

# Corporate Parenting Committee

Monday 13 July 2015

1.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

## Membership

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

## Reserves

Councillor Lisa Rajan

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## INFORMATION FOR MEMBERS OF THE PUBLIC

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### Access to information

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### Contact

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Webpage: <http://www.southwark.gov.uk>

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Members of the committee are summoned to attend this meeting

**Eleanor Kelly**  
Chief Executive  
Date: 3 July 2015



# Corporate Parenting Committee

Monday 13 July 2015

1.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

## Order of Business

Item No.	Title	Page No.
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### **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. APPOINTMENT OF NON-VOTING CO-OPTED MEMBER**

To agree the appointment of non-voting co-opted member Florence Emakpose, chief executive and founder of World of Hope to represent the voluntary and community sector.

This nomination has been submitted by Community Action Southwark. In addition to her work for the World of Hope, Florence has previously served as a representative on Southwark's Safeguarding Board.

#### **4. 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.

<b>Item No.</b>	<b>Title</b>	<b>Page No.</b>
<b>5.</b>	<b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>	
	Members to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
<b>6.</b>	<b>MINUTES</b>	1 - 3
	To approve as a correct record the minutes of the open section of the meeting held on 22 April, 2015.	
<b>7.</b>	<b>A PUBLIC HEALTH APPROACH TO PROMOTING THE HEALTH AND WELLBEING OF LOOKED AFTER CHILDREN</b>	4 - 11
<b>8.</b>	<b>UPDATED HEALTH ACTION PLAN FOR LOOKED AFTER CHILDREN</b>	12 - 18
<b>9.</b>	<b>HEALTH PROVISION FOR CARE LEAVERS</b>	19 - 23
<b>10.</b>	<b>IMPROVING EDUCATIONAL OUTCOMES FOR LOOKED AFTER CHILDREN</b>	24 - 28
<b>11.</b>	<b>ST. CHRISTOPHER'S MISSING CHILDREN SERVICE: UPDATE REPORT</b>	29 - 37
<b>12.</b>	<b>CORPORATE PARENTING COMMITTEE - WORK PLAN 2015/16</b>	38 - 40
<b>13.</b>	<b>PRESENTATION: LOOKED AFTER CHILDREN STRATEGY</b>	

**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.”

**Item No.**

**Title**

**Page No.**

**PART B - CLOSED BUSINESS**

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

Date: 3 July 2015



## Corporate Parenting Committee

MINUTES of the OPEN section of the Corporate Parenting Committee held on Wednesday 22 April 2015 at 4.00 pm at the Council Offices, 160 Tooley Street, London SE1 2QH

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**PRESENT:** Councillor Victoria Mills (Chair)  
Councillor Jasmine Ali  
Councillor Radha Burgess  
Councillor Kath Whittam

**OFFICER SUPPORT:** Rory Patterson, Director, Children's Social Care  
Jane Scott, Team Manager, Specialist Children Services  
Jackie Cook, Head Of Social Work Improvement And Quality Assurance, Children's and Adults' Services  
Paula Thornton, Constitutional Team

**OTHERS:** Florence Emakpose, World of Hope

### 1. APOLOGIES

Apologies for absence were received from Barbara Hills and Councillor 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

No urgent items were identified.

### 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 24 February 2015 be approved as a correct record and signed by the chair.

**6. INDEPENDENT REVIEWING OFFICER'S (IRO) ANNUAL REPORT 2013/14****RESOLVED:**

1. That the priorities for 2015 as set out in paragraph 74 of the report be noted.
2. That it be noted that a health section would in future be added to the Independent Reviewing Officer's Annual report.
3. That with regard to the cases referred to in paragraphs 39 and 40 of the report, (escalation of concerns to the appropriate management level) officers email members of the committee approximate details of these cases. It was noted that further detail would in future be included in the annual report.

**7. TRANSITION FROM CARE TO INDEPENDENT LIVING****RESOLVED:**

1. That the actions being taken to ensure positive outcomes are achieved for looked after children in Southwark be noted.
2. That it be noted that officers would report back to the committee later in the year following the outcome of a review of semi-independent living/supported housing.

