

## Corporate Parenting Committee

Thursday 25 March 2010

1.00 pm

Town Hall, Peckham Road, London SE5 8UB

### Membership

Councillor Lisa Rajan (Chair)  
Councillor Veronica Ward (Vice-Chair)  
Councillor Barrie Hargrove  
Councillor Adedokun Lasaki  
Councillor Eliza Mann  
Councillor Lewis Robinson  
Councillor Althea Smith  
Barbara Hills  
Chris Sanford

### Reserves

Councillor James Barber  
Councillor John Friary  
Councillor Michelle Holford  
Councillor Caroline Pidgeon  
Councillor Sandra Rhule

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### INFORMATION FOR MEMBERS OF THE PUBLIC

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#### Contact

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or email: [bola.roberts@southwark.gov.uk](mailto:bola.roberts@southwark.gov.uk) or [paula.thornton@southwark.gov.uk](mailto:paula.thornton@southwark.gov.uk)  
Webpage: <http://www.southwark.gov.uk>

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Members of the committee are summoned to attend this meeting

**Annie Shepperd**

Chief Executive

Date: 16 March 2010



Item No.

Title

## Corporate Parenting Committee

Thursday 25 March 2010

1.00 pm

Town Hall, Peckham Road, London SE5 8UB

### Order of Business

Item No.

Title

Page No.

#### **MOBILE PHONES**

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

#### **PART A - OPEN BUSINESS**

##### **1. APOLOGIES**

To receive any apologies for absence.

##### **2. CONFIRMATION OF VOTING MEMBERS**

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

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

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

##### **4. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

Members to declare any personal interests and dispensations in respect of any item of business to be considered at this meeting.

##### **5. MINUTES**

1 - 4

To approve as a correct record the Minutes of the open section of the meeting held on Thursday 18 February 2010.

<b>Item No.</b>	<b>Title</b>	<b>Page No.</b>
6.	<b>CHILDREN LOOKED AFTER PERFORMANCE MONITORING REPORT</b>	5 - 10
7.	<b>HEALTH OF CHILDREN IN CARE</b>	11 - 43
8.	<b>NOT IN EDUCATION, EMPLOYMENT OR TRAINING (NEET) STRATEGY - PROGRESS UPDATE</b>	44 - 62
9.	<b>CORPORATE PARENTING COMMITTEE WORK PLAN 2010</b>	63 - 65

**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: 16 March 2010



## Corporate Parenting Committee

MINUTES of the OPEN section of the Corporate Parenting Committee held on Thursday 18 February 2010 at 1.00 pm at Town Hall, Peckham Road, London SE5 8UB

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**PRESENT:** Councillor Lisa Rajan (Chair)  
Councillor Veronica Ward (Vice-Chair)  
Councillor Barrie Hargrove  
Councillor Adedokun Lasaki  
Councillor Althea Smith  
Barbara Hills, Southwark Primary Care Trust (Non-Voting Co-opted Member)

**OTHER MEMBERS PRESENT:** None.

**OFFICER SUPPORT:** Rory Patterson (assistant director of specialist services & safeguarding), Chris Saunders (head of children looked after service), Roisin McManus (deputy QAU manager LAC), Elaine Allegretti (head of strategy and partnerships), Sarah Feasey (legal, children services), John Howard (head of organisational development), Ian Millichap (constitutional manager) and Bola Roberts (constitutional officer)

### 1. APOLOGIES

Apologies for absence were received from Councilor Lewis Robinson.

### 2. CONFIRMATION OF VOTING MEMBERS

Those members listed as being present were confirmed as the voting members.

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

There were no urgent items.

**4. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

There were no disclosures of interest.

**5. MINUTES****RESOLVED:**

That the open minutes of the meeting held on Thursday 26 November 2009 be approved as a correct record and signed by the chair.

**6. ADOLESCENT AND AFTERCARE SERVICES - APPRENTICESHIP SCHEME FOR CARE LEAVERS****RESOLVED:**

1. That the annual report relating to the apprenticeship scheme being delivered for care leavers be received.
2. That it be noted that apprenticeship scheme rests within the remit of the Adolescent and Aftercare Service for Looked After Children and Care Leavers aged 13-21 and Organisational Development Department.
3. That the steps being taken to engage with council departments to promote higher numbers of apprenticeships and to promote specific allocation target of 20% of apprentice opportunities offered to care leavers be noted.
4. That the progress of the coaching scheme (as outlined at the corporate parenting committee meeting held on 26 November 2009) be noted.
5. That the meeting in July 2010 to include item on coaching schemes for apprentice, to discuss issues from perspective of a coach and young person who should be invited to the meeting.

**7. ADOLESCENT AND AFTERCARE SERVICES - CHILDREN MISSING FROM CARE****RESOLVED:**

1. That the current practice and policy with regards to children missing in care be noted.
2. That the incidences during the last calendar year of children missing from care, duration and age, gender and ethnicity be noted.

## 8. CORPORATE PARENTING COMMITTEE REVIEW

### RESOLVED:

1. That the implications for the scope and activity for the Corporate Parenting Committee arising from revised statutory guidelines, national inspection requirements, and new local priorities for children and young people be noted.
2. That the options for the development of the Corporate Parenting Committee set out in paragraph 19 of the report be agreed and the following actions:
  - That a section for new members' role on the Corporate Parenting Committee should be included in the induction handbook.
  - Member induction events on Corporate Parenting involve Speakerbox. It was suggested that Speakerbox could sent out a welcome letter or toolkit to new members.
  - Member training in 2010 should communicate the special responsibility of being a corporate parent and reflect its high status for all.
  - Appointing a champion for Children Looked After (CLA), it was suggested that the vice chair undertake this role.
  - At an appropriate thematic meeting of Young Southwark the vice chair or champion attend to represent the committee.
  - The agenda of the committee to mirror the themes to be considered by Young Southwark so the views of members can be reported by the champion.

## 9. SPEAKERBOX UPDATES

### RESOLVED:

1. That the progress of the children's rights officer with Speakerbox be noted on:
  - the Tell It How It Was Project;
  - the 'Children in Care Council' for Southwark;
  - the Southwark Pledge and the London Pledge.
2. That the following be approved:
  - The name Golden Rules for Southwark.
  - The name 'Speaker Box Council for Southwark's Children in Care Council
  - Joint meeting in April to get Southwark Pledge.
3. That the committee receive a further report on the draft Southwark Pledge at its March 2010 meeting subject to the joint meeting of the committee and Speakerbox

having taken place before this date, with a further report in July 2010.

#### **10. PROPOSED CHILDREN AND YOUNG PEOPLE'S PLAN 2010 - 13**

##### **RESOLVED:**

1. That the proposed new Children and Young People's Plan (CYPP) for 2010 to 2013 and its implications for the Corporate Parenting Committee be noted.
2. That it be noted the proposed CYPP will be subject to final partner and public consultation, as set out in paragraphs 9 and 10 of the report, with publication by April 2010.

#### **11. CORPORATE PARENTING COMMITTEE WORK PLAN 2010**

##### **RESOLVED:**

That having reviewed its workplan the following reports be allocated for March 2010:

- Children Looked After (CIC) performance indicators 2009 -10 Quarter 4
- Children Looked After Performance report – latest figures
- Annual report – Health of Children in Care
- Southwark Pledge
- Support for new members on Corporate Parenting Committee (CPC)
- NEET Strategy – Update

The meeting closed at 3.20pm.

**CHAIR:**

**DATED:**

## Agenda Item 6

<b>Item No</b> 6.	<b>Classification:</b> Open	<b>Date:</b> 25 March 2010	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Children Looked After: Performance Monitoring Report	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Strategic Director of Children's Services	

### RECOMMENDATION

- 1 That the committee note this report, and endorse the measures adopted to address performance in relation to long-term stability.

### BACKGROUND INFORMATION

- 2 Services for Children Looked After (CLA) are monitored through a series of national and local performance indicators.
- 3 This information is monitored on a monthly basis at senior management meetings. Summary information is monitored by the Young Southwark Executive.
- 4 Quarter 1 and 2 figures have been revised and updated. These figures reflect the quarterly position as at early January 2010 and hence will be different from previous reports provided. However, the overall patterns have not changed.

### Particular Success

- 5 Children Looked After short term stability shows an improvement on the end of year figure 2008/09 (13.0 per cent in Q3 2009/10 compared to 14.1 per cent end of year 2008/09).
- 6 A continued improvement in long term stability in Southwark with figures increasing by 2.2 percentage points from end of year 2008/09 (69.6 per cent compared to 67.4 per cent respectively).
- 7 Further improvement on end of year 2008/09 in the proportion of care leavers in suitable accommodation (98.1 per cent end of quarter 2 2009/10 compared to 97.6 per cent end of year 2008/09).

### Areas of Development

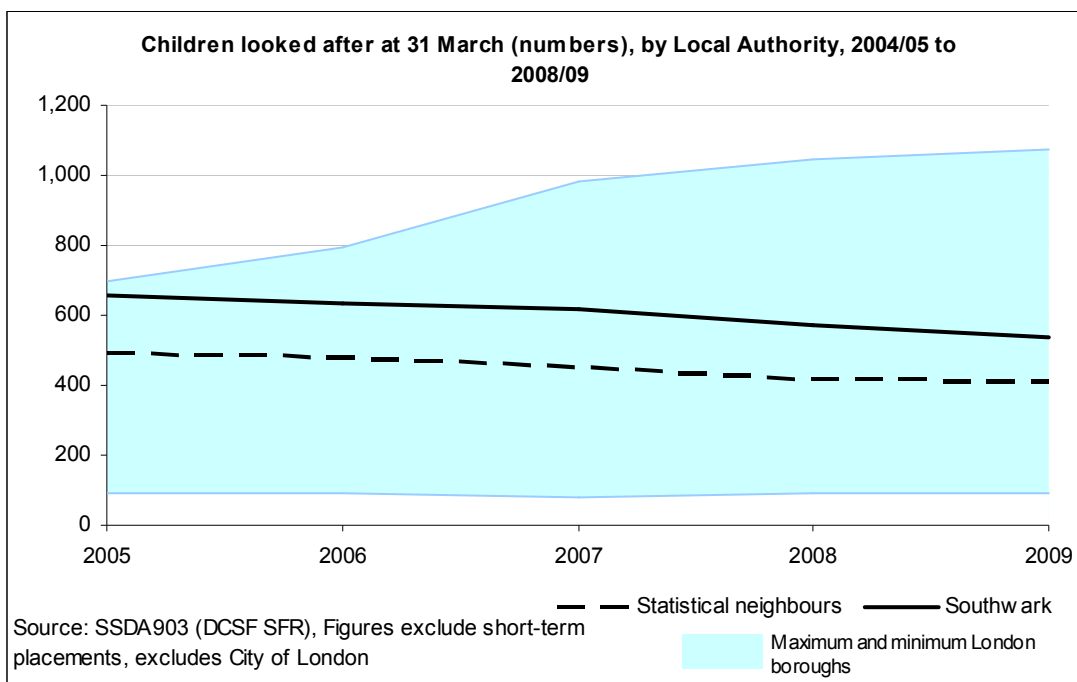
- 8 The proportion of care leavers in education, employment or training remains in line with end of year 2008/09 (60.9 per cent compared to 61.9 per cent respectively).

### Summary as of December 2009 Indicator Set

- 9 Children looked after as at 31 March 2009

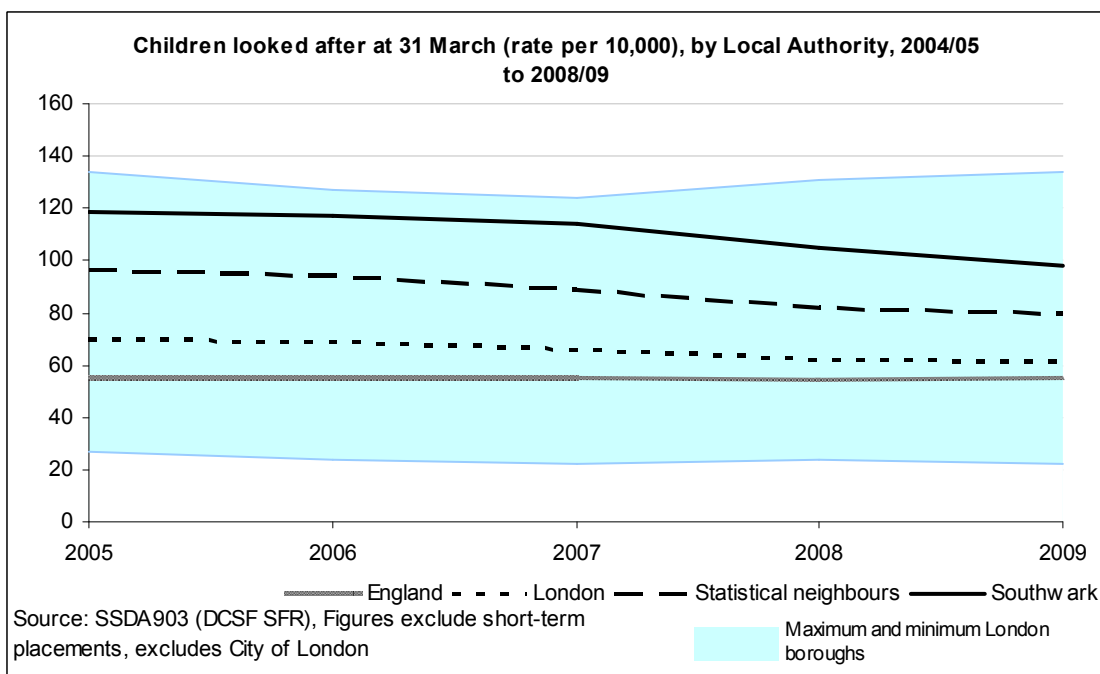
End of year 2008/09 showed a further decline in the number of children looked after in Southwark (535 looked after children). Southwark had the 5<sup>th</sup> highest number of children looked after in London, improving from 3<sup>rd</sup> position end of year 2007/08. However, Southwark still remained in the top quartile nationally.





December 2009 figures show a slight increase in the number of children looked after in Southwark from end of year 2008/09 (558 looked after children). However, this is a decrease from end of September 2009 figures (572 looked after children).

The rate of children looked after had also continued to decrease in Southwark end of year 2008/09 (98 per 10,000 population under 18 years). Although Southwark has improved since end of year 2007/08 it still had the 5<sup>th</sup> highest rate out of the 32 London boroughs (excludes City of London). End December 2009 figures show an increase in the rate of children looked after (102.2 per 10,000) from end of year 2008/09.

