

# Corporate Parenting Committee

Wednesday 1 March 2017

2.00 pm

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

## Membership

Councillor Victoria Mills (Chair)  
Councillor Evelyn Akoto  
Councillor Jasmine Ali  
Councillor Helen Dennis  
Councillor Eliza Mann  
Councillor Kath Whittam  
Councillor Kieron Williams (Vice-chair)  
Florence Emakpose (Co-opted Member)  
Barbara Hills (Co-opted Member)

## Reserves

Councillor Adele Morris

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## INFORMATION FOR MEMBERS OF THE PUBLIC

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### Access to information

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### Contact

Paula Thornton 020 7525 4395 or email: [paula.thornton@southwark.gov.uk](mailto:paula.thornton@southwark.gov.uk)

Members of the committee are summoned to attend this meeting

**Eleanor Kelly**

Chief Executive

Date: 21 February 2017



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# Corporate Parenting Committee

Wednesday 1 March 2017  
2.00 pm

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

## Order of Business

Item No.	Title	Page No.
	<b>MOBILE PHONES</b>	
	Mobile phones should be turned off or put on silent during the course of the meeting.	
	<b>PART A - OPEN BUSINESS</b>	
<b>1.</b>	<b>APOLOGIES</b>	
	To receive any apologies for absence.	
<b>2.</b>	<b>CONFIRMATION OF VOTING MEMBERS</b>	
	A representative of each political group will confirm the voting members of the committee.	
<b>3.</b>	<b>NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT</b>	
	In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
<b>4.</b>	<b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
<b>5.</b>	<b>MINUTES</b>	1 - 4
	To approve as a correct record the minutes of the open section of the meeting held on 8 November 2016.	

<b>Item No.</b>	<b>Title</b>	<b>Page No.</b>
6.	<b>VIRTUAL HEADTEACHERS REPORT</b>	5 - 22
7.	<b>SOUTHWARK LOOKED AFTER CHILDREN: HEALTH ANNUAL REPORT 2015-16</b>	23 - 42
8.	<b>FOSTERING SERVICE ANNUAL REPORT</b>	43 - 57
9.	<b>POSITION STATEMENT ON CHILD PROTECTION PLAN INCREASES</b>	58 - 61
10.	<b>SPEAKERBOX UPDATE (VERBAL)</b>	
11.	<b>INDEPENDENT REVIEWING OFFICER (IRO) ESCALATIONS BREAKDOWN - UPDATE</b>	62 - 66
12.	<b>SECURE BASE IMPLEMENTATION FOR THE VIRTUAL SCHOOL AND DESIGNATED TEACHERS</b>	67 - 78
13.	<b>CORPORATE PARENTING COMMITTEE - WORK PLAN 2016-17</b>	79 - 81

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

**EXCLUSION OF PRESS AND PUBLIC**

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

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

**PART B - CLOSED BUSINESS**

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

Date: 21 February 2017



## Corporate Parenting Committee

MINUTES of the OPEN section of the Corporate Parenting Committee held on Tuesday 8 November 2016 at 2.00 pm at the Council Offices, 160 Tooley Street, London SE1 2QH

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**PRESENT:** Councillor Victoria Mills (Chair)  
 Councillor Jasmine Ali  
 Councillor Eliza Mann  
 Councillor Helen Dennis  
 Councillor Kath Whittam  
 Councillor Kieron Williams (Vice-chair)  
 Florence Emakpose (Co-opted Member)

**OFFICER SUPPORT:** Alasdair Smith, Director of Children and Families  
 Simon Mitchell, Senior Commissioning Manager  
 Dr. Stacy John-Legere, Designated Doctor  
 Angela Brown, Designated Nurse  
 Rachel Howard, Performance and Quality Assurance Lead, Children's and Adults' Services  
 Liz Britton, Children's and Adults' Services  
 Vanessa White, Head of Service, Permanence, Children's and Adults' Services  
 Avnee Morjaria, Virtual Headteacher  
 Helen Woolgar, Children's and Adults' Services  
 Francis Flaxington, Catch 22

### 1. APOLOGIES

Apologies for absence were received from Barbara Hills and Councillor Evelyn Akoto.

Apologies for lateness were received from Councillors Helen Dennis and Eliza Mann.

### 2. CONFIRMATION OF VOTING MEMBERS

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

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

No urgent items were identified.

However, the chair confirmed that the meeting would receive an update from the recent Speakerbox meeting held in October 2016 half term.

### 4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillor Jasmine Ali declared an interest with regard to Items 9 and 10 on the fostering service by virtue of her employment as a fostering policy adviser. This was not a disclosable pecuniary interest.

### 5. MINUTES

#### RESOLVED:

That the minutes of the meeting held on 12 July 2016 be approved as a correct record and signed by the chair.

### 6. LOOKED AFTER CHILDREN AND AUTISTIC SPECTRUM DISORDER (ASD)

#### RESOLVED:

1. That the report be noted.
2. That the committee receive an update on 16+ accommodation to a future meeting.

### 7. INNOVATION BID: CARE LEAVERS

Frances Flaxington, Catch 22 and Alisdair Smith, director, children and families presented this item to committee.

The outcome of the bid was expected to be announced in December 2016.

The following comments were made:

- Welcome chance to develop innovative and specialised services
- A great opportunity to co-design a service with young people as leaders, at the forefront of the process
- Young people advocacy role and links with CAMHS discussed
- Welcomed role of mental health champion being highlighted
- Opportunity for foster cares to be genuinely involved
- Questions asked relating to 'The Trust' component of the bid (confirmed that this was subject to further advice).

**RESOLVED:**

That the Innovation Bid be noted.

**8. INDEPENDENT REVIEWING OFFICER (IRO) ANNUAL REPORT 2015/16****RESOLVED:**

1. That the Independent Reviewing Officer (IRO) annual report be noted.
2. That the committee receive a further report on the following:
  - Breakdown for drift in care planning (18 highlighted on IRO report)
  - Further detail and breakdown on 184 recorded representations and escalations to manager from IRO's (dispute resolution process)
  - Pupil premium general report (looked after children and evidence).

**9. FOSTERING SERVICE ANNUAL REPORT 2015/16**

This item was deferred until the 1 March 2017 committee.

**10. FOSTER CARE TRAINING****RESOLVED:**

1. That the report be noted.
2. That the committee receive a brief update on foster care training (educational side).

**11. CORPORATE PARENTING COMMITTEE - WORK PLAN 2016/17****RESOLVED:**

1. That the work plan be noted.
2. That the following items be scheduled for consideration at the 1 March meeting:
  - Virtual Headteachers Annual report.
  - Further update arising from IRO report. The committee requested a breakdown for both statistics: drift in care planning (18) and 184 recorded representations and escalations to manager from IRO's (dispute resolution process)
  - Pupil Premium report (looked after children and evidence)
  - Fostering Service Annual Report 2015/16 (deferred from November meeting)
  - Foster care training update (educational side), as requested by November meeting
  - Health Annual report.

3. That an additional meeting of the committee be set up between March and July 2017.

## **12. FEEDBACK FROM SPEAKERBOX MEETING**

The committee received feedback from the Speakerbox meeting held October half term 2016 as follows:

- Quality of sibling contact. Use of film and training for social workers discussed. Contact has been made with a group to progress filming and training is due to be set up for social workers. This is set in the context of understanding the complexities that can be present in the area of sibling contact. Reference also made for such contact to be 'fun' for the young people.
- Web site. Development of new web site that will enable greater communication with young people and the use of possible surveys for the committee to become aware of the views from the wider care population. A future committee to discuss possible issues that might be the subject of any such surveys.
- Golden rules. Work to promote these rules.

Speakerbox due to meet again in the February 2017 half term.

Meeting ended at 4.15 pm.

**CHAIR:**

**DATED:**

<b>Item No.</b> 6.	<b>Classification:</b> Open	<b>Date:</b> 1 March 2016	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Annual Virtual Headteacher's Report	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director, Children and Families	

### RECOMMENDATIONS

1. That the corporate parenting committee notes the Virtual Headteacher's report for Southwark Looked After Children.
2. To feedback any comments to the corporate parenting committee.

### BACKGROUND INFORMATION

3. As Southwark Council is the "Corporate Parent" for these looked after children, the responsibility to ensure that the children within our care have the best possible chance at accomplishing high educational achievements whilst in our care. Through the role of virtual headteacher, it is ensured that the best education provision is upheld; along with continuous work to ensure swift action is taken in time of change and crisis to secure prompt change to the child's educational needs that are catered to them individually.
4. The virtual headteacher's report outlines the educational progress, attainment and attendance of Southwark's children in care and indicates key priorities for the Virtual School and provides an overview of Pupil Premium (LAC) spend.

### KEY ISSUES FOR CONSIDERATION

5. The virtual headteacher's report is attached as Appendix 1.

### Community impact statement

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



**BACKGROUND DOCUMENTS**

<b>Background Papers</b>	<b>Held At</b>	<b>Contact</b>
None		

**APPENDICES**

<b>No.</b>	<b>Title</b>
Appendix 1	Virtual Headteacher's report

**AUDIT TRAIL**

<b>Lead Officer</b>	Alisdair Smith, Director, Children and Families	
<b>Report Author</b>	Avnee Morjaria, Headteacher, Southwark Virtual School	
<b>Version</b>	Final	
<b>Dated</b>	20 February 2017	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments sought</b>	<b>Comments included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	20 February 2017	

# **Virtual Headteacher's Report Southwark Children Looked After**

**Virtual Headteacher**

**Annual Report January 2017**

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## 1. Introduction

- 1.1 The local authority has a responsibility to promote the educational achievement of children looked after (Children & Families Act (April 2014)). In July 2014, government released 'Promoting the Educational Achievement of Looked After Children' which reinforces the local authority's duty to safeguard and promote the welfare of children looked after and promote the child's educational achievement. There is a clear ambition, at national and local level, to narrow the attainment gap between children looked after and their non-looked after peers.
- 1.2 The Children & Families Act 2014 requires local authorities to appoint at least one person for the purpose of discharging the local authority's duty to promote the educational achievement of its looked after children, wherever they live or are educated.
- 1.3 The Conditions of Grant for 2014/15 Pupil Premium gave responsibility for the management of this funding to the Virtual Head. This has provided opportunity to secure fixed-term resourcing at local authority level that will make a real difference to individual children.
- 1.4 The Schools' White Paper, Educational Excellence Everywhere, published 17 March 2016, states the intention of extending the remit of Virtual School Head-teachers to promoting the educational achievement of children who are adopted or subject to special guardianship.
- 1.5 The remit of Southwark's Virtual School includes the authority's duty to provide education other than at school (EOTAS). This area of work is not included in this report which focuses specifically on the education of Southwark Looked After Children. The gains made by including EOTAS commissioning within the Virtual School are particularly beneficial where children are on the edge of care.
- 1.6 The Virtual School is mindful of the Rees Centre report 'The Education Progress of Looked After Children in England: Linking Care and Educational Data' (November 2015) and the subsequent Joint Policy Paper from The Association of Directors of Children's Services 'The Educational Achievement of Children in Care' (December 2015). Both documents inform the strategic planning and operational delivery of Southwark Virtual School.
- 1.7 Strong working relationships within and beyond Southwark have been maintained during episodes of restructuring and high staff turnover. LAC Education Advisors are co-located with Care Practitioners. The Virtual School's aspiration for best possible education provision and improved outcomes for CLA is shared at every level of practice and management.
- 1.8 Southwark Virtual School is responsible for 462 children looked after in the school age range Reception to Year 13. Learners in the school attend 270 schools across 64 local authorities. The school's work includes those children who have been placed for adoption until the court makes the adoption order giving parental responsibility to the adoptive parents.
- 1.9 Priorities for the Virtual School in 2015/2016 remained:
  - Advocate for the best possible education provision for Southwark's children looked after, in multi-disciplinary contexts
  - Secure rapid, appropriate education provision at times of placement change
  - Support and challenge schools to be ambitious for every child looked after
  - Track pupil attainment and attendance, focussing on pupils' academic progress and raising alerts regarding those at risk of disengagement
  - Increase the quality of Personal Education Plans to improve education outcomes

## 2. Changing Educational Landscape

2.1 Destandardisation of assessment within secondary schools has meant that tracking of progress is more difficult for the looked after cohort, where learners are placed in different schools and across different local authorities. This is compounded by varying in reliability in schools' assessment data as they establish individual assessment processes. The impact for the Virtual School and Looked After learners is a greater demand on LAC Advisor time, as the PEP meeting becomes one of the only reliable processes in moderating the data shared by schools regarding' students progress.

A destandardised system is far more difficult for non-specialists to navigate, making specialist educational intervention critical to educational advocacy for the child.

2.2 Changes to accountability measures for schools, specifically the move from 5 A\* - C including English and Maths to Progress 8 are generally positive for the majority of learners as schools are incentivised to ensure that every learner makes progress in line or in excess of peers that have the same starting points rather than focussing resources on key groups, particularly those on the C/D borderline in core subjects.

2.3 Looked After Children are often subject to external factors which mean that they do not, on average, make progress in line with their peers. The Virtual School has found this progress measure has had an impact on how willing schools and academies are to retain these students if they are not successful. This can often be complicated further for students that have special educational needs. Situations like this need powerful advocacy from specialist advisors who understand all of the relevant legislation and are able to challenge senior school staff in a professional and effective manner.

2.4 The Progress 8 measure has also had the generally positive impact of ensuring that schools offer a broad, balanced and generally academic curriculum. The measure encourages schools to focus on core subjects first, but also increases the status of EBacc qualifications. This curriculum change, could, however have an impact on the most vulnerable students, where a more vocational or arts based curriculum may have been the most appropriate. This needs the intervention of specialist staff, advocating for the child, where curriculum options are chosen in the transition from Key Stage 3 to Key Stage 4.

2.5 The new national funding formula will place unprecedented pressure on the budgets of some schools, this is likely to impact on the funding available to Southwark Virtual School as a proportion of Pupil Premium has been left unclaimed by schools previously. Some of these funds have been used to employ specialist LAC Education advisors in order to navigate the changes to schools systems on behalf of LAC in their caseloads and is bound to have a detrimental impact on the experiences and outcomes for learners.

## 3. Virtual School Remit and Structure

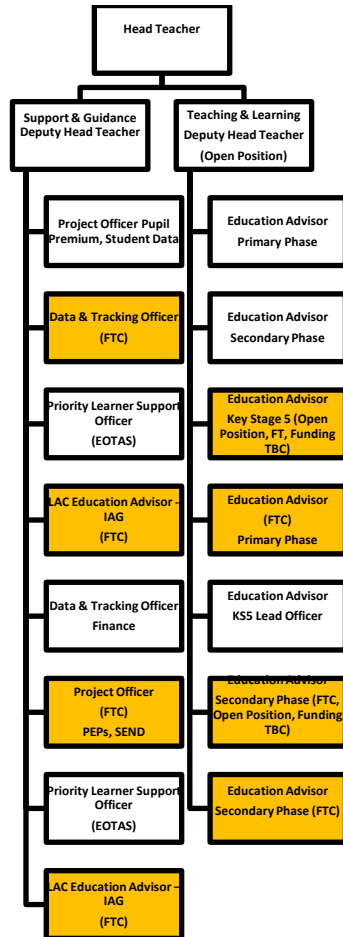
3.1 Southwark Virtual School was restructured significantly in 2015/2016 in order to address the increasingly complex educational landscape. Pooled Premium Funds were also used to establish a number of Fixed Term Posts including 4 LAC Education Advisors, 2 CIAG advisors and 2 Project Officers.

3.2 Restructuring for 2016/2017 has been relatively minor, but has involved loss of capacity in some areas. The role of Associate Headteacher has been removed, and two fixed term LAC

Education Advisor posts are vacant as post holders have left the service and funding for new appointments is being agreed.

- 3.3 A permanent Key Stage 5 lead role has been established. The post holder is responsible for coordinating CIAG and Key Stage 5 LAC Education Advice. There are a number of Fixed Term Contracts due to end in August 2017.

### 2016/2017 Virtual School Structure

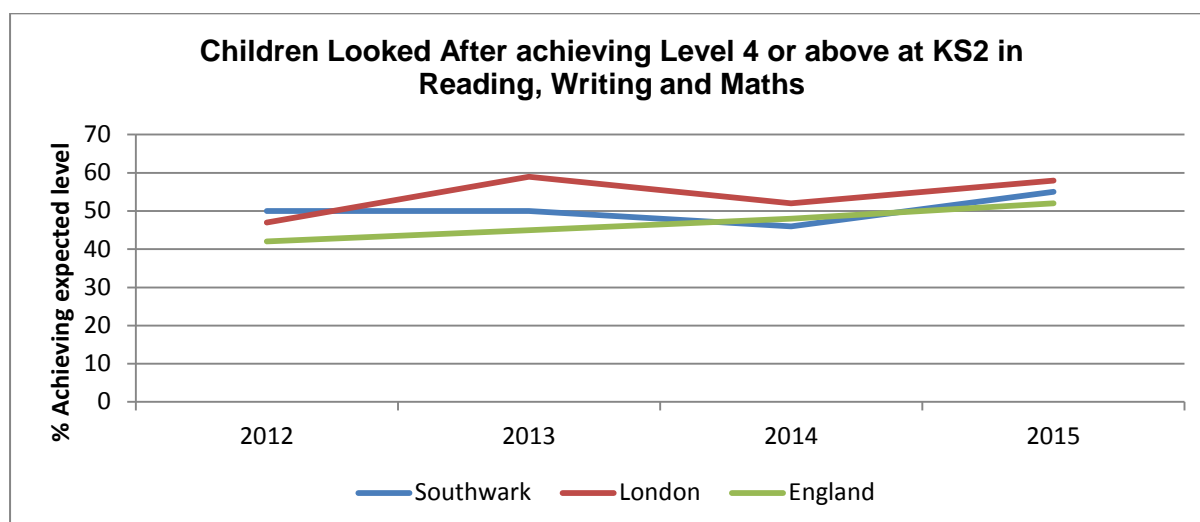


#### 4. Performance Information

##### LAC Attainment – Key Stage 2

*Percentage of Year 6 pupils achieving Level 4 in Reading, Writing and Maths*

	2012	2013	2014	2015
Southwark LAC	50	50	46	55
London LAC	47	59	52	58
England LAC	42	45	48	52



- 4.1 Key Stage 2 Attainment was markedly higher in 2015 than 2014, with 55% of Year 6 LAC students achieving expected levels in Reading, Writing and Maths: an increase of 9% from the previous academic year. This followed National and London trends, but with a more significant increase compared with increases of 4% and 6% respectively. There was a small drop in the percentage of learners achieving a level 4 in Reading. As a result, there was an increased focus on Reading for children of Primary School age in the academic Year 2015-2016 with appropriate level books being given to pupils at PEP meetings and work with Foster Carers to encourage reading for pleasure. The percentage of students achieving the expected levels in Grammar, Punctuation and Spelling also increased from 50% to 55%.