**8. EDUCATIONAL OUTCOMES FOR CARE LEAVERS (DESTINATION DATA)****RESOLVED:**

1. That the content of the data analysis report and the importance of achieving good educational outcomes to secure long term economic wellbeing for those who have been in care be noted.
2. That further information be received in relation to placement stability, being developed through the 16+ accommodation review, to provide more context for the factors affecting the achievement of good educational outcomes for those in care.
3. That educational outcomes of looked after children and championing the rights of looked after children to have access to a good education whilst in care continue to be monitored.

4. That it be noted that cabinet are due to receive a report in respect of Southwark Schools to its September meeting and Councillor Victoria Mills confirmed that looked after children would be included in this report.

**9. CORPORATE PARENTING COMMITTEE WORK PLAN 2014/15**

**RESOLVED:**

1. That a letter be drafted for Councillor Victoria Mills as soon as possible to send in respect of the medical advisor appointment and that the committee receive an update to the July committee in respect of this appointment.
2. That all the items listed for 13 July 2015 committee be noted and agreed.
3. That in terms of items to be programmed for 2015/16 the Autism Strategy be added in order to review progress.
4. That the director, children's social care report back on Innovation Projects and that this also be added to the list for items to be programmed for 2015/16.

Meeting ended at 5.20pm.

**CHAIR:**

**DATED:**

<b>Item No.</b> 7.	<b>Classification:</b> Open	<b>Date:</b> 13 July 2015	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		A Public Health Approach to Promoting the Health and Wellbeing of Looked after Children	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director, Children’s Social Care; Director, Public Health	

## RECOMMENDATIONS

1. That members consider the information presented in this report alongside that presented in the previous report to the committee (24 February 2015).
2. That the committee considers current governance arrangements to ensure they have representation from the new public health commissioning responsibilities, the public health specialist function and the Clinical Commissioning Group (CCG).
3. That the committee note that services relating to looked after children (LAC) will be audited against the best practice from National Institute for Health and Care Excellence/Social Care Institute for Excellence (NICE/SCIE). Public Health can support this in partnership with others.
4. That the committee request that the cabinet member for children and schools continue to ensure that the considerable needs of LAC have a high profile in strategic commissioning by including LAC in the Children, Young Person’s (CYP’s) Joint Strategic Needs Assessment.
5. That the committee note that commissioning of services will be integrated across the life course, and needs of LAC integrated into mainstream services where appropriate.

## BACKGROUND INFORMATION

6. Local authorities are now responsible for commissioning and delivering a broad range of services often referred to as public health services e.g. sexual health, alcohol and drug misuse services, children’s health services (5-19 years only), and public mental health. From 1 October 2015 commissioning of public health services for children aged 0-5 including health visiting and Family Nurse Partnership will also transfer to local authority control. However many other health services relevant to LAC are commissioned by the CCG and NHS England.
7. In addition to public health services, “Public Health” also refers to the expert function that transferred with the Director of Public Health and team. Public health expertise includes the systematic surveillance and assessment of population needs, assessment and implementation of evidence/best practice, service evaluation and audit. This specialist advice is available to inform strategic commissioning with the aim of improving population health and wellbeing. The statutory Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy should be the



starting point for planning health and social care services to ensure they meet population needs.

8. Existing public health services are commissioned by local authority commissioners, and Public Health provides specialist advice to them as well as the CCG commissioners who are responsible for targeted and specialist mental health services (included those for LAC), hospital services and community health services.
9. The public health approach is to work with all relevant services and partners across the life course to prevent problems where possible and to intervene early so as to promote health and wellbeing. For children in care this means ensuring that all services whether universal, targeted or specialist, work well together to address their needs.
10. The Children and Young Persons' JSNA is being developed and will inform existing and future strategies including Families Matter, and the Children's and Families Trust Children and Young People's Plan (CYPP). The three priorities of the CYPP are Best Start, Safety and Stability, Choice and Control. Best Start has recommendations to improve the physical and mental health of pregnant women, improve immunisation uptake, reduce obesity and continue access to early help.
11. As described in the national and local evidence including the Annual Report from the Designated Doctor to the corporate parenting committee, LAC are at higher risk of poor health and wellbeing and child sexual exploitation (CSE) than the general child and young person population. These inequalities start pre-birth, persist across the life course and into adulthood and without adequate interventions in place, are passed on to the next generation, resulting in a familial cycle of poor outcomes. The identification, monitoring and response to these is essential to improve outcomes - explicit equalities objectives is one such way.

