Open Agenda

Corporate Parenting Committee

Tuesday 24 February 2015
2.00 pm
Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

Membership	Reserves
Councillor Victoria Mills (Chair) Councillor Evelyn Akoto Councillor Jasmine Ali Councillor Radha Burgess Councillor Eliza Mann Councillor Kath Whittam Councillor Kieron Williams Barbara Hills (Co-opted Member) Carolyn Martin (Co-opted Member)	Councillor James Barber

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information

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Contact
Paula Thornton 020 7525 4395 or email: paula.thornton@southwark.gov.uk
Webpage: www.southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly
Chief Executive
Date: 16 February 2015

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Corporate Parenting Committee

Tuesday 24 February 2015
2.00 pm
Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.

MOBILE PHONES

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

PART A - OPEN BUSINESS

1. APOLOGIES

To receive any apologies for absence.

2. CONFIRMATION OF VOTING MEMBERS

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

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

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

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

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

5. MINUTES 1 - 4

To approve as a correct record the minutes of the open section of the meeting held on 3 November 2014.

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 February 2015

Agenda Item 5

Corporate Parenting Committee

MINUTES of the OPEN section of the Corporate Parenting Committee held on Monday 3 November 2014 at 2.00 pm at the Council Offices, 160 Tooley Street, London SE1 2QH

PRESENT:
Councillor Victoria Mills (Chair)
Councillor Radha Burgess
Councillor Eliza Mann
Councillor Kath Whittam
Councillor Kieron Williams
Carolyn Martin (Co-opted)

OFFICER SUPPORT:
Rory Patterson, Director, Children's Social Care
Alisdair Smith, Head of Service, Permanence
Jane Scott, Team Manager, Specialist Children Services
Ronja Ulufot, Speakerbox Project Worker
Elaine Gunn, Principal Strategy Officer
Darrren Coghlan, Head of Secondary and Further Education Employment and Inclusion
Liz Britton, Manager, Priority Learners
Shirley Walker, Interim Service Manager
Paula Thornton, Constitutional Team

1. APOLOGIES

Apologies for absence were received from Barbara Hills, Councillors Jasmine Ali and Evelyn Akoto.

2. CONFIRMATION OF VOTING MEMBERS

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

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

It was confirmed that a verbal update would be given with regard to the report back from the Speakerbox meeting held on 28 October 2014.

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

5. MINUTES

RESOLVED:

That the minutes of the meeting held on 21 July 2014 be approved as a correct record and signed by the chair.

6. CHILDREN MISSING FROM CARE AND DISTANCE PLACEMENTS

RESOLVED:

1. That the information presented in the report on children looked after missing from care in 2013/14 be noted.

2. That a report from the St. Christopher's project be received by the February 2015 corporate parenting committee. It was also requested that representative/s from the project be invited to attend the February meeting.

3. That a report on the range of foster care training available, including the foster carers experience be received.

4. That the committee receive an analysis of children out of borough who go missing and the numbers that actually return home.

7. PLACEMENT STABILITY - FACTORS AFFECTING LONG TERM STABILITY

RESOLVED:

1. That the information presented in the report on placement stability and the actions being undertaken to ensure positive outcomes are achieved for looked after children in Southwark be noted.

2. That officers report back on specific data that the committee should monitor or be aware of in order to promote placement stability.

3. That a report including two or three case studies be presented to the committee that provides examples of instability that has arisen within placements.

8. REPORT BACK FROM SPEAKERBOX

The committee received a verbal update on a meeting of the Speakerbox that took place

on 28 October 2014.

Some of the key highlights included:

- Feedback from a recent New York trip to enhance young peoples experience outside Southwark

- Projects being undertaken by young people within Speakerbox:

  - to encourage sibling contact, to create a more inviting and relaxing environment to facilitate this contact.
  - to increase activities for young people with disabilities.

- Work of the young inspectors trained to undertake inspections to look at the quality of care.

9. VIRTUAL HEADTEACHER'S REPORT

RESOLVED:

1. That the information provided within the report be noted.

2. That the committee receive a report on the destination data for looked after children/young people.

3. That a report is also received on the following:

   - a “readiness for school” evaluation and for the report to clarify the point at which the child/young people enters care

   - the experience/practices of other local authorities in improving educational outcomes.

10. 2014/15 MID-YEAR PERFORMANCE REPORT - LOOKED AFTER CHILDREN

RESOLVED:

1. That the information provided in the report be noted.

2. That members of the committee confirm with the director, children’s social care/cabinet member for children and schools any other specific data they wish to have included in future performance reports. Health statistics were identified as one area for inclusion in future report backs.

11. FOSTER SERVICE ANNUAL REPORT 2013- 2014

RESOLVED:

That the information provided in the report be noted.

12. CORPORATE PARENTING COMMITTEE - WORKPLAN 2014-15

RESOLVED:

1. That the following two items be programmed for consideration by the committee in February 2014:

    - The effect of the recent developments in public health (transfer from NHS to council) on children in care
    - Teenage pregnancies among children in care.

2. That the report back on destinations requested under item 9 be included on the February 2015 agenda.

3. That the report listed "Transition from Care to Independent living (including availability of independent living accommodation)" be considered at February meeting. It was noted that the cabinet member for children and schools would liaise with the director, children's social care to look at housing support and the offer made to young people.

4. That the agenda for the February 2015 meeting be reviewed by the cabinet member for children and schools.

Meeting ended at 4.45pm.

CHAIR:

DATED:

Agenda Item 6

Item No. 6.	Classification: Open	Date: 24 February 2015	Meeting Name: Corporate Parenting Committee
Report title:		Annual Report from Designated Doctor for Looked After Children	
Ward(s) or groups affected:		All	
From:		Designated Doctor for Looked After Children	

RECOMMENDATIONS

1. The committee notes this report and acknowledges the importance of good health and health care for looked after children.

2. The committee continues 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[1].

3. The committee asks to receive an annual report on the health of looked after children.

BACKGROUND INFORMATION

Statutory and Legislative Background

4. The guidance and regulations governing the health, health care, and services to improve the health and well being of looked after children and young people are chiefly contained in:

   - The Children Act 1989
   - Statutory Guidance Promoting the Health and Wellbeing of Looked After Children [(1)] (Nov 2009) Draft new statutory guidance was published at the end of 2014.
   - NICE / SCIE guidance on Health of Looked After Children(Nov 2010)
   - Please see appendix 1 for further details.

5. An annual report by the Designated Doctor and Nurse for Looked After Children (hereinafter referred to as LAC) is required by the Statutory Guidance, to be presented to the Chief Executive of the PCT (now CCG) and the Director of Children's Services. This report aims to inform key stakeholders of an overview of the health needs and services for this very vulnerable group of children and young people, and informs the Children and Young People's Plan (CYPP).

6. In Southwark local partners have agreed to continue with a CYPP, although it is no longer mandatory, to aid working together to achieve the three joint aims - two very relevant to LAC:

Corporate Parenting Committee details - Southwark Council
Link: http://moderngov.southwark.gov.uk/mgCommitteeDetails.aspx?ID=129

- **Best start** – Children, young people and families access the right support at the right time, from early years to adolescence
- **Safety and stability** – Our most vulnerable children, young people and families receive timely, purposeful support that brings safe, lasting and positive change.
  See also appendix 1: Legislative and Organisational change.

KEY ISSUES FOR CONSIDERATION

Health of Looked After Children

7. The health of looked after children has been recognised as poorer than other children nationally and locally. Children who come into care have usually (about 3/4) suffered from neglect or abuse, and have often missed out on health surveillance and health promotion.

8. Research has repeatedly shown that children and young people looked after have much worse physical and mental health than other children. Their long term outcomes in adulthood are similarly poor, with care leavers significantly over represented in disadvantaged groups: the homeless, those imprisoned, drug users and those with metal and physical ill health.

9. The health and wellbeing of children and young people looked after is extremely important to the individual children and is a significant public health issue.

10. A recent audit of LAC Health Assessments identified a wide variety of significant health problems resulting in recommendations for further referral, assessment and /or support. The recommendations were particularly for developmental and mental health issues and a wide variety of general health issues.

Mental health

11. LAC have greatly increased mental health needs – see previous report from CareLink to CPC in February 2014. Asking about and assessing mental health is an integral part of the health assessments for LAC. Joint assessments with CAMHS have become more frequent, and can be very helpful for children with complex presentations.

Developmental and learning difficulties

12. An increasing percentage of LAC in Southwark have Statements of Special Educational Needs. In 2012-2013 (last year data available) 34.6% in Southwark compared to 30.3 in London and 29% nationally and 2.8% nationally for all children. This implies an increasing level of mental and developmental health needs.

13. On average 25 LAC have such severe physical and learning needs that their SW support is from the Children with Disabilities SW and Transition (to adult services) Teams. These children are predominately placed in specialist care outside of Southwark. Most have severe learning difficulties, often complicated by neurological impairment, sensory difficulties or autism. Their health care is usually co-ordinated and managed by their local specialist or community paediatricians, GPs and carers.

14. Sadly two severely disabled children died in 2013-2014. One preschool child had severe learning disabilities, cerebral palsy and respiratory problems and died from pneumonia. The other child was a teenager with a severe, deteriorating neurological and metabolic condition who died in a hospice.

General Health

15. The general health issues range from the important, but relatively minor, treatment of eczema or catch up of immunisations, to the identification of life threatening diseases such as congenital Hepatitis C or inherited disorders of the heart. For children with long term medical issues, such as diabetes or sickle cell anaemia, the LAC team often has a co-ordinating role, making sure that a child has relevant specialist follow up, and that health information is appropriately shared and understood.

16. For all LAC, but most acutely for babies there are the potential consequences of drug and alcohol abuse in pregnancy, blood borne infections and prematurity. Developmental delays and disorders are frequent, often result from past abuse and neglect and difficulties with attachment, and present throughout childhood. LAC often have an increased genetic risk of developing learning difficulties and severe mental illness such as schizophrenia, because of their family histories.

17. Sexual health is an important issue for LAC, with increased awareness of the risks of sexual exploitation, early sexual activity, and early parenthood. Substance misuse rates are reportedly fairly low nationally (2.6%) and in Southwark (3.6%), 10 young people in 2013-2014. Having a history of having been looked after is strongly associated with problematic adult substance misuse, which usually starts in childhood: addressing this early is important.

18. A recent report to the Children and Families Trust noted childhood obesity levels in Southwark continue to be one of the highest, and often the highest in the country. Of particular concern is that Southwark Year 6 pupils have consistently had significant higher levels of childhood obesity compared to the regional and national average. Latest results show that 43.6% of 10-11 year olds in the borough are either overweight or obese, making Southwark the borough with the highest prevalence of unhealthy weight in the country.

19. The LAC health team, on an individual level, calculate BMI and address issues of either very low or very high weight for height. Advice is routinely given to foster carers in training and in relation to individual children about healthy diet and activity levels. There are schemes to enable access to sports centres for older children. All children are encouraged to take part in active pastimes and exercise at their health assessments. Given the high incidence of obesity in Southwark children, the health group for looked after children will consider how best to monitor and address obesity in children in care.

20. For young people leaving care having their own health history is important. Sometimes there are sensitive issues about their family history that need to be explored and discussed.

21. The health of care leavers tends to worsen in the first year after they leave care. We are not able to offer a service to these young people. We do however give care leavers information about accessing services. In 2013-2014, 2 Care leavers died, one from suicide and 1 of unknown cause

22. There are good summaries of the health issues of LAC in the Statutory Guidance, NICE Guidelines and associated documents.

LAC Community Health Team

23. The Designated Doctor and Nurse for Looked After Children (LAC) in Southwark lead the LAC Health team which is part of the Children's Community health services, based

at Sunshine House (SH), 27, Peckham Road. Children's community health services in Lambeth and Southwark became part of Guy's and St Thomas' NHS Foundation Trust (GSTT) in April 2011 and in April 2014 joined Evelina London Children's Healthcare to become an integrated children's directorate - acute and community services.

24. Being part of GSTT enables some improved access to information about complex children seen at Evelina acute services. A priority of development of integrated services is Looked After Children and the co-ordination of services for complex children which should benefit all out looked after children.

25. From April 2013 the commissioners of community child health services, including for the looked after children's team, have been Southwark CCG.

26. The Designated Doctor for LAC has two sessions per week for the strategic role and two for the clinical role. The Medical Advisor for Adoption post has been vacant since February 2014. A locum has been appointed to cover the Advisory role, from March 2015. There are on average 5 additional community paediatric clinics for LAC per week. Over 2012-2013, and into 2014-2015 there has been considerable sickness absence, which has reduced capacity.

27. The medical advisor for adoption retired in January 2014. A locum consultant has just been appointed, as Medical Advisor, starting in March 2015. The Medical Advisor role, but not attendance at Adoption Panel, has been covered by the LAC Health team with assistance from Lambeth and some locums.

28. There is a full time designated nurse for LAC, whose role is both strategic and clinical In 2013/14 Southwark CCG funded an additional LAC nurse to enable more health assessments to be done by nurses, this post was filled in December 2013. An additional full-time administrator also joined the team in October 2013, and there are now two full time administrators for LAC and a half time post to support Adoption and Fostering. A review of all administrative processes for LAC is nearly completed, led by the senior administrator for vulnerable children across Lambeth and Southwark (early 2015).

Health Management Group

29. Improving the health and wellbeing of LAC is the responsibility of the local authority in whose care they are (Southwark), and is very dependent on the stability of their placements, consistent relationships and good education: it is much more than health care. However the support and contribution of the NHS is crucial to ensuring that local authorities can fulfil their responsibilities as corporate parents and that looked after children achieve the same optimal outcomes as any parent would wish for their child.

30. In Southwark the multi-disciplinary and multi-agency Health Management Group (HMG) has been in place for more than 10 years. The HMG has reviewed the need and aimed to improve services together, using the health part of the annual business plan for LAC, the Local authority performance indicators for health, and health performance information, and particularly by multi-agency themed audits.

31. There has been a major re-organisation within Southwark Children's Social Care - "Social Work Matters". There have also been changes in Health Service organisation and commissioning, the management of young offenders[2], voluntary services and

[2] Legal Aid, Sentencing and Punishment of Offenders Act 2012
http://www.legislation.gov.uk/ukpga/2012/10/section/104/enacted

CAMHS. The HMG has tried to keep the network up to date with each other's changes.

Joint Administrative arrangements between health and Social care for LAC

32. A key task for members of the HMG has been working to maintain and improve timely information sharing, especially between health and children's social care. Key administrative staff, in children's social care and in health moved posts resulting in some administrative processes becoming less efficient.

33. Health LAC staffing levels have now improved and the SW practice groups are now established and communication has improved. An administrative subgroup of the HMG, with key health and SW input, is seeking to improve information sharing. Discussions are taking place on the possible co-location of members of the LA admin service part time with the health LAC admin service and/ or vice versa.

Health Activity

		2011-2012	2012-2013	2013-14
Key performance	Health Assessments up to date	93% **(86%)**	89% **(87%)**	90.8% **(88.4%)**
Indicators (England)	Immunisations up to date	72% **(83%)**	69% **(83%)**	69% **(87%)**
	Dental Assessments up to date	90.2% **(82.7)**	83% **(82.1)**	84.6% **(84)**
	Substance abuse problem	1% **(1.9%)**	5.2% **(3.5%)**	2.6% **(3.5%)**
	SDQ % completed	70% **(70%)**	28% **(71%)**	35% **(68%)**
	SDQ average score	13.9 **(13.8)**	11.4 **(14)**	7.7 **(13-14)**
Children Seen	Total seen by Health Team		682	706
	IHAs		199	nk
	Total by Drs at SH	390	453	601
	DNA rate		13%	13%
	RHAs at SH		275	nk
	Nurse RHAs	Approx. 74	86	87
	Nurse other appts	Approx. 50	43	Approx. 41
	RHAs from GP and other		150-200	125 June – March
Children's Adoption	Matching panel (Adoption)	20	20	33
Panel Reports	Other reports re adoption	38		
Adult health	Total Adult Forms	135	159	264
Forms reported	Adoption	32	44	79
	Fostering	62	98	160
	SGO	10	12	25
	Kinship care	9	3	0

34. There are issues with electronic recording systems that make it hard to collect accurate information about whether a health appointment for a looked after child is an initial or review health assessment, a health appointment for another reason e.g. medication

review for a child with ADHD or more detailed developmental assessment. Children's health services are seeking to address these issues in the most efficient and effective way.

35. Although there has not been a decrease in the number of looked after children, there has been a significant increase in health's direct clinical work in most areas of work with LAC, and in reporting to GSTT and to the CCG.

36. The number of children seen by the LAC Health team at Sunshine House (SH) has increased steadily over the last few years: this is in Initial and Review Health Assessments and the more intense and time consuming and time pressured work relating to adoption. In addition the work related to Adult Health Assessments, completed by GPs but requiring comments and advice from the designated Doctor and Medical Advisor for Adoption – has nearly doubled in 2 years.

37. The carer's SDQ is now required for all LAC aged 4-16, who have been looked after for more than a year. The return rate has been poor, about one third. In response we are revisiting the processes with Social Care, health staff and CareLink.

38. The current strategy for collating and analysing SDQ information for all LAC children is underway. We have identified key administrators to manage this process. The process requires received documentation to be uploaded, analysed and data sent to Carelink for their input in considering the health needs of children requiring specialist input. All foster carers and residential providers have received letters requested the SDQs be completed at returned. A third of completed returns have been submitted to date and teams are now in the second phase of chasing those carers and providers who have not completed the documentation with assistance from social workers, IROs and the commissioning service.

Health Provision for Looked After Children

Aim

39. Our aim is to improve the health of children and young people looked after.

Our Core activities are:

- Initial Health Assessments promptly when children and young people become looked after
- Review health assessments for under 5s every 6 months, and over 5 year olds every year
- Collation of health information about individual LAC
- Preparation and implementation of Health Summaries and Recommendations (Health Care Plans – HCPs) from the Health Assessments
- Expert assessments e.g. of babies for foetal alcohol syndrome, unaccompanied asylum seekers, screening for substance misuse and mental health issues
- Joint assessments, particularly with CAMHS
- Liaison with acute paediatricians and GPs and others
- Advocating and referring for health services fro LAC in other areas
- Advice to carers and Social Workers, CAMHS, education and others on the health needs of LAC
- Providing reports to Adoption Panel

- Offering consultation to prospective adopters on the needs of an individual child
- Consultation about individual children or groups on health needs and how they may be met
- Flexible service including home visits by LAC Nurses
- Immunisation advice and giving immunisations
- Sexual health and lifestyle advice
- Telephone advice to young people and carers
- Advice and advocacy to health partners e.g. Acute hospital trusts in understanding particular situation of LAC and prioritising their needs
- Training and teaching within health and to other agencies, prospective adopters and foster carers
- Ensuring appropriate clinical follow up and hand-over of children who need it and leave care – through adoption, going home, becoming 18 etc
- Working together with social services, and others, to improve the health and wellbeing of children and young people looked after
- Taking part in wider work affecting LAC e.g. Multi-Agency Sexually Exploited group (MASE)
- Informing and being answerable to the wider health and multi-agency network – and Looked After Children themselves.

The Purpose of Health Assessments

40. Nationally, and locally perhaps, health assessments tend to be seen as just a "medical" check. The HA should, and sometimes does, identify acute health problems e.g. asthma, fits or depression, that need immediate treatment. More importantly, for most LAC, each health assessment is as an opportunity to assess the child or young person's whole physical, mental and developmental health; summarise their health history and any problems; to make a good plan to meet any identified needs; and to form a good relationship between health providers and the child or young person and their carer, parents and Social Worker. From each health assessment a Health Summary and Health Care Plan (HCP) is written, see below.

Initial Health Assessments

41. We are very proud of the quality of our Initial Health Assessments which aim to be as comprehensive as possible. Initial Health Assessments (IHAs) are nearly all carried out by the Designated Doctor and community paediatricians at Sunshine House. We aim to gather as much health information as we can and to complete an assessment that forms a good foundation for the child or young person's health care plan. We always invite the Social Worker to attend and ask them to ask the birth parents to attend if possible. Having the birth parents present can seem a little awkward to Doctors at first as the children have been removed from their care. However it is extremely useful for obtaining a good health and family history, and can illuminate some of a child's behaviour and responses. It is much more respectful to parents and can help forge a co-operative relationship that often extends long after the child has returned home where many return to their parents.

42. 255 children started to be looked after in 2013-2014. Not all are seen for Initial Health Assessments. Some children and young people are looked after briefly (nationally approximately 20% return home within 6 weeks of becoming LAC) and are not seen before returning home. If there any health or developmental concerns they may be offered a general community paediatric appointment. Some newly looked after children have recently been seen in a community paediatric clinic and HCPs are written from

those assessments. Some are LAC because they have been remanded in custody: their health assessments are done in their secure accommodation. A very few are placed very far away and arrangements are made to see them locally.

43. Unfortunately, we are not able to state how many Initial Health Assessments were completed in 2013-2014; we will address this for 2014-2015.

44. We would like to complete the IHA and produce a HCP by the time of the first review, but are aware that we often do not. Waiting times for IHAs are difficult to collect. Some LAC do wait some time for their IHA, for a number of different reasons, e.g. occasionally because of lack of notification or consent from Social Services, or a young person's refusal to attend Sunshine House. It is important to monitor how promptly LAC are seen for IHA, so we will investigate with Social Services admin how we can do this.

Review Health Assessments

45. LAC under the age of 5 years old usually have their Review Health Assessments (RHAs) completed by paediatricians at Sunshine House. These children often have significant physical, emotional and developmental health problems or are at greatly increased risk because they are often premature, small, delayed and or withdrawing from drugs. This enables the early identification of many developmental difficulties and appropriate referral e.g. to speech and language therapy, CAMHS and / or education.

46. Once a child's health, growth and development are progressing steadily we may request follow up with the Health visitor or GP.

47. Review health assessments for older children who have significant health or developmental needs, or who are likely to be adopted, are also carried out by the community paediatric team. These are closely supervised and their Health Care Plans are signed off by the Designated Doctor or Medical Advisor.

48. Some children and young people with developmental or other health problems, such as ADHD, are seen for review outside of statutory RHA timescales and some appointments are for multi-agency / multidisciplinary meetings including carers and / or SWs. Unfortunately we are not able to separate these from those who were seen for RHA.

49. The expertise of the whole specialist child health service, paediatricians and therapists, and hospital colleagues, e.g. neurologists and geneticists, are essential to understand the health problems of our looked after population. There are a huge variety of problems and the team are constantly learning and updating one another, and creating new alliances to support looked after children and young people.

50. Children, especially those without apparent major problems, aged between 5 and 13, are currently referred to GPs for their review health assessments. GPs send the Health assessments to the Designated Doctor for completion of the health care plans. 115 GP Completed Review Health Assessments were received in 2013-2014, for which Health Care Plans and Summaries were made. The Designated Nurse completed 10 HCPs from RHAs completed by other nurses. We are increasingly trying to arrange fro these children to be seen by health professionals with specific training in LAC, such as local Health Visitors and School Nurses, and other areas LAC Nurses. Audit and clinical supervision of health assessments are regular and important parts of the LAC health work.

Health Care Plans

51. Health Care Plans are an essential output from the Health Assessments. A key challenge, nationally and locally, is the failure of about half of health care plan recommendations to be implemented within a year. We have regularly audited this in Southwark, jointly with Social Care and CAMHS, and have made many changes to improve communication with Social Workers, Independent Reviewing Officers (IROs), other health agencies and carers. We now input many Health Care Plans directly onto the local authority individual child's record so recommendations are easily seen and available at reviews.

52. HCPs are distributed to the child's or young person's GP, Health Visitor or School Nurse, other relevant health professionals, their SW and carer, and the young person and their parents if appropriate.

53. An audit is currently underway (January 2015) to look at ways to improve communication and understanding of Health Care Summaries and Plans by Social Workers. This will include visiting some of the new SW practice groups to discuss how to improve communication about health of LAC. We anticipate that the designated nurse, doctor and medical advisor will be making regular visits to the practice groups in future.

Lead Health professional

54. Statutory Guidance (2009) acknowledges that implementing the health recommendations is the responsibility of the SW as representative of the LA and corporate parent. However they also acknowledged that this could not be done without the support of the NHS. The guidance and NICE SCIE guidelines propose appointing a lead health professional for each LAC, especially for those with the most complex health care needs or those who are more mobile as a way to overcome the difficulties in implementing health recommendations. The lead health professional can be a Health Visitor or paediatrician but the guidance implies that this role would often be taken by a LAC specialist nurse. The current resources limited taking this forward in 2013 -2014. Along with Lambeth we will identify a Lead Health professional within the Trust, for all LAC with significant disability. We will ask the local Health Visitors and School Nurses to be the lead health professional for LAC on their caseload and to make sure the child's health care plan is implemented, with our assistance as necessary.

Immunisations

55. Gathering information on immunisations and giving missed immunisations are included as part of the health care plans but are not always followed up and the reasons for this are as yet unclear.

56. Deciding what immunisations a child or young person has had is difficult. We have developed a detailed recording form for immunisations, that also indicate what immunisations are outstanding and when they need to be given which is now sent to the GP for to up to date information. A monthly immunisation catch up clinic has been introduced, but attendance is low. More effective particularly for the out of borough placements is to target the GPs to provide appointments where catch-up immunisations are required. More detailed accurate analysis of immunisation status has led to identification of more that needed to be done resulting in lower PI for immunisations. Improving immunisation uptake and recording is a focus for the coming year.

Sexual Health Promotion

57. Sexual health promotion is a key role of the nurses. The LAC nurses receive referrals from paediatricians and social workers for follow up of children regarding advice and support for sexual health promotion. The nurses are also available to offer support and advice to those planning to leave care and who have left care. This allows for continuity of support and information.

58. The nurses work with the named social workers, health and other professionals in assessing the risk to each young person, of early sexual health issues or early teenage pregnancy and will target those most at risk. Many young people with sexual health issues like to know that they are able to call the nurse for advice and support. They can also be referred to the nurse by their carers and other professionals.

59. The social workers, personal assistants, young women's worker, key workers and carers also support the young people in accessing sexual health advice and information and are supported by the LAC nurses. The nurses also work in partnership with Speakerbox, a project led by young care leavers for young people in care that offers support, advice, information and advocacy to young people on their needs, their rights and responsibilities. Young people also have taken part in facilitating training of foster carers.

60. One to one interventions are part of the strategy to prevent sexually transmitted infections (STI's) and under 18 conceptions (NICE 2007). The nurse is able to assess those at risk and offer support and referral when appropriate. One to one consultations with young people is a key part of the role of the nurse. This will include young women who are pregnant or who are already mothers.

61. Southwark has some young people orientated specialist sexual health services with excellent sexual health promotion which helps to support safer, sexual health and the young people are supported in accessing appropriate sexual health services. The nurses can refer young people directly to the Wise up to Sexual health (WUSH), Brook and local sexual health services.

Adoption and Permanency

Role of the Medical Advisor for Adoption

62. This is a clinical leadership role for adoption and involves statutory advice on children's health to Agency Decision Makers considering best interest decisions in permanency planning and to adoption panel in relation to matches.

63. Writing Adoption Medical Reports is a key part of the Medical Advisor role. Other responsibilities include responding to queries and liaison with professionals from other agencies, both in-borough and out-of-borough, who have been or will need to become involved with the children; and training and audit.

Health Assessments to support Adoption

64. High quality initial and review health assessments are carried out by the LAC Health Team at Sunshine House. These assessments, and the information gathering to inform them, seek to anticipate the needs of the Adoption Service.

65. Additional, pre-adoption medicals are arranged where necessary to provide the most comprehensive and up to date health information to inform the Adoption Medical Report. 79 reports were written from GP Health Assessments of prospective Adopters, in 2013 - 2014.

Adoption Medical Reports

66. The Adoption Medical Report is governed by regulations. To complete the report information has to be collated and interpreted, from many sources and at short notice, making good relationships and co-operation essential, especially between health and social services.

67. The Adoption Medical Report needs to give the Agency Decision Maker, prospective adopters and Adoption Panel, the health information they need to inform their decisions and recommendations about the child's future, including the support for their health and development that the child and prospective adopters may require. The Report also needs to be useful and informative to future health professionals involved in the child's care and may be read at some time by the child themself.

68. Prospective Adopters are offered the opportunity to meet with the Medical Advisor to discuss the health needs of the child, prior to matching with the adoptive children at the Adoption Panel.

69. Review Health Assessments, usually completed by the Medical Advisor, continue until the child is formally adopted, to provide continuity and answer further questions the prospective adopters may have. Once adopted the child's care is transferred to their local services.

Adoption Panel

70. The Medical Advisor attended the Adoption Panel, which takes place twice a month, until his retirement in January 2014. He was a full member of the Adoption Panel, participating in the decision-making and advisory role of the panel. Since the new regulations on membership and quoracy[3] of the Adoption panel, and the retirement of the Medical Advisor, specialist community child health has not provided a paediatrician to attend the Adoption panel. However advice is available outside the Panel to SW, the Agency Decision Maker and the Chair of the Adoption Panel when needed.

Other related LAC work

71. The designated health professionals and paediatricians regularly meet and discuss health issues for individual children and young people, with Social Workers, CareLink and foster parents and schools.

Adult health Assessments

72. Adult health assessments are completed by their GP for all prospective adopters and foster carers. Foster carers also have review health assessments. The role of the Designated Doctor and Medical Advisor is to advise the adoption or fostering panel on the implications of any health issues (physical or mental) for that person's capacity to look after the challenging and vulnerable children who need fostering and adoption.

[3] The Adoption Agencies (Panel and Consequential Amendments) Regulations 2012 http://www.legislation.gov.uk/uksi/2012/1410/contents/made

Unfortunately the GP reports often need follow up with the prospective carer, hospital specialists and GPs which can delay approval. The number of Adult health Assessments has almost doubled in 3 years, partly due to a welcome increase in recruitment of foster carers and adopters, and more frequent reviews of foster carers. However the increase makes it more difficult to complete the reports promptly. It is not ideal that this role is taken by a paediatrician but there does not seem to be any viable alternative at present.

Training

73. The Designated Doctor, nurse and medical advisor regularly train GPs, paediatricians, health visitors and school nurses in the health needs of LAC and in order to assist them in carrying out LAC health assessments. There is regular training to support social workers, prospective foster carers and adopters.

74. Specialist training on sexual health, relationships and teenage pregnancy is offered to foster carers who are invited to attend a ten hour programme run over two days, facilitated by the LAC Nurse twice a year. Training is also offered to other health and social care professionals on the needs of children and young people by the LAC nurse and Doctor.

Accountability

75. The Health Management Group (HMG) is the main operational group for seeking to improve the health and health care of looked after children. In December 2014 it was decided to reconstitute the HMG with the chair and lead being Southwark CCG.

76. The HMG has senior members from health and local authority, and the voluntary sector. The HMG reports to the corporate parenting committee (CPC), usually by a mixture of the health part of the LA annual plans for looked after children and the annual health report for looked after children and attendance at the Committee.

77. In April 2014 Southwark CCG convened a Southwark Safeguarding Children's Board health subgroup which includes consideration of the health needs of looked after children and is attended by the designated nurse and doctor for looked after children.

78. The Southwark Safeguarding Children's Board (SSCB) case reviews have increasingly involved LAC. The SSCB instigated an Internal Management Review in 2012, which led to an audit of the vulnerability of young LAC women to sexual exploitation and contributed to the Child Sexual Exploitation Strategy. In 2013-14 one Serious Case Review and another Individual Management Review were started. – see Audit appendix.

79. GSTT clinical governance structure increasingly oversees looked after children's services within the Trust and the designated health professionals for LAC report to the GSTT safeguarding assurance board.

80. Supervision and support is offered and taken up widely by doctors and nurses within the LAC team and in the wider health service. This is supported by audit of quality and timeliness of health assessments and reports.

Service Developments

81. New services offered include:

- A fortnightly drop in for social workers at their base
- There has been increasing multi-disciplinary and multi-agency audit

- Information sharing and administrative procedures are being comprehensively reviewed between health and social services
- A new combined consent form to share health information and to consent to health assessments and other interventions has been agreed
- Immunisations are being recorded in more detail and more systematic follow up is taking place
- Care Leavers Health Care Summaries and Plans now include information about birth, family and health history, and as far as possible immunisation information.
- The CAMHS service for LAC (CareLink) copy reports on their involvement with children to the LAC health team at Sunshine House.
- CareLink has recently started a new large study of the assessment and intervention in mental health of young children, looked after, with parents with mental health problems or in the child protection process.

Conclusion

82. There is a clear need and evidence base to prioritise the needs of vulnerable children and it is an acknowledged national and local priority. We will continue to bring the needs of looked after children to the attention of commissioners and our partners in the local health economy. This report will be presented to the Corporate Parenting Committee, to the GSTT Safeguarding Quality Assurance Board and to the local health commissioners.

Community impact statement

83. The care population is diverse in terms of age, gender and ethnicity and we these protective characteristics are monitored closely to ensure we understand specific health needs and are able to deliver services that address these needs. Delivering services that improve health outcomes can help to build resilience for children and young people to successfully achieve wellbeing and make a positive contribution. Effective performance monitoring and joint working supports these objectives and enables us to identify areas where improvements may need to be made.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Legislative and Organisational Changes relevant to health of LAC
Appendix 2	Draft Action plan, 2014-2015
Appendix 3	Statistical overview of LAC Population in Southwark (England)

AUDIT TRAIL

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Beatrice Cooper, Designated Doctor for Looked After Children	
Version	Final	
Dated	11 February 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		11 February 2015

Abbreviations

LAC – Looked After Children
IHA and RHA – Initial and Review health Assessments
HCP Health Care Plan (and summary, derived from IHA or RHA)
SH Sunshine House Child Development Centre
NICE - National Institute for Clinical Excellence
SCIE – Social care Institute for Excellence
CCG Clinical Commissioning group
GSTT Guy's and St Thomas' NHS Trust
DH Department of Health
CAMHS – Child and Adolescent Mental health Services
SSCB Southwark Safeguarding Children's Board
IMR Individual management Review
SCR Serious Case Review
ASD Autistic Spectrum Disorder
ADHD Attention Deficit Hyperactivity Disorder
SDQ Strengths and Difficulties Questionnaire
SGO Special Guardianship Order
RO Residence Order
HMG Health Management Group
LASPO Legal Aid, Sentencing and Punishment of Offenders

References

Psychiatric disorder among British Looked After Children by local authorities: comparison with children living in private households
TAMSIN FORD, PANOS VOSTANIS, HOWARD MELTZER and ROBERT GOODMAN
BRITISH JOURNAL OF PSYCHIATRY (2 0 0 7) , 1 9 0 , 31 9 / 31 9 - 3 2 5
http://bjp.rcpsych.org/content/190/4/319.full.pdf

Pan London CSE Operating policy 2014.
http://www.scie-socialcareonline.org.uk/pan-london-child-sexual-exploitation-operating-protocol/r/a11G0000003CYejIAG
http://www.walthamforest.gov.uk/Documents/Police%20protocol.pdf

NICE: **Prevention of sexually transmitted infections and under 18 conceptions (PH3)** http://guidance.nice.org.uk/PH3

Teenage pregnancy Next Steps DFES 2007
https://www.education.gov.uk/publications/eOrderingDownload/00597-2007BKT-EN.pdf

Teenage Pregnancy: Accelerating the Strategy to 2010
https://www.education.gov.uk/publications/eOrderingDownload/DFES-03905-2006.pdf

Mental health screening and early intervention: Clinical research study for under 5-year-old Children in Care in an inner London borough
Clin Child Psychol Psychiatry published online 26 December 2013
Carol Hardy, Elizabeth Hackett, Elizabeth Murphy, Beatrice Cooper, Tamsin Ford and Susan Conroy
http://ccp.sagepub.com/content/early/2013/12/23/1359104513514066

APPENDIX 1

Legislative and Organisational Changes relevant to health of LAC

There have been many, and major, changes in the year April 2013 to March 2014. The underlying legislation, guidance and regulations governing the health care and services to improve the health and well being of looked after children and young people are chiefly contained in:

- The Children Act 1989
- Statutory Guidance Promoting the Health and Wellbeing of Looked After Children (Nov 2009). Draft new statutory guidance was published at the end of 2014: Looked-after children: promoting their health and welfare
- NICE / SCIE guidance on Health of Looked After Children (Nov 2010)

The Children Act is principally amended by the Children (Leaving Care) Act 2000, the Adoption and Children Act 2002 and the Children and Young Persons Act 2008 and the associated Regulations, including Care Planning, Placements and Case Review (England) Regulations 2010.

Legislative Changes
These have included changes in the legislative and inspection framework, for example, Adoption Regulations 2012, the Children and Families Act 2014, the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012, and a new programme of inspections separately by CQC and Ofsted of Safeguarding and Looked After Children services. Additional guidance and attention has been paid to child sexual exploitation.

The Adoption Regulations 2012 changed the way Adoption Panels work, for example moving the decision whether a child is “suitable” for adoption from the Adoption Panel to an Agency (SS) Decision Maker and no longer requiring the Medical Advisor for Adoption to be a full member of the Adoption Panel.

The LASPO 2012 Act designated all young people remanded to secure accommodation “Looked After”: subsequently the Care Planning, Placement and Case Review (England) (Miscellaneous Amendments) Regulations 2013 (SI 2013/706) removed the obligation for a Health Assessment as a Looked After Child, for these young people from April 2013.

The Children and Families Act, 2014, took forward some changes from the family Justice review, for example limiting care proceedings to 6 months, restricting expert witnesses, facilitating early placement of babies with foster carers who may also adopt. These should promote earlier, and therefore more secure, placements for LAC but have increased the time pressure on health and social services. In addition Child Arrangement Orders replace Residence and Contact Orders, and Education, Health and Care Plans, extending to 25, will replace statements of special educational needs.

There has been an increasing drive to increase adoption locally and nationally, with the latest Government Action Plan in January 2013 as part of improving the adoption system and services for looked after children.

Organisational Change
There has been a major re-organisation, in response to the Munroe reports, within Southwark Children’s Social Care “Social Work Matters” which started to be implemented in Autumn 2013. The SWs have been placed in smaller teams - Systemic Practice Groups, with the aim

of improving SW practice, and increasing direct work, with children and families, and facilitating team working and peer supervision.

The Designated Dr and Nurse for Looked After Children (LAC) in Southwark lead the LAC Health team which is part of the Children's community children's health services, based at Sunshine House. The children's community child health services in Lambeth and Southwark became part of Guy's and St Thomas' NHS Foundation Trust (GSTT) in April 2011. In April 2014 the community child health services in Southwark and Lambeth became part of the Evelina London Children's Hospital (part of GSTT).

From April 2013 the commissioners of community child health services, including for the looked after children's team, have been Southwark CCG.

A new short-notice inspection regime for Health services for safeguarding and LAC, led by the CQC, was introduced, which will change again to more joint inspections from April 2015.

APPENDIX 2

DRAFT ACTION PLAN, 2014-2015

Key Priorities	How	Who responsible	When by	Comments
Continue to improve quality of in house health assessments	Peer review to be increased to at least every 2 months Supervision to be attended at least every 2 weeks by new staff and monthly by established staff Yearly audit of quality of Health Assessments and Plans	Designated LAC health professionals, Lead community paediatric team Southwark	January 15 January 15 October 15	
Improve the percentage by health assessments	Increase % of Health Assessments by specially trained LAC Health staff	LAC health and SS admin, designated health professionals	on-going	
Increase the number of children up to date with their health assessments	Improve liaison between health and social services	Senior Managers in Health and Social care	April 2015	Increase coverage to 95%
Update the care leavers' leaflet	Re-write leaflet and give out to all care leavers	CareLink, Designated Nurse	April 2015	
Recruit to the medical advisor for adoption role	Reconfigure post to attract applicants.	Medical Director	April 2015	Locum consultant from March 15
Track health care plans and recommendations -	Work with Independent Reviewing Officers (IROs) to track implementation of recommendations	SW team managers Designated Health Professionals LAC admin	October 15	Includes timeliness of reports
Improve co-ordination of health care of LAC with most complex health needs.	Identify key workers for children / young people with complex needs – as Lambeth	SW team managers, Transition and Children with disabilities teams, Clinical Directors, acute and	April 2015	

Key Priorities	How	Who responsible	When by	Comments
		community		
Improve timely information sharing and efficient joint Health / Children's social care admin services	Review and implement joint admin processes across health and Social Care and agree information sharing protocol	Senior admin managers in health and social care	April 2015 October 15	
Prompt Health Assessments for newly looked after children and young people	Monitor time from becoming LAC to Initial Health Assessment Record reasons for delay	Health data officers, Health admin,	April 2015	
Raise awareness of vulnerability to CSE in health	Incorporate CSE in training within health	Designated Health professionals	November 14	
Raise profile of health of looked After children within social care	Re-introduce training on health of LAC to social workers and IROs Attend SW Practice Group peer supervision	Designated Health professionals	April 15	
Raise profile of health of Looked After children within acute services for children	Agree how to implement induction training and for all paediatric staff at Evelina acute	Medical and Nursing Directors, Evelina	July 15	
Better recording of statistics in new health care system to be introduced next year	Link with Project 2015 deployment team	General Manager, Service Manager .	October 15	
Record detailed immunisation information for LAC individually and as a group.	Find administrative resource to support recording actual immunisation information on RiO	General Manager , Service Manager .	October 15	
Improve uptake and recording of SDQs and mental health issues	SDQs to be sent to carers prior to Review Health Assessments Information pathway to be developed	LAC health Service Manager LA lead Admin Manager Designated professionals CAMHS CareLink	February 15	

Key Priorities	How	Who responsible	When by	Comments
Improve Co-ordination, efficiency and information exchange between health and Social Services	Update admin processes, share information regularly Weekly reports	LAC health Service Manager LA lead Admin Manager	February 15	Needs regular review and monitoring

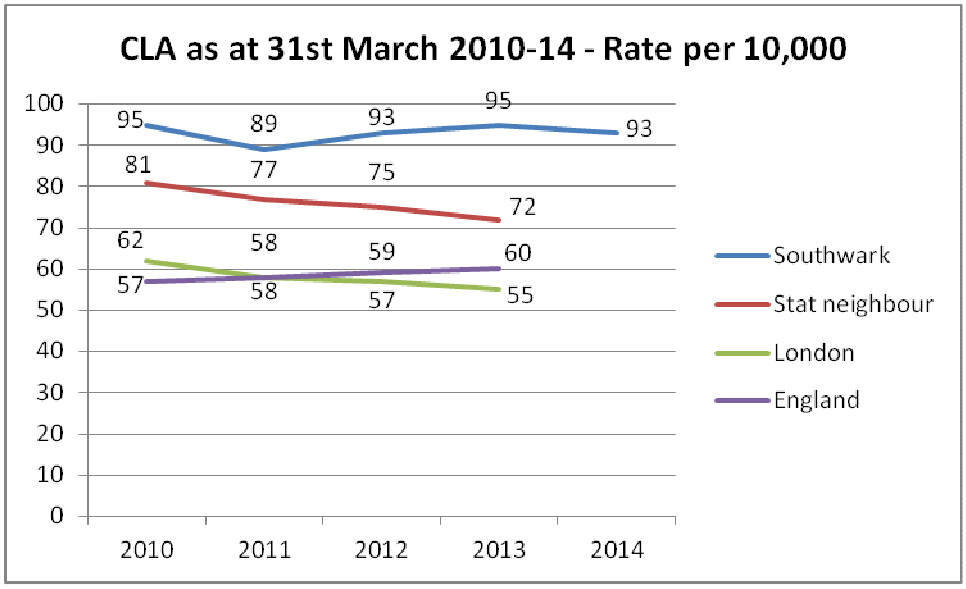
APPENDIX 3

Statistical overview of LAC Population in Southwark (England)

Performance Indicators - Southwark with England figures in brackets as at 31st March

	2009	**2010**	**2011**	**2012**	**2013**	**2014**
Number of Children Looked After	535 (60,900)	550 (64,410)	525 (65,520)	550 (67,050)	565 (68,110)	550 (68,840)
LAC more than 1 year	371 (43,200)	370 (44,400)	365 (46,090)	360 (46,590)	360 (47,200)	382 (47,670)
LAC starting to be looked after	220 (25,400)	280 (28,090)	300 (27,310)	280 (28,220)	310 (28,830)	255 (28,960)
Looked after children at any time during the year		805 (88,250)	845 (91,180)	795 (93,200)	855 (95,200)	811 (97,950)
Children Adopted	30 (3,300)	20 (3,200)	15 (3,050)	20 (3,450)	20 (3,980)	33 (5,050)
SGO		15	20	22	26	21
RO		5	15	10	15	18
Adopted + SGO + RO Total		40	50	52	61	71
Immunisations up to date	79% (84%)	76% (77%)	75% (79%)	72% (83%)	69.1% (83.3%)	69% (87.1%)
Health Assessments up to date	92% (85.9%)	97% (84%)	95% (84%)	93% (86%)	89% (87.1%)	90.8% (88.4%)
Substance Abuse problem	5% (5.1%)	2.4% (4.3%	4.4% (4.3%)	1.0% (1.9%)	19 (3.5%)	2.6% (3.5%)
SDQ % done			71% (69%)	70% (70%)	28% (71%)	35% (68%)
SDQ Average score			14.3 (13.9)	13.9 (13.8)	11.4 (14)	n/a (13-14)

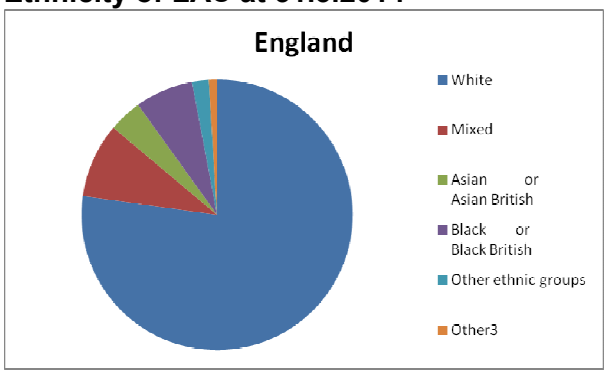
Nationally there were 68,840 Looked After Children as at 31st March 2014, an increase of more than 13% over previous 5 years. 550 children and young people were looked after by Southwark on 31.3.2014. This is 0.93% of the Southwark child population, higher than the average for England - 0.6%. This has been fairly stable since 2009, although it has declined from 620 in 2006. Far more children, 881 (>1%) in Southwark were looked after at some time during 2013-14.

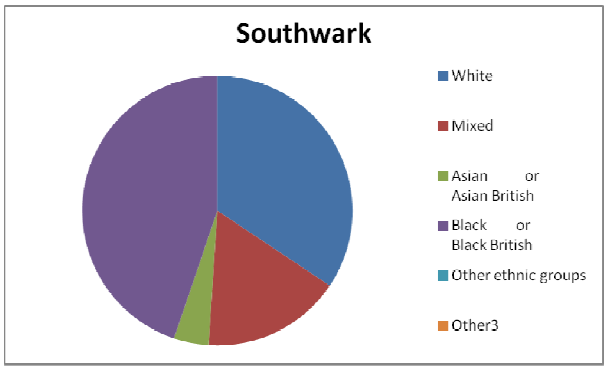


Between 2009 and 2014 Looked After Children nationally have increased by 13% and in Southwark rates have been fairly stable. A recent report on Looked After Children in London – an analysis of changes in the numbers[8] compared London to England and posited that this contrast was due to a number of factors, including higher thresholds and better resourced alternatives to care.

Children and young people from a Black or Black British background remain the largest ethnic group (42.3% at 31.3.13) which is a slightly lower % than the overall Southwark child population.

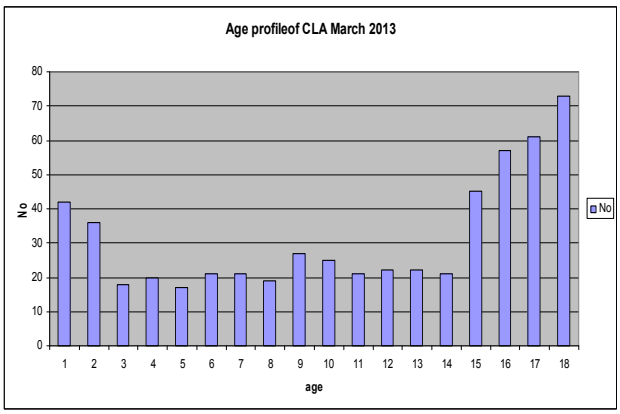
Ethnicity of LAC at 31.3.2014

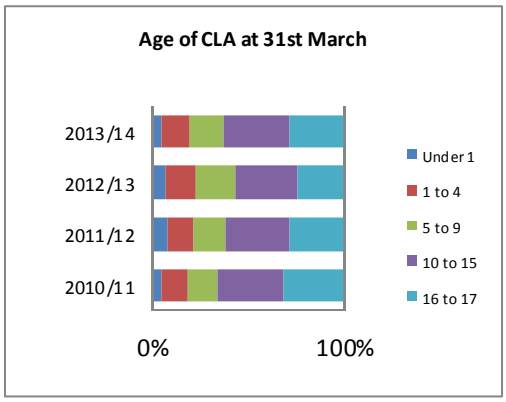




The number of unaccompanied asylum seekers has more than halved locally (and nationally) in the last 5 years to 12 at 31.3.14. Slightly more looked after children are male: nationally 55% male; Southwark 56% are male (end March 2014).

The age spread in Southwark is similar to the national profile with more infants under 1 and teenagers.





Starting Care
255 children and young people started to be looked after in 2013-14. The reasons given for becoming looked after, and legal status, are very similar year on year. Just over 60% become LAC because of abuse and neglect (+another 20% from other categories closely related – e.g. family dysfunction).

It was estimated that there would be an increase (estimated) of 80 young people per year who will become looked after under the new regulations from the LAPSO Act[4]. In fact far fewer, about 5 at any one time. The newest regulations state that although deemed LAC, they do not require Health Assessments as a LAC.

Leaving care
Around one third of those who leave care return home to their parents, in Southwark and nationally. Adoption has increased significantly, nationally by a quarter, and locally by over a half, from 20 to 33, between 2013 and 2014. About 20 children per year, over the last several years have left care to live under Special Guardianship Orders: 21 in 2013-14.

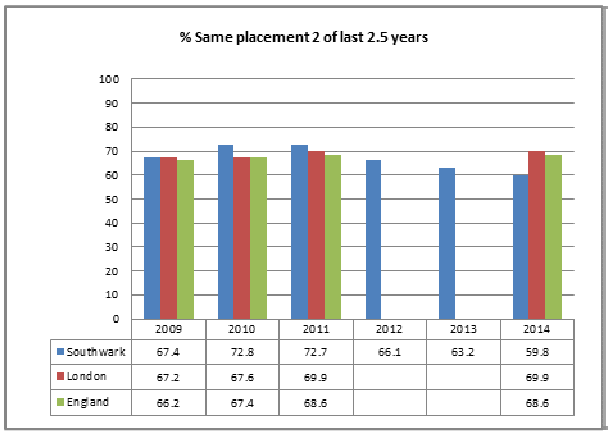
Placements
Most children and young people looked after (80%) were placed in family foster care. Over the last 5 years in Southwark, around 20% have been placed more than 20 miles away from their home address, compared to about 10% nationally. 70-75% of Southwark LAC have been placed out of Southwark.

In 2013-14 there was a multi-disciplinary audit of children placed furthest (sometimes hundreds of miles) away. Health assessments were generally up to date and adequate. However planning for these children needed to be improved which is lively to involve more interagency planning meetings – as in Team Around the Child.

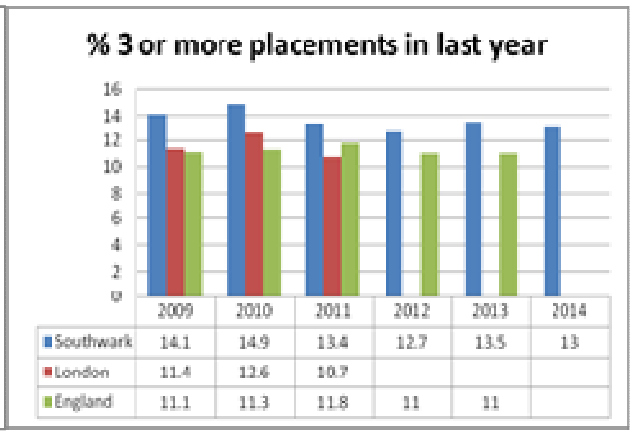
Stability of placements is worse than statistical neighbours and has worsened gradually from between 2009-10 and 2013-14, though performance has improved recently and Southwark is narrowing the gap with statistical neighbours. This has been a focus of multidisciplinary audit in 2014. In this audit health issues did not feature as one might have expected.

Children going missing from care increased significantly from 2011-12 to 2012-13. There was further analysis of the characteristics of these young people in 2013-14. These children and the issues leading to them going missing have been the subject of discussions at the Child Sexual Exploitation Subgroup of the SSCB, and also of a project by a voluntary agency to interview young people on returning from being missing. This has not been completed yet

In 2011-12 there were 81 episodes involving 25 children and young people;
In 2012-13 there were 165 episodes involving 34 children and young people
In 2013-14 there were 119 episodes involving 38 children and young people



	2009	2010	2011	2012	2013	2014
Southwark	67.4	72.8	72.7	66.1	63.2	59.8
London	67.2	67.6	69.9			69.9
England	66.2	67.4	68.6			68.6



	2009	2010	2011	2012	2013	2014
Southwark	14.1	14.9	13.4	12.7	13.5	13
London	11.4	12.6	10.7			
England	11.1	11.3	11.8	11	11	

References

(8) Looked After Children in London – an analysis of changes in the numbers
London Councils 2013
http://.www,londoncouncils.gov.uk/policylobbying/children/publicationslacanalysis.htm

(4) LASPO: Legal Aid, Sentencing and Punishment of Offenders Act 2012
www.legislation.gov.uk/ukpga/2012/10/contents/enacted

Agenda Item 7

Item No. 7.	Classification: Open	Date: 24 February 2015	Meeting Name: Corporate Parenting Committee
Report title:		The Effect of the Recent Developments in Public Health (transfer from NHS to council) on Children in Care	
Ward(s) or groups affected:		All	
From:		Director, Children's Social Care	

RECOMMENDATION

1. That members consider the information presented in this report on the effect of public health transfer from the NHS to the council on children in care.

BACKGROUND INFORMATION

2. The Health and Social Care Act 2012 placed new duties on local authorities to improve outcomes across a range of public health issues for their local populations. Local authorities now hold responsibility for commissioning and delivering services in a broad range of areas including sexual health, alcohol and drug misuse services, NHS Health Check assessments, children health services (5-19 years only), public mental health and dental public health, amongst a range of other services and interventions

3. Public Health refers to both the expert function that transferred with the Director of Public Health and team, and also the identified services above. Public health expertise is available to local authorities (and CCGs) to inform strategic commissioning to improve and protect the local population. The Joint Strategic Needs Assessment and other related work is a key part of this.

4. As noted in the recently published draft statutory guidance: Promoting the health of looked-after children the Act places a legal duty on Clinical Commissioning Groups to work with local authorities to promote the integration of health and social care services. The Government's Mandate to NHS England includes an explicit expectation that the NHS, working together with schools and children's social services, will support and safeguard looked-after children (and other vulnerable groups) through a more joined-up approach to addressing their mental and physical health needs.

5. Public health responsibilities are being transferred to local authorities in a two stage process; public health responsibility was successfully transferred from NHS to local authorities in 2013. From 1 October 2015, the Government intends that local authorities take over responsibility from NHS England for commissioning (i.e. planning and paying for) public health services for children aged 0-5. This includes health visiting and Family Nurse Partnership, targeted services for teenage mothers). The transfer of public health commissioning responsibilities for 0-5 year olds marks the final part of the overall Public Health

transfer from the NHS to local authorities.

6. This presents an opportunity to better integrate health, education and social care to reduce health inequalities and improve outcomes for children and young people, including those in care.

7. In addition to the services mentioned, above the public health approach is one that works with all relevant services across the life course to prevent and intervene early so as to promote health and wellbeing. For children in care this means ensuring that universal services (health and education in particular) work well to address needs and complement targeted and specialist services.

KEY ISSUES FOR CONSIDERATION

Developing health services for Looked After Children (LAC)

8. As detailed in the draft statutory guidance CCGs and the officers in the local authority responsible for looked-after children's services should:

- recognise and act on the greater physical and emotional health needs of looked-after children
- give equal importance to the mental and physical health of looked-after children and agree multi-agency action to meet the health needs of looked-after children in the area.
- ensure that sufficient resources are allocated to meet the identified health needs of the looked-after children population, based on the range of data available about their health characteristics
- take into account the views of looked-after children, their parents and carers, to inform, influence and shape service provision, including through Children in Care Councils and local Healthwatch where they are undertaking work in this area
- arrange the provision of accessible and comprehensive information to looked-after children and their carers.

Health issues for Looked After Children

9. Looked After Children and those who are most likely to become Looked After face a range of potential health issues and significant health inequalities. These are broad such as mental health issues, as a result of the abuse and neglect they might have experienced which resulted in their move to care, for example; physical health issues, drug and alcohol misuse, disability, learning difficulties or disabilities. As well as these, those in care are often at risk of poor sexual health and teenage pregnancy and a high proportion of LAC have Special Educational Needs (SEN). If these issues aren't addressed early, there are implications in terms of making a successful transition to adulthood and independence.

10. A recent audit of LAC health issues identified a wide variety of significant health issues, particularly with development and mental health. As a result partners plan to record diagnoses for LAC more systematically. The audit also showed that follow up of initial health assessment recommendations was generally good but could be improved which has contributed to updated advice to health professionals completing Review Health Assessments.

11. The Designated Doctor and Nurse for LAC in Southwark lead the LAC health team which is part of the Children's Community Children's Health Services, based at Sunshine House in Peckham. The Children's Community Child Health Services in Lambeth and Southwark became part of Guy's and St Thomas' NHS Foundation Trust (GSTT) in April 2011. Since the 1 April 2014 specialist child health services in Southwark and Lambeth have been part of the Evelina London Children's Hospital.

12. Since April 2013 Southwark CCG have been the commissioners of community child health services, including the children in care team.

Improving outcomes for Children in Care

13. An integrated commissioning approach is recommended to improve outcomes recognising the many services including universal e.g. GPs, schools that are involved. The Designated roles have a remit around strategic advice to commissioners too.

14. The CCG have funded increased nursing and administrative support to improve the quality of health assessments; bringing more assessments in-house, especially those previously done by GPs, to be done by nurses and doctors based in the LAC Health Team at Sunshine House in Peckham. A full-time administrator joined the team in October 2013. A new full-time LAC nurse joined the team in December 2013.

15. Following the implementation of Social Work Matters, new social work Practice Groups have been established across council Social Care teams who the health team are working closely with which is improving information sharing and communication.

16. Key administrative links and processes have been reinforced and there is active work to improve efficiency and effectiveness of information sharing. There are difficulties with accurate recording of Health Assessment data in health and Children's Social Care.

17. LAC health staff provide statutory health assessments and are part of a wider network with mental health services, provided by Carelink Southwark CAMHS (provided by SLaM: South London and Maudsley NHS Foundation Trust), Children's Social Care and others to promote the health and wellbeing of looked after children. The health team provide training to Social Workers, foster carers and health staff; take part in multi-agency meetings about individual children / groups of children, multi-agency audit, and planning.

Service Developments

18. A number of service improvements have been implemented to improve health outcomes for LAC through greater collaboration and joint working, these include:

    - New services offered have been a drop-in for Social Workers at their base fortnightly.
    - Increased number of multi-disciplinary and multi-agency audits.
    - Information sharing and administrative procedures are being comprehensively reviewed between Health and Social Care.
    - A new combined consent for sharing health information and to health

assessments and interventions has been agreed and is due to be implemented.
- Immunisations are being recorded more systematically.
- Care Leavers Health Care Summaries and Plans will now include information about birth, family and health history, and as far as possible immunisation information.
- More updates are received from CAMHS service for LAC (CareLink)
- CareLink has recently started a new large study of the assessment and intervention in mental health of young children, looked after, with parents with mental health problems.

New opportunities

Commissioning

19. The Special Educational Needs and Disabilities (SEND) programme will have a key focus on ensuring the best possible start for children and young people with special educational needs and/ or a disability. It will lead to a greater role for local authorities as market developers as individuals take up their right to personal budgets and become their own commissioners. The council will place a greater focus on integrated commissioning across health, education and social care to align with the more integrated approach to assessment and support process and ensure that the published Local Offer includes the range of services and support parents and young people tell us they want to access in Southwark.

20. The council is developing a whole life approach to commissioning health services, developing an All Age Integrated Commissioning Strategy (Health & Wellbeing) 2014 – 2020. This strategy recognises that part of being an expert commissioner means moving to commissioning for outcomes – i.e. in order to give greater opportunity for providers to arrange their services in more flexible and innovative ways, and that the focus should be on outcomes, instead of the traditional approach of specifying inputs and outputs. This presents an opportunity to improve outcomes from an early age, in line with the Health and Wellbeing Board and Children and Young People's Plan priorities.

21. Council Commissioning, Social Care and Housing teams are conducting a review of 16+ accommodation requirements in Southwark and will consider the needs of vulnerable young people, including those in care and care leavers. This work will make recommendations in May 2015 and will help provide a better understanding of the wider needs of this cohort, informing future outcomes based commissioning intentions.

Joint working

22. Public Health are working with Education to improve co-ordination and reach of universal provision of Personal, Social and Health Education including Sex and Relationships Education, education on drugs and alcohol, emotional health and well being and weight management) in Southwark Schools. Work is also being undertaken around targeted services on improving health and wellbeing of young people including prevention of teenage pregnancy. This includes the provision of health huts run by youth advisors in SILS schools, Youth Offending Service and youth clubs. In addition a youth advisor is employed to support young women in care to improve their sexual health and well being.

23. The Children and Young People's Health Partnership have been looking at ways to improve access to services, particularly for more vulnerable young people (including those in care, care leavers, young offenders, young carers and those with learning disabilities). Their Young People's Project aims to co-design sustainable ways of providing holistic health services, incorporating young-people friendly standards for universal services, mental health, sexual health, drug and alcohol support, in addition to links to education, employment and training. They aim to develop a holistic health 'hub' in Southwark, like the Well Centre in Lambeth, with locality outreach, and ongoing support for young people's physical, emotional and social wellbeing. A £900 000 bid to the Guy's and St Thomas' Charity was submitted in January, if successful funding will be available from June 2015.

24. Since it opened in October 2013 The Well Centre has seen a consistent rise in the number of people signing up to use the range of services available (youth workers, counselling and GPs). Currently just over a 1000 young people are signed up and 95% of those who use the service say they would recommend it to a friend. February 2015 figures show that 57% of the centre users are from Lambeth, 13% from Southwark and 9% from Croydon. A higher proportion of females, 67%, than males, 33%, use the centre, approximately 40% of service users are aged 16 or 17.

25. Despite mostly supporting school age children, over 10% of the young people using the centre are unemployed and actively seeking work. A high proportion; 15.2% of the young people, are living with neither of their parents and 10.3% are living in foster care or a hostel. Only 45% of young people attending the Well Centre rated their life satisfaction as good or very good compared to the national average of 80%. These figures indicate that the Well Centre is reaching some of the most vulnerable and at risk young people.

26. In their June 2013 evaluation of the Well Centre, London South Bank University found that the centre has shown that an integrated general primary health care and social / youth work offer is practical and suited to young people's needs to have things dealt with in a timely and holistic manner therefore, reducing the risk of attendees being lost to follow up. The fact that it was not a single issue service (e.g. for mental health or sexual health) made it more accessible and less stigmatizing to service users. In contrast, interviews and discussions with young people suggested it was not very easy to visit their own GP for various reasons, such as fears about confidentiality.

27. Many of the young people using the centre have benefitted from mental health and sexual health advice and support, delivered under one roof in a safe space which they feel they can go back to. The centre also helps young people by signposting them to housing, employment and training providers. This suggests that a similar centre in Southwark would be of benefit to a range of vulnerable and marginalised young people in the borough.

28. The transfer of services presents an exciting opportunity to align 'the Public Health approach', as defined as analysing characteristics of the local population and data trends and taking a long term view of what this presents, with our intelligence to help transform the way we deliver services. For example, Public health colleagues are currently conducting a research into neglect in the borough, profiling the epidemiology of childhood neglect and establishing the risk factors, effective interventions and best practice in responding to needs.

29. This type of intelligence helps in the preplanning of services for the LAC population, who represent a small proportion of the overall population, but have high needs and whose responses to support are different because of their experiences prior to coming into care. This knowledge helps to inform the skills sets for carers and providers coming into the care system and could led to more cost effective solutions being developed.

30. In additional Public Health are working with colleagues in Children's and Adult's Services to produce an analysis of 3 years worth of data on looked after children considering their placement stability and the reasons why they move in and out of care and placements. This work will help provide a better understanding of our LAC population and will inform the LAC Strategy.

Policy implications

31. The move of public health to local authorities is an opportunity to strengthen the integration of commissioning and service delivery for this client group, and to take a life course approach to mitigate future children in care.

Community impact statement

32. The care population is diverse in terms of age, gender and ethnicity and we closely monitor these protective characteristics to ensure we understand specific health needs and are able to deliver services that address these needs. Delivering services that improve health outcomes can help to build resilience for children and young people to successfully achieve wellbeing and make a positive contribution. Effective performance monitoring and joint working supports these objectives and enables us to identify areas where improvements may need to be made.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Abdu Mohiddin, Public Health	
Version	Final	
Dated	11 February 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		11 February 2015

Agenda Item 8

Item No. 8.	Classification: Open	Date: 24 February 2015	Meeting Name: Corporate Parenting Committee
Report title:		Teenage Pregnancy and Looked After Children (LAC) Young People	
Ward(s) or groups affected:		All	
From:		Director, Children's Social Care	

RECOMMENDATION

1. That the committee considers the contents of this report regarding teenage pregnancy and looked after children (LAC) young people.

BACKGROUND INFORMATION

2. We know that having a child at a young age can damage the future prospects of both the parents and the child. Teenagers who become parents are known to experience greater educational, health, social and economic difficulties than young people who are not parents. Looked after children and young people are at greater risk of early pregnancy and social disadvantage than other groups. The prevention of teenage pregnancy among looked after children and young people therefore poses particular problems and may have significant beneficial outcomes[1].

3. In their recent report[2], the Centre of Social Justice note that it has long been acknowledged that care-experienced young people are more likely to become young parents. Their FOI requests reveal that 22 per cent of female care leavers become teenage parents. This is about three times the national average.

4. Southwark is making significant progress in reducing teenage conceptions and, with a further sharp decline in 2012 (the latest data available) to a rate of 31.8, has achieved a 63.5% decline since the benchmark in 1998, compared to a national decline of 41%.

5. However, Southwark's under 18 conception rate, at 31.8 for 2012 (under 18 rates are per 1000 female population aged 15-17) is still higher than the average rate of its statistical neighbours, inner London, and England and Wales. The Under 16 Conception rate has seen a sharp decline to 2012. The under 16 conception rate (under 16 rates are per 1000 female population aged 15-17) in Southwark (4.7) is lower than the under 16 conception rate in England & Wales (5.6). The rate is still slightly higher than that for Inner London (4.3) and the average of its statistical neighbours (4.6).

[1] SCIE Research briefing 9: Preventing teenage pregnancy in looked after children
[2] Centre for Social Justice: Finding their Feet (2015)
Links: http://www.scie.org.uk/publications/briefings/briefing09/index.asp
http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/Finding.pdf

6. In Southwark, the percentage of both under 18 (63.4%) and under 16 conceptions (73.7%) resulting in abortion is relatively high compared with figures for England and Wales, 48.7% and 59.8% respectively. The figures suggest that both under 16 and under 18 conception rates could be further reduced.

7. Southwark had 8 looked after children who were mothers in the 2013/2014 reporting period. There are 4 looked after young people who were mothers aged 15-17 on the 31 March 2014 (there were 4 other young mothers looked after during the year but not on the 31 March). In total, there were 86 young women aged 15-17 looked after on the 31 March 2014.

8. The rate per 1,000 for our looked after children is 47 per 1,000; about one and a third times the Southwark rate. Because of the different nature of the LAC population (children can move in and out of it independent of age [by ceasing to be looked after] – unlike the Southwark population who will only cease to be in the cohort if they move out of Southwark, turn 18 or pass away) this should only be used as indicative guide in comparison with the all Southwark figures.

9. In addition, a number of our LAC, were already pregnant or mothers before they became looked after.

10. A case by case examination would make it possible to ascertain if pregnancy or motherhood was a factor in the young person becoming looked after as opposed to something that happened after the start of the looked after episode

KEY ISSUES FOR CONSIDERATION

Current service provision for Looked After Children

11. Looked after children and young people are known to have less access to good quality, consistent sources of sex and relationship education and advice than many other children and young people. Ensuring that they have access to good quality advise has been demonstrated to reduce levels of teenage pregnancy.

12. In recognition of this a Young Women's worker role, employed by Southwark Teenage pregnancy and LAC services, has been created to offer targeted intensive support to LAC young women and girls. 31 young women have been supported over the last 12 months, aged between 13 and 18 years of age. The Young Women's worker currently has 25 cases. Of those, 5 have now been closed. Amongst this cohort 11 are care leavers, 8 are young mothers and 2 have had terminations.

13. The worker works holistically, building trusting relationships over time to engage the young females and provide support. The worker supports the young women with contraception choices as well as education, employment and training opportunities and personal issues that the young women maybe dealing with.

14. Young women and social workers value the support they receive from the Young Women's worker and they have identified improved outcomes in particular in relation to use of contraception, attending health clinics and in making links with other young parents.

15. All children looked after receive individual assessments and advice through the LAC health team. A 'DUST 'screening tool, is used by all social workers to

identify sexual health issues, activity and prevention strategies. This information is also correlated with information on substance and alcohol use. Together this provides a comprehensive range of information to inform an approach to working with young people. Our paediatricians and mental health colleagues in Carelink offer a co-ordinated response to reviewing and supporting children and young people in relation to their sexual health.

16. The young women's worker provides advice to social work staff and foster carers. They are currently participating in a Child Exploitation project managed by the Care Service and Children's Society. This group raises awareness of Child Exploitation and individual health advice.

17. We know that a disproportionate number of teenage parents have their children removed. This is traumatic for the child and parents. We are committed to breaking the cycle of removal to care and as part of our response to this have been successful in receiving DfE Innovation in Social Care Funding to deliver the Pause Project for 18 months from April 2015.

18. Following the success of a pilot project in Hackney helping women to break the cycle of repeat pregnancies and removals, the Pause Project has won over £3m funding from the DfE to replicate itself in Doncaster, Newham, Southwark and Hull. The funding will also pay for a national programme director and for a second project in Hackney, targeting mothers who have had just one child taken away but who are considered to be at risk of going on to have numerous children removed.

19. The project works entirely outside of the usual local authority structure and independently of the social care services. By engaging with mothers on a one-to-one basis, creating a bespoke programme of intensive therapeutic activities and practical support, it works with women to think of themselves as individuals for what is often the first time in their lives.[3]

20. The Pause Project is about intervening with women who are "pausing" further childbirth, to stabilise their lives and build a more secure foundation for themselves in the future. It does not work on parenting or parenting skills and none of the women will have children in their care whilst involved with the Pause Project. The background of women fitting the criteria involves a history of very poor parenting themselves, domestic violence, substance misuse, poor mental health and sometimes a degree of learning difficulties. They have usually been assessed as unable to parent due to their circumstances but often do not meet the criteria for adult services although very vulnerable. Some but not all will be known to professionals working with substance misuse.

21. The criteria for women in Southwark to be included in the Pause Project is that:

- they have had 2+ children permanently removed from their care within the last 5 years (up to October 2014) Current data analysis suggests that 55 women meet this criteria and the project is funded to work with 20.
- are willing to be on long acting reversible contraception
- are of an age where further pregnancy/care proceedings is likely.

[3] £3m to help women with multiple children in care | Society | The Guardian

22. We continue to work on the development of preventative work with young women in and leaving care who are most at risk of getting into this kind of cycle. Also, the group of women in Southwark who meet the Pause Project criteria includes some young women from care who have already had 2 children removed from care. They will be included in the Pause Project when launched later this year. In the meantime Social Workers and Personal Advisors work proactively to meet health needs including sexual health and contraception for this most vulnerable group of young women.

23. Social Care have also made referrals to the Family Nurse Partnership, a targeted intervention for young mothers expecting their first child. The nurse visits weekly or fortnightly until the child's second birthday and provides advice on the health and development of both the child and their mother. They also help the mother think more broadly about their goals for the future, and their relationships and provide access to other resources and services within the community. This service has proven to be a success and NHS England is committed to increasing the capacity of Family Nurse Partnerships to 13,000 by April 2015. However barriers to access remain for children in care and care leavers including restrictions to accessing services. Restricting criteria include the need for it to be a first-time pregnancy, and an upper age limit of 19 at the age of conception.

Sexual Health Promotion

24. Sexual health promotion is a key role of the children looked After nurse. There has been a gap in the running of the drop in service but this has been resumed at the new premises and the nurse also takes part in the workshop programme for young people aged 13 -16 and 16 plus age groups in partnership with the Project Team at the Social Care Team. The workshops aim to be interactive and based on sexual health needs of the young people. The young people have been consulted and have identified what they want from the workshops and the nurse will deliver regular group work sessions.

25. The nurses take part in new drop in service at one location which will allow young people access to confidential health information and advice from the nurse as well as other agencies. The nurse attends a yearly event for those who are aged 13 to explain her health promotion and advisory role.

26. The nurse is also available to offer support and advice to those planning to leave care and who have left care.

27. The social workers, Personal Advisors, the Young Women's Worker, key workers and carers also support the young people in accessing sexual health advice and information and are supported by the nurse. The nurse also works in partnership with Speakerbox and offers support, advice, information and advocacy to young people on their needs including their rights and responsibilities.

28. One to one interventions are part of the strategy to prevent sexually transmitted infection (STI's) and under 18 conceptions. The nurse is able to assess those at risk and offer support and referral when appropriate. One to one consultations with young people are a key part of the role of the nurse. This will include young women who are pregnant or who are already mothers.

Recommendations for further improvements

29. The following recommendations will contribute to the consistent decline in

Teenage Pregnancy rates amongst young people in Southwark.

- Training on sexual health and relationships should be considered as part of 'essential training' for all staff who work with vulnerable young people and should be specifically tailored to the work role of participants

- Mandatory training for all Social worker staff should be available on an annual basis, as a shorter training session to include both factual information and practical application

- SRE training in schools should be further developed to encourage all schools in the Borough to participate and engage in this effective programme

- Programmes of training for foster carers and parents should continue to be funded and should include on-going evaluation to measure the impact of this over a longer period of time

- The LAC nurse should continue to work with the young women`s worker and provide sexual health advice, information and training days to foster carers and young people in care.

Resource implications

30. The current budget for teenage pregnancy work is £150,000. The Young Women`s worker is funded partly by LAC services and Teenage Pregnancy.

Community impact statement

31. Southwark Looked After Children services, working together with partnership with health, education and youth offending services, work to deliver the best possible outcomes for children in care. The care population is diverse in terms of age, gender and ethnicity and service needs in response to specific health needs or circumstances which have resulted in a temporary or long term move into care. We closely monitor these protective characteristics and circumstances to ensure we understand the specific needs of those in care and are able to provide services which address the needs of this vulnerable group of children and young people.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Young Women's Worker Case Study

AUDIT TRAIL

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Emma Corker, Teenage Pregnancy Coordinator	
Version	Final	
Dated	11 February 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		11 February 2015

APPENDIX 1

Young Women's Worker - Case Study - January 2015
Corporate Parenting Committee Report

"I have been in care since I was 13 years old. At 20 I became pregnant. I have been supported by my foster mum, family and friends.

When I went for my appointment at the hospital to get my red book, the nurse looked at my notes and said *"so you are in care"*. I left the room to carry out a test. When I came back there was another woman in the room, they were looking at my notes and talking about me… it felt like they were saying I wasn't fit to be a mum. The nurse didn't introduce me to the other woman. I didn't know who she was. I didn't like that information about me was being shared with someone I didn't know and without my permission.

Becoming a mum has been great. Ever since my baby came things have changed for me… I have someone looking up to me now… someone who depends on me… I need to be a good role model for my baby.

My experience in care has been great. I know it isn't always like this for other people.

If I have been struggling or in need, there has always been someone there to help me. I have had good relationships with my Social Workers and PA.

The only thing I wish is that they (Social Services) could have done more to reconcile me with my Auntie, to support me to be able to stay at 'home', not take me into care. I didn't think I would be taken into care. My Auntie had a two-bedroom flat to look after me. She stayed there after I was taken into care.

Being in care means my community have judged me, they said things like: *"you will amount to nothing"* because I was in care. Being taken into care makes them think you will achieve nothing. I am judged because they think your family and community are the only ones who should take care of you. I am trying my best to prove them wrong.

I want to go back to Uni. I want to get a proper job. I don't want to be on benefits for the rest of my life. I am trying hard for myself and my baby."

Item No. 9.	Classification: Open	Date: 24 February 2015	Meeting Name: Corporate Parenting Committee
Report title:		Transition from Care to Independent Living	
Ward(s) or groups affected:		All	
From:		Director Children's Social Care	

RECOMMENDATION

1. Members consider the information presented in this report on transitions from care to independent living and note the actions we are taking to ensure positive outcomes are achieved for looked after children in Southwark.

BACKGROUND INFORMATION

2. For most young people, moving to their own independent accommodation, entering further or higher education, engaging with apprenticeships and employment, enjoying good health and wellbeing, represent significant events in their journey to adulthood.

3. There is evidence that, as a group, care leavers are more disadvantaged and experience more challenges than the general population of young people.

4. Ensuring successful transitional planning for young people leaving care is crucial to them living happy and fulfilling lives.

5. Mike Stein is an experienced researcher in the area of leaving care. He comments on how many care leavers have to cope with major changes in their lives, at a far younger age than other young people. 'Many care leavers have compressed and accelerated transitions to adulthood.'[1] There is evidence that both physical and mental health problems increase at the time of transition and may combine with earlier pre-care and in-care difficulties. Combined with the new challenges of transitioning into new accommodation and relationships. The impact upon young people's health and wellbeing can affect their overall health and well-being.

6. Working with the Princes Trust the National Children's Bureau has conducted research[2] into the successful transitions from care to independent living. They have found that the key factors that contribute to successful outcomes are:

    - Stable placements whilst children and young people are in care, particularly placements that enable them to develop strong relationships

[1] Promoting the resilience and wellbeing of care leavers-Mike Stein. 2009

[2] Supporting care leavers' successful transition to independent living, NCB. August, 2012

- Access to and continuity of both professional and informal support for young people as they prepare for and during the transition out of care
- Effective forward planning and preparation for the transitions to independence, including solid contingency planning
- Access to a range of support services as success in one arena of their lives seems to pave the way for success in others
- Ensuring young people are involved as key partners and decision makers throughout the planning and transition period, including garnering their views on their readiness to leave care
- Equipping young people with key practical and life skills, providing them with the underlying capacity to live independently.

7. In Southwark we are delivering and developing new services to respond to the needs of this group of particularly vulnerable young adults. We provide a range of suitable accommodation and access to continuing education, good quality training and employment opportunities to ensure young people succeed into adulthood. Critical to successful transition is effective pathway planning, the full involvement of health and education colleagues in receiving good services for mental, emotional and physical health needs and access to a range of support services.

Care Leavers Strategy

8. In October 2013, a cross-departmental strategy for young people leaving care was published. The strategy sets out a vision to remove some of the practical barriers that care leavers face as they progress to adulthood. The key to achieving sustained and good outcomes into adulthood are the availability of good education, employment and health provision, access to housing, help to remain outside the justice system and access to good quality, consistent long term support.

9. The Department of Education has published a data pack on outcomes for care leavers. Its aim is to consider the findings and to learn from the best practice.

10. The new inspection arrangements will have a specific focus and 'sub judgment' on care leavers. In particular it will look at: 'Young people leaving care and preparing to leave care receive support and help to assist them in making a successful transition to adulthood. Plans for them to leave care are effective and address their individual needs. They are safe and feel safe, particularly where they live. Young people acquire the necessary level of skill and emotional resilience to successfully move towards independence. They are able to successfully access education, employment, training and safe housing. They enjoy stable and enduring relationships with staff and carers who meet their needs.'[3]

[3] HM Government. Care Leaver Strategy. A cross-departmental strategy for young people leaving care. 2013

KEY ISSUES FOR CONSIDERATION

Care leavers information 2013-2014

11. The following information considers all young people who had left Southwark's care, aged 19 and 20 years, during 2013 and 2014. The details refer to their known accommodation, education and employment status.

12. The total of young people entitled to a leaving care service, aged between 19 and 20 years, was 102. There was no notable gender difference in each age group.

Age	Female	Male
19 years	10	10
20 years	38	44

13. Understanding the ethnic profile of the young people within this cohort is important in addressing the issues they may encounter in accessing accommodation and education/employment.

Aged 19

Ethnicity	Female	Male
Mixed Other	1	1
Black Other	1	
White Other	1	
White Irish		1
Black Caribbean		3
White British	2	2
Black African	5	3
Asian		

Aged 20

Ethnicity	Female	Male
Mixed Other		2
Black Other	9	2
White Other	2	3
Asian Other		6
White Irish		1
Black Caribbean	5	4
White British	11	12
Black African	10	9
Asian	1	
White and Black Caribbean		5

14. Information on residence and accommodation type highlights that both age groups predominantly live in council/private housing or supported housing in London. The majority of young people live in Southwark or South East London. That's important in ensuring they can continue to have contact with birth families and access to services in Southwark.

15. Ten young people live outside of London. These are generally related to good attachments with previous care placements and/or opportunities in the locality enabling good education and employment outcomes. Seven young people were not registered as having current accommodation. These young people either preferred not to work with the leaving care service and therefore information regarding their housing and education was not clear or were struggling to maintain living in supported housing. The service continues to offer support to these young people should they chose to make use of it.

16. Six young men were serving a prison sentence during this period. All came into care age fifteen and over. Most entries from care for this group were as a result of parents being unable to manage their behavior. For at least three young men, there were immigration issues regarding parent's status, which may impact on the young men's current and future status. All of them spent some time in custody, prior to their eighteenth birthday. All of them were involved in some offending behaviour prior to coming into care and this continued whilst in care. Two of them were involved with gangs. They all experienced more than four placement changes, including one custodial sentence for one young man. They all experienced four or more social worker changes.

17. The current accommodation range of provision for young people aged eighteen years and over includes the following:

Type	Provider	Location	Criteria
Prevention and inclusion	Look Ahead	Gateway Borough Southwark	Foyer for young people aged 16-25, including care leavers. 24/7 supervision and support available.
Prevention and inclusion	Salvation Army	Springfield Lodge Camberwell Southwark	Range of Supported housing for young people aged 16-25, including care leavers. 24/7 supervision and support available.
Prevention and inclusion	Oasis	Peckham Southwark	Supported housing for young women aged 16-25, including care leavers. 24/7 supervision and support available.
Young people floating support	Look Ahead	Gateway Borough Southwark	Floating support for young people aged 16-25, including care leavers.
Young people floating support	Look Ahead	SABs	Scheme for young people aged 16-

Type	Provider	Location	Criteria
			21, at risk.
Staying Put	Southwark Fostering. Independent foster carers.	Varied	Manages the option for young care leavers to remain with foster carers they have lived with previously.
Council tenancy	Southwark council	Southwark.	For those young people who are identified as able and wishing to move to their own tenancy.
Private Housing	Private landlords	UK wide. Predominantly South East London.	For young people with a variety of needs which can be related to preference for location or temporary arrangements.

18. Staying Put with fostercarers would not have been an option for the group of care leavers considered in this paper. We will monitor the impact that this has upon the next cohort of rising 19-20 year olds who choose to remain with fostercarers. A comparison of the information will assist us to learn from the outcomes.

19. The same cohort had differing profiles for education employment, training and those who were NEET. There was a greater disparity between age and gender in terms of outcomes.

19 year olds analysis 2013-2014

Type	Female	Male
University	3	
College	4	
Apprenticeship	1	
Work and college	1	
EET		2
Prison		1
Not in touch		4
NEET	1	3

20 year olds analysis 2013-2014

Type	Female	Male
University	5	4
College	4	4
Apprenticeship	2	
Work and college		
EET	9	11

Type	Female	Male
Prison		4
Not in touch	4	10
NEET	14	11

20. Recent internal reviews undertaken by Catch 22, December 14[4] and the Speakerbox Young Inspectors Project, November 14[5], have highlighted the challenges for managing the way forward for care leavers.

21. The Catch 22 review has recommended further development of accommodation provision which helps create greater choice, flexibility and safety for care leavers. More robust pathway planning at an earlier stage to ensure there are clear plans with contingency measures identified to ensure greater likelihood of positive outcomes, particularly in education and health. A clear Southwark offer which is accessible and understandable.

22. The Speakerbox Young Inspectors project reported on their inspection of semi-independent providers and young people's experiences from sixteen years of age. In addition, complaints by care leavers regarding accommodation were collated and reflected similar themes. 76% of young people reported feeling safe in the accommodation inspected. The remaining young people reported feeling unsafe and commented on the following area's as causing them concern:

- **Anti-social behaviour** in the area of the property was the most common reason for a young person feeling unsafe
- **Unsecure access doors** also was a common reason why young people felt unsafe (due to faulty doors)
- **Other tenants** in the property made some young people feel unsafe
- **Lack of security** allowing access to other people not living in the property was also a common reason
- **Health concerns**
- **Lighting** (en-route to the property)
- **Fear of break in**
- **Burglary of property**
- **Property unclean.**

23. 88% of young people reported feeling confident in managing independent living with the help of keyworkers. They reported feeling able to complete general tasks, such as cleaning washing and payment of bills. The area where they felt most input was required was in obtaining employment. For some their legal status inhibited them being able to take up legal employment.

24. For those young people who were eighteen plus. The complaints submitted and managed by the advocacy service commented on similar issues regarding safety and the condition of properties.

[4] Catch 22. London Borough of Southwark Diagnostic report. December 2014
[5] Speakerbox. Young Inspectors Project Report. November 2014

Actions being taken

25. As noted above achieving good outcomes for care leavers involves careful planning, co-ordination of services and a good choice of quality provision.

26. A LAC Strategic Group has been established to improve co-ordination between the different parts of the looked after system. This incorporates leaving care. The group will co-ordinate the development and delivery of a LAC Strategy which will incorporate the review recommendations from Catch 22 and the feedback from Speakerbox young inspectors and representations managed through the advocacy service.

27. Key area's for focus will be:

- **Developing the range and safety of accommodation provided to care leavers:** Social Care are working in partnership with commissioning colleagues to review current provision with providers and young inspectors, which is part of a wider 16+ accommodation review which commissioning are leading on. We are working on the feedback and observations to improve the commissioning arrangements with those providers who are delivering well and could provide more. For those providers who are not delivering well we are reviewing the commissioning agreements and considering other types of provision which will broaden the choice of safe accommodation and support.

- **We are developing a strategy to review all rising eighteen year olds and improve pathway planning:** Learning workshops are being delivered throughout February and March for social workers to assist them in developing their pathway planning skills. These workshops will also introduce the new pathway plan. Carelink, our mental health provision for the care service, are working closely with us to assist with transitional planning for those young people who have particular mental health and learning difficulties. IRO's are involved in this process to strengthen their understanding of need and services post eighteen.

- **We are reviewing 'The Southwark Offer':** Ensuring that our offer to care leavers is clear and accessible. We are exploring different media to assist young people to access and understand what is available.

28. In addition the LAC Strategic Group is prioritising work on initiatives which will increase services and support to enable more children and young people to remain at home. This includes developing more "edge of care" services with a particular focus on work with adolescents and helping those young people who want to return to family members as part of their pathway plan to be able to do this safely and with support.

Community impact statement

29. Southwark Looked After Children services works to promote the best possible outcomes for children in care. The care population is diverse in terms of age, gender and ethnicity and we closely monitor these protective characteristics to ensure we understand specific needs and are able to deliver services that address these needs. It is recognised that placement stability, engagement in education, access to leisure and healthy lifestyles all help to build resilience for

young people to successfully achieve economical wellbeing and make a positive contribution. Effective performance monitoring supports these objectives and enables us to identify areas where improvements may need to be made.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Case Study A
Appendix 2	Case Study B

AUDIT TRAIL

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Jane Scott, Head of Care	
Version	Final	
Dated	11 February 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		11 February 2015

Case Study A **APPENDIX 1**

ChildA has been in the care of the local authority since 2002 having been neglected and suffering physical and emotional abuse and was subject of a Care Order, Section 31 Children Act 1989. ChildA experienced 20 changes in placement during time in care, mostly because of challenging behaviour, and was eventually placed with an in-house foster carer in 2007 until their 18th birthday.

ChildA attended college and completed a level 3 course, along with GCSE English and Maths. They went on to complete a six week work experience placement and aspires to work in the health field.

ChildA is now living in a council tenancy, living independently and doing very well. They are very focused and determined to make a success of life. ChildA was being supported by Carelink for several years, until their 18th birthday, and reports that they have helped to come to terms with some painful earlier life experiences when they lived with their birth family.

ChildA recently started university and is thoroughly enjoying the course and managing well. They have a good supportive relationship with Personal Advisor says that it is re-assuring to know that the PA can be contacted for practical and emotional support.

Case study B **APPENDIX 2**

ChildB was born outside the UK and came to the UK to live with father, who was a British Citizen as their mother was unable to provide care. Father passed away in 2008.

ChildB initially lived with relatives but was told to leave due to answering back on occasion. They went to live with other relatives who found it difficult to manage their behaviour.

ChildB consistently said that they were unhappy living with the family and felt un-cared for and un-loved. They were assessed at hospital after a suicide attempt but was not diagnosed with a mental health difficulty. ChildB moved from relatives and went to live with a family friend. In 2009, ChildB was accommodated by Southwark as all family and friends' placement options had been exhausted.

ChildB was placed with a Southwark foster carer and remained with the same carer until leaving care at 18. The carer developed strategies to support ChildB through challenging behaviour towards independence at 18 years. ChildB moved into supported accommodation at eighteen but struggled to manage behaviour, this culminated in B in an episode which resulted in eviction.

ChildB worked with their personal advisor and arranged to stay with friends for a short period and was then helped to move into a supportive hostel. ChildB demonstrated their ability to manage within the hostel and therefore was supported to obtain their own council tenancy. ChildB has since had some rent arrears which are being managed. The Care Service has supported ChildB by providing some funding toward the arrears.

Recently ChildB secured a job with the support of the Personal Adviser, specialist careers advisor, for the Care Service. They remain in contact with their foster carer.

Agenda Item 10

Item No. 10.	Classification: Open	Date: 24 February 2015	Meeting Name: Corporate Parenting Committee
Report title:		Independent Reviewing Officer's Annual Report 2013/2014	
Ward(s) or groups affected:		All	
From:		Director, Children's Social Care	

RECOMMENDATION

1. That the committee consider the information presented in the following report and note the priorities for 2015, as set out in paragraph 74.

Introduction

2. Independent Reviewing Officer's are dedicated to improving outcomes for Looked After Children (LAC). They have a unique insight into every looked after child and are committed to driving improved outcomes for LAC.

3. The IRO service is dedicated to ensuring good outcomes for LAC are achieved and enables the Corporate Parenting Committee to hold services to account.

4. This report contains a summary of work completed by Southwark IRO Service for the period 1 April 2013 – 31 March 2014.

BACKGROUND INFORMATION

Legal Context

5. Section 118 of the Adoption and Children Act 2002 introduced the statutory role of the IRO; with a duty to monitor the Local authority's functions by means of regular statutory reviews of the Care Plan of looked after children. The IRO was given the power to refer a case to the Children's and Families Court Advisory Support Service (CAFCASS) if any dispute could not be resolved within the Local Authority.

6. The Children and Young Persons Act 2008 expanded the role of the IRO from just reviewing the child's Care Plan to monitoring the child's case on an ongoing basis.

7. New regulations (Care Planning, Placement and Case Review Regulations) were issued in 2010 and these are accompanied by 4 sets of statutory guidance including the 'IRO Handbook'[1], which came into force in April 2011. All children in care including those on Adoption Plans or receiving short breaks are now covered by these regulations.

8. The handbook states that 'the IRO's primary focus is to quality assure the care planning and review process for each child and to ensure that his/her current wishes and feelings are given full consideration. To be successful, the role must be valued by

[1] Independent reviewing officers' handbook - Publications - GOV.UK

senior managers and operate within a supportive service culture and environment. An effective IRO service should enable the local authority to achieve improved outcomes for children'.

9. A number of new procedures have been drafted as a result of the new guidance. These include primarily the new arrangements for 'Staying put' and the 'Family and friends placement guidance'.

10. Every looked after child has a named IRO who has independent oversight of the child's case including:

- Determining and representing the child's wishes and feelings
- Ensuring their rights and interests are protected
- Assessing whether the Local Authorities Care Plan for the child meets the assessed needs of the child within the timescale of the child
- Negotiating with the social work team and managers on any identified issues arising from the Care Plan or implementation of the Care Plan and where necessary escalating unresolved concerns to an appropriate level in the Local Authority's management structure, and /or if necessary to CAFCASS.

11. The main forum through which the IRO carries out their monitoring role is the Statutory Looked After Review. These take place regularly at the following times

- First Review within the first 28 days of the child becoming looked after
- Second Review within 90 days
- Subsequent Reviews at 180 day intervals
- When a child or IRO asks for one
- When significant events occur.

12. The review should, wherever possible, take place at the child's placement. Parents, residential workers, foster carers and their support workers, social worker and the IRO are the expected attendees. Reports from other professionals such as Health, Education and CAMHS are also received. In some cases, it may be necessary to hold a series of meetings to facilitate all professionals and views to be heard – for example where a child does not want their parents or another professional to attend a review.

13. The LASPO Act 2012 came into force in December 2012. As a result all young people aged 16 and 17 who are remanded are now regarded as looked after children. This has slightly increased the number of looked after children and has put new pressure on the IRO service.

The Southwark Context

14. The census data in 2011 gave Southwark a population of 288,300. Southwark is an extremely diverse borough with over 181 languages spoken in its schools (January 2008). The largest ethnic minority group is black African (mainly Nigerian and West African) which accounts for around 15.6% of the whole population. In 2010 it was estimated that 64.8% of the population was white.

15. Southwark has relatively high numbers of looked after children compared to other London boroughs. There were 504 Children looked After in Southwark on the 21st January 2015.

16. Southwark has an over-representation of black and dual heritage children in care. On 2/12/13 only 35% of the care population were described as white. This reflects a similar position to most other London boroughs. The largest single ethnic group is

'White British' at 160 children (29%) and the second highest group is 'Black African' at 102 children (18.5%).

KEY ISSUES FOR CONSIDERATION

Key areas for improvement for Southwark Looked after Children Services

17. The key challenges for Southwark Looked after Children Services reflect many of the challenges faced by other Local Authorities and inner city areas, as follows:

- IRO will intervene following concerns where they are concerns that children and young people may be at risk of abuse or Child Sexual Exploitation. They provide an extra layer of support and advocacy for children and are well placed to develop strategies to keep children safe

- How to ensure that all young people in care are in education or employment and in particular to ensure that children with special educational needs receive the support and help that they need

- The need to ensure that children are in permanent stable placements, including adoption, as soon as possible if they are not returning to their family

- There needs to be significant improvement in the timeliness of adoption. The service has a key function to make sure permanence planning is timely and effective

- The need to identify sufficient local placements appropriate to the diverse needs of children and young people – especially for young people aged 16 plus

- There is some evidence that not all young people are fully equipped for independence. The IRO service will take the lead on delivering effective plans for young people so that they are well prepared for leaving care.

Southwark IRO Service

18. The Southwark IRO Service is situated within the social work improvement and quality assurance business unit. The head of quality assurance reports directly to the Director making IROs independent of the operational children's services management structure where allocation of resources lies. The team is based at Tooley Street.

19. In addition to the core function of developing and measuring the implementation of children's care plans, the IRO Service is also involved in:

- Meetings on individual cases
- Wider consultations
- Planning forums where policy and procedures are developed e.g. Health, Education, Participation and Professional Standards groups,
- Audit work in conjunction with other departments,
- Training and liaison with teams
- Assisting with Complaints
- Working with the commissioning team to monitor the quality of placements.

20. During the year IROs have:

- Assisted with development of several policies and procedures including the new staying put procedure.
- Provided induction training for new social workers around planning for looked after children
- IROs have attended LAC service Health, Education, Participation and Adoption/Permanency groups
- Met with the commissioning service to discuss the new Sufficiency policy and contribute to planning around improving the quality of placements.

21. IROs highlight good practice by workers as well as feeding back evidence of poor practice, poor standards of placements or safeguarding issues.

22. The IRO service establishment consists of 8 full time equivalent IROs. The permanent staff are line managed by the QA service manager. The sessional IROs have long-arm supervision via telephone contact with the QA managers and regular group meetings. Administrative support is provided by a full time executive officer managed by the QAU Admin Manager.

23. Staffing in 2013-14 consisted of:

- 4 directly employed permanent staff making up 3 f.t.e. posts
- 14 freelance self employed sessional workers
- These have varying caseloads of between 14-76 children looked after.
- Of the 18 workers 2 are male, 16 female; 2 are black and 16 are white.

Performance

24. The IRO team provides an efficient service, within budget. During 2013 - 2014 the team chaired and completed reports for 1522 reviews of children looked after as well as making representations, participating in staff induction and training, undertaking audits and undertaking a range of other tasks.

25. Given the budget for the service this represents a unit cost of approximately £300 per review including professional and administrative costs.

26. The IRO service makes an important contribution to good performance against key performance indicators in the National Indicator Set: C63 (Participation at Reviews) and N166 (timeliness of Reviews). They also contribute to other Performance Indicators through quality assurance and collection of data or raising issues on cases at appropriate levels to minimise poor outcome e.g. drift in care planning, placement stability, educational achievements, health appointments etc.

Performance data 2010-2014

	2010-2011	2011-2012	2012-2013	2013-2014
Number of LAC Reviews	1521	1590	1599	1548
NI66 Reviews in timescales	95.7%	94%	95.5%	96.5%
C63 Participation at Reviews	90.2%	95.2%	95.8%	94%
No of LAC at March 31st	522	550	565	550

27. The performance in relation to reviews held within timescales 2013-2014 was slightly improved by 1%

28. There were 21 Looked after reviews held late out of 1548 during the year. In 6 cases the review was late due to IRO error or sickness. The other reviews were late due to late imputing of CLA status or social worker unavailability

Participation

29. The performance indicator for child participation is based on number of children who have not contributed to one of their reviews in a year. So although a child may participate in 2 out of 3 reviews in a year this would not fulfil the criteria for participation.

30. In total 33 looked after children did not contribute to one or more of their reviews in 2013-2014.

31. The recorded participation of children in reviews has worsened slightly in 2013-2014 which is concerning. In all reviews where a young person does not contribute to the review the IRO will agree a plan with the social worker or carer to ensure the young person's views are available for the next review if they are not attending.

Summary of participation at Reviews 2013-14	Total
PN0 Child under 4 at date of review	319
PN1 Attendance	1013
PN2 Attendance - views via advocate / IRO	23
PN3 Attendance - views via symbols	0
PN4 Attendance - without contribution	5
PN5 No attendance - views via advocate / IRO	56
PN6 No attendance - views expressed	96
PN7 No attendance - views not exp	36
Sum:	1548

32. IROs will always aim to spend time individually with children and young people prior to a review to determine their wishes and feelings identify if they have any concerns and find out how they would like to participate in the meeting. If necessary or requested the IRO will ensure an advocate is provided to support the child or young person.

33. Where a child has not attended at their review, the IRO will arrange to meet children and young people at different times, or speak to them on the phone to try and gain their views. Children or young people who have English as a second language will have an interpreter available. Children with disabilities or with communication difficulties will be supported to express their views with help of their carers or a specialist worker or an advocate.

Distribution of review records

34. Distribution of reviews is not currently a performance Indicator. However statutory guidance now indicates that decisions should be circulated within 5 working days/7 days and the full report within 15 working days /21 days.

Representations and Escalations

35. IROs seek to ensure good outcomes for children. They do this through their quality assurance role in LAC reviews e.g. by checking diets are healthy and culturally appropriate, medicals take place, foster carers attend parents evenings or read bedtime stories, check contacts with siblings take place.

36. IROs will speak to the allocated social worker and review the Personal Education Plans (PEPs) and health assessments on file for children prior to reviews.

37. IROs pick up often on matters which make a difference to a child if they get overlooked for example ensuring sleepovers or school trips take place; passports are obtained so holidays are not missed; ensuring cultural and faith needs are met. They will normally do this through suggestions at reviews and encouraging carers and workers rather than via formal escalation processes and so this cannot always be visibly evident or easily quantified.

38. Where there are concerns relating to implementation of the Care Plan, resources or poor practice, IROs will initially liaise with the team and seek to resolve things informally – often by bringing reviews forward or participating in professionals meetings. An ICS record format for IROs has been introduced which has assisted in tracking IRO interventions.

39. When a concern cannot be resolved informally each Local Authority must now have a formal 'dispute resolution' process through which an IRO can escalate their concern to the appropriate management level.

40. During 2013 -2014 there were 66 representations and escalations to managers from IRO's concerning 60 children. The majority of the escalations were followed up and resolved quickly but in 5 cases the matter had to be escalated to senior managers to resolve.

41. The main themes of the representations made were:

Safety of the young person including risk of CSE/going missing/emotional state	16
Quality of placement	12
Drift/delay in care planning	11
Case unallocated/worker unavailable	10
Education concerns	4
LAC review including no paperwork/social work attendance	4

42. In all of the above cases, following the escalation the managers concerned worked closely with the IRO's to take action to remedy the concerns noted.

43. Southwark Children's social care has been restructured during 2014. The Social Work Matters transformation led to a period in 2014 where there was a marked increase in

the number of children changing their allocated social worker. These changes may have contributed to the 20% increase this year in the number of IRO escalations.

44. However, the new social work operating model fees social workers from unnecessary bureaucracy and enables them to spend more time with children and young people. Work in the Practice Group is more transparent so that poor practice will be identified quickly and remedial action taken. The focus of the new model is high quality practice, delivering good outcomes for children.

Involvement and Feedback from Stakeholders

45. Speakerbox (Southwark children in care council) representatives continued to attend and contribute to the bi-monthly IRO meetings.

46. The Children's Rights service carried out an audit of children who run away from care in 2014. This audit involved face to face interviews of a number of children who had previously run away and flagged up a number of issues that lead children to run away. The audit has been presented to the IRO group and an action plan drawn up.

47. St Christopher's Fellowship are now running a return interview service in Southwark since November 2014 and the lead workers of this project have met with the IRO group.

48. Barnados' provide advocacy for children in care and care leavers in Southwark. The advocates have met with the IRO group.

Inspection

49. Children's Services were last inspected in May 2012. Services for looked after children were judged by the inspectors to be 'good with good capacity for improvement'.

50. Specific findings were that:'

'The overall effectiveness of services for looked after children is good. The local authority and its partners present as effective corporate parents.'

'Speaker Box and its range of activities presents the authentic voice of the child in care, is very influential, impacting across a wide range of issues.'

'Reviewing officers prioritise contact with children they are responsible for, seeking to establish a meaningful relationship according to the age and capacity of the child.'

Education of Children Looked After

51. The educational attainment of Looked after children is priority for the IRO service. Many of the informal and formal representations from IROs concern the provision of appropriate education to looked after children.

52. As part of the Looked after review the IRO will always review the personal education plan for the child or young person.

53. The CLA education team works closely with IRO's. The education lead attended a number of IRO meetings in 2013-2014 to discuss how IRO's can work together with the education team to improve educational outcomes for children.

54. One area that continues to be problematic is the identification of education resources for children with Special Educational Needs where they are placed out of borough. In

these situations the IRO's work closely with the CLA education team and the host authority but there is often a delay in identifying appropriate resources.

55. During 2014 it has been a priority to improve social work performance in completion of Personal Education Plans for children. There is now a regular performance report sent out to all IRO's flagging up whether PEP's have been completed so that they can follow this up in reviews.

Safety of Children Looked After

56. During 2013-2014 there were 119 recorded episodes of children in care going missing for over 24 hours. These episodes were for 38 young people.

57. IRO's are always informed where young people looked after go missing and are invited to missing from care strategy meetings and planning meetings.

58. There has been research in 2013/2014 into children who go missing from care led by the Children's Rights worker. 15 young people were interviewed about their experiences and reasons for running away. One key finding of this review was that none of the young people who went missing recalled having a return interview to find out the reasons for their running away.

59. Southwark have now commissioned St Christopher's Fellowship to provide a return interview service for children missing from home and care. It is expected that this will strengthen the response to children who go missing and enable us to do more work to prevent running episodes.

60. The 'Signs of safety model' was introduced into CP conferences in October 2012. This is a systemic model of working which focuses on the strengths of parents and uses much more parent friendly language. IRO's have received information and training around this model and continue to use the principles of Signs of safety in their reviews.

61. There are a number of initiatives in Southwark to identify and work effectively with young people looked after who may be at risk of sexual exploitation:

- Southwark is currently working with STEPS B on a research project to look at what works most effectively project. STEPS B is a service for teens engaging in problematic sexual behaviour. An IRO sits on the steering group for this and links to the whole IRO group.

- A police led Multi-agency sexual exploitation (MASE) panel now meets monthly and looks at young people who may be at risk of CSE. This meeting is complemented by local MAS meetings for young people who may be at risk.

- Southwark has recently carried out a review of CSE work – this flagged up some issues around identification of CSE which are being addressed by an on-line training programme which is to be rolled out to all staff in the council.

- A CSE protocol has now been rolled out with clear referral pathways. All young people who may be at risk of CSE are now referred into the MASH for full assessment and to ensure that their cases are tracked.

- Southwark have now adopted the Phoenix risk assessment model for CSE and this has been circulated to all IRO's so that they can use it in reviews to ensure recognition and response to CSE concerns.

Children placed out of borough

62. There continues to be focus on children who are placed in residential units out of London. Southwark has a high proportion of children who are placed more than 20 miles out of the borough. The Director of Children's Social Care has to sign off these placements and receives a regular report of these children. These placements are subject to careful scrutiny by the children's social worker and the IRO's.

63. IRO's feed into this process by giving their views of the safety of the young people placed out of borough and to ensure that this is factored into the care planning process.

64. The Children's Rights and participation worker is in the process of visiting all children placed in distant residential units to ensure that their voices are heard in this process.

65. A multi-agency audit was carried out in 2014 to look at those children placed long distances out of London. This audit found that the health needs of these children were met but there were some concerns about the co-ordination of other services, specifically education. The report recommended that where children were placed long distances away there should be more frequent looked after reviews. It was also recommended that where children placed far away were in transition that a 'team around the child' should be set up and chaired by the IRO to facilitate a joined up service to young people.

66. The 'Young Inspectors Project' has been started in a partnership between the Commissioning service and the Children's Rights service. In 2014 a number of young people were interviewed by trained young inspectors about their placement in semi-independent accommodation and a report produced for management. This project aims to drive up the quality of placements and will be expanded and continue into 2014-2015 to look at the quality of other residential and fostering placements.

67. In addition the Director, Strategy and Commissioning, has set up a 16+ accommodation review which will report in 2015, to look at how we can improve the accommodation available to older young people in care.

Service transformation

68. Southwark Children's Social Care has transformed the way that it works with children in 2014. The social work teams have been re-structured into smaller, more responsive 'practice groups' and a 'systemic' way of working is being introduced.

69. Whilst this does not directly impact on the statutory role of the IRO, we are looking at ways to ensure that the IRO service can be more closely aligned with the Child protection service. This is in order to ensure that CP chairs are more aware of issues around permanency and placements and conversely IRO's are more aware of risk and the history of children who are in care.

70. Both Child Protection chairs and IRO's will be encouraged where possible to participate in the regular group discussions that the new social work groups have about children in care.

71. We intend to move towards having a joint IRO/CP job description for CP chairs and IRO's. This will mean for example that a CP chair who starts out reviewing a family where a child is on a CP plan will be able to then chair the looked after review of the child if s/he moves into care. It is hoped that this new arrangement will mean a better service for children who are in care or on the edge of care.

72. As part of this process IRO's will now routinely meet together with the CP chair group in 2014-2015.

PRIORITIES FOR THE SERVICE

73. **Key successes in 2013-2014 have been**:

- Maintaining an experienced, committed and trained team of IROs providing consistency for children and young people

- Conduct an audit of review reports to ensure standards are suitably high. The standard of review reports remains high. Review reports provide a pen picture of the child, synopsis of the family history and a good 6 monthly summary of the case, including assessed needs and action plan

- A regular bi-monthly IRO report is being sent to the Director Children's Social Care. This report raises the profile of the IRO service and ensures feedback and escalations are immediately brought to the attention of the senior management team

- The IRO service received positive feedback from partner agencies such as Health, Education and CAMHS. Partners state that they value having an independent professional to liaise with, giving their views weight and integrating them into Care Plans

- IRO's to attend the adoption working group to reduce delay in permanency planning and achieve better outcomes for Southwark Looked After Children.

74. **Key priorities for the IRO service for 2014-2015 are**:

- Continue to work with operational services to reduce delay in permanency planning: Timeliness on adoption remains a challenge for the service

- To improve the recognition and risk assessment of CSE and ensuring a pro-active response to protect young people including response to running away

- To ensure that children placed in residential units out of London are safe and well cared for with improved plans for transition

- To work with front line teams to improve the placement stability of children looked after

- Ensure social workers comply with statutory regulations and guidance in relation to visiting and recording in case records

- To work with the Children's Rights service and the Speaker Box children in care council so that the looked after review process can be made more useful and relevant for young people

- To monitor compliance of social worker with statutory guidance and take swift action whether there are deficits in practice including notifying senior managers

- To improve the IRO overview of the personal educational planning process ensuring that all children who need them have a PEP. Work with the CLA Education Team to improve performance for looked after children

- To ensure that all children and young people participate in a meaningful way in their LAC reviews and are always spoken to separately by the IRO

- To improve the rate of progress of Permanency plans for Adoption or Special Guardianships and Long-Term Fostering to ensure our children are in their permanent family at as early an age as possible through closer working with operational teams and Adoption and Fostering

- To improve co-working with Southwark legal services to ensure that IRO's are always able to give their views on care plans presented to court.

Summary

75. The IRO Service has continued to provide an efficient and effective provision for reviewing and monitoring the Care Plans for Looked After Children during 2013-2014

76. The IRO service seeks to improve outcomes for children looked after through increasing participation of children and young people in the decision making about their care as well as making independent representations to social work teams and management on planning and practice issues

77. Communication and relationships with teams are positive with the independent scrutiny valued by social workers and management. However, further work needs to be undertaken by the service to evidence a significant impact on outcomes for this vulnerable group.

Community impact statement

78. Southwark Looked After Children services works to promote the best possible outcomes for children in care. The care population is diverse in terms of age, gender and ethnicity and we closely monitor these protective characteristics to ensure we understand specific needs and are able to deliver services that address these needs. It is recognised that placement stability, engagement in education, access to leisure and healthy lifestyles all help to build resilience for young people to successfully achieve economical wellbeing and make a positive contribution. Effective performance monitoring supports these objectives and enables us to identify areas where improvements may need to be made.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Jackie Cook, Head Of Social Work Improvement And Quality Assurance	
Version	Final	
Dated	11 February 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		11 February 2015

Agenda Item 11

Item No. 11.	Classification: Open	Date: 24 February 2015	Meeting Name: Corporate Parenting Committee
Report title:		Corporate Parenting Committee – Work Plan 2014/15	
Ward(s) or groups affected:		All	
From:		Director, Children's Social Care	

RECOMMENDATION

1. That the corporate parenting committee review the work plan for 2014/15 as set out in paragraph 5 of the report.

BACKGROUND INFORMATION

Role and function of the corporate parenting committee

2. The constitution for the municipal year 2014/2015 records the corporate parenting committee's role and functions are as follows:

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

KEY ISSUES FOR CONSIDERATION

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

24 February 2015

- Annual report from Designated Doctor for Children Looked after
- Independent Reviewing Officer Annual Report
- Transition from Care to Independent Living (including availability of independent living accommodation)
- The effect of the recent developments in public health (transfer from NHS to council) on children in care
- Teenage pregnancies amongst children in care
- Report back on St. Christopher's project and invite for representatives from project to attend meeting.

Items to be programme 2015/16

- Destination data (deferred from 24 February 2015)
- Foster care training available, including foster carers experience
- Analysis of children out of borough who go missing and the numbers that actually return to their home
- Specific data that the committee should monitor to be aware of in order to promote placement stability
- Two or three examples/case studies of instability that has arisen in placements
- A readiness for school evaluation and clarification at the point at which the child/young persons enters care
- The experiences/practices of other local authorities in improving educational outcomes.

Ongoing/monitoring

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

Community impact statement

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

Resource implications

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

BACKGROUND DOCUMENTS

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

AUDIT TRAIL

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Paula Thornton, Constitutional Officer	
Version	Final	
Dated	11 February 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		11 February 2015

CORPORATE PARENTING DISTRIBUTION LIST (OPEN) **MUNICIPAL YEAR 2014-15**

NOTE: Original held by Constitutional Team; all amendments/queries to Kenny Uzodike Tel: 020 7525 7236

Name	No of copies	Name	No of copies
Membership		**Constitutional Team**	
Councillor Victoria Mills (Chair)	1	Paula Thornton	10
Councillor Evelyn Akoto	1		
Councillor Jasmine Ali	1		
Councillor Radha Burgess	1		
Councillor Kath Whittam	1	**Total:**	31
Councillor Kieron Williams	1		
Councillor Eliza Mann	1	**Dated:** 3 February 2015	
Reserves			
Councillor James Barber	1		
Others (for information)			
Councillor Barrie Hargrove	1		
Councillor Rebecca Lury	1		
Co-opted members			
Barbara Hills	1		
Carolyn Martin (external)	1		
Children's Services			
David Quirke-Thornton	1		
Rory Patterson	1		
Alasdair Smith	1		
Elaine Gunn	1		
Legal			
Sarah Feasey	1		