## LAC Progress – Key Stage 2

### *Percentage of Year 6 pupils making 2 or more levels progress in Key Stage 2 in 2015*

	Reading	Writing	Maths
Southwark	71.40%	71.40%	81.00%
England	82%	84%	77%

4.2 The percentage of students making two or more levels of progress in Maths was above that of all LAC students nationally. Reading and Writing are below that of LAC pupils nationally. Pupil Premium Funding has been used to fund a primary LAC Advisor post for 2015-2016 in order to improve outcomes in the Primary Phase. There has also been an increased focus on literacy in the primary phase using the Pupil Premium funded “Letterbox” resource to support reading and writing development.

### *Percentage of Students Achieving Expected Levels in 2016*

	Percentage of Students Achieving Expected Standard - 2016			
	Reading	GPS	Writing	Maths
Southwark LAC	52	40	61	40
England All	66	72	87	70
Gap	14	32	26	30

	Percentage of Students Achieving Expected Standard - 2015			
	Level 4+ Reading	Level 4+ GPS	Level 4+ Writing	Level 4+ Maths
Southwark LAC	61.9	47.6	61.0	61.9
England All	89.0	80.0	87.0	87.0
Gap	27.1	32.4	26.0	25.1

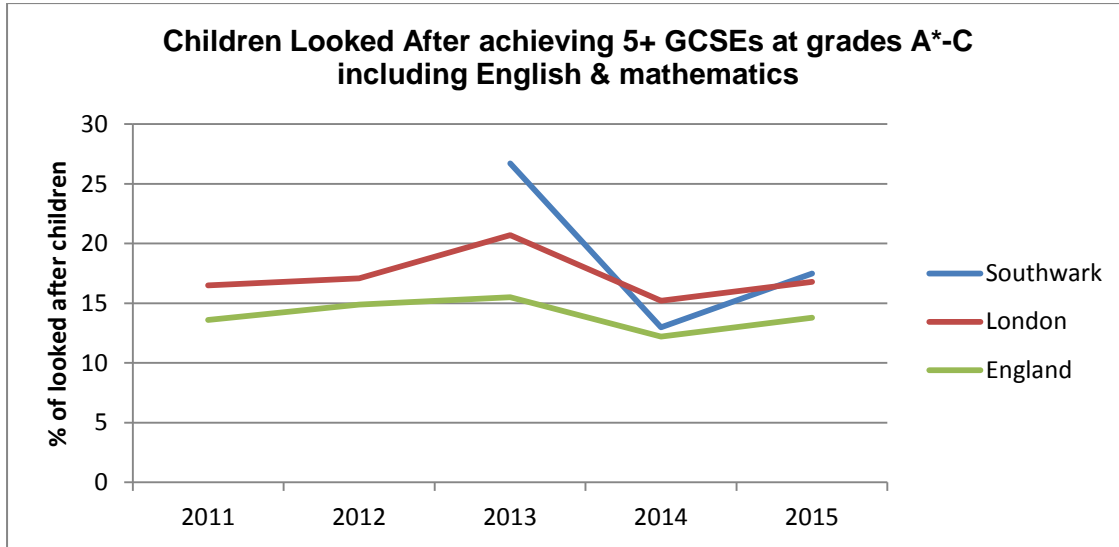
4.3 Results for Key Stage 2 are not directly comparable between academic years 2015 and 2016 because of a change in assessment methodology. It is, however, noteworthy that the gaps



between pupils achieving expected levels are closing or stable in most cases. In the case of Reading the gap has almost halved: strategies used in 2015-2016, described in more detail earlier, have had an impact. Raising attainment and progress levels in Key Stage 2 Mathematics is a focus for the academic year 2016-2017 with Pupil Premium funds being used to distribute specialist software to students that have gaps in their knowledge and understanding. The usage of this software is then monitored by LAC Advisors to ascertain where further intervention is necessary.

*Note: DFE published data for 2016 LAC outcomes are unavailable until March 2017*

### LAC Attainment - GCSE



	2013	2014	2015	2016*
<b>Southwark (LAC)</b>	26.7	13	17.5	20.7
<b>London (LAC)</b>	20.7	15.2	16.8	Published March 2017
<b>England (LAC)</b>	15.5	12.2	13.8	Published March 2017

4.4 GCSE Outcomes for Southwark Looked after Children improved significantly in 2015. The percentage of students achieving 5 A\*- C including English and maths was 4.5% higher than the previous academic year compared with an improvement of only 1.6% for both London and England Looked after Children. There was a further increase of 3.2% in 2016; 20.7% of Southwark Looked after Children achieved 5 A\*- C including English and maths.

4.5 These improvements are largely due to an increased focus on supporting Year 11 pupils with English and Maths in the academic year 2014- 2015 and 2015 -2016. This has involved some targeted, Pupil Premium funded supplementary home tuition, where gaps have been identified using the PEP process. This has also led to increased numbers of students achieving A\*-C in both English and maths in both academic years.

There was also some modest improvement in overall outcomes excluding English and Maths as shown in the chart below.

	2013	2014	2015	2016
<b>Southwark (LAC)</b>	42.2	19.6	20	20.7
<b>London (LAC)</b>	39.9	19.9	21.8	Published March 2017
<b>England (LAC)</b>	37.2	16.3	18.3	Published March 2017

*Note: DFE published data for 2016 LAC outcomes are unavailable until March 2017*

*\*Unvalidated Data*

### **Performance of Southwark LAC Students in and out Southwark borough provision**

#### **Key Stage 2 Attainment - 2016**

	% Achieving Scaled Score of 100+			
	Reading	Writing	GPS	Maths
Attending School In-Borough	53	53	41	35
Attending School Out of Borough	43	50	36	36

#### **Key Stage 4 Attainment – 2016**

	Percentage of Southwark LAC			
	5+ GCSE A* - C	5+ GCSE A* - C EM	EM A* - C	5+ GCSE A* - G
Attending School In-Borough	42.9	35.7	35.7	57.1
Attending School Out of Borough	15.8	15.8	21.1	36.8

4.6 Comparisons between Southwark LAC educated in and out of Southwark Borough show that students educated in borough consistently outperform Southwark LAC out of borough. The gap is much more apparent at Key Stage 4 than at Key Stage 2 where students educated in borough outperform out of borough students on every measure by at least 15%. This is also true in previous academic years

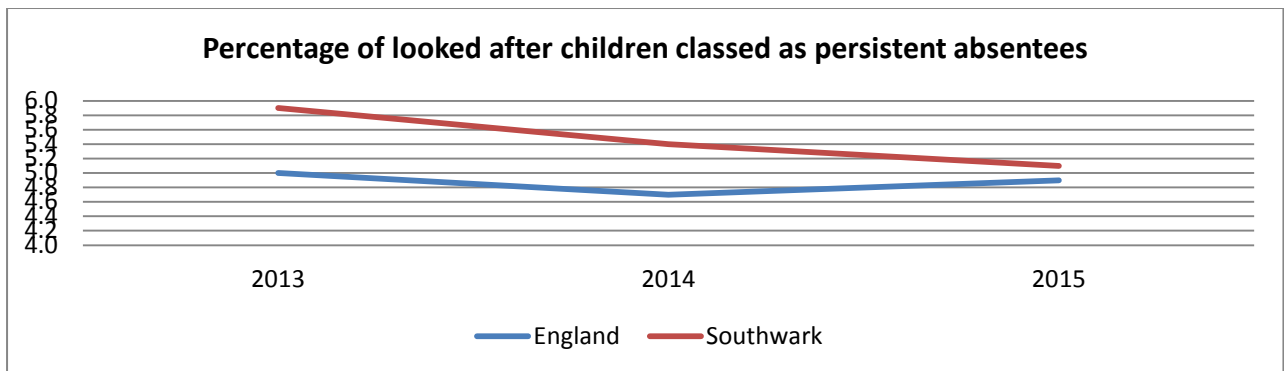
## Attendance

4.7 Published SFR data shows that persistence absence has fallen significantly since 2013. This does not follow the national trend for LAC which showed an increase in persistent absenteeism in 2015.

4.7.1 2016 data is not comparable to data from previous years as the threshold for Persistent Absenteeism has changed from attendance below 85% to attendance below 90%. Measuring Southwark performance using projected figures is difficult without data for England LAC, released with SFR Data in March 2017

	2013	2014	2015	2016*
England	5	4.70	4.90	Released March 2017
Southwark	5.90	5.40	5.10	13.9%

\*Projected based on numbers of children in care for 12 months or longer.



4.7.2 A groups analysis shows Persistent Absenteeism to be highest in Year 11 following the national trend, these students are prioritised by LAC Advisors above others wherever possible, because of the impact on end of Key Stage outcomes.

4.7.3 Raising attendance and reducing persistent absenteeism remains a priority for the academic year 2016/2017 with the establishment of a Persistent Attendance Panel involving Social Care Colleagues and LAC Advisors.

## Exclusions

	2012	2013	2014	2015
England	11.32	9.77	10.25	Released March 2017
Southwark	16.06	13.46	10.96	10.42*

\*Unvalidated Data

- 4.7.4 Fixed term exclusions have steadily decreased since 2012, which is not in line with national trends. There is some evidence to suggest that figures for 2016 will be significantly higher, for Southwark and nationally, with many education providers reporting that a larger percentage of their cohort are arriving with more complex issues that are resulting in general behaviour issues. As a result, a priority for the academic year 2016/2017 is intervene early with any student that has a record of Fixed Term Exclusions from the previous academic year, at the very least, prioritising the PEP over others.

## 5. Key Stage 5

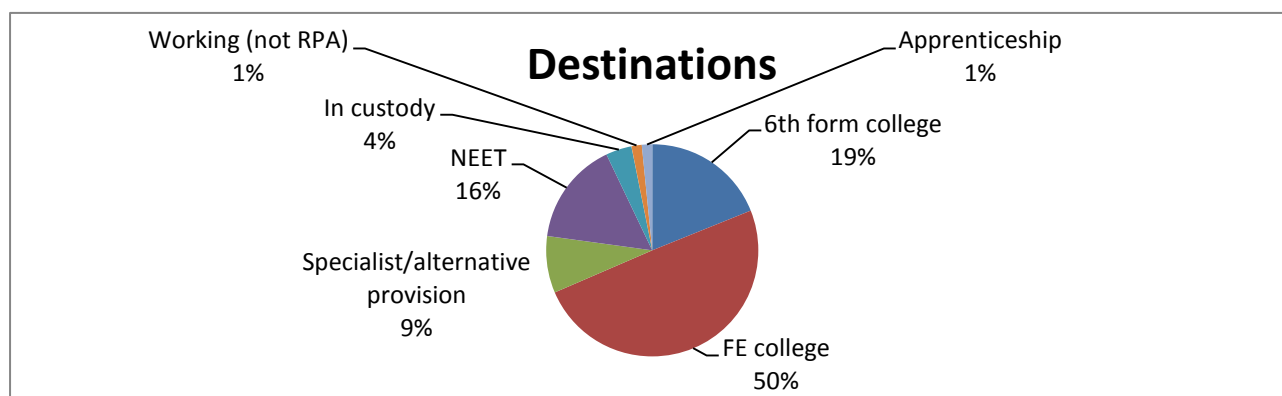
- 5.1 The Virtual School was restructured in 2014/2015 adding capacity in Key Stage 5, with the addition of a fixed term LAC Advisor and two CIAG specialists straddling KS4 and KS5. This specialist, skilled team has increased EET levels from 51% to 84% as shown below. This has been in the context of regularly receiving new (NEET) young people to the cohort, most of which are either unaccompanied asylum seekers or young offenders.

### ***EET Figures December 2016***

Year	Total no. of yp	EET	NEET	EET %
12	48	44	4	91%
13	79	63	16	80%
KS5 total	127	107	20	84%

- 5.2 All EET Figures are high compared to national figures for LAC and also compare favourably with figures for all students nationally. Year 13 EET figures are below those of Year 12, this follows the national pattern. The gap, however is small, and this is a result of the continuing support and careers advice Year 12 students receive, helping them to stay in education for Year 13 or find a more suitable alternative. There are a number of factors contributing to high levels of engagement for LAC in Southwark, both in helping young people find and choose the right opportunities and then in supporting them to remain in appropriate provision when they are there.
- 5.3 The team use a wide range of contacts and networks to ensure that they source appropriate opportunities and use out of provision PEPs where necessary to support this process. Where progressing into education, Information, Advice and Guidance officers ensure that the young person is placed at an appropriate level, on a course that they have a genuine interest in.
- 5.4 Young people are supported to remain in education, with a high volume of PEPs being completed and LAC Advisor attendance at disciplinary and/or progress meetings. Good links between LAC Advisors and Social Care means that both teams can make early interventions where issues arise that may impact on a young person's progress or placement.

### Destinations of Year 12 and 13 Students



5.5 The Key Stage 5 team has forged strong relationships with external agencies to provide opportunities for our for Looked After Children at Key Stage 5. This is evident in the range of destination opportunities taken by young people. A large percentage of young people elect to stay in education, illustrating the quality of the support, advice and guidance that they have received in Key Stage 4. The numbers in both Year 12 and Year 13 accessing Level 3 courses is particularly encouraging when compared to national trends. The team will be working closely with university widening participation teams to arrange HE experiences for all of these students as well as working closely with schools and colleges to ensure UCAS applications are of a particularly high standard and that the young people are well informed about their choices and entitlements going forward, into higher education.

## 6. Pupil Premium 2015/16

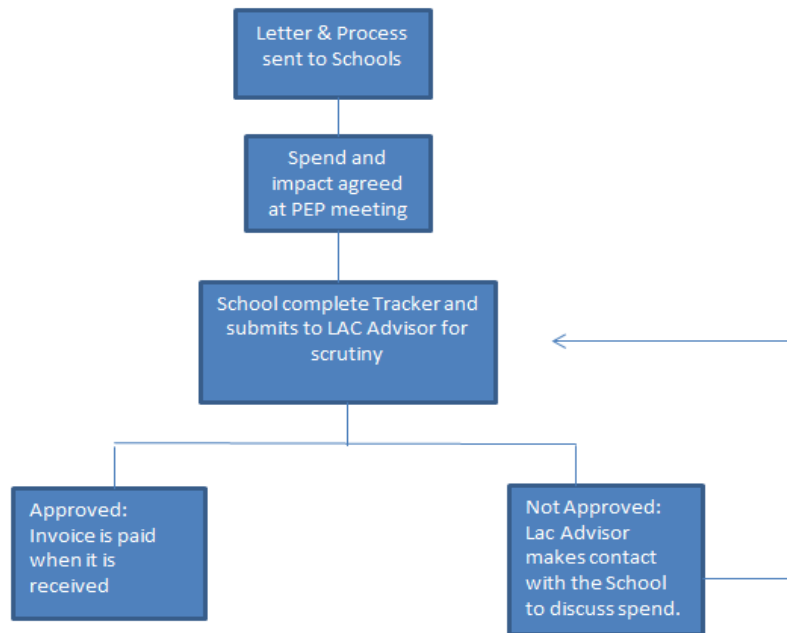
6.1 VSHs are responsible for managing [pupil premium](#) funding for the children they look after and for allocating it to schools and alternative provision settings.

The VSH must:

- make sure that the method you choose for allocating and spending the funding is simple so that looked-after children can benefit from the funding without delay
- make sure that schools, AP settings and early years providers spend their pupil premium funding for looked-after children to help meet the needs identified in the children's personal education plans (PEPs)
- make sure that any pupil premium funding that you have not passed on to an educational setting or spent by 31 March is returned to DfE
- be able to demonstrate how the pupil premium and EYPP funding you are managing is raising the achievement of your looked-after children

6.2 The Southwark process for pupil premium delegation is shown below; the aim is to keep the process simple for schools at the same time as introducing a process for dialogue and accountability as well as linking to the PEP process. This process works best and the spend

has the most impact where LAC Advisors have the capacity to continue the dialogue with schools.



As at the 10<sup>th</sup> August 2016, the Virtual School has 343 children of statutory school age and eligible for Pupil Premium LAC.