## **KEY ISSUES FOR CONSIDERATION**

### **Best practice**

12. NICE and SCIE guidance (PH28) recommends that approaches to improving outcomes for LAC consider children and young people from birth to age 25, wherever they are looked after – in residential care, foster care, young offender or other secure institutions or boarding school, or with birth parents, other family or carers, and including placements out of the area.
13. Extending the definition of young people to age 25 recognises that young people leaving care at 18 are still vulnerable and need additional support e.g. priority access to housing, support through higher education in order to achieve similar outcomes to their peers who are not from the care system. This extended age range should be reflected in all needs assessment, service planning and commissioning from both health and social care. It is also important to consider children and young people on the edge of care e.g. those suffering neglect.
14. In addition to PH28 NICE has a wealth of related guidance on topics relevant to planning both prevention and treatment services for looked after children and young people:
  - Reducing substance misuse among vulnerable children and young people
  - Alcohol-use disorders, drug misuse

- Social and emotional wellbeing for children and young people
- Mental Health e.g: Antisocial behaviour and conduct disorders; attention deficit hyperactivity disorder; depression; eating disorders; obsessive-compulsive disorders; personality disorders; psychosis and schizophrenia; self harm
- Immunisation for children and young people
- Obesity
- Preventing sexually transmitted infections and under-18 conceptions.

### **Meeting the health needs of looked after children**

15. The local authority has a statutory duty to ensure all LAC have an annual health check, but more importantly as recognised by the Designated Doctor (DD) report, the findings from the health check need to be incorporated into a care plan in order to ensure that identified needs are met. In addition to having plans to meet the needs of individual LAC there should also be a strategic plan which summarises these individual findings and informs the commissioning of health services.
16. Public Health can provide strategic advice and recommendations by working with LAC and the DD to incorporate findings from the LAC health check into the JSNA for children and young people. These findings should then inform commissioning priorities and ensure that services meet the needs of LAC.
17. Taking a life course approach and including prevention in strategies are important aspects of a public health approach, and should also be incorporated into the LAC strategy ensuring that all LAC have sex and relationships education, are able to access sexual health and contraceptive services, are included in alcohol and substance misuse prevention strategies and have their needs taken into account when planning services.

### **Improving outcomes for Children in Care**

18. Social Care's "Journey of the Child" score card for LAC has some health indicators (Appendix 1) which could be broadened to include indicators from best practice mentioned above, the age range could be extended beyond 16 per best practice. It is also recommended that for each aspect of health there are outcome indicators as well as process ones.
19. A further proposal would be to have a dashboard which includes LAC achievement against all the public health outcomes framework indicators relating to children and young people (where numbers are large enough to be statistically robust; see appendix 2) as well as reporting on outcomes compared to LAC services in comparable boroughs. This mechanism would help ensure commissioned services identified LAC and other children at risk during service delivery and raise the profile of this vulnerable group. From these explicit equality objectives for a given commissioned service could be monitored e.g. to improve mental health of LAC or alcohol misuse identification and brief advice.
20. Public Health can support the Corporate Parenting Committee through audits and quality assurance to evaluate current commissioning arrangements and services against best practice and developing equality objectives to use in e.g. commissioning contracts.

## **Governance and Partnership working**

21. Directors of Public Health are recommended to work alongside directors of children's services and senior staff with responsibility for commissioning and providing health services to improve the health and wellbeing of LAC (NICE, PH28). It is not clear where, outside of the JSNA process and health and wellbeing board there is consideration of the holistic (health, wellbeing, education and social care) needs of LAC in Southwark.
22. Southwark Children and Adults Board has a sub-group responsible for developing a strategy for LAC. This group may well benefit from having wider membership including Public Health to ensure a social care focus is complemented. The social care focus is reflected in the 12 aspirations for achieving excellence. It would be useful to add a health and well-being one.
23. It is recommended that Public Health and commissioners of health and public health services (LA and CCG) are included in the existing LAC governance arrangements to provide oversight of health services and ensure joined up commissioning between health and social care, and ensuring that work for this vulnerable group is not done in isolation from other services for children and young people.

## **New initiatives**

24. Public Health is involved in developing new initiatives for CYP on a regular basis. Public Health is working with the Children's and Young People Health Partnership (CYPHP) to develop services as part of an integrated community and hospital child and young person centred health programme co-designed with young people to meet their needs. LAC, children on the edge of care, young offenders and other vulnerable groups are integral to this programme, in particular the Young People's workstream which includes an outreach element to address needs in settings relevant to YP. An equity profile of the programme is planned.
25. SH:24 is an innovative new service developed by public health and clinicians with a grant from GSTT. SH:24 has been commissioned by Southwark sexual health commissioners to deliver online access to sexual health advice, risk assessment, ordering of home STI sampling kits, results reporting by text, and seamless referral to local clinics for treatment of STIs or exploration of safeguarding concerns. The service is currently for over 16s only.
26. Both the Troubled Families initiative and the Pause project are likely to reduce the number of children and young people being taken into care in Southwark. Public Health is represented in these projects, it is important that they are linked into to universal public health preventative programmes such as sexual health, CAMHS etc.

## **Community impact statement**

27. 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 as they move into adulthood. Effective performance monitoring and joint working across social care and health providers supports these objectives and enables us to identify areas where improvements may need to be made.

**BACKGROUND DOCUMENTS**

Background Papers	Available at
Children and Young People's Plan 2013-2016	<a href="http://www.southwark.gov.uk/info/200165/southwarks_children_and_families_trust/1484/children_and_young_peoples_plan">http://www.southwark.gov.uk/info/200165/southwarks_children_and_families_trust/1484/children_and_young_peoples_plan</a>
The Effect of the Recent Developments in Public Health (transfer from NHS to council) on children in care; Report to Southwark Corporate Parenting Committee, 24 February 2015.	<a href="http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=129&amp;MId=4873&amp;Ver=4">http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=129&amp;MId=4873&amp;Ver=4</a>
<p><b>References</b></p> <p>Department for Education and Department of Health - Promoting the health and well-being of looked after children: statutory guidelines for local authorities, clinical commission groups and NHS England. March 2015.</p> <p>NICE and Social Care Institute for Excellence – Looked After Children and Young people; Public Health Guidance 28; October 2010 updated April 2013.</p> <p>NICE – The Health and Wellbeing of looked after children and young people: NICE quality standard 31. Issued April 2013</p>	

**APPENDICES**

No.	Title
Appendix 1	Journey of the child health indicators
Appendix 2	Possible PHOF indicators of relevance to children and young people

## AUDIT TRAIL

<b>Lead Officer</b>	Director, Children's Social Care, Director, Public Health	
<b>Report Authors</b>	Vicki Spencer-Hughes, Abdu Mohiddin, Public Health	
<b>Version</b>	Final	
<b>Dated</b>	30 June 2015	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	30 June 2015	

**APPENDIX 1**

<b>LAC - Health</b>	
<b>New 80</b>	% of CLA whose immunisations were up to date
<b>New 81</b>	% children who had been looked after for at least 12 months, and aged 5 or younger whose development assessments were up to date
<b>New 82</b>	% children who had been looked after for at least 12 months who had their annual health assessment
<b>New 83</b>	% children who had been looked after for at least 12 months who had their teeth checked by a dentist
<b>New 84</b>	Number and % of CLA aged 5-16 who have been looked after for at least 12 months with an SDQ score in the last 12 months
<b>New 85</b>	Number and % of CLA aged 5-16 who have been looked after for at least 12 months without an SDQ score in the last 12 months
<b>New 86</b>	Average SDQ score of CLA aged 5-16 who have been looked after for at least 12 months and have an SDQ score in the last 12 months
<b>New 87</b>	% CLA aged 5-16 who have been looked after for at least 12 months and have an SDQ score in the last 12 months whose score is a concern (a score of 17 or over)
<b>New 88</b>	% of CLA identified as having a substance misuse problem during the year (Annual)
<b>New 89</b>	% of CLA identified as having a substance misuse problem during the year who received intervention (Annual)

## APPENDIX 2

Possible Public Health Outcome Framework (PHOF) indicators of relevance to children and young people which could include figures for the general population in Southwark, the LAC population and national population comparisons.

Indicator	Southwark	Southwark LAC	England
1.2 School readiness			
1.3 Pupil absence			
1.4 First time entrants to the Youth Justice System			
1.5 16-18 year olds not in Education, Employment or Training			
2.4 Under 18 conceptions*			
2.5 Child development at 2-2.5 years			
2.6 Excess weight at reception and year 6			
3.2 Chlamydia diagnoses (15-24 year olds)			
3.3 Vaccination coverage			

<b>Item No.</b> 8.	<b>Classification:</b> Open	<b>Date:</b> 13 July 2015	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Updated Health Action Plan for Looked After Children	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Barbara Hills, Community Children's Services, Evelina London Childrens Healthcare, Guys & St Thomas Foundation Trust	

## RECOMMENDATION

1. That the corporate parenting committee note the updated action plan and the key issues for consideration in delivering the action plan to improve health outcomes for looked after children and care leavers.

## BACKGROUND INFORMATION

2. The government's statutory guidelines for promoting the health and wellbeing for looked after children<sup>1</sup> detail the duties of local authorities, CCGs and NHS England is meeting the physical, emotional and mental health needs of looked after children, as follows:
3. The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.
4. Staff working with looked-after children who are delivering health services should make sure their systems and processes track and focus on meeting each child's physical, emotional and mental health needs without making them feel different. They should in particular:
  - ensure looked-after children are able to access universal services as well as targeted and specialist services where necessary
  - receive supervision, training, guidance and support.
5. Local authorities, CCGs and NHS England need to reflect the high level of mental health needs amongst looked-after children in their strategic planning of child and adolescent mental health services (CAMHS). They should also plan for effective transition and consider the needs of care leavers.

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<sup>1</sup> Promoting the health and wellbeing of looked-after children:  
<https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>



## KEY ISSUES FOR CONSIDERATION

6. The latest performance indicators for health in Southwark show that improvements are needed across the board in relation to the immunisations, development needs assessments and health assessments. The indicators also show that a high proportion of children and young people aged 5-16 have a high Strengths and Difficulties Questionnaire (SDQ) score. This is the tool used to measure emotional wellbeing. This indicates we have a high proportion of children and young people with mental health needs.
7. As highlighted in the Designated Doctor's report to the committee in February, challenges remain securing services for vulnerable teenagers whose mental health needs do not meet the higher thresholds of adult services.

## Policy implications

8. As well as being a national priority, achieving positive health outcomes are key themes in local strategies. The Children and Young People's Plan and the Health and Wellbeing Strategy prioritise giving children the best start in life, being safe and stable, having choice and control, building more resilient communities, tackling the root causes of ill health and improving outcomes of care for our most vulnerable residents to enabling them to live more independent lives.
9. One of the strategic priorities of the Children in Care and Care Leavers Strategy is that *children and young people are happy, healthy and enjoying their education*, the strategy recognises the importance of addressing both physical and mental health and wellbeing needs and the impact this has on improving a range of outcomes for children and young people.
10. Common themes in recent Ofsted reports from local authorities that are judged to be good are as follows:
  - Health assessments, dental checks and immunisations are up-to-date
  - Care leavers have access to health records
  - Children placed out-of-borough receive appropriate health services
  - Good partnership arrangements are in place; Health practitioners are based in looked after children services
  - Mental health needs are well understood and supported by CAMHS
  - SDQs completed regularly, as part of the annual health check
  - Improvement plans are in place where required.
11. The last Ofsted inspection in Southwark noted the effective support for the emotional and health needs of children and young people and the need to ensure that young people's health needs are fully addressed in preparation for leaving care, including the consistent provision of summary health plans.
12. At the meeting on the 24 February 2015 the corporate parenting committee requested an updated action plan included in the Designated Doctor's Annual report, this is included in the following. The action plan identifies the following priority areas or improvement:
  - Improve the quality and timeliness of health assessments and reviews.

- Improve communication and exchange of information between the administration teams in health and social care.
- Increase uptake of immunisations.
- Implement the health summary so that all care leavers leave care with their health history.
- Improve take up and recording of SDQs and mental health issues.

### Community impact statement

13. 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	Health Action Plan 2014/15

### AUDIT TRAIL

<b>Lead Officer</b>	Barbara Hills, Community Children's Services, Evelina Hospital	
<b>Report Author</b>	Barbara Hills, Community Children's Services, Evelina Hospital	
<b>Version</b>	Final Draft	
<b>Dated</b>	2 July 2015	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
List other officers here		
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	2 July 2015	

## APPENDIX 1

## Health Action Plan 2014/15

Key Priorities	How	Who responsible	When by	Comments	Update July 2015
1. 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	Jan 15  Jan 15  Oct 15		Peer review in place  Supervision established  Comprehensive audit completed Mar 15 and . Learning shared.
2. Improve the quality by increasing the percentage of health assessments in house	Triage at Sunshine House of health assessments to ensure most appropriate Health Professional sees LAC in best venue	LAC health and SS admin, designated health professionals	Ongoing	Reduce % done by GPs to < 10%?	To be discussed with CCG
3. Increase the number of children up to date with their health assessments	Improve liaison between health and social care	Service Manager, Community Paediatrics, Evelina & Central Support and Compliance Manager, Southwark Council	April 2015	Increase coverage to 95%	Weekly reports now sent to health from Social Care of reviews required
4. Implement for care leavers the health history summary Update accompanying leaflet	Designated Nurse to share proposed proforma for health history summary with young people	CareLink, Designated Nurse	April 2015		Health history summary pro forma agreed and tested with young people – amendments being made and then ready

Key Priorities	How	Who responsible	When by	Comments	Update July 2015
	Re-write leaflet and liaise with CareLink				to implement
5. Recruit to the medical advisor for adoption role	Training up of staff / reconfigure post to attract applicants.	Clinical Director	April 2015		Consultant now in post
6. Track health care plans and recommendations	Work with Independent Reviewing Officers (IROs) to track implementation of recommendations	Social Care, Southwark Council Designated Health Professionals	October 15	Includes timeliness of reports	ongoing
7. 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	Designated Doctor and Nurse, Children with disabilities multidisciplinary team.	April 2015		The key worker for children with complex needs is the consultant paediatrician doing the IHA/RHA - this role is shared with the therapist where appropriate
8. Improve information sharing between Health and Children's social care admin services	Revise joint admin processes across health and Social Care  Agree information sharing protocol	Service Manager, Community Paediatrics, Central Support and Compliance Manager and Service Support Manager, Southwark Council  Strategic Intelligence and Performance Manager, Southwark Council Service Manager, Community Paediatrics	April 2015  October 15		Health Admin processes provided to social care  Access to Carefirst reports planned
9. Prompt Health	Monitor time from becoming LAC to	Service Manager, Community	Jan – April 2015		Audit of timeliness of

<b>Key Priorities</b>	<b>How</b>	<b>Who responsible</b>	<b>When by</b>	<b>Comments</b>	<b>Update July 2015</b>
Assessments for newly looked after children and young people	Initial Health Assessment Record reasons for delay	Paediatrics			Initial health Assessments completed is underway.
10. Raise awareness of vulnerