

Appendix 2

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

2010 - 2012

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Appendix 2

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A: Introduction

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Southwark's Vision

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

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

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Southwark's Service for Children in Care

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

The Children Looked After Service has three main service areas:

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

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

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

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

Impact on Teenage Pregnancy for Children in Care and Care Leavers

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

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

During 2009 the following outcomes for pregnancies were observed:

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

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

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

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B: Action Plan 2010/12

Priority One – Extending free contraception and sexual health advice for looked after children.

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

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

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

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

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

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

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

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

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

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

Actions

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

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

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

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

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Priority Three – Bringing families together

Carer and Placement Support and a “Corporate Parenting Approach”

Parental support is also vital to reducing teenage pregnancy rates.

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

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

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

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

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

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

Actions

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

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Priority Four – Targeted Interventions for most vulnerable children in care

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

These are as follows:

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

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

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

C. Children Looked After Health Steering Group

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

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

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

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

The composition of the steering group are as follows:

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

This service group meets quarterly

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Appendices

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

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Appendix 1

CLA Teenage Pregnancy Action Plan 2010/11

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

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

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

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

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

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

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Priority Four – Targeted Interventions for most vulnerable children in care

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

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

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

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

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

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

Key actions	Date	Achieved	Lead
Delivery of targeted support and pathway planning for young people in care or care leavers who have children to promote their capacity to deliver safe care and reengage themselves in employment, education and training	NEET Strategy in place. Targeted vulnerable teenagers – full year	Yes	CLA NEET Steering Group A & AC Service
Development of carefirst to record and provide management reports relating to:- <ul style="list-style-type: none"> g) delivery of teenage pregnancy screening at Month 4 (motivational interviewing) (Appendix 5 refers) h) numbers of young people identified as high risk as a result of screening requiring a targeted intervention plan. i) annual reviews required/delivered of those identified as high risk of 	Screening tool developed with partners Dec 2010		CLA Health Steering Group

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

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<p>Development of specialist Senior Practitioner role in the Adolescent and Aftercare Service to champion the teenage pregnancy issue and its day to day implementation within the care planning processes for social workers. One of the main responsibilities of the teenage pregnancy nurse is targeted direct work with any young woman who becomes pregnant to assist them in accessing appropriate advice and reaching an informed choice. The specialist Senior Practitioner will engage a care leaver who is also a young parent who will be able to assist the young person in care appreciate the impact of having a child at a young age and how it affects their transition into adulthood</p>	<p>Lead in place June 2010 (T.F.)</p>	<p>Yes</p>	<p>A & AC Service</p>
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Appendix 2 Headline Projects – CLA Teenage Pregnancy 2010-12

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

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

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Appendix 3

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

Introduction

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

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

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

Definition of a refuser

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

Service Response

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

Discussion at Review with Independent Reviewing Officer

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

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

Discussions with Foster Carers, Social Workers and key workers

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

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

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

Role of dedicated administration staff in tracking health refusers

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

Role of allocated social worker

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

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

Relevant Health Assessments for Children with Disabilities

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

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Role to Specialist Nurse

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

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

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

Adolescent and Aftercare Service.

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

Recording on Carefirst

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

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

Other forms of health assessments

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

These being:-

Youth Offending Institutions: Admission Health Assessment

Health Examinations as part of adoption procedures.

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

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

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

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Appendix 5

CLA and Care Leaver Drop in Service

Introduction

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

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

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

Background

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

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

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

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

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

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

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

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

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Outline and Aims

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

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

The key aims of the drop in service are:-

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

Service Links and Information

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

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

Service Description

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

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

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

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

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

Target group

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

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

Resource Options – staffing & equipment

Service Resources

Personnel

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

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

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Equipment

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

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

Budget:

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

b) 2010/11 Running Costs

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

Risk Assessments

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

Evaluation of Drop in Service

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

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

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

Those

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

18-21 who

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f) remain isolated in the community and NEET

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

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Appendix 6

References

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