

Corporate Parenting Committee

Monday 5 November 2012

2.00 pm

Ground Floor Meeting Room G01B - 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

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information

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Contact

Sean Usher on 020 7525 5338 or email: sean.usher@southwark.gov.uk
Webpage: <http://www.southwark.gov.uk>

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: Date Not Specified



Item No.

Title

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Corporate Parenting Committee

Monday 5 November 2012

2.00 pm

Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.

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MOBILE PHONES

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

PART A - OPEN BUSINESS

ECONOMIC WELLBEING THEME

1. APOLOGIES

To receive any apologies for absence.

2. CONFIRMATION OF VOTING MEMBERS

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

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

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

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Item No.	Title	Page No.
	Members to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
5.	MINUTES	1 - 3
	To approve as a correct record the minutes of the open section of the meeting held on 18 July 2012.	
6.	CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) AND CARELINK	4 - 36
7.	TELL IT HOW IT WAS REPORT 2011-12	37 - 47
8.	SAFEGUARDING & LOOKED AFTER CHILDREN INSPECTION OUTCOMES	48 - 66
9.	CORPORATE PARENTING WORK PLAN 2012/13	67 - 69

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: 26 October 2012



Corporate Parenting Committee

MINUTES of the OPEN section of the Corporate Parenting Committee held on Wednesday 18 July 2012 at 2.00 pm at Council Offices, 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Dora Dixon-Fyle (Chair)
Councillor Eliza Mann
Councillor Claire Hickson
Barbara Hills

OFFICER SUPPORT: Rory Patterson (assistant director of specialist services & safeguarding), Sarah Power (legal services) and Paula Thornton (constitutional team).

1. APOLOGIES

Apologies for absence were received from Councillor Barrie Hargrove and Gordon McCullough.

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

The chair gave notice that the following late item would be considered for reasons of urgency to be specified in the relevant minute:

Item 10: Safeguarding and Looked After Children Inspection Outcomes

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

5. MINUTES

RESOLVED:

The minutes of the meeting held on 1 May 2012 be approved as a correct record and signed by the chair.

6. CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) AND CARELINK

This item was deferred until the next committee meeting 5 November 2012.

7. 2012/13 YOUNG PEOPLES SUBSTANCE MISUSE (YPSM) TREATMENT PLAN

RESOLVED:

It was agreed that the deputy director children's specialist services provide a verbal update to the next meeting on the number of looked after children receiving treatment.

1. That the recommendations and actions set out in the draft Young Peoples Substance Misuse (YPSM) Treatment Plan for 2012/13 (See Appendix A) be noted.
2. That it be noted 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. That it be noted that this paper has been written to inform members how the 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 importance of partnership work to reduce young people's substance misuse be noted.

8. PERFORMANCE REPORT - LOOKED AFTER CHILDREN

RESOLVED:

That the report be noted.

9. CORPORATE PARENTING COMMITTEE WORK PLAN 2012/2013

RESOLVED:

That the following adjustments be made to the corporate parenting committee 2012/13 work plan:

- 5 November 2012 theme to be amended to economic wellbeing
- That two additional items relating to the impact of welfare reforms and pathway planning (feedback for young people leaving care) also be added to this meeting.

10. SAFEGUARDING & LOOKED AFTER CHILDREN INSPECTION OUTCOMES

This item had not been circulated five clear days in advance of the meeting. The chair agreed to accept this item as urgent as the committee were considering their work plan for 2011/12 and the outcomes of the Safeguarding and Looked After Children Inspection would support members in determining the work plan and prioritising issues for consideration. Following the publication of the Inspection Outcomes on the 10 July 2012 it was important that committee were made aware of the information as a matter of urgency to enable them to consider priorities for improvements on its looked after children. The consideration of the report provided sufficient time for officers to produce a detailed action plan for the next committee.

RESOLVED:

1. That the Inspection report and priorities identified for improvement be noted.
2. That the deputy director specialist children's services brings a detailed plan to the next corporate parenting committee on how the improvements will be implemented.

The meeting ended at 3.05pm

CHAIR:

DATED:

Item No. 6.	Classification: Open	Date: 5 November 2012	Meeting Name: Corporate Parenting Committee
Report title:		Child and Adolescent Mental Health (CAMHS) and Carelink	
Ward(s) or groups affected:		All	
From:		Strategic Director of Children's and Adult Services	

RECOMMENDATIONS

1. To note the delivery of the Children and Adolescent and Mental Health (CAMHS) Carelink service.
2. To note the training with BAAF (British Association for Adoption and Fostering) 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.
3. Corporate Parenting Committee to note that officers will promote key partnerships and protocols with other council services to target 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)	elizabeth.murphy@slam.nhs.uk

APPENDICES

No.	Title
Appendix 1	Carelink – Southwark Child and Adolescent Mental Health Service for Looked After Children – Annual Report 2011-12

AUDIT TRAIL

Lead Officer	Rory Patterson, Director of Children's Social Care	
Report Author	Elizabeth Murphy, Consultant Child and Adolescent Psychotherapist	
Version	Final	
Dated	22 October 2012	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	22 October 2012	

CARELINK

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

ANNUAL REPORT 2011-2012



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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 16th 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 Changes¹, Fostering Education² (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.
- Audit of referral patterns to National Adoption & Fostering Service – comparing rates of mental health with ONS statistics. A significant over-

¹ Evidence based foster care training.

² Package for Foster Carer training from BAAF

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.

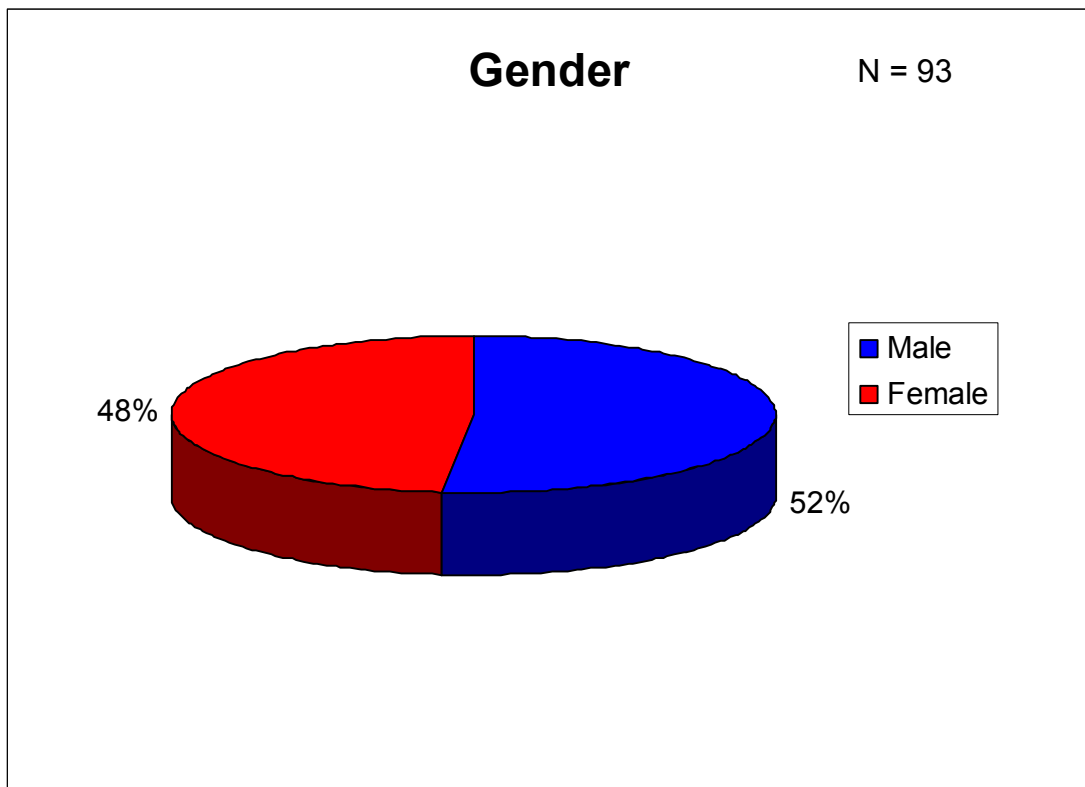
Appendix A

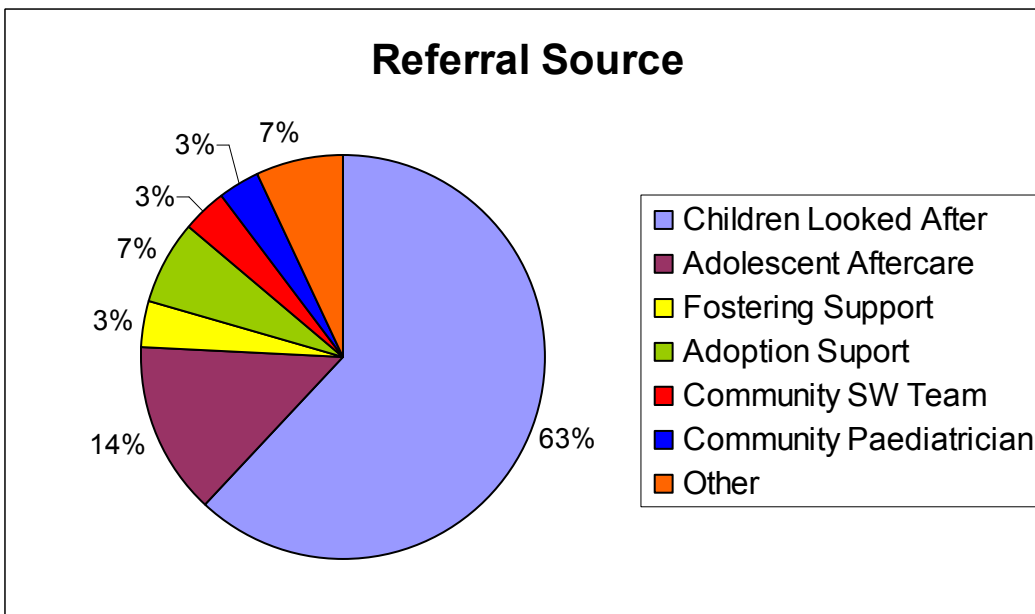
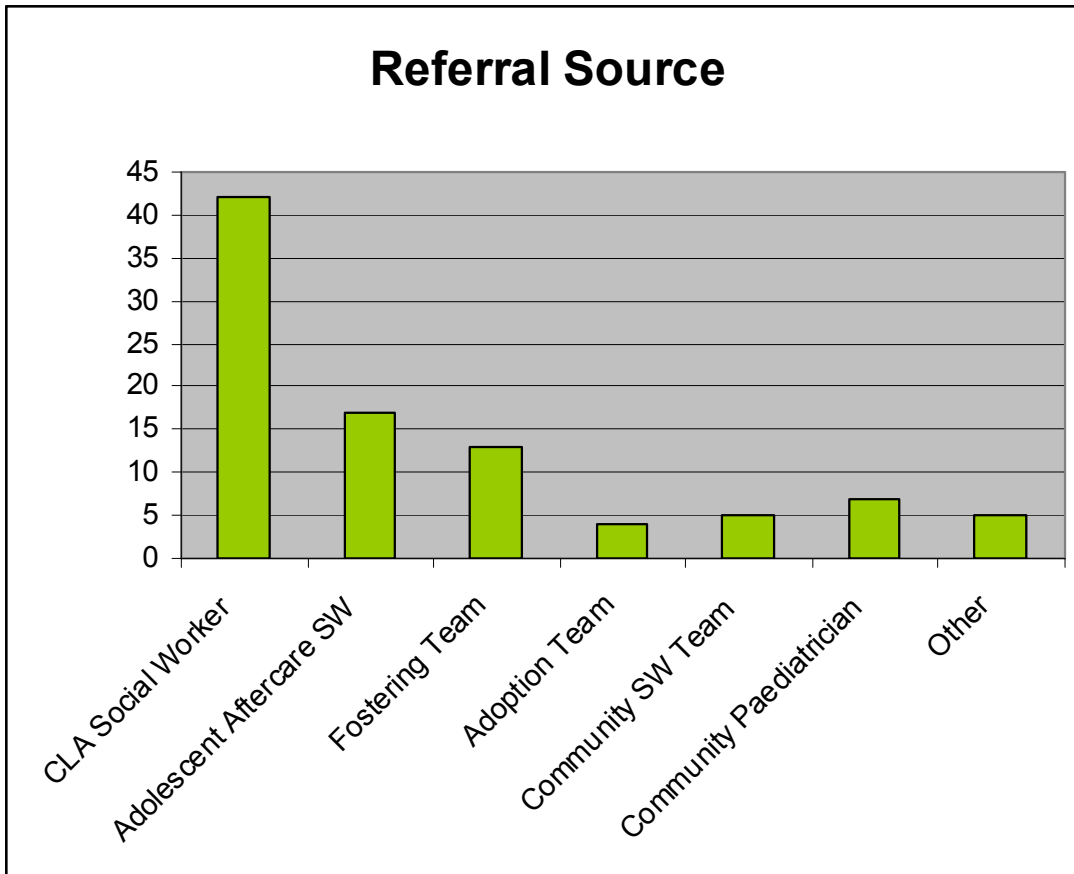
Statistics from Carelink for 2011:

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

CARELINK REFERRALS RECEIVED QUARTERLY BREAKDOWN					
CHILDREN REFERRED					
	Jan - Mar 2011	Apr - June 2011	Jul - Sep 2011	Oct - Dec 2011	Annual Total
GENDER					
Male	15	15	12	12	54
Female	14	13	7	5	39
Total	29	28	19	17	93
Age Group					
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
Referral Source					
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
	FOSTER CARER SUPPORT ONLY				
Fostering Team		3		7	
Child Social Worker (IFA)	4	1	2		
Total	4	4	2	7	0

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



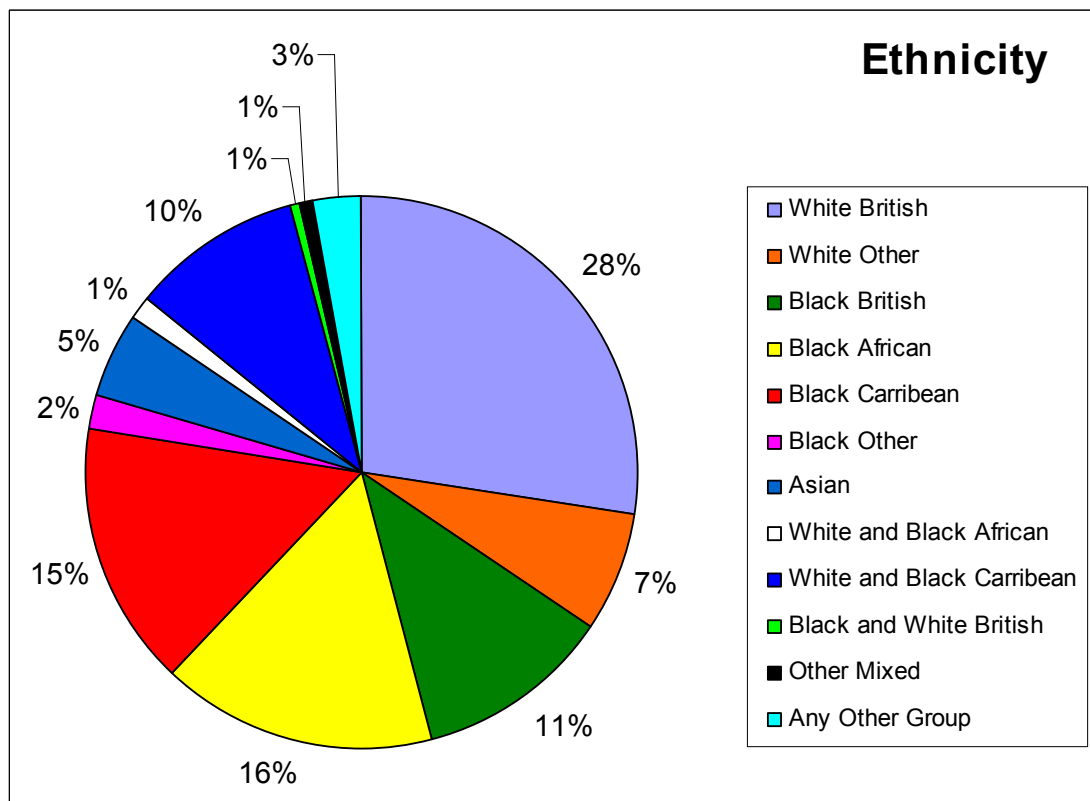
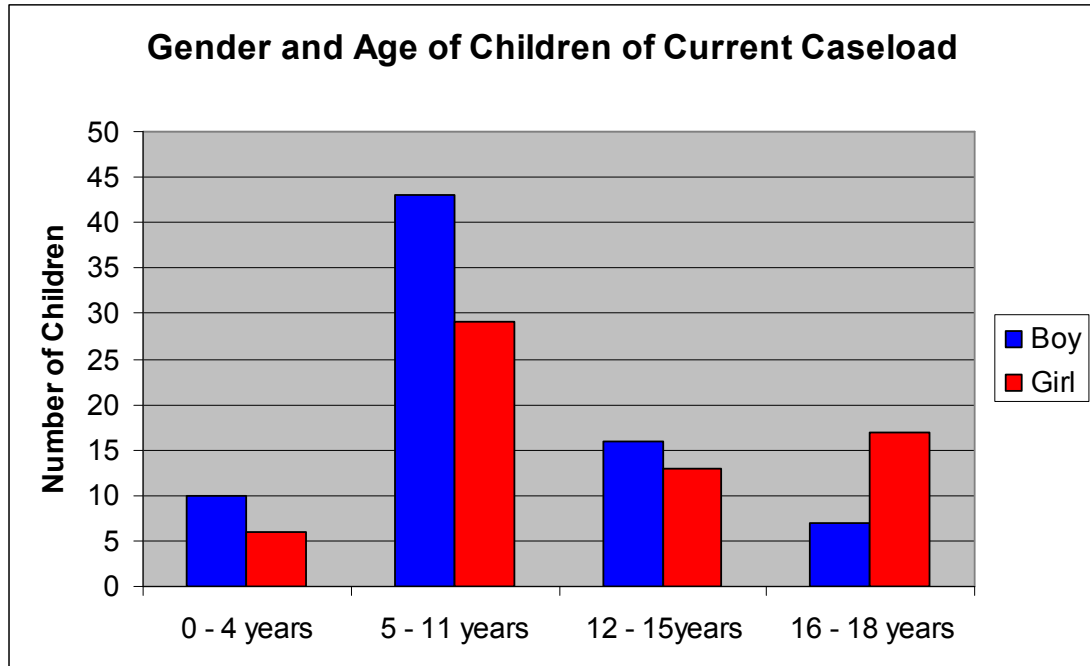


Note: Children Looked After, Adolescent Aftercare, Adoption Support and Fostering Support are all social work teams.

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

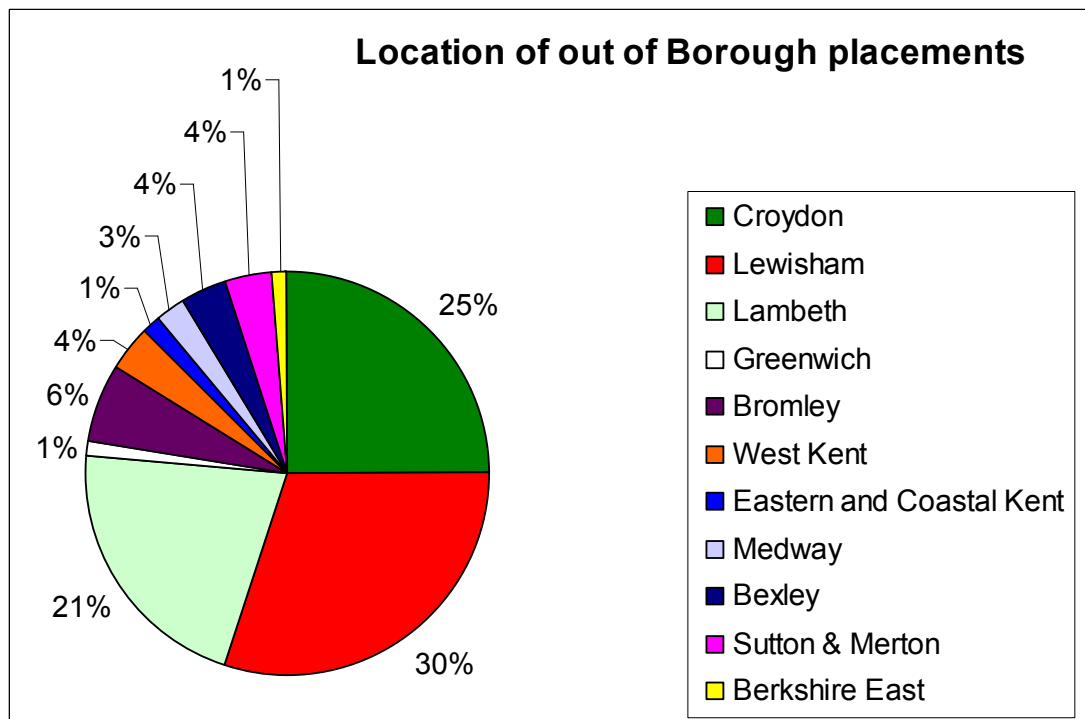
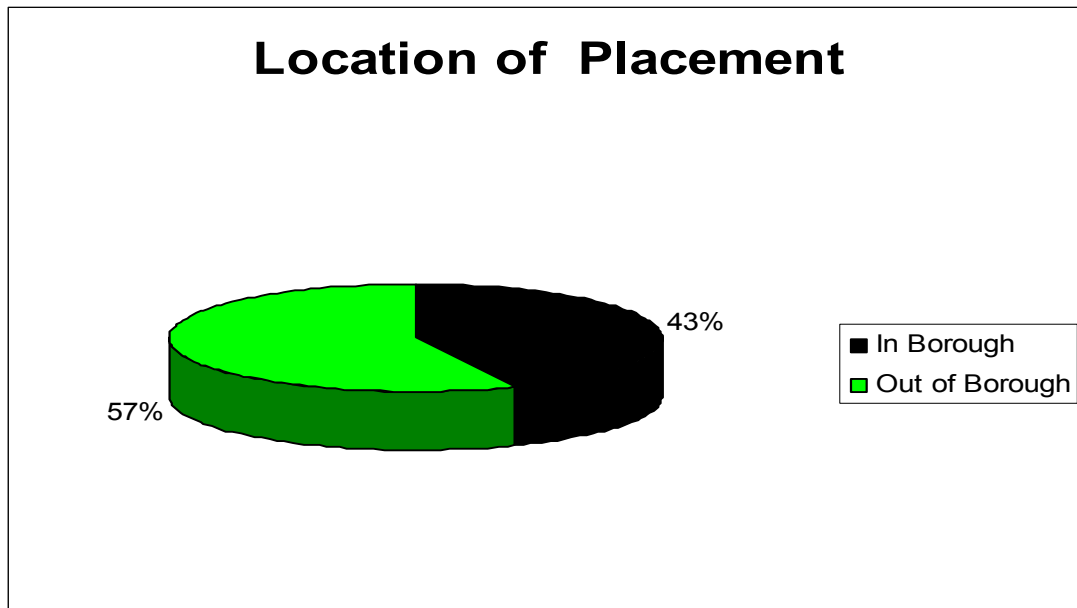
The following statistics relate to the team caseload open at March 2012. N = 136

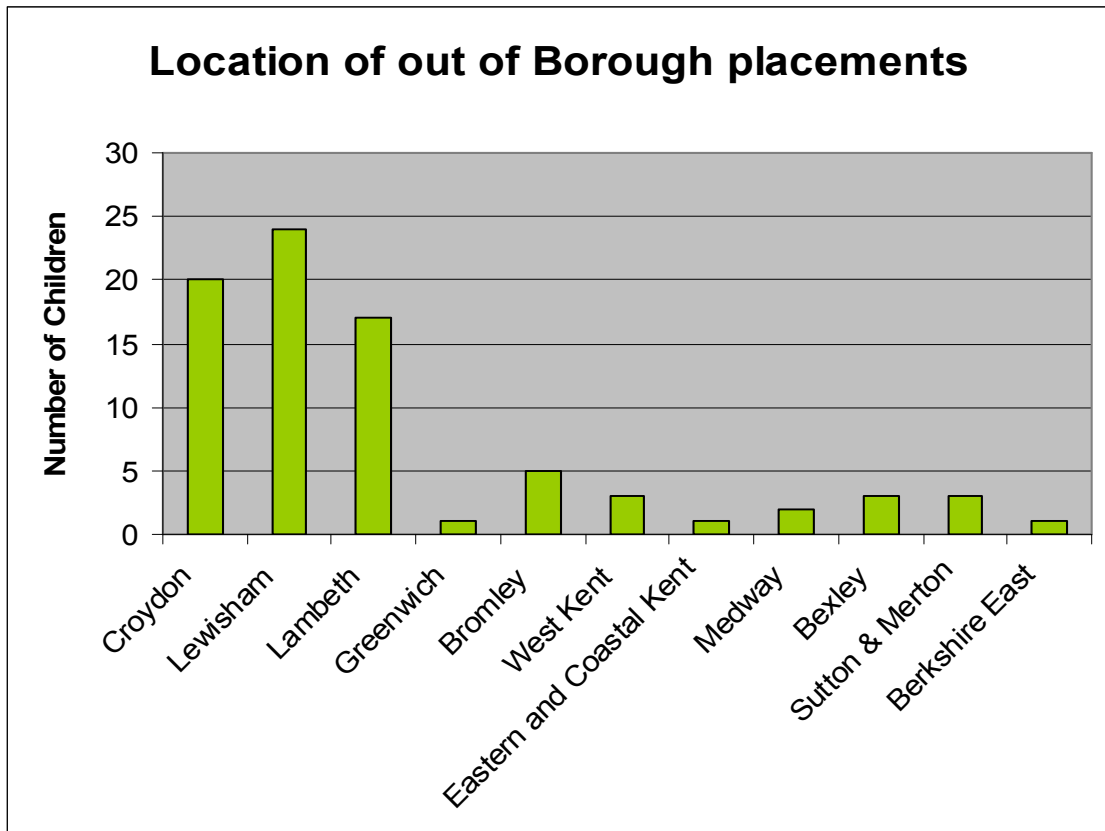
This number refers to the children on referral and in treatment. We do not count consultation and work with carers. The team caseload generally, for children involved in therapeutic work with us, is between 130 -140. We anticipate that the numbers will increase as our age range for referral has gone 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

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

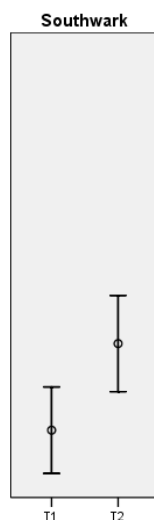
The table below shows target and completion rates for at least two CGAS scores on patients referred to the team. Carelink have consistently high rates of completing the CGAS scores routinely

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%	100%	99%
	Target %	76%	77%	79%	80%	81%	82%	84%	85%	86%	87%	87%	89%
	Variance %	24%	23%	21%	20%	19%	18%	16%	15%	14%	13%	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

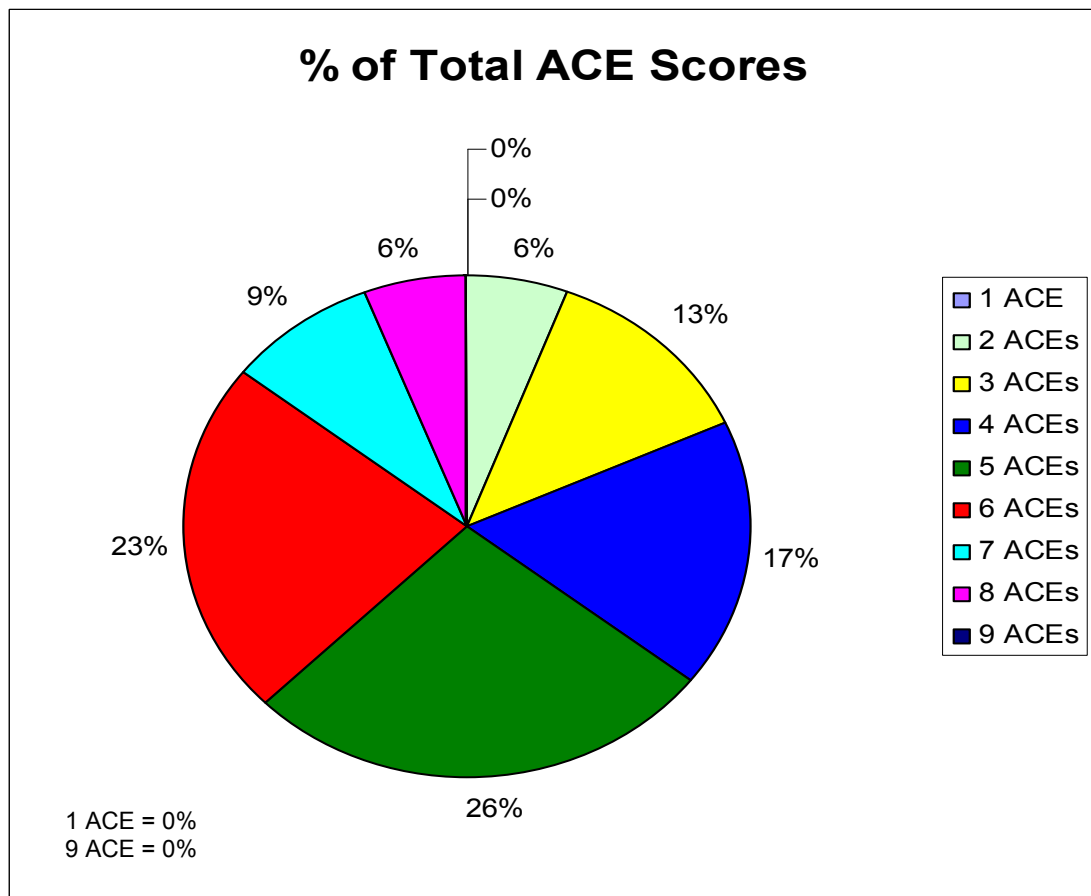
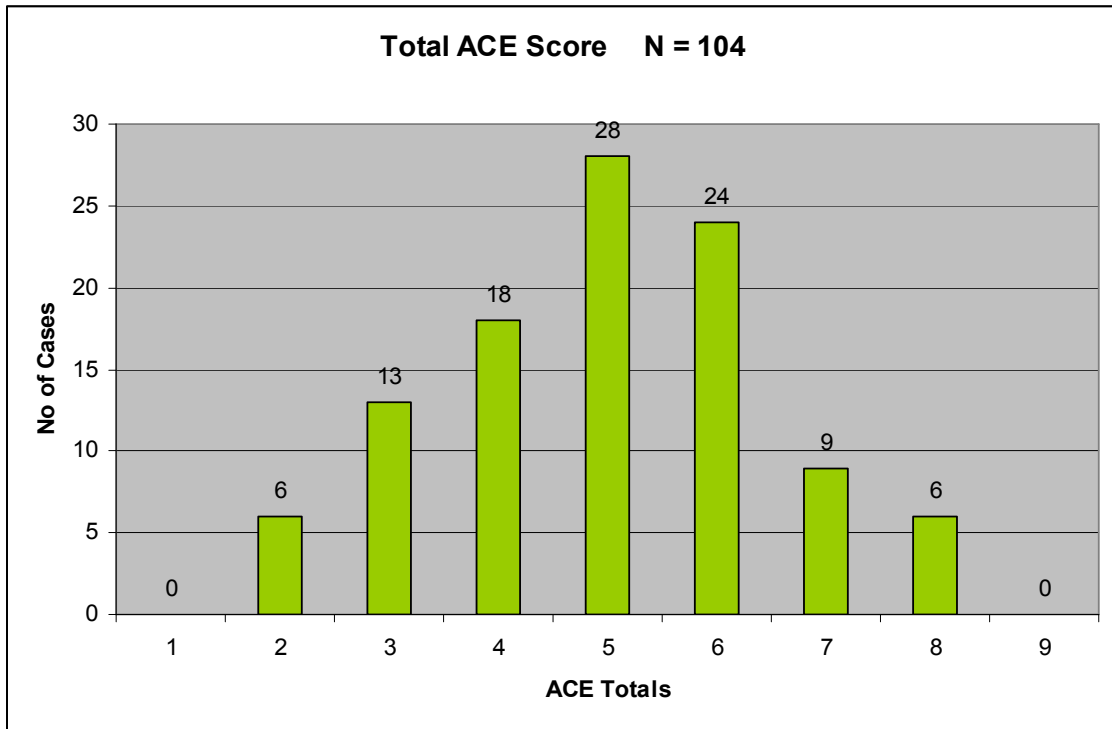
Exposure to one category (not incident) of ACE, qualifies as one point. When the points are added up the ACE score is achieved. A score of 4 or more indicates significant vulnerability.

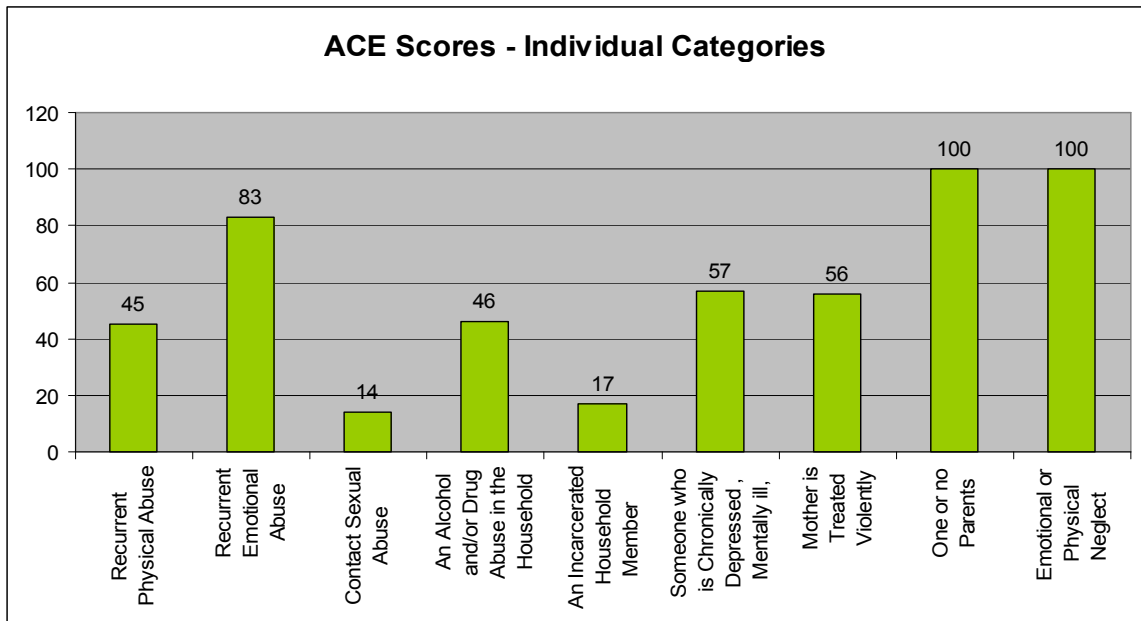
The ACE Score is used to assess the total amount of stress during childhood and it has been demonstrated that as the number of ACE increase, the risk for the following health problems increases in a strong and graded fashion:

- 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).

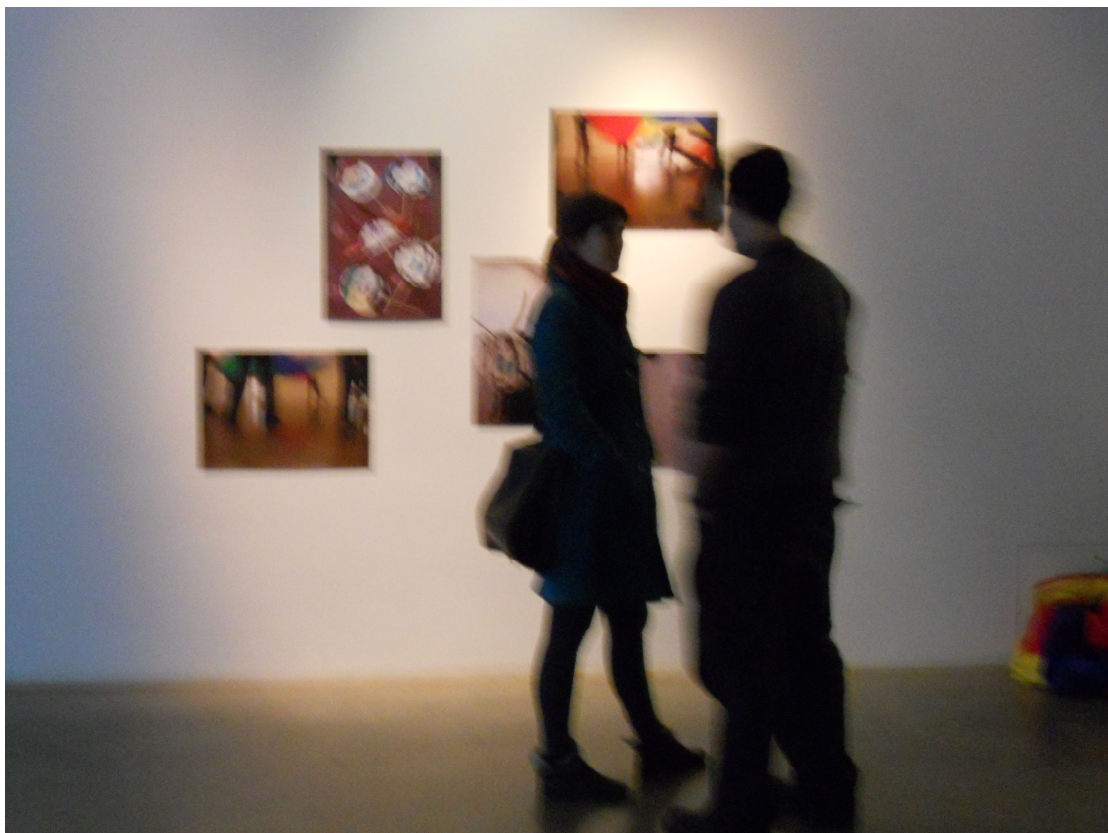
Given the individual children's adverse life histories and interruptions to familial relationships, it is not surprising that the children enjoy and thrive with the high adult to child ratio in the group.

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.

Item No. 7.	Classification: Open	Date: 5 November 2012	Meeting Name: Corporate Parenting Committee
Report title:		Tell It How It Was Report 2011-12	
Ward(s) or groups affected:		Looked After Children in Southwark	
From:		Strategic Director of Children's and Adult Services	

RECOMMENDATIONS

1. That the committee reviews and note the following document attached as Appendix 1: "Tell it How It Was 2011-12".
2. That the recommendations at the end Appendix 1 be noted.

BACKGROUND INFORMATION

3. The 'Tell It How It Was' project was devised in 2007. The aim of the project is to consult with young people once they had become care leavers, to hear real, live accounts of their overall care experiences.
4. By identifying the themes from the young people's interviews the Speaker Box Council present and make recommendations to the Corporate Parenting Committee and Heads of Service. The information received would be available to shape and improve services for future looked after children

KEY ISSUES FOR CONSIDERATION

5. 40 young care leavers were interviewed by Speaker box members between July 2011 - February 2012. The main issues discussed are summarised in the report as:
 - Preparation for leaving care and independent living
 - Relationships with key workers
 - Placements
 - Suggested improvements to the leaving care process
6. Actions following the report include:
 - Report to corporate parents in an informal meeting on 15 February 2012
 - The report is to be presented to the Annual Foster Carer's Meeting
 - Speaker Box Council met with a number of councillors, housing officers and social work managers to present a proposal to prevent young people from getting into arrears. This has been accepted and is currently being implemented.
 - The Speaker Box Presentation for the Children's Services Induction Programme has been revised to include the new findings.

Community impact statement

7. This item will have an impact on the work that the council does with looked after children and their carers. The decision to note this report has been judged to have no or a very small impact on local people and communities.
8. These consultations are intended to improve the outcome for looked after children.

Consultation

9. There is ongoing consultation between the Children looked after service, the Quality assurance service and the Speaker Box council.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	'Tell it How It Was' 2011-12

AUDIT TRAIL

Lead Officer	Rory Patterson, Director of Children's Social Care	
Report Author	Jackie Cook, Head Of Social Work Improvement and Quality Assurance	
Version	Final	
Dated	22 October 2012	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	22 October 2012	

TELL IT How It Was
2011-2012



Introduction

The 'Tell It How It Was' project was devised in 2007. The aim of the project is to consult with young people once they have become care leavers, to hear real, live accounts of their overall care experiences.

By identifying the themes from the young people's interviews the Speaker Box Council present and make recommendations to the Corporate Parents and Heads of Service. The information received will be available to shape and improve services for future looked after children.

As always, the picture that emerges from young people themselves is a complex, insightful and challenging one. There are both strong positives and strong negatives that deserve careful consideration by all of us.

Training

Young people decided that the best way to engage and receive real and honest feedback was for the consultation to be undertaken by Speaker Box Council members.

The Children's Rights Officer facilitated the training, - on interview techniques / skills, safeguarding procedures, ice breakers, communication skills and professional relationships. Young people undertook mock interviews and role playing. They explored possible ways to deal with difficult situations.

Following training Speaker Box members conducted telephone surveys and face to face interviews. Speaker Box decided on the location of the interviews and let young people choose the method in which they would give information. Members were aware of possible safeguarding concerns and meetings were held in public locations.

Speaker Box members designed the layout of the promotional flyers/posters and worked on questions/guides to be included in the consultations and interview topics. Speaker Box members record all their interviews with young people and pulled out what they thought were the key messages. These were discussed and shared; the ideas and experience of interviewing were gathered. Members suggested ways to improve the peer consultations process in the future.

In recognition of their work the peer interviewers were paid - either as paid employees of Southwark Council or per interview - and given certificates and a written reference to include in CVs.

Tell It How It Was Interviews

From the months of July 2011 until February 2012 Speaker Box have conducted 40 interviews. The original target was 80 interviews however the start dates for the Speaker Box Project Officer & the Speaker Box Apprentice were delayed and so the original target was not met.

The process of interviewing young people proved to be challenging. This was mainly due to contact details not being updated or contact details continually changing. Speaker Box used a variety of methods to engage care leavers - Interviews conducted at the monthly Speaker Box meetings, sending out personal invite letters, attending 'Drop-in' sessions at Bradenham, telephone interviews and advertising the project in the quarterly Speaker Box magazine.

See Appendix 1 for all of the 'Tell it how it was' quotes.

THEMES AND FINDINGS

Speaker Box is to present the findings to the Corporate Parent Meetings with the Speaker Box Council, the Heads of Service Meeting, the Foster Carers Annual Meeting, the Commissioning and Placements Team and Social Worker. The Speaker Box Council hopes that the messages from care leavers will shape, change, improve, support and congratulate and encourage the service.

The main themes that have come out of the Tell It How It Was interviews are:

PREPARATION FOR LEAVING CARE AND INDEPENDANT LIVING

Young people in care leave the family environment of foster care or residential care at a much earlier age than their peers and this can have a huge impact on heir future outcomes. Key to the messages from young people is that the transition from care to independence should be planned and properly managed, that young people should be consulted about their wishes and feelings.

Young people's views on their experiences of transitions varied widely with each young person identifying a key person who helped them through to independence. There was not a clear and measurable indicator to what methods/tools were use to move to a clear process of independence. Young people identified the need for

- Early Preparation for leaving care and independent living
- Empower young people to participate meaningfully at each stage of the transition process
- Enhance communication and relationships between social workers/ Personal Advisors and young people.
- Implement robust review mechanisms that ensure care and pathway plans reflect the needs and wishes of young people.
- Improve the stability of final care placements and reduce the number of young people moving to independence before reaching age 18.

A small number of young people said the preparation for leaving care was not at the right pace and that the transition should be a process and not an event. The reasons why young people left care were varied; some of them just wanted to get rid of the label of being in care, for others this was the result of either a placement breakdown or becoming a parent.

A few young people thought that their move to independent living was too abrupt and thought it important to make sure they leave care at the right time and that it should be their decision to move to independence. This is important so young people do not feel like they are thrown in at the deep end. Young people also wanted to know that support was available from a worker if they needed it.

A small number of young people stated they were eager to leave semi-independence to live on their own and that they were keen not to have to answer to anybody. Moving into their own place seemed exciting at first.

"I was glad to be out of foster care and able to live independently. I had all the support I needed".

“I didn’t really give my foster parents a chance to support me but social services did try their best although I did not think it at the time. I did it all myself really, I viewed the property by myself got all the furnishing myself, the leaving care grant helped with the essentials though. It was hard I’ve been here two years and it’s only just becoming a home. I think where the viewing and everything was concerned social services could have tried more, they took long about things when I just wanted to get it out of the way and start the next chapter in my life”

However, a lack of preparation or understanding of what it was like to live on their own meant that some young people wished that they had not left supported housing or foster care so soon. Some young people did not realise just how hard it was really going to be living alone.

“I found the benefit system hard; it really isn’t as easy as filling out your form and getting money. When I think about it I was definitely way out of my depth back then, I literally didn’t have a clue what I was doing. Even though I applied I found there were way too many appointments, too many places to go and to be honest I just felt like I was being asked for too much too often. Even though the council started sending letters of arrears I didn’t know what to do or where to go for help.”

Young people welcomed preparation for living independently and felt that this should be done over a period of time and often started too late. Young people also cited the need for accommodations to be in the young person’s locality to avoid moves to other areas, and more preparation for independence through training flats or lessons and advice on budgeting, cooking, socialising and managing living independently as an adult.

“I was independent so when I moved out I didn’t need help when it came to JSA/Sorting bills, but when problems got heavier I had to go to Bradenham to get help. I got help and my issues were sorted out quite quickly”

The findings also showed that more emphasis should be placed on finance and budgeting and what to do if you get into debt or have rent arrears. One young person mentioned that even though she had been prepared for this, she still felt it was a learning curve and that anyone who has never lived independently needs time to adjust.

“When I got my first tenancy. I didn’t know what to do, couldn’t sort out the rent & was eventually evicted for arrears. I weren’t ready to go into my flat & I felt forced to go into there, no one prepared me & I blame that on my PA. “

The key points to highlight on the theme of preparation and transition to independent living are that placements end for many different reasons; a small number of young people are very eager to live independently. Those young people that felt they moved at the right pace considered that they had been prepared for what to expect in the future.

Even when they had left care, young people wanted reassurance that somebody would still be there to support them when they may need this. Young people also said they should be allowed to be young people first and should be allowed to make mistakes so they can learn from them as their peers do. They said this may put less

pressure on them becoming independent a significant amount earlier than their peers who live at home with parents.

RELATIONSHIPS WITH KEYWORKERS

Young people coming out of care may not have had consistent parent or role models to encourage, support and show them the path to follow as they progress towards adulthood, which can be a difficult and stressful time. Good relationships with workers and carers are therefore essential and should be based on trust, communication, respect and understanding. A number of young people were positive about the support they received from their social workers/personal advisers, which is really encouraging

“My personal advisor is great, I really couldn’t ask for more. He listens to me and he has helped me a lot, he helped me get into college and looking at nurseries for my son, he helped me with getting my passport – he just genuinely tries his best to help me out.”

A message that came out of the consultations was that young people who have had the same social worker/personal adviser or foster carer for some time felt they could be more open with them. They felt maintaining a positive relationship can help young people feel less isolated when living independently.

“I only had one Social Worker whilst in the service. She was a very nice person. I would say that I was very lucky because she was very attentive, approachable, informative and very friendly, so I could tell her everything. My social worker use to take me everywhere all over London for trips and days out. This made me very comfortable with her.”

“The first foster carer I had was good, I’m still in touch with her now and she’s a big part of my life.”

The consultations also revealed that some young people had experienced lots of changes of social workers and foster carers. A clear message that came out of the consultations was that young people who have had stable positive experience with their foster carers were more likely to succeed in the transition to adulthood.

“She made the house very welcoming, put pictures of my mum around the house and stuff. She was just an all round good person.”

“My relationship with my foster carer is great, that’s my mum. She’s never treated me as a foster child she’s always treated me as one of her own. She worked hard to build a bond with me even though for the first two years I was quite hostile with her. She was open and understanding; she never tried to take my mums place and worked hard to keep her spirit alive.”

PLACEMENTS

Young people were living in a number of different types of accommodation post 16. Some were still living in foster care, others were in semi-independent or supported housing, or council or privately rented properties. There were one or two young people placed in hostels.

Some young people interviewed stated that they didn't like the semi independent placements as they said some of the placements did not meet their standards. For young people, semi independent units were a very different environment to a foster placement. Young people said that foster placements were like a family environment where they felt secure as they knew everyone in the household and had a good routine.

“Semi independent was both good & bad. The place was not secure & things got stolen. Nonsense crime, stealing food like bread, noodle and stuff. Certain danger of living on your own, it's easy to get involved with some type of gang when you don't have a lot of money or people around you to support and guide you in the positive manner. They should have more security & more staff on hand. They should also have more tutoring with cooking, budgeting money and on things like 'who you should and shouldn't let in your house'. It is important that certain guidelines are set”.

Young people told us of the pressure of having to deal with new things, such as paying bills and applying for benefits, created a certain panic amongst some young people who felt that they were not prepared. They also needed extra support with moving to independence to give them the skills they needed to be successful.

“I mentioned my time living in semi-independence, which was rubbish as I had no support & it wasn't a very happy time in my life. I didn't know what benefits I was entitled to & felt like I was just left & didn't know what to do... However in the end social services did help and sorted it out but that was after eight months of stress thinking I was going to end up homeless.”

Young people suggested that support from friends, family or key workers, who had dealt with similar situations in the past, was helpful and could help young people to cope with some of the pressures of living independently or with a young family.

Some young people had a good experience of living independently as they were prepared properly on how to budget, put on cooking courses or just given more time to get ready.

“It needs to be monitored more closely because semi-independence means that someone should still be there making sure that the young person is preparing for independence & learning the skills they need to have to live independently. I also think young people should be given workshops in like DIY skills & working out the benefit system as well because I felt like I was just chucked into my tenancy & was left to get on with it.”

Many young people said they felt lonely after they had left care because they did not have enough support from their family and friends or professionals. Young people stressed the importance of building meaningful relationships with key workers especially if they had no contact with family.

“I think it is so essential for a young person to have someone there who they trust and can depend on and considering the vital role a social worker play in a young person's life I think that social workers on a whole should be doing more to build positive and trusting relationships with young people. It may not seem like much but it really does make a difference to the outcome for a child or young person depending on the relationship they have had with their social

workers and Personal Advisors, not just during their time in care but for the rest of their lives.”

The key points of this theme were that a few young people felt the quality of accommodation they were offered wasn't good. There was also talk of how limited the accommodation choice was in certain areas. Another issue raised by some young people who didn't have a good network of support was that they felt isolated and lonely.

IMPROVEMENT TO THE LEAVING CARE PROCESS

Speaker Box asked young people what improvements they would make for Children in care and care leavers. Young people suggested that more training is needed to cover things like making claims for housing benefits/council tax, cooking lessons, budgeting lessons.

Young people suggested more information on how to secure their permanent accommodation was essential. They felt that this task should not be achieved alone. They wanted meaningful relationships with Personal Advisors to assist them. The majority of young people were positive about the support they received from personal advisers. A handful of young people stated they wanted to keep the same personal adviser for longer so they could build up a good relationship, this may be the only consistent person in their life.

Speaker Box learnt that some young people want additional support when they were moving on to independence in preparing them for this challenge. Young people said they found it difficult if they have too many different professionals involved in their lives.

For those young people who had a good personal adviser from the start, they created a bond that they wished to maintain even after they have left the care system. Young people said that there should be more personal advisers that have the right knowledge, as they need to have knowledge about many different issues, for example, housing, benefits, health, crime, education and employment. Young people thought that maybe there needed to be more specialised workers.

One young person mentioned the availability of accommodation in their local authority needed to be looked at. Living outside the area, or not close enough to friends and families, can make it harder for young people, leaving them isolated and living in a new environment that they were not familiar with. A few young people were sent to independence with nothing more than what they knew and/or what life had taught them, rather than having been trained and supported.

CONCLUSION

The following concluding remarks and recommendations are based on findings from the face to face interviews and the perceptions and views of the peer interviewers. We feel as peer interviewers, one of the main messages we got from the consultations was that young people felt that they could only be honest with a personal adviser/social worker if they had built a trusting relationship.

“It’s about building relationships and waiting until a young person is ready to tell them things instead of forcing it, obviously if they are in danger it’s different but I think social workers need to work on communication. “

Young people said they needed to build up a mutual respect, understanding and level of trust with their workers and foster carers which would help them form important relationships.

For some young people they also wanted to maintain these relationships when they had moved on to independence instead of having it cut as if they were a closed case as this would make them feel less isolated. They also said they should be allowed to be young people instead of having to grow up so quickly when they might not be ready for the transition to independence.

The majority of young people interviewed though said they had positive relationships with their Personal Advisors and foster carers. Most young people interviewed were happy with the priority housing scheme for social housing and found it easy to use.

It was found that the young people wanted extra support when it came to building their confidence and understanding in settling into their own homes of their life. Many wanted some extra support with gaining work experience and training to build their confidence to get into the world of work.

A majority of the young people interviewed said that when they got to the leaving care stage it felt too rushed. It was more of an event rather than a process which should be started from when a young person comes into the looked after system.

Young people felt that disruption at vital points in their lives can have a negative impact, for example when they should be concentrating on their studies. Care Leavers were pleased that they were not being pushed to accept their priority housing if studying outside London and there were other housing options available.

The Speaker Box members believe that training and taster flats would be ideal for young people as they said it would have helped to test the water first so they knew what they were letting themselves in for. The flats could be a good place for cooking lessons or any other life skills training that could be done on an individual basis or as a group.

The general feeling from the consultations was that those young people that had been placed with a foster family, where they were prepared at their pace and had the right support, would almost definitely make the transition to independence more effortlessly. In these situations the young person was also more comfortable in asking for help.

Finally, young people wanted more support after leaving care, in terms of finance, independent living skills and just having someone to be there if they need it. Young people made varied comments as to how the leaving care process could be improved including the need for more continuity with workers. Other improvements suggested were: more planned visits with their Personal Advisors to the housing, Council tax, and benefits office to ensure benefits, claims and financial matters are in place, before accepting council tenancies, Ensuring rents were paid directly to landlords.

Recommendations

- Speaker Box to present the Tell It How It Was findings to the Corporate Parents
- Speaker Box to invite themselves to team meetings to present the findings of the 'Tell It How It Was'.
- Speaker Box to set up training for social workers on relationship building with young people.
- Speaker Box to present the Tell It How It Was findings to the children's services inductions to inform new social workers.
- Speaker Box to look at how the quality of visits is monitored.
- Speaker Box to present the Tell It How It Was findings at Foster Carer's annual meeting
- Present housing proposal to prevent young people from getting into arrears to the Councillors.

Actions

- Speaker Box presented the Tell It How It Was Report to Corporate Parents in an informal meeting
- A training programme on relationship building has been drawn up and is to be offered to all social workers. The training was piloted with corporate parenting group members earlier this year.
- Speaker Box have fed back the findings of the interviews to the young people who were interviewed.
- Awaiting a date to be invited for the Annual Foster Carer's Meeting
- Speaker Box Council have met Councillor Catherine McDonald, Councillor Ian Wingfield, and Councillor Richard Livingstone to present a proposal to prevent young people from getting into arrears.
- Speaker Box has revised the Speaker Box Presentation for the Children's Services Inductions to involve the new findings.

Report prepared by

Jaimee Hendry - Speaker Box Project Worker
Caroline Essiet - Children's Right & Participation coordinator

Item No. 8.	Classification: Open	Date: 5 November 2012	Meeting Name: Corporate Parenting Committee
Report title:		Safeguarding and Looked After Children Inspection Outcomes	
Ward(s) or groups affected:		All	
From:		Strategic Director of Children's and Adult Services	

RECOMMENDATIONS

1. Members of the Corporate Parenting Committee are asked to note the Inspection Report and the key areas for improvement in relation to looked after Children listed in paragraph 7 of this report.
2. That the Director of Children's Social Care brings a detailed action plan to the next Corporate Parenting Committee on how the improvements will be implemented.

BACKGROUND INFORMATION

3. An inspection was carried out by Ofsted Inspectors between 21 May and 1 June 2012. The purpose of the inspection was to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers.
4. The inspection report which was published on the Ofsted website on 10 July 2012, identified areas of strength and areas of practice that met requirements, with some areas for improvement.
5. An Action Plan has been developed to address the areas for development identified within the inspection report and is attached as Appendix 1.

KEY ISSUES FOR CONSIDERATION

6. The outcomes of the inspection are as follows:

Safeguarding services	
Overall effectiveness	Good
Capacity for improvement	Outstanding
Children and young people are safe and feel safe	Good
Quality of provision	Good
The contribution of health agencies to keeping children and young people safe	Good
Ambition and prioritisation	Outstanding
Leadership and management	Good
Performance management and quality assurance	Good
Partnership working	Good

Equality and diversity	Good
Services for looked after children	
Overall effectiveness	Good
Capacity for improvement	Good
Being healthy	Good
Staying safe	Good
Enjoying and achieving	Good
Making a positive contribution, including user engagement	Outstanding
Economic well-being	Adequate
Quality of provision	Good
Ambition and prioritisation	Outstanding
Leadership and management	Good
Performance management and quality assurance	Good
Equality and diversity	Good

7. The key areas for improvement in relation to looked after children and care leaver services were identified as:

- Ensure that clearly recorded care plans are in place for looked after children and care leavers containing clear, specific outcomes sought as well as realistic contingency plans.
- Ensure that assessments are comprehensive and up to date and that they take account of the full circumstances of the child in need plans and interventions.
- Ensure that transition to independence is effectively planned, commencing at an appropriate stage for young people, leading to the development of and support for independence skills.
- Develop a systemic evaluation of services for children and young people and their families on the edge of care to assess their effectiveness and ensure a robust monitoring of these children leading to timely decision making should they need to become looked after.
- Ensure an effective dialogue with the family courts aimed at establishing a mutual clear understanding of thresholds, quality of plans and proposals, and timescales for completion within a timeframe suitable for each child.
- Ensure capacity of the independent visiting service is sufficient to meet need.
- Southwark NHS Primary Care Trust and the local authority to ensure that young people's health needs are fully addressed in preparation for leaving care, including the consistent provision of summary health plans.
- Ensure that themes identified within case audits are collated, leading to clear action plans and that consequent outcomes are systematically and consistently evaluated to achieve a full understanding of their service impact.

Key themes

8. The following key themes are noted:

- Overall effectiveness of services for looked after children is good, with the Local Authority and its partners presenting as effective corporate parents. The needs of looked after children are established as clear priorities for members of the children's trust, and there is a well-embedded and improving commissioning culture in place which is contributing to improved outcomes.
- Ambition and prioritisation for looked after children and young people are outstanding. The corporate parenting arrangements are mature, exhibiting a

very strong commitment to the needs of looked after children, and are fully integrated into the children's partnership. This ensures effective prioritising of children in care and care leavers, who receive a very high profile within the partnership.

- The capacity of services to improve is good, with strong current performance across a wide range of outcomes.
- The contribution of Speakerbox was highlighted as excellent, with a well-embedded commitment by services to engage the views of looked after children.
- Good arrangements are in place to assess and maintain the health of looked after children and young people. There are very good and highly effective arrangements to meet the emotional health needs of most looked after children and young people through the looked after CAMHS provision (child and adolescent mental health services).
- Safeguarding arrangements for looked after children are good. Pre-birth work is of a high quality, with risk well recognised, leading to appropriate and timely action.
- The vast majority of children who responded to the inspection service user survey or who were met by inspectors stated that their placement was good or very good and that they felt safe or very safe.
- Outcomes for looked after children and young people to enjoy and achieve are good, and arrangements for looked after children and young people to make a positive contribution are outstanding. Consultation and engagement with children and young people looked after is extensive and of a very high quality, actively contributing to a number of improvements in how care is experienced.
- Looked after children and young people's economic well-being outcomes are adequate. Of the care leavers surveyed, less than half felt they had enough help to prepare for leaving care.
- Overall the quality of direct work with children is good and child centred, there is evidence of very sensitive and considered interventions with children.

Future work programme implications

9. Potential areas for future scrutiny include:

- Consistency of practice in delivery of health review assessments.
- Development of health needs summary in preparation for leaving care.
- Supporting and preparing children in care and care leavers for adulthood.
- Development of systems to track educational attainment and progress.
- Development of evaluation and monitoring framework for children and young people and their families on the edge of care.

Policy implications

10. The areas for development identified in the inspection are consistent with local strategic frameworks including the Children and Young People's Plan and Council Plan.

Community impact statement

11. This report aims to communicate the strengths and areas for improvement assessed through inspection, thus, impact on the community is minimal. However, the corresponding action contains activities which will seek to make

Southwark safer and improve outcomes for looked after children and care leavers. The action plan will be monitored to ensure these activities do not have adverse community impacts going forward.

Resource implications

12. It is anticipated that the actions to take forward the inspection areas of development will be achieved within existing resources.

Legal and financial implications

13. There are no legal and financial implications arising from this report.

BACKGROUND DOCUMENTS

Background papers	Held at	Contact
Inspection of safeguarding and looked after children services – 10 July 2012	http://www.ofsted.gov.uk/local-authorities/southwark	Jackie Cook 020 7525 0387

APPENDICES

No.	Title
Appendix 1	Inspection of Safeguarding and Looked After Children Services - Safeguarding Improvement Plan

AUDIT TRAIL

Lead Officer	Rory Patterson, Director of Children's Social Care	
Report Author	Sadie Dann, Policy Officer	
Version	Final	
Dated	22 October 2012	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	22 October 2012	

Safeguarding and Looked After Children Inspection Action Plan

SUMMARY

Recommendations from the inspection can broadly be categorised as follows:

Stand alone	Strategic Significance	
<p>ensure arrangements for proceeding from child protection enquiries to initial conference are compliant with statutory guidance. This includes the revision of current policy and communicating changes effectively to partner agencies</p> <p>Southwark NHS Primary Care Trust, Guy's and St Thomas' Foundation Hospital and Kings College Hospital NHS Foundation Trust to ensure robust arrangements are in place to identify and communicate concerns about children who are at risk or in need of protection and are effective.</p> <p>The SSCB should:</p> <ul style="list-style-type: none"> - establish a reporting framework to ensure regular reports on multi-agency risk assessment conferences (MARAC), multi-agency public protection arrangements (MAPPA), domestic abuse, electively home educated children and the safeguarding of looked after children are robustly considered by the board; - include effective representations from minority ethnic and faith groups; <p>ensure sufficient services are in place that support men in developing their parenting skills and to ensure that their violent behaviour within domestic abuse situations</p>	<p>Social work reform/early help</p>	<p>ensure that social care fully implement their duties in seeking orders to protect children, limiting the exercise of powers of police protection to exceptional circumstances, where there is an imminent threat to the child's welfare</p> <p>ensure thresholds for early help and targeted child in need services are clear, agreed and effectively communicated across partner agencies in the area</p> <p>ensure the social care arrangements for receiving and handling contacts and referrals avoid repetition by, or unnecessary duplication of, efforts with referrers</p> <p>Southwark NHS Primary Care Trust and South London NHS Trust to ensure sufficient capacity to deliver in full the healthy child programme, including take up of the child immunisation programme, is maximised, and the commissioned core offer in school nursing is delivered in full.</p> <p>ensure an effective dialogue with the family courts aimed at establishing a mutual clear understanding of thresholds, quality of plans and proposals, and timescales for completion within a timeframe suitable for each child</p> <p>develop a systemic evaluation of services for children and young people and their families on the edge of care to assess their effectiveness and ensure a robust monitoring of these children leading to timely decision making should they need to become looked after</p>
	<p>LAC Service Improvement</p>	<p>ensure that transition to independence is effectively planned, commencing at an appropriate stage for young people, leading to the development of and support for independence skills</p>

Stand alone	Strategic Significance	
<p>are more effectively addressed. ensure capacity of the independent visiting service is sufficient to meet need.</p>		<p>Southwark NHS Primary Care Trust and the local authority to ensure that young people's health needs are fully addressed in preparation for leaving care, including the consistent provision of summary health plans</p>
	<p>Effective quality assurance</p>	<p>ensure that clearly recorded care plans are in place for looked after children and care leavers containing clear, specific outcomes sought as well as realistic contingency plans.</p> <p>ensure that assessments are comprehensive and up to date and that they take account of the full circumstances of the child in need plans and interventions.</p> <p>ensure that those children previously subject to a child protection plan or who have been on a plan for between one and two years are reviewed to ensure that drift or delays in improving their protection are addressed</p> <p>improve the quality of child protection plans to ensure that all agencies focus on the outcomes for the child and timescales are explicit</p> <p>ensure that themes identified within case audits are collated, leading to clear action plans and that consequent outcomes are systematically and consistently evaluated to achieve a full understanding of their service impact.</p> <p>The SSCB should: - establish effective mechanisms to consider the qualitative information held by child protection conference chairs.</p>

Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
Safeguarding					
<p>Immediately: ensure arrangements for proceeding from child protection enquiries to initial conference are compliant with statutory guidance. This includes the revision of current policy and communicating changes effectively to partner agencies</p>	<p>Implement revised management process for S47 in line with statutory timescales</p>	<p>S47 to be used appropriately in work with children and families and is of high quality</p> <p>children and families under s47 investigation experience timely action</p>	<p>% of S47 leading to ICPC & distribution times</p> <p>% of ICPC held within 15 days of the start of the S47 & distribution times</p> <p>% of S47 with recorded strategy meeting</p> <p>% of children with multiple strategy meetings</p>	<p>Business Manager Assessment, Safeguarding and family support</p>	<p>Complete Implemented 10.9.12</p>
	<p>Weekly tracking of S47 performance by team and overall by Deputy Director</p>			<p>Business Improvement manager/ Director of Specialist Children's Services</p>	<p>Complete</p>
	<p>Monthly report to Deputy Director by Head of QAU to be devised to report on quality issues including S47.</p>	<p>thresholds for s47 and ICPC are mutually supportive, understood and applied consistently</p>		<p>Business manager for Social work improvement and Quality assurance</p>	<p>3 reports received so far</p> <p>Management action / tracking process for follow through on issues being devised</p>

S4

Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
<p>Southwark NHS Primary Care Trust, Guy's and St Thomas' Foundation Hospital and Kings College Hospital NHS Foundation Trust to ensure robust arrangements are in place to identify and communicate concerns about children who are at risk or in need of protection and are effective.</p>	<p>Explore potential of live notification system between health and social care</p> <p>Audit of walk in centres and GPS using NHS London Audit tool to ensure all practices to identify gaps and actions to ensure all settings have robust arrangements</p>	<p>All health providers can access accurate and up to date information, and are aware of how to communicate concerns regarding at children at risk with social care</p>	<p>% of referrals from health partners</p> <p>% of re-referrals from health partners</p> <p>% of referrals from health partners resulting in IA/CA/S47/CP</p> <p>% of CAFs by health partners</p>	<p>Director of Client group commissioning</p>	<p>Complete</p> <p>Outcome of work to be reported back to SSCB</p>

Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
<p>Within three months: ensure that those children previously subject to a child protection plan or who have been on a plan for between one and two years are reviewed to ensure that drift or delays in improving their protection are addressed</p>	<p>Case by case review of assertive action for those on CPP for second time or more; and those for two plus years</p> <p>Implement management process within QAU to safeguard and improve practice</p>	<p>Children do not unnecessarily suffer due to slow or ineffective action by social care and its partners</p> <p>Practitioners, managers and CP chairs are better able to assess and address viability of families including where practice decisions are over optimistic</p>	<p>% of children subject to CPP and their profile</p> <p>number of children subject to CPP for 12, 18, 24 and 24+ months</p> <p>% of children subject to CPP 2, 3, and 4+ times</p>	<p>Business manager for Social work improvement and Quality assurance</p>	<p>2 years plus review complete. Re registration review complete.</p> <p>1-2 years review in process.</p>
<p>Ensure that social care fully implement their duties in seeking orders to protect children, limiting the exercise of powers of police protection to exceptional circumstances, where there is an imminent threat to the child's welfare</p>	<ul style="list-style-type: none"> - review protocol and establish monitoring system for monthly reporting into Deputy Director - set up revised working practice with police 	<p>PPO and EPO are not used unnecessarily</p> <p>Where children are in need of protection the most appropriate and timely action is used by social care staff</p>	<p>% of children subject to PPO</p> <p>Destination of children where PPO /EPO is used (s20, ICO, return home etc)</p>	<p>Business manager assessment safeguarding and family support</p>	<p>Protocol has been reviewed and communicated to the workforce</p> <p>Consultant to review and assess local use of process</p>
<p>improve the quality</p>	<p>QAU to review all active</p>	<p>There is improved</p>	<p>% of children on CPP in</p>	<p>Business</p>	<p>Signs of safety</p>

Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
<p>of child protection plans to ensure that all agencies focus on the outcomes for the child and timescales are explicit</p>	<p>CP plans to identify those that require improvement and provide to Deputy Director</p> <p>Joint work between CP chairs and FST prior to next conference to improve plan</p> <p>CPC chairs to undergo signs of safety training for use in conference and to build into future CP planning approach</p> <p>Link developments/learning into social work reform board development</p>	<p>consistency in performance of child protection planning</p> <p>Plans for children are implemented in a timely fashion, consistent in quality, there are specific outcomes, and progress expected by families is clear and monitored</p> <p>Analysis and assessment underpinning plans is of high quality and relates to the plans, its actions and outcomes, especially in regard to parenting capacity</p> <p>There is evidence of appropriate and full engagement in planning, action and monitoring of children and families with CPP</p>	<p>care proceedings</p> <p>Review & rectify all plans</p> <p>Baseline quality indicator of CPP (review 6 months)</p> <p>Multi-agency attendance at CPC</p> <p>Outcomes of children on CPP – are they achieving what is set out</p>	<p>manager for Social work improvement and Quality assurance</p>	<p>implemented in CP conferences</p> <p>Initial evaluation of impact on CP planning to take place in December 2102.</p>

Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
<p>The SSCB should:</p> <ul style="list-style-type: none"> - establish a reporting framework to ensure regular reports on multi-agency risk assessment conferences (MARAC), multi-agency public protection arrangements (MAPPA), domestic abuse, electively home educated children and the safeguarding of looked after children are robustly considered by the board; 	<p>Agenda items to be scheduled for September 2012 (AF)</p> <p>A strategic framework for the board's work to be developed and implemented</p>	<p>The SSCB operates a strategically in terms of the reports it receives, the evidence it reviews, the audits it undertakes and its subsequent decisions regarding service delivery, planning and commissioning activity</p> <p>There are robust and well established arrangements between the SSCB and SSP and its reporting framework around MARAC and MAPPA</p> <p>The SSCB appropriately scrutinises activity and outcomes for vulnerable groups across Southwark</p>	<p>% of CAF by agency</p> <p>% of referral resulting in NFA, IA, CA, S47 by agency</p> <p>% of children educated at home</p>	<p>Head of Strategy, planning and performance</p>	<p>MARAC reporting established</p> <p>MAPPA reporting is in progress</p> <p>IRO annual report to SSCB May 2102</p> <p>CP chairs annual report to SSCB in November 2012</p> <p>Home educated children – reporting in progress</p>
<ul style="list-style-type: none"> - include effective representations from minority ethnic and faith groups; and 	<p>Memberships, structure and sub groups of board to be reviewed and implemented</p>	<p>The SSCB better reflects the diversity and issues of the borough and has an operating model which supports its work and improved outcomes</p>		<p>Head of Strategy, planning and performance</p>	<p>Progressing to be discussed at next SSCB executive</p>
<ul style="list-style-type: none"> - establish 	<p>Develop local framework</p>	<p>The knowledge and</p>	<p>Report of key issues and</p>	<p>Head of</p>	<p>Progressing</p>

Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
effective mechanisms to consider the qualitative information held by child protection conference chairs.	qualitative framework for CS and SSCB jointly between Strategy and Performance and QAU	information held by CP chairs is fully utilised and contributes to understand of practice improvement issues across the local authority and partners	baseline indicators	Strategy, planning and performance / Business manager for Social work improvement and Quality assurance	Incorporated into PMF – inspection outcomes areas will be priority for local development
-ensure thresholds for early help and targeted child in need services are clear, agreed and effectively communicated across partner agencies in the area	<p>Thresholds between the interface of early help and Children in Need to be reviewed for clarity through targeted dialogue with key agencies including ICSS, housing, police and education partners. Embedded in quality and monitoring frameworks</p> <p>Children’s Services threshold document to be amended accordingly and communicated to all staff and mainstreamed (manuals, policy and procedures, training etc)</p>	<p>Thresholds, especially those between children in need and early help are clear and well understood by partners and consistently applied by services</p> <p>Changes in thresholds are shared and communicated regularly</p>	<p>Number of contacts</p> <p>% of children with multiple contacts – 2, 3, 4+ before referral</p>	Head of service early help/ Business manager assessment safeguarding and family support	Early Help strategic group is established. Tasked with reviewing this area
Ensure the social care arrangements for receiving and handling contacts	External review of current structure for effectiveness and interim improvements to be undertaken	Children, families and referrers experience efficient and effective journey through referral and assessment that	<p>% of re-referrals</p> <p>% of referrers acknowledge of outcome of referral within</p>	Business manager for assessment, safeguarding	Consultant has been commissioned to review Referral

Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
and referrals avoid repetition by, or unnecessary duplication of, efforts with referrers	Findings to feed into development of future operating model/ social work reform	limits repetition, reduces duplication and the stages of activity, and supports improved recording A duty system which consolidates and provides an more permanent structures with agencies and builds on good links established so far	the timescale to be determined Distribution time of referrals, IA, CA	and supporting families	and assessment processes.
Southwark NHS Primary Care Trust and South London NHS Trust to ensure sufficient capacity to deliver in full the healthy child programme, including take up of the child immunisation programme, is maximised, and the commissioned core offer in school nursing is delivered in full.	To form key development priority of Children’s Trust and Health and Wellbeing Board	A child health offer that sufficiently resources, improves outcomes and supports timely activity in areas of persistent and intense deprivation	% of immunizations, broken down by locality and/or ethnic group to support targeted activity % of schools with core offer in school nursing and progress tracking for remainder % of children receiving key ante and post natal checks % of children seen within 10-14 days of birth by health visitor	Director of Client group commissioning	Proposed discussion at September’s children trust
Within six months:	Review commissioned services for fathers and	Specific local arrangements in	% of fathers attending parenting support	Head of Children’s	Domestic Violence

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Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
ensure sufficient services are in place that support men in developing their parenting skills and to ensure that their violent behaviour within domestic abuse situations are more effectively addressed.	identify opportunities within existing arrangements and the longer term in regard to <ul style="list-style-type: none"> - teenage fathers - parenting skills - domestic abuse 	place that support fathers, particularly young fathers, parenting skills and therapeutic services that address violent behaviour within the home	% of fathers achieving successful outcomes through perpetrator programmes (as per commissioned provision)	Commissioning	Intervention Project commissioned to work with perpetrators Monthly outcomes monitoring
Looked After Children					

Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
<p>Immediately: ensure that clearly recorded care plans are in place for looked after children and care leavers containing clear, specific outcomes sought as well as realistic contingency plans.</p>	<p>QAU to review all active care plans to identify those that require improvement and provide list to Deputy Director</p> <p>Joint work between IRO and LAC services to improve care plans prior to next LAC review</p> <p>Create interim solution within Carefirst to enable careplans to be visible and completed</p> <p>Ensure newly commissioned ICT service is fit for purpose in providing Child Protection and Care Plans</p>	<p>Care plans are firm well articulated and contain clear and evidenced contingency arrangements, especially for adolescents. Action is taken where plans are not met or outcomes achieved</p> <p>All children in care experience high quality service and their history is used to build an effective relationship</p>	<p>Baseline quality indicator of care plans (review 6 months)</p>	<p>Business manager Looked After Children/ Business manager for Social work improvement and Quality assurance</p>	<p>New care plan format drafted and approved. Awaiting integration into care assess form</p>
<p>Within three months: ensure that assessments are comprehensive and up to date and that they take account of the full circumstances of</p>	<p>As above</p> <p>Findings to feed into development of future operating model for LAC and effective quality assurance</p>	<p>All children have an up to date comprehensive assessment that clearly relates to their care plan; chosen interventions; intended short and longer term outcomes; there is effective tracking of that plan by both social work staff and IROs</p>	<p>Review all current assessments</p> <p>Baseline quality indicator of assessments (review 6 months)</p>	<p>Business manager Looked After Children/ Business manager for Social work improvement and Quality assurance</p>	<p>As above</p> <p>Progressing</p>

Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
the child in need plans and interventions.		An IRO function that effectively contributes and evidences improved outcomes for children looked after			
Ensure that transition to independence is effectively planned, commencing at an appropriate stage for young people, leading to the development of and support for independence skills	<p>Review current transition support and skills development support for young people moving to independence or semi independent to identify both short term improvements and longer term plans for service reconfiguration including use of foster carers</p> <p>Review transition planning process including when it should commence</p> <p>Use forthcoming CLA reviews of all young people to quality assure and seek views of young person regarding the suitability of their accommodation</p> <p>Review and rectify all pathway plans for quality</p>	<p>High quality and consistent transition support for young people leaving care</p> <p>High quality, timely and consistent support for young people to develop skills that support them into successful independence or semi independence</p> <p>Good quality pathway plans that support improved outcomes for young people</p>	<p>% of children looked after aged 13+ with up to date transition plan</p> <p>Review & rectify transition plans; and baseline quality audit with measures identified such as % with up to date transition plan and success measures (review 6 months)</p> <p>% of CLA with 3 plus placements in last 12 months</p>	Business manager Looked after children	Review underway. Action to date includes: Semi independent and IFA provisions now out for tender with input from young people. Independence skills training planned for foster carers. All transition plans now monitored by panel in AAC. Revised Life Skills and group work Programmes will be implemented by end 2012.

Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
	and drift in implementation!				
Develop a systemic evaluation of services for children and young people and their families on the edge of care to assess their effectiveness and ensure a robust monitoring of these children leading to timely decision making should they need to become looked after	<p>Jointly with strategic partner to support development of local practice options, challenge and evaluation of impact of</p> <ul style="list-style-type: none"> - edge of care services - early intervention and support for those at risk of care - supporting commissioning choices for appropriate services - links to troubled families 	<p>Reductions in the numbers of children entering care and ceasing to be looked after for short periods through appropriate, assertive interventions and provision that are provided in a timely fashion and result in the child being able to remain at home where appropriate</p>	<p>% of LAC accommodated under S20</p> <p>% of LAC placed with parents</p> <p>% of LAC missing for more than 24 hours</p> <p>% of LAC with multiple looked after episodes over the (to be determined) years</p> <p>% of LAC ceased within 1 month, 1 year and 2 years + % where they went (destination)</p> <p>Adoption and permanency tracking measures including timeliness</p>	<p>Head of Strategy, planning and performance/ Head of Service family focus team</p>	<p>Resource being identified with Research in Practice and C4EO to support development of local and troubled families Performance Management Framework</p>
Ensure an effective dialogue with the family courts aimed at establishing a mutual clear understanding of thresholds, quality of plans and	<p>Review internal processes impact on court applications with legal</p> <p>Meet with senior judges to discuss issues and devise future way forward</p>	<p>Reduce difference in outcomes between courts and children’s services where the LA proposed care order applications</p> <p>A robust, assertive relationship with courts that</p>	<p>% of care proceedings applied & % of care proceedings successful</p> <p>% of adoption orders resulting in special guardianship orders, or supervision orders</p>	<p>Director of Specialist Children’s Services</p>	<p>Meeting with judges and other local authorities scheduled for end of month</p> <p>identified workforce issue re court report</p>

Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
proposals, and timescales for completion within a timeframe suitable for each child		fully utilises the range of challenge mechanisms available to the local authority	% of court applications completed to timescale		writing; internal review suggests current structure is problem
Ensure capacity of the independent visiting service is sufficient to meet need.	<p>review existing arrangements and consider whether they can be extended to increase capacity and redress shortage of provision</p> <p>Ensure IRO report annually on access to and provision of IV services including provision deficits and strengths</p>	All children that want access to IDV service can, and experience a sustained and helpful relationship with their independent visitor	<p>% of children that request IDV service that receive it</p> <p>Number and length of time of CLA on IDV waiting list</p>	Head of Childrens commissioning/ Business manager for Social work improvement and Quality assurance	Contract has now been awarded to a new provider. Capacity issues being addressed within commissioning IRO annual report in progress
<p>Within six months:</p> <p>Southwark NHS Primary Care Trust and the local authority to ensure that young people's health needs are fully addressed in preparation for leaving care, including the</p>	<p>Review commissioned arrangements for LAC physical health to secure</p> <ul style="list-style-type: none"> - increased capacity of designated doctor function - redress inconsistency in practice between medical professional especially in LAC health reviews 	LAC health provision that demonstrates improved health needs of children looked after across all ages, is high quality and provides a consistent level of care	% of LAC with up to date health plan including breakdown for 0-12 and 13+ services	Director of Client group commissioning	Health steering group set up including all agencies and young people. Consideration has been given to providing a second LAC nurse

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Area for Development	Proposed Action	Intended outcome (draft – based on BP KITs & inspection report)	Performance measures/targets (draft to be developed in line with actions/outcomes)	By whom Strategic/ operational leads and when	Progress
consistent provision of summary health plans	<ul style="list-style-type: none"> - better engagement and outreach with older children including in transition and preparation for adulthood 				
Ensure that themes identified within case audits are collated, leading to clear action plans and that consequent outcomes are systematically and consistently evaluated to achieve a full understanding of their service impact.	<p>Implement integrated performance management and quality framework for both CS and SSCB, to include</p> <ul style="list-style-type: none"> - learning from management reviews and SCRs - outcome focused measures and themes, and look beyond the process - are sufficiently critical 	Audit work that is strategic, enables local learning and can demonstrate impacts on targeted practice issues and outcomes	<p>Baseline audits and quality measures established pertaining to audits, serious case reviews and management review</p> <p>Impact measures of population worked with at cusp of care; % accommodated post intervention; % re referred within X months etc in line with evaluation framework</p>	Business manager social work improvement and quality assurance/ Head of Strategy, planning and performance	<p>Draft Performance management and quality assurance framework has been presented to the SSCB.</p> <p>Task and finish group is set up led by chair of the SSCB.</p> <p>Report to the Southwark Safeguarding Children Board on recommendations by January 2013</p>

Item No. 9.	Classification: Open	Date: 5 November 2012	Meeting Name: Corporate Parenting Committee
Report title:		Corporate Parenting Committee – Work Plan 2012/13	
Ward(s) or groups affected:		All	
From:		Strategic Director of Children’s and Adult Services	

RECOMMENDATION

1. That the corporate parenting committee review the work plan for 2012/13 as set out in paragraph 5 of the report.
2. That the item listed for consideration for this meeting on the impact of welfare reforms on looked after children/young people be deferred until 26 February 2013.

BACKGROUND INFORMATION

Role and function of the corporate parenting committee

3. 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

4. The corporate parenting committee agreed on 7 July 2010 to move towards thematic meetings and have followed this framework since. 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

5. 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 inspection of safeguarding and looked after children’s services published on 10 July 2012 and other Government guidance will be taken into consideration in determining and reviewing the committee’s work programme.

Future agenda items

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

5 November 2012

Economic Wellbeing Theme

- Child and adolescent mental health and Carelink (deferred from 18 July 2012)
- Impact of welfare reforms on looked after children/young people
- Pathway planning: feedback from young people leaving care
- Detailed action plan on how improvements will be implemented as a result of the safeguarding and looked after children inspection.

26 February 2013

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.

29 April 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
- Adolescent and After Care Service.

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

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

Resource implications

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

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Minutes of meetings of Corporate Parenting Committee http://moderngov.southwark.gov.uk/ie/ListMeetings.aspx?CId=129&Year=2012	Constitutional Team 160 Tooley Street London SE1 2QH	Sean Usher 020 7525 5338

AUDIT TRAIL

Lead Officer	Rory Patterson, Director of Children's Social Care	
Report Author	Sean Usher, Constitutional Officer	
Version	Final	
Dated	18 October 2012	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	18 October 2012	

CORPORATE PARENTING DISTRIBUTION LIST (OPEN)**MUNICIPAL YEAR 2012-13****NOTE:** Original held by Constitutional Team; all amendments/queries to
Sean Usher Tel: 020 7525 5338

Name	No of copies	Name	No of copies
Membership		Constitutional Team	
Councillor Dora Dixon-Fyle	1	Sean Usher	6
Councillor Eliza Mann	1		
Councillor Catherine Bowman	1		
Councillor Barrie Hargrove	1		
Councillor Claire Hickson	1		
Councillor Wilma Nelson	1	Total:	24
Councillor Althea Smith	1		
Reserves		Dated: 26 October 2012	
Councillor Poddy Clark	1		
Councillor Patrick Diamond	1		
Councillor Helen Hayes	1		
Councillor Lisa Rajan	1		
Co-opted members			
Barbara Hills	1		
Gordon McCullough	1		
Children's Services			
Romi Bowen	1		
Rory Patterson	1		
Alasdair Smith	1		
Patricia Rowe	1		
Legal			
Sarah Feasey	1		