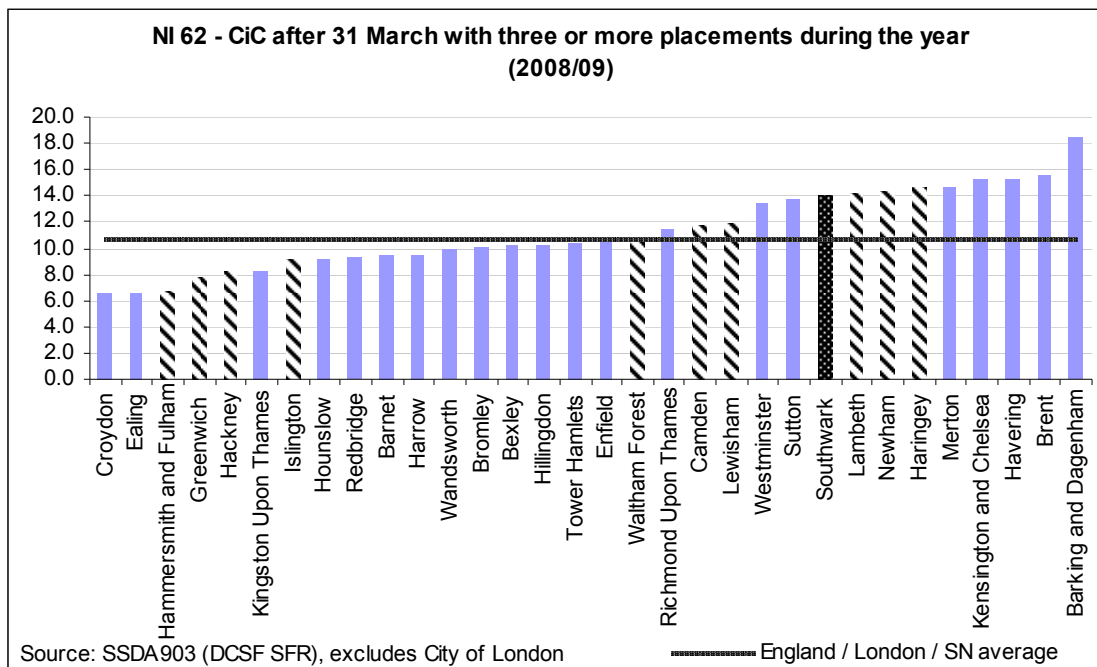


#### 10 NI 62 – Stability of placements of looked after children: number of placements

At the end December 2009, the 12 month rolling average indicates an improvement from end of year 2008/2009 (13.0 per cent in Q3 2009/10 compared to 14.1 per cent end of year 2008/09). This remains in line with quarter 2 (12.6 per cent) performance but is a slight increase from quarter 1 (11.9 per cent).

Southwark showed a decline in performance end of year 2008/09 with an increase by over two percentage points in the children looked after with three or more placements (14.1 per cent in 2008/09). The gap with the national, London and statistical neighbour average has continued to increase and Southwark fell short of its target for the 4th consecutive year. Southwark continues to have one of the highest percentages in London being ranked 9<sup>th</sup> highest out of 33 London boroughs and is in the top quartile nationally.

(Good performance for this indicator is typified by lower percentages. Bandings for 2006-07 described performance as: 0 < 16.01 – Very Good; 16.01 < 20 – Ask questions about performance; 20 <= 100 – Investigate urgently. As a Key Threshold Indicator performance of > 20% has also limited overall performance judgements.)

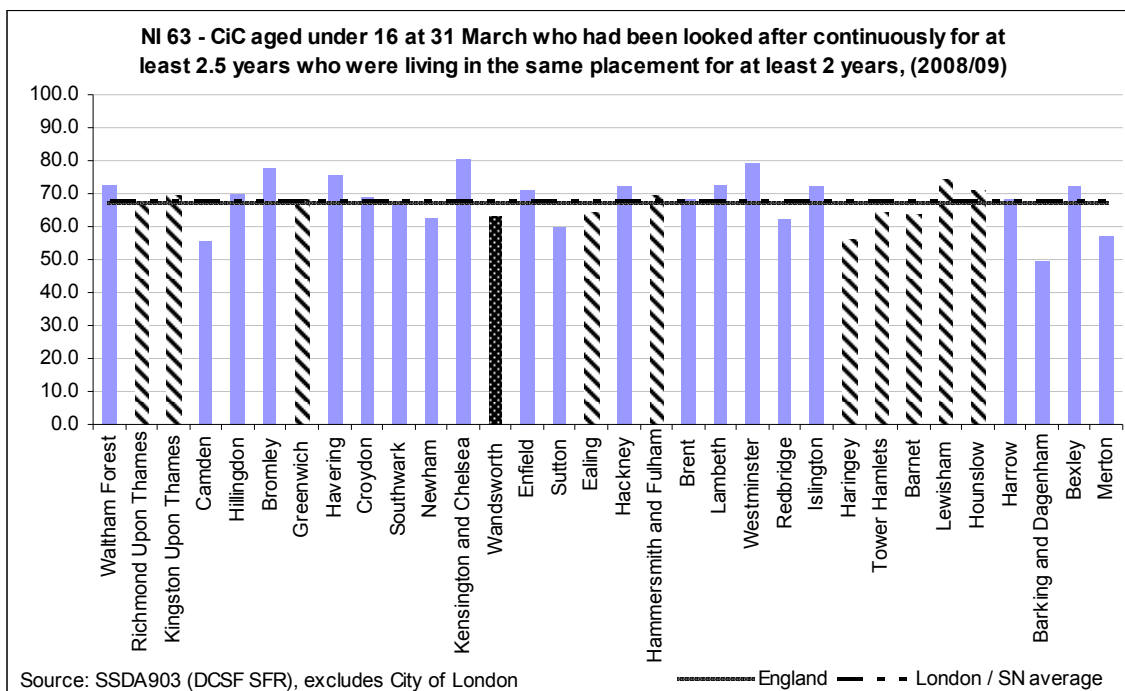


#### 11 NI 63 – Stability of placements of looked after children: length of placements

End of quarter 3 2009/10 figures (69.6 per cent) shows an improvement in performance from end of year 2008/09 with figures increasing by 2.2 percentage points (end of year 2008/09 – 67.4 per cent). End of quarter 3 figures remain in line with end of quarter 2 figures (69.7 per cent) but are an improvement from end of quarter 1 figures (63.3 per cent).

End of year 2008/09 figures (67.4 per cent) showed a three percentage point decrease in the proportion of Children Looked After living in the same placement for at least 2 years from end of year 2007/08 (70.0 per cent). Southwark fell slightly below the end of year 2008/09 target of 69 per cent (by 1.6 percentage points). Southwark was only slightly above the national average (67.0 per cent) in regards to long term stability but had fallen below the London (68.0 per cent) and Statistical neighbour (67.7 per cent) averages end of year 2008/09.

Southwark was ranked 20<sup>th</sup> out of 32 London boroughs, dropping 10 places from end of year 2007/2008 and has dropped to the 2<sup>nd</sup> quartile nationally.



12 NI 99 / 100 – Children in care reaching level 4 in English / maths at Key Stage 2

2009 results have shown an improvement in the proportion of children achieving the expected levels at Key Stage 2 (from 30.8 per cent to 40.0 per cent in English and 26.9 per cent to 45.0 per cent in maths).

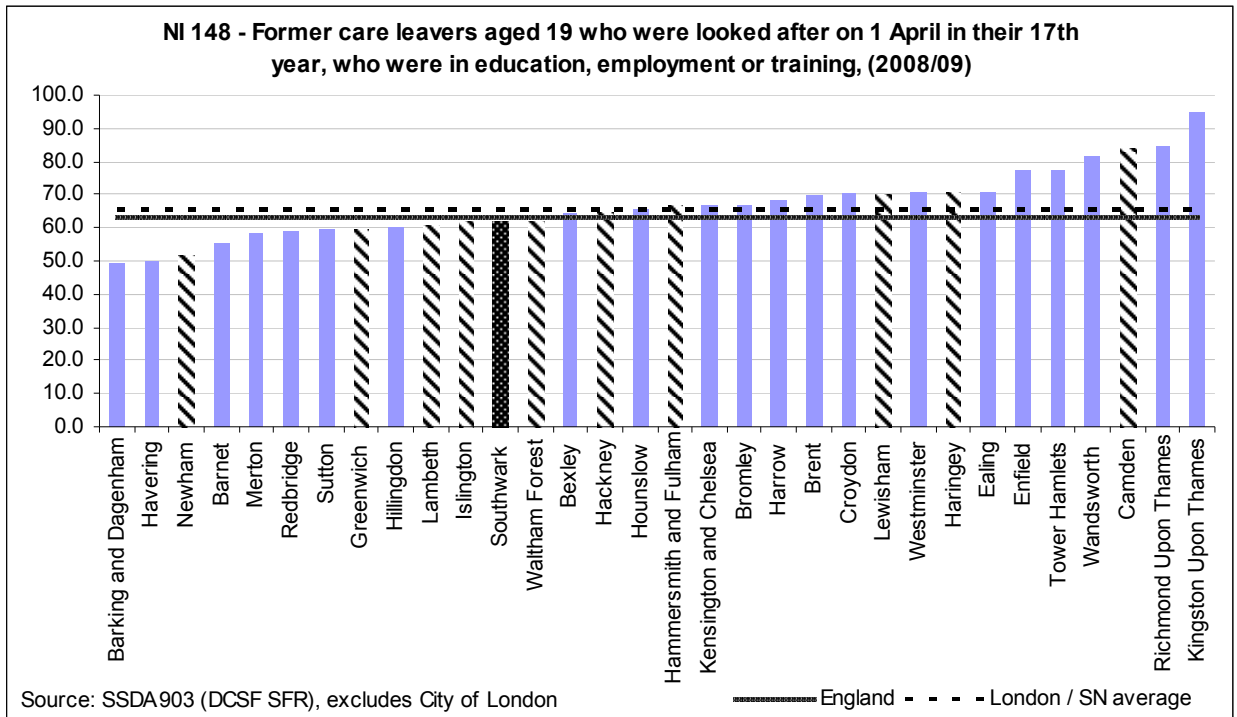
13 NI 101 – Children in care achieving 5 A\*-C GCSEs (or equivalent) at Key Stage 4 including English and Maths)

Key Stage 4 results in 2009 exceeded the target with nearly one fifth (18.4 per cent, 6 out of 32 children) of children in care obtaining at least 5 A\* to C grades including English and mathematics at GCSE or equivalent.

14 NI 148 – % of care leavers in education, employment or training

End of quarter 3 2009/10 (60.9 per cent) figures show Southwark remains in line with end of year 2008/09 (61.9 per cent).

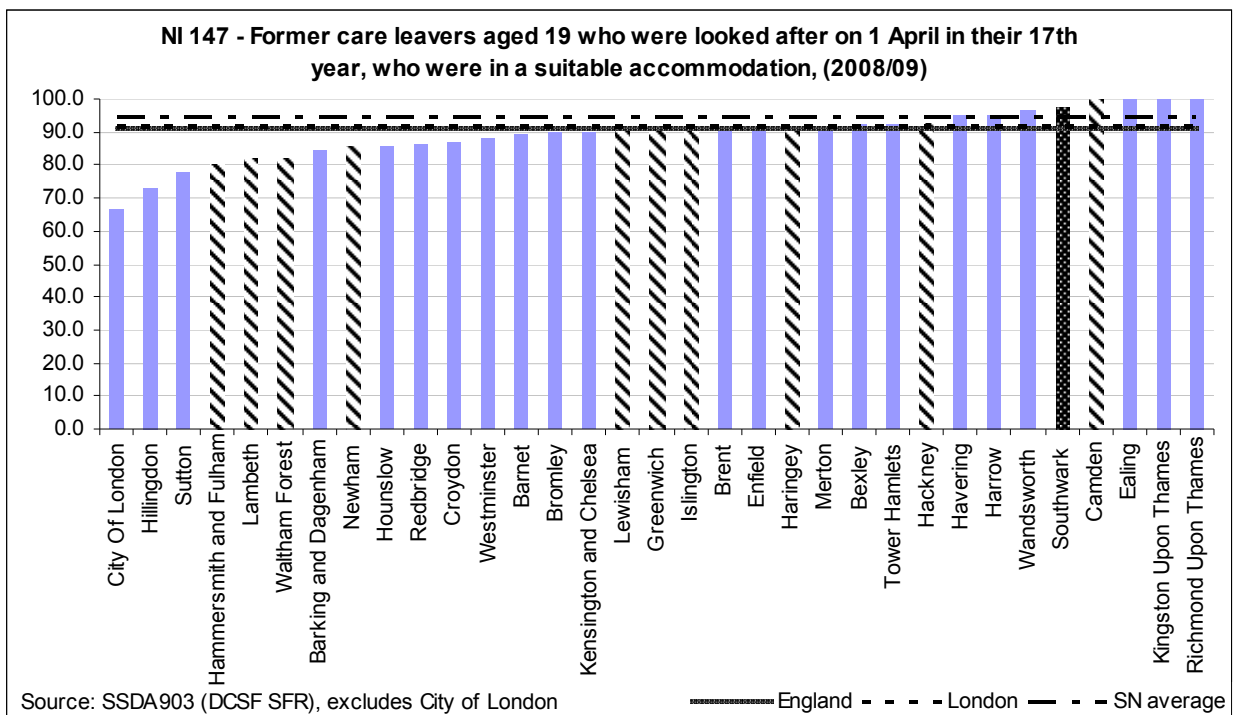
The proportion of Southwark care leavers in education, employment or training had decreased by nearly 6 percentage points end of year 2008/09 (61.9 per cent). Southwark had the 13<sup>th</sup> lowest proportion out of the 33 London boroughs and had fallen below the national average (63.0 per cent). Over the last financial year Southwark have declined at a faster rate than London and its statistical neighbours further widening the gap.



15 NI 147 – % of care leavers at age 19 in suitable accommodation

End of quarter 3 figures in 2009/10 show Southwark remains in line with end of year 2008/09 with 97.1 per cent of care leavers at age 19 in suitable accommodation (compared to 97.6 per cent end of year 2008/09).

Southwark had improved end of year 2008/09 increasing by 6 percentage points in the proportion of care leavers at age 19 in suitable accommodation. Southwark continued to exceed the national, London and statistical neighbour average considerably and had the 5<sup>th</sup> highest proportion out of the 33 London boroughs. Southwark also exceeded its target of 93 per cent.



### Policy Implications

16 This decision has been judged to have no policy implications.

### Community Impact Statement

17 The decision to note this performance report has been judged to have no or a very small impact on local people and communities. Clearly the quality of these services has a big impact on children looked after from all communities. The ethnicity breakdown of the children looked after population is shown in appendix 1.

### Resource Implications

18 This decision has no resource implications.

### Consultation

19 The management teams of Children's Safeguarding and Specialist Services have discussed the indicators set out in this report.

### Strategic Director of Communities, Law & Governance

20 There are no specific implications.

### AUDIT TRAIL

<b>Lead Officer</b>	Rory Patterson	
<b>Report Author</b>	Monika Ciurej / Gwen Sinnott	
<b>Version</b>	Final	
<b>Dated</b>	16 March 2010	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBERS</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Strategic Director of Communities, Law & Governance	No	Yes/No
Finance Director	No	Yes/No
List other officers here	No	
<b>Executive Member</b>	Yes	No
<b>Date final report sent to Constitutional Officer</b>	16 March 2010	

# Agenda Item 7

<b>Item No.</b> 7.	<b>Classification:</b> Open	<b>Date:</b> 25 March 2010	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Health of Children in Care	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Head of Service for Children in Care	

## RECOMMENDATIONS

1. That the Corporate Parenting Committee note and accept the update report from the Designated Doctor for Children in Care.
2. That the Corporate Parenting Committee allocates a future committee meeting to address the whole theme of "Being Healthy" for looked after children. This would address all the strategies relating to health of children in care namely, mental health, substance use, teenage pregnancy, physical health and positive activities.

## BACKGROUND INFORMATION

3. For the last five years Southwark has had a children looked after steering group responsible for overseeing coordinated activities to promote healthy outcomes for children in care and care leavers (also known as Health Management Group – HMG)
4. The health steering group develops an annual action plan to address key issues relating to mental health, sexual health, physical health (including annual health assessments, dental health assessments and optical assessments) and substance misuse. (Appendix 3 provides the 2009/10 Children Looked After (CLA) Health Plan).
5. The Corporate Parenting Committee received periodic reports relating to various components of the overall health strategy for example: access to leisure (Fusion) and young people accessing annual health assessments.
6. The CLA Health Steering group comprises representatives from all parts of the children looked after service as well as:
  - the lead clinician from South London and Maudsley (SLAM) relating to child and adolescent mental health services
  - the designated doctor for children looked after (consultant paediatrician)
  - the designated nurse for looked after children,
  - teenage pregnancy nurse
  - drug treatment agency
  - senior registrar sitting on Southwark's adoption panel
  - Carelink Manager
  - Team leader of Blenheim Community Drugs Project
7. The CLA Health Steering Group develops and underwrites the "Be Healthy" SEF (Self Evaluation Framework) whereby Southwark articulates its annual position statement to government as to how it is addressing the needs of Southwark children.

## KEY ISSUES FOR CONSIDERATION

8. The DOH guidance "Promoting the health and well being of looked after children 2009" requires the designated doctor to produce an annual report concerning progressing healthy outcomes for looked after children. (Appendix 1 summarises DOH statutory guidance for PCT's to deliver services for children in care).
9. The annual report (Appendix 2) provides a headline summary of the key activity areas being

managed in partnership between Southwark Children's Services and Southwark PCT and SLAM.

10. The JAR inspection in April 2008 highly praised the quality and management of integrated health services for children in care.
11. Performance related for health outcomes for children in care is strong and compares well with statistical neighbours. Officers from SLAM and Southwark PCT have in post for a significant period of time and have developed effective and confident working partnerships with CLA Services.
12. There are effective tracking communication and escalation processes which enable individual interventions to be delivered to avoid delay.
13. Additionally there are good information exchange processes and shared data system arrangements to enable the CLA Health team to immediately access children's records and to input directly health findings to ensure prompt communication with social work staff.

### Community Impact Statement

14. It is recognised that young people leaving care at 18 will have far better life chances if they have experienced a degree of emotional stability and have remained free from substance misuse, are physically active and have not already become a parent. The "Being Healthy" agenda has an impact upon care leavers capacity in being able to successfully engage in education, employment and training whilst making a positive contribution to society.

### Financial Implications

15. The PCT are currently reviewing their funding arrangements for all specialist services in light of recently announced budget constraints. It is therefore not assured that ongoing funding for these key partnership posts will be extended.

### Policy Implications

16. There are no new policy implications relating to this report.

### BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
"Promoting the health and well being of looked after children 2009"	Department of Health website	<a href="http://www.doh.gov.uk">www.doh.gov.uk</a>
"Be Healthy" SEF (Self Evaluation Framework) produced by the CLA Health Steering Group	Looked After Children Services Southwark Council 1 Bradenham Place London	Chris Saunders 020 7525 1039

### LIST OF APPENDICES

No.	Title
1	Summary of DOH Statutory Guidance "Promoting the health and well being of looked after children 2009"
2	PCT Report: Update on the Health of Children looked After in Southwark 2008/2009
3	2009/2010 CLA Health Steering Group

## AUDIT TRAIL

<b>Lead Officer</b>	Chris Saunders	
<b>Report Author</b>	Chris Saunders	
<b>Version</b>	Final	
<b>Dated</b>	16 March 2010	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
List other officers here	No	
<b>Executive Member</b>	Yes	No
<b>Date final report sent to Constitutional/Community Council/Scrutiny Team</b>	16 March 2010	



**Statutory Guidance on Promoting the Health and Well-being of Looked After Children 2009 Summary**

The *aim* is to make sure that all looked after children and young people are physically, mentally, emotionally and sexually healthy, that they will not take illegal drugs and that they will enjoy healthy lifestyles.

**The roles and responsibilities of local authorities**

**Duties to looked after children**

Local authorities have a duty to safeguard and to promote the welfare of the children they look after [section 22 of the Children Act 1989].

This should all be done in accordance with the relevant Regulations [Arrangements for Placement of Children (General) Regulations 1991 (as amended) and the Review of Children's Cases Regulations 1991 (as amended)] and best practice to ensure that it is possible to comply with these requirements in every child's case. (10.1.1)

The legal status of children who are the subject of a care order is not affected by detention under the Mental Health Act or in custody. The responsibility of the local authority to promote the welfare of looked after children who are so detained remains and every effort should be made to make sure these children's health needs are identified and met, wherever they are living. (10.1.3)

The local authority has a legal duty under the Children Act 1989 to support its looked after children. The local authority will aim to perform that duty as a good corporate parent and should aim to do at least what a good parent would do. It is the local authority *as a whole* which has responsibility for that child. (10.1.4)

**Health assessments**

It is the responsibility of the local authority to make sure that health assessments are carried out. PCTs have a duty to comply with requests by local authorities for help in the exercise of their functions.

9.8.1 (NB. Detailed guidance on health assessments can be found in the Practice Guidance.)

It is the responsibility of the local authority to make sure that health assessments are carried out for every looked after child. PCTs have a duty to comply with requests by local authorities for help in the exercise of their functions to make sure that this happens in accordance with statutory requirements on local authorities. The following principles should be taken into account when planning or conducting health assessments:

- Each child or young person should have a holistic health assessment on entering care.
- This first assessment should be undertaken by a registered medical practitioner in accordance with the Children Act (Miscellaneous Amendments) (England) Regulations 2002. These are due to be superseded by the Care Planning Placement and Case Review (England) Regulations 2010 which are currently being prepared. Review assessments may be carried out by an appropriately qualified registered nurse/midwife.

- The first health assessment should result in a health plan by the time of the first review of the child's care plan, four weeks after becoming looked after.
- All children who become looked after will have had a Core Assessment and the record of this assessment should be updated in the light of the child's changed circumstances (i.e. that is looked after and has been placed in accommodation by the local authority).
- Attention should be given to the continuity of previous plans and interventions where appropriate.
- All staff with information about the child's health should ensure this is made available to the person undertaking the assessment as soon as possible.
- Local areas may find it helpful to have a system of identifying one health professional to undertake the co-ordinating role for individual children's health.
- The health assessment is not an isolated event, but part of a continuous process with emphasis being put on ensuring actions in the health plan are being taken forward.
- Successful health assessments will require a flexible and child-centred approach, appropriate to the child or young person's age and stage of development.

9.8.3 Looked after children may also undergo routine health checks at school, alongside their peers. In these instances, where the outcomes of the checks are normally notified to parents, the outcomes of checks for looked after children should be notified to both the main carer and to the child's social worker. The information should also be provided to parents of children accommodated under section 20 of the Children Act 1989.

### **Health Plans**

It is the responsibility of the local authority to make sure that every child it looks after has a health plan which forms part of the overall care plan. PCTs must cooperate with the local authority to ensure that the health plan is effective.

Local authorities should have arrangements in place, in accordance with relevant regulations, to ensure that every child it looks after, regardless of where that child is placed, has:

- his/her health needs fully assessed
- a health plan which clearly sets out how health needs identified in the assessment will be addressed. This includes intended outcomes, measurable objectives to achieve outcomes, actions needed, who will take them and by when
- his/her health plan reviewed.

#### **9.9.1 Key principles of the health plan**

As with health assessments, making sure that every looked after child has a health plan which forms part of their care plan, is the responsibility of the local authority that looks after the child. It is essential that PCTs co-operate with local authorities to make sure health plans are effective. The following principles should be adhered to when preparing, drafting and reviewing health plans:

- The health plan should clearly set out the objectives, actions, timescales and responsibilities, arising from the health assessment.
- The health plan should be reviewed in line with the statutory review<sup>46</sup> timescales. Health assessments must be undertaken twice a year for children under 5 years, and annually for children and young people 5 years and over.

- The local arrangements for reviewing the health plan will balance the sensitive and confidential nature of the child's and young person's health information, whilst ensuring it is appropriately integrated into the overall care plan, in order to ensure that required actions are monitored.
- The lead health record for the looked after child or young person should be the GP-held record. A copy of the health assessment and plan should be part of this.
- The health plan should be drawn up in conjunction with a health care professional, and with the child's parents whenever practicable.
- Fostering service providers should work with foster carers to provide information about the child's health needs for the planning and review process.

9.9.2 The health plan should be continued as appropriate when the child returns home.

9.10.1 The **content of the health plan** will vary according to the age and development of the child. The content should always reflect the issues that are addressed at the health assessments, including physical and emotional health. Guidance on age appropriate content for the health assessment, and therefore the health plan, can be found in the Practice Guidance. The following should be included as a minimum in all health plans, in line with the requirements of the Regulations:

- The child's state of health, including physical, emotional and mental health;
- The child's health history including, as far as practicable, their family's health history;
- The effect of the child's health history on their development;
- Arrangements for the child's medical and dental care appropriate to their needs, including:
  - a. routine checks of the child's general state of health, including dental health;
  - b. treatment and monitoring for identified health (including physical, emotional and mental health) or dental care needs;
  - c. preventive measures such as inoculation;
  - d. screening for defects of vision or hearing; and
  - e. advice and guidance on promoting health and effective personal care;
- Any planned changes to the arrangements.

Local authorities should, before a placement is made, **notify** the child's registered practitioner, parents (in most cases) and those caring for the child. When the child starts to be looked after, changes placement or ceases to be looked after the local authority should, as a legal requirement:

- Notify the PCT for the area in which the child is living
- Notify the PCT and the local authority for the area in which the child has been placed.

Local authorities should have a system in place to **monitor** whether the health needs of children placed out-of-authority are being met.

9.3.3 Local authorities need to have a system in place to monitor whether the health needs of children placed out of authority are being met. The review of the care plan (within 28 days, three months, six months and at six monthly intervals thereafter and at other times if necessary) should be the normal mechanism for doing this.

9.3.2 If the authority decides to place a child outside of their area because there is no suitable accommodation in their own area, then with the PCT they should make

arrangements to secure appropriate health services for the child, in accordance with the health assessment and the child's health plan.

Whether or not those delivering services to looked after children work within integrated looked after children teams, it is the responsibility of all staff working with looked after children to ensure they **liaise effectively** with professional colleagues to ensure that health and care planning meets the child's needs.

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

Local authorities are responsible for making sure that a Strengths and Difficulties Questionnaire (SDQ) is completed for every child they look after aged between 4 and 16 inclusive.

9.11.2 Local authorities are required to make sure that a Strengths and Difficulties Questionnaire (SDQ) is completed for each of their looked after children aged between 4 and 16 inclusive. The questionnaire should be completed by the main carer, preferably at the time of the child's statutory annual health assessment. The authority will need to distribute and explain how to use the questionnaires to each carer.

9.11.5 Where an SDQ completed by a carer suggests there may be a difficulty, it will be important to seek completion of the SDQ by the child and the child's teacher to obtain further perspectives. If these further reports also raise concerns, consideration should be given to the use of a diagnostic tool to enable an appropriate intervention to be identified, as SDQs are not a diagnostic tool and should not be relied upon as the only source of information on the emotional health of looked after children.

### **The role of the social worker**

The child's social worker is responsible for making sure:

- he or she has a health plan which is drawn up in partnership with the child, his or her carer and (where appropriate) parents, and other agencies and
- that (while many actions in the plan may be the responsibility of other agencies) the plan is implemented and reviewed in accordance with the regulations.

10.4.1 It is the role of the social worker to ensure that adequate arrangements are made for the child's care and that a plan is made, in partnership with the child, their carer, their parents and other agencies, so that the child's future is secure. This plan should include a Health Plan, based on the needs identified in the health assessment. The social worker is also responsible for ensuring that the plan is implemented and reviewed in accordance with Regulations, although many of the actions may be the responsibility of other agencies.

### **Supporting foster carers to promote health**

Social workers should ensure that foster carers are given a written health record for each child in their care. This record should include: the child's state of health and identified health needs and it should be regularly updated and moved with the child.

Local authorities, normally through the social worker, should ensure that foster carers and residential care workers know how to contact designated and lead health professionals for each child in their care and how to access the services the child needs.

10.7.1 Standard 12 of the National Minimum Standards for fostering services and the Fostering Services Regulations 2002 must be adhered to at all times. This includes a

requirement that each foster carer is given basic training on health, hygiene issues and first aid, with a particular emphasis on health promotion and communicable diseases.

10.7.2 Foster carers should be given a written health record for each child in their care, which includes the child's state of health and identified health needs and is regularly updated and moved with the child. In most cases, foster carers should also be given the child's or young person's health plan as it is foster carers who have day-to-day responsibility for making sure a child's health needs are met. However, it should be noted that consent to this should be obtained in the case of young people who are "competent" in line with the criteria outlined in the Fraser Guidelines. Local authorities must ensure that information about any health needs or behaviours which could pose a risk of harm to the child, the carer or to members with information about the support which will be available to the child and carer to address and manage these difficulties.

10.7.3 Local authorities should ensure that foster carers and residential care workers know how to contact designated and lead health professionals for each child in their care and how to access the services the child needs. This may include access to CAMHS consultation services for the child or carer. Foster carers and residential care workers should ensure that each child in their care attends all relevant health appointments, including their health assessment.

### **Leaving care**

Personal advisers should work closely with doctors and nurses involved in health assessments and would benefit from training in how to promote physical and mental health.

Local authorities should provide looked after children with free access to **positive activities** and related facilities they own, deliver and commission. This includes access for looked after children who are **teenage parents** with arrangements for necessary childcare.

9.17.3 Young people leaving care should be able to continue to obtain health advice and services at what is often a very stressful time for them. Personal advisers should work closely with doctors and nurses involved in health assessments and would benefit from training in how to promote both physical and mental health.

Leaving care services should ensure that health and access to positive activities are included as part of young people's pathway planning, and could consider using their premises to offer health services. CAMHS transitions should be planned at least 6 months in advance of the 18th birthday, in line with recommendations in the CAMHS Review.

The **Independent Reviewing Officer (IRO)** should ensure that the child's health plan is reviewed at least every six months in accordance with the regulations.

### **Roles and responsibilities of the NHS**

#### 11.2

- There is a **named public health professional** with responsibility for children in need issues including child protection as necessary. Looked after children are part of this wider group of children in need and should be considered as part of the Joint Strategic Needs Assessment.
- Systems are in place to ensure children and young people who are looked after are registered with **GPs** and have access to **dentists** near to where they are

## Appendix 1

living, even if this is a temporary placement, and that primary care teams are supported where appropriate in fulfilling their responsibilities to looked after children.

- When children or young people looked after need to register with a new general practitioner (e.g. when they enter care or change placement), that arrangements can be made to “fast-track” the transfer of GP-held clinical records.
- When a child or young person moves placement or moves into the area from the area of another PCT, necessitating moving from one NHS waiting list to another, he/she is not disadvantaged by being placed at the bottom of the new list. Every effort should always be made to ensure that looked after children are seen without delay or wait no longer than a child in a local area with an equivalent need who requires an equivalent service. The commitment for NHS patients in England to start their consultant-led treatment within a maximum of 18 weeks from referral includes patients who move home and between hospitals.
- Appropriate arrangements are in place for the **transition** from child to adult health services.
- There is effective co-ordination between health bodies, particularly at a strategic level. This should include **joint working** between public health, clinical health and CAMHS so as to ensure a social rather than purely medical model of promoting health.

### 11.3.2

- an **annual report** to inform the appropriate provider board and the commissioners;

(From Practice Guidance)

The designated doctor and nurse will work together to fulfil the following functions:

#### Annual report

- the delivery of health services for children and young people looked after should be evaluated annually by the designated doctor and nurse. It should consider the above and the effectiveness of health care planning for individual children and young people looked after, and describe progress towards relevant performance indicators and targets;
- it should also include the results of any independent local studies of the accessibility of health assessments to the children and young people themselves, to foster carers, parents, social workers and to health professionals;
- the report will be presented to the Chief Executive of the PCT Board who commissioned it and the Director of Children’s Services.

### **Child and Adolescent Mental Health Services**

9.12.2 As a result of the evidence collected through the CAMHS review and through the fieldwork carried out to inform the revision of this guidance, PCTs are required to ensure that:

- a child is never refused a service on the grounds of their placement being short term or unplanned;
- there are referral pathways that are understood and used by all agencies that come into contact with the child;
- CAMHS services provide targeted and dedicated services to looked after children where this is an identified local need. This could include a dedicated

team or seconding a CAMHS professional into a looked after children multi-agency team.

### **Some Key Practice Guidance**

2.6 Children in care will spend a significant amount of their time in an **education setting** – nursery, school or college. Research evidence shows that these settings have a key role in promoting the well-being of children and young people, both through their teaching of health education and through their pastoral care of those in their charge. Those responsible for oversight of children in care should ensure that there are strong links between education settings and care staff and health professionals.

Education staff are not health experts or social workers, but they are in a position to spot problems at an early stage and can offer a supportive environment in which to work with specialist staff to address a particular physical or emotional health problem. All education settings should be supported in this role through good communications and appropriate staff development and should know where to go for expert help and how to maintain effective referral arrangements. This support should also pick up on particular issues around child protection and confidentiality of shared information.

### **Care planning and placement quality**

4.1 We want all looked after children to have kind, understanding and committed carers- whether foster carers or residential staff- and we want to encourage that element of 'stickability' which research has shown to be key to the successful continuation of relationships [Sinclair I., *Fostering Now Messages from Research*. Jessica Kingsley Publishers (2005)]. The more engaged carers are in the child's life and the greater their role in decision-making, the more likely they are to develop that close bond which will lead to successful outcomes for the child.

4.2 This means that the child and the carer must be at the centre of all the activity. The work of the wider team around the child – the social worker, health professional, teacher – must be undertaken in a way which strengthens and supports the role of the carer rather than taking away responsibility.

4.3 Being valued and protected by an adult or parental figure is one of most important ways of teaching a child how to grow up to protect him or herself. Carers have a key role to play in promoting the safety of the children and young people they care for but it happens most effectively in the context of a stable relationship. Stability is the keynote of the Government agenda for looked after children and the Care Matters White Paper set out a range of actions for central and local government to promote stability in all aspects of the child's life.

4.5 Carers have a responsibility to provide the kind of home environment that actively promotes a healthy lifestyle. But equally they need to encourage young people appropriately to take some responsibility for their own health and well-being as part of growing up. This may mean providing health information or access to services, supporting their development and answering their questions. Providing them with a positive sense of identity and helping to build their self esteem and self efficacy will give them the confidence to do this.

4.6 Carers should ensure that children and young people in their care attend clinic/health appointments and visit the dentist and optician on a regular basis accompanied by their carer or another trusted adult of their choice as appropriate. They have a key role to play in identifying the child's health needs; keeping records up to date in their Child Health Record Book (red book) where appropriate and ensuring that they contribute to the child's health and education plans as part of the overall care plan, in partnership with the agency, birth parents and other relevant people. They must be the child/young person's champion and advocate on their behalf, if necessary, to access and use the various health services.

4.7 Lack of clarity about where responsibility lies often hampers the efforts of carers to promote children's health. To make sure carers are clear about their roles and responsibilities, the local authority looking after the child should ensure that appropriate delegations are in place through the placement planning process and recorded within the Placement Information Record or Placement Plan.

4.10 Personal and social skill development is fundamental to a successful childhood and adulthood. Many of these skills are derived from secure attachments and successful pre-school experiences and some looked after children will have lacked opportunities to acquire these basic skills. Carers, social workers and health and education practitioners have a vital role to play in identifying gaps and working with the child or young person to find ways to fill them. Examples would be in noticing that a child has difficulty in sustaining friendships, being picked for a team, being able to take turns or expressing him or herself in class. Such opportunities for new and enhancing experiences can also address some of the health promotion gaps which also affect the health, safety and well-being of this population of children.

5.3.3 While a child may not start to see a dentist in his or her own right until the age of 2 or 3 it is recommended that carers of babies and very young children take them to their own dental check ups so that they become used to having teeth checked at an early age

*NB. Unless clearly stated all references are to the statutory guidance published November 2009.*



**PCT Report: Update on the Health of Children looked After in Southwark**  
**2008/2009**

**Introduction:**

This is the first Annual Report as described in Promoting the Health of Looked after Children 2002 and the Statutory Guidance Promoting the health and well being of looked after children 2009.

This report has been prompted by the need to inform key stakeholders of an overview the health needs and gaps in service for this very vulnerable group of children and to comply with the statutory guidance.

In previous years the multi-disciplinary and multi-agency health management group (HMG) have reviewed need and services by the health part of the annual business plan for CLA, the LA performance indicators for health, and audit. We have concentrated on improving the quality of health assessments, tracking processes to improve the availability of Health Care Plans to Social Workers and other key agents in implementing plans,. There have also been major difficulties in collecting accurate activity data in the PCT for children seen at Sunshine House, Children and Young Peoples Centre, and for the health care Plans written based on Health assessments done elsewhere.

The new Statutory Guidance (P38) emphasises the importance of the NHS contribution:

11.1.3 The NHS contribution to the health of looked after children is made in 3 ways:

- Commissioning effective services;
- Delivery through provider organisations;
- Individual practitioners providing co-ordinated care for each child or young person and carer.

11.1.4 The support and contribution of the NHS is crucial to ensuring that local authorities fulfil all the responsibilities of corporate parenting and that looked after children achieve the same optimal outcomes as any good parent would wish for their child.

The new Statutory Guidance (P40 11.3.2) requires and annual report:

- an annual report to inform the appropriate provider board and the commissioners;
- the collection and analysis of data to inform the profile of looked after children in the area for CYPP needs assessment;

In the Practice Guidance this is described more fully (P75):

**Annual report**

- the delivery of health services for children and young people looked after should be evaluated annually by the designated doctor and nurse. It should consider the above (The role of designated health professionals P74) and the effectiveness of health care planning for individual children and young people looked after, and describe progress towards relevant performance indicators and targets;
- it should also include the results of any independent local studies of the accessibility of health assessments to the children and young people themselves, to foster carers, parents, social workers and to health professionals;

- the report will be presented to the Chief Executive of the PCT Board who commissioned it and the Director of Children's Services.

Of particular relevance to the annual report in the roles of the designated health professionals is the following section on P74:

#### Monitoring and information management

- ensure the quality of health care assessments carried out;
- ensure full registration of each looked after child – and all care leavers – with a GP and dentist;
- ensure that sensitive health promotion is offered to all;
- provide an analysis of the range of health neglect and need for health care for local looked after children – i.e. casemix analysis;
- ensure implementation of health plans for individual children;
- contribute to the production of health data on looked after children;
- ensure an effective system of audit is in place;
- review the patterns of health care referrals and their outcomes;
- evaluate the extent to which looked after children and young people's views are informing the design and delivery of the local health services for them.

NICE Guidelines on health of Looked After Children are being developed and will be out soon. These are likely to have further recommendations for evidence based practice for health.

#### Background

The legislation and guidance behind health social care for children looked after (CLA) start with the Children Act and the United Nations Convention on the Rights of the Child. The Children Act 1989 sets out the ways in which children may become looked after, defines parental responsibility, the principle of no order and in guidance the needs of the child are paramount. The UN Convention speaks of rights including to health and treatment, recovery, reintegration and rehabilitation for illness, recovery from abuse and neglect.

The current policy context for Southwark's shared responsibility is the umbrella of the *Every Child Matters* <sup>(2)</sup> framework for improving outcomes for children and young people and the programme set out in the *White Paper, Care Matters: Time for Change* <sup>(3)</sup>, for improving outcomes for looked After Children. Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children has just been published in November 2009. This imposes statutory duties on Local Authorities, Strategic Health Authorities and Primary Care Trusts to meet the health needs of all Looked After Children <sup>(4)</sup>. There is special mention of the need for extra attention to the implementation of Health Care Plans, health promotion, and joint commissioning of services around sexual health and substance abuse.

The term 'Looked after Child' was introduced by the Children Act 1989 to describe children in the care of the local authority in England and Wales. These children are amongst the most socially excluded of our child population. Failure to protect their health may worsen their life prospects and exacerbate damage and abuse. The results from research are shocking. Nearly two thirds will have mental health problems, a quarter having a major depressive illness <sup>(1)</sup>. 20-30% of Children Looked After have learning difficulties and 25% of children who have been in care for more than a year have a statement of educational needs. Up to 44% of substance and alcohol abusers will have been in care as will 23% of the adult prison population.

Other adverse outcomes as adults are early pregnancies, high unemployment and homelessness.

Regulations (supporting Care Standards Act 2000) require that children looked after have an Initial Health Assessment by a medical practitioner and Review Health Assessments annually for the over 5s and 6 monthly for the under 5s. Most children are up to date with their annual health and dental assessments.

This report focuses on the health service contribution to the health of children looked after. Many other issues are very important to children and young people's health and wellbeing such as educational attainment, placement stability and adoption; this report has not addressed them separately.

### **Children and Young people Looked After, Nationally**

#### **Data for year to end March 2009**

There were 60,900 children looked after as at 31.3.09 up 2% from previous year. This is a rate of 55 per 10,000 children, ie 0.55%; 57% boys

35,500 had been looked after for more than a year

3,300 children were adopted, up 3%

Reason given for becoming looked after, and legal status much the same as previous years

Abuse and neglect 61%; (F)CO 59%

Children and young people looked after in Foster care 73%, up 5 %

3,700 UASC up 5% - 87% male

Pregnant girls >12 was 1.2%, over ½ of whom were aged 17

#### **Health and education data for period ending 30.9.08, continuously looked after for >12 months**

(not yet available nationally for 2009 )

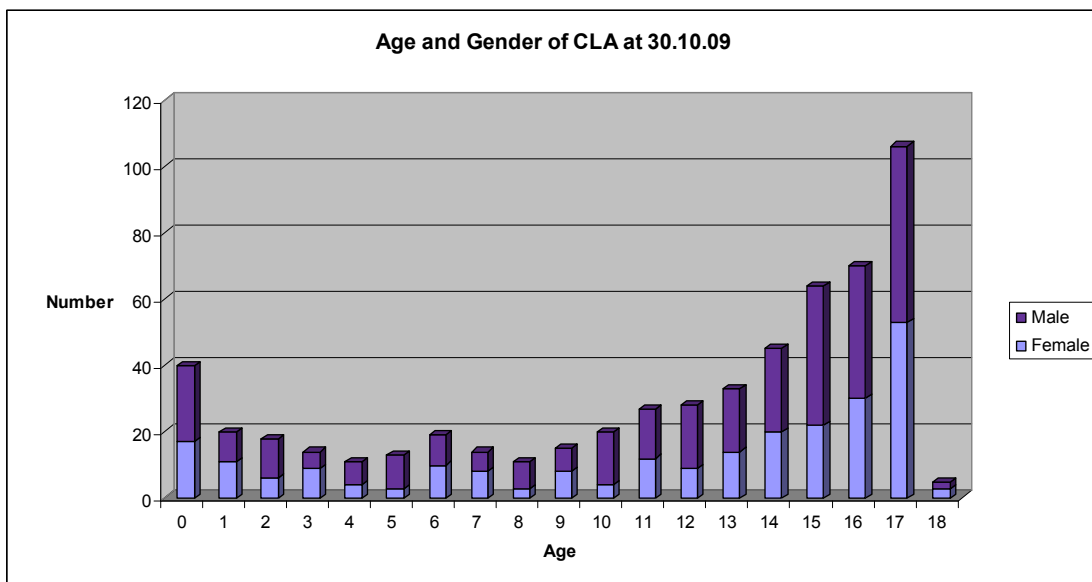
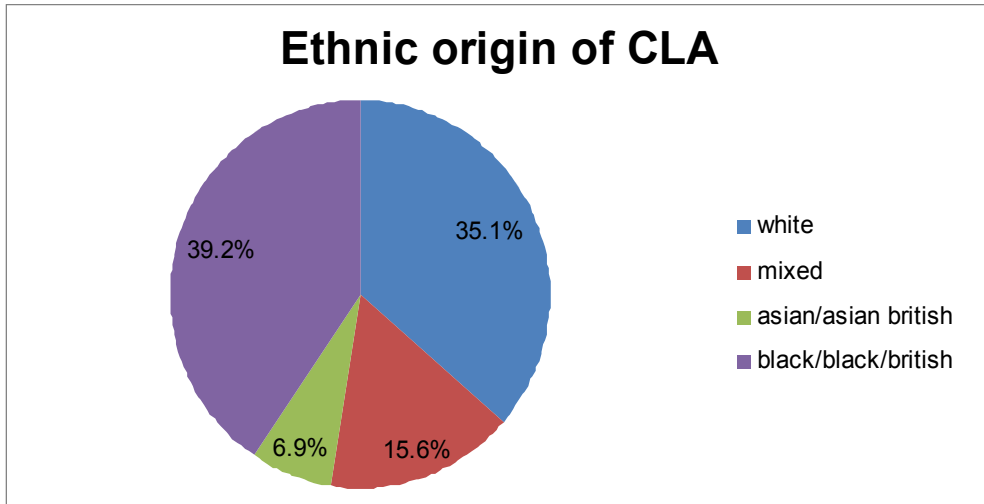
82% immunisations up to date	(previous year) 80%
87% dental assessments up to date	(previous year) 86%
87% health assessments up to date	(previous year) 84%
87.5 developmental assessments up to date	(previous year) 88.3%
Substance abuse 5% (63% had an intervention)	

### **Children and Young people Looked After, Southwark**

Over the last 6 years there have been around 600 Looked After Children (LAC) at any one time, approximately 1.2% of Southwark Child Population. This compares to a national average of approximately 0.6%.

Data:

31.10.09



Starting to be looked after in year to 31.3

	2005	2006	2007	2008	2009
<b>Nationally</b>	25,000	24,600	24,000	23,300	25,400
<b>Southwark</b>	265	265	255	225	220

Year to oct 09

Nov 2009 573

children who came into care in year to 31/08/09 and stayed in care for more than 30 days **223**

children who have been in care for a year or more as at 30/09/09 **373**

Children presented to Permanency Panel Jan – Dec 2009 inclusive **29**

Adults presented to Panel for approval as adopters **31**

### Performance Indicators

Currently there are two LA Children in Care performance indicators that relate specifically to health both for children and young people who have been looked after for more than a year:

91.3% of the 373 are recorded as up to date with their health and dental checks

79.1% of the 373 are recorded as up to date with their immunisations

See also Business Plan – parts relevant to Health – attached

There has been a steady decrease in the number of children in care at a given point than in previous years to end of March 2009. There started to be an increase nationally in CLA from 2008-9 which was reflected in an increase in CLA in Southwark between March and October 09 from 535 to 573. There continues to be a high number of children who have remained in care for a year or longer.

An important issue for Southwark has been the number of refugee and asylum seeking children. This has been reducing whereas the numbers elsewhere and nationally have been increasing. The ethnic and cultural diversity of children looked after in Southwark is very diverse and includes unaccompanied asylum seekers and children from asylum seeking families. Many children and young people and their families require support in using services, and their culture and religious background must be taken into account. Providing for 15-18 year olds presents particular problems. It is important to arrange access to appropriate care for unfamiliar diseases and to recognize emotional health problems, particularly when they are related to past experiences of violence.

Gathering information on immunisations and giving missed immunisations for these groups are frequently part of the health care plans but not often done, due to a number of factors.

Many children have a statement of educational needs. There are higher rates of developmental disorders, such as ASD and ADHD, which may have gone previously undiagnosed before entering the care system. Mental health and behavioural difficulties, along with a number of other factors in the child and carer, are linked to increased risk of placement breakdown.

We have not collected data on specific health problems identified at assessment. A survey in 2003 <sup>(5)</sup> showed that half of Children Looked After at an Initial assessment

needed specialist outpatient services. Two thirds of these children had physical problems. Audit and the overview of initial and review health assessment has demonstrated that the pattern is very similar in Southwark to that reported in the literature and research reported in the Statutory Guidance. Anecdotally less than 10% have no health recommendations.

½ Need referral to out patients departments

- 10% no health recommendations
- 30- 50% mental health problems
- 20- 30% learning difficulties
  - 25% care > 1 year have a statement of SEN

C M Hill and J Watkins 2003 Child Care Health and Development 29 (1) 3-13

Care matters: Time for Change expects improvements in sex and relationship education for looked After Children and increased support for pregnant women and mothers in care or who are care leavers. Southwark has appointment the named Nurse and designated nurse to help provide this education and support. From 2009/2010, the number of teenage pregnancies will be added as a performance indicator.

### **Southwark's PCT Strategic Plan is very relevant to Children Looked After**

Four strategic aims:

- A healthier population
- More health services provided in community/ primary settings rather than hospitals
- Focus on prevention and health and well being across key public and private partners
- Patients at the heart of planning services

Context:

- Over reliance on hospital based services
- Under developed primary and community services
- The PCT's current profile of expenditure is unaffordable
- The affordability analysis requires £18m of savings in 2010/2011
- Our commissioning strategy is driven by the need to achieve a system of healthcare which is financially sustainable

Nine initiatives in place. Especially relevant to CLA in italics

- 1) Maternity and new born
- 2) Children and young people
- 3) Staying healthy
- 4) Long term conditions (includes diabetes and CVD)
- 5) *Unscheduled care*
- 6) *Planned care (includes cancer)*
- 7) End of life
- 8) Mental health
- 9) Patient experience

### **Service Staffing**

In Southwark, there is a designated doctor, adoption medical advisor, designated nurse and named nurse and a dedicated Children and Adolescent Mental Health

## Appendix 2

service (CAMHS) service) that provides a service; clinical governance, includes the use of clinical audit to assess coverage, impact and outcomes.

(Consultant Paedtrician of named CLA Doctor) BC was appointed, after a period of locum cover, in September 2004, to provide more time to fulfil the designated doctor role. There was a long period without a designated nurse for CLA until SY was appointed in 2005

There have been on going severe problems with capacity, especially for administrative tasks and for the review of GP completed Review Health Assessments. Unfortunately PCT data systems are such that we have problems identifying children who need review and cannot collect accurate activity or outcome information. We are grateful for the effective partnerships developed with Southwark Children's Services who have enabled full access to their data system which provide helpful data tracking function and direct inputting capacity.

## Current Staffing

- 2 sessions Consultant Clinical time BC
- 1 session designated doctor time BC
- 7 Sessions Clinical and Medical Advisor to the Permanency panel DA
- 4 sessions other Dr clinical time, + 1 for GP RHAs
- 1 WTE CLA Designated Nurse SY
- 1 WTE Named nurse for CLA – 0.6 filled
- 1 WTE admin post CLA
- 0.75 WTE PA post supporting Medical Advisor
- 0.5 WTE Admin support – unfilled and likely to be lost
- Support from EOs in LA

## Comparison with local areas and national recommendations (WTE)

	Southwark	Lewisham	Lambeth	Recommended
CLA desig sessions	0.1	0.26	0.3	0.25 <sup>1</sup>
MA sessions	0.4	0.4	0.6	#0.3 for panel + clinical per child / adult 0.15 <sup>2</sup>
CLA nurses	2 (1.4 in post)	2 (WTE)	2 (WTE)	
Cla admin	1 (was + ¼ lost)	1 ½ 1/3 PA time	2 + Appt letters	"Sufficient" <sup>2</sup>
MA admin	¾ PA			
HA done by	Send out all Some to GP In house and nurses	IHA by Drs RHA by HV, school nurses	Send out all Most in house Drs and Nurses	Led by Health Done by well trained health professional <sup>3</sup>
Distribution Whole form to	GP for IHA only	GP, SN/HV	Everyone	GP all
Distribution Part C	IHA Rest Part C RHA all	rest Part C		
Lead HCP role for children with disability	none			0.13 sessions <sup>3</sup>

# ½ per adopter; per child new assess 1.5 rev 1; collating 4; rpt 1/ c; overseas 3; counselling adopters 2

Recommended staffing

- 1- is from hall 4
- 2- BAAF proposed JD and competencies
- 3- is from Promoting

BAAF addressed this issue and noted that the Child health promotion report (hall 4) recommended 1 session (0.1 wte) designated doctor time per 100,000 people in a district. Notwithstanding the 2x greater than average looked after children rate in Southwark this would be 2.5 sessions.

### Health Assessments

Overall I anticipate that there should be 220 + IHA per year and approx 400 + RHA per year for children and young people looked after by Southwark.

The clinical time recommended for health assessments by doctors at Sunshine House is adequate for the number of children seen but not to accommodate all Review health Assessments.

Initial Health Assessments are nearly all carried out by the designated doctor and her community paediatric colleagues at Sunshine House in Southwark. 223 children became looked after last year, and remained so for more than 4 weeks. 188 were referred to us and we offered approximately 233 IHA appointments (data collection periods are not the same). Our attendance rates are very high with only 10% failing to attend.

Paediatricians at Sunshine House offered about 500 appointments in the last year to children for Initial and Review Health Assessments, including those for the Permanency panel. Slightly less than half were for initial health assessments; about 280 for reviews, mainly the most complex children.

The CLA Nurses completed about 115 RHA individually counted in the year. A few were requested from HV and school nurses although none have so far been received.

GP health assessments received at Sunshine House were about 100 per year; anecdotally some are not received at SH although they are recorded as having been done by CF. The cost varies: from nothing as the payments system seems to be poor; GPs claim from £32 – 120; and are generally paid £72. The PCT payments department have not been able to supply details, as they do not seem to collect them separately for different sorts of GP claims.

The estimate of the amount paid out is  $100 \times 72 = £7200$

The Statutory Guidance requires (P40, 11.3.2)

*Health professionals performing health assessments and contributing to health care planning have the appropriate skills and competencies by receiving appropriate training;*

It is very difficult to train GPs who are all over the country, and who have very different interest and expertise which may not include the health promotion and sex education of teenagers. It would be much better, clinically and administratively, to have most of these children and young people seen by trained HVs or School nurses or by CLA nurses. Nonetheless we have been told that the funds cannot be



transferred from the PCT GOP Assessment Budget to salaried posts: this seems unfortunate at best, we understand that other PCT's have achieved this. This will be compounded when the Specialist Nurse leaves on a sabbatical for 6 months commencing February 2010.

CLA nurses and community paediatricians at Sunshine House do not have the capacity to see the approximately 100 children who are currently seen by GPs. Many of these children, indeed all the under 5s, should already be having an enhanced level of HV service. For a child's HV to complete their Health Assessment and HCP would avoid duplication for the child, carer and the NHS and would enhance the HV role working with the child and family. School nurses might not already be seeing school age children and might need additional training and time. The supervision of the Health Assessments and HCPs would be by the CLA Designated Dr and Nurse: BAAF estimated that this work would be about 1 hour per child – 100 hours, approx 1 session per week. With additional training and support, and time for collecting information this would require at least 1.5 sessions nurses time, which would be covered by re-allocating the GP fees.

#### Court Work

The designated doctor has been asked to provide many reports for CLA for court proceedings, mainly child care proceedings but also criminal cases. This is entirely appropriate and we hope helpful to SS and the courts' decisions about children's futures, but represents an increasing amount of work under tight time pressure.

#### Permanency Panel and Adoption Work

This is an important and time consuming, and time critical part of our work. We understand the difficulties in scheduling compounded by uncertainties about court etc. However we are still experiencing more problems than we used to, knowing about children likely to be going to panel before 2 weeks before panel. We have tried to improve this with regular liaison with adoption and fostering but still have to do all the chasing. We need to find better ways of advance warning of children likely to go to panel and a simple system of notification, as soon as it is decided, of who will be going forward to the next panel. The current situation is making it extremely difficult for us to see the children, gather all the necessary information and write reports for panel. It is also unnecessarily time consuming and stressful for us, and sometimes for children and carers who have to alter plans to come at short notice at inconvenient times.

The collection of information continues to be very time consuming, and despite many pleas, and recommendations in health care plans, the collection of Parental, maternal and neonatal health information is very poor prior to presentation to panel. There could be ways of trying to improve this routinely now there are dedicated health admin in place in SS or by closer working arrangements. However all boroughs and health staff I know of or have worked with have found this difficult and it is very labour intensive. Obviously improving the follow up and implementation of HCP s would help the panel work.

The amount of reading for panel has considerably increased over the last couple of years in response to changes in Adoption law and regulations,. This has been better for decisions but has increased the amount of time for the medical advisor in preparation for the panel and at panel. The time estimates from the BAAF job descriptions pre-date these changes.

Post adoption work has also increased, for community paediatric and CAMHS services.

### **Data Collection**

There have been considerable problems collecting activity data for all areas of work at Sunshine House, because of major problems with reporting on RiO, and it took a while for PCT staff to build up confidence in the reporting of data on Care First and the initial teething problems of establishing regular data input. We cannot currently collect the data we need from CareFirst directly but this will be part of the 2010/11 agenda.

### **Clinical Governance**

#### Clinical Oversight

All Initial health Assessments (IHAs) are referred to Sunshine House. With the exception of a few Initial health Assessments carried out by other Health care professionals eg a GP where a child is placed in a mother and baby placement in Bristol or another paediatrician where a child is followed up closely already, all IHAs are carried out by the community Paediatricians at Sunshine House. Review health assessments (RHA) for children who have significant health or developmental needs, or who are likely to be adopted, are also seen at Sunshine House. These are closely supervised and their Health Care Plans (HCPs) are signed off by the designated doctor or medical advisor for adoption. The designated Nurse writes the HCPs from the assessments completed by the nurses and the designated doctor and a community paediatric colleague write the HCPs from the assessments completed by other paediatricians and GPs.

#### Clinical Audit

Health Care Plans are the summary and Action plan from the health assessments. They are an essential output from the Health Assessments. However national researches has noted that plans are often not implemented in full, our audits noted this locally also. Audits have looked at process, health care plans and implementation of health care plans. Successive audits have highlighted substantial delays in the distribution of Health Care Plans (HCP), particularly the HCPs that are written by the designated doctor and colleague from the GP health assessments. This had improved but, recently the delay in distribution of health care plans has again reached unacceptable levels again secondary to long term sick leave and cutting of posts. See also attached Audit summaries.

Subsequent audits (undertaken jointly with CLA Services) also looked at the availability and implementation of the health care plan from health assessments by SW and CLA reviews. We discovered that many were unreadable, because of poor handwriting and scanning on SS electronic records; as a result of audits these are now being typed. Where they could have been available to reviews their significance and the need for action were not always understood or brought to the review.

Working closely with Social services we have enabled health professionals at Sunshine House to directly enter HCP onto Care First (CF, SS electronic record). Unfortunately this has been fraught with problems of access, but is beginning to be used more consistently. The advantage of direct entry to CF is the availability to SW and the Reviewing Officers and to pull through to Reviews.

The multi-disciplinary audit in October 2008 was inspired by the need to prepare young people for transition to adult life and concentrated on one group of particularly vulnerable young people: the children in year 9 (14 years old on average) who had statements of special educational needs. We had previously identified transition to adult life as of key importance for young people looked after and had expressed

concern to the multi-agency transition panel that the needs of vulnerable CLA could be missed. We had also identified a difficulty in getting prompt appropriate assessments for these children, especially psychological assessment of learning needs.

There were 10 boys and 5 girls; 1 young person was accommodated under Section 20, the rest on Full Care Orders (FCO), with no unaccompanied asylum seekers. Most of these teenagers had been in care for a long time; had learning difficulties (60%) and/or behavioural difficulties (47%). 3 teenagers` (20%) also had a diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD) and 3 of Autistic Spectrum Disorder (ASD).

This audit highlighted incomplete information in health and social services files about the special educational needs and relevant assessments and an unexpected difference in opinion between SS and health auditors on the need for further assessments to inform their needs as a child and especially to inform their need and eligibility for adult health services. We felt this was likely to reflect the different perspectives and expertise. This was particularly in the area of mental health and psychometric assessments. The designated doctor for CLA, and head of CareLink, have reviewed the files of some of the young people where there was particular discrepancy. We felt that it would be helpful to look in more detail at these children's needs and will collect more information and 3 will be seen for more detailed assessment by a CareLink psychologist.

The most recent audit in 2009 was of children who were reported on CareFirst as having refused Health Assessments.

### **Implementing the Actions of the HCP**

This is a key issue that has come out of audit and local experience which showed that many (usually about ½) recommendations from HCPs are not being implemented. This is not just by Social care, eg foster carers and Social Workers, but also by health visitors, GPs, community paediatricians and hospital staff. Research, highlighted in the new Statutory Guidance showed similar problems had been found elsewhere and proposed a lead health professional (P42)

11.5.2 This lead health professional will:

- ensure the health assessments are undertaken (working with the designated health professionals for looked after children, depending on local arrangements);
- work with the child's social worker to co-ordinate the health care plan and ensure actions are tracked;
- act as a key conduit and contact point between the child or young person and their carer, where they have difficulties accessing health services;
- act as a key health contact for the child's social worker;
- work with the designated health professionals for looked after children, coordinate the individual health reviews.

There remains some uncertainty about how to deliver this and currently the National Children's Bureau is consulting with stakeholders on behalf of the DCSF possibly to develop more guidance on this. The introduction of this role did have cost implications identified in the economic impact assessment accompanying the draft guidance.

Local audit also revealed that recommendations were not always being discussed at Care Reviews. We hope to improve the reviewing and implementation of health recommendations at Care Reviews by the direct entry onto CareFirst of HCPs and

strengthening the SW and IRO responsibility for reviewing and implementing the HCP.

### **Distribution of the HCP – a bottle neck in administration**

It is vital that the Health Care Plan summary and recommendations are shared with the health professionals involved with a child, the carer, and parents where appropriate, and social worker. Health and Social Services have worked closely to minimise duplication and maximise efficiency and a lot more has been achieved within the same resources, for example entering health care plans (HCPs) directly on to SS records.. We are continuing to meet to look for improvements but currently there is simply insufficient PCT admin time to make appointments, upload reports and distribute HCPs in anything like a timely manner. This is becoming a serious clinical risk. A post was frozen because of financial crisis in the PCT and an already stretched service has become untenable. We risk undermining all the good health assessments and analysis of a child / young person's needs by not distributing health care plans promptly and not being able to complete review health assessments when needed.

### **Children with disability**

27 children are looked after with significant disability in the children with disability team. These do not include those CLA for short breaks / respite care. The disabilities of these children and young people are profound and lifelong, and most of these children are placed in specialist provision out of borough. The designated doctor and nurse have not been able to concentrate adequately on these children as mostly their special needs are met by specialist paediatricians. However they has been consulted on individual children and it is apparent that the specific needs of children as looked after and without a normal parent and with the loss of past information and family historical context can be detrimental to these children. There is a need to refocus highly specialist paediatrician time and attention to these extremely vulnerable children away from the more routine processes of CLA administration and reviews. A lead health professional role for the specialist nurses for children looked after would be very appropriate. The financial implications assessment included with the consultation for the statutory guidance estimated the time needed for the lead role for more needy children in a range of 4-6 days per child per year.

The cost of a statutory role of a lead health professional has been calculated as somewhere between £6.2 m and 9.3m. This calculation was done based on 2008 salaries, and based this on three scenarios, to reflect the current uncertainty around the costs for lead health professionals. The scenarios are based on three different sets of assumptions about the number of days of staff time required per annum for each child and the proportion of children who have more complex needs. These assume that 85% / 80% / 75% of looked after children need 1.5 / 2 / 2.5 days of band 6 nurse time per annum and 15% / 20% / 25% need 4 / 5 / 6 days of band 7 nurse time per annum (the children with more complex needs).

Clearly the children looked after within the children with disabilities team would be included in the most needy group. Unfortunately no monies have been identified to cover this see above. To meet this need currently less of something else would have to be done.

### **Children in criminal justice system/ secure children's homes, under Mental Health Act Sections.**

These children have been rightly identified as having particular health needs and also particular difficulties in accessing health.

The Statutory Guidance states:

*10.1.3 The legal status of children who are the subject of a care order is not affected by detention under the Mental Health Act or in custody. The responsibility of the local authority to promote the welfare of looked after children who are so detained remains and every effort should be made to make sure these children's health needs are identified and met, wherever they are living.*

It has often proved difficult to obtain copies of health assessments for children in secure establishments but anecdotally I have felt that, when seen, the quality of these reports has been high. As with distribution of health care Plans from GP and our assessments their utility is much reduced if they are not available to future carers and GPs and social workers.

### **CAMHS**

CareLink provides a therapeutic service to Southwark's Looked After Children up to the age of 16. CareLink provide a service to children in or near to Southwark by individual work with children, work with carers and facilitating access to local services for children and their carers. CareLink professionals work closely with SW and the designated doctor and medical advisor in looking at children's health needs. This service is co located with social work staff and has developed high quality practice related to integral working with special health, special education and fostering services.

A research project into mental health screening programme using the Strengths and Difficulties Questionnaire (SDQ) was found to be effective at detecting mental health conditions for 5-16 year olds. From the cohort of children sent the SDQ 83% warranted going onto the next stage of screening which involved completing the Development and Wellbeing Assessment (DAWBA). Of those completing the DAWBA, 77% were found to have a diagnosable condition requiring further treatment, and all these children have now been referred to an appropriate source. The great majority of children identified were already known to the CareLink service. Fortunately funding has been secured for a research project to look at mental health screening for 4 year olds and under.

There are difficulties securing adequate and timely mental health support for children placed a long way away from Southwark. This is made more difficult by the lack of clear procedures and agreed tariffs for cross boundary charging for children and young people looked after. This has not been resolved by the latest Statutory Guidance and work is continuing on devising a commissioning toolkit. There are difficulties in securing services for vulnerable looked after children aged 16+ year olds with mental health needs that do not meet the higher thresholds of adult services. Sometimes there are difficulties in providing appropriate services for children who have been looked after for less than 3 months. This has been escalated to SLAM and Young Southwark and it is hoped this significant service gap will be addressed.

Previous audits and work with the transition panel in Southwark have identified a need for more assessments, particularly psychometric and psychological assessments of young people approaching leaving care with possible learning difficulties or mental health needs. Representations have been made to Mental health commissioning for Southwark to increase the provision for young people looked after but have not succeeded.

### References

(1): Prevalence of psychiatric disorders in young people in the care system.

McCann et al (1996) BMJ 313, 1529. Action Plan Health of looked After Children Islington 2007-2010

(2): Every Child Matters (2003)

[www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/childrenincare/childrenincare/](http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/childrenincare/childrenincare/)

(3): White Paper, Care Matters: Time for Change (2007)

<http://publications.dcsf.gov.uk/>

(4): Promoting the Health and Wellbeing of Looked After Children – revised statutory guidance

(5): C M Hill and J Watkins 2003 Child Care and Development 29 (1) 3 -13

**Appendix 3 2009/10 CLA Health Steering Group Plan****BE HEALTHY**

The Business Unit for Looked-After Children is responsible for ensuring looked-after children are healthy both physically and mentally. This will be delivered through our partnerships with the PCT and CAMHS and is a particular challenging practice area, as it will require the CLA Service and its key health partners to be delivering services beyond Southwark borders with 69% of CLA placed within 7 miles of the London Borough of Southwark and only 7% over 20 miles.

<b>1. Area for development / priority: Southwark CLA are healthy and receive prompt and appropriate health interventions</b>		
<b>Key actions</b>	<b>Intended Impact and Success Measures</b>	<b>* Notes/Other info</b>
Ensure all CLA (13+) have access to specialist nurse advice about sexual health, fitness and diet, including delivery of free help line directly to designated nurses.	Reduced teenage pregnancy rates for Looked-After children. Two specialist nurses funded and in post.	Lead officers: Jean Hughes / Shola Yemi
Ensure all children have an annual health assessment	Target 93% KPI C19	Lead officers: Chris Saunders / Beatrice Cooper
Delivery of initial health assessments by CLA consultant paediatrician (team) for all new children entering the care system.	Health issues identified early 50% seen at Sunshine House within 20 working days	Lead officer: Beatrice Cooper
Tracking by designated consultant paediatrician (team) where significant health concerns have been identified at initial Health Assessment for CLA or transition issues at 18	CLA effectively accessing specialist health services	Lead officer: Beatrice Cooper
CLA service to deliver greater compliance concerning changes of placement address to reduce numbers of cancellations for health assessments and appointments.	To improve follow up or access to follow-up services and improved outcomes	Lead officers: Mark Mapstone / Beatrice Cooper

1. Southwark CLA are healthy and receive prompt and appropriate health interventions continued		
Key actions	Intended Impact and Success Measures	* Notes/Other info
Delivery of CLA nurse service targeted at delivering health assessments and individual programmes for CLA who refuse annual health assessments or have been assessed as being vulnerable regarding teenage pregnancy.	Target 93% KPI C19 Reduction in Teenage Pregnancy	Lead officers: Jean Hughes / Shola Yemi – designated nurse for CLA
Designated health officers support adoption panels and foster carer approval processes	Improve delivery of health reports to designated health officer KPI C23 1114	Lead officers: Susan Sinclair / Beatrice Cooper
Deliver contract arrangement with PCT regarding delivery of dental consultation 4 times a year at Bradenham	KPI C19 Target 93%	Lead officers: Jean Hughes / Shola Yemi
Incorporation of health issues in Adolescent and Aftercare Group Work Programme	KPI C19 Reduced teenage pregnancy Reduce use of substance abuse	Lead officer: Jean Hughes
Review how staff in the 0-12 service can access health advice namely delivery of a schedule of multi-disciplinary events at Harper Road to enhance worker knowledge relating to the search, health service developments and referral pathways	Delivery of two multi-disciplinary events during 09/10	Lead officers: Alasdair Smith / Elizabeth Murphy / Shola Yemi
Delivery of a health fun day for looked after children aged 13-17 which will include a range of issues including sexual health, diet and obesity, managing stress, physical exercise and constructive use of recreation, substance misuse, access to free leisure facilities and dental care.	Raising awareness for young people and their carers of health support available and improving on people's capacity to make positive life choices delivered in July 2009	Lead officers: Chris Saunders / Jean Hughes / Shola Yemi / Mark Nankivell



2. Area for development / priority: Looked-After Children are physically active		
Key actions	Intended Impact and Success Measures	* Notes/Other info
Increase proportion of CLA accessing leisure resources, through after school provision, fostering support and partnership with Fusion	Target 50% of all Looked-After Children aged 9-16 Up to 100 (14-20 year olds) CLA regularly accessing Fusion leisure activities	Lead officers: Susan Sinclair / Chris Saunders / Mark Mapstone / Fusion
Further improve tracking and reporting systems within CareFirst to collate and report on Looked-After Children able to gain access to hobbies and sports (minimum of 2 hours per week) and Fusion activities	Target 50% of all Looked-After Children aged 9-16 Increased access to sport and leisure activities for Looked-After Children	Lead officers: Mark Mapstone / Chris Saunders / Susan Sinclair
CLA Services to actively promote sport and hobbies through:- <ul style="list-style-type: none"> <li>• Designated budgets available in fostering service</li> <li>• Fostering link social worker activity</li> <li>• IRO input at Reviews</li> <li>• Fostering magazines</li> <li>• SpeakerBox magazine</li> <li>• Health Fun Day</li> <li>• Fusion partnership</li> <li>• Extended school</li> <li>• Group work</li> </ul>	Target 50%	Lead officers: Susan Sinclair / Chris Saunders

<b>2. Looked-After Children are physically active cont'd</b>		
<b>Key actions</b>	<b>Intended Impact and Success Measures</b>	<b>* Notes/Other info</b>
In partnership with independent reviewing officers ensure discussions at statutory reviews ask social worker and placement carers to report how the young person is accessing hobby / support activities	Target 50% Improved access for CLA to leisure and recreational activities, including Fusion	Lead officers: Chris Saunders / Roisin McManus
Tracking and improvement of free access arrangements to Southwark's leisure facilities (through Fusion – Life Style Membership)	Issuing of free cards to Looked-After Children by Fusion Target of 100 young people regularly using Fusion facilities	Lead officers: Chris Saunders / Jean Hughes / Fusion
Delivery of a health fun day for looked after children aged 13-17 which will include a range of issues including sexual health, diet and obesity, managing stress, physical exercise and constructive use of recreation, substance misuse, access to free leisure facilities and dental care.	Raising awareness for young people and their carers of health support available and improving on people's capacity to make positive life choices delivered in July 2009	Lead officers: Chris Saunders / Jean Hughes / Shola Yemi / Mark Nankivell
<b>3. Area for development / priority: Provide effective interventions for Looked-After young people concerning substance misuse</b>		
CLA drugs specialist (DAAT funded) promoting assessments for all young people in the Adolescent and Aftercare Service to determine whether they are vulnerable to substance abuse (include links with YOT services)	Delivery of targeted interventions to most vulnerable young people. 100% of children in Adolescent and Aftercare screened for substance misuse Development of annual review process for all CLA	Lead officer: Jean Hughes / Mark Nankivell / Natalie Fishwick

3. Provide effective interventions for Looked-After young people concerning substance misuse cont'd		
Key actions	Intended Impact and Success Measures	* Notes/Other info
Delivery of health advice and consultation line for Southwark carers	Bi-annual profiling in fostering magazine by CLA drugs worker Improved carer awareness and access to substance misuse advice	Lead officer: Susan Sinclair
Delivery of a health fun day for looked after children aged 13-17 which will include a range of issues including sexual health, diet and obesity, managing stress, physical exercise and constructive use of recreation, substance misuse, access to free leisure facilities and dental care.	Raising awareness for young people and their carers of health support available and improving on people's capacity to make positive life choices delivered in July 2009	Lead officers: Chris Saunders / Jean Hughes / Shola Yemi / Mark Nankivell
Deliver casework intervention for all young people in care assessed as being vulnerable (or using) to substance misuse. Deliver quarterly reports via CareFirst for DAAT Steering Group.	All children assessed as being vulnerable are able to engage with casework intervention provided by CLA drugs specialist provided by DAAT.	Lead officer: Jean Hughes / Mark Mapstone / Mark Nankivell / Natalie Fishwick

4. Area for development / priority: Deliver Comprehensive Child and Adolescent Mental Health Service (CAMHS) for CLA		
Delivery of joint funded CAMHS team (CareLink) to provide direct support and interventions to Looked-After Children and their carers	Improved placement stability KPI A1	Lead officers: Susan Sinclair / Elizabeth Murphy
Review partnership with SLAM, for assessing, supporting and monitoring Children in Care identified as abusing (or high likelihood of) other children (funding reduction)	Improved planning and service delivery through COC steering group and lead practitioners KPI A1	Lead officer: Chris Saunders
Development of strategy with Southwark CAMHS to fast-track access to tier 3 and 4 services for Children in Care – especially those demonstrating highly destructive and / or significant self harming behaviours	Use of Escalation policy to reduce placement instability and children missing from care	Lead officers: Chris Saunders / Elizabeth Murphy
Evaluation of screening process (research funded) for new Looked-After Children to identify future vulnerability to mental health problems (sustainability revised)	Review of pilot to assess impact upon placement stability KPI A1	Lead officers: Elizabeth Murphy / Susan Sinclair
Implement children's service with autistic spectrum disorder strategy (as it relates to children looked after). Introduce concept of TAC for resolving complex care planning issues	Improved placement stability KPI A1	Lead officers: Beatrice Cooper / Moira Leydon / Elizabeth Murphy
Delivery of a health fun day for looked after children aged 13-17 which will include a range of issues including sexual health, diet and obesity, managing stress, physical exercise and constructive use of recreation, substance misuse, access to free leisure facilities and dental care.	Raising awareness for young people and their carers of health support available and improving on people's capacity to make positive life choices delivered in July 2009	Lead officers: Chris Saunders / Jean Hughes / Shola Yemi / Mark Nankivell

5. Area for development / priority: Deliver on-going strategy to reduce teenage pregnancy		
Key actions	Intended Impact and Success Measures	* Notes/Other info
Management of Specialist CLA Nurse screening to assess Children in Care over 13 as being vulnerable for teenage pregnancy. Integrate new requirements for community CAF's to include vulnerability to teenage pregnancy	Target 90% of all young women in Adolescent and After Care Service are screened Performance reports provided for corporate teenage pregnancy steering group Reduce teenage pregnancy	Lead officers: Jean Hughes / Shola Yemi
Provide information, guidance and advice to Southwark carers relating to sexual health issues. Delivery of bi annual articles in fostering magazine and delivery of health input in pre-approval carer training (x4)	Carers accessing nurse help-line	Lead officers: Susan Sinclair / Shola Yemi / Jean Hughes
Develop tracking and reporting systems to monitor outcomes and interventions for those children identified most at risk to teenage pregnancy (screening outcomes)	CareFirst changes in places. Data set reports to health steering group provided 90% of all young women in Adolescent and After Care Service are screened	Lead officers: Jean Hughes / Shola Yemi
"puberty packs" are issued to carers of all Looked-After Children who reach the age of 10 during the financial year	Encouragement of carers to sit down and work with child looking at issues relating to sexual development Support provided by fostering link social workers	Lead officers: Jan Goodwin / Susan Sinclair

5. Deliver on-going strategy to reduce teenage pregnancy cont'd		
Key actions	Intended Impact and Success Measures	* Notes/Other info
Key social work staff in Adolescent and Aftercare Service attend SRE (Sex, Relationship, Education) training	Enhanced social worker and personal advisor awareness of teenage pregnancy issues Reduced teenage pregnancy for Looked After Children	Lead officer: Jean Hughes
To develop a specific strategy to raise awareness for 13 year old looked after children concerning teenage pregnancy. Strategy to involve both young men and young women and be particularly targeted at any young people associated with gangs	Delivery of strategy and reduction in teenage pregnancy for looked after children	Lead officers: Jean Hughes / Joan Small / Roisin McManus / Susan Sinclair
Delivery of a health fun day for looked after children aged 13-17 which will include a range of issues including sexual health, diet and obesity, managing stress, physical exercise and constructive use of recreation, substance misuse, access to free leisure facilities and dental care.	Raising awareness for young people and their carers of health support available and improving on people's capacity to make positive life choices delivered in July 2009	Lead officers: Chris Saunders / Jean Hughes / Shola Yemi / Mark Nankivell

<b>Item No.</b> 8.	<b>Classification:</b> Open	<b>Date:</b> 25 March 2010	<b>MEETING NAME</b> Corporate Parenting Committee
<b>Report title:</b>		Not in Education, Employment or Training (NEET) Strategy – Progress Update	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Head of Service in Children in Care	

### RECOMMENDATION(S)

1. To note the progress of the Children Looked After (CLA) Services Not in Education, Employment or Training (NEET) Strategy since presentation to Corporate Parenting Committee in November 2009.

### BACKGROUND INFORMATION

2. Adolescent and Aftercare service was established in 2007 as part of a single business unit for looked after children and care leavers.

The Adolescent and Aftercare service (A & AC) is one of three services which make up the overall service for children in care and care leavers, these being the:

- Adolescent and Aftercare service
- Services for children in care 0-12
- Adoption & Fostering Services

Each service area is led by a service Manager consisting of a number of social work teams and support from administration, finance and specialist co located staff.

3. The Adolescent and Aftercare service provides the care planning function for looked after children aged from the age of 13-18 and aftercare support until the young person achieves the age of 21 (24 if attending university/higher education).

The service has four teams which provide the full range of services for looked after children and care leavers (13-21). These being:-

- Two teams for children in care aged 13-18
- An aftercare team for care leavers aged 18-21 (24 if in university or higher education).
- One team for unaccompanied minors and unaccompanied minor care leavers.

The main remit of the Adolescent and Aftercare service is:

4. Effective care planning to include health, education, pathway and transition plans
5. Maintain meaningful contact and support for young people who have left care up to age of 21.
6. Deliver support to young people who wish to attend university/higher education up to the age of 24.
7. In partnership with PCT, SLAM and Specialist Health Trusts and DTA deliver effective health interventions to include reducing teenage pregnancy and substance misuse.
8. Deliver specialist partnerships with Police, Community Safety and Youth Offending Services to address issues relating to youth offending including children in care who are on the cusp of crime or associating with gangs.
9. To work alongside colleagues in schools and children's services to narrow the gap relating to attainment especially at Key Stage 4 (GCSE).
10. Deliver a range of interventions post 16 to promote semi independence training including group work, mentoring, life skill training and placement stability.
11. Deliver effective participation arrangements with young people and Speakerbox to improve and shape services.
12. Working in partnership with Southwark housing, supporting people (including Adult Services) and the private sector (commissioned services) deliver appropriate living accommodation for care leavers post 18.
13. Deliver an effective strategy to support young people in employment, education or training from the age of 16 -21. Delivered in partnership with Connexions, Southwark works, Southwark College, Council Apprenticeship Scheme and targeted youth support.
14. Provide specialist advice, intervention and support, specific to unaccompanied minors and unaccompanied minors leaving care.

#### **KEY ISSUES FOR CONSIDERATION**

15. The Drop in Service (Appendix 1) was launched on 24<sup>th</sup> January 2010. This is an innovative programme whereby the adolescent and aftercare services are open during the day Monday's Tuesdays and Thursday's to offer a range of engagement activities for looked after children and care leavers (16-21) who are not in employment, education and training.



16. The Drop in Service has already had a significant impact with over 30 people attending.
17. The NEET Strategic group which includes partners from Connexions, Southwark Works, 14-19 Partnership, Organisational Development (Apprenticeship and Coaching Schemes), CLA Education Team and CLA Services has signed off a strategy document and action plan for CLA and care leavers who are NEET (Appendix 2 is the NEET Strategy for looked after children).
18. Terms of reference for the NEET Strategy group has been agreed (Appendix 3).
19. The cohort tracking group (sub group of NEET Strategic Group) has now met three times to monitor the progress of all looked after children and care leavers aged 16,17 & 18. The cohort tracking group has front line staff from the CLA Education, Employment Advisors, Connexions Advisors, 14-19 year old partnership officers and staff from Adolescent and Aftercare Services to develop specific interventions and identify lead professionals.
20. The NEET Strategy has a targeted action plan involving all agencies to commit resources and direct interventions to target the most vulnerable looked after children and care leavers. (Appendix 4 is the CLA NEET action plan).
21. Performance is managed by the CLA NEET Strategic group and CLA Services. Tracking reports are provided as well as being included in standing Corporate Parenting performance reports. The overall strategy was implemented from November 2009 and is expected to have a gradual impact on the significant needs of this group of looked after children and care leavers. There is already evidence of much more effective communication and targeted interventions for individuals although significant resistance and motivation issues are being experienced as expected.
22. It is expected that the performance for the 2009/10 financial year (for care leavers at 19 not being in employment, education or training) will be around 64%. This would represent a very small increase on last year's figure but given the concerns identified earlier in the financial year that NEET outcomes were worsening; this represents a degree of progress. It is expected that a performance of 64% would place Southwark just below the top quartile compared with our statistical neighbours.

### **Policy implications**

23. There are no new policy implications relating to this report.

### **Community Impact Statement**

24. The decision to note this report has been judged to have no or a very small impact on local people and communities. As part of the overall looked after service, the Adolescent and Aftercare Service has a key role in delivering direct involvement of young people in their individual service plan and in evaluating and shaping service delivery.

## **RESOURCE IMPLICATIONS**

### **Financial Implications**

25. There are no financial implications to this policy and it should be noted that the drop in service has been delivered from within existing resources using innovative practice including engaging students and volunteers and other services in delivering this new facility.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
All background papers are appended to this report. Please refer to the list of appendices below.		

## LIST OF APPENDICES

No.	Title
Appendix 1	Drop In Service Report
Appendix 2	NEET Strategy for looked after children
Appendix 3	NEET Steering Group Terms of Reference
Appendix 4	NEET Action Plan

## Audit Trail

<b>Lead Officer</b>	Rory Patterson	
<b>Report Author</b>	Chris Saunders	
<b>Version</b>	final	
<b>Dated</b>	16 March 2010	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Executive Member	Yes	No
Date final report sent to constitutional team	16 March 2010	

## **Appendix 1**

### **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.

Regrettably 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

### **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 3<sup>rd</sup> 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).

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 \*)

### 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

- 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.

## Appendix 2

### Children Looked After Services

### Employment Education & Training Strategy 2010/12

#### Introduction

There is a comprehensive service in place for care leavers providing a wide range of universal and targeted support including personal welfare, life skills, training and finance.

This service is delivered by the Adolescent and Aftercare Service (A&AC's) for those aged 13-21 years, which is part of the overall service for children in care.

This service provides support across a range of partners and services including Named Nurses, CAHMS, Connexions, Employment Advisors, Substance Misuse Specialists, Housing and dedicated teams for unaccompanied minors and education support.

The Adolescent and Aftercare service is committed to raising the standards of achievements for all 19 year old care leavers whether they are resident in Southwark or living elsewhere. This strategy paper sets out how the A&AC and key partners intend to do this within the context of Southwark's 14-19 year old strategic plan and the National 14-19 reform programme.

The A&AC's aim is therefore committed to developing creative, autonomous learners who, irrespective of background have a right to the very best learning opportunities and a genuine choice of how to participate in the knowledge economy in the 21<sup>st</sup> century" (*Southwark 2016*)

#### Context for the strategy

All care leavers are allocated their own personal advisor in the adolescent and aftercare service when they reach the age of 18. Each care leaver will have had a pathway plan developed with them from the age of 16 identifying how they will prepare for independence, achieve economic wellbeing and make a positive contribution.

The Southwark 2016 plan identifies reducing the proportion of 16 – 19 year olds not in education, employment or training as a priority. Care leavers have been identified by the government as a particularly vulnerable group requiring specific targeted activity within overall council strategies. This document and action plan will articulate those specific areas which will build upon Southwark's current public service agreement (PSA) and relate to Southwark's initiatives around increasing levels of achievement and development of 6<sup>th</sup> form places. The Adolescent and Aftercare Service recognise that care leavers do not routinely have access to extended family and social networks and are far more likely to have experienced trauma through their childhood and disruption to their education/curriculum journey.

Our Children's Trust (Young Southwark) Children and Young People Plan 2010-2013 will set out its legal commissioning intentions that will include joined up targeted support to reduce NEET and comprehensive support for Children Looked After Post 16.

It is therefore of great importance that the Adolescent and Aftercare service is able to work with key partners to deliver a permanent and safe living environment for carer leavers from the age of 18 which incorporates easy access to a named personal advisor, secure housing, adequate finance and a sense of hope/aspiration. Attainment support and targeted interventions will not succeed unless these core supports are in place and effective.



## Strategy Ownership and Overview

The strategy for delivering employment education and training opportunities for care leavers will sit within the Children and Young People Plan 2010-2013 commissioning intentions for joined up targeted support to reduce NEET and comprehensive support for Children Looked After Post 16. Our strategy will also be linked with the strategies for 14-19 and youth Offending Service.

The strategy for care leavers will be overseen by multi agency group responsible for the development, delivery and evaluation process (for group terms of reference please see appendix 1).

This group will meet three times a year and has lead decision makers from the following services

- Adolescent & Aftercare Service
- Connexions
- Southwark Works
- Southwark College
- Southwark Apprenticeship Programme
- 14-19 Partnership
- Job Centre Plus
- Commissioning –Regeneration Service
- Early Years
- CLA Education Team
- Children’s Services Policy Team

This group will have some representation on Southwark’s 14-19 year old partnership

## Cohort Tracking

The steering group will have a small operational team (sub group) who will be responsible for tracking each year cohort at 16, 17 & 18 years of age to deliver support, preventative interventions and targeted interventions for each looked after child and care leaver between the ages of 16 and 19 who are NEET

The cohort tracking group will also identify trends/issues /service gaps which impact upon the group not accessing Employment, Education and Training. This information will be fed back to the multi agency to develop new interventions, services and partnerships to address identified needs.

## Strategic Priorities

The Strategy for delivering outcomes for the 16-19 year old age group to enhance achievement of education, employment and training by the age of 19 fall into three main priority areas, these being: -

## 1) Raising achievement

Delivering and promoting access to a diverse range of learning opportunities between the ages of 16 -19 to raise aspiration and engagement.

The key component of this priority is as follows:

- dedicated, co located education advisor for year 12 & 13 (part time post – part of the CLA educational team)
- partnership with Southwark College
- provision of secure and appropriate living accommodation for care leavers
- provision of PC or laptop to all looked after children and care leavers in HE/FE
- access to a matched coach (18+)
- provision of financial support from the Adolescent and Aftercare Service for care leavers wishing to attend university
- provision to facilitate care leavers remaining with their foster carers post 18 to complete their A levels or HE studies.
- co-located Employment Advisor to support education, employment and training advice
- allocation of a personal advisor at 18 with appropriate knowledge and training to provide assistance and motivation.
- delivery of pathway plans which articulate detailed objectives and goals for children in care and care leavers.
- Accessing 6<sup>th</sup> form and college placements

## 2) Reducing the number of children in care and care leavers (16-19) not in employment, education and training.

Evidence shows that early preventative measures coupled with interventions and supportive actions can make an significant impact. This function will be delivered through the cohort tracking group (see above) which will address the plans and progress of each looked after child and care leaver within each year cohort.

This priority area can be broken into three specific areas:

### 2a) Preventative action

- group work programme delivered by Adolescent & Aftercare Service
- allocated Social Worker and Personal Advisor able to escalate concerns at early stage to support network and cohort tracking group
- cohort tracking group able to identify those most at risk and requiring additional support
- pathway plans (16-18), independently overseen by Independent Reviewing Officer (IRO) to ensure that targets/interventions identified are implemented within set timescales.
- delivery of finance management courses for 17 year olds as part of A&AC group work programme.
- Independent Reviewing Officers (IRO) to ensure that targets/interventions identified are implemented within set timescales.
- systematic support and tracking provided for all 16-18 year olds through the Connexions Service
- Support from co-located 16 plus education advisor, connexions advisor and employment advisor to assist CLA (16-18) maintain relationships with educational establishment or employer. (CLA Education Team)
- Matching with coach from Southwark's care leaver scheme (18+)

- Delivery work experience placements, apprenticeships through Southwark's regeneration commissioning arrangements.

## 2b) Targeted Intervention

Within the 16-19 year old cohort of looked after children and care leavers there are number who have very specific needs due to chaotic lifestyles.

The Adolescent and Aftercare Service and Partner Agencies will deliver a number of targeted interventions to provide opportunities for this most difficult to reach group.

- role of co-located employment advisor to develop tailored employment opportunities
- partnership with Job Centre Plus
- partnership with council's apprenticeship scheme
- accessing services available through Southwark's Youth Offending Service to support young people being discharged from Youth Offending Insitutions
- targeted Interventions overseen by cohort tracking group to ensure delivery and service cohesion for those not in EET.
- partnership with early years service to deliver support and advice concerning day care to CLA mothers (parents)
- Southwark College – targeted 19 year old project.
- Adolescent and Aftercare drop in service targeted at NEET. Ref Appendix 4

## 2c) Sustainability

The strategy needs to ensure that where preventative action or targeted intervention is required, there is ongoing support to ensure that young people do not slip back. It is also important that there are support networks in place which are available and flexible to respond quickly when young people are ready to re-engage with employment, education and training.

This priority will be delivered through: -

- targeted programmes provided through partnership with Southwark College
- tracking afforded through co located connexions staff, employment advisor and 16+ education worker
- allocated social worker, personal advisors and specialist staff are able to work with those young people placed outside of Southwark and engage local resources
- role of cohort tracking group and independent reviewing officers to ensure that agreed interventions and pathway plans are delivered to sustain young people in employment, education and training opportunities

## 3) Effective information advice and guidance

It is recognised that a key to achieving both the above priorities is the need for effective information, advice and guidance. This is a key element of the strategy as it will assist looked after children and care leavers to become more self reliant and informed – thereby managing their personal and career development. This will be delivered through a number of key mechanisms: -

- provision of accurate and up to date information on opportunities, progression routes, choices and where to find help and how to access it
- the provision of advice through the adolescent and aftercare group work and drop in programme

- direct input from employment advisors, coaching scheme, connexions and CLA education team.
- training and comprehensive service guide available for social workers and personal advisors in the adolescent and aftercare service
- information guide available to Southwark Foster Carers concerning choices for young people in years 12 & 13 and beyond.

## Achievement Framework

The Adolescent and Aftercare Service have a number of key performance indicators relating to care leavers. These are as follows:-

- The percentage of care leavers who are in suitable accommodation on their 19<sup>th</sup> birthday
- The percentage of care leavers who on their 19<sup>th</sup> birthday are in employment education and training
- The percentage of young people leaving care who have obtained 5 GCSE's Grade A to G (APA 3073 SC)
- The percentage of young people leaving care having obtained 1 GCSE Grade A to G (APA 3072 SC)

These performance indicators are part of the performance framework and are published annually and specifically cross referenced with Southwark's statistical neighbours.

In addition to the statutory performance indicators it is proposed that this strategy is appraised against the following additional outcome indicators:-

- the number and percentage of young people on their 19<sup>th</sup> birthday who are attending university
- the number and percentage of young people on their 19<sup>th</sup> birthday who have been matched to a coach under Southwark's scheme
- the percentage of young people on their 19<sup>th</sup> birthday are resident in the London Borough of Southwark
- the percentage of young people on their 19<sup>th</sup> birthday who have a Southwark tenancy

## Partnership Services

All services delivering support and interventions to this vulnerable group have identified referral pathways and service thresholds. NB: These service descriptions are laid out fully in Appendix 2 which will be used as a resource guide for key staff.

## Implementation

The steering group will oversee a delivery plan (2010/12) outlining key service developments/deliverables (ref Appendix 3)

Appendices	
Appendix 1	Steering Group : - Terms of Reference
Appendix 2	Professional Guide: Service Provision

Appendix 3	Delivery Plan 2010/12
Appendix 4	Drop In Service

Chris Saunders  
Head of Service for Children in Care

## **Appendix 3**

### **Children Looked After Services:**

### **Employment Education & Training Strategy**

#### **Terms of Reference – Steering Group**

- Maintain an overview of all services which provide support and services to assist children in care (16-18) and care leavers (18-21) in accessing employment, education and training. This will include:-
- Ensure all relevant services have working protocols for children in care including referral pathways.
- Promote staff awareness across the system of the particular needs of children in care/ care leavers and the range of support programmes available.
- To track each cohort of children in care and care leavers to ensure individual plans are in place for each child to access employment, education and training.
- To review service delivery to this particular vulnerable group and identify areas for improvement and commissioning opportunities.
- To consider any new government guidance or performance indicators and shape any required changes to the overall strategy or contributions made component agencies.
- Ensure all agencies contributing towards the strategy are able to support evaluation, tracking and data collection activities.
- To ensure the CLA strategy fully supports the CYPP 2010-2013 commissioning intentions for targeted support to reduce the number of young people who are NEET.
- Monitor progress against CYPP priorities and Key Performance Indicators – priority input to CAA, OC3, reporting to Corporate Parenting Committee and other bodies as appropriate.

## Appendix 4: CLA NEET Strategy 2010/12 Delivery Plan

<b>Objective</b>			
<b>1) Raising Achievement – promoting and accessing a diverse range of services</b>			
<b>Task</b>	<b>Success Criteria</b>	<b>Service “in place” or timescale</b>	<b>Lead</b>
Dedicated, co-located education advisor for years 12 & 13 (part time post – part of CLA education team)	In Post Attends tracking group	In Place	CS
Access to a matched coach (18+ optional) Delivery of phase two coaching scheme	Coaching scheme in place	April 2010	LH/RL
	Phase 11 delivered	May 2010	LH/RL
Co-located employment advisor to support education, employment and training advice – Job Centre Plus Partnership	Joint funded post in place Supported by Cohort tracking group	April 2010	LH/JC
Accessing 6 <sup>th</sup> form and college placements. Tracked by 16+ CLA education advisor		Sept 2010	LB/ML
Access to co-located connexions advisor	Funded worker in place NEET PI's	April 2010	BP/ML
<b>2a) Preventative Action</b>			
Group work programme delivered by Adolescent & Aftercare Service	Group work programme delivered	April 2010	LH
Cohort tracking group able to identify those most at risk and needing additional support	Meet monthly PI's	April 2010	CS
	Partners ensure relevant staff attend		
Delivery of finance management courses for 17 year olds as part of independent skills training, 18+ induction & group work programme, incorporating and partnership with Southwark's bankers (Nat West)	3 bespoke courses delivered per annum	March 2011	LH
Delivery of 18+ induction and Life skills programme for care leavers (which include support systems available to access the world of work and further education).	Three times per annum	May 2010	LH/DCo

<b>2a) Preventative Action (cont)</b>			
Develop active links and protocols with regeneration services re: access to apprenticeships and work experience placements	Protocol developed  Targets met for CLA work experience	June 2010	CS/ KO'K
Systematic support and tracking provided for all CLA aged 16 -18 year old by Connexions Service	Co located Connexions worker  Member of cohort tracking group	April 2010	BP
Matching with coach from Southwark's care leaver scheme	Numbers on scheme PI's		RL/LH
<b>2 b) Targeted Intervention</b>			
Role of co-located employment advisor to develop tailored employment	NEET PI's	April 2010	LH/JL
Deliver apprenticeship prep course through protocol with OD apprenticeship scheme	Courses delivered	April 2010	LH/AC
Partnership with Job Centre plus – flexible new deal	Access courses for care leavers NEET PI's	Cohort tracking group from April 2010	LH/ED
Accessing services available through Southwark's Youth Offending Service to support young people being discharged from Youth Offending Institutions	Cohort tracking group overseeing post discharge plans	Sept 2010	CS/CD
Delivery of Drop In Service Appendix 4 refers	NEET attending Access to support	April 2010	CS/LH/DCo/JR
Targeted Interventions overseen by cohort tracking group to ensure delivery and service cohesion for those <u>not</u> in EET	Core PI's Bi monthly meetings supported by key agencies	April 2010	CS
Partnership with early years services to deliver support and advice concerning day care for young NEET care leavers	Young mothers accessing day care to support return to work	Protocol with early years Sept 2010	CS
Southwark College – targeted 19 year old project	Cohort tracking key PI's	April 2010 Termly intake	DC/LH
<b>2 b) Targeted Intervention (cont)</b>			
Seek specific partnership grants to purchase core entry/level one courses in Literacy/Numeracy	NEET have access to entry level/entry level 1 literacy or numeracy	May 2010	L McG



	courses		
<b>2c) Sustainability</b>			
Targeted programmes provided through partnership with Southwark College	Cohort tracking NEET's engaged PI's	April 2010	DC/LH
Tracking afforded through co-located connexions staff, employment advisor and 16+ education worker	Sustained improvement in performance NEET PI's	March 2011 and 2012	CS/DC/BP
<b>3) Effective Information and Advice and Guidance</b>			
Provision of accurate and up to date information on opportunities, progression routes, choices and where to find help and how to access it	Provided by co located staff and drop in service	Aug 2010	ED/BP/ML
Training and comprehensive service guide available for social workers and personal advisors in the adolescent and aftercare service	Guide available for staff Appendix 2 refers	Sept 2010	LH/Steering group
Information guide available to Southwark Foster Carers concerning choices for young people in years 12 & 13 and beyond.	Guide available Posted to all carers	Sept 2010	SS/BP

### Glossary:

CS:	Chris Saunders, Head of Children Looked After Service
LH:	Lynn Heath, Team Manager Adolescent and Aftercare Services
RL:	Robert Lang, Human Resources
AC:	Ann Cochrane, Organisational Development Business Partner
ML:	Maira Leydon, Advisory Teacher for CLA
KO'K	Karen O' Keefe, Head of Economic Development and Strategic Partners, Regeneration and Neighbourhoods
BP:	Beverly Parchment, Connexions Manager
JR:	John Robinson, Commissioning for 11-19 Services
CD:	Chris Domeney, Youth Offending Service
DCo:	Dee Copeland, Practice Supervisor for LAC Services
L McG:	Laura McGinlay, Project Officer 14-19 Partnership
SS:	Susan Sinclair, Service Manager, Assessments and Referrals, LAC Services
ED:	Edward Dean, Project Officer, 14-19 Partnership
LB:	Lorraine Boley, Education Worker, LAC Services
DC:	Darren Coghlan, Business Manager 11-19 Services.

Chris Saunders  
Head of Service for children in care  
March 2010

<b>Item No.</b> 9.	<b>Classification:</b> Open	<b>Date:</b> 25 March 2010	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Corporate Parenting Committee – Workplan 2010	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Strategic Director of Children’s Services	

## RECOMMENDATIONS

1. That the corporate parenting committee consider reviewing the work plan for 2010:

## BACKGROUND INFORMATION

### Role and function of the corporate parenting committee

2. The constitution for the municipal year 2009-2010 records the corporate parenting committee’s role and functions are as follows:
  1. To secure real and sustained improvements in the life chances of looked after children, and to work within an annual programme to that end.
  2. To develop, monitor and review a corporate parenting strategy and work plan
  3. To seek to ensure that the life chances of looked after children are maximised in terms of health educational attainment, and access to training and employment, to aid the transition to a secure and productive adulthood.
  4. To develop and co-ordinate a life chances strategy and work plan to improve the life chances of Southwark looked after children.
  5. To recommend ways in which more integrated services can be developed across all council departments, schools and the voluntary sector to lead towards better outcomes for looked after children.
  6. To ensure that mechanisms are in place to enable looked after children and young people to play an integral role in service planning and design, and that their views are regularly sought and acted upon.
  7. To ensure performance monitoring systems are in place, and regularly review performance data to ensure sustained performance improvements in outcomes for looked after children.
  8. To receive an annual report on the adoption and fostering services to monitor their effectiveness in providing safe and secure care for looked after children.
  9. To report to the council’s executive on a twice yearly basis.
  10. To make recommendations to the relevant executive decision maker where responsibility for that particular function rests with the executive.
  11. To report to the scrutiny sub-committee with responsibility for children’s services after each meeting.
  12. To appoint non-voting co-opted members.

## **KEY ISSUES FOR CONSIDERATION**

3. The committee receives an annual report on adoption and fostering services and independent review officers service, quarterly reports on performance indicators for children looked after, regular reports from the speakerbox service for children looked after and ad hoc statistical analyses and the outcome of statutory service inspections.

### **Policy Implications**

4. The policy agenda has been measured against the government's five "Every Child Matters" outcomes: Be Healthy; Stay Safe; Enjoy and Achieve; Make a Positive Contribution; Achieve Economic Well-Being. The committee's programme of work has been developed to meet these outcomes.

### **Future agenda items**

5. The following workplan listing agenda items for this municipal year have been drafted. The committee is asked to review the workplan.

25 March 2010

- Children looked after (CiC) performance indicators 2009-10 Quarter 4
- Children Looked After Performance report – latest figures
- Annual report – Health of Children in Care
- Southwark Pledge
- NEET Strategy - Update

### **Meeting dates for 2010-11**

The annual meeting of council assembly in May 2010 will consider future dates. The current draft meeting dates for 2010-2011 are:

- July 2010
- September 2010
- November 2010
- February 2011
- April 2011

### **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 SE1 5LX	Bola Roberts 020 7525 7232

**AUDIT TRAIL**

<b>Lead Officer</b>	Rory Patterson, Assistant Director: Specialist Children's Services and Safeguarding	
<b>Report Author</b>	Bola Roberts, Constitutional Officer	
<b>Version</b>	Final	
<b>Dated</b>	15 March 2010	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
<b>Executive Member</b>	No	No
<b>Date final report sent to Constitutional Officer</b>	15 March 2010	

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**CORPORATE PARENTING COMMITTEE AGENDA DISTRIBUTION LIST MUNICIPAL YEAR  
2009-10**

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

To	Copies	To	Copies
<b>Membership</b>	1 each	Constitutional Officer	10
Councillor Lisa Rajan		1 copy to Bola Roberts, Tooley Street	1
Councillor Ade Lasaki			
Councillor Eliza Mann		<b>Total:</b>	<b>38</b>
Councillor Lewis Robinson			
Councillor Barrie Hargrove			
Councillor Veronica Ward			
Councillor Althea Smith			
<b>Reserves</b>			
Councillor Jame Barber	1 each		
Councillor John Friary			
Councillor Sandra Rhule			
Councillor Michelle Holford			
Councillor Caroline Pidgeon			
<b>Co-opted members</b>			
Barbara Hills	1 each		
Chris Sanford			
<b>Libraries</b>			
Albion			
Dulwich			
Newington			
Local Studies Library			
<b>Children's Services</b>			
Romi Bowen			
Rory Patterson			
Chris Saunders			
Adrian Ward			
Debbie Walsh			
Eleanor Parkin			
<b>Legal</b>			
Sarah Feasey			
Jill Easty			
<b>Organisational Development</b>			
John Howard			

**Dated: 4 February 2010**