). In addition the CAMHS review (2008) and NICE/SCIE guidance (2010) identified babies and young children who are looked after as a high risk group and recommended that their mental health needs should be assessed alongside all their other needs.

We set out to establish a routine screening that would improve inter-organisational working and address the current failure to detect and help under five LAC with social and emotional difficulties.

#### **Project Synopsis**

The aim of the Southwark Carelink project was to screen all children aged 0 to 4 years who became looked after by Southwark Children's Services in a 12 month period in order to identify early social/emotional or mental health difficulties and to formulate an appropriate intervention for those children with specific needs.

The project involved joint working and close collaboration between professionals in Child and Adolescent Mental Health Services (CAMHS), Paediatrics and Children's Social Care who were in a position to positively influence the social and emotional health of children under 5 who are looked after. We also wanted to see if social workers found this helpful in their Care planning as well as improving the access of this high risk group of children to CAMHS.

We asked foster carers and birth parents to complete a standardised screening questionnaire (called 'Ages and Stages') at the child's initial health assessment

The screening used a combination of standardised and clinical observation measures to assess the child's social-emotional development and quality of relationship and attachment to their foster/kinship carer. Observations of the child took place in their LAC medical and in the foster home. Information regarding their social-emotional development was considered along with their general health and development and a profile of their specific needs formulated in a written summary to the professional network. The brief intervention was tailored to maximising healthy emotional and social development and the child's attachment to key caregivers.

#### **Evidence base**

This exploratory study has been well-received and has proven to be acceptable to foster carers, birth parents and professionals with a 94% uptake rate. The study identified and offered interventions to 67% of the children screened in comparison to only 10% children's needs being identified (and no CAMHS referral made) in baseline paediatric assessments the year before.

Preliminary data shows that at a 6 month review that 20% of children reached the clinical cut off for concern compared to 40% in initial screening. A further study is planned to include randomised intervention groups and regular reviews for the child's journey through care to permanence. Funding is currently being sought for this extension of the study.

### **Improved outcomes**

- Significantly improved levels of identification of social-emotional difficulties in under fives LAC population, 67% in screened group compared to 10% previously. Increased knowledge of prevalence and type of difficulties.
- Targeted interventions were taken up in majority of cases, in context of significant time pressures for carers managing intensive Contact schedules for infants/children.
- On 5 point scale, foster carers and social workers positively rated the usefulness of intervention with 4.6 and 4.3 average scores respectively.
- Social care professionals, including those on Adoption Panel, positively rated usefulness of the child's screening profiles in Care planning and when thinking about placement matching and the child's long-term needs.
- Increase in referrals to CAMHS, both following the screening/intervention and to the existing LAC CAMHS team where social workers sought a similar assessment for young children who were already in care and not part of the initial screening cohort.

The research study and its outcomes were presented to various audiences throughout the year:

March 2011 - LAC London-wide Special Interest Group at Tavistock Clinic

May 2011 - Presentation to SLAM Trust Board

June 2011 - BAAF Health Conference

September 2011 - ACAMH LAC Special Interest Group

January 2012 - Presentation to Children's Minister at Alliance of Child Centred care seminar

January 2012 - BAAF conference - Permanence Planning for Under Fives.

There were also several talks locally in Social Services in last 2 years - Safeguarding, Adoption (including Adoption Panel study events x2), Fostering, CLA social workers and to Paediatricians in Child Health, to brief them on the study.

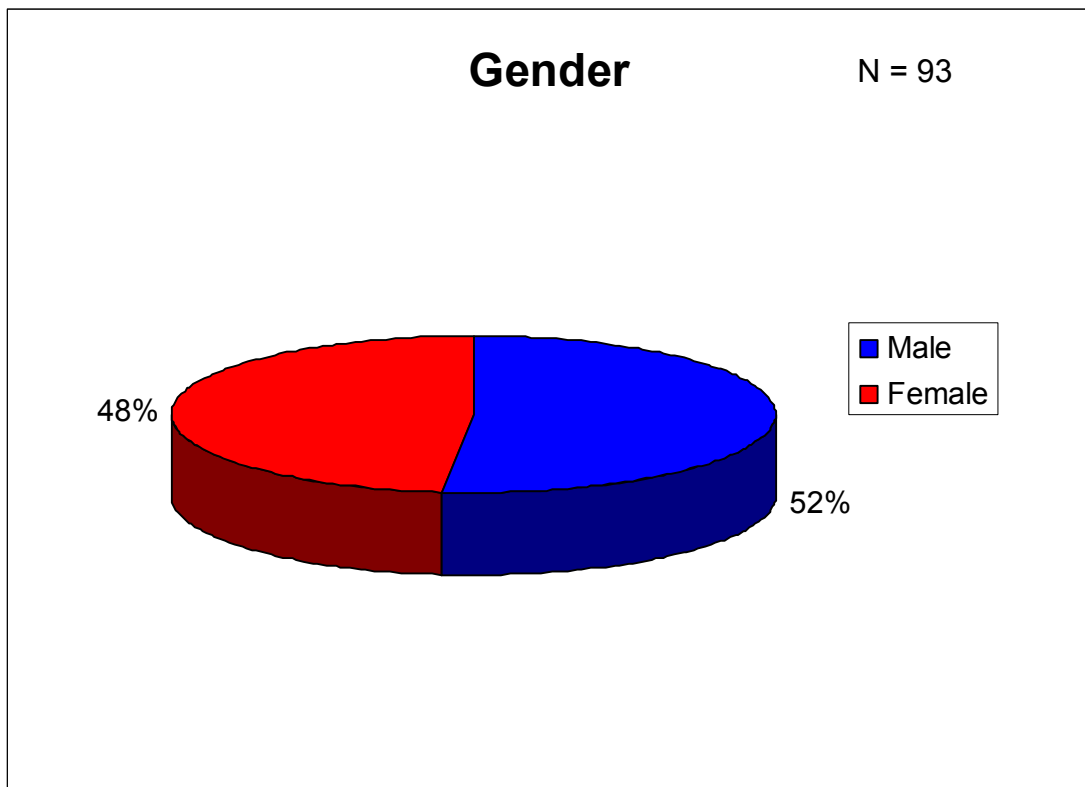
## Appendix A

## Statistics from Carelink for 2011:

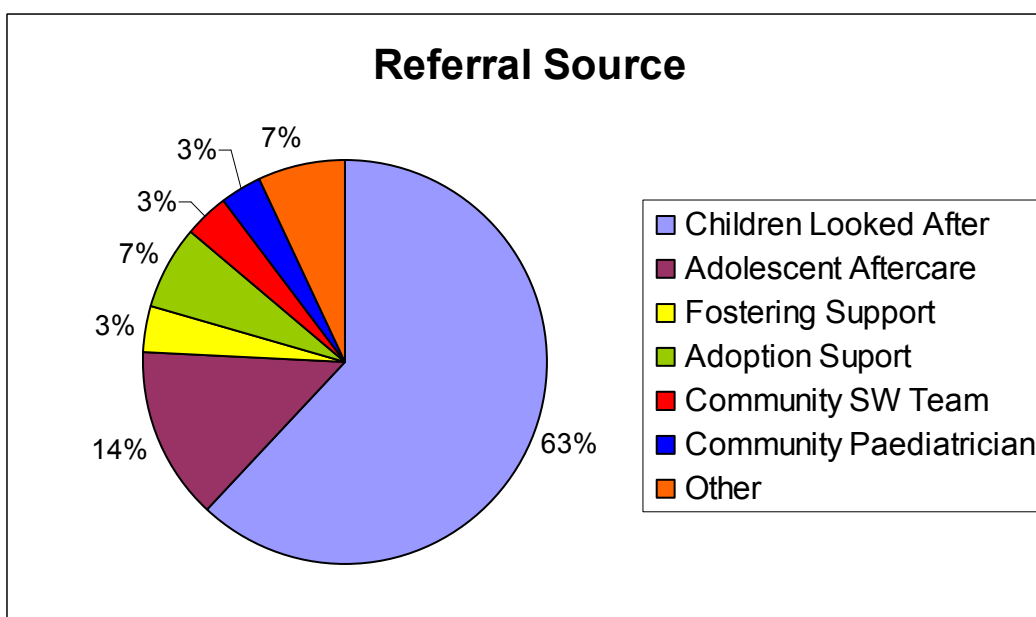
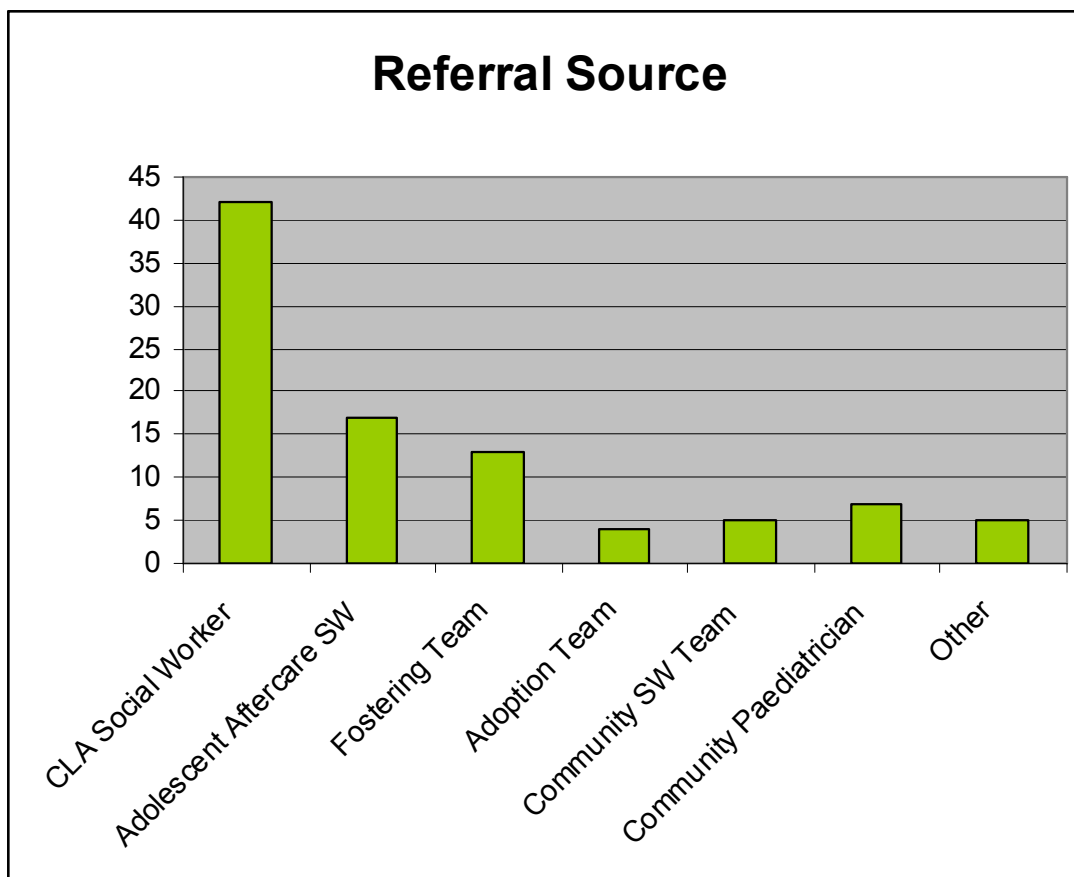
Total number of children/young people referred to Carelink during 2011 = 93

