

Corporate Parenting Committee

Tuesday 25 February 2014

2.00 pm

Ground Floor Meeting Room GO2A, 160 Tooley Street, London SE1 2QH

Membership

Councillor Dora Dixon-Fyle (Chair)
Councillor Eliza Mann (Vice-Chair)
Councillor Catherine Bowman
Councillor Rowenna Davis
Councillor Barrie Hargrove
Councillor Wilma Nelson
Councillor Althea Smith
Barbara Hills (Co-opted Member)
Carolyn Martin (Co-opted Member)

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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Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 17 February 2014



Corporate Parenting Committee

Tuesday 25 February 2014

2.00 pm

Ground Floor Meeting Room GO2A, 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
	MOBILE PHONES	
	Mobile phones should be turned off or put on silent during the course of the meeting.	
	PART A - OPEN BUSINESS	
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	CONFIRMATION OF VOTING MEMBERS	
	A representative of each political group will confirm the voting members of the committee.	
3.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
4.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any 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 4 November 2013.	
6.	CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) - CARELINK	4 - 18

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7.	YOUNG PEOPLES SUBSTANCE MISUSE (YPSM)	19 - 23
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9.	PROGRESS REPORT IN RESPECT OF FOSTERING RECRUITMENT	46 - 49
10.	UPDATE REPORT ON ADOPTION RECRUITMENT	50 - 54
11.	REPORT BACK INTO THE CIRCUMSTANCES THAT LEAD CHILDREN BEING TAKEN INTO CARE	55 - 57
12.	STATUTORY GUIDANCE ON CHILDREN WHO RUN AWAY OR GO MISSING FROM HOME OR CARE	58 - 61
13.	WORK PLAN	62 - 64

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

Date: 17 February 2014



Corporate Parenting Committee

MINUTES of the OPEN section of the Corporate Parenting Committee held on Monday 4 November 2013 at 2.00 pm at the Council Offices, 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Dora Dixon-Fyle (Chair)
Councillor Catherine Bowman
Councillor Rowenna Davis
Councillor Wilma Nelson
Barbara Hills
Carolyn Martin

OFFICERS PRESENT: Rory Patterson, Director, Children's Social Care
Alasdair Smith, Acting Head of Service Children Looked After
Liz Britton, Manager, Priority Learners
Lucy Milich, Children's Rights and Participation Officer
Darren Coghlan, Head of Secondary and Further Education
Employment and Inclusion
Paula Thornton, Constitutional Team

1. APOLOGIES

Apologies for absence were received from Councillors Althea Smith and Eliza Mann.

2. CONFIRMATION OF VOTING MEMBERS

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

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

There were none.

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

5. MINUTES

RESOLVED:

That the minutes of the meeting held on 17 July 2013 be approved as a correct record and signed by the chair.

6. PUPIL PERFORMANCE IN ACADEMIC YEAR 2012/2013 - DEVELOPMENTS LINKED TO THE LOOKED AFTER CHILDREN - EDUCATION TEAM

RESOLVED:

That the report be noted.

7. 2012/13 END OF YEAR PERFORMANCE REPORT - LOOKED AFTER CHILDREN

RESOLVED:

1. That the report be noted.
2. That officers consider the following issues raised by the committee to further improve adoption/fostering performance:
 - Use of voluntary sector network to further publicise initiatives and campaigns
 - Examination of best practice elsewhere and innovative approaches in other boroughs
 - Targets for increasing the number of adopters
 - Utilise the experience and knowledge of existing adopters/foster carers to the benefit of interested/new applicants
 - The need to further improve engagement with the black and ethnic minority community via alternative routes which might include different media outlets and churches
 - The committee to receive feedback on the analysis identified in paragraph 19 of the report. Analysis to identify gaps and how the council can improve and market directly to prospective adopters.
3. That the committee receive a report back to February 2014 meeting on the circumstances that lead children being taken into care.

8. CORPORATE PARENTING AND THE VOICE OF THE CHILD IN CARE

RESOLVED:

That the measures that have been put in place to meet the requirements set out in the letter from Edward Timpson MP, Parliamentary Under Secretary for Children and Families, to all Lead Members for Children and the Directors of Children's Services be noted.

9. DEPARTMENT OF EDUCATION (DFE) SPOTLIGHT CARE HOMES AND RESIDENTIAL CARE

The committee received a PowerPoint presentation in respect of the use of residential care in Southwark outlining key statistics and patterns. The presentation outlined some of the predominant reasons for placement and current safeguards in place.

10. CORPORATE PARENTING COMMITTEE - WORK PLAN 2013/14

RESOLVED:

1. That the work plan for 2013/14 for the corporate parenting committee as set out in paragraph 5 of the report be noted.
2. That the committee receive a report back to February 2014 meeting on the circumstances that lead children being taken into care with particular reference to domestic violence.

The meeting ended at 3.50pm.

CHAIR:

DATED:

Item No. 6.	Classification: Open	Date: 25 February 2014	Meeting Name: Corporate Parenting Committee
Report title:		Child and Adolescent Mental Health (CAMHS) – Carelink	
Ward(s) or groups affected:		All	
From:		Director Children’s Social Care	

RECOMMENDATION

1. That the corporate parenting committee notes the report on Carelink and the valuable role it plays in early identification of mental health needs and providing responsive and accessible assessment and treatment for children and young people in care. This work with our social care colleagues helps maintain stable placements for this vulnerable group of children and young people in care.

INTRODUCTION

2. Carelink is the Southwark Child and Adolescent Mental Health team (CAMHS) who offer mental health assessment and treatment to children and young people in the care of Southwark Social Care and their foster carers. Carelink is a multi-disciplinary team that is based at the Lister Health Centre in Peckham. Our colleagues in the Looked After Children’s section of Children Social Care are located very close by also in Peckham. Over the past year we have continued to offer a comprehensive CAMH service to Southwark looked after children.
3. ‘No other group of children and young people in the developed world are more socially or developmentally disadvantaged than children and young people who reside in court-ordered alternate care, and those who are subsequently adopted from care’. (Tarren-Sweeney, M, & Vetere, A 2013).
4. These children and young people experience high social and psychological adversity. There has been long standing concerns that their mental health and emotional needs are not best served by generic mental health services. In 2000 this resulted in the then government making available the Quality Protects Grant that was given to the Local Authority to facilitate NHS CAMHS to design and deliver specialist mental health services for Children in Care.
5. In Southwark this specific QP grant lead to the development of Carelink the jointly funded Southwark CAMHS and Southwark Council, CAMHS team for Southwark Looked after Children established in 2002. This is fundamentally a partnership approach where Carelink provides mental health assessment and treatment in a multi agency context and contributes to the expertise of others e.g. Social Care, Child Health, Education.
6. Children and young people who are looked after by local authorities (identified hereafter by the abbreviation CiC) 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.

7. 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).
8. Over a decade on, the Carelink team have developed greater clinical skill in responding to the needs of our looked after children, learnt more about the complexity of need and the impact of social adversity and psychosocial stressors on the children and young people's sense of self, identity, cognitive, emotional and mental health well being. However there is a steady increase in the numbers of children in care in the UK (Department for Education 2011). This increase is largely due to better detection of child maltreatment, with Southwark having more children in care than many other Local Authorities.
9. We know that the social adversity and trauma the children experience that result in them being received into care poses critical developmental risks for their mental health and well being. Mental health and resilience among children in care, and those who are subsequently adopted, arise from complex, time sensitive interactions between genotype, prenatal conditions, pre care and in care psychological conditions and events, and infant neurological development (Rutter, 2000). Risk studies of children in care have identified several predictors of mental health difficulties and other negative outcomes. These are sometimes described as 'cumulative adversity' and include older age at entry into care, placement stability, perceived placement insecurity, and intellectual disability (Delfabbro & Barber, 2003; Tarren-Sweeney, 2008).
10. 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 CiC had mental health problems, some of them complex and severe. This is evidenced in the research mentioned above.
11. Given the current economic crisis and the growing needs with this group of children and their families it is more important that we work together to have better identification of need and can also offer treatment and intervention to the child and indeed the whole system.

BACKGROUND INFORMATION

Current Staffing

12. 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, 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.

Therapeutic Services for Children in Care

Presenting problems

13. Children and young people are referred with a wide variety of problems – emotional disorders, low mood, depression, self harm, suicidal thoughts, post-traumatic stress, eating problems, anxiety, attachment disorder and difficulties, behavioural and conduct problems and neuro-developmental problem
14. In 76-80% of the children and young people in treatment to the Carelink team we have 4 or more confirmed Adverse Childhood Experiences (ACE), Felitti et al 1998. In the general population the figure is 4.6% with 4 or more ACE. Research has shown that this level of trauma, if not mediated by appropriate treatment correlates with a heightened risk of serious physical and mental ill health in later life.
15. In addition to direct work with children, young people and their carers we offer advice/consultation to the professional network and especially the social work team on care planning, therapeutic needs, placements and transitions. At any one time we will work with 200 looked after children and their foster families. In most cases this means seeing the child and foster carers on a weekly basis.
16. We have close links with the adoption team and more usually the referrals from that team are with children who are in transition from foster care to adoption. Or we are 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.
17. 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.
18. We are engaged in a wide range of teaching and training. This includes regularly running “Fostering Changes” training. This is primarily for foster carers and occasional adopters attend. The ‘Fostering Changes’ training offers specific strategies for parents coping with children and young people at different developmental levels. Indeed this training is the result of close collaboration between CAMHS and Southwark Social Care. This has been developed into a training manual and is published by BAAF. This has been further expanded and rolled out at a national level with a second addition recently published.
19. Following this and in conjunction with Carelink, Social Care and BAAF, another training programme called “Fostering Education” was developed. This is a specific training aimed at helping foster carers support children’s learning in particular reading. “Fostering Education” has been evaluated and shown to be

highly effective - this is evidenced by the average increase in children's reading age as assessed by standardised measures.

20. Additional practice books now also published by BAAF includes 'Managing Difficult Behaviours' a handbook for foster carers and 'Supporting Children's Learning'
21. Alongside the group work Carelink offer individual foster care support to Southwark carers. We also offer this to IFA carers in circumstances where IFA do not have an equivalent specialist service.
22. We regularly present to the prospective adopters preparation group on areas such as attachment and emotional development. We routinely have requests for information on the child's emotional needs from the fostering and adoption panels. This facilitates better identification of need and care planning.
23. We offer a 'drop-in' service to the CLA teams so they can quickly access advice on a particular child and easily make a referral to our service our signpost to another service as necessary.

KEY ISSUES FOR CONSIDERATION

The ongoing need for specialist's teams

24. 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) recommend in relation to strategic planning that;
 - '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.
25. NICE and SCIE also recommend that there are specialist accessible and flexible services that include children & young people in unstable placements
 - '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.

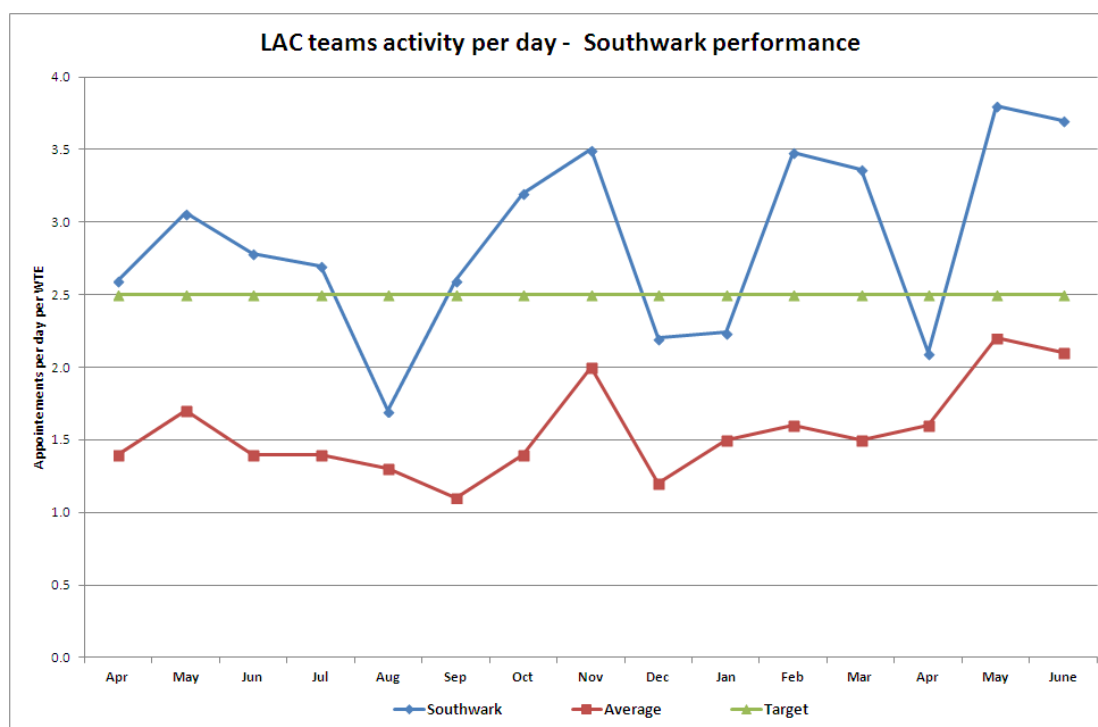
Accessibility and availability of assessment and treatment

26. SLaM CAMHS monitors team activity against agreed performance targets for face to face contacts with children, young people and their carers. The agreed target for face-to-face meetings for teams working with a LAC population is 2.5 contacts per day for each clinician in the team. These targets were agreed following caseload audits for different types of service with different populations

and took into account other aspects of the workload of different specialist CAMHS teams.

27. The target for all CAMHS LAC teams is for each clinician to offer 2.5 face to face appointments a day.
28. As shown below Southwark Carelink has been successful in consistently exceeding the target for face to face appointments offered to children, young people and carers.

Appointments attended Expectation 2.5 Attended appointments per day per clinician (April 2012 to June 2013)



Appointments Offered: - per day by each clinician

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Southwark	3.7	4.1	4.0	3.8	2.9	3.4	4	4.7	3	2.9	4.1	4.0	2.9	4.7	4.3
Average	1.8	2.1	1.9	2.0	1.7	1.6	1.7	2.4	1.5	1.8	2.1	1.8	2.1	2.7	2.8

29. Average refers to average appointments offered across SLaM Looked after Children CAMHS teams. These figures do not include consultation and advice regarding children who have not been formally referred to Carelink.

Close working relationship with social care and other agencies eg child health

30. Integrated multi agency teams need to provide services at sufficient intensity and early enough to prevent mental health problems persisting through childhood and into adulthood (McAuley, & Davis, 2009; Quinton, Rushton, Dance & Mayes, 1998). Such complexity and risk in children's lives requires a considered coordinated response from the professional agencies involved with these highly vulnerable children and their families.

31. Carelink has very close relationship with CSC and other agencies involved with CiC. This is a fundamental and integral part of the ethos of the Carelink service

Delivering evidence based treatment where possible and appropriate

32. We know in CAMHS that there is a need to develop better evidence in relation to treatment offered to Children and Young People especially in the CiC population where the presentation is complex with significant psycho social stressors and a high number of co morbid presentations. Our staff skills can offer a range of evidence based interventions and our active involvement in research demonstrates our commitment to gather further evidence in terms of what works and for which groups.
33. As with all Southwark CAMHS teams Carelink use Routine Outcome Monitoring and received feedback with regards to this monitoring data using CGAS through bi-monthly performance management meetings, regular reporting to local management teams and feedback sessions 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.
34. The Children and Young People's Improving Access to Psychological Therapies project (CYP IAPT) is a government programme working with existing CAMHS with the aim of:
- Improving access to CAMHS and creation of stronger partnerships with children, young people families professionals and agencies
 - Building the capability to deliver positive and measurable outcomes for children young people and families

Increasing the choice of evidence based treatments available

35. Over the last year Carelink have included a new IAPT measure called RCADS (Revised Child Anxiety and Depression Scale) which was introduced as a standard screening tool with carers and young people, for all children aged 8 and above. This measure has been included as a standard anxiety and depression screen for all assessments and used along with the SDQ (Strengths and Difficulties Questionnaire) in all new assessments. The use of the SDQ at assessment and review is also part of IAPT requirements.
36. RCADS is a measure which screens for indicators of specific anxiety and depressive disorders. Our initial view has been that this measure is helpful in distinguishing between different types of anxiety and depression but that it is not sensitive to the kinds of presentations most common in the CiC population. We are therefore continuing to investigate measures which will be more helpful to the assessment of children and young people referred to Carelink. As part of Carelink's commitment to screening assessment and treatment review we continue to use of SDQ at assessment and review. We have identified the Brief Assessment Checklist for Children (BAC-C) and the Brief Assessment Checklist for Adolescents (BAC-A). These are 20 item caregiver-report psychiatric rating scales that are designed for children and adolescents in foster, kinship, residential and adoptive care. We are in discussion with the author of the rating scales and have agreement that we can use them in the team.

Working to develop evidence based treatments as there is poor research in this area

37. The drive for this guidance was the growing numbers of Children Looked After. In 2012, 65,520 children and young people were looked after by local authorities in England.
38. The majority of children and young people enter care after experiencing abuse, neglect or severe family problems.
39. 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 of foster care.
40. 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.

41. 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.
42. In the next section we will mention the research that is generated in this clinical team to further better evidence and practice for CiC.

Clinical 'real world' research rooted in a clinical team;

43. Involvement in research and developing better clinical practice is a key part of the Carelink clinical team. Please see further information in section entitled

'Research Projects in the Carelink Team'

44. 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.
45. Children in Care and Strengths and Difficulties Questionnaire (SDQs) screening
46. 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:

47. 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 programme analyses 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 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.
 - 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.
 - This research is written up in an article entitled '**Evaluation of a pilot project for mental health screening for children looked after in an inner London borough**', Newlove- Delgado, T., Murphy, E., & Ford, T. 2012 Journal of Children's Services, Vol 7 No 3 pp 213-225
48. 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+).
49. In the 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.
50. We think that this is because Southwark social workers and foster carers are correctly identifying mental health needs in children in their care and ensuring referral to the appropriate services.
51. 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.

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

52. Our thanks to Guys and St Thomas' Charity, who made a research grant to fund the project to run for 15 months.
53. 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.

54. 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.
55. 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.
56. 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

57. 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.
58. 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

59. 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.
60. Targeted interventions were taken up in majority of cases, in context of significant time pressures for carers managing intensive Contact schedules for infants/children.
61. On 5 point scale, foster carers and social workers positively rated the usefulness of intervention with 4.6 and 4.3 average scores respectively.
62. 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.

63. 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.
64. The research study and its outcomes were presented to various audiences throughout the year. This research is described a chapter "**Social-emotional screening and intervention for 0-4 year old children entering care**", Hardy, C., & Murphy, E. in a book entitled 'Mental health services for Vulnerable Children and Young people' edited by Tarren-Sweeney, M & Vetere, A. (2013) Routledge, Taylor & Francis Group.
65. There is also a recently published article '**Mental Health Screening and Early Intervention: clinical research study for under 5 year old Children in Care in an Inner London Borough**', Hardy, C., Hackett, E., Murphy, E., Cooper, B., Ford, T. & Conroy, S. published in Clinical Child Psychology and Psychiatry January 2014.

Social-emotional Under 4's Screening and Intervention; A study of Emotional Health and Development in Babies and Young Children (S.U.S.I.) - an interagency collaboration in Southwark.

66. The purpose of this clinical research study is to carry out a feasibility study to the impact of specific mental health interventions for the children, parents and carers in three high risk groups of children under the age of 4 years in Southwark.
67. The study replicates a screening method that was first developed and successfully implemented in a pilot project in Southwark in 2010-2011, combined with the delivery of new specific longer term interventions to investigate the impact of this approach on the social-emotional development of the child and the quality of the caregiver -child relationship in the 'looked after children' population. The screening method and an extended intervention will also be offered to two further groups in Southwark, with the aim of building more robust evidence on the outcomes for children and the effectiveness of early interventions that target their emotional/mental health and the methods by which we can successfully engage with children and their caregivers.
68. Guidance for 'Looked After Children'(Oct 2010), now referred to as Children In Care(CiC), states that all under five year olds should receive a screening and timely intervention by a specialist child mental health practitioner.
69. The pilot screening study revealed significant unmet emotional/mental health needs in the CiC group of children. The audit of social-emotional/mental health issues picked up by Paediatricians in the 12 months prior to the project, showed that only 10% of children were identified as having needs/difficulties in comparison with 67% in the pilot project. The project was able to influence carers and professionals to integrate information about these mental health and developmental needs into their care or practice for a cohort of Southwark children.
70. In the new study there will be three groups:
 - Group 1 Children in Care (CiC)
 - Group 2 Children whose parents are known to the Parental Mental Health Service (PMH)
 - Group 3 Children on initial Child Protection Plan (CP).

71. We will recruit children and caregivers from all three groups to the study in a 12 month recruitment period, and implement regular reviews of the child's social-emotional development and mental health at 6 months interval for the duration of the project.
72. The screening will help the parents and primary caregivers have a greater understanding of their child's needs and social-emotional development. The intervention will be tailored to the individual needs of the child but also give significant direct support and advice to the parent or carer in addressing the child's needs. As the focus will be on the parent/carer-child relationship we also anticipate that the adult caregivers will benefit by having a more positive and enjoyable relationship with their child.
73. We will implement a training workshop, developed in collaboration with colleagues at BAAF, (the British Association for Fostering and Adoption), that provides information on early social-emotional development and the rationale for the type and implementation of the therapeutic interventions that the study will offer. We will regularly run the workshops for groups of professionals in our partner agencies in health and social care.
74. We anticipate increased and improved relationships across Healthcare (G.P.'s, health visitors and Child Health) and Social Care professionals in planning for the child as there will be better information about the child's emotional needs and their attachment to their primary caregiver(s).
75. This new project is designed to build more robust evidence on a) the methods by we can successfully engage with vulnerable groups of children and their caregivers, b) the effectiveness of early interventions specifically targeting the emotional/mental health of babies and young children and c) the costs of early interventions and broader health and social care costs for this population. The project therefore addresses three key recommendations made by NICE.
76. This research will take place in Carelink, the CAMHS Looked after Children's team in Southwark. This is a jointly funded NHS and Local Authority multidisciplinary team and is co-located with Southwark Social Care. This research is funded by Guy's and St Thomas Charity.

Current context

Update April to November 2013

77. In the last seven months Carelink accepted an average of nine referrals a month which shows a steady increase in rate of referral to the team. This includes a substantial number of referrals where there has been court assessment and recommendations for long term intensive individual interventions from psychoanalytic child and adolescent psychotherapists. This may reflect the nature of children coming into care at the current time who have experienced long periods of neglect and abuse. Carelink team are currently managing this increase in referral rate by increases to staff caseload and workload. This is significant because the team has also absorbed significant cuts to its staffing. In addition the team has been required to increase its commitment to generic CAMHS work such as CAMHS in school because this work is currently shared between all the Southwark CAMHS teams.

78. The team caseload, for children involved in therapeutic work, is between 195 and 205 which is an increase from the previous years where the assessment/treatment caseload was between 130 and 140. There is an increase due to both the age range for referral changing to include young people up to 18 years and an increase in the number of Under 5's since Carelink undertook the 0-5's screening study. There has also been a marked increase in referrals linked to adoption assessment, planning and support.

Service User Involvement

Feedback from children and young people

79. 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 our NHS Trust. 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 and to themselves.
80. There is a display in our waiting room about user feedback – giving a summary of the most recent satisfaction surveys and examples of any comments and suggestions, with responses from the team and any actions we have been able to take.
81. There is also a photo boards in the CAMHS waiting areas displaying the photos and titles of clinicians working in the team.
82. Children and young people consistently rate “the person they see” as kind and caring, trustworthy and understanding of them.
83. 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 – here are some typical examples:

What things would make the appointment better?

Children said:

“make it a longer time”
“more time in my appointment”
“Less talking, more creative things”
“It is already fine”
“would like to take my art work home”
“the wall to be painted and the table to be changed to pink and a bigger mirror”
“play more games”
“play computer games”
“less writing”

Young people (teens) said:

“Put comfy chairs in all the rooms plz!”
“Don't know – I think its fine”
“Change the music to hip-hop” –
“Nothing really, nothing extra, you're already helping me”
“Paint the walls – there are marks on the walls”
“Not so much about my Mum”
“Sometimes I need to write things – lots of good ideas and I'm scared I won't remember them”
“If I could keep goal focussed and go away with a plan”

84. We also routinely collect feedback from Foster parents about their experience including feedback from training courses we run.

Young Vic Theatre Project

85. During 2012 and 2013 children and young people 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 half-term for children aged 7-12 and one in the autumn for adolescents. Some of our Looked After Children were keen to attend.
86. It is run by Trainee Directors 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. The younger group put on a short performance for parents/carers at end of the workshop. The aim is to build on children's confidence and self-esteem and help them develop a new interest in self-expression and theatre skills.
87. The younger group attended on five mornings during half term; the adolescents attended a weekly evening group over 8 weeks.
88. We are pleased to say The Theatre Project has become an annual event for us.

The Carelink/South London Gallery Holiday Groups

89. Also known as the AIS Group – “Art is Something” (named by the participating children) This has met for one day each school holiday during the year, consisting of the same small group of children.
90. 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/CAMHS staff. The children are those on referral to Carelink CAMHS.
91. 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.
92. 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.
93. Mixed media is used, including photography, sculpture and video making. Games are used to develop a team ethos and to encourage sharing and teamwork.
94. 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).
95. 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.
96. Their work was also exhibited at an end of year celebration at the gallery.

97. World Mental Health Day



Every year on 10th of October, the World Mental Health Foundation celebrates World Mental Health Day. The focus of this initiative is raising awareness of mental health issues. Throughout October 2013 the Carelink team ran an art and activity project linked to world Mental Health Day, with creative and play activities for children and young people and their carers in the waiting room and in extra family sessions. The theme of the art project was the natural world and we encouraged all family members, to

make a leaf or bird that we could add to a tree which was painted in the corridor with the help of one of the young people. We hope to continue this project further along the corridor over the coming months so that more children, young people and carers have the chance to take part and so that the environment at the Lister Centre is improved by this inspiring artwork. The cover photograph for this annual report and those above and below show the impact of this project. We would like to thank The South London and Maudsley Charity fund for its support of this project.

Policy implications

98. There are no policy implications relating to this report

Community impact statement

99. Southwark CAMHS works to promote the health and well being for children in care which is a CYPP priority. It is recognised that placement, stability, and positive mental health help to build resilience in young people, and help to narrow the gap between outcomes for children in care and children in the general population.

Resource implications

100. There are no resource implications arising from this report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Rory Patterson, Director Children's Social Care	
Report Author	Elizabeth Murphy, Consultant Child and Adolescent Psychotherapist, Carelink, Southwark CAMHS	
Version	Final	
Dated	12 February 2014	
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	N/a	N/a
Date final report sent to Constitutional Team	12 February 2014	

Item No. 7.	Classification: Open	Date: 25 February 2014	Meeting Name: Corporate Parenting Committee
Report title:		Young Peoples Substance Misuse (YPSM)	
Ward(s) or groups affected:		All	
From:		Strategic Director of Children's and Adults' Services	

RECOMMENDATIONS

1. That the committee notes that we will continue to deliver recommendations and actions set out in the YPSM Treatment Plan for 2013/14 in 2014/15.
2. To note that this paper has been written to inform members of how we intend to continue to reduce substance misuse within 2014/15, and the progress of the Specialist YPSM service and to update members of the policy implications and strategies alignment of the work.
3. That the committee note and support that officers will promote the importance of partnership work to reduce young peoples substance misuse.

KEY MESSAGES

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

BACKGROUND INFORMATION

National Background

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

Local Background

7. Launched in April 2010, Insight Southwark, run by Blenheim CDP, is a confidential support service for young people up to age of 24, living with or affected by drugs and alcohol issues in Southwark. The aim of the service is to reduce the numbers of young people affected by substance misuse including Alcohol. By balancing prevention, early intervention, harm reduction and specialist treatment, in order to meet the needs of young people.
8. The majority of the individuals accessing the Young Persons Substance Misuse Service, Insight Southwark, have multiple support needs including being known to Southwark Inclusive Learning Centres and Youth Offending Services (YOS).

Continued engagement with the service helps young people to achieve improved outcomes in education, employment, reducing offending and health. Public Health England has published significant evidence that many of the young people would, in the absence of treatment, impose significant economic and social costs on society. And that the financial and emotional costs associated with antisocial and criminal behaviour can be prevented by effective substance misuse treatment.

9. Children and young people who misuse substances have a disproportionate impact on children's and adults' services. The main referral source for the Service is Southwark youth offending service.
10. The tables below show a breakdown of work carried out so far this year by Insight Southwark:

New Referrals	83
Completed Assessments	75 <i>(28 -18 to 24 and 47 Under 18s)</i>
Assessed at the project	37
Assessed at other locations	38
18-24 Planned exists	72.6%
U18s Planned Exists	71%
Open Access	619
Information and advice to professionals	55

11. Cannabis/skunk still remains the primary substance commonly used amongst young people and the second drug choice is still alcohol. No referral for party drugs this quarter even though we know some young people are using methadone.

Borough Partnerships

12. Insight Southwark continue to work in Partnership with the Youth Offending Service, Pupil Referral Units, (Cavendish school, Newlands Schools, Southwark Inclusive Learning Service), The Gateway Hostel, Social Services, Oasis Hostel, Springfield Lodge Hostel and Colleges.
13. Insight are working to improve partnership with Children Looked After (CLA), a weekly satellite is held at the CLA offices. This helps strengthen partnerships with CLA, and increase referrals into the service to support vulnerable young people. The satellite is also utilised as an opportunity to have an open surgery for Social Workers to discuss any potential referrals. Insight offer advice, information and group activities for the young people who attend the drop-in. Insight are also a part of the Health Steering Group held every quarter.
14. Insight have recently developed a new training programme. This has replaced the Basic Drug Awareness, Screening and Referral Training. The package is now called '**The Impact of Drugs on Young People**'. This training is available to all professionals in the Borough. Insight have delivered training to various professionals including: Social Services, Hostel staff, Youth Offending Service, Family Support Services, Foster Carers, and Public Health England. Evaluation feed back from those who attended has been very positive. New dates have been arranged for 2014.

15. Southwark DAAT have successfully arranged for the Insight Southwark training to be added to the training pathway for all new qualified Social Workers as mandatory. This has helped build on existing partnerships to increase referrals to Insight.
16. Insight continues to be a part of Children Social Care (CSC) and the Substance Misuse Interface meeting. This is integral for all services to work together to ensure that Drug and Alcohol Services work collectively with CSC to reduce substance misuse harm.
17. Insight continues to attend the Southwark Treatment and Recovery Partnership (STARP) Operations meetings and the STARP party drug meetings.
18. Insight have successfully recruited to a new Hidden Harm post. This post offers support to young children who have been affected by parental substance misuse. The term Hidden Harm describes the lives of children and young people affected by parental drug misuse. This post works collectively with (CSC) and other agencies in the Borough. This project aims to adopt a multi agency approach to working with children and families. All Insight staff have been trained in advance Safeguarding Children.
19. Insight continues to work holistically to support families and carers who are affected by substance misuse. Insight provides brief advice and information sessions about the impact of substance misuse for parents. Insight utilise the 5 STEP Capello brief interventions model. This model has proven to be effective for parents who are affected by their children's' drug use.
20. Insight will continue to improve partnerships with key stakeholders, offering more family support to parents and children who are experiencing problems with substance misuse. Insight will continue to raise awareness about substance use issues in the local community, helping families to dispel myths around substance misuse, offering brief interventions and building on existing partnerships in Southwark.
21. Insight is developing a partnership satellite service with Kings College Hospital and Foundations 66. The clinic will be called SMaSH (Substance misuse and sexual health). A screening tool and referral pathway has been developed. The aim is to provide young people with brief advice and information about the risks of alcohol use, and substance misuse.

KEY ISSUES FOR CONSIDERATION

22. The plan builds on previous years commitments and recognises that YPSM is an ongoing issue, which needs a partnership approach in order to reduce numbers.
23. Overall Insight will consolidate existing work with new areas of work and will ensure better collaborative working with all local services. By continuing to work in partnership we should be able to:
 - Reduce substance misuse among young people
 - Reduce young people transitioning into substance misuse adults
 - Reduce harm caused to young people via parental substance misusers

24. However with financial pressures resulting in cuts to service provisions, there could be a change for commissioning services, which could impact on what as a borough we want to deliver.
25. The challenge going forward will be to ensure that all young people continue to receive appropriate treatment that prevents them from misusing substances. And that substance misuse remains a key priority for all parties working with young people and families.

Policy implications

National

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

Local

27. The work within the YPSM Treatment Plan is aligned and linked to various Strategies across Community Safety and Children Services, some are listed below:
 - Children and Young People's Plan 2013/16
 - SSP Rolling Plan
 - DAAT Treatment Plan
 - 2012/15 Alcohol Strategy

Community impact statement

28. Insight Southwark will have an impact on children and young people accessing treatment services, which in turn will have a positive impact on young people's outcomes, through improvements with employment, education and training, reduction in offending and sexual behaviour. The service Insight provides will also improve outcomes for families, by providing support to parents and carers.
29. Insight Southwark will improve the outcome for all children, young people and their families affected by substance misuse.

Financial implications

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

BACKGROUND DOCUMENTS

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

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Rory Patterson, Director Children's Social Care	
Report Author	Dionne Cameron, Young Persons Substance Misuse Lead	
Version	Final	
Dated	12 February 2014	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
	Officer Title	Comments Sought
		Comments included
	Strategic Director of Finance and Corporate Services	No
	Director of Legal Services	No
	Cabinet Member	No
	Date final report sent to Constitutional Team	12 February 2014

Item No. 8.	Classification: Open	Date: 25 February 2014	Meeting Name: Corporate Parenting Committee
Report title:		Report in Respect of Foster Carer Fees and Allowances	
Ward(s) or groups affected:		Looked After Children	
From:		Strategic Director of Children's and Adults' Services	

RECOMMENDATION

1. Members to note the information provided in this report.

BACKGROUND INFORMATION

2. Members will be aware that there has been a national increase in the numbers of Looked After Children over the last five years. This has placed pressure on fostering resources as the increase in fostering households has tried to keep pace with the demand for placements and many local authorities have been forced to place children with foster carers provided by Independent Fostering Agencies (IFAs).
3. Commissioning external placements has financial implications for the council as they are an expensive resource often costing double that of in-house placements. There are also implications for children in terms of placement choice as most IFAs are often outside of the borough. Looked After Children may have to leave their community, which could potentially mean a change of school and loss of contact with friends in addition to family. This can be difficult for children to cope with and in some cases lead to placement instability, which has long been associated with poorer outcomes for children.
4. The existing fees and allowances scheme for Southwark foster carers no longer meets the expectations set by recent judicial and ombudsman reviews for Connected (formally known as Family and Friend) Foster carers.
5. The reviews clarified that differences in foster care payments should be made on concrete facts such as levels of training. The current scheme relies on judgements around the level of difficulty the child poses leading to an enhanced payment of 30, 60 or 100%. These judgements are reviewed annually which in it self is a time consuming process for foster carers and social workers offering little value for the child.
6. This places a perverse incentive on the foster carer to maximise the child's difficulty and to minimise any progress made under their care.

The Proposed Scheme for Foster Care Fees and Allowances

7. The proposed scheme is much simpler and it based on the level of training a foster carer has undertaken.
8. Thus the scheme supports the service to meet its statutory regulations to ensure that foster carers regularly undertake suitable training to equip them to care for complex children.
9. There were 544 Looked After Children in Southwark at 3/2/14. The fostering team were able to place 250 of these children in Southwark Non Connected fostering households and 37 are placed with Connected Foster Carers. 130 children are fostered with Independent Fostering Agencies.
10. It is important that the scheme takes account of the difficulty in recruiting suitable foster carers and that there is competition between authorities for suitable people. Therefore it is important that any scheme considers what neighbouring and similar authorities offer.
11. It is difficult to do a direct comparison as all the schemes are paid slightly differently but we are confident that the proposal put forward would pay the majority of Southwark foster carers at least the same or a little more than that which the neighbouring authorities of Lewisham and Lambeth currently pay.
12. This is important to make sure that Southwark continues to be able to recruit and increase the proportion of children with Southwark carers whilst balancing the budget.
13. The proposals were discussed with Southwark Foster Carers Association prior to the formal consultation with foster carers.
14. The Association meets regularly with senior managers in the department and the Executive Member for Children's Services, to ensure that the foster carer voice can be heard and that close working relationships are maintained.
15. No major objections were made at that stage to the overall scheme and the formal consultation went ahead with all of the foster carers being written to and given the opportunity of responding either by a form attached to the consultation, via their fostering social worker, by email and/ or through a meeting set up in January.
16. The consultation runs until 20 February.
17. 32 foster carers have responded to date. 26 at the meeting and 6 by email. Only 2 object to the fostering levels of payment based on training. The remaining 30 thought the scheme was fair. However, there were plenty of sensible comments and suggestions around the discretionary allowances for school uniforms, setting up allowances, holiday allowances and in particular how to make training engaging and accessible for foster carers which will need to be considered prior to publishing the final scheme. There may be further responses before the cut off date.

What impact will the scheme have on individual foster carers?

18. It is important that carers continue to feel valued by Southwark.
19. A commitment was made that no carer would lose financially through the implementation of a new scheme.
20. The agreement was that carers who would lose under the new scheme will in effect have their rates frozen under the old scheme until it is financially beneficial to them to change.
21. In fact the new proposal only has a negative impact on 16 carers caring for 19 children out of the 170 to 180 carers who have fostered for Southwark over the last year.
22. Those carers who would get slightly less under the new scheme are in the main carers who had children assessed at 60% enhancement but have not yet completed the training standards that the Department of Education expects all carers to complete within their first 12 months of fostering.
23. A further 26 foster carers who had 30% enhancements will continue to get the same allowance and the rest of the foster carers will receive more than they did on the previous scheme.
24. The feed back from the majority of foster carers to date was that they felt this undertaking from the authority was a fair way to move from one scheme to another.
25. While some carers, particularly those coming up for retirement, would rather not complete the standards. The majority of carers understood the requirement on the agency to meet The Fostering Regulations (England) 2011. More importantly they felt that carers did need training and to be able to evidence their competency to care for challenging children.
26. Most of the issues raised by carers around this were to do with the type, level and delivery model of foster care training. This is being addressed in a separate consultation being undertaken by the Service Manager in partnership with Organisational Development. This consultation will inform a new invigorated training programme for carers which will support this proposed approach to fostering payments.

What about placing more challenging children?

27. Looked after children because of their previous life experiences can often present with challenging behaviour.
28. The scheme is designed to encourage foster carers to continually develop the skills needed to support our looked after children to overcome these issues.
29. There is already within the framework a Specialist Disability scheme and the possibility of developing other Specialist schemes as required.
30. While payment is an important component of these schemes, equally important is the wraparound support that is required from a number of agencies to enable

children to remain in a family setting.

31. Rather than putting a monetary value on the level of difficulty a child has, the proposed scheme rewards carers for developing their knowledge and expertise in caring for children.

Placement Priorities

32. The current priority is to develop the in-house fostering service which is being supported through the NRS bespoke recruitment campaign to care for the majority of Southwark's Looked After Children.
33. A clear and fair and competitive Fostering fees and Allowances based on training will support the retention and the improvement in skills of the foster care workforce.
34. In future years the scheme can be adapted to recognise higher levels of skill and or move to a competency based scheme where the requirement is to demonstrate the use of skill, knowledge and experience rather than attend training.
35. A competency based scheme would need at least a years lead in time in order to clearly articulate the competencies and how they are measured and to give carers the opportunity of evidencing those competencies.
36. It is suggested that the proposed scheme changes the culture and with the improved training plan is the appropriate first step towards what the Council might want in the future.

KEY ISSUES FOR CONSIDERATION

37. The average weekly cost of placing a child with an IFA foster carer is more than double that of an in-house placement. For example an average placement for an 11-15 year old in an IFA placement is £925, while an in-house placement is £358. Placing one Looked After Child in this age range with an in-house foster carer could produce savings of £29,484 over 52 weeks. There are 14 Looked After Children placed with IFA foster carers in this age range.
38. The proposed scheme puts Southwark in a competitive position with neighbouring boroughs to recruit and retain in – house carers
39. The proposed scheme meets legal requirements for Connected formally known as Family and Friend or Kinship carers
40. The proposed scheme encourages continuous development of the foster care work force.
41. The proposed scheme has capacity for the potential development of specialist schemes
42. The proposed scheme provides a secure platform for further developments whether that is recognising higher levels of training or moving to a competency based scheme.

43. All but 2 of the foster carers who have fed back to date have said that they think the scheme is fair.

Policy implications

44. There are no policy implications.

Community impact statement

45. Southwark fostering service gives due consideration to race, gender, disability, culture, religion and sexual orientation in relation to children being placed and adults applying to become foster carers, throughout the recruitment, assessment, and training process. Children in care are some of the most vulnerable children in the community, so an effective, high quality service is critical to ensuring positive outcomes.

Resource implications

46. The proposed scheme is more costly than the previous scheme and will put a pressure of around £250,000 on the foster care budget.

Legal and financial implications

47. Comprehensive legal advice has been taken to ensure that the proposed scheme meets the recommendations of the Judicial Review and Ombudsman reports.
48. Finance officers have been involved through out and costed the proposal.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	*Consultation Document – Payments to Foster Carers
Appendix 2	Fostering Expectations
Appendix 3	Fostering Fees and Allowances
Appendix 4	Fostering – Key legislation Guidance and Case Law
Appendix 5	Consultation letter

*(Please note that there may be changes to the allowances once the consultation is complete)

AUDIT TRAIL

Lead Officer	Rory Patterson, Director Children's Social Care	
Report Author	Michelle Whiting, Senior Permanence Advisor	
Version	Final	
Dated	11 February 2014	
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	N/a	N/a
Date final report sent to Constitutional Team		13 February 2014

APPENDIX 1

CONSULTATION DOCUMENT - PAYMENTS AND ALLOWANCES TO CONNECTED AND NON CONNECTED FOSTER CARERS

1. Introduction

This consultation document sets out Southwark Council's proposals for Payments and Allowances for Foster Carers and Family and Friends/ Connected Carers (hereafter referred to as Connected Persons Carers) from 1 April 2014 and payments and allowances to other carers entitled to financial support as specified.

The intention is to have a fair payment scheme which clearly sets out the both the entitlement and responsibilities of carers. The scheme is linked to the National Fostering Network Allowance for London which is reviewed annually. This scheme will be subject to annual review.

The scheme is structured to encourage the continued professional development of foster carers.

2. Outline of Proposed Structure

The scheme is made up of 3 core elements:-

- 1) **The Fostering Allowance**
- 2) **The Fostering Fee**
- 3) **Specific Payments**

The Fostering Allowance is based on the costs of caring for a child which is calculated on an annual basis by The Fostering Network. The Fostering Fee is a professional fee paid to foster carers linked to the fostering training that they have undertaken.

There are also a range of other more specific payments which are described in detail at the end of the document.

- 4) Birthday and Festivity Payment
- 5) Holiday Payment
- 6) Discretionary School Uniform Payment
- 7) Discretionary Setting Up (child clothes and equipment) Payment
- 8) Discretionary Setting Up (foster carers home/ equipment) Payment
- 9) Technology Payment

3. Consultation Process

Southwark Foster Care Association received a version of the consultation document prior to their meeting on the 11 December 2013.

This is the amended document for foster carers to consider.

A drop in session has been arranged for the 14 January with carers and there is also an email address to answer any questions.

Responses to the consultation must be received by 12 noon on the 10 February

It is proposed that the new scheme will be effective from the first of April 2013

4. Equality Assessment

The scheme is designed to be transparent and fair. It has been calculated that only 12 carers will be entitled to slightly less under these arrangements. It has been agreed that these carers will continue to be paid at the rate they were receiving under the old scheme until the new scheme is financially beneficial for them. Thus there will be no losers under these arrangements.

5. Key Principles

5.1 All carers approved under Regulation 27 of The Fostering Services (England) 2011 regulations and Connected Persons temporarily approved under regulation 24 of The Fostering Services (England) 2010 Regulations will receive a weekly allowance linked to the National Fostering Network London Rate

5.2 The Fostering Fee payments are linked to the successful completion of each tier of professional development training

5.3 At the point of drafting the document Foster Carers can choose to apply for an exemption of £10,000 per household (pro rata) and £200 per week for each child under 11 years of age and £250 per week for children over 11 years old. Or Foster carers can claim expenses incurred against income received from the council.

<http://www.hmrc.gov.uk/individuals/foster-carers.htm>

5.5 However tax law is subject to change and foster carers are advised to contact their local tax office or a professional body such as the Fostering Network to confirm their tax positions

5.6 The Southwark Foster Care Association will be consulted on any proposed changes to the scheme prior to the full consultation with foster carers

5.7 The payment scheme is subject to annual review

6. The Payment Scheme

6.1 The Foster care payment scheme consists of 3 elements:-

- i) The Fostering allowance linked to the child
- ii) The Fostering Fee linked to training
- iii) Specific payments e.g. Birthday and technology payments

7. The Fostering Allowance

7.1 Every foster carer whether approved under regulation 24 or 27 of the Fostering Service Regulations is entitled to The Fostering Allowance.

7.2 This is weekly allowance based on the age of the child. The amount of the allowance is set at the National Fostering Network Minimum London Rate for the relevant year.

7.3 The National Fostering Network calculate the cost of caring for a looked after child, annually and publish their figures.

7.4 The National Fostering Network Minimum London Rates for 2014/15 are:-

0-4 years of age	£164.71 per week
5-10	£187.77
11-15	£ 233.83
16 - 18	£283.95

7.5 The Fostering Allowance is to cover all the costs associated with the care of the child or young person and their day to day needs. It includes direct costs such as food, clothing and social activities and indirect costs such as family transport / outings

7.6 An indicative breakdown of how a carer might be expected to spend this allowance is included below:-

- Food including school meals 25%
- Leisure & activities 20 %
- Clothing 15%
- Household 15%
- Health and hygiene 5%
- Transport 5%
- Pocket money 5%
- Savings 5%
- Babysitting/ child minding 5%
-

8. The Fostering Fee

8.1 The Fees are set at 4 levels and are dependent on the foster carers meeting the criteria as specified

9. Level 1 Foster Carers

9.1 All Foster carers are entitled to The Fostering Allowance at the appropriate age rate, and where assessed as appropriate Specific Payments to meet the child's needs.

9.2 Placements made with Connected Foster Carer are made under Regulation 24 of the 2010 Fostering regulations. These are usually made in an urgent situation.

Connected Carers can be approved for 16 weeks with a possible extension of no more than 8 weeks to complete' The Suitability to Foster Assessment which is put before Southwark's Fostering Panel as per the Fostering Regulations.

9.3 The Connected Carers are expected to make themselves available to complete the fostering assessment and submit required documentation. During this time they will be

assessed on their ability to work with the Local Authority to care for the child in accordance with the Childs Placement Plan.

9.4 Once a carer has been considered by Southwark Fostering Panel and approved by the Fostering Decision Maker the Connected Carers are registered as Regulation 27 Carers which is the same regulation under which non related Carers are registered.

9.5 In order to be registered, carers will have demonstrated that they are able to meet the National Minimum Standards for Fostering. This includes:-

- Cooperating with the requirements of the fostering role , including attending reviews, record keeping, supporting contact , maintaining savings and photographic and other records for the child
 - Working to support the child's successful progression to adult hood together with the supervising and child's social worker, schools and other professionals
 - Transporting the child to and from school and contact where required until they are of a sufficient age to travel independently
-

9.6 The detailed core requirements of Foster Carers are specified in Appendix 1

9.7 Finance arrangements: Level 1 Foster Carers will receive The Fostering Allowance plus Specific Payments where this is assessed as appropriate

10. Level 2 Foster Carers

10.1 Level 2 Foster Carers will be registered Regulation 27 Foster Carers and meet the requirements of Level 1 Foster Carers.

10.2 In addition Level 2 Foster Carers will have completed the Skills to Foster Training and will have undertaken to complete the Southwark Post Approval Fostering Training within 3 months of their registration.

10.3 All Foster Carers are encouraged to become Level 2 Carers.

10.4 Connected Foster Carers may wish to take an alternative route to becoming a Level 2 Carer by completing the Training Support and Development Standards for Family and Friends Carers (a simplified version of the Training Support and Development Standards for Foster Carers).

10.5 Financial Arrangements: Level 2 Foster Carers will receive weekly the Fostering Allowance and the Level 2 Fostering Fee plus Specific Payments where this is assessed as appropriate

11. Level 3 Foster Carers

11.1 Level 3 Foster Carers will already meet the requirements of both Level 1 and Level 2 Foster Carers.

11.2 In addition Level 3 Foster Carers will have completed The Department for Education Training, Support and Development Standards for Foster Carers 2012. These provide the national minimum bench mark which sets out what carers should know, understand and be expected to do, within the first 12 to 18 months of being approved.

11.3 It is expected that Southwark Foster Carers complete this training within 2 years of registration.

11.4 In following years, in order to maintain payments at Fostering Level 3 all carers will be expected to have undertaken a minimum of 2 pieces of further training and demonstrate how they have used this in their practice as foster carers at their annual reviews.

11.5 Finance arrangements Level 3 carers will receive weekly the Fostering Allowance and the Level 3 Fostering Fee plus Specific Payments where this is assessed as appropriate.

12. Level 4 Specialist Carers

12.1 Level 4 Specialist Carers will cover a range of schemes each with its own specific requirements.

12.2 In the future other specialist schemes may be set up each with its own particular requirements

13 .1 Specialist Carers for Disabled Children and Young People

13.2 In addition to meeting the Core Responsibilities of Foster Carers see Appendix 1, Specialist Foster carers for Disabled children and young people must also meet the following requirements;-

13.3 Foster Carers have accessible, suitably equipped and safely maintained transport.

13.4 Foster Carers must be able to offer an environment which is adapted and equipped to maximise the Child's independence or be willing to have such adaptations made to their house if placements are long term. They must be willing to follow specialist advice about use of suitable equipment e.g. hoists for transfers.

13.5 Where the disabled Child or Young Person is going to be placed with Foster Carers on a long term basis and house adaptations are needed/will be needed as the child grows, Local Authority will support the Foster Carer with their application for a Disabled Facilities Grant.

13.6 Foster Carers must be willing to allow specialist professionals into their house when necessary (e.g. if waking nursing night cover or 24 hour nursing care is needed).

13.7 Foster Carers should support transition plans for the Young Person into adult service provision where appropriate.

13.8 Where a Child or Young Person is in receipt of state benefits as a result of their disability, the foster carer and link worker will actively monitor the use of this money

so that it is used directly for the benefit of the Child or Young Person and does not replace core care funding for the Child or Young Person.

13.9 Financial arrangements for Specialist Foster carers (disability) Foster carers caring for children who are registered disabled will receive The Fostering Allowance x 2 plus The Fostering Level 4 Fee plus Specific Payments where this is assessed as appropriate

14. Additional Allowances

14.1 Birthday and Festivities payments

20014/15 rate

Age 0-10 year's £100 payable to carers

Age 11 to 18 years £150 payable to carers

Carers should record what they spend and keep the receipts

14.2 Annual Holiday allowance of subject to foster carers showing appropriate receipts.

20014/15 rate

0-10 years £250

11-18 years £400

14.3 No more than every 3 years foster carers may request a discretionary additional payment for special holidays

14.3 Discretionary setting up costs carers (e.g. bedroom furnishings) up to max **£500**

14.4 Discretionary setting up costs child to maximum of **£200** for child's clothes and equipment

14.5 Uniform Allowances discretionary usually paid where child changes school at onset of placement up to a maximum of **£100**

14.6 Technology Allowances– This is restricted to Regulation 27 approved carers where it is planned that they will care for a child or a succession of children for at least 1 year. They will be provided with computer, printer and digital camera post registration up to a value of **£600**. An annual allowance of **£150** is made to cover broad band connection and printing costs. Carers can have equipment updated no more than tri annual basis up to a value of **£400** on production of receipts.

**** Figures in bold italic are the 2014/15 at the rate***

APPENDIX 2

Fostering Expectations – Core Services

1 Education

Attendance	Carers should take all reasonable steps to ensure that the child/young person attend school/college/training. Carer/s should raise any concerns about education with the social worker and Southwark's Education team where appropriate. Absence due to carers travelling overseas during term time must be approved by the relevant Southwark Team Manager. NB: Children shall not be taken out of school for non medical reasons other than in exceptional circumstances.
To and from	All Children to be dropped off at school and picked up from school by their carer/s unless the child/young person care plan states otherwise. Walking to school is to be encouraged (all ages)
Parent's evenings	Carer/s must attend all parents' evenings.
Homework	Carer/s must encourage and assist the child/young person to do their homework through a positive home learning environment and liaise with the child/young person school as appropriate. Carer/s should familiarise themselves with the course work requirements and support the child/young person in achieving this.
Computer	Each child/young person of school age must have access to a computer with broadband and managed internet access to undertake their homework.
Libraries	Children under 11 years of age should be taken to a library at least 4 times a year and encouraged to read for recreation. The child/young person over 11 years should be actively encouraged to join and go to a library regularly. Additionally carers should purchase suitable age appropriate books for child/young person to keep.
Sickness and exclusions	Carer/s must be available to be at home with the child/young person if the child/young person is sick or has been excluded from school.
School shows and events	Carer/s must attend school shows and events.
Education support <input type="checkbox"/>	To attend the twice annual Personal Education Plan (PEP) meetings at school and undertake agreed home learning support tasks. Progress with PEP targets allocated to the foster carer to be included in supervising social worker' monthly reports to LAC social worker. The child will have ready access to a PC/laptop and internet/broadband to do homework on a daily basis.
Routines	Reading to and with children under 11 should be routine, including bedtime arrangements. Family meal times should be actively used to promote discussion. Adequate sleep and sleeping patterns are to be highly valued.
Choices in Education	Ensure the young person access the school connexions advisor at 13 years (year 9) to explore options post 16

2 Health

Registration	Carer/s should ensure that the child/young person are registered with a GP, dentist and (if appropriate) health visitor within 72 hours of the placement.
Appointments	Carer to book and attend / accompany the child/young person to all GP and Hospital appointments as required. Carer to inform the social worker of any significant change in the child/young person's health.

Advice	Carer should be trained and enabled to give advice to & know where to access advice for, the child/young person regarding healthy diet, self-care, sexual health etc.
Toiletries, personal hygiene and skin/hair care products	All appropriate toiletries, including skin and hair care products and regular hair cuts/ appointments to be provided. From the age of 11 the young person is aware of need for personal hygiene and can maintain appropriate standards
Glasses and contact lenses	Provide glasses and contact lenses as required, including replacement of accidental damage or loss. Optician to specify an ophthalmic check-up at least every year.
Health	Child/young person to be registered with a GP and receive an annual health assessment. Dental check-up to be received at least once a year. To provide sexual health guidance (at 13+) to reduce incidence of teenage pregnancy and encourage positive life choices (including contraception if agreed). To complete an annual Strength and Difficulty Questionnaire (SDQ) review and initial Social/Emotional Screening for children aged 0-4 entering the care system.
Diet and Exercise	Use of healthy diet and food intake to promote a health and avoid obesity. Physical activity and exercise to be actively promoted as fundamental lifestyle component
0-4 Years	Attend clinic as required and ensure good engagement with named Health Visitor

3 Mental Health

Appointments	Carer to book and attend / accompany the child/young person to all appointments as required. Carer to inform the social worker of any significant change in the child/young person's mental health.
Appointments	Carer to book and attend / accompany the child/young person to all appointments as required. Carer to inform the social worker of any significant change in the child/young person's mental health.
Training	Where appropriate carers receiving the child/young person with known mental health issues should be appropriately trained and supported to cope with any arising issues.

4 Contact – all subject to agreed risk assessment

Promote	Carer/s should encourage and promote contact between the child/young person and her family or significant others where this is an agreed part of the child/young person's care plan.
Facilitate	Carer/s should facilitate and make welcome the child/young person's family members or significant others where this is an agreed part of the child/young person's care plan.
Arrange	Carer/s should arrange the contact between siblings placed separately, family members or significant others where this is an agreed part of the child/young person's care plan.
Attend	Carer/s should attend contact to support child/young person if so requested by either the child/young person or the social worker.
Supervise	Carer/s should supervise contact where this is appropriate and where this is an agreed part of the child/young person's care plan.
Transport	Carer/s should provide transportation if required to and from any contact session.
Telephone calls	Telephone calls to family members (within the UK) and social services.

5 Identity

Promote	Carer/s should promote a positive image of the child/young person's ethnicity, culture and religion. The carer should attend with the child/young person any appropriate activities, church or place of worship in order to promote the child/young person's identity in a positive way.
Celebrations	Carer/s should celebrate any cultural or religious festivals or rights of passage with the child/young person.
Food	Carer/s must ensure that the meals they provide comply with the child's dietary, cultural and religious needs.
Events	Carer/s should attend with or facilitate the attendance of the child/young person any cultural events or activities that would promote the child/young person's identity.
Life story	Carer/s should be trained to either produce or actively contribute to and promote life story work in conjunction with the social worker.
Photo books / scrap books	Carer/s should take regular photographs of the child/young person and these should be put into a photo book with details of who is in the photograph, the event and the date. This should also include comments about the event from both the carer and the child/young person.
Photo books / scrap books	Carer/s should take regular photographs of the child/young person and these should be put into a photo book with details of who is in the photograph, the event and the date. This should also include comments about the event from both the carer and the child/young person.

6 Reports

Serious significant events	Any child protection issues and all other notifiable events should be reported to the social worker or EDT straight away and be followed up in writing as soon as possible (by email) but at most within 24 hours.
Diaries	Carer/s must keep a daily diary of significant events, behaviour, activities & observations. This diary should be shared with the SW when requested.
Reports – LAC reviews	Carer/s should produce a comprehensive report for the child/young person's LAC review. This report must be sent to the SW at least two weeks prior to the LAC review.

7 Reviews

Attend	Carer/s and their supervising social worker must attend every LAC review.
Facilitate	Carer/s should make a suitable area in their homes available for holding the child/young person LAC review unless for safety reasons it is decided that this is not possible.
Consultation forms	Carer/s should ensure that they complete any consultation documents and that they encourage and/or assist the young person to complete any consultation documents.

Participation	The carer/s should encourage the young person to participate in care planning and reviews in an age appropriate way.
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8 Independence and life skills

Skills Training	Between the age of 16.6 and 17.6, ensure the young person attends Southwark's 6 week Semi independent skills course
Savings and budgeting	Carer/s should encourage a savings habit with the child/young person, which should be discussed and agreed at the initial placement meeting. Carer/s should help the child/young person to understand how to budget responsibly by both example and by setting tasks agreed in the child/young person's care plan.
Shopping	Where age appropriate carer/s should encourage the child/young person to food and clothes shop wisely and healthily within a set weekly and monthly budget.
Menu planning	Where age appropriate carer/s should encourage the child/young person to plan healthy weekly menus using a set budget.
Cooking	Where age appropriate carer/s should encourage the child/young person to cook healthy meals using a set budget
Cleaning and maintaining a home	The child/young person's should be given age and ability appropriate household tasks and responsibilities. This should be discussed and agreed at the placement meeting and reviewed at LAC reviews.
Basic DIY skills	Where age appropriate carer/s should assist the child/young person. to acquire basic DIY skills.
Preparation for independence	Includes life skills, setting up bank accounts, management of finance and budgeting as appropriate. All 16 year olds to have their own personal bank account. At 16 all personal allowances will be paid directly into the child/young person's personal account, with which they will be responsible for clothing, recreation and personal expenses (activities).
Starting to prepare a new home	Prioritise at 17 th Birthday of a core "Starter Pack" of key equipment – See 10.2

9 Recreation

Encourage	Carer/s should encourage the child/young person to take up, join and participate in suitable age appropriate personal and group activities. Carer/s should support and encourage the child/young person to make and maintain suitable friendships. For younger children carer/s should arrange with other parents / carers for their children to play at the child/young person's home and for the child/young person to visit other children.
Facilitate	Carer/s should fund and facilitate age appropriate personal and group activities.
Exercise and sport	Carer/s should encourage the child/young person to exercise regularly and should encourage the child/young person to partake in sports activities.
Family outings	Carer/s should plan regular family outings and activities.
School holiday activities	Carer/s should ensure that sufficient funds are set aside to pay for school holiday activities – See 10.2
Leisure outings and activities	Family outings and agreed leisure activities. With specific relevance to hobbies - support for up to 2 after school class and 1 weekend

	activity to be included. Promoting accessing after school clubs.
Holidays	It is expected that children and young people will accompany their foster carers on holiday that is the young person is not left behind under any circumstances.

10 **Safe Care**

24 hour supervised care and accommodation	Accommodation, food and safe care that meets the child/young person's needs.
Carers	Carers are able to act as appropriate adults if a child is arrested for any reason and also to attend court with their child if necessary
Clothing (general) and school uniform	Provide appropriate clothing as required including school uniform / activity wear.

11 **Facilities & Decor**

Single rooms	Every child/young person should have their own bedroom unless they are siblings and / or it is considered appropriate for them to share a room.
Minimum furniture	Every the child/young person should have a bed, wardrobe & chest of drawers. The child/young person should have access to a suitable quiet area with a table and chair for undertaking homework.
Décor	Every home's décor should be clean and maintained to a reasonable standard. The child/young person's bedroom should be decorated in an age appropriate way. Facility should be available for the child/young person to personalise their bedrooms. Garden's and external décor should be maintained to a reasonable standard

12 **Transport**

Contact appointments, education and recreation	<ul style="list-style-type: none"> • Where Children and Young People require transport that is in excess of 25 miles a week this need to be agreed as part of the placement plan • The foster carer must hold a full driving license, is insured and using road worthy transport. • The carer must notify their link worker within 2 working days should they receive penalty points for any motoring offence
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APPENDIX 3

Fostering Fees and Allowances 2014/15

Age Band	Fostering Allowance (NFN)	Fostering Fee £150.00	Fostering Fee £165.00	Fostering Fee £165.00
	Level 1	Level 2	Level 3	Specialist
0 - 4	164.71	314.71	329.71	494.42
5 - 10	187.77	337.77	352.77	540.54
11 - 15	233.83	383.83	398.83	632.66
16+	283.95	433.95	448.95	732.90

Annual Allowances

	Birthday	Holiday	Festivities
0 - 4	100	250	100
5 - 10	100	250	100
11 - 15	150	400	150
16+	150	400	150

Discretionary Allowances - maximum of

Clothing	Equipment	Uniform Allowance
200	500	100
200	500	100
200	500	100
200	500	100

IT Equipment Computer

Set Up	Upgrades	Broadband
600	400	150

APPENDIX 4

Key legislation, Guidance and Case-Law

Care Standards Act 2000
Children Act 1989
Children Act 2004
Children and Young Persons Act 2008
Local Authorities Social Services Act 1970
Equality Act 2010
Care Planning, Placement and Case Review (England) Regulations 2010 (“2010 Regulations”)
Fostering Services (England) Regulations 2011 (“2011 Regulations”)
Children Act guidance
National Minimum Standards for Fostering Services
Family and Friends Care: Statutory Guidance for Local Authorities January 2011
R(X) v London Borough of Tower Hamlets [2013] EWHC 480 (Admin); [2013] EWCA Civ 904.

Applies to:

Foster Carers approved under Regulation 27 of the 2011 Regulations
Foster Carers temporarily approved Regulation 24 of the 2010 Regulations


APPENDIX 5

<p>17th December 2013</p>	<p>Rory Patterson Director Children's Social Care</p> <p>Direct Dial: 020 7525 3626 Facsimile: 020 3014 8756; 8196 2355</p>
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Dear Foster Carer

Subject line: Consultation on new proposal for Southwark Payments and Allowances to Foster Carers

As you may know Southwark has been reviewing its allowance scheme for foster carers to ensure that we provide a scheme that is fair and straightforward. As well as providing a general increase we plan to change the way we pay foster carers. We have attached the proposal for your consultation.

The basic Fostering Allowance covering the costs of caring for a child will still be based on the National Fostering Network London rate and will be reviewed annually. We however want to change the Fostering Fee by providing the opportunity for an increase depending on the level of training foster carers complete to further develop their skills and experience.

In this scheme there are no enhancements based on the difficulty of the child. We wanted to move away from this approach because it can disadvantage foster carers who work very hard to help children improve their behaviour and are therefore seen as less difficult. Furthermore recent judgements on local authority schemes have indicated that best practice is to use criteria such as training or qualification.

If you look at the last page (16) of the proposal you will be able to work out how much you would receive under this scheme.

We have worked out that foster carers should earn more under this proposal, however some foster carers haven't quite completed the Training Development Standards for Foster Carers. When they have completed these they will be Level 3 Carers and they should get a little more under this scheme compared to the one you are on.

Anyone who may receive less under this scheme will remain on their payments at the current rate so there will be no losers as we move from one scheme to another.

This is important because we need people like you to foster for Southwark and to keep looking after our children.

We would like to start this scheme at the beginning of the financial year which is the 1st of April 2014.

If you have any questions please send them to
michelle.whiting@southwark.gov.uk

We plan to hold a consultation meeting on Tuesday 14th of January 10am -12 noon at 7, Talfourd Place, London, SE15 5NW, Ground Floor Conference Room.

Please send your comments by Monday 10th of February by 12 noon.

You can either reply by email to michelle.whiting@southwark.gov.uk

**Or if you prefer send it to
Michelle Whiting
Southwark Council
PO Box 64529
SE1P 5LX**

Yours sincerely



**Rory Patterson
Director
Children's Social Care**

Consultation on new proposal for Southwark Payments and Allowances to Foster Carers

Name

Date

- 1) Do you think the scheme is clear?
- 2) Do you think the scheme is fair?
- 3) Do you think 2 pieces of training a year is enough to retain level 3 status?
- 4) Any other comments?

Item No. 9.	Classification: Open	Date: 11 February 2014	Meeting Name: Corporate Parenting Committee
Report title:		Progress Report in Respect of Fostering Recruitment	
Ward(s) or groups affected:		Children Looked After	
From:		Director of Children's and Adults' Services	

RECOMMENDATION

1. Members to note the information provided in this report.

BACKGROUND INFORMATION

2. Members will be aware that Southwark engaged NRS recruitment agency under contract in June 2013 to recruit local foster carers for Southwark's Looked After Children. This was due to the pressure on fostering resources in Southwark as the increase in fostering households had not kept pace with the placement demand. This was the case in authorities across the country leading local authorities to place children with foster carers provided by Independent Fostering Agencies (IFAs) often further from home and at a greater cost than in house placements.
3. Southwark currently has 545 Looked After Children, 257 of whom are currently placed in 171 in-house fostering households. NRS was contracted to provide 50 new fostering households within a 12-month period. The focus was to be white carers who could care for children between the ages of 0-4 and 11-15 year olds. The request was also for carers who could care for sibling groups of 2 plus children.

KEY ISSUES FOR CONSIDERATION

4. NRS have used a previously tested recruitment drive that includes leaflet drops, back of bus advertising and banners in key places to target foster carers. They have held a number of information sessions in the borough and also Skills to Foster 3 day training days for people interested in becoming foster carers. Successful applicants are then assessed within a 10-12 week period, rather than the traditional 20-32 week period that has often led to applicants dropping out. The assessments are quality assured within their agency prior to Southwark undertaking a quality assurance process.
5. At this point in time 10 fostering households have been approved broken down into the following categories:
 - 3 permanent carers

- 7 short/long term carers
 - 6 approved to care for children 0-12 years old
 - 1 approved to care for children 3-18 years old
 - 3 approved to care for children 0-18 years old
 - 9 are approved for either gender
 - 1 approved for a female placement to fit their own family
 - 7 approved to care for a sibling group of 2 or more children
 - 3 approved for 1 child
 - 2 are experienced foster carers transferring from an IFA to in House
 - 8 are new fostering households
6. Seven children have been placed with new foster carers since approval and the two experienced foster carers, previously with Independent Fostering Agencies currently have Southwark children placed with them. The remaining carers will begin training and will have children placed with them as soon as possible.
7. Over the next 2-3 months, 12 foster carers will be presented to the fostering panel for approval. There are currently another 4 foster carers undergoing the first stage of their assessment. These carers will be presented to the May fostering panel.

Additional factors

8. It is unlikely that NRS will meet its 50 fostering household target by June 2014, however there are a number of reasons for this, which have been beyond their control. There was an initial delay in agreeing the communication strategy and organising the telephone and email contact through Southwark's website. This meant that people could not access NRS directly and had to come through Southwark first causing some delay in the process. NRS offered to provide a website page for Southwark, which was not accepted due to the corporate policy around what can be displayed on the site. There were also some issues relating to approving copy. There was further delay in medical information being returned by consultants when Southwark's medical advisor requested additional health information.
9. These issues have now largely been resolved and the increased number of carers in assessment confirms this. NRS have remained positive throughout and have every confidence that they will be able to deliver the 50 foster carers with a little more time. It is clearly in their interest as they only receive payment once a carer has been approved at panel.
10. Monthly performance reports covering all recruitment activity is discussed during monthly meetings and a good working relationship has developed with lessons learnt. A number of areas are still to be developed such as changes to the fostering website, which is now underway and which is in line with NRS' publicity campaign. We therefore envisage a further increase in applicants and approvals over the coming months if the contract can be renewed.

Next steps

11. Southwark plans to focus on permanency for those Looked After Children in need of permanent homes. A review of children placed with IFA foster carers who are waiting for long-term placements is also taking place. Once new carers are approved, these children can be matched and placed with permanent carers in line with their care plans. It is positive to note that of the foster carers approved to date, 3 would like to offer permanent homes to Looked After Children and will be matched with children waiting for permanent placements.
12. Southwark has reviewed and increased its fostering allowance, which is currently out for consultation. It is envisaged that this increase will lead to additional interest as it brings it in line with some neighbouring authorities.

Policy implications

13. There are no policy implications.

Community impact statement

14. Southwark fostering service gives due consideration to race, gender, disability, culture, religion and sexual orientation in relation to children being placed and adults applying to become foster carers, throughout the recruitment, assessment, and training process.

Resource implications

15. NRS is paid by results; therefore it remains the case that there should be substantial savings resulting from placing more children with in-house foster carers.
16. An increase in the number of in-house foster carers will require an increase in social work support. The service will use the current quota of social workers; however will need to recruit two additional social work posts over the next 12 months as the number of in-house carers increase. The savings realised from the use of in-house as opposed to IFA foster carers will transfer to the recruitment budget to meet salary cost.

Consultation

17. No consultation has been necessary.

Legal and financial implications

18. The director of legal services and strategic director of finance and corporate services noted the content of the Gateway report, containing information about the recruitment agency contract and therefore no further advice has been sought.

Head of Procurement

19. The recruitment agency's contract is overseen by procurement.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Shirley Walker, Interim Service Manager	
Version	Final	
Dated	13 February 2014	
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	13 February 2014	

Item No. 10.	Classification: Open	Date: 25 February 2014	Meeting Name: Corporate Parenting Committee
Report title:		Update Report on Adoption Recruitment	
Ward(s) or groups affected:		Children Looked After	
From:		Director, Specialist Children's Services and Social Care	

RECOMMENDATION

1. That the committee note the information and discuss any further actions required.

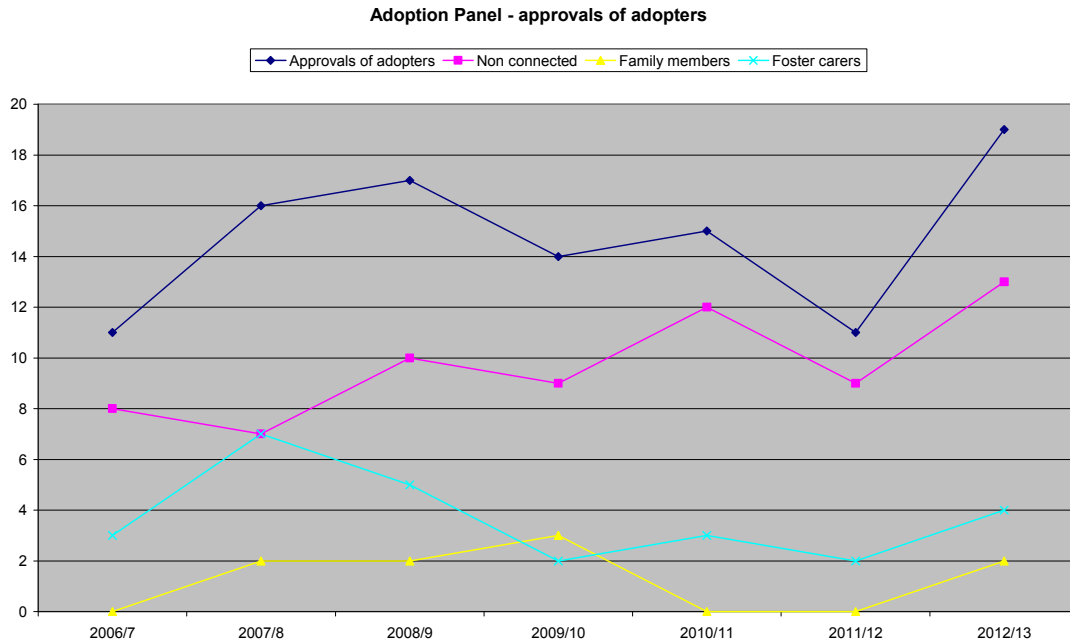
BACKGROUND INFORMATION

2. The adoption of children from care receives a high profile nationally promoted by the Department for Education. Southwark's performance came under scrutiny from the DfE in December 2012. The outcome of that visit was that the DfE believed that Southwark already had a robust analysis of the performance challenges and had put in place an implementation plan which would deal with the issues identified and lead to improved performance.
3. As part of the visit the department was offered the opportunity to voluntarily participate in a diagnostic peer review. This entailed working with recognised experts in the field of adoption who could provide a deeper analysis of the issues for the borough and provide helpful advice on how to improve performance further. This independent peer review was undertaken in February 2013.
4. There was a specific recommendation regarding the recruitment of adopters which was to:

"Secure a more detailed and dynamic strategy regarding the recruitment of adopters and family finding for children with adoption plans."

Adoption Recruitment Performance 2012/13

5. 19 new prospective adopters were approved in 2012/13. This was a 70% increase in availability of adopters. Of those approved 6 were foster carers, 2 of whom were friends & family carers. This was the highest figure of adoption approvals in 8 years.



Adoption Performance Information for Quarter 3 2013/14

6. We will not have the full picture until the end of the year but as of Quarter 3 we have had 28 adopters were approved by Southwark. 17 of these adopters are matched with a child or children.
7. We estimate that by the end of March 2014 we will have 31 children adopted compared to 21 children in the previous year.
8. In July 14 there was a national change to the way authorities are required to assess adopters. It is hoped that the 2 stage process will speed up the assessment process.
9. This is just bedding in and assessments are not yet being completed as quickly as we would like. The new process should take 6 months in total with foster carers and previous adopters being able to be fast tracked.
10. We are currently meeting that target for 1/3 of adopters although once approved adopters are matched very quickly to a child with no adopters waiting more than 6 months.

Adoption Recruitment Campaign

11. There has been an extensive adoption campaign. DfE research indicated that effective recruitment campaigns are specific and targeted hence the development of the Find 40 Families campaign which was designed to be bright and hard hitting.
12. Southwark undertook research to understand why so few of our adopters were BME. This was important because we were finding black African boys hard to place. This informed our messages and the development of a myth busting leaflet.

13. The website was refreshed to make it more representative of our local community and a video commissioned to demystify the adoption assessment process.
14. A partnership with children's services corporate communications the media office and the community engagement team, Councillors under the active leadership of the lead member Councillor Dora Dixon Fyle our Adoption Champion helped us access a broad range of community and media opportunities.



15. The DfE are particularly interested in the £1000 reward scheme and our work to reach the local community via the 'call to action' letters to churches, schools and community groups. DfE are commissioning the British Association of Fostering and Adoption to use it as a best practice case study.
16. Having established the general messages the recruitment campaign is focusing on particular children needing families and building a relationship with interested groups with a focus on communities supporting children of their community.
17. This has been complimented by work with the social media, frequent information and 'cafe' sessions to make us accessible as possible and informed by demographic data.
18. A Southwark child and Southwark adopters are being featured in a 12 part programme on adoption which will be broadcasted at the end of April and we are currently gearing up to be able to make the most of this opportunity as we have been advised that it is likely to lead to a surge in enquiries.

Results to date of the Recruitment Campaign

19. There have been nearly 8,000 visits to the Southwark Adoption website. This is an increase of 150 %
20. There have been 300 adoption enquiries 14% of which are BME.

KEY ISSUES FOR CONSIDERATION

21. This report sets out the impact that a comprehensive recruitment strategy can have in increasing the number of adopters coming forward to Southwark.
22. That targeted campaigns can be successful in finding adopters for children who have been previously harder to place.
23. Our responsibility work to ensure that all parts of the community able to offer safe and loving care, know that their application to adopt will be welcomed.

Implications for Looked After Children

24. More children with a plan for adoption will be matched and placed with adopters in the shortest possible timescale.
25. More children live with their adoptive parents rather than being looked after by the local authority.

Conclusion

26. It is important to recruit adopters for the 40 -45 children in Southwark who need families of their own.
27. A partnership/ community focused approach seems to be the most effective.
28. The recruitment strategy needs to be continually evaluated and refreshed to capitalise on current media events and what works rather than poster campaigns

Policy implications

29. No specific policy implications, although the adoption performance is a key consideration in evaluating the effectiveness of council services for the children it serves.

Community impact statement

30. Looked after children are a vulnerable group particularly those who require new families. The strategy identifies the need to promote the needs of this group through increasing the cohort of adopters. Further the strategy recognises that within this cohort that some children are at particular risk of not being matched to families and advocates targeted campaigns to give these children a more equal chance of being adopted.

Resource implications

31. All local authorities have had a part ring fenced grant to develop adoption recruitment in 2013/14. The specific allocations for 2014/15 have not yet been announced but it is known that the total pot is less than a 1/3 set aside for last year.

Legal implications

32. There are no legal implications arising from this report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

AUDIT TRAIL

Lead Officer	Rory Patterson, Director Children's Social Care	
Report Author	Michelle Whiting, Senior Permanency Advisor	
Version	Final	
Dated	12 February 2014	
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	12 February 2014	

Item No. 11.	Classification: Open	Date: 25 February 2014	Meeting Name: Corporate Parenting Committee
Report title:		Report Back into the Circumstances that Lead Children Being Taken into Care	
Ward(s) or groups affected:		All	
From:		Director Children's Social Care	

RECOMMENDATION

1. That the committee note the contents of this report.

BACKGROUND INFORMATION

2. In an average week, LB Southwark makes two applications to the Family Proceedings Court for orders to protect children from significant harm by their parents or carers. At the end of January there were 63 cases, involving 113 children in legal proceedings. Approximately one third of applications made since the beginning of May 2013 concerned new born babies where decisions to issue proceedings were made prior to their birth.

KEY ISSUES FOR CONSIDERATION

Decisions to issue care proceedings

3. Usually decisions are made following a comprehensive assessment of family involving input from health, education and the police. Often there will have been a child protection conference and attempts to work in partnership with the family over time. When concerns escalate or reach a level where risks can no longer be safely managed, a legal planning meeting will be held with a senior lawyer present. This is the decision-making meeting, chaired by a Head of Service which will decide whether to make an application or whether to try and continue work with the family but under a legal framework of a pre-proceedings written agreement where we may commission special assessment or intervention to meet the needs and manage the risks. If we have not already had a family meeting or Family Group Conference, we would aim to do this before going to court so that we can assess and plan for children to remain with extended family or friends, if this is viable. Sometimes emergency action has to be taken by the Police or Children's Social Care.

Reasons for care proceedings

4. The reasons children need to be protected include physical abuse, sexual abuse, neglect and emotional harm. Parents or carers may be affected by mental health, learning disability, drug or alcohol problems or domestic violence. Many parents have experienced poor parenting or were abused themselves as children and whilst they do not necessarily have diagnosed mental illness, their emotional and social functioning is impaired and they have no strong supportive family to help. They may be in trouble with the law or

having difficulty sustaining positive partner relationships. Southwark families in care proceedings tend to be affected by multiple problems of substance misuse, domestic violence and poor mental health. Southwark has a service level agreement with the Family Drug & Alcohol Court to purchase 10 places each year.

Changes affecting care proceedings

5. Family Justice has been undergoing considerable national reform in the last year which has affected all Local Authorities and the conduct of care proceedings. The thrust of these reforms is to make better decisions, in a more timely way and reduce costs. Since January 2013, Judges have only allowed assessments within proceedings which have been “absolutely necessary” placing the need for assessments to take place before proceedings. In May 2013, Southwark joined Lambeth, Lewisham and Greenwich to form the South London Care Proceedings Project to learn from the success of the well evaluated tri-borough project who was achieving the conclusion of care proceedings within 26 weeks. Each Borough appointed a case manager to support work going into proceedings, track cases and ensure learning from best practice. August 2013 saw the London-wide implementation of the new Public Law Outline which changed the way Local Authorities present cases to court and set rigorous timescales to achieve 26 weeks which is expected to become law during 2014. In the last six months a number of important case law judgements have further impacted on the way final social work evidence is prepared.

The effect of changes in LB Southwark

6. The number of cases in legal proceedings has fallen (67 so far in 2013/14 compared to 121 in 2012/2013). Whilst this is welcome news, it must be noted that much more work is contained within the formal pre-proceedings process referred to in paragraph 2 above. The duration of cases in proceedings has reduced from 49 weeks in 2011/12 to 40 weeks in June 2013. These average figures are adversely affected by the large volume of cases in Southwark which pre-date the changes in 2013. There are still 23 cases involving 48 children which began prior to 1st May 2013 and the longest running is 81 weeks. We have achieved some spectacularly short durations where we have been able to undertake full assessments to rule in or rule out extended families pre-proceedings and pre-birth, for example a Care Order and Placement Order (for adoption) was achieved within 9 weeks.

The future of care proceedings

7. Family justice reform, social work reform and the transformation of children’s social care in Southwark all sit well together for protecting the most vulnerable children in the future. The case examples give a flavour of the complex work and decisions that are required to balance the Human Rights of privacy and family life with the protection of children from abuse and neglect. Implementing decisions in the most humane way possible, for example, removing a newborn baby from their parents requires a high level of skill and social work with families in legal proceedings receives a particularly high level of scrutiny from judges, lawyers, experts and the Cafcass Guardian. By tracking cases it has been possible to identify unmet needs where we could usefully develop more creative services which might prevent more proceedings or repeat proceedings. For example if we were able to support birth mothers who are

repeatedly having their children removed to prevent further pregnancy, stabilise their lives and engage in services, we may be able to break some of the destructive cycles that exist. If we were able to offer more support to Special Guardians, we may prevent the disruption of these arrangements particularly when the assessment, preparation and immediate support is much less when compared to adoption and long term fostering. Finally, targeted support for young mothers (some but by no means all care leavers) could enhance the quality of attachment and prevent difficulties in later childhood.

Policy implications

8. There are no policy implications relating to this report.

Community impact statement

9. The decision to note this report has been judged to have no impact on local people and communities. Clearly these issues have a significant impact on looked after children.

Resource implications

10. There are no resource implications arising from this report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Rory Patterson, Director Children's Social Care	
Report Author	Celia Parker, Case Manager Care Proceedings, Principal Social Worker	
Version	Final	
Dated	13 February 2014	
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	13 February 2012	

Item No. 12.	Classification: Open	Date: 25 February 2014	Meeting Name: Corporate Parenting Committee
Report title:		Statutory Guidance on Children who Run Away or Go Missing from Home or Care	
Ward(s) or groups affected:		All	
From:		Director Children's Social Care	

RECOMMENDATION

1. That the committee note the contents of the report.

BACKGROUND INFORMATION

Statutory Guidance

2. In the latest guidance issued in December, there are now new requirements for children who go missing from home and from care. A new requirement is that local authorities should name a senior children's service manager as responsible for monitoring policies and performance relating to children who go missing from home or care. The responsible manager should look beyond this guidance to understand the risks and issues facing children missing from home or care and to review best practice in dealing with the issue.

KEY ISSUES FOR CONSIDERATION

Local Safeguarding Children Board (LSCB)

3. In fulfilling their statutory roles, LSCBs should give due consideration to the safeguarding risks and issues associated with children missing from home or care. To do this, they will need to see that partners from children's social care, police, health, education and other services work effectively together to prevent children from going missing and to act when they do go missing. They should ensure that the local Runaway and Missing From Home and Care (RMFHC) protocol is adequate and up to date. They should receive and scrutinise regular reports from the local authority analysing data on children missing from home and from care. As part of this, they should review analysis of return interviews. They should also review regular reports from children's homes used by the local authority or within the local authority area on the effectiveness of their measures to prevent children from going missing.

Runaway and Missing From Home and Care (RMFHC) protocol

4. Local authorities should agree with local police and other partners a protocol for dealing with children who run away or go missing in their area. Where appropriate, they should also have agreed protocols with neighbouring authorities or administrations. The protocols should be agreed and reviewed regularly with all agencies and be scrutinised by the LSCB. Police force operational areas often cover more than a single local authority area. RMFHC

protocols should therefore be agreed by agencies on a regional or sub-regional basis to ensure a consistent approach. The protocol should include details of arrangements to monitor outcomes and analyse patterns including children placed in the area by other local authorities.

Access to support

5. When a child has run away or is missing from home they should be able to easily access support services, such as help lines or emergency accommodation. Support should also be made available to families to help them understand why the child has run away and how they can support them on their return.

Independent return interviews

6. When a child is found, they must be offered an independent return interview. Independent return interviews provide an opportunity to uncover information that can help protect children from the risk of going missing again, from risks they may have been exposed to while missing or from risk factors in their home.
7. The interview should be carried out within 72 hours of the child returning to their home or care setting. This should be an in-depth interview and is normally best carried out by an independent person (i.e someone not involved in caring for the child) who is trained to carry out these interviews and is able to follow-up any actions that emerge. Children sometimes need to build up trust with a person before they will discuss in depth the reasons why they ran away.

Collecting, sharing and analysing data on children who go missing

8. Early and effective sharing of information between professionals and local agencies is essential for the identification of patterns of behaviour. Relevant data may include times and duration of missing episodes, information from return interviews, absence data from schools, etc. This may be analysed to identify areas of concern for an individual child, or to identify 'hotspots' of activity in a local area. This will help authorities to identify risks in their area, such as exploitation, gangs or crime related activity that might not be apparent. It will also help identify trends, for example, whether children are going missing from a particular children's home or other patterns across the local authority.
9. Data and analysis of children who go missing both from home and from care should be included in regular reports to council members, especially to the lead member for children's services and in reports by the local authority to the LSCB.
10. When a looked after child is placed in a host authority, the responsible authority should ensure the independent review interview takes place, working closely with the host authority.
11. Data for children missing or away from placement without authorisation should be reported to the Department for Education by the responsible authority through their annual data returns on looked after children.

New Guidance on care leavers being enabled to remain with their foster carer

12. Once legally adult, young people can no longer be children in care and can therefore not be fostered. The new clause to the Children and Families Bill, will give young people in care the opportunity to remain with their former carers into legal adulthood, enabling them to move to greater independence when they are ready, rather than when they reach a pre-determined age limit. Evidence from Staying Put pilots is that young people have better outcomes in terms of education and employment where they are allowed to remain with their foster carer. Additional government funding has been earmarked to support the new guidance.

Policy implications

13. There are no policy implications relating to this report

Community impact statement

14. This item will have an impact on the work that the council does with looked after children.
15. The decision to note this report has been judged to have no or very limited impact on local people and communities.

Resource implications

16. There are no resource implications arising from this report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Rory Patterson, Director Children's Social Care	
Report Author	Rory Patterson, Director Children's Social Care	
Version	Final	
Dated	12 February 2014	
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		12 February 2014

Item No. 13.	Classification: Open	Date: 25 February 2014	Meeting Name: Corporate Parenting Committee
Report title:		Corporate Parenting Committee – Work Plan 2013/14	
Ward(s) or groups affected:		All	
From:		Director, Children’s Social Care	

RECOMMENDATION

1. That the corporate parenting committee review the work plan for 2013/14 as set out in paragraph 4 of the report.

BACKGROUND INFORMATION

Role and function of the corporate parenting committee

2. The constitution for the municipal year 2013/2014 records the corporate parenting committee’s role and functions are as follows:
 1. To secure real and sustained improvements in the life chances of looked after children, and to work within an annual programme to that end.
 2. To develop, monitor and review a corporate parenting strategy and work plan.
 3. To seek to ensure that the life chances of looked after children are maximised in terms of health educational attainment, and access to training and employment, to aid the transition to a secure and productive adulthood.
 4. To develop and co-ordinate a life chances strategy and work plan to improve the life chances of Southwark looked after children.
 5. To recommend ways in which more integrated services can be developed across all council departments, schools and the voluntary sector to lead towards better outcomes for looked after children.
 6. To ensure that mechanisms are in place to enable looked after children and young people to play an integral role in service planning and design, and that their views are regularly sought and acted upon.
 7. To ensure performance monitoring systems are in place, and regularly review performance data to ensure sustained performance improvements in outcomes for looked after children.
 8. To receive an annual report on the adoption and fostering services to monitor their effectiveness in providing safe and secure care for looked after children.
 9. To report to the council’s cabinet on a twice yearly basis.
 10. To make recommendations to the relevant cabinet decision maker where responsibility for that particular function rests with the cabinet.
 11. To report to the scrutiny sub-committee with responsibility for children’s services after each meeting.
 12. To appoint non-voting co-opted members.

KEY ISSUES FOR CONSIDERATION

3. The corporate parenting committee review and update the work plan each meeting.

Future agenda items

4. The following work plan sets the programme of items for future meetings. The committee will be required to set its annual work plan at its first meeting of the 2014/15 municipal year in July 2014. This meeting will also include a full schedule of meetings for the year.

25 February 2014

- Young People's Substance Misuse Treatment Plan 2013 -14
- Child and Adolescent Mental Health (CAMHS) Carelink
- Report back on the circumstances that lead children being taken into care.

July 2014

Committee to set work plan for 2014/15.

- Annual Report from Designated Doctor for Children Looked After
- Initiatives being undertaken to effect continuous improvement within the safeguarding and looked after children service (requested 26 February 2013)
- Annual report on fostering services
- Children in Care and Youth Offending
- Independent Reviewing Officer (IRO) Annual Report
- Report back to review the impact of LASPO on the council in terms of workload and cost (requested 29 April 2013 meeting)
- Placement and Stability

Ongoing/monitoring

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

Community impact statement

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

Resource implications

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

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Minutes of meetings of Corporate Parenting Committee	Constitutional Team 160 Tooley Street London SE1 2QH	Paula Thornton 020 7525 4395

AUDIT TRAIL

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Paula Thornton, Constitutional Officer	
Version	Final	
Dated	12 February 2014	
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	12 February 2014	

CORPORATE PARENTING DISTRIBUTION LIST (OPEN)**MUNICIPAL YEAR 2013-14****NOTE:** Original held by Constitutional Team; all amendments/queries to
Kenny Uzodike Tel: 020 7525 7236

Name	No of copies	Name	No of copies
Membership		Constitutional Team	
Councillor Dora Dixon-Fyle	1	Paula Thornton	1
Councillor Catherine Bowman	1	Kenny Uzodike	8
Councillor Rowenna Davis	1		
Councillor Barrie Hargrove	1		
Councillor Eliza Mann	1		
Councillor Wilma Nelson	1	Total:	29
Councillor Althea Smith	1		
Reserves		Dated: 21 January 2014	
Councillor Poddy Clark	1		
Councillor Patrick Diamon	1		
Councillor Helen Hayes	1		
Councillor Lisa Rajan	1		
Co-opted members			
Barbara Hills	1		
Carolyn Martin (external)	1		
Children's Services			
Romi Bowen	1		
Rory Patterson	1		
Alasdair Smith	1		
Patricia Rowe	1		
Liz Britton	1		
Lucy Milich	1		
Legal			
Sarah Feasey	1		