The breakdown of children claimed for is as follows:

NCY	No. Pupils PP LAC Paid	Total No. Pupils in NCY	%
R	5	9	55.6%
1	8	13	61.5%
2	18	20	90.0%
3	13	19	68.4%
4	21	26	80.8%
5	22	31	71.0%
6	20	32	62.5%
7	12	29	41.4%
8	23	38	60.5%
9	15	37	40.5%
10	16	39	41.0%
11	19	50	38.0%
<b>Total</b>	<b>192</b>	<b>343</b>	<b>56.0%</b>

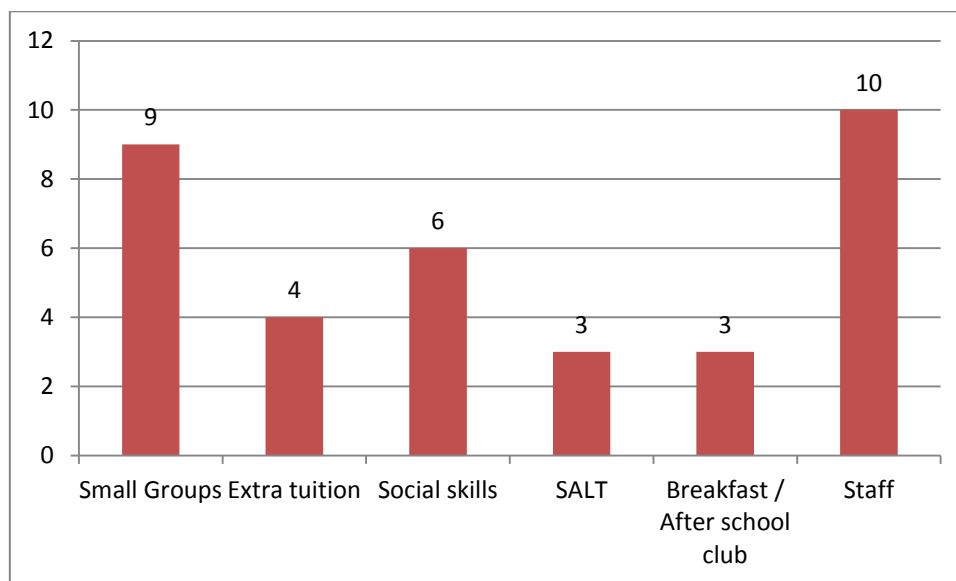
As in previous years, the highest take up of Pupil Premium LAC is within Key Stages 1 and 2, the lowest within Key Stages 3 and 4.

There has been a rise in 2015/16 of the total proportion of children where Pupil Premium LAC has been claimed. Last academic year the total claimed was 36.2% rising in 2015/16 to 56% of all LAC pupils.

A total of £285,870 has been claimed within 2015/6 which includes those children who have left care after their school has claimed Pupil Premium.

Claims so far in the financial year 2016/2017 show a much higher claim rate than 2015/2016 and this is expected to rise further given the pressure that the new national funding formula for schools is likely to have on school budgets.

### **Use of Pupil Premium LAC in Yr6**



6.3 The use of staff from Pupil Premium varied within this year group from adult support within classrooms to partially using the funding to pay for a Teaching Assistant. One school indicated that they intended to use the funding for one-to-one support at lunchtimes to help support positive relationships with peers. In total 61% of applications for Pupil Premium LAC in this year group involved requesting money to pay for support staff within the school.

Half of schools applied for funding to support some kind of behavioural or therapeutic intervention within this year group. These interventions range from support from a Learning Mentor, reflexology and buying equipment to manage levels of stress.

### **Use of Pupil Premium LAC in KS4**

6.4 The use of Pupil Premium within this Key Stage seems to have more of an educational focus than the Year 6 group. Some schools wished to use the funding for specific areas e.g. Music production, off-site hairdressing course, Athletics programme. Other schools indicated that they wished to use the funding for an out of hours study centre or 1:1 mentoring. Additional tuition was indicated on 58% of applications for the funding despite this being available through the Virtual School.

### **Use of Pooled and Unclaimed Funding**

6.5 The guidance for Virtual School Head-teachers, published July 2014, allows for the pooling of some funds by the Local Authority. The guidance is clear that these pooled funds and any

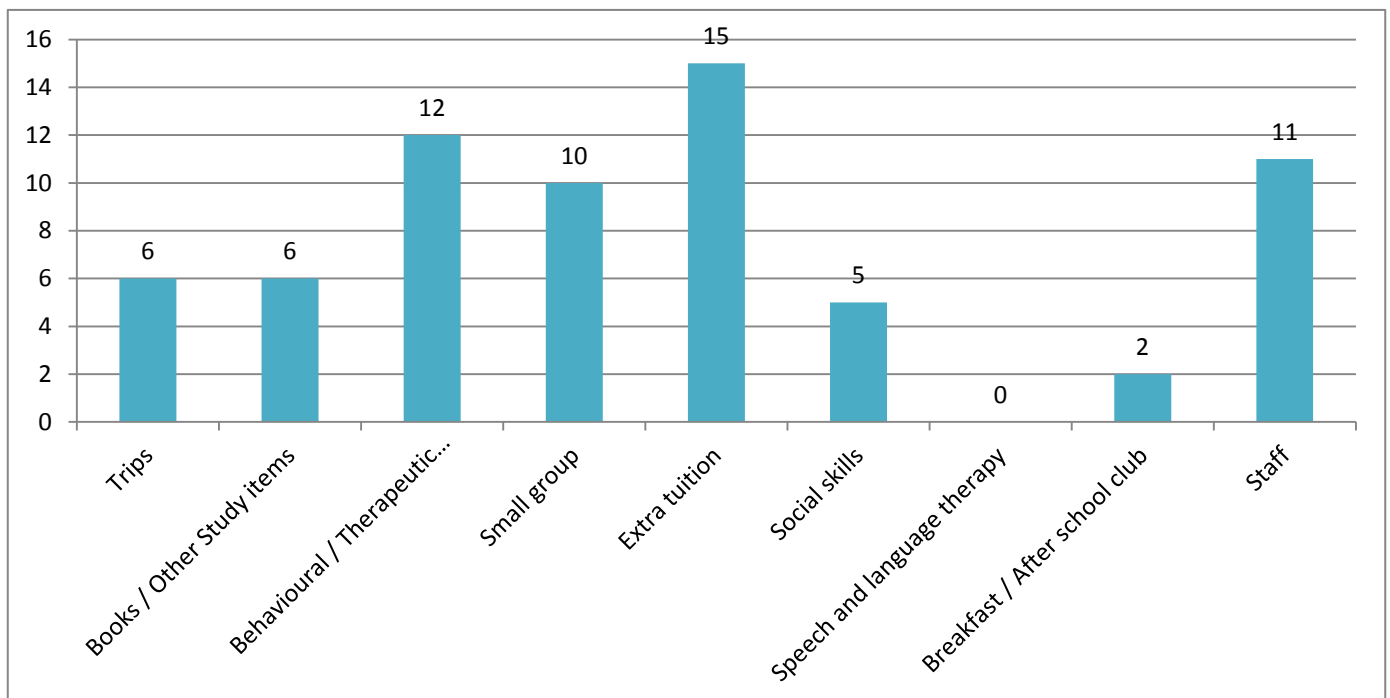
retained funds must be used for the benefit of all Children Looked After by the authority, and more specifically to:

- improve the way you determine the learning targets in children's PEPs, so that PEPs are always useful and relevant
- encourage looked-after children to be more involved and interested in their education

The Virtual School, has, therefore used the majority of these funds to create some Fixed Term Posts: A PEP Project Officer, 4 LAC Education Advisor Posts and 2 LAC Specific Careers, Information Advice and Guidance Officers. These have had significant impact on PEP completion rates, outcomes and experiences for LAC Students, and EET figures respectively.

Southwark Virtual School has also commissioned interim alternative provision for Looked After Children that do not have a school place. This can often be the case where children are moved outside of borough at short notice and is particularly true in Southwark as so many of our LAC, 57%, are placed out of borough.

Other funding has been used to fund Letterbox, a resource pack shared with carers to help them support their primary school child with Literacy and Numeracy. Some of this funding has been used for cost effective tablet and software packages in the financial year 2016/2017. These are particularly effective for Looked After Children, who tend to have gaps from different Key stages in their knowledge and skills.



There is a far greater pressure on this funding stream going forward, as the national funding formula puts further pressure on school funding.

### ***Use of PP LAC in KS4***



## 7. Impact of Fixed Term Posts

### LAC Education Advisors

7.1 Pupil Premium has been used to fund 4 Fixed Term LAC Advisor Posts. These have had the following impact:

- Mitigating for Looked After Children not having a school place. This could have been for a variety of reasons, the child may have been moved out of borough or there may be specific issues that mean that the child is not able to attend the named school. LAC Advisors have reduced the amount of time, on average, that a child is out of school. This involves navigating cross borough admissions procedures where children are moved as well as advocating for the child where schools would prefer that they attended elsewhere. This is an issue that is requiring increasing attention as schools' performance is judged more rigorously using new accountability measures.
- Ensuring that PEP meetings are a useful way of improving the educational experiences of the child
- Introducing accountability and dialogue for schools regarding delegated Pupil Premium funds in order to have maximum impact on the experiences and outcomes of the LAC
- Impact on educational outcomes for Year 6 and Year 11 students

### Project Officer Posts

- Improved PEP completion rate, moved from 48% to 84%
- Improved tracking of Children Missing Education and efficiency in organising interim provision. This will of course, reduce almost inevitable gaps and knowledge held by LAC learners but also has safeguarding implications for young people who are particularly vulnerable to CSE or Youth Offending.

### CIAG Officers

- Engaging young people in education by discussing their pathways using their abilities and interests. This is evident in greatly reduced NEET figures.

## 8. Virtual School Priorities 2016/2017

As a result of the current educational context, and the successes and areas for development of the academic year 2015/2016, priorities for the Virtual School going forwards are:

1. To reduce the number of instances and the amount of time where LAC spend outside of suitable education placements by:
  - Introducing accountability for schools and academies by reducing unofficial exclusion
  - Rapidly securing suitable provision at times of placement change
2. To work collaboratively with Social Care in order to ensure that 100% of PEPs are completed in a timely manner and that these PEPs have a genuine impact on the experiences and outcomes of Looked After Children
3. To make earlier intervention using accurate performance, attendance and exclusions data.

<b>Item No.</b> 7.	<b>Classification:</b> Open	<b>Date:</b> 1 March 2017	<b>Meeting:</b> Corporate Parenting Committee
<b>Report title:</b>		Southwark Looked After Children: Health Annual Report 2015-2016	
<b>From:</b>		Doctor Stacy John-Legere, Designated Doctor for Looked After Children (LAC), Angela Brown, Designated Nurse for LAC	

## RECOMMENDATIONS

1. The committee note the report and Appendices 1 and 2.

## BACKGROUND

2. This report is to assure Southwark corporate parenting committee areas of significance for children looked after by the London Borough of Southwark. It provides an overview of multiple areas of importance and continues the theme of partnership working across the sectors; and expands on the client experience. The full report presents updates regarding physical health, emotional health and wellbeing of looked after children, access to local services and indicators of need. The views and experiences of the young people themselves are reflected in consultation responses.

## KEY ISSUES FOR CONSIDERATION

3. At year end 2016 there were 477 looked after children with a significant proportion aged 16-17 and approximately 75% placed out of borough with a smaller but significant proportion resident more than 20 miles away from Southwark. Children are mainly placed in foster placements with a smaller percentage in residential placements or independent living.

## Introduction and background

4. The Southwark Looked after Children's Health Service is commissioned and funded by NHS Southwark Clinical Commissioning Group (CCG) from Guys and St Thomas' NHS Trust (as the provider) and lies within the Trust's Vulnerable Person's Assurance Group with direct reporting into the Children's Safeguarding Executive at Guys and St Thomas'. It designates the professionals for LAC. The designated doctor and nurse form part of the CCG safeguarding children and adults team and its governance is to the CCG Safeguarding Executive Committee chaired by the CCG director of quality and chief nurse. Strategically, children in care remain a priority for both the CCG and children's social care. They are factored within the Southwark children and young people's wellbeing, health education and social care strategic framework 2016-2021 as well as the specific Southwark children in care and care leaver's strategy. The children and young people commissioning development group (chaired by Caroline Gilmartin) are progressing the development of a joint work stream to collectively improve outcomes of LAC and ensure they experience stable placements.
5. Southwark looked after children are also prominently figured in one of the work streams of the children and young people health partnership programme (CYPHP). The strategic issues regarding Southwark's looked after children are reviewed at the

children in care board chaired by David Quirke-Thornton. The designated health professionals also report to the corporate parenting committee, and in their provider roles work closely with social care colleagues as well as the wider health economy both in the assessment of need as well as teaching and training.

### Statutory performance

6. For the reporting year 2015-2016 improvements were noted in completion of health assessments (96%), dental assessments (91%) and the strength and difficulties questionnaire (SDQ) (75%). A fall in immunisations up to date (69%) was noted. The SDQ average score was 14.8. In this reporting year (2016-2017) Southwark is reconfiguring the adoption and fostering panels with the proposal for joint panels. Additionally we are seeing a small increase in children who were put forward for the agency decision maker whilst still at home and thus requiring an adoption medical and assessment by the medical advisor for adoption. The impact of the increase in these types of assessment is being assessed. The medical advisor for adoption and the designated doctor for LAC also provide advice, based on assessments carried out by their local GP, regarding any physical or mental health issues that may impact on the adult's capacity (prospective adopters, prospective carers under an SGO or foster carer) to look after the challenging and vulnerable children who need fostering and adoption.

Table showing key performance indicators.

		2012-13	2013-14	2014-2015	2015-2016
	<b>CLA at 31<sup>st</sup> March</b>	<b>565</b>	<b>550</b>	<b>503</b>	<b>477</b>
<b>Key performance Indicators (England)</b>	Health Assessments up to date	89% (87%)	90.8% (88.4%)	92%	<b>96%</b>
	Immunisations up to date	69% (83%)	69% (87%)	74%	<b>69%</b>
	Dental Assessments up to date	83% (82)	84.6% (84.2%)	85%	<b>91%</b>
	Substance abuse problem	5.2% (3.5%)	2.6% (3.5%)	6%	<b>3.5% (n=17)</b>
	SDQ % completed	28% (71%)	35% (68%)	68%	<b>75%</b>
	SDQ average score	11.4 (14)	13.6 (13.9)	14.5	<b>14.8</b>
<b>Children Seen (GSTT)</b>	Total appointments where child seen	682	572	513	<b>620</b>
	IHAs	199	nk	130 estimate	<b>182</b>
	Total HAs by Drs at SH	453	454	370	<b>415</b>
	Nurse RHAs	86	87	109	<b>176</b>
	Nurse other appts	43	Approx. 41	66	<b>29</b>
	RHAs from GP and other	150-200	150	113	<b>26</b>

## **Emotional and Mental Wellbeing**

7. Southwark LAC access a specialist service (Carelink). Carelink is the NHS team who offer a specialist child and adolescent mental health service (CAMHS) for Southwark looked after children and adopted children. The team work in very close partnership with children's social care, child health and other agencies working with children and young people in care. Carelink is part of South London and Maudsley NHS Foundation Trust. During the year the team caseload usually fluctuates between 182-220 open cases. Children and young people are referred with a wide variety of problems including; emotional disorders, low mood, depression, self-harm, suicidal thoughts, post-traumatic stress disorder, eating problems, anxiety, attachment disorder and difficulties, thought disorders, behavioural and conduct problems and neuro-developmental problems. There are significant needs within this population including the need for specialist provision and episodes of in-patient psychiatric care. The Carelink team co-ordinate with other CAMHS services regarding local access for Southwark LAC as far as is possible. See Appendix 2 for more information about Carelink.

## **Children's Safeguarding**

8. Southwark's population of looked after children contains much inherent vulnerability. Owing to the large proportion of children placed out of borough, and the small but significant proportion placed more than 20 miles away from Southwark boundaries, it is known that there are challenges for these children and young people to access quality and meaningful services in the same way as their peers who are able to access local services when placed within the Borough of Southwark. To this end, in concert with CYPHP, Guys' and St. Thomas' Trust (GSTT) has commissioned a specialist nurse whose remit will include close surveillance of health recommendations made for children placed out of borough, particularly those far away.
9. Children looked after by the London Borough of Southwark are also over-represented in the population of children who are either known or suspected to have vulnerabilities regarding child sexual exploitation and/or missing from home. Direct support to this cohort is provided by the designated and specialist nurses who attend the child sexual exploitation (CSE) operational group where client level data is discussed. Overall the health needs of looked after children within this vulnerable cohort are managed in accordance with the wider Southwark child safeguarding CSE strategy. Southwark is in one of the top five highest boroughs for youth violence and robbery. The designated professionals have also met with colleagues from the youth offending service to clarify pathways for ensuring that health needs are identified and appropriate referrals sort and specialist advice made available. 39% of the looked after children cohort as at 31 March 2016 had an identified special educational need of which the greater proportion was an emotional and behavioural need, in contrast with the general paediatrician population of Southwark where the greater need was social communication autism. A deep dive audit was undertaken looking at children with autism who were looked after and their access to services. The LAC health service is currently undertaking an audit of the same with respect to children with disabilities and those with special educational needs. Southwark looked after children are also over-represented in the population of children missing from education as noted by the multi-agency audit completed by the audit sub-group of the safeguarding board.

## Governance

10. The looked after children's health team follows a robust audit plan and implements learning and recommendations arising out of serious case reviews, and management reviews. The looked after children's team actively participate in safeguarding activities, they attend strategy meetings, follow up referrals from social care, as well as carrying out joint visits where appropriate. The team attend care plan meetings as well as care programme approach (CPAs) for vulnerable looked after children, attend Match Panel as needed and professional meetings. The LAC health team participate in LAC peer review.

## Progress in the action plan

11. For 2016-2017 LAC health professionals now have continued communication pathways with administrative teams within social care and are in receipt of common performance figures. There has been formal commissioning of a risk stratification system so that health professionals are more readily aware of vulnerable LAC in terms of their risks, CSE, missing and additional health needs. The team continues delivering a robust teaching and training plan. All current pathways in development are being considered for extension to care leavers; this forms one strand of the commissioning development group and the commissioning intention of Southwark CCG. The designated nurse has met with the care leavers team manager at Southwark social care. The LAC health team will contribute to pathway planning for care leavers by attending leaving care forum planned to start in December 2016.

## Limitations

12. The Southwark LAC Health Service as a part of the GSTT NHS Foundation Trust continues to be affected by the IT systems change. These constituent IT difficulties have resulted in significant challenges to the delivery of safe and accountable care. These risks are being monitored at Trust level and reported to the CCG through the contract monitoring and quality meetings

## Community impact statement

13. The health of looked after children is an important aspect of their care. All children in care to Southwark, with the exception of some unaccompanied asylum seeking young people, come from communities based in Southwark although many are placed with carers outside Southwark. It is hoped that the attention we give to the health and well being of children in care makes an important impact on the community both now and in the future in relation to their health and wellbeing.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

**APPENDICES**

<b>No.</b>	<b>Title</b>
Appendix 1	Sexual Health and Risky Behaviours – Looked After Children
Appendix 2	Carelink report

**AUDIT TRAIL**

<b>Lead Officer</b>	Designated Doctor and Designated Nurse for Children in Care	
<b>Report Author</b>	Designated Doctor and Designated Nurse for Children in Care	
<b>Version</b>	Final	
<b>Dated</b>	20 February 2017	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	20 February 2017	

## APPENDIX 1

### Sexual Health and Risky Behaviours – Looked After Children (LAC), Southwark

Date: 13 January 2017

#### Background

Southwark has a diverse population, with the most common reason for being in care is abuse and neglect. The health profile of LAC is that they are at increased risk of mental health problem and learning difficulties with risk of smoking, substance abuse and teenage pregnancy.<sup>3</sup> These risks also include unplanned and unwanted pregnancies and STI's. Unaccompanied minors are at increased risk. Children and young people in the care of the local authority are nationally recognised as being at risk of Child Sexual Exploitation (CSE). Peer on peer abuse is an increasing feature in CSE and online abuse.

In Southwark 50% of LAC with CSE risk identified during April –June 2016 have had a missing/absent episode. This has now reduced to 25% in July—Sept 2016. Young people are at risks with majority being victims and some perpetrators or both. LAC are overrepresented in children missing from education - in September 2016 there were 29.

Southwark young people are known to have poor sexual health – in 2013, 5,508 new STI's (excluding chlamydia) under 25 years old and there were 124 under age 18 conceptions (15-17yrs).<sup>4</sup> This is significantly worse than the England average. In 2014 there were 27.4 per 1000 conceptions with 72.7% leading to abortions compared to 2013 with 30.6 per thousand and 70.2% leading to abortions. <sup>6</sup> There were 8 reported teenage mothers in 2014 reporting year. The teenage pregnancy rate is better than our statistical neighbours in Lewisham and Lambeth.<sup>2</sup> Even though the Teenage pregnancy rate has significantly decreased in the last 10 years but LAC are at increased risk due to their vulnerability.

It was reported that 3.5% of LAC in Southwark (March 2016) had substance abuse problem. This data can vary due to how data is recorded. Research has shown that substance misuse is associated with sexual risk behaviour.<sup>1</sup> All these factors have an impact of the young person's emotional health, education, relationships, attachment, placement stability and transition to adulthood.

#### LAC Health Team

The LAC nurses provide one to one support in the form of health promotion for LAC and care leavers on sexual health. Follow up home visits are offered to young people at home, school, social care or other place young person has chosen. Referrals to LAC nurses are from social workers, carers and paediatricians. LAC Nurses provide condoms to young people and referrals to sexual health services e.g. WUSH, Brook, local clinics.

Foster carers are supported by LAC nurses with resources and training to talk to young people about sexual health and relationships. Further training is planned for May 2017. The LAC nurses attend Strategy meeting and CSE Operational Meetings monthly where they contribute knowledge of individual cases and care planning. The LAC Health Team are involved in the CSE Task and Finish Group also held monthly which includes the monitoring and mapping of services for LAC in Southwark.

Sexual health discussions are part of the LAC Health Team role and they refer young people to Brook, Wise up to Sexual Health (WUSH), King's College Sexual Health services and others. These services are flexible and engaging sexual health services that are inclusive of school and college times and young people are fast tracked avoiding waiting list. Also LAC are signposted to sexual services out of borough nearer to where they live. Induction and

training of Social workers and Foster carers is on-going and this includes sexual health as part of the programme.

Pregnant LAC young people are referred to Family Nurse Partnership by GP, SW, LAC Health Team and Midwives. Carelink have referred 11 young people between April to December 2016 for sexual health promotion to the LAC Nurses. These vulnerable young women with emotional and mental health concerns have been identified with special educational needs, previous self-harm, depression and anxiety, placement breakdown and self-esteem issues. The LAC nurses routinely liaise with Carelink and attend their team meetings and provide follow up support to young people and provide advice and resources to carers in promoting the sexual health of the LAC.

The LAC Health Team have successfully recruited to the post of Out of Borough LAC Nurse (funded by the Children and Young People Health Project) in January 2017. The role is designed for the nurse to undertake and outreach visits to LAC placed out of borough more than 20 miles, aged over the age of 10 to do health assessment and follow up health recommendations including sexual health promotion. The LAC Nurses have previously attended the Drop in service at Talfourd Place where sexual health workshops were undertaken. This was poorly attended and is now being re-developed with Leaving Care Team Lead and Speakerbox. The Drop in will be re-started in March 2017.

### **Voice of the Young People**

A recent Southwark consultation event with 23 young people (aged 16-20) in April 2016 reported that fifty percent of young people said they knew where to get sexual health information, but only 45% reported that they knew what to do if they had an STI. Young people identified that they felt that peer pressure was harmful to mental health. <sup>5</sup>

### **Recommendations:**

- Improve the sexual health support to LAC placed out of borough – Out of borough LAC nurse
- Improve support to young people to access sexual health services
- Improve training of Social Workers and Foster carers on Sexual health and Relationships
- LAC Nurses to be involved in Drop in services for LAC and Care Leavers
- LAC health team to work with young people and Speakerbox to develop and improve information and resources for young people

### **References**

1. Sex, Drugs, Alcohol and Young People (Independent Advisory Group on Sexual health and HIV, 2007)
2. Lambeth, Southwark and Lewisham Sexual Health Strategy 2014-2017 (April 2012)
3. Promoting the health and well being of LAC (DFE, DH 2015)
4. Southwark Health Profile (Public Health England, 2015)
5. My Voice Counts - Event (Southwark CCG, April 2016)
6. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables>

Angela Brown  
Designated Nurse for Looked After Children, Southwark



## APPENDIX 2

### Carelink report for Corporate Parenting Committee

#### 1. Introduction

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

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

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

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

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

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

**The overarching aim for Carelink** is to provide a flexible, accessible community based mental health service for Southwark Looked after Children 0-18 years (both in and out of Borough) and

professionals involved in their care. We understand that Southwark has a richly diverse population. The team aim to provide care that is sensitive and appropriate to the client's circumstances, gender, ethnicity, language and culture. The team carries out comprehensive assessments and use available outcome measures which provide evidence of benefits to our client group, and evidence of high levels of service-user satisfaction. In addition to offering a high quality clinical service the team is actively engaged in clinical research to add to the evidence base about best assessments and treatment interventions to offer to this population.

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

## **2. Overview of services**

### **LOOKED AFTER CHILDREN:**

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

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

### **ADOPTED CHILDREN:**

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

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

### **Foster Care Support:**

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

**Multi-agency review meetings:**

We meet key professional in the child's network to feedback outcome of assessment. Children and young people in on-going treatment with Carelink have termly multi-agency review meetings. These meetings include foster parents, Social Worker, Supervising Social worker (SSW), Independent Reviewing officer (IRO) and the young person, Child Health and Education when appropriate. At these meetings the child or young person's CAMHS Care plan is agreed.

**Staffing**

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

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

**3. Presenting problems**

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

**4. Carelink Assessment and Intervention Provision.****General provision:**

- CAMHS assessment and treatment for children looked after 0-18 years where there is a plan for them to remain in care and if permanency plans are not yet agreed, where referral to Carelink has been agreed with the allocated social worker.
- Direct therapeutic work with children, young people and their carers.
- Advice/consultation to the professional network and especially the social work team regarding care planning, therapeutic needs, placements and transitions.
- Close links with the adoption team. More usually referrals from the adoption team are for children who are in transition from foster care to adoption however we are also referred adopted children who are living in Southwark and were not previously known to Southwark CSC.
- Provision of a continuity of CAMHS should there be a change of placement and better collaboration with the network given close links with the CSC social workers.
- Where children and young people live too far to travel to Southwark for appointments Carelink to broker referral to other CAMHS teams as necessary.
- Offer individual foster care support to Southwark carers.
- We also offer support to foster carers in Independent Fostering Agency (IFA) who are caring for Southwark Looked after Children.

- It is also possible for individual Southwark foster carers to request support/advice on the care of LAC children in placement (even if the child is not referred for therapy).
- Provide easy access to the CLA CSC teams so they can quickly access advice on a particular child and easily make a referral to Carelink or signpost to another service as necessary.
- Screening to identify any emotional or mental health difficulty for under 5's using specific screening/assessment measures.
- Promote the mental health needs of this vulnerable and marginalised population.
- In cases where a child moves from being looked after to adoption to continue the therapeutic involvement for as long as clinically indicated.
- Provide flexible and clinically sensitive service such as consultation to the SW, foster carers and Southwark Legal Department where appropriate in cases when direct work with a child is not possible due to uncertainty about long term plan.
- To prioritise work where there is a crisis, risk of placement breakdown, need for urgent response, mental health risk and unstable placement.
- Liaise with local CAMHS to offer assessment and treatment if the child is in a stable, settled placement in a neighbouring Borough and are attending a local school and involved in that community.
- Continuation of service and involvement of local CAMHS where Carelink has been involved with children and young people prior to move (depending on distance this may be less frequent direct work with the child).
- Work with the social worker in regards to child's mental health needs and placement plans where young people are out of borough and moving placements and Carelink cannot see them directly
- Take part in multi-agency review meetings.
- Contribution to placement breakdown meetings for CLA and Adopted children.
- Early support and transitional work to adopters when Southwark child is being placed e.g. together Child Health and Carelink staff meet with prospective adopters to discuss assessments and to consider recommendations for child's individual social and emotional needs.
- Contribute to CSC training for foster parents and adopters as resources allow.
- Referral to specialist's services and In-patient CAMHS admission as needed.
- Arrange transfer of care to Adult Mental Health services in young person's 17<sup>th</sup> year to ensure continuity of care. There are many challenges associated with these transitions.

**Carelink CAMHS assessment & interventions include the following:**

- Individual psychoanalytic psychotherapy
- Family and Systemic psychotherapy
- Consultations to network and carers
- CAMHS generic and more specific treatment assessments
- Sibling work
- Support Social Workers with Together & Apart assessments
- Work with carers and adopters, with children or separately looking at attachment issues
- Drama therapy, art therapy and creative therapies
- Short-term solution focused work
- EMDR
- Mental state examinations and risk assessment.
- Group work
- Cognitive behaviour therapy

- Trauma focused interventions
- Parent/child work
- Specialist assessments e.g. cognitive assessment, Story Stem Assessments, specialists assessment for under 5's (ASQ-SE, KIPS and clinical formulation of child's needs).

## 5. Routine Outcome Monitoring

The Carelink team uses various outcome measures, these include;

### a) Strengths and Difficulties Questionnaire (SDQ)

The SDQ is routinely administered at assessment and repeated every six months. This 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 2 years. A computer algorithm combines information on symptoms and impact from all informants to give a prediction of the likelihood of psychiatric disorder as 'probable', 'possible' or 'unlikely' (Goodman, Ford, Simmons, Gatward & Meltzer, 2001).

When examining the Baseline SDQ results for children and young people referred to Carelink the sample mean total is almost 17 (16.99). This is a point above the clinical cut off point on parent SDQ, so scores above 16 suggest significant difficulties may be seen (Table 1). We then compared the means of the Baseline SDQ to the UK National averages in order to contextualise findings (Table 1).

*Table 1 – Comparison of Carelink sample against national average: SDQ mean scores*

	National Average		Carelink		<i>t</i>	95% CI for Mean Difference	SE of dif
	M	SD	M	SD			
SDQ Total	8.4	5.8	16.99	7.66	<b>15.99*</b>	7.54-9.65	.537
Emotional	1.9	2.0	3.59	2.62	<b>9.13*</b>	1.33-2.05	.185
Conduct	1.6	1.7	4.39	2.60	<b>17.67*</b>	2.48-3.1	.158
Hyper-activity	3.5	2.6	5.97	2.99	<b>10.29*</b>	1.99-2.94	.240
Peer Problems	1.5	1.7	3.14	2.26	<b>10.42*</b>	1.33-1.95	.157
Pro-social behaviour	8.6	1.6	6.08	2.69	<b>16.91*</b>	2.23-2.81	.149

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*\*p<.01*

National average n=10,298

Carelink n=119

*Note:* National norms from a national sample of 10,298 children (Meltzer, Gatward, Goodman, & Ford, 2000)

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An independent samples t-test was conducted to examine these differences. A nationally representative sample of children 5-15-years-old was used (Meltzer et al., 2000), and it was found that the teams total SDQ scores were significantly different from that of the national norms,  $t(10415) = 15.99$ ,  $p<.01$ , with the study's mean total SDQ scores being far greater than that of the normative data (mean difference=8.59). This finding was replicated for each of the SDQ's subscales, as seen in *Table1*.

#### **b) Development and Wellbeing Assessment (DAWBA)**

The DAWBA is a fuller on line diagnostic screening developed by Prof. R. Goodman. This is not routinely administered but recommended in certain cases.

#### **c) Children's Global Assessment Scale (CGAS)**

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

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

#### **d) IAPT measures**

The Children and Young People's Improving Access to Psychological Therapies project (CYP IAPT) is a government programme working with existing CAMHS. Southwark CAMHS was one of the first implementer sites for CYP IAPT. As part of our commitment to the government IAPT initiative Carelink team members have undertaken specialist training to understand and use the measures developed and rolled out by CYP IAPT.

IAPT has been developing assessment and screening tools as well as outcome measures which have the aim of improving service effectiveness, and encouraging user engagement and feedback.

Since implementation of CYP IAPT Carelink have included the IAPT measure 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 in all new assessments. The use of the SDQ at assessment and review is also part of IAPT requirements.

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 Looked after Children population. We therefore have investigated measures which are 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.

**e) Brief Assessment Checklist for Children (BAC-C) and the Brief Assessment Checklist for Adolescents (BAC-A)**

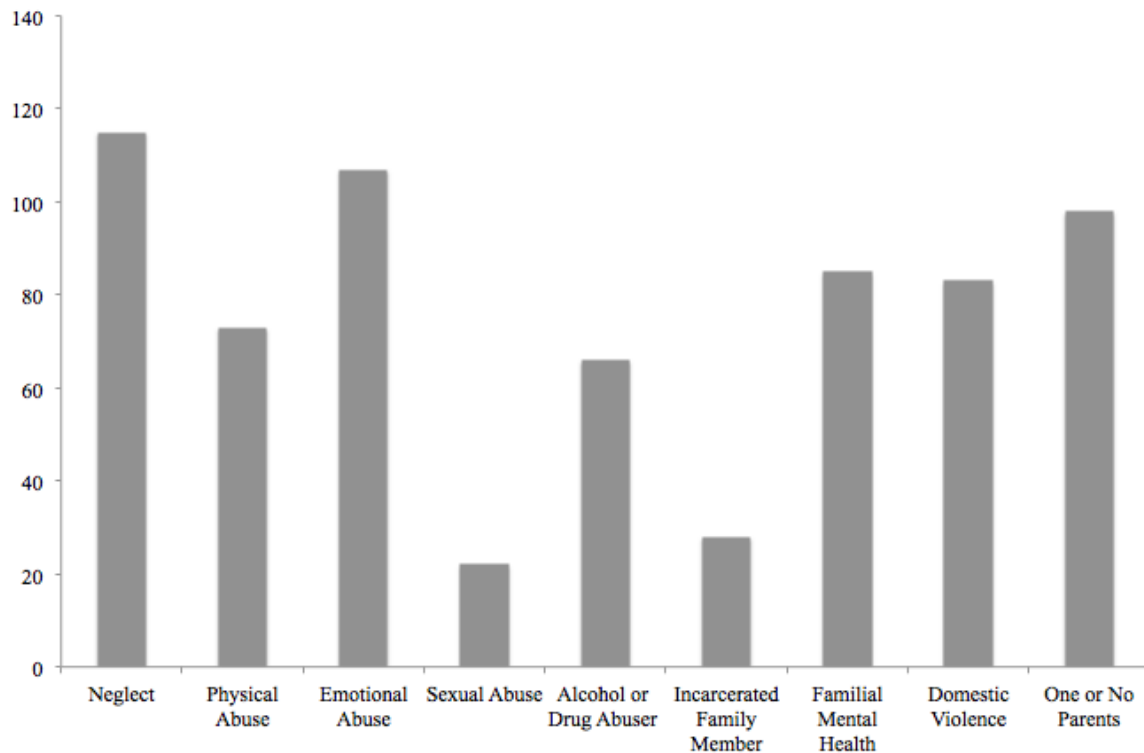
These measures are routinely completed on all children and young people assessed in the team and is a 20 item caregiver-report psychiatric rating scales that are designed for children and adolescents in foster, kinship, residential and adoptive care. These measures capture contextual information about the child's current experience and are a more helpful measure for this population and were developed by M. Tarren-Sweeney.

**f) Adverse Childhood Experiences (ACE)**

The Adverse Childhood Experiences Study (Felitti et al, 1998) is a major, longitudinal and international research study (with a large sample size), posing the question of whether and how, childhood experiences affect adult physical and mental health into adulthood. The ACE study reveals how there is a correlation between traumatic emotional experiences in childhood and organic disease and emotional disorders later in life and provides a remarkable insight into how we are affected into adulthood medically, socially and economically.

Exposure to one category (not incident) of ACE, qualifies as one point. When the points are added up the ACE score is achieved. A score of 4 or more indicates significant vulnerability. Please see Figure 1 to see results for ACE scores on open cases (n=119) in Carelink completed in September 2016. We have been collecting the data for several years and the results range between 75% - 93.3% of Carelink children having 4 or more ACE's. From Felitti's work 6.2% of the general population have 4 or more ACE scores thus evidencing a high level of need in the Looked after Children population. Further work by Van der Kolk (2005) highlights the detrimental and pervasive impact of cumulative trauma and suggests that childhood complex trauma is a severe Public Health challenge that warrants further research.

The ACE data was explored to look at the frequency of occurrence of these types of traumatic childhood events, and the results are displayed in *Figure 1* below.



*Figure 1 – Frequencies per ACE category*

n=119

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#### **g) Child Outcome Rating Scale (CORS), Outcome Rating Scale (ORS) & Child Session Feedback Scale**

These are measures completed by the child to capture their view of how they are progressing and are administered at assessment and repeated at various points throughout treatment.

#### **f) Disorder Specific measures**

More sensitive measures have been developed to identify specific disorders. For example, the Moods and Feelings Questionnaire (MFQ) for depression, SCARED for anxiety, Conners for ADHD and are administered depending on the child and young person's presentation.

All measures are used in conjunction with clinical observation of child and young person and contribute to the development of the clinical formulation for the child and young person. This will guide intervention and treatment recommendations. Assessment reports are written on each child and shared with their Social Worker and key professionals as appropriate.



## 6. Clinical activities

On average the Carelink team has a case load between 190-220 open cases. Each staff member has an individual caseload in the region of 30-40. The length of treatment varies from assessment only which may be 3-4 appointments to several years of treatment. Given the high level of emotional and mental health need, the challenges the children and young people face at different developmental stages long term treatment for Looked after Children and support for their carers is essential.

### Closure and/or transfer to other services

When C&YP are transferred to another service or discharged from the team they all have a summary of assessment and treatment in the team. This summary is routinely sent to G.P., CSC, Child Health and any others closely involved or relevant to the case.

With young people who are 17.5 years and need on-going mental health services we transfer to the appropriate AMH team. We follow guidance outlined in the SLaM Trust Transition Policy.

### Management of Risk

Because of the nature of the team, risk assessment and risk management play a major part in day to day team functioning. The SLaM Trust risk assessment guidelines are used during any first assessment and thereafter. In all contacts with children and young people the level of risk will be reviewed and interventions altered accordingly. We routinely monitoring clinical risk and the team is accessible and responsive should a crisis occur.

In addition, Safeguarding is a key aspect of clinical work and the team follow the SLaM Trust Safeguarding Policy.

## 7. Research

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.

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

On completion of this research in 2009 and in accordance with Government indicators, Southwark Local Authority (CSC Department) agreed to continue to support the screening of children in care. The Government only requires that the foster carers complete an SDQ and does not state what the Department has to do with this information. For the SDQ to be interpreted reliably there needs to be at least two informants (three if the child is 11+). In order to make the information clinically useful in Southwark we have agreed the following:

- On a given date once a year all foster carers are asked to complete an SDQ for all Southwark children in their care. To date the return rate has been 100%.

- The SDQ is returned centrally and forwarded to the Carelink team where they are reviewed.
- When the SDQ is reviewed if there are concerns we complete the rest of the screening and where indicated ensure that a clinical service is offered to all children and young people with identified mental health need.

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**

#### Project Synopsis

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

The 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.

#### Improved outcomes

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

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.

Since the pilot study we were awarded another research grant to carry out a two year study described below;

**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.**

The purpose of this clinical research study was to carry out a feasibility study to evaluate 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.

The study replicated the 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.

In the new study there were 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).

We recruited children and caregivers from all three groups to the study in a 16 month recruitment period, and implemented regular reviews of the child's social-emotional development and mental health at 6 months interval for the duration of the project.

The screening helped the parents and primary caregivers have a greater understanding of their child's needs and social-emotional development. The intervention was tailored to the individual needs of the child but also gave significant direct support and advice to the parent or carer in addressing the child's needs. The focus was on the parent/carer-child relationship. The feasibility study has now ended and was supported by a grant from Guy's & St Thomas' Charity. The results are promising and will be published this year.

All of our research has been actively supported by Southwark CSC and could not have happened without their help and involvement.

## **8. Service user Involvement**

The Carelink team believe that constructive dialogue with service users is integral to the success of the team. The team actively maintains links with and encourages feedback and advice for children, young people, their carers and other professionals to ensure continuing good practice. Care Plans are agreed with children, young people, foster parents and allocated Social Workers

Regular written and verbal feedback is requested and results of feedback made available in poster form in the waiting room. The team coordinates this information and thinks of creative ways to involve children and young people in activities in the clinic.

## 9. Challenges and Issues for Consideration

### Waiting List

The team work hard to ensure children referred do not have to wait for assessments but over recent months we have found that we have not been able to respond as quickly as we would like, due to the pressure on caseloads of existing on-going work for the clinicians and trends whereby whole sibling groups (4-6 children) are referred at once and general pressures on resources.

We do now have a waiting list for assessment and treatment.

### Access for children out of Borough

For Southwark looked after Children placed in neighbouring boroughs or in a placement and/or school which is reasonably accessible then Carelink can offer a therapeutic service. However if placed further away it is often difficult for them to access a timely or appropriate CAMHS service for various reasons, including;

Variability of delivery of CAMHS services across the country, with different resource pressures, length of waiting list and accessibility criteria (often high MH presentation thresholds). There are significant resource pressures on CAMHS services in other areas which mean sometimes the services are much reduced.

Rapid movement between placements, for YP who have frequent placement breakdown

Reluctance of services to see Looked after Children who they see as transient or too complex, or that they may move in an unplanned way

Some CAMHS services seem to have a policy of not accepting looked after Children placed by other boroughs for treatment but operate with consultation to the network alone.

This means that it is very difficult for us to help access CAMHS for this group.

### Issues for Care Leavers

Emotional wellbeing problems and mental health difficulties can escalate at this stage for our children as the transition to care leaver status is a time of high anxiety, major changes in living arrangements, less general support available and high stress for the YP generally having to rely so much more on their own internal resources. CAMHS is not commissioned to support this group at a time of high need.

As much as possible the team try to support the network with consultation on a case by case basis, particularly if we have known the YP in the past. Carelink can assist with advice on referrals to AMH services.

### Transfer to AMH

CAMHS are not commissioned to work with patients once they have reached their 18<sup>th</sup> birthday, so a transition to other services will be in the planning stage from 17.5 years. This is often not straightforward and some of the issues are:

High thresholds of mental illness to obtain a service from AMH

YP needs to consent to referral to other services, which may not be forthcoming despite their high need for MH intervention sometimes and high risk behaviours (e.g. self-harm)

We may not know till near or after 18<sup>th</sup> birthday where the YP will be living, or even which borough they will remain in, which presents a challenge in working out which AMH area can be approached. If the AMH team is aware the YP may be moving they are often reluctant to give an immediate service or will delay their involvement until certainty of where YP will be residing. AMH referrals may be tied to which GP the YP is registered with and this could be in another area (YP often left registered with a GP from previous foster placements in other areas and reluctant to change).

The transition will also include a difference for the YP in service delivery as AMH services more likely to quickly close the referral if YP misses an appointment or demonstrates any reluctance in engagement.

**SGO's**

Carelink is not commissioned to work with children placed on special guardianship orders (often with family members) or some kinship arrangements and these referrals should be taken up by the community CAMHS teams, who may have different thresholds of need.

**Ensuring stable service**

Maintaining a stable service is an on-going concern given uncertainty in the financial climate. As an NHS team we are required to make year on year CIP savings which means a reduction in core budget.

**Increase in risk management**

In the past year Carelink have had more 'high risk' referrals, often adolescents where there is self-harm and suicidal ideation. These young people need an urgent response which means that staff resources are stretched and the work with the younger children to support their development and stability can be compromised.

**Conclusion**

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

Elizabeth Murphy  
Consultant Child & Adolescent Psychotherapist  
January 2017

<b>Item No.</b> 8.	<b>Classification:</b> Open	<b>Date:</b> 1 March 2017	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Fostering Service Annual Report 2015-16	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director, Children and Families	

### RECOMMENDATION

1. That the corporate parenting committee notes the annual report of Southwark fostering service 2015-16.

### BACKGROUND INFORMATION

2. The purpose of the annual report document is to report on the activity of the Fostering Service fulfilling obligations in the Fostering Services Regulations (2011) to review and improve the quality of care, and National Minimum Standards (2011) to report to the executive side of the local authority. It will cover: performance and developments in Southwark's delivery of fostering services; how the council is compliant with key national minimum standards; and the service offered to those seeking to foster and those children in care who are fostered.

### KEY ISSUES FOR CONSIDERATION

3. Southwark fostering service continues to provide good quality care for a significant proportion of children and young people in care to the council.
4. The annual report is attached as Appendix 1 to this report.

### Community impact statement

5. Southwark is committed to ensuring children looked after by its fostering service, from all parts of the community, are enabled to live close to their communities as far as possible and appropriate and with families able to meet most of their needs.

### BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

**APPENDICES**

<b>No.</b>	<b>Title</b>
Appendix 1	Annual Report – Southwark Fostering Service

**AUDIT TRAIL**

<b>Lead Officer</b>	Alasdair Smith, Director, Children and Families	
<b>Report Author</b>	Alasdair Smith, Director, Children and Families	
<b>Version</b>	Final	
<b>Dated</b>	20 February 2017	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments sought</b>	<b>Comments included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>		20 February 2017

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Council  
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2015/16

# Annual Report

**Southwark Fostering Service**



## **KEY MESSAGES**

Southwark Fostering Service continues to provide good quality care for a significant proportion of children and young people in care to the Council.

2015/16 has been a time for consolidating the changes within the service and further developing high quality, cost effective foster placements.

The recruitment of Foster Carers declined during 2014/15 and led to plans for a renewed approach to increase the capacity of the Fostering Service during 2015/16. The targets set for recruiting new fostering households have been ambitious, however a noted growth area in the number of family and friends foster carer households is significant.

Fostering recruitment across London is a challenge with many council experiencing challenges in recruiting the number of Foster Carers to meet the demand of placements. This has led Southwark to review the recruitment hub model for 2016/17 to consider what changes are required to achieve a more effective demand and supply model.

## **PURPOSE OF ANNUAL REPORT**

The purpose of the document is to report on the activity of the Fostering Service fulfilling obligations in the Fostering Services Regulations (2011) to review and improve the quality of care, and National Minimum Standards (2011) to report to the executive side of the local authority. It will cover: performance and developments in Southwark's delivery of fostering services; how the Council is compliant with key national minimum standards; and the service offered to those seeking to foster and those children in care who are fostered.

This report details the work of Southwark Council Fostering Service from 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016.

## **BACKGROUND INFORMATION**

When a child enters care, it is one of the most important and significant changes in their life and it is critical that the families who look after these most vulnerable children through foster care are the best they can be. As part of its wider agenda to create a fairer future for the most vulnerable children and families, Southwark Council wants every child to grow up in a safe, stable and loving home. For those young children who cannot remain or return safely to their birth families, good quality foster care offers them the best opportunity to experience a warm and loving family environment while the most appropriate plans are made for their future.

The Fostering Service is a service for children in care. It is committed to supporting stable placements for children and young people where foster care is the identified plan. The service is a key element in the Council's drive to place more children and young people with Southwark foster carers in or near the borough where possible. It is a fundamental part of our sufficiency strategy to develop enough in-borough placements with the range and capacity to meet the needs of Southwark's children who cannot live at home for whatever reason.

The aim of the Fostering Service is "to provide high quality care for children in safe, secure and nurturing families by means of recruiting and developing highly skilled foster carers supported by reflective, challenging and enabling social workers in order to give children and young people the best possible childhood to help them become valued members of society, maximising their life-long opportunities" (Fostering Service January 2015)

**CHILDREN IN FOSTER CARE <sup>1</sup>**

<b>Activity Overview - children</b>	<b>31<sup>st</sup> March 2014</b>	<b>31<sup>st</sup> March 2015</b>	<b>31<sup>st</sup> March 2016</b>
<b>Children in care</b>	<b>550</b>	<b>505</b>	<b>472</b>
<b>Children in foster care</b>	<b>417 (76%)</b>	<b>393 (78%)</b>	<b>369 (78%)</b>
<b>Children with Southwark registered foster carers</b>	<b>252</b>	<b>235</b>	<b>273</b>
<b>Children with Independent Fostering Agency carers</b>	<b>130</b>	<b>129</b>	<b>96</b>
<b>Children with friends &amp; family foster carers</b>	<b>35</b>	<b>29</b>	<b>34</b>

There has been a significant reduction in the overall number of children in care during 2015/16 of around 7%. The proportion of children in foster care at around 78% is the same as 2014/15 year and is higher than the national average of 75%.

The last year has seen an increase in the use of Southwark's internal fostering provision. Staying Put continues to have an impact on the Fostering Service with 40 young people in such arrangements on 31<sup>st</sup> March 2016.<sup>2</sup> While it is potentially beneficial for care leavers to have support beyond the age of 18, the challenge for the service is to not only support these arrangements but also to increase capacity to accommodate new referrals.

There has been a noted reduction over the last 12 months on the use of Independent Fostering Agencies. This may in part be due to the establishment of a dedicated Placements Service within the Fostering Service since September 2015 who are successfully working better to place a number of sibling groups with in-house Carers.

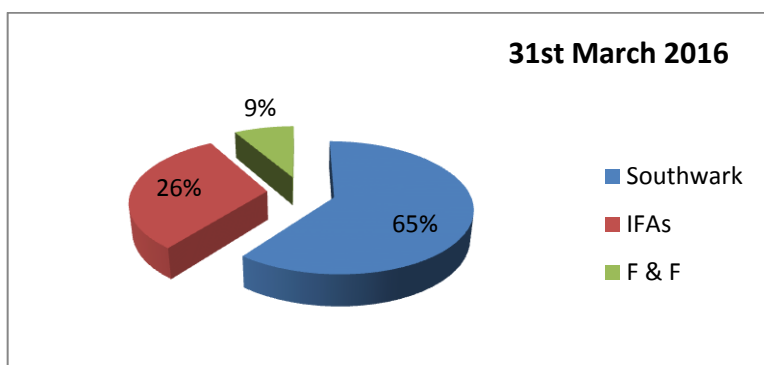
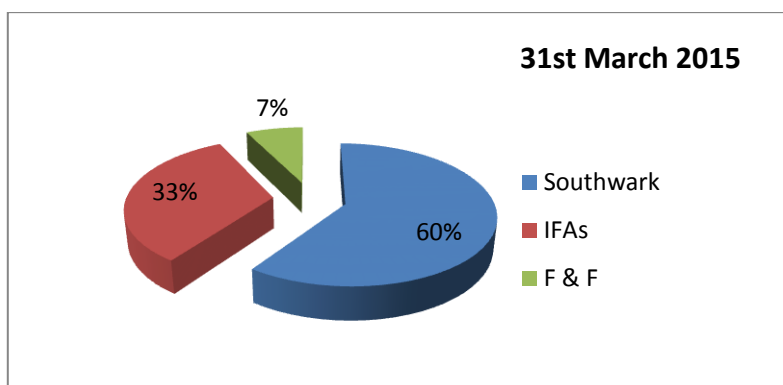
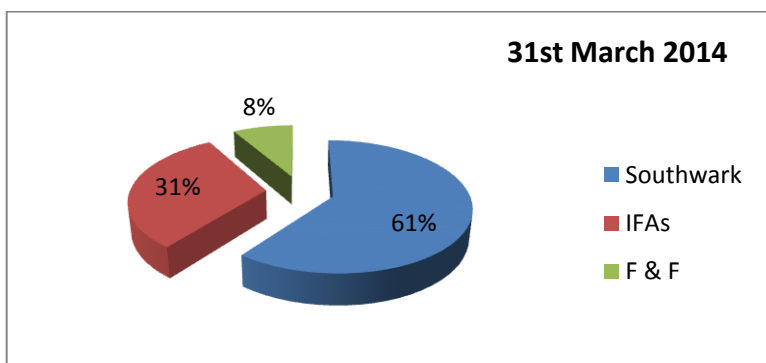
Positive feedback was noted by a judge in a recent case whereby 'Southwark fostering successfully placed a sibling group of 3 together to in a timely and child-centred manner.

Finding placements for teenagers with challenging behaviour, gang affiliation and those at risk of child sexual exploitation are a growing challenge and often require the use of external IFA's.

The use of Friends and Family Foster care is a little higher than previous years at around 9% of the children in foster care. The fostering service has improved its offer to friends and family carers, with dedicated Supervising Social Workers and assessors. A support group specifically for friends and family carers is soon to be established. The fostering services in partnership with Legal have delivered training seminars on the approvals process for family and friends foster carers across children's services. It is anticipated this will improve the experience of families and lead to better outcomes for children.

<sup>1</sup> Data submitted on CLA by Southwark Children's Services as part of the CLA 903 dataset to the DfE 30/06/2016

<sup>2</sup> Data on Staying Put submitted by Southwark Children's Services as part of the CLA 903 dataset to the DfE 30/06/2016

**DISTRIBUTION OF FOSTER PLACEMENT TYPE - OVER LAST 3 YEARS**

These figures illustrate a gradual increase in foster placements with Southwark Foster Carers by 4% since last year and a 2% increase with Family and Friends Carers. A reduction in IFA provision is evident over the last 3 years which highlights better use of Southwark internal provision.

**SOUTHWARK FOSTER CARERS**

<b>Activity Overview – foster carers</b>	<b>2015/16</b>	<b>2014/15</b>
<b>Foster carers approved</b>	<b>9</b>	<b>14</b>
<b>Foster carers ceased approval</b>	<b>4</b>	<b>13</b>
<b>Friends &amp; Family carers approved</b>	<b>9</b>	<b>1</b>
<b>Family Link carers approved</b>	<b>5</b>	<b>5</b>
<b>Matches for Long Term Foster Care</b>	<b>3</b>	<b>4</b>

**Recruitment of foster carers**

Southwark fostering recruitment and assessment was outsourced to an external agency for a two year period from 2013-2015. The outsourcing contract ended and fostering recruitment resumed in house from 20<sup>th</sup> May 2015. Recruitment activity within the last year has been developing as the recruitment hub has become established and learning what works effectively. Within 2015/16, a total of 9 new households were approved to foster, in addition to a further nine friends and families carers approved in the same period. The most critical factor in meeting timescales for assessments has been the significant delays with DBS checks hindered at Stage 4. This is a challenge not only to Southwark or indeed London wide, but is national challenge to all Local Authorities. The fostering network is working with the DfE and DBS to resolve these challenges. Receiving completed medicals efficiently has contributed to delays with regular meetings with Southwark medical advisors now underway to manage this better.

Keeping Southwark children as close to their family origin where appropriate is a key measure of positive outcomes for children and young people. Since April 2016, a recruitment incentive to attract Southwark residents to foster is Council Tax relief to all approved Southwark foster carers. Of the 9 newly approved fostering households in 2015/16, 7 are Southwark residents. It is anticipated this offer will attract new foster carers to Southwark for the year ahead.

In January 2016, Southwark engaged an external charity Home for Good to work in partnership with church and faith communities to attract and recruit foster carers to Southwark. This contract generated minimal enquiries of which none were viable and was terminated after 6 months.

There have been considerable challenges for Southwark in recruiting foster carers for the borough and surrounding areas which prompted a review of the hub. It has been accepted that the hub model requires diverse skills and capabilities to lead a customer facing service to manage and compete in a competitive and evolving social care market. A proposed new structure will be implemented in 2016/17.

### **Retention of foster carers**

The fostering service responds promptly and efficiently to issues and concerns raised by foster carers. The last year has demonstrated improved communication channels with carers –via newsletters, telephone and email reminders of forthcoming training and events. The Supervising Social Workers visit carers monthly to support them in their role, assessing the support needed prior to each new placement which contributes to increasing carers' confidence and capabilities in taking children with high needs.

Consistency and continuity in relationships are very important for foster carers. During 2015/16, new permanent members of staff were appointed and the service expanded with the creation of the dedicated Placements Service and the Recruitment Hub. Both these new service developments will enable the service to provide a more efficient and cost effective service, allowing staff to invest time and effort into the creation of an excellent service for foster carers.

In April 2015 a new training program for Southwark Foster Carers was launched which supported the new payment approach more closely with clearer development pathways for Foster Carers. The program was developed to integrate a systemic and therapeutic approach to retain, support and enable foster Carers to look after children who require more than "ordinary" parenting. Much of the training is underpinned by the Secure Base Model as a foundation, and the more advanced Empathic Behaviour Management. The aim of the two models empowers foster Carers to develop confidence and equip them with the right skills and techniques to help children experience safe and secure care.

Feedback from Southwark Independent Reviewing Service confirmed two separate Foster Carers describing the EBM training as "brilliant". They talked enthusiastically about how they have made the transition from taking on board the theory to applying it effectively to their every day practice. Training and development is important to foster carers and if they value the training on offer, they are less likely to consider moving to another agency.

The revised payment model has been well received by the foster carers with greater transparency and consistency in the way carers are paid. It offers an incentive to support continued professional development and also to improve their financial situation. It has helped to focus carers on the importance of training linked to the quality of care for children and young people. This all contributes to retaining Southwark foster carers and the Councils offer remaining competitive with neighbouring boroughs.

The last 12 months has highlighted key movement in the number of foster carers resigning within Southwark. A total of 18 foster carers have resigned, with 4 foster carers officially deregistered within 2015/16 due to change of circumstances and quality of care. Five households resigned through retirement and age. Other reasons which led to resignation included health reasons change in work commitments, changes within the household and transitioning to Staying Put carers. In the last year, 2 of the 18 foster carers who ceased fostering left to go to another agency.

### Support for foster carers

Despite its rewards, foster care can be a demanding vocation. Southwark's fostering service recognises this and understands good outcomes for children can only be achieved when foster carers feel valued, supported and equipped to do this very important job.

Support is a generic term which in a fostering context encompasses the following:

- Allocation and support of a dedicated Supervising Social Worker during the working week and access to out of hours support 7 days a week.
- Foster Carer induction for all newly approved households and as a refresh to existing Foster Carers. A comprehensive post approval training programme that incorporates therapeutic care giving model. The aim of this approach is to help Foster Carers feel confident and equip them with the right skills and techniques to help children experience safe and secure care. Southwark adopted the Secure Base model as its framework for therapeutic care giving by Carers which help children and young people move towards greater security and build resilience. This model was launched in September 2015 and has been incorporated into other training courses, in addition to a more advanced approach to caring – Emphatic Behaviour Management. There has been a renewed interest in training with approximately 40% of Foster Carers benefitting from this approach.
- Training pathway for Foster Carers to enhance professional development and quality of placements linked to a clear payment model.
- Therapeutic intervention and support from a lead clinician, medical advisor, education, and Care link service to support children in placements and the fostering household.
- Regular Carer support groups accessible for all foster caring households.
- Regular communication and information sharing is maintained via emails, quarterly fostering newsletters and occasional coffee mornings. The practice coordinators are office based and offer a central point of contact for all Foster Carers daily.
- Southwark Foster Care Association (SFCA) is an active foster Carers group that brings Southwark foster Carers together to provide a stronger voice to influence and develop services for Southwark. Carers benefit by having an opportunity to come together and share ideas to develop the service for them and the children in their care. The aim is to enhance foster care involvement by empowering Carers to jointly lead social events, recruitment activities and buddy schemes etc.
- An annual foster Carers dinner dance is held to thank Carers for their commitment to improving the lives of looked after children and young people in Southwark.
- Recognising and acknowledging the dedication and commitment of Southwark Foster Carers who make a difference to vulnerable children and young people is evident in the nominations and awards - Southwark Civic Awards, Southwark Life and Fostering Network magazine.
- Membership and advice to Fostering Network which offer independent advice and support with allegations.

### **Staying Put**

The Children and Families Act 2014 introduced a duty on the local authority to provide 'staying put' arrangements for fostered young people to continue to live with their former Foster Carer beyond their 18<sup>th</sup> birthday and potentially up to the age of 21 years if they are in education. This is a welcome development for young people who have not developed the maturity to move into independent living. The service was well placed to implement these changes as we were already enabling young people to remain in their placements while they completed exams and were prepared fully for independence.

During 2015/16, 35 young people began staying put arrangements with Southwark Foster Carers on reaching their 18<sup>th</sup> birthday. On 31<sup>st</sup> March 2015 there were 19 young people remaining in Staying Put arrangements, while on 31<sup>st</sup> March 2016 the number had risen to 40. This number is likely to rise and this presents a particular challenge for the fostering service, as the existence of a staying put arrangement in a foster home reduces the Carers capacity to take new placements. A proposal to develop a Supported Lodgings Scheme is being considered for 2016/17. This would provide an alternative to young people remaining with Carers, where a young person is ready to live more independently.

### **Short Breaks Care**

The Fostering Service had 30 short break respite carer households offering care to 46 children with disabilities one weekend a month allowing the child's parents to have a break. Short break Foster Carers are specialist carers assessed and matched to a particular child. These carers generally develop a good relationship with parents and often provide care for the children for many years. The short break service is part of the wider support service for families where a child has a disability and enables children to remain within their families and communities while at the same time providing a much needed break for parents.

### **QUALITY ASSURANCE**

The Fostering Service has a clear quality assurance framework. This includes: effective fostering panel scrutiny; feedback from foster carers; management review including audit activity; data and performance scrutiny and learning from complaints. Please see below for more detail on the audits undertaken in 2015/16.

### **Fostering Panel**

Fostering Services Regulations (2011) and National Minimum Standards (2011) require a Fostering Panel to be constituted, which must be chaired by an independent person. Panel members include representatives from the Children's Social Care and independent members with a range of experience. The panel makes recommendations about the approval of foster carers, matches of younger children for long term foster care and in certain circumstances reviewing the approval of foster carers. Final decisions, based on the panel's recommendations are made by the Agency Decision Maker (ADM), Director of Children's Social Care. Southwark's Fostering Panel meets once a month.

Fostering and adoption services are undergoing significant changes in the way in which they deliver services and secure permanence for looked after children and young people. In addition to the planned changes of adoption regionalisation, Southwark have agreed to move to a combined panel which reflects the transition to a more integrated permanence service.

The Adoption Panel Advisor is leading the project of implementing a combined permanence panel for Southwark which will take effect from October 2106. Based on panel members' consultation, there is a phased approach to this transition and the adoption panel chair has resigned after a long tenure of 10 years. The combined panel will be chaired by the fostering panel chair that has both personal and professional experience of fostering and adoption. The panel has also successfully transitioned to a paperless panel where all papers are sent electronically in advance to panel members. This has greatly assisted administrative efficiencies and is timely and well organised. The panel is supported by a well organised panel coordinator and has a diverse panel membership.

There are quarterly meetings with the management group of the Fostering Service and the independent chair and vice-chairs as well as other key staff to facilitate good communication between the panel and the agency to focus on continuing improvement.

### **Foster Carer feedback**

Results from a recent Foster Carer Survey found:

92% considered the support they receive from their SSW to be good or excellent.

75% considered the overall support they receive from the service as good or excellent.

50% considered the support from the child's Social Worker as good or excellent.

### **Positive feedback.**

Many carers who completed the questionnaire wrote about their positive experiences of being foster carers for Southwark. For example:

'We have received training in Empathic Behaviour Management from the Fostering Service. This has been very effective in helping us to grow C as a young adult, helping him to develop self management and self awareness skills. Over the past 18 months we have seen a cessation of violent outbursts and a reduction in abusive behaviour from C.'

We always felt that there was a disconnect between the support services given to A (foster child) and his mum (who he doesn't live with). A's social worker has developed a more relationships based, whole family approach and has built up a rapport with A's mum. This has helped him gain credibility with A and made A and his mum much happier.'

All respondents said they had benefited from the training provided to them as foster carers, especially Empathic Behaviour Management, Secure Base, Challenging Behaviour, CSE and Safeguarding.

### **Management overview and audit activity**

The Quality Assurance Lead for Permanence and the Fostering managers have completed three audits of the Fostering Service in 2015/16. The audits were: Foster Carer Annual Reviews, Foster Carer records, and Safeguarding. Improvement plans with a timescale and actions were written following the analysis of each audit, for example resolving out of date DBS forms and increasing the availability of safeguarding training sessions are currently in progress.



## **Complaints**

Complaints made against the fostering service are taken very seriously and investigated thoroughly by the complaints team and by fostering managers. The learning from complaints is shared amongst the whole team, and changes are made where appropriate to the practice and processes of the team.

There have been four complaints made against the fostering service in 2015/16. Two of the complaints were upheld, and two were partially upheld. Two of the complaints concerned late payments, and were a result of administrative errors and a lack of planning. New systems have now been put in place to ensure that all payments are made in a timely fashion.

The other two complaints were about breaches of confidentiality, that the carers felt unsupported by their supervising social worker and the length of time it took to investigate allegations. Procedures, standards and staff training have been improved as a result.

## **DEVELOPMENTS DURING 2015/16**

The following significant developments were made in the Fostering Service during 2015/16

The foundations for the renewal of the Fostering Service were set in 2014/15. Activity during the period 2015/16 was aimed at building on these and had the following focus:

- Recruiting to team vacancies and strengthening the effectiveness of the fostering managers' group
- Developing the role of the practice coordinators
- Developing the recruitment hub to increase the number of good quality foster Carers
- Creating a dedicated placements service to ensure better planning and matching and increasing placement stability
- Regular practice audits in order to identify key areas for improvement
- Embedding the therapeutic care giving models introduced in 2014/15 – Emphatic Behaviour Management, Reflective Practice, Theraplay and Secure Base
- Extending and developing the training offer to foster Carers and increasing training participation
- Updating the foster carers handbook
- Improving placement stability
- Developing a model for achieving permanence in foster care
- Developing an explicit set of practice standards and expectations for all staff in the service in relation to allegations, payments to Carers, supervisory visits, responding to complaints and safeguarding concerns.

## **REVIEW OF DEVELOPMENT PLANS FOR 2015/16**

**Quality and stability of placements – to improve the offer of therapeutically informed and supported care.** The Placements Service makes use of the Secure Base Model to consider potential matches between children and available carers. This allows an honest appraisal of carers' strengths and areas where support will be needed if a placement is made. The clinician can provide initial advice to carers regarding suitable approaches to caring for a child with particular needs. Three further six-day training programmes on EBM have been delivered during 2015/16 which equates to approximately 40% of carers now using this approach.

**Capacity of Service – to increase the number of active fostering households by 25%** The recruitment hub had been operating for ten months and during that time nine new fostering households were approved, (with another two expected the following month) and a further nine friends and family carers. This figure is significant in increasing the capacity of the fostering service.

This is a 3-year objective to dramatically shift the balance of care giving for Southwark children towards our own Fostering Service, with carers living in or near to Southwark. The Council Tax scheme was implemented in 2016 and is monitoring the effectiveness of this as an incentive to foster for Southwark. The recruitment hub is working closer with Southwark's Communications Team to develop a more modern approach to recruitment, using all forms of modern media to deliver effective fostering recruitment.

The recruitment co-ordinator is involved in achieving permanence for looked after children through building up expertise in producing profiles of children so that these can be circulated to in-house carers, used in advertising and other forms of family finding.

In addition, the placements service has developed better systems to accurately identify carers available to take placements that maximise. The fostering service are developing their carers to accept more difficult placements and establishing identified placement support from the outset. Better deployment of resources has been a significant factor in the reduction of placements made with independent agencies in 2015/16.

### **Friends and Family Carers – to increase this resource, support and learning offer**

The fostering service has improved its offer to friends and family carers, now providing dedicated supervising social workers and assessors, with the development of a support group specifically for friends and family carers.

A time limited working group was established to map out the approval process and decision making for Family and Friends Foster Carers with representatives from across children's social care. This led to a schedule of training seminars being delivered across the services by representatives from Southwark Fostering and Legal service. The aim is to improve the quality of decision making and lead to better outcomes for children.

Family and friends carers are invited to all training provided by the fostering service, including preparation training, post-approval induction training, Training Support and Development standards, and all other training relevant to their placement.

**Long Term Foster Care – to have a clear policy, practice and scheme with more internal placements** Members of the fostering service have been involved in department wide conversations about improving permanence outcomes for children and have helped to shape the policy. The service has also developed a template for recording plans for achieving permanence, which is currently under consultation.

The Placements Service and Recruitment Hub are both actively involved in achieving permanence meetings where the plan for a child may not be adoption. There is the need to continue recruiting families for older children and sibling groups, while maintaining an appropriate balance between promoting permanence with suitable existing carers and utilising the pool of available temporary carers.

**Workers have the knowledge and expertise to make a real difference to children’s wellbeing.** The service has continued to develop its workforce to improve the skills and abilities, through reflective practice groups, team training events and individual personal development plans. During 2015/16, vacancies have been replaced with permanent staff appointments and continuation to train all advanced practitioners in systemic practice. In addition all practice groups now have a supervising social worker trained in Theraplay Level 1. The knowledge and skills statements for social workers have been used as the basis of each worker’s individual work plan for the year.

#### **DEVELOPMENT PLANS FOR 2016/17**

##### **Quality and stability of placements – Making Placements Better**

- Develop and implement an Access to Resource Service to offer an integrated and coordinated service to manage resources effectively to make placements better. This will maximise placement choice, strengthen matching and support placements from the outset.
- Review and amend the permanence structure to realign the teams within the appropriate function.
- Recruit to vacancies to achieve a competent and motivated permanent fostering workforce.
- Review and evaluate the Advanced Practitioner role to strengthen and develop leadership and management support in the fostering service.
- Embed the Secure Base framework as the care giving model across the permanence service.

##### **Permanent Fostering – policy and practice guidance with a scheme for more internal placements**

- Develop a permanence consultation approach and offer to ensure early permanence planning for fostering or kinship is considered at the earliest opportunity for children and young people.
- Review and streamline the long term fostering process for children whose care plan is permanent fostering. This will include a refresh of the policy and practice guidance to comply with statutory changes.
- Supportive Lodgings Scheme to be developed to support young people’s transition to independence and balance the demand and requirements of “Staying Put” arrangements.

**Capacity of Service – to increase the number of active fostering households by 25%**

- Review and evaluate the effectiveness of the fostering recruitment hub and implement developments for 2016/17.
- Implement the fostering recruitment strategy with a much greater focus on utilising digital and social media.
- Develop a recruitment group that incorporates foster cares and Speaker box representatives to support recruitment activities for 2016/17.
- Refresh and maintain a foster carer register to ascertain actual vacancies. Carers who have routinely been vacant need to be resolved to either increase their scope to foster or cease approval.
- Friends and Family Carers – analyse and review service need to respond to increase in demand and efficiencies.

<b>Item No.</b> 9.	<b>Classification:</b> Open	<b>Date:</b> 1 March 2017	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Position Statement on Child Protection Plan Increases	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director, Children and Families	

## RECOMMENDATIONS

1. That the corporate parenting committee notes the position statement on the increase in the number of child protection plans detailed in paragraphs 4 and 5 of this report.
2. That the committee notes the verbal update on January and February 2017 figures that will be provided at the committee.

## BACKGROUND INFORMATION

3. The number of child protection plans in Southwark has continued to rise over the previous 6 months with rates at December 2016 of 53 per 10,000, compared to 44 and 43 respectively for statistical neighbours and England in 2014-15.
4. Analysis of the features and causes for this increase were carried out by the local authority and reported to the Southwark safeguarding children board executive in December 2016. This position statement sets out the changes in the trends of the number of child protection plans in Southwark and provides reasons why the figures are rising for the corporate parenting committee to consider.

## KEY ISSUES FOR CONSIDERATION

5. The 2015-16 end of year figures for the number of children with a child protection plan was 289, by the end of September 2016 this had risen to 344, roughly increasing by 10 children a month over the previous 6 months. The following features were identified:
  - The biggest increase has been seen in those aged 10-15 years of age (20% increase over the last three years; 30% increase over the last 12 months)
  - Children with mixed and/or multiple ethnicity has increased by 60% over three years up from 52 children to 85 in 2014 and 2016 snapshots
  - With regards to the category of abuse, in line with the local agreement to reduce the use of the category of 'multiple abuse' this now accounts for 8% of child protection plans, from 19% in 2014. There is an increase in 'emotional abuse' and 'neglect' categories up 26% and 20% respectively

over the three year period, with increases likely to correlate to the reduction in use of the 'multiple abuse' category, and small falls in the number of 'physical abuse' and 'sexual abuse' categories.

- A slight increase in children staying on child protection plans for longer (up from 1% to 5% on a plan for two years or more against England average of 2.3% and 3.8% for statistical neighbours) with the rate of children going on to plans higher than those coming off a plan. (The 2015-16 deregistration rate was 52, year to date is 43).
  - Significant increases in repeat child protection plans up to 20% for year to date compared to 2015-16 outturn of 9% against the England average of 17% and 15% for statistical neighbours.
6. A review of the child protection plans over the previous six months to December 2016 identified a number of reasons contributing to this outcome, rather than one single reason. These included:
- Increased use of child protection plans for adolescents at risk, especially in regard to child sexual exploitation and youth violence
  - Renewed use of child protection plans for children also subject to public law outline (PLO) following a review of PLO processes and practice that identified drift in some areas of this work
  - Increases in re-registrations (child protection plans for a second and subsequent time):
    - where children on child protection plans were stepped down early to 'children in need' category or 'early help' and arrangements could have been stronger to better support maintained change and/or practitioners were over optimistic.
    - A number of applications for court proceedings for care have resulted in courts not agreeing, resulting in supervision orders and/or Special Guardianship Orders (SGOs) and subsequently children being placed on child protection plans for a second or subsequent time.

### **Actions being taken**

7. This area remains one of ongoing review and scrutiny by managers, although numbers are currently lower than peaks earlier in the year. Cases are regularly reviewed by services as well as subject to external scrutiny and challenge through key forums such as the permanency taskforce, legal and challenge and support panels.
8. A key priority for the revised early help arrangements, as well as Safeguarding services has been the review and reconfiguration of local step down processes. A new, more robust processes has been put in place, that includes a team around the child meeting for every child that is stepped down, underpinned by a clear plan.

### **Community impact statement**

9. The decision to note this report has been judged to have no or a very small impact on local people and communities.

10. The aim of the child protection plan is to:
- ensure the child is safe from harm and prevent him or her from suffering further harm
  - promote the child's health and development; and
  - support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child.  
(Working Together to Safeguard Children: statutory guidance 2015, page 45)
11. The child protection plan will also take into account the child's wishes and feelings and would be explained and agreed with the child as far as is possible in view of the child's age.
12. The work of the referral and assessment teams, child protection case conferences and child protection plans detail the ways in which children and young people are to be kept safe. The child protection plan will be a part of the of the child's care plan when they are also looked after.

### Resource implications

13. There are no specific resource implications arising from this report.

### BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Working together to safeguard children: statutory guidance on interagency working to safeguard and promote the welfare of children, 2015	Department for Education website	Department for Education website
<b>Link: (copy and paste into browser)</b> <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf</a>		

### APPENDICES

No.	Title
None	

## AUDIT TRAIL

<b>Lead Officer</b>	Alasdair Smith, Director, Children and Families	
<b>Report Author</b>	Elaine Allegretti, Assistant Director, Quality and Performance	
<b>Version</b>	Final	
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<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	20 February 2017	



<b>Item No.</b> 11.	<b>Classification:</b> Open	<b>Date:</b> 1 March 2017	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Independent Reviewing Officer (IRO) Escalations Breakdown - Update	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director, Children and Families	

## RECOMMENDATIONS

1. That this report be noted by the corporate parenting committee.

## BACKGROUND INFORMATION

2. In November 2016 the corporate parenting committee considered the independent reviewing officer (IRO) annual report. It noted the escalations described in the report and asked for a separate report setting out more detail about the children escalated by IRO's in 2015-16 including setting out how and why the cases were escalated particularly around 'drift' or delay in care planning.

## KEY ISSUES FOR CONSIDERATION

### 2015-16 representations / escalations

3. During 2015-16 there were 184 recorded representations and escalations to managers from IRO's concerning 178 children. The majority of the escalations were followed up within 24 hours and resolved quickly but in 9 cases the matter had to be escalated to a head of service or an assistant director to resolve.
4. The main themes of the representations made were as follows (note that some escalations were about more than one issue):

Escalations	Number	%
<p><b>Care plans/pathway plans not completed on the system in good time</b></p> <p>A new data system, Mosaic, was introduced in July 2015. A feature of this system is that reporting is ordered into work flows which follow good practice guidance. This means that a LAC review cannot be written up until a Care Plan or Pathway Plan is completed. Also a Care Plan cannot be drawn up until previous documents have been completed and signed off. This has caused severe delay to IRO's and 54% of all escalations and representations during the year (99) have been linked to this problem.</p> <p>There was intensive work over the Summer 2016 to resolve the issues that have impacted upon LAC reviews and new, more user friendly, Mosaic forms came on line in Autumn 2016. Extra training is also being provided to social workers in all areas.</p>	99	54%

<b>Escalations</b>	Number	%
<b>Drift in care planning</b> (details in sections below)	18	9.5%
<b>Concerns re young person's safety</b> Missing episodes 6 CSE/sexually harmful behaviour 5 Criminality/gang links 6 (NB sometimes more than one feature per child)	15	9%
<b>Infrequent social work visits</b> (often linked to recent transfer of case or sickness)	9	5%
<b>Issues around contact with family members</b> Most of these representations were about the need to plan sibling or parent contact. One was concern at the high level of parental contact for a baby	9	5%
<b>No allocated worker/sickness</b> Impact of social work sickness 3 SW has left and case to be reallocated 5	8	4.5%
<b>Health issues</b> Included – emotional health and well-being (3) learning difficulties, management of complex health conditions such as epilepsy and diabetes. In one case a full paediatric assessment was requested.	7	4%
<b>Concerns about the placement</b> These included variously: concern about the physical environment of the placement; carer unable to manage child's behaviour; child needs to move to a more stable or resilient placement	7	4%
<b>Review decisions outstanding</b> In the LAC review – it was noted that previous decisions were outstanding or delayed.	4	2.5%
<b>Staying put arrangements</b> These were reminders to the social workers concerned about staying put arrangements for young people approaching 18 that needed to be confirmed or finalised.	3	2%

Escalations	Number	%
<b>Life story work</b> Request for social worker to carry out life story work for a child in care.	1	0.5%

### Comments and issues in relation to the escalations

5. IRO's have a key role in scrutinising and improving care planning and challenging drift and delay. Out of 184 representations and escalations to managers in 2015-16, 18 (10%) were directly related to IRO concern about drift or delay in care planning.
6. The 18 children escalated for drift in care planning included two large families accounting for 12 children – all the children in these two families were subject of care proceedings. All 12 children are now in permanent placements.
7. The IRO escalations were all responded to extremely quickly and positively by the operational managers (within 2 days in all cases)
8. There are many different reasons for drift and delay in care planning. In the cases looked at these included:
  - Assessments of different parents and extended family members separately
  - Parent having inadequate housing which delayed rehabilitation
  - Difficulties in identifying appropriate carers
  - Police investigations taking a long time (often awaiting Crown Prosecution Service decisions)
  - The need to make difficult and painful decisions – such as splitting sibling groups up or decide which parent or family member should care for a child.
9. The IRO's were effective in flagging up delays in care planning to senior managers and significantly moving on the care plans for all of the children and young people in the cases looked at.
10. Brief anonymised case descriptions:
  - (i) May 2015 the IRO contacted the head of service in relation to two young children under 5 who were awaiting adoption. IRO was concerned about possible delay in the case – the head of service responded quickly and the children were adopted by August 2015.
  - (ii) September 15 the IRO contacted the Practice Group Lead (PGL) in relation to a young man in care. The care plan was rehabilitation to parent and the IRO felt that things could be moving more quickly. This case was speedily picked up by the PGL and rehabilitation plans were made for the child to return home to his parents.
  - (iii) October 2015 the IRO contacted the PGL about a young man in a residential unit where there were plans for him to return home to his parents. The IRO felt that the plans were not moving forward quickly enough. The PGL responded quickly and following the IRO intervention

the case went into court proceedings. The young man finally returned to the care of his father in 2016.

- (iv) October 2015 the IRO contacted the advanced practitioner (AP) regarding two young asylum seeking women in their teens. The IRO wanted faster progress with their care planning. The AP responded to the escalation – in a very short period health assessments were carried out, education placements were sorted out and home office interviews were arranged.
- (v) January 2016 the IRO contacted the PGL in connection with a large family of which all children were in pre-proceedings. The IRO was concerned that the delay in a police investigation had impacted on the planning for the children. The PGL responded to the IRO – full proceedings were started shortly afterwards and the children are now all in permanent placements.
  - i) January 2016 - IRO contacted the PGL in connection with a large family in pre-proceedings. The IRO was concerned about the delay in initiating proceedings. Following this the social work team started proceedings very quickly and all children are now placed in foster care.

#### **Finance / legal issues**

11. There are no financial or legal implications arising from this report.

#### **Community impact statement**

12. The decision to note this report has been judged to have no or a very small impact on local people and communities.

#### **BACKGROUND DOCUMENTS**

<b>Background Papers</b>	<b>Held At</b>	<b>Contact</b>
None		

#### **APPENDICES**

<b>No.</b>	<b>Title</b>
None	

## AUDIT TRAIL

<b>Lead Officer</b>	Alasdair Smith, Director, Children and Families	
<b>Report Author</b>	Jackie Cook, Head Of Social Work Improvement and Quality Assurance, Children's and Adults' Services	
<b>Version</b>	Final	
<b>Dated</b>	20 February 2017	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Officer</b>		20 February 2017

<b>Item No.</b> 12.	<b>Classification:</b> Open	<b>Date:</b> 1 March 2017	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Secure Base Implementation for the Virtual School and Designated Teachers	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director, Children and Families	

## RECOMMENDATION

1. That the report be noted.

## BACKGROUND

2. In November 2016 the corporate parenting committee requested an update report to its March 2017 meeting, including progress on the workshops planned with Southwark virtual schools on the secure base model.

## KEY ISSUES FOR CONSIDERATION

### Update on the workshops with Southwark virtual schools on the secure base model

3. Following discussions between the Virtual School Head teacher and practice group lead in fostering it was considered highly beneficial for both the virtual school and Designated teachers in schools across Southwark to have training on the secure base model.
4. The practice group Lead in fostering attended the Southwark designated teacher's forum and gave a presentation to the designated teachers on the relevance of attachment theory and secure base for schools. This is a regular and well attended network meeting. The seminar took place on the 12 January 2017 and was also attended by Heather Johnson who is the deputy head teacher in the virtual school. See Appendix 1 Handout prepared for seminar.
5. Feedback on this seminar has been positive. There was a high level of interest from those who did attend with several requests for more information and an additional longer session. One primary school designated teacher has identified her school has a high number of looked after children and identified they would like further attachment training for teachers within the school and they will explore this with the virtual school.
6. The fostering practice group lead has agreed to do one further morning of training on secure base which it would be hoped would include all of the virtual school team. It is then thought the virtual school could take this forward with a champions identified within the virtual school. One of the education advisors has had additional training in attachment in schools and is really interested in the application of the secure base model.

7. Additionally the practice group lead has stayed in touch with Professor Gillian Schofield who developed the secure base model regarding the impact and implementation journey in the fostering service and Professor Schofield has shown an interest in the implementation in schools in Southwark and it will be explored if she could have any further direct input.
8. The relationship between the virtual school and fostering service is of critical importance. The virtual school are a key part of training and ongoing support for foster carers to support them to help children to reach their full educational potential and get the emotional, social and educational support they need in school. The next training by the virtual school for foster carers is on 3 March 2017 on helping your child with education and personal education plans (PEPs).

### Conclusions

9. Secure base implementation has had been observed and based on feedback is having really positive impact on supporting foster carers and enabling them to provide greater empathy, understanding, sense of belonging, support and stability to the children they look after. For looked after children this will be even more effective if school staff work together with foster carers and other professionals to give the same messages of care and concern. The knowledge that a group of adults are together “cheering a young person on” can have a powerful effect on a young person and give him or her, perhaps for the first time, an experience of warm, positive parenting. The collaboration between the fostering service and virtual school it is hoped will have a wider impact on the experience for Southwark looked after children in school. The involvement of the designated teachers for looked after children creates the opportunity for this approach to be championed by schools within the borough and the virtual school supports all Southwark children who are looked after including those placed out of borough.

### Community impact statement

10. Where appropriate children who require fostering are best placed to remain in their borough or within a 20 miles radius of their home where they have an identity and sense of belonging, of which contributes to placement stability. The collaboration between the fostering service and virtual school is critical to ensure children are given the best opportunity to succeed and that children are supported at home and school in the best way possible with empathy and a shared framework of understanding of their needs and the impact of past loss and trauma.

### BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

### APPENDICES

No.	Title
Appendix 1	Handout for Seminar for designated teachers 12 January 2017

## AUDIT TRAIL

<b>Lead Officer</b>	Alisdair Smith, Director, Children and Families	
<b>Report Author</b>	Alisdair Smith, Director, Children and Families	
<b>Version</b>	Final	
<b>Dated</b>	20 February 2017	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
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Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	20 February 2017	



**APPENDIX 1**

## Looked After Children and Education



The relevance of Attachment Theory and  
the Secure Base Model for schools

Seminar for designated teachers 12<sup>th</sup> January 2017

**Education and Looked After Children: Attachment Theory and the Secure Base**

“Attachment is a deep and enduring emotional bond that connects one person to another across time and space,” (Ainsworth and Bowlby, 1969).

Southwark Fostering Service’s choice of the Secure Base model of care giving (developed by Schofield and Beek,

University of East Anglia) reflects the importance it gives to attachment theory in understanding the needs of looked after children and young people, and the need to have a more therapeutic approach to their care.

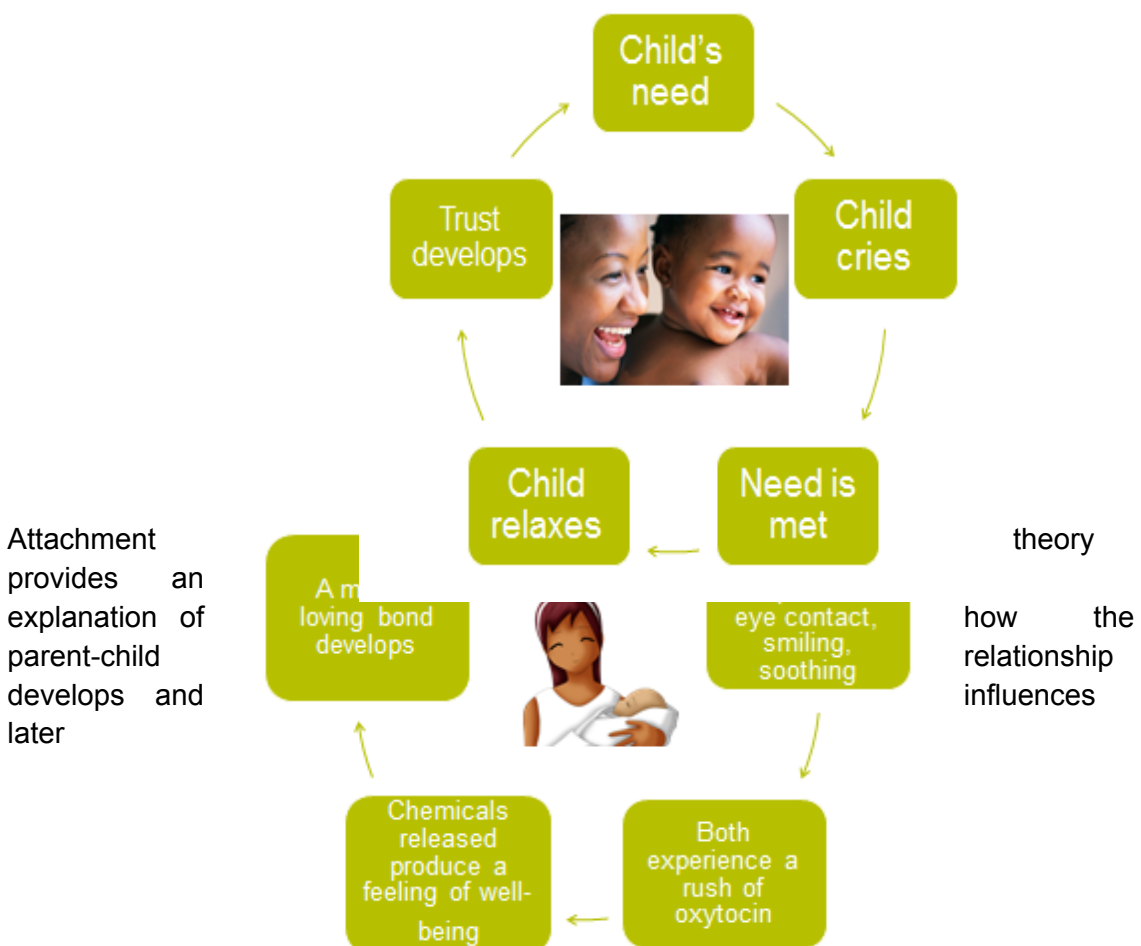
Attachment theory originated with the work of John Bowlby. In the 1930's Bowlby worked as a psychiatrist in a Child Guidance Clinic in London, where he treated many emotionally disturbed children. What these children seemed to have in common was a history of neglectful parenting and emotional deprivation.

He developed a theory that healthy childhood development depended heavily upon a child's ability to form a strong relationship with "at least one primary caregiver". Generally speaking, this is one of the parents. (Bowlby, John: Child Care and the Growth of Love, Pelican, 1953)

Attachment theory is based on the idea that it is the ability of a baby or child to form an emotional "attachment" to a reliable caregiver, which gives him or her a sense of stability and security. This is necessary to take risks, branch out, and grow and develop as a personality. Without such a relationship in place, Bowlby found that a great deal of developmental energy is expended in the search for stability and security. In general, those without such attachments are fearful, are less willing to seek out new experiences and to learn.

By contrast, a child with a strong attachment to a parent knows that they have "back-up" so to speak. This helps her or him to be more adventurous and eager to have new experiences, which are vital to learning and development.

Attachment is characterized by particular behaviours in children, such as smiling, crying, or seeking out the attachment figure when upset or threatened (Bowlby, 1969). Attachment behaviour in adults includes responding sensitively and appropriately to the child's needs. Such behaviours are thought to be universal across cultures.



development. If the carer responds consistently and reliably over time to a baby's attachment behaviour, the baby will relax and develop a sense of trust, and both will experience the release of "feel good" chemicals (oxytocin) which helps to strengthen the bond between them. The child will also develop a positive internal working model – "I am loved, I matter, the world is a safe place." Mary Ainsworth (1963) contributed the concept of the attachment figure as a **secure base** from which the child can explore the world, knowing the caregiver will continue to be available.

Attachment theory also helps to explain why having an unreliable caregiver, or losing an attachment figure is so devastating for a child, and can lead to problems in adjustment later on. It is as if the child's very survival is under threat. John Bowlby, working in a hospital alongside James Robertson (1952) observed that children experienced intense distress when separated from their mothers. Even when such children were comforted by other caregivers, this did not reduce the child's anxiety. They identified three phases of separation response:

- protest (related to separation anxiety)
- despair (related to grief and mourning)
- denial or detachment (related to defence mechanisms, especially repression)



*Attachment theory* helps us to understand some of the difficulties that a looked after child may experience at school and in life in general. This is because insecure children are anxious children. Anxiety makes it more difficult for anyone to concentrate and learn. In addition, a lack of basic trust can make it hard to manage relationships successfully.

**Secure attachment pattern** □ Children with a *secure* attachment pattern – the result of sensitive, secure parenting – may be able to trust the teachers; will be good at managing feelings and behaviour positively; and will feel confident in engaging with learning and making friends.

**Ambivalent attachment pattern** □ A child with an *ambivalent* attachment pattern – the result of parenting that was insensitive, inconsistent and unreliable – will not trust in the availability of adults; will be preoccupied, needy

and angry; will lack concentration; will find it difficult to make friends; and will be anxious about taking risks or trying new things.

**Avoidant attachment pattern** □ A child with an *avoidant* attachment pattern – the result of parenting that was insensitive, emotionally distant or rejecting – will also lack trust in others; will have learned not to express feelings (especially negative feelings); and will seem to be self-reliant. Although such a child may appear independent and compliant, she or he will be repressing feelings of sadness and anger, which may lead to outbursts, especially with peers.

**Disorganised attachment pattern** □ A child with a *disorganised* attachment pattern – the result of insensitive, unreliable, frightened or frightening parenting – will have received little or no comfort from their parents; indeed, the parents may themselves have been a source of anxiety. Chaotic and at times unpredictable, such children will try to control other people (sometimes through aggression, but also through compulsive compliance) in order to feel safer. Paying attention and learning are challenging for children who feel overwhelming anxiety.

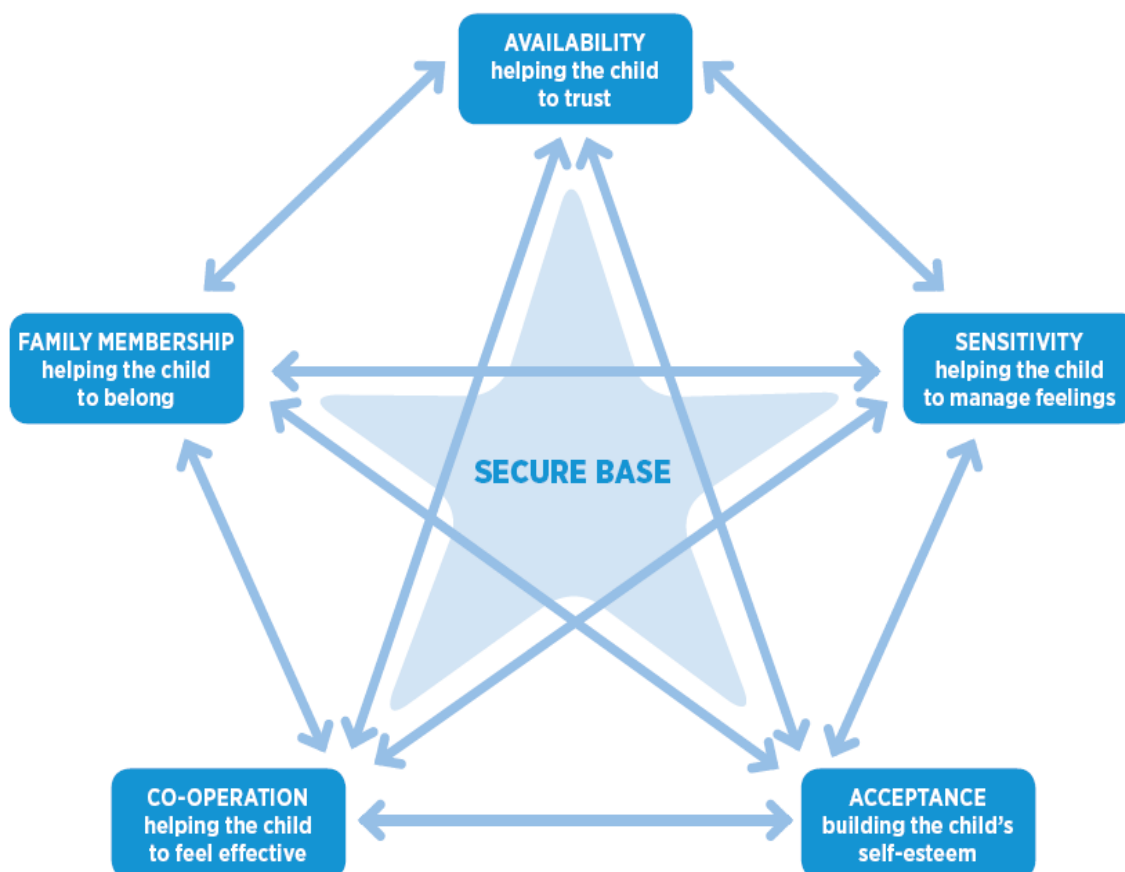
While categories such as these should be used with caution, it can be helpful to make a link between early experiences and a child's or young person's capacity to learn, to build relationships, and to enjoy life. Awareness of a difficult attachment history may help teaching staff, too, in thinking about the type of support a child or young person might need in school. Without this understanding, there is a risk that some of these behaviours might be mislabelled or misunderstood.

Reducing anxiety is critical to helping children and young people to learn, to relate to teachers and friends, and to enjoy school. It can help to realise that a child's or young person's different behaviours may be a sign of anxiety, or a means of surviving, rather than deliberate wrong-doing. This awareness can help in identifying actions that will reassure and calm the child or young person and give a positive message of caring, thereby helping her or him to relax, co-operate and be more open to learning.

### ***A secure base in school***

It may be helpful to consider adapting the Secure Base Model to the school context. When children and young people feel anxious and insecure, they may behave in ways that leave others feeling angry, anxious and stressed. The Secure Base Model helps you think about why this behaviour developed – how it may have helped the child or young person to cope in the past. As you begin to understand the *reasons* for the behaviour, it will be easier not to take it personally but to see it in the context of the child's past history and experiences. The model might help you work out how to respond in ways that will help the child or young person feel more confident and secure. As a sense of confidence and trust grows, the problematic behaviour will hopefully diminish.

## Dimensions of the Secure Base



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*The Secure Base Model was developed, with funding from the Nuffield Foundation and the Esmée Fairbairn Foundation, by Professor Gillian Schofield and Mary Beek at the University of East Anglia (UEA). The authors have kindly given permission for the model to be reproduced and used in Fostering and Adoption teams for training and supporting foster carers and adopters. A practice guide is also available from CoramBAAF: Promoting Attachment and Resilience: A Guide for Foster Carers and Adopters on Using the Secure Base Model (Schofield & Beek, 2014)*

There are a number of ways in which those working with, or caring for a child, could work together to provide a secure base. The aim is a) to reduce anxiety, b) to help the child manage his or her emotions more effectively, and c) to help the child become more confident and resilient. In a school context these could include:

### **Availability** □

Is there a particular adult to whom the child or young person can go for help when anxious or upset? Could he or she be linked with a buddy or mentor?

If that person also notices when the child is in difficulty and offers help, the message to him or her is that someone cares and that he or she matters. This can help to make school a less scary place for an anxious child.

Small messages of support and praise can also show you notice the child and can make an enormous difference to his or her self-esteem – “wow, you’re looking good today!”

### **Sensitivity** □

What signs could the school be alert to that indicate that the child or young person is upset and needs support? Does he or she need help with getting organised and completing homework?

If the child struggles with reading and writing, perhaps use visual tools such as time lines to help him or her to feel more confident about what is happening.

Recognise that some of the rewards often used in schools (stickers, prizes, awards for excellence) may be beyond the reach of some looked after children. They may need to be rewarded for effort and small improvements rather than results.

Helping children understand and manage their behaviour may be more effective than some sanctions used in schools, such as red cards or exclusions etc.

Boy (10) suddenly lashed out at a girl, whom he thought was “giving him a look”.  
When his key worker talked to him about why he had done it, it gradually emerged that his mother used to give him “the look” if he had misbehaved, which meant she would tell his father, who would then give him a severe beating.

Talking to the young person and knowing something about his or her story may help you understand what experiences or memories may be accidentally triggered by everyday school situations. You can also talk to the young person about what else they might do if they feel angry or upset, that does not include hurting others. Is there a place they can go to cool off instead of getting into a fight, for example?

Let the child or young person know that there is a group of people working together to support him or her. Involve him or her in meetings, “check in” regularly with the young person, and ensure that the ‘Personal Education Plan’ is kept regularly updated.

Talk to the child or young person about what he or she wants to share with others about his or her situation, and what should be kept private.

### **Acceptance** □

Many troubled children feel profoundly worthless, they have often experienced parenting that was negative and lacked warmth and sensitivity and tend to see the world and other people in extremes - all good or all bad. They may defend against

feelings of worthlessness by being boastful or refusing to compete. They find it difficult to try new things or take risks.

Teachers may be able to help by promoting the idea that ‘Nobody’s good at everything but everybody’s good at something.’

Are there activities that a child or young person enjoys or is good at, which could be encouraged? Is there a particular role or position of responsibility that would increase his or her self-esteem?

Schofield and Beek suggest that it may be necessary to orchestrate achievements, but also to allow failures and setbacks to happen, and be managed. Classes can be encouraged to accept and celebrate all kinds of difference – ethnicity, personality, talents.

### **Co-operation** □

Looked after children often lack confidence in getting their needs met, have rarely experienced co-operative parenting – their parents were often either too controlling and intrusive, or too passive and ineffective, and consequently the child feels powerless or too powerful.

Could strategies be developed to help the child or young person manage her or his emotions and deal more effectively with conflict? For example, is there a quiet space where she or he can go to cool off? Is there an approach to responding that particularly suits her or him, such as a private chat, a walk, or a diversionary activity?

Allowing a child to make choices, even in small things, helping the child to achieve results - on their own and with help, and helping him or her experience the benefits of negotiation and compromise, all encourage the ability to co-operate and see things from others’ point of view.

### **Family membership** □

Looked after children may feel very different from their peers, and lack a sense that they truly belong anywhere. This might be compounded if they struggle with aspects of school life – friendships, following rules, completing work etc.

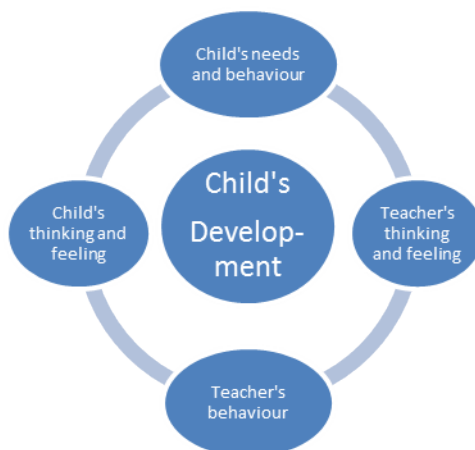
As in families, it may be helpful to think about whether there is a role or special responsibility which could be given to the child or young person that would encourage acceptance by others, and strengthen his or her sense of belonging to the school.

‘Boy (11) loves his fish pond. Now he’s in charge of his own and he’s totally reliable in that department. We encourage him all we can. We say ‘Rob’s the top pond man’. He gave his talk at school on goldfish and got top marks.’ – foster carer

(quote from Professor Gillian Schofield: Secure Base Conference, Southwark 2015)

### **The Care Giving Cycle**

The Secure Base model uses the care giving cycle to illustrate how the behaviour of those caring for a child can gradually change the way he or she thinks, feels and behaves.



The teacher reflects- “Why this behaviour? – I want to help.” By demonstrating a wish to help the child, and behaving in a supportive way, over time the child’s thinking and feeling (internal model) will change. “Somebody cares about me/believes in me – perhaps I can do things differently.”

It is this experience - of being seen, understood and supported, repeated over time, which contributes to an increased sense of confidence and security in a young person. Behaviours which in the past may have helped him or her deal with anxiety and difficult feelings, may reduce as they will no longer serve their original purpose.

Robbie Gilligan, in his book “Promoting Resilience” (British Association for Adoption and Fostering 2009) also highlights the value to young people of having at least one person in their lives who takes a particular interest in them, notices even small achievements and shows that they believe in them.

### **Working Together**

All the above will be even more effective if school staff work together with foster carers and other professionals to give the same messages of care and concern. The knowledge that a group of adults are together “cheering a young person on” can have a powerful effect on a young person and give him or her, perhaps for the first time, an experience of warm, positive parenting.



**Publications**

- Cairns, Kate & Chris Stanway: *Learn the Child – Helping Your Looked After Child with Education* (BAAF, 2013).
- Perry, Andrea: *Attachment in the Classroom* (Worth Publishing, 2012).
- Perry, Andrea: *Teenagers and Attachment* (Worth Publishing, 2009).
- Gilligan, Robbie: *Promoting Resilience* (BAAF, 2009)
- Schofield and Beek: *The Secure Base Handbook* (BAAF 2011)

**Website** <https://www.uea.ac.uk/providingasecurebase/resources>

<b>Item No.</b> 13.	<b>Classification:</b> Open	<b>Date:</b> 1 March 2017	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Corporate Parenting Committee – Work Plan 2016-17	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director, Children and Families	

## RECOMMENDATIONS

1. That the corporate parenting committee review the work plan for 2016-17 as set out in paragraph 4 of the report.
2. That the committee identify any further items for consideration in the work plan for 2016-17.

## BACKGROUND INFORMATION

### Role and function of the corporate parenting committee

3. The constitution for the municipal year 2016-2017 records the corporate parenting committee's role and functions as follows:
  1. To secure real and sustained improvements in the life chances of looked after children, and to work within an annual programme to that end.
  2. To develop, monitor and review a corporate parenting strategy and work plan.
  3. To seek to ensure that the life chances of looked after children are maximised in terms of health, educational attainment, and access to training and employment, to aid the transition to a secure and productive adulthood.
  4. To develop and co-ordinate a life chances strategy and work plan to improve the life chances of Southwark looked after children.
  5. To recommend ways in which more integrated services can be developed across all council departments, schools and the voluntary sector to lead towards better outcomes for looked after children.
  6. To ensure that mechanisms are in place to enable looked after children and young people to play an integral role in service planning and design, and that their views are regularly sought and acted upon.
  7. To ensure performance monitoring systems are in place, and regularly review performance data to ensure sustained performance improvements in outcomes for looked after children.
  8. To receive an annual report on the adoption and fostering services to monitor their effectiveness in providing safe and secure care for looked after children.
  9. To report to the council's cabinet on a twice yearly basis.
  10. To make recommendations to the relevant cabinet decision maker where responsibility for that particular function rests with the cabinet.
  11. To report to the scrutiny sub-committee with responsibility for children's services after each meeting.
  12. To appoint non-voting co-opted members.

## **KEY ISSUES FOR CONSIDERATION**

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

### **1 March 2017**

- Virtual Headteachers Annual report
- Pupil premium (looked after children and evidence)
- Further update arising from independent reviewing officer (IRO) report. The committee requested a breakdown for both statistics: drift in care planning (18) and 184 recorded representations and escalations to manager from IRO's (dispute resolution process)
- Fostering service annual report 2015-16 (deferred from November meeting)
- Foster care training update (educational side), as requested by November meeting
- Health annual report.

### **25 April 2017**

Items to be confirmed.

### **July 2017**

Items to be confirmed.

### **Items to be scheduled**

- Transition from care to independent living – report back on outcome of review of semi-independent living / supported housing.
- Corporate parenting principles resulting from legislative principles
- Placement stability; draft or final version of the front loaded / early intervention offer
- Looked after children Autistic Spectrum Disorder. Update on the 16+ accommodation project to a future meeting (requested 8 November 2016).

### **Corporate parenting committee meetings with SpeakerBox**

5. SpeakerBox, established in 2005, ensures that the views of looked after children and care leavers are used to influence decision making that affects their care and support. Representing children and young people between 8 and 24 years the group also provides a peer to peer networking support system for looked after children. The programme is operated independently and run by the young people themselves, although it is supported by the council's children services team, senior managers and councillors.

### **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**

<b>Background Papers</b>	<b>Held At</b>	<b>Contact</b>
Minutes of meetings of Corporate Parenting Committee	Constitutional Team 160 Tooley Street London SE1 2QH	Paula Thornton 020 7525 4395
<b>Web link:</b> <a href="http://modern.gov.southwark.gov.uk/ieListMeetings.aspx?CId=129&amp;Year=0">http://modern.gov.southwark.gov.uk/ieListMeetings.aspx?CId=129&amp;Year=0</a>		

**AUDIT TRAIL**

<b>Lead Officer</b>	Alasdair Smith, Director, Children and Families	
<b>Report Author</b>	Paula Thornton, Constitutional Officer	
<b>Version</b>	Final	
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<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
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Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	15 February 2017	

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**CORPORATE PARENTING DISTRIBUTION LIST (OPEN)****MUNICIPAL YEAR 2016-17****NOTE:** Original held by Constitutional Team; all amendments/queries to  
Paula Thornton Tel: 020 7525 4395

Name	No of copies	Name	No of copies
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Councillor Helen Dennis	1		
Councillor Kath Whittam	1	<b>Total:</b>	23
Councillor Kieron Williams	1		
Councillor Eliza Mann	1	<b>Dated:</b> 7 February 2017	
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