| <b>CARELINK REFERRALS RECEIVED<br/>QUARTERLY BREAKDOWN</b> |                                  |                                |                               |                               |                         |
|--|----------------------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------|
| <b>CHILDREN REFERRED</b>                                   |                                  |                                |                               |                               |                         |
|  | <b>Jan -<br/>Mar<br/>2011</b>    | <b>Apr -<br/>June<br/>2011</b> | <b>Jul -<br/>Sep<br/>2011</b> | <b>Oct -<br/>Dec<br/>2011</b> | <b>Annual<br/>Total</b> |
| <b>GENDER</b>  |                                  |                                |                               |                               |                         |
| Male   | 15                               | 15                             | 12                            | 12                            | 54                      |
| Female   | 14                               | 13                             | 7                             | 5                             | 39                      |
| <b>Total</b>   | <b>29</b>                        | <b>28</b>                      | <b>19</b>                     | <b>17</b>                     | <b>93</b>               |
| <b>Age Group</b>   |                                  |                                |                               |                               |                         |
| Under 5  | 11                               | 7                              | 5                             | 5                             | 28                      |
| Age 5 to 11  | 12                               | 13                             | 6                             | 8                             | 39                      |
| Age 12 to 15   | 2                                | 4                              | 4                             | 1                             | 11                      |
| Age 16-18  | 4                                | 3                              | 5                             | 3                             | 15                      |
| <b>Referral Source</b>                                     |                                  |                                |                               |                               |                         |
| CLA Social Worker  | 18                               | 11                             | 7                             | 6                             | 42                      |
| Adolescent Aftercare Tm                                    | 4                                | 4                              | 9                             | 0                             | 17                      |
| Fostering Team   | 1                                | 5                              | 0                             | 7                             | 13                      |
| Adoption Team  | 2                                | 0                              | 2                             | 0                             | 4                       |
| Community SW Teams   | 1                                | 2                              | 0                             | 2                             | 5                       |
| Community Paediatrician                                    | 1                                | 4                              | 1                             | 1                             | 7                       |
| General Practitioner                                       | 0                                | 0                              | 0                             | 0                             | 0                       |
| Other  | 2                                | 1                              | 1                             | 1                             | 5                       |
|  |                                  |                                |                               |                               |                         |
|  | <b>FOSTER CARER SUPPORT ONLY</b> |                                |                               |                               |                         |
| Fostering Team   |                                  | 3                              |                               | 7                             |                         |
| Child Social Worker (IFA)                                  | 4                                | 1                              | 2                             |                               |                         |
| <b>Total</b>   | <b>4</b>                         | <b>4</b>                       | <b>2</b>                      | <b>7</b>                      | <b>0</b>                |

The statistics on this page relate to the children newly referred during 2011:





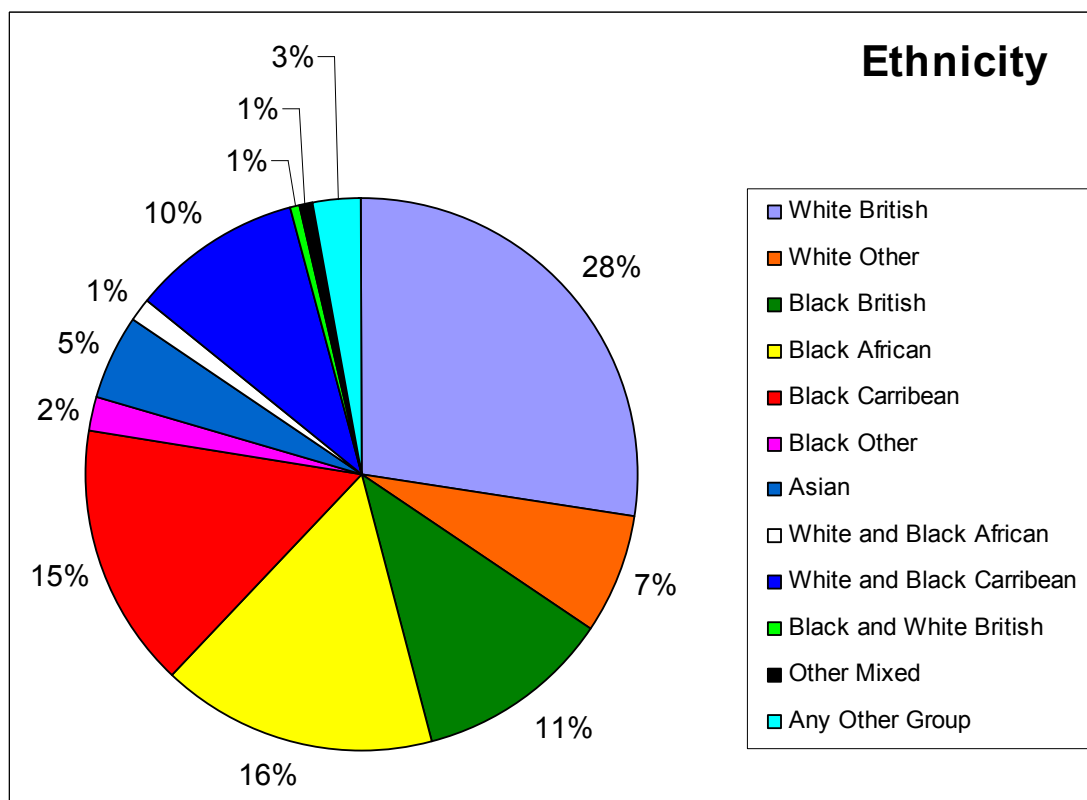
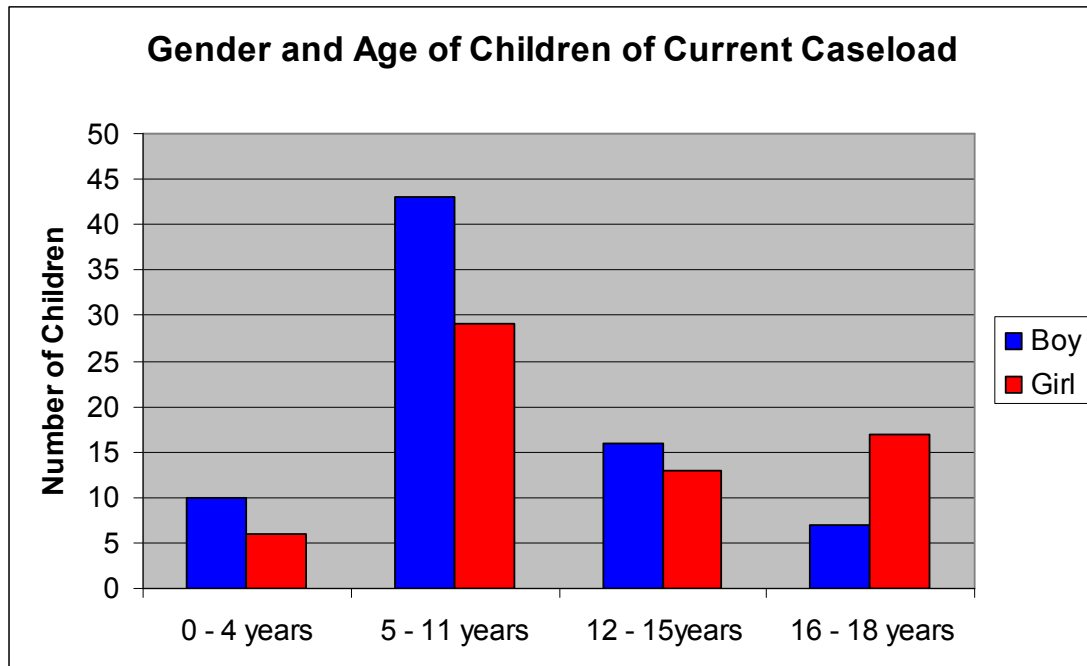


**Note:** Children Looked After, Adolescent Aftercare, Adoption Support and Fostering Support are all social work teams.

“Other” includes internal CAMHS referrals, GP’s, Paediatricians.

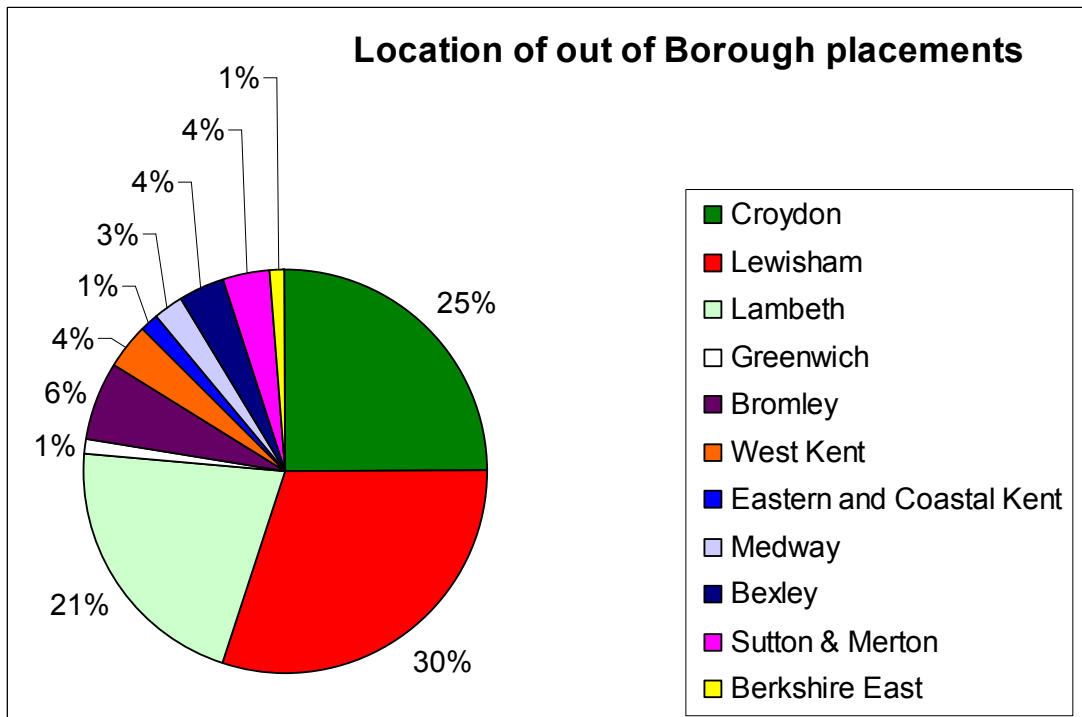
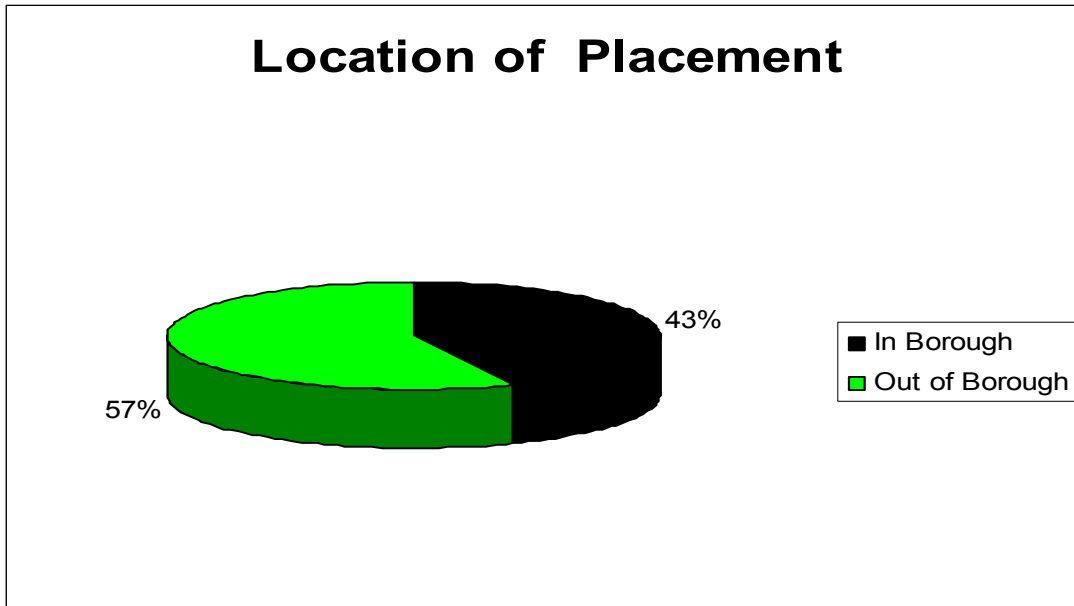
The following statistics relate to the team caseload open at March 2012. N = 136

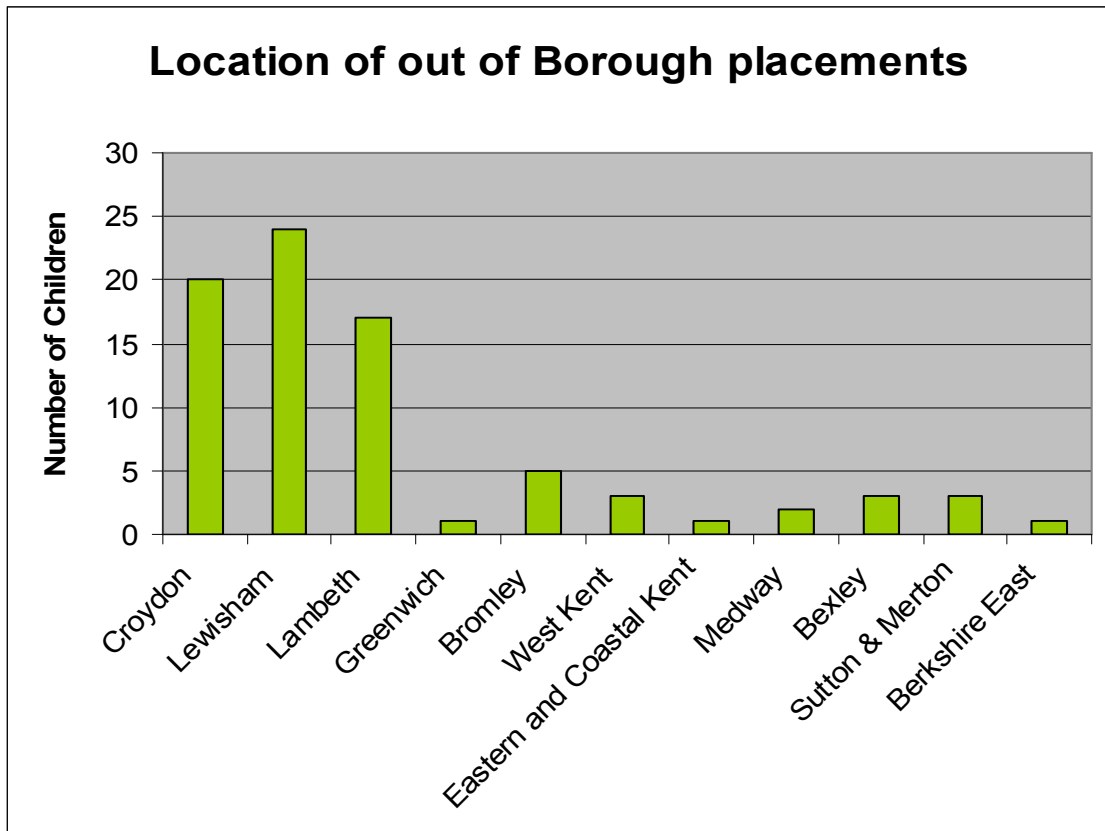
This number refers to the children on referral and in treatment. We do not count consultation and work with carers. The team caseload generally, for children involved in therapeutic work with us, is between 130 -140. We anticipate that the numbers will increase as our age range for referral has gone from 16 to 18 years. The number of Under 5's has also increased since undertaking the 0-5's screening study.



The age of children referred and ethnicity is in keeping with statistics for Southwark's CLA population (see p6).

A high percentage of our work is out of borough and we are committed to offering a Southwark based-service to Southwark children where possible. While most Southwark CLA are in Southwark placements we also provide support to Private and Voluntary/Independent Fostering Agency carers.





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.

## **DIAGNOSTIC TOOLS AND OUTCOME MEASURES**

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

### **Children's Global Assessment Scale**

Ref: [www.corc.uk.net](http://www.corc.uk.net)

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.

### **Southwark CAMHS Routine Clinical Outcome Measurement (RCOM)**

All Southwark CAMHS teams have received feedback with regards to their RCOM data using CGAS through bi-monthly performance management meetings, regular reporting to local management teams and feedback sessions have been given to members of teams from across the services which treat similar patient groups e.g. Neurodevelopmental teams, Early Intervention teams and Looked After Children teams, etc.

These feedback sessions have provided: -

- Discussion of process and purpose of outcome measurement, addressing the practical actions and requirements, the clinical rationale behind the measurement of outcomes
- Discussion about context – diagnoses, age, gender and how this impacts on data collection and the impact on outcome results
- Clarification of statistical analysis – including discussion of clinical significance, reliable change, suitability for treatment, etc.
- Looking at outcome data from local teams, comparing similar services and discussing any similarities and anomalies etc
- Addressing inter-rater reliability, using vignette exercises to compare clinicians CGAS scoring, and offering further discussion and training to local teams individually.

The direct outcomes feedback sessions, 'closing the loop' and making the process meaningful, have been received very well by clinicians, which should assist in maintaining high standards of recording outcomes and future outcome measurement developments.

#### Southwark CAMHS 2010/11 data compared with Australian dataset: -

| Borough   | Stage | Mean  | N       | Standard Deviation | Effect size |
|-----------|-------|-------|---------|--------------------|-------------|
| Southwark | T1    | 57.74 | 1159    | 12.31              | 0.43        |
|           | T2    | 63.17 |         | 12.89              |             |
| Benchmark | T1    | 56.70 | 166,026 | 12.10              | 0.48        |
|           | T2    | 62.80 | 90,144  | 13.40              | SMALL       |

**Source Benchmark:** Australian Mental Health Outcomes and Classification Network – 2000 -2009

Eisen et al (2007) stated the effect size statistic can be adopted as a measure of clinically significant change, on the basis that research suggests that a medium effect size corresponds to change that is of sufficient magnitude to be evident to a careful observer.

#### 2011/12 Performance against CQUIN target

|           |           | 2011  |       |       |       |       |     |     |     |     |     | 2012 |
|-----------|-----------|-------|-------|-------|-------|-------|-----|-----|-----|-----|-----|------|
|           |           | APR   | MAY   | JUN   | JUL   | AUG   | SEP | OCT | NOV | DEC | JAN |      |
| Southwark | Eligible  | 1,052 | 1,062 | 1,058 | 1,037 | 1,002 | 922 | 857 | 804 | 755 | 728 |      |
|           | Recorded% | 96%   | 95%   | 95%   | 95%   | 95%   | 94% | 93% | 91% | 90% | 87% |      |
|           | Target %  | 76%   | 77%   | 79%   | 80%   | 81%   | 82% | 84% | 85% | 86% | 87% |      |
|           | Variance% | 20%   | 18%   | 16%   | 15%   | 14%   | 12% | 9%  | 6%  | 4%  | 0%  |      |

Note: CQUIN = Commissioning for Quality and Innovation which sets various targets for NHS services

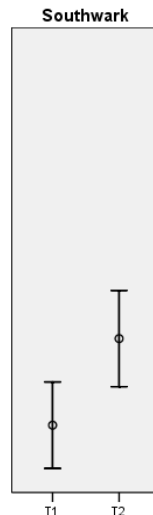
The table below shows target and completion rates for at least two CGAS scores on patients referred to the team. Carelink have consistently high rates of completing the CGAS scores routinely

#### 2011/12 team level performance

|                    |            |      |      |      |      |      |      |      |      |      |      |     |
|--------------------|------------|------|------|------|------|------|------|------|------|------|------|-----|
| Southwark Carelink | Eligible   | 117  | 119  | 119  | 120  | 121  | 113  | 107  | 104  | 100  | 95   | 89  |
|                    | Recorded % | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 99% |
|                    | Target %   | 76%  | 77%  | 79%  | 80%  | 81%  | 82%  | 84%  | 85%  | 86%  | 87%  | 89% |
|                    | Variance % | 24%  | 23%  | 21%  | 20%  | 19%  | 18%  | 16%  | 15%  | 14%  | 13%  | 10% |

### Southwark Looked After Children (LAC) team

The chart below shows the mean first and last CGAS score within the episode of care for the local LAC teams: -



In comparing data across Boroughs it indicates that at intake the scores for overall functioning were lower for the newly referred children in the boroughs of Lambeth and Southwark compared to those in Croydon and Lewisham. This could be due to a different demographic across boroughs with more severe levels of morbidity in the comparison populations. However, on further review and training, it was thought likely that it partially related to differences in rater adherence and levels of training and familiarity with the instrument. It was thought that some teams were routinely over-estimating the CGAS scores, both at intake and follow-up. In the Directorate wide training for CGAS scoring the Southwark CAMHS Carelink staff did well on rater adherence.

The above data also indicates the overall improvement rates in day to day functioning between measurement at intake and after treatment, with significant differences upwards in functioning, towards the “normalcy” cut-off (60).

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 scores 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.

### References

Eisen SV, Ranganathan G, Seal P, Spiro A. Measuring clinically meaningful change following mental health treatment. *Journal of Behavioural Health Services and Research* 2007; 34 (3):272-290.

## **ADVERSE CHILDHOOD EXPERIENCES STUDY**

The Adverse Childhood Experiences Study started as a major American research project, that has been taken up in many other countries, posing the question of whether, and how, childhood experiences affect adult health decades later. The study was a longitudinal one, with huge numbers in the samples. The ACE study reveals how there is a correlation between traumatic emotional experiences in childhood and organic disease and emotional disorders later in life and provides a remarkable insight into how we are affected into adulthood medically, socially and economically.

The ACE categories are:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- Substance misuse in household
- Incarcerated household member
- Mental illness of parent/carer
- Exposure to domestic violence
- One or no parents – separation/death/care
- Emotional or physical neglect

Exposure to one category (not incident) of ACE, qualifies as one point. When the points are added up the ACE score is achieved. A score of 4 or more indicates significant vulnerability.

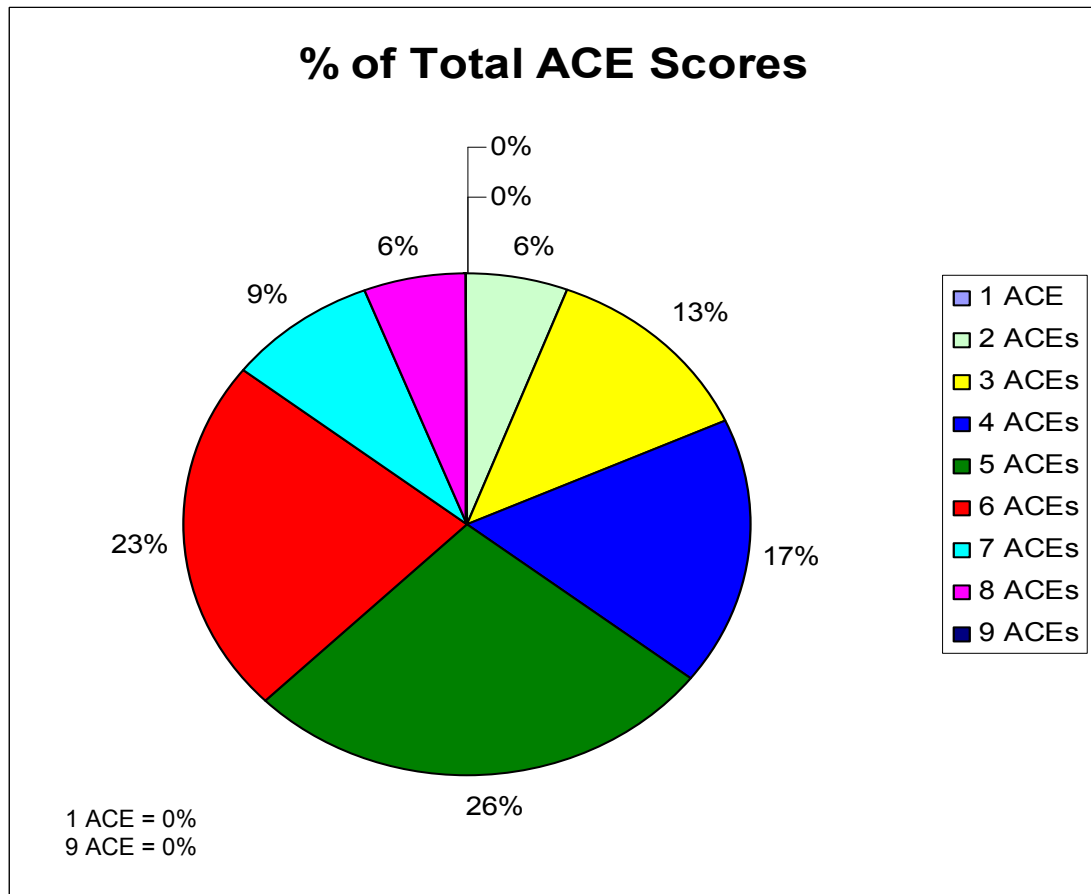
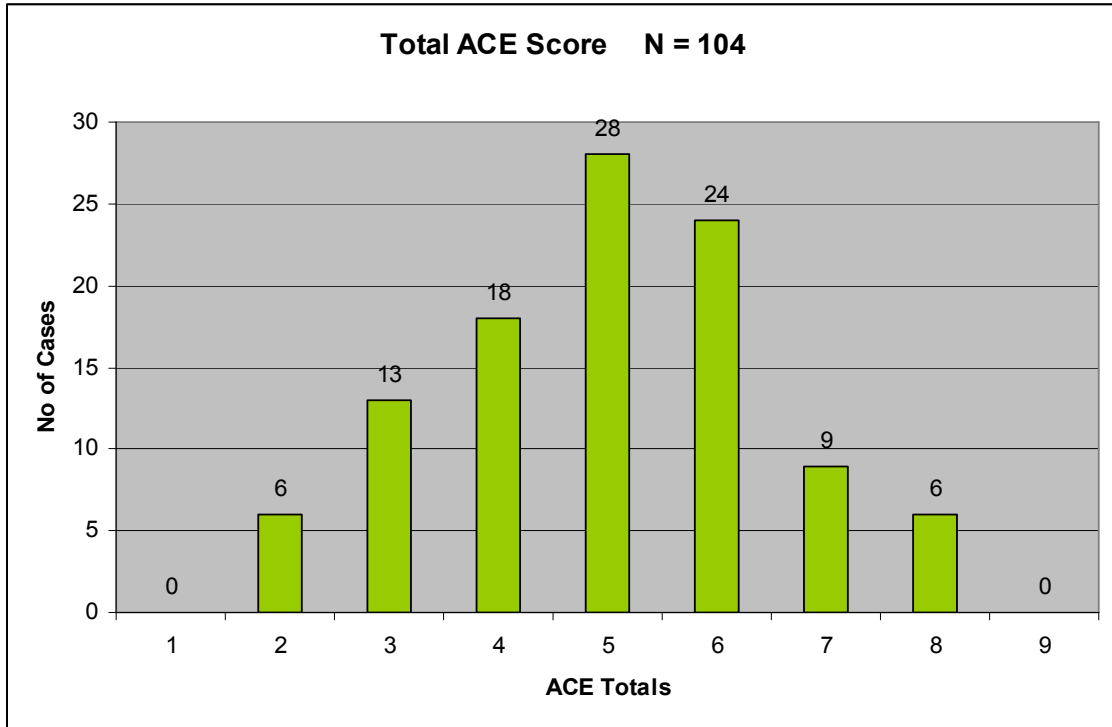
The ACE Score is used to assess the total amount of stress during childhood and it has been demonstrated that as the number of ACE increase, the risk for the following health problems increases in a strong and graded fashion:

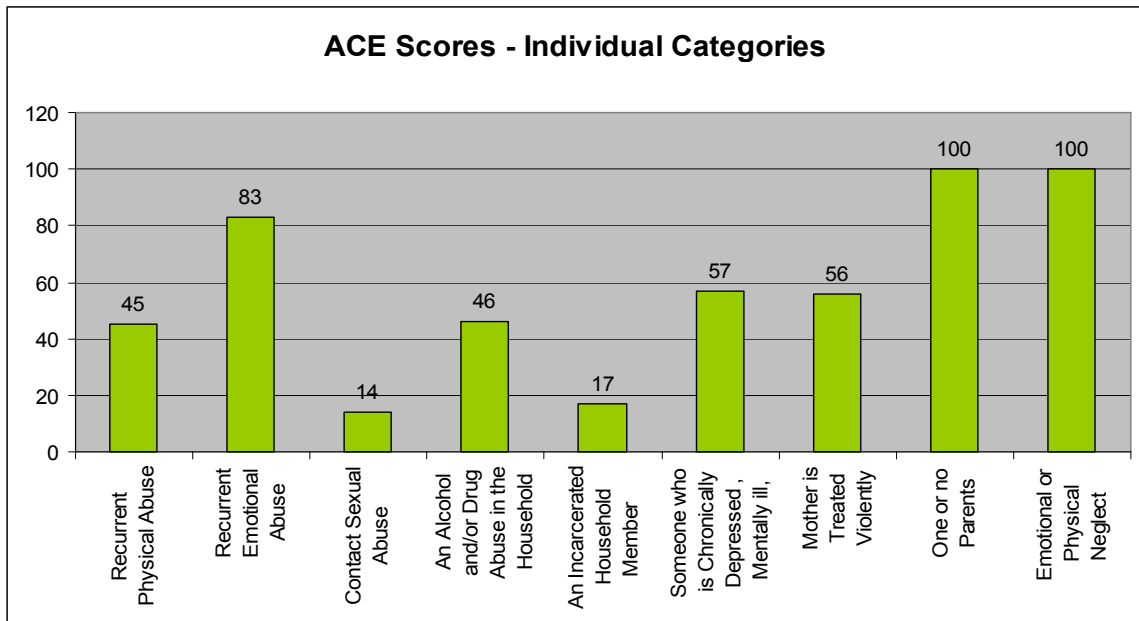
- alcoholism and alcohol abuse
- chronic obstructive pulmonary disease (COPD)
- depression
- fetal death
- health-related quality of life
- illicit drug use
- ischemic heart disease (IHD)
- liver disease
- risk for intimate partner violence
- multiple sexual partners
- sexually transmitted diseases (STDs)
- smoking
- suicide attempts
- unintended pregnancies

**In addition**, the ACE Study has demonstrated that the ACE Score has a strong and graded relationship to health-related behaviours and outcomes during childhood and adolescence, including early initiation of smoking, sexual activity, illicit drug use, adolescent pregnancies and suicide attempts. Finally, as the number of ACE increases the number of co-occurring or “co-morbid” conditions increases.

Carelink have begun collecting the ACE scores for the children on our caseloads, which is one of the indicators of their vulnerability, predisposing them to more difficult outcomes later in life. The higher the ACE score, the higher the risk. This then has implications for the importance of intervening with these children, as early as possible, to give them a better chance of escaping the impact of trauma being manifested in later life. We only score when we know that a child has definitely had adverse experiences therefore there may be underrepresentation of adversity.







| Number of ACE features | Prevalence in Southwark CAMHS LAC population (N = 104) % | ACE Study Results of General Population (N = 8,056) Felitti et al 1998 |
|------------------------|--|--|
| No ACEs                | 0  | 49.5%  |
| 1                      | 0%   | 24.9%  |
| 2                      | 6%   | 12.5%  |
| 3                      | 13%  | 6.9%   |
| 4                      | 17%  | 4 or more = 6.2%   |
| 5                      | 26%  |  |
| 6                      | 23%  |  |
| 7                      | 9%   |  |
| 8                      | 6%   |  |
| 9                      | 0%   |  |
|                        |  | 4 or more = 81%  |

Comparison of ACE scores for our LAC population with those for general population

## **OUR USER FEEDBACK AND USER INVOLVEMENT EVENTS**

### **Feedback from children and young people**

Our feedback is obtained by sending out a questionnaire, at regular intervals, called CHASE (Child and Adolescent Service Experience questionnaire) which is used across CAMHS services in SLAM. There is also a separate feedback form given to carers, to comment on their opinion of the care that was given to the child/young person.

Children and young people consistently rate “the person they see” as kind and caring, trustworthy and understanding of them.

Some of the most helpful feedback is in the comments children and young people make, in the free text section, occasionally extra to the feedback forms but also in reply to the following questions:

#### What things would make the appointment better?

Children said:

*“More drawing”*

*“More time”*

*“More play-dough and paintbrushes”*

*“food & drink”*

Young people said:

*“Go outside/walking”*

*“playing games/do enjoyable things”*

*“if they could travel to me”*

*“longer appointment”*

#### What are the best things about your appointments?

Children said:

*“talking to someone/about worries”*

*“play”*

*“the clinician”*

*“everything”*

*“doing arts and crafts”*

*“getting along”*

*“talking freely without being judged”*

*“problems getting sorted”*

Specific attention had been paid to these comments over the year and the following actions have been taken:

- Clinicians are more flexible about where appointments take place
- the range of toys and resources has been reviewed and increased
- the Creative Groups (co-facilitated with the South London Gallery Community Education staff) have continued and widened to include all age groups

The feedback from carers (foster carers and adopters) was also highly positive.

Here are some samples of what carer's said:

"The worker has known my child since the day he came in to care so knew his history...provided continuity of care..."

"the best thing was learning new skills in how to manage a child in my care"

"they listened and understood; offered invaluable support."

Carer's also had improvements they wished to see:

"shorter assessment period before the child seen"

"more consistent service"

But, most people when asked about ideas for improvement said "nothing" or "no".

Specific attention had been paid to these comments over the year and the following actions have been taken:

- cases are reviewed on a case by case basis to ensure assessments are not overly lengthy or drifting
- following comments made in other parts of CAMHS and to Carelink in 2010, appointments are now more routinely offered outside standard 9-5 office hours. The family therapy clinic has extended its hours so appointments can be provided after the school day and into the evening.

### **Feedback from foster carers – training courses and individual support to foster carers:**

Carers completed a satisfaction questionnaire at the end of Fostering Changes (training group – caring for teens).

The foster carers said:

Most useful strategies were: "I" messages, giving positive attention, problem-solving and selective ignoring

Least useful strategies were: selective ignoring,

Most carers reported feeling "very confident" about managing behaviour in the home after the course.

Some Quotes:

"My young people's behaviour can change from day to day - it depends on how they feel, but the ideas the course has given are still very fresh in my head. I found my own behaviour can be better - thinking before acting or talking."

"The course has helped me to stop and think before speaking/reacting"

Message from new adopter who was a participant in Fostering Changes course:

"C is an exceptional trainer. I have learnt a lot from her as a reflective practitioner. I have really appreciated her ability to meet the needs of everyone in the group both in terms of their learning and also emotional needs. Her high level of soft skills and intellect are a warming combination!"

## **USER INVOLVEMENT EVENTS FOR CARELINK CHILDREN**

### **Young Vic Theatre Project**

During 2011 LAC children and young people involved with Carelink were nominated to participate in the Young Vic Theatre Project, which is run for CAMHS children from Southwark and Lambeth boroughs in partnership with SLAM and the Young Vic. We have had two workshops this year – one in the Spring for children aged 7-12 and one in the autumn for over 13s.

It is run by a Trainee Director at the Young Vic (along with CAMHS staff present) and involves a combination of games and activities connected to movement, body work, acting and role playing and story interpretation geared to the age group. They put on a short performance for parents/carers at end of the workshop. It is hoped to build on children's confidence and self-esteem and help them develop a new interest in self-expression and theatre skills.

We are pleased to say The Theatre Project has become an annual event for us.

### **The Carelink/South London Gallery Holiday Group**

Also known as the AIS Group – “Art is Something” This has met for one day each school holiday since August 2011.

It is co-facilitated with the Community Arts Education Staff from South London Gallery, a Social Worker from the Children Looked After team in Social Services and Carelink. The children are those on referral to Carelink Targeted CAMHS.

The aim is to maintain a small consistent grouping of children age range 8 to 12 to engage in a creative group activity each holiday period.

The venue is the South London Gallery. This has a purpose built education wing but often the children will be actively engaged with the exhibit of the season, in one of the gallery rooms. The garden is used at break time to relax and reflect on the art activity.

Mixed media is used, including photography, sculpture and video making. Games are used to develop a team ethos and to encourage sharing and teamwork.

To date nine children have taken part. An informal fun feedback activity takes place at most sessions and this has been consistently positive and with a strong message to keep the group small (usually maximum of four children for each one).

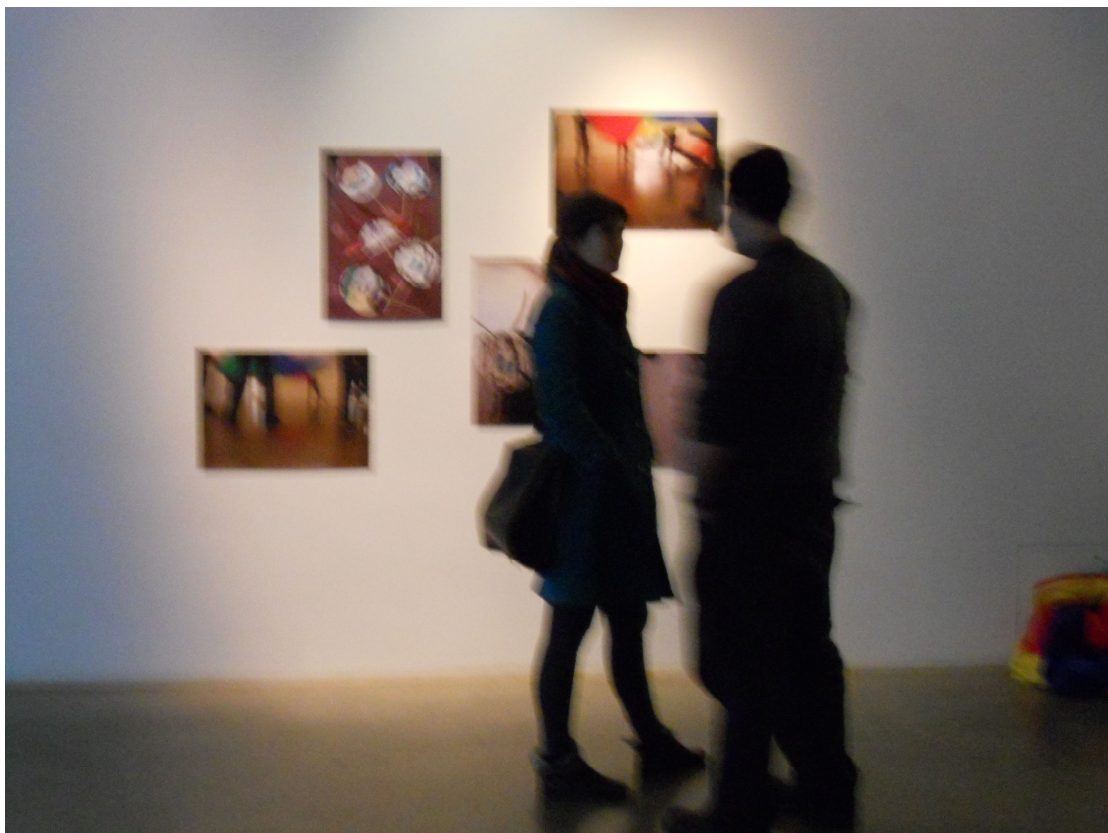
Given the individual children's adverse life histories and interruptions to familial relationships, it is not surprising that the children enjoy and thrive with the high adult to child ratio in the group.

The children chose the group's name from a list they originated, choosing 'Art is Something' in preparation for an exhibition and social event for professionals and carers in December 2011. Their work was also exhibited at a Social Services Achievement Event in November 2011 at Glaziers Hall in the City.

## CARELINK CREATIVE PROJECT

The Carelink Creative Project has been running now since early 2011 in collaboration with the South London Gallery. It is a two year program ending at the end of 2012. This was based on us receiving a grant for £3,400 from the SLAM Charitable Fund for direct work with children.

The Carelink Creative Project (CCP) has a focus on working with looked after children who would benefit from being part of a socially inclusive group activity which encourages the development of self esteem and creativity and promotes community awareness. This is a wider group of children than the Holiday Group mentioned above, so children and young people can just join for one day or longer, and there are different groups for different ages.



Within the group there is an over arching focus on wellbeing. Last year's group focus was on 'identity' and this year's is 'relationships and relating'. The children and young people worked with photography and setting up their own three dimensional compositions, and have also worked with clay creating individual pieces to contribute to a unified piece. The group participants called themselves "The Supersmashers".

The December 2011 group saw the children and young people present a fabulous exhibition in the gallery space at The Clore Studio which included a parachute workshop and a large vat of hot chocolate! There was a large supportive crowd of carers and professionals who attended to view the work and celebrate the event with the children involved. We have held three groups during 2011 and plan to run three more before the end of 2012 resulting in a second exhibition towards the end of the year.

**Final comment;**

**In our work we are heavily reliant on our close working relationships with our colleagues in Social Care, Child Health, Education, the voluntary sector and other agencies. These relationships help ensure that we deliver the best possible service to the children and young people in our care. We look forward to continuing this creative, collegiate and constructive work over the next year.**

|                                    |                                |  |   |
|------------------------------------|--------------------------------|--|---|
| <b>Item No.</b><br>7.              | <b>Classification:</b><br>Open | <b>Date:</b><br>18 July 2012                                 | <b>Meeting Name:</b><br>Corporate Parenting Committee |
| <b>Report title:</b>               |                                | 2012-13 Young Peoples Substance Misuse (YPSM) Treatment Plan |   |
| <b>Ward(s) or groups affected:</b> |                                | All  |   |
| <b>From:</b>                       |                                | Strategic Director of Children's Services                    |   |

## RECOMMENDATIONS

1. That the committee considers the recommendations and actions set out in the draft Young Peoples Substance Misuse (YPSM) Treatment Plan for 2012/13 (See Appendix A).
2. The draft plan proposes the following key priority areas as follows:
  - Universal work by building individual's knowledge around substance misuse
  - Targeted work to reach the most vulnerable groups
  - Specialist work to ensure young people have access to structured treatment
3. To note that this paper has been written to inform members of how 2012/13 Plan will be used to reduce substance misuse and the progress of the Specialist YPSM service and to update members of the policy implications and strategy alignment of the work.
4. That the committee notes the importance of partnership work to reduce young people's substance misuse.

## KEY MESSAGES

5. To ensure that all young people are able to improve their wellbeing and lead a life which is happy, safe and successful. Insight Southwark will continue to provide access to information, advice and specialist treatment to all young people in order to prevent them becoming substance misusers.
6. Insight to continue the development of new and existing partnerships to increase numbers of young people in treatment.

## BACKGROUND INFORMATION

### National Background

7. Central Government is committed to encouraging young people to make informed choices regarding substance misuse. A £2.6million campaign aimed at Young People to highlight the risk associated with alcohol misuse, drug use and sexual health was highlighted in the recent Alcohol Strategy.



## Local Background

8. Launched in April 2010, Insight Southwark, run by Blenheim CDP, is a confidential support service for young people up to the age of 24, living with or affected by drugs and alcohol issues in Southwark. The aim of the service is to reduce the numbers of young people affected by substance misuse including Alcohol, by balancing prevention, early intervention, harm reduction and specialist treatment, in order to meet the needs of young people.
9. Insight Southwark provide a confidential service to Parents & Carers' worried about a young person getting involved or involved in alcohol or substance misuse. This service includes phone support, one-to-one appointments and group workshops.
10. During 2011/12 Insight have carried out 126 initial assessments, 2615 open access interventions and helped 121 into structured substance misuse treatment.

### *Borough Partnerships:*

11. Insight work in partnerships with the Youth Offending Service, Social Services, Southwark Inclusive Learning Services, The Gateway Hostel, Schools and Colleges.
12. A weekly satellite is held at Children Looked After (CLA) offices, which helps to ensure that staff are aware of referral pathways into Insight Southwark. This satellite offers young people with a drop in services and helps to increase partnership working with staff. Coupled with the Basic Drugs Awareness, Screening and Referral Training provided by Insight.
13. The Basic Drugs Awareness, Screening and Referral Training is available to all professionals in the Borough, however it has been attended by sufficient proportion of CLA staff to ensure staff are able to identify and refer appropriately into the service. Insight delivered specialised training to the Adolescent & Aftercare Service, Social Workers and Foster Carers. Insight Southwark also trained CLA Staff of the Children Services (CS) Common Assessment Framework.
14. Southwark DAAT has arranged for the Basic Drugs Awareness, Screening and Referral Training to be added to the training pathway for all newly qualified social workers as mandatory. And it has also been sent to all CS managers to add to the induction for all staff.
15. Insight are an integral part of the Children Social Care (CSC) and Substance Misuse Interface meeting, working with key leads to ensure that Drug and Alcohol services work collectively with CSC to reduce substance misuse harm. This group also works to ensure that social workers increase their awareness of substance misuse and how to refer into services.
16. Insight have been an integral part of the CLA Health Steering Group and feed into the 2011/12 Teenage Pregnancy Audit.
17. Insight will continue to improve partnership work across CS, working in 2012/13 to offer more family support to parents who children are experiencing problems with substance misuse.

## KEY ISSUES FOR CONSIDERATION

18. The 2012/13 plan builds on previous years commitments and recognises that YPSM is an ongoing issue, which needs a partnership approach in order to reduce numbers.
19. Overall Insight will consolidate existing work with new areas of work and will ensure better collaborative working with all local services. By continuing to work in partnership we should be able to:
  - Prevent substance misuse among young people
  - Prevent young people transitioning into substance misuse adults
  - Prevent harm caused to young people via parental substance misusers
20. However with financial pressures resulting in cuts to service provisions, there could be a change for commissioning services, which could impact on what we want to deliver as a borough.
21. The challenge going forward will be to ensure that all young people continue to receive appropriate treatment that prevents them from misusing substances and that substance misuse remains a key priority for all parties working with young people and families.

## Policy implications

### *National:*

22. The 2012/13 YPSM Treatment Plan is driven by government policy and legislation and the commitment to reduce the harm substance misuse causes to children, young people and families.

### *Local:*

23. The work within the YPSM Treatment Plan is aligned and linked to various Strategies across Community Safety and Children Services, some are listed below:
  - 2010/13 Children and Young People's Plan
  - SSP Rolling Plan
  - DAAT Treatment Plan
  - 2012/15 Alcohol Strategy

## Financial implications

24. At this stage there are no new financial implications arising from the plan, beyond officer's support/time to undertake the development activities outlined in the plan.
25. Further resources maybe required as each of the areas for action within the plan move forward.
26. The implementation of the proposed plan will be contained within existing resources of Insight Southwark and the partnerships they have developed.
27. However if implementing any of the subsequent actions requires additional resources a further report setting out costs and funding sources will be submitted before committing any council resources.

### Community impact statement

28. Insight Southwark will have an impact on children and young people accessing treatment services, which in turn will have a positive impact on young people's outcomes, through improvements with Employment, Education and Training, reduction in offending and sexual behaviour. The service Insight provides will also improve outcomes for families, by providing support to parents and carers.

### Equalities impact

29. Insight Southwark will improve the outcome for all children, young people and their families affected by substance misuse.

### BACKGROUND DOCUMENTS

| Background Papers   | Held At                              | Contact                         |
|---------------------|--------------------------------------|---------------------------------|
| YPSM Treatment Plan | 160 Tooley Street, London<br>SE1 2QH | Dionne Cameron<br>020 7525 7101 |

### LIST OF APPENDICES

| No.        | Title                       |
|------------|-----------------------------|
| Appendix A | 2012-13 YPSM Treatment Plan |
| Appendix B | Insight End of Year Update  |

### AUDIT TRAIL

|   |  |                          |
|---|--|--------------------------|
| <b>Lead Officer</b>   | Rory Patterson, Deputy Director, Specialist Children's Services and Safeguarding |                          |
| <b>Report Author</b>  | Dionne Cameron, Young Persons Substance Misuse Lead                              |                          |
|   | Final  |                          |
| <b>Dated</b>  | 5 July 2012  |                          |
| <b>Key Decision?</b>  | No   |                          |
| <b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b> |  |                          |
|   | <b>Officer Title</b>   | <b>Comments Sought</b>   |
|   |  | <b>Comments included</b> |
|   | Director of Legal Services   | No                       |
|   | Strategic Director of Finance and Corporate Services                             | No                       |
|   | <b>Cabinet Member</b>  | No                       |
|   | <b>Date final report sent to Constitutional Team</b>                             | 5 July 2012              |

## APPENDIX A

### YOUNG PEOPLES SUBSTANCE MISUSE TREATMENT PLAN 2012/13

To ensure that all young people are able to improve their wellbeing and lead a life which is happy, safe and successful, Insight Southwark will continue to provide access to information, advice and specialist treatment to all young people in order to prevent them becoming substance misusers.

It was agreed that following the success of the work Insight completed in 2011/12 that they would also continue the development of new and existing partnerships to increase numbers of young people in treatment; this would form the basis of their work for 2012/13.

The aim of this paper is to reduce the numbers of young affected by substance misuse (including alcohol). By ensuring that as a borough we have a balance of prevention, early intervention, harm reduction and specialist treatment. In order to meet the above aim we will focus on universal, targeted and specialist services that cover the following:

#### **Universal work (entail building individual's knowledge around substance misuse):**

- promote health and emotional wellbeing
- provide preventative advice and information to young people and their parents
- provide professionals with training to empower them to recognise substance misuse in young people and provide appropriate support

#### **Actions**

- Continue to develop in-house and Basic Drugs Training across the borough
- Continue to work with partners to deliver effective ways to address young people's substance misuse (including community safety issues)
- Encourage universal substance misuse education and prevention via PSHE
- *Establish close links with Social Services, supporting parents and carers of young people who misuse substances (possible Parenting Programmes) and vice versa.*

#### **Outcomes:**

- Young people and parents are more aware of the dangers of substance misuse and know where to go for information, advice and guidance
- Young people and parents are able to make informed choices regarding their substance misuse or non use
- Professional are able to recognise substance misuse in young people and provide appropriate support.

#### **Targeted work (reaching vulnerable groups)**

- Identify young people who are at risk of engaging in substance misuse
- Ensure that hidden harm groups are identified early and have access to appropriate support
- Increase referrals from targeted groups

#### **Actions**

- Develop Education, Employment and Training group to tackle worklessness and develop job skills in order to reduce NEETS population.

- Launch and implement service for LGBTQ community.
- Look at the feasibility of setting up Hidden Harm Group – follow with bid
- Develop programme of activities to engage more young people (Breakfast club/entertainment evenings)
- Develop a mapping of services/area young people are at risk of engaging in substance misuse – use to follow up referrals and to plug gaps.

#### Outcomes

- Improve outcomes for children and young people of substance misusers
- Improve outcomes for LGBTQ substance misusers
- Increased numbers of young people accessing Insight from under representative groups (CAMHS, LGBTQ)

#### **Specialist work (young people have access to structured treatment)**

- Deliver a range of young person centred and specialist interventions.
- Focussed treatment interventions for young people with substance misuse related needs

#### Actions

- Further develop the service to deal with complex cases (deliver a full range of services to young people with high substance misuse related needed)
- Launch and implement the 18-24 Transitional service
- Facilitate referral and signposting into other treatment
- *Look at legal highs/club drugs – what structure work can be done around this?*
- *Develop and deliver harm reduction programme for cannabis/alcohol users?*

#### Outcomes

- Young substance misusers have access to appropriate specialist support

#### **Conclusion**

This paper builds on the achievements Insight has made in 2011/12 and recognises that Young Peoples Substance Misuse is an ongoing issue, which in order to reduce the numbers affected requires a partnership approach. Overall Insight will consolidate existing work with new areas of work and will ensure better collaborative working with all local services. By continuing to work in partnership we should be able to:

- Prevent substance misuse among young people
- Prevent young people transitioning into substance misuse adults
- Prevent harm caused to young people via parental substance misusers

This paper gives clear outcomes of what we would like to achieve and how we expect to get there. However with financial pressures resulting in cuts to service provisions, there could be a change for commissioning services, which could impact on what we want to deliver.

The challenge going forward will be to ensure that all Young People continue to receive appropriate treatment that prevents them from misusing substance, and that substance misuse remains a key priority for all parties working with young people and families.

## APPENDIX B



### **Introduction:**

Insight Southwark was commissioned May 2010. Insight recruited a stable core staff team. The Insight team were based at Cator Street on a temporary basis. Insight then moved to O- Central in March 2011.

### **Services we provide:**

Insight Southwark is a free confidential support service for young people up to the age of 24, living with or affected by drug and alcohol issues, in Southwark.

### **We offer:**

- Drop In (advice and information)
- Telephone and internet access
- Complimentary Therapies
- Parental advice and support
- Group Activities
- One to One Key Work
- General advice & Support with housing; employment and education
- Support Groups
- Outreach/Satellite services
- Music Production

### **Events:**

#### **Insight Southwark Launch:**

On the 10<sup>th</sup> June 2011 – Insight Southwark was launched and opened. A total of 80 professionals attended throughout the day and evening. The Mayor of Southwark officially opened the building. Various guest speakers spoke and delivered presentations. The event was widely publicised – the South London Press came to promote and do a press release for Insight.

### **Challenge:**

The Challenge Network is the charity that designs and delivers 'The Challenge', inspiring young people from diverse backgrounds to come together after completing their GCSEs to make a positive contribution to their community. The Challenge Network is a registered charity established in April 2009.

The Challenge brings young people together from diverse backgrounds and throws them in at the deep end. They take on physical, social and civic challenges that prepare them to design and deliver a project that will make a difference in their community. The young people learn key skills such as teamwork, leadership and communication, and are encouraged to develop trust in others, responsibility for themselves, understanding and empathy.

We worked in partnership with 'The Challenge' and hosted a group of 12 over two days to make a contribution to the service. The first day 16.08.11 was an introduction to the service, looking at what we offered and activities we delivered. The group

participated in a team building exercise where they researched ideas on what they could do to contribute to the service.

On the 10.09.11, the group returned and decorated two canvases, for the service to display in the young peoples drop in. The Challenge raised £110 for Insight Southwark. The Challenge has approached Insight to host another 2 events in September 2012.

#### **Open days:**

20 professionals attended (DEC -11), Social services, Faces and focus, Radar, the met police, SLAM, (South London and Maudesley) Southwark Youth support housing and assessment team. On the 24th February 2012 – Insight hosted another Open day, in which 4 professionals attended. Our next Open day will be on 20th July 2012.

#### **AAW – Event – Oct 2010 and 2012**

Over the week we delivered Alcohol workshops at O-Central and at Bacons College, St Michaels Secondary School and Four Squares Youth Club. We designed a questionnaire to feed into the new Alcohol strategy. 400 were completed. Insight also did an animation video for alcohol awareness week. This is on our website: [www.insightsouthwark.org.uk](http://www.insightsouthwark.org.uk)

#### **NTA visit to Insight**

Rosanne O'Connor came to visit in November 2011

#### **Social Enterprise – JAN – 2012**

A small business consultancy called E=Mc2, offering a 10 week programme. 10 young people were put forward for the programme.

#### **Borough Partnerships:**

Youth offending services

SILS 4

Children looked after

Gateway

#### **Peer Education and Smoking Prevention: (March 2011 – March 2012)**

Insight was approached by Susan Unger – Health Improvement Programme, to deliver Peer Education in 6 Schools. Insight worked with Harris, Notre Dame School, St Michael's College, Bacons, Harris Girls Academy and City of London Academy.

**Aim:** To give peer educators the knowledge, skills and confidence to discuss the risks of smoking in both formal and informal settings.

#### **Objectives:**

- Increase knowledge about the health, economic and environmental risks
- Emphasise the benefits of remaining smoke free
- Encourage in the peer educator the development of skills to promote smoking prevention and cessation among their peers
- Know where to ask for advice

#### **Stages:**

Nomination – A questionnaire is completed by all year 8 pupils who are considered good leaders

#### **Recruitment:**

School lesson to explain programme to the selected pupils

#### **Training:**

Usually 8-10 school lessons over 2-3 days

**Follow up and Intervention:**

Usually 4 sessions to continue to develop peer education skills and ascertain progress

**Acknowledgement and Celebration:**

Assembly Presentation of certificates, Evaluation and a Cake

**Skills gained:**

- Sharing knowledge
- Developing key messages
- Initiating conversations
- Reflecting on their performance
- Appreciating cycle of change
- Delivering a presentation

**BDA (Basic Drug Awareness Screening) and Referral Training**

We have delivered DUST training to over 80- professionals in Southwark ranging from Homeless person's unit, Alternative to Care Team, Referral and Assessment Team, Family Support Team, Royal London Society for the blind, volunteers, Nurses, Social Services, Family Support Teams, Hexagon's Townley Road Rehab, Southwark College, and Educational Welfare. We have DUST dates scheduled for

- 25<sup>th</sup> May 2012
- 27<sup>th</sup> June 2012
- 18<sup>th</sup> July 2012
- 28<sup>th</sup> September 2012
- 17<sup>th</sup> October 2012
- 28<sup>th</sup> November 2012
- 25<sup>th</sup> January 2013
- 27<sup>th</sup> February 2013
- 22<sup>nd</sup> March 2013

The feed back evaluation forms from the professionals who attend were very positive. Insight have delivered training to other organisations:

- Catch 22 training – FEB 2012
- Blind Society
- Children looked after
- YOS Parents group
- Dulwich College
- Gateway Hostel
- Parents

Insight will continue to provide external training to providers to raise the profile of the service and generate more inward referrals.

**Data and Performance**

**Ratio of Males and Females accessing the service:**

70% Male – 30% Female

**Planned discharges:**



|   | Q1: | Q2: | Q3: | Q4: | Total: |
|---|-----|-----|-----|-----|--------|
| Treatment complete occasional user      | 13  | 15  | 15  | 17  | 60     |
| Dropped out                             | 0   | 5   | 2   | 0   | 7      |
| Drug free                               | 8   | 0   | 2   | 2   | 12     |
| Transferred into custody                | 1   | 0   | 2   | 4   | 7      |
| Retained in custody                     | 2   | 0   | 1   | 0   | 3      |
| Incomplete treatment declined by client | 0   | 0   | 0   | 2   | 2      |

**Main Referrals Sources and clients who have entered into T3 treatment:**

| Referrals Agencies      | Q1: | Q 2: | Q 3: | Q4: | Total: |
|-------------------------|-----|------|------|-----|--------|
| Self:                   | 9   | 15   | 14   | 18  | 56     |
| YOS:                    | 5   | 20   | 15   | 16  | 56     |
| CLA:                    | 0   | 0    | 0    | 2   | 2      |
| Targeted youth support: | 0   | 1    | 1    | 0   | 2      |
| Social services:        | 0   | 0    | 1    | 0   | 1      |
| Children mental health: | 1   | 0    | 0    | 0   | 1      |
| YP Housing:             | 0   | 0    | 2    | 0   | 2      |

**New developments for 2012/13:**

18 – 24 Transitional service and LGBTQ Support service due to launch on the 1<sup>st</sup> April 2012. We will be using the Southwark CAF to assess over 18 clients; we will be networking with adults services to promote the new service. Clients are only to be referred if they are using cannabis, party drugs and alcohol. The service launch will be on the 18<sup>th</sup> May 1012.

**ETE (Employment Training & Education )Programme – for young people:**

Blenheim CDP learning and development will be developing an accreditation programme, designed to address low level numeracy and literacy. We will be starting an ETE club for the young people on Tuesday and Thursday afternoons.

**LGBTQ (Lesbian, Gay Bi-sexual, Transsexual, Questionable)**

The open access support group will run on Wednesday afternoons from 3-7pm. The Launch the service will be on the 18<sup>th</sup> May 2012. The LGBTQ flyer is now ready. All leaflets will be emailed out to all the Southwark providers. JUICE will be supporting

Insight to develop this space. Outreach to be scheduled in Soho, Vauxhall and Waterloo. The service website will be updated and additional information about the LGBTQ space will be added. Faces and Focus will be doing a 10 week satellite service here offering free counselling. We have specifically requested an LGBTQ counsellor.

|                                    |                                |  |   |
|------------------------------------|--------------------------------|--|---|
| <b>Item No.</b><br>8.              | <b>Classification:</b><br>Open | <b>Date:</b><br>18 July 2012               | <b>Meeting Name:</b><br>Corporate Parenting Committee |
| <b>Report title:</b>               |                                | Performance Report – Looked After Children |   |
| <b>Ward(s) or groups affected:</b> |                                | All  |   |
| <b>From:</b>                       |                                | Strategic Director of Children's Services  |   |

### RECOMMENDATION

1. That the Corporate Parenting Committee notes this report.

### BACKGROUND INFORMATION

2. Children in Care

This report relates to provisional 2011/12 end of year performance. The SSDA903 statutory return is due end June 2012. The team is currently cleansing the data and hence not all performance measures are available. An update for end of year performance will be available 2 July 2012.

### KEY ISSUES FOR CONSIDERATION

3. Overall performance in the service and its key performance remain strong. This reports sets out some key issues for consideration.
4. The number of looked after children continues to rise, current figure is 540.
5. Permanence planning remains good. Recent inspections of fostering and adoption found services to be good with some outstanding features. Recent figures released by the DfE regarding adoption timeliness shows that in 2012 Southwark had a shorter than average time scale between the appointment of court authority and matching to an adoptive family (93 days compared to the 171 nationally). However the proportion of children adopted from care and adoptions for children aged over 5 years in particular, fall below the national averages.
6. Planning and review of children looked after remains strong. Provisional end of year performance shows a slight decrease of children who have had an up to date review to 91% from 96%. All reviews are completed by the Independent Reviewing Officer (IRO) Service, which also monitors the quality of reviews and care planning. For older children, there is proactive screening of drug use and teenage pregnancy, although improving timeliness of pathway planning remains an area for improvement.
7. The council continues to perform on par with the national picture on finding suitable accommodation for care leavers. NI 147 - Percentage of care leavers at age 19 who are living in suitable accommodation (as judged by the council). Provisional end of year performance for care leavers in suitable accommodation has decreased to 90%, compared to 95% last year. However, this includes more children in custody compared to last year (5 children compared to 3). The children looked after service and Youth Offending Service work together to

support young people who enter custody to ensure that they have accommodation, and access to employment, education and training when they leave custody. This area of work was commended in the recent YOS inspection.

8. Due to the economic climate there was an expectation that that the performance of care leavers in employment, education or training would decrease by March 2012. NI 148 - % of Care leavers in employment, education or training at age 19 LAA, recent figures show that, in contrast, the proportion of EET care leavers has remained in line with last year performance (60% compared to 61%), and is still in line with national performance.
9. The Strengths and Difficulties Questionnaire (SDQ) suggests mental and emotional wellbeing of CLA remains stable. NI 58 - Emotional and behavioural health of children in care, the current score of 14, remains in line with last years performance and with national figures. Children and young people do not have to undertake this questionnaire, so some caution must be applied when interpreting the results.

### Community impact statement

10. The decision to note this performance report has been judged to have no impact on local people and communities. Clearly the quality of these services has a strong impact on children looked after from all communities.

### BACKGROUND DOCUMENTS

| Background Papers              | Held At                    | Contact   |
|--------------------------------|----------------------------|---|
| CLA Key Performance Indicators | 160 Tooley Street, SE1 2QH | Monika Ciurej<br><a href="mailto:monika.ciurej@southwark.gov.uk">monika.ciurej@southwark.gov.uk</a> |

### APPENDICES

| No         | Title      |
|------------|------------|
| Appendix A | Score card |

**AUDIT TRAIL**

|   |   |                          |
|---|---|--------------------------|
| <b>Lead Officer</b>   | Rory Patterson, Deputy Director, Specialist Children's Services |                          |
| <b>Report Author</b>  | Monika Ciurej, Performance Information Analyst Manager          |                          |
| <b>Version</b>  | Final   |                          |
| <b>Dated</b>  | 4 July 2012   |                          |
| <b>Key Decision?</b>  | No  |                          |
| <b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b> |   |                          |
| <b>Officer Title</b>  | <b>Comments Sought</b>  | <b>Comments included</b> |
| Director of Legal Services  | No  | No                       |
| Strategic Director of Finance and Corporate Services                    | No  | No                       |
| <b>Cabinet Member</b>   | No  | No                       |
| <b>Date final report sent to Constitutional Team</b>                    |   | 4 July 2012              |

## APPENDIX A

| NI Ref       | CYP Ref | Long Description   | 2008/09 | 2009/10 | 2010/11 | 2011/12        | Performance change (PP) | % volume change | Performance direction of travel | RAG (based on BOXI reports) | England       | London        | SN average    |
|--------------|---------|--|---------|---------|---------|----------------|-------------------------|-----------------|---------------------------------|-----------------------------|---------------|---------------|---------------|
|              | CYPP 24 | Number of children looked after<br>CH39: Children looked after 31 March per 10,000 pop aged under 18   | 97.8    | 557     | 522     | 540            | n/a                     | 3.4%            | ↑                               | AMBER                       | 65520         | 10390         | 411           |
|              |         | Sum of all individual SDQ 'total difficulties scores'  |         |         |         | 92.9           | -1.3                    | n/a             |                                 |                             | 59            | 61            | 83            |
| NI 58        |         | Number of valid primary carer SDOs that have been completed<br>Emotional and behavioural health of children in care DCSF DSO   | NEW     | 558     | 2651    | 2433           | n/a                     | n/a             | ↔                               | GREEN                       | not available | not available | not available |
|              |         | Number of children whose cases had been reviewed within the required timescales<br>Number of children looked after who had been looked after continuously for at least the previous four weeks<br>PAF C68: The percentage of children looked after at 31st March all of whose reviews during the year were completed on time.  |         | 46      | 184     | 171            | n/a                     | -7.1%           |                                 |                             | 23870         | 4140          | 162           |
| NI 66        |         | Number of children looked after with 3 or more placements<br>PAF A1: Percentage of children looked after with 3 or more placements during the year   | 94.1%   | 12.1    | 14.4    | 14.2           | -0.2                    | n/a             |                                 |                             | 13.9          | 13.5          | 13.8          |
| NI 62        | CYPP 25 | Number of children whose cases had been reviewed within the required timescales<br>Number of children looked after who had been looked after continuously for at least the previous four weeks<br>PAF C68: The percentage of children looked after at 31st March all of whose reviews during the year were completed on time.  | 14.1%   | 83      | 70      | 73             | n/a                     | 4.3%            | ↔                               | Data cleansing              | not available | not available | not available |
|              |         | Number of children who have been looked after for a period of 912 plus days whose age is less than 16<br>Number of those above who have been in the same placement for 2 years or more<br>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 |         | 139     | 101     | 165            | n/a                     | 18.7%           |                                 |                             | 20060         | 2900          | 120.5         |
| NI 63        |         | Number of children who were placed for adoption within 12 months<br>Number of children who ceased to be looked after as a result of the granting of an adoption order<br>% 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  | 67.4%   | 72.8%   | 72.7%   | Data cleansing | n/a                     | n/a             | ↓                               | Data cleansing              | 13770         | 2030          | 83            |
| NI 61        |         | Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 including English and Maths) PSA 11 LAA   | 87.1%   | 18      | 14      | 10             | n/a                     | -28.6%          |                                 |                             | 68.6%         | 69.9%         | 68.7%         |
|              |         | Children in care reaching level 4 in English at Key Stage 2 PSA 11 LAA   |         | 22      | 17      | 21             | n/a                     | 23.5%           |                                 |                             | 2250          | 280           | 13            |
|              |         | Children in care reaching level 4 in Maths at Key Stage 2 PSA 11 LAA   |         | 81.8%   | 82.4%   | Data cleansing | n/a                     | n/a             | ↓                               | Data cleansing              | 3050          | 390           | 17            |
| NI 101 (LAA) |         | Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 including English and Maths) PSA 11 LAA   | NEW     | NEW     | 13.7%   | 23.9%          | 10.2%                   | n/a             | ↑                               | GREEN                       | 74.0%         | 71.5%         | 73.2%         |
| NI 99 (LAA)  |         | Children in care reaching level 4 in English at Key Stage 2 PSA 11 LAA   | NEW     | NEW     | 60.0%   | x              | #VALUE!                 | n/a             |                                 | UNKNOWN                     | 13%           | 14%           | 16%           |
| NI 100 (LAA) |         | Children in care reaching level 4 in Maths at Key Stage 2 PSA 11 LAA   | NEW     | NEW     | 40.0%   | 55.0%          | 15.0%                   | n/a             | ↑                               | GREEN                       | 50%           | 51%           | 52%           |
| NEW          | NEW     | Children in care reaching level 4 in English & Maths at Key Stage 2 PSA 11 LAA   | NEW     | NEW     | 40.0%   | x              | #VALUE!                 | n/a             |                                 | UNKNOWN                     | 48%           | 48%           | 51%           |
| NI 148 (LAA) |         | Number of young people aged 19 who were looked after under any legal status (other than V3 or V4) on 1 April in their 17th year<br>Number of care leavers aged 19 who were looked after on 1 April in their 17th year, who were in education, employment or training<br>% of Care leavers in employment, education or training at age 19 LAA   | 61.9%   | 81      | 83      | 73             | n/a                     | -12.0%          | ↔                               | AMBER                       | 6290          | 1440          | 51            |
|              |         | Number of care leavers aged 19 who were looked after on 1 April in their 17th year, who were in suitable accommodation<br>Percentage of care leavers at age 19 who are living in suitable accommodation. (as judged by the council)  | 97.6%   | 49      | 51      | 44             | n/a                     | -13.7%          |                                 |                             | 3850          | 950           | 34            |
| NI 147       |         | Number of care leavers aged 19 who were looked after on 1 April in their 17th year, who were in suitable accommodation<br>Percentage of care leavers at age 19 who are living in suitable accommodation. (as judged by the council)  | 97.6%   | 79      | 79      | 66             | n/a                     | -16.5%          | ↓                               | AMBER                       | 61%           | 66%           | 61%           |
|              |         | Percentage of care leavers at age 19 who are living in suitable accommodation. (as judged by the council)  | 97.6%   | 97.5%   | 95.2%   | 90.4%          | -4.8%                   | n/a             |                                 |                             | 5650          | 1290          | 47            |
|              |         |  |         |         |         |                |                         |                 |                                 |                             | 90%           | 90%           | 94%           |

|                                    |                                |   |   |
|------------------------------------|--------------------------------|---|---|
| <b>Item No.</b><br>9.              | <b>Classification:</b><br>Open | <b>Date:</b><br>18 July 2012                      | <b>Meeting Name:</b><br>Corporate Parenting Committee |
| <b>Report title:</b>               |                                | Corporate Parenting Committee – Work plan 2012/13 |   |
| <b>Ward(s) or groups affected:</b> |                                | All   |   |
| <b>From:</b>                       |                                | Strategic Director of Children’s Services         |   |

## RECOMMENDATION

1. That the corporate parenting committee review the work plan for 2012/13 as set out in paragraph 5 of the report.

## BACKGROUND INFORMATION

### Role and function of the corporate parenting committee

2. The constitution for the municipal year 2012/2013 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 corporate parenting committee agreed on 7 July 2010 to move towards thematic meetings and followed this framework for the remainder of the municipal year 2010/11. Additionally, the committee agreed at its meeting on 21 April 2010 to receive a mid year performance review report. The committee also agreed to receive report/s of any significant performance variations evident from the monthly review of services for looked after children and care leavers.

### Policy implications

4. The policy agenda has been measured against the 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 on these themes. In addition, the outcomes of the Ofsted 2011/12 triennial inspection of Southwark safeguarding and looked after children's services and other Government guidance will be taken into consideration in determining and reviewing the committee's work programme.

### Future agenda items

5. The following work plan sets out themes for future meetings.

#### 18 July 2012

##### Be Healthy Theme

- Young People's Substance Misuse Treatment Plan 2012-13
- Performance Report - Looked After Children
- Child and Adolescent Mental Health (CAMHS) Carelink
- Outcomes of Ofsted inspection of safeguarding and looked after children's services

#### 5 November 2012

##### Enjoy and Achieve Theme

- Key stage 2 results and confirmed GCSE results
- Report from the Virtual Head Teacher
- Mid year performance review
- Report back to committee to monitor the situation relating to any likely impacts on access to higher education.

#### 26 February 2013

##### Stay Safe Theme

- Annual report on adoption services
- Annual report on fostering services
- Stability and Permanency for Children in Care
- Children in Care and Youth Offending
- Independent Reviewing Officer (IRO) Annual Report

#### 29 April 2013

##### Economic Wellbeing Theme

- Adolescent and After Care Service



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

### July 2013

#### Making a Positive Contribution

- Feedback from joint meetings between Speaker Box and members of the Corporate Parenting Committee and Speaker Box action plan
- Speaker Box mission statement

#### Ongoing/monitoring

- Performance monitoring – committee to receive report/s of any significant variations evident from the monthly performance review of looked after children and care leavers services.

#### 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<br>160 Tooley Street<br>SE1 2QH | Bola Roberts<br>020 7525 7232 |

### AUDIT TRAIL

|   |  |                          |
|---|--|--------------------------|
| <b>Lead Officer</b>   | Rory Patterson, Assistant Director Children's Specialist Services & Safeguarding |                          |
| <b>Report Author</b>  | Paula Thornton, Constitutional Officer   |                          |
| <b>Version</b>  | Final  |                          |
| <b>Dated</b>  | 5 July 2012  |                          |
| <b>Key Decision?</b>  | No   |                          |
| <b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b> |  |                          |
| <b>Officer Title</b>  | <b>Comments Sought</b>   | <b>Comments included</b> |
| Director of Legal Services  | No   | No                       |
| Strategic Director of Finance and Corporate Services                    | No   | No                       |
| <b>Cabinet Member</b>   | No   | No                       |
| <b>Date final report sent to Constitutional Team</b>                    | 5 July 2012  |                          |

**CORPORATE PARENTING DISTRIBUTION LIST (OPEN)****MUNICIPAL YEAR 2012/13**

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

| Name                        | No of copies | Name                              | No of copies |
|-----------------------------|--------------|-----------------------------------|--------------|
| <b>Membership</b>           |              | <b>Constitutional Team</b>        |              |
| Councillor Dora Dixon-Fyle  | 1            | Bola Roberts                      | 10           |
| Councillor Eliza Mann       | 1            |                                   |              |
| Councillor Catherine Bowman | 1            |                                   |              |
| Councillor Barrie Hargrove  | 1            |                                   |              |
| Councillor Claire Hickson   | 1            |                                   |              |
| Councillor Wilma Nelson     | 1            | <b>Total:</b>                     | 31           |
| Councillor Althea Smith     | 1            |                                   |              |
| <b>Reserves</b>             |              | <b>Dated: 28 May 2012 (PT/CT)</b> |              |
| Councillor Poddy Clark      | 1            |                                   |              |
| Councillor Lisa Rajan       | 1            |                                   |              |
| Councillor Patrick Diamond  | 1            |                                   |              |
| Councillor Helen Hayes      | 1            |                                   |              |
| <b>Co-opted members</b>     |              |                                   |              |
| Barbara Hills               | 1            |                                   |              |
| Gordon McCullough           | 1            |                                   |              |
| <b>Children's Services</b>  |              |                                   |              |
| Romi Bowen                  | 1            |                                   |              |
| Rory Patterson              | 1            |                                   |              |
| Alasdair Smith              | 1            |                                   |              |
| <b>Legal</b>                |              |                                   |              |
| Sarah Feasey                | 1            |                                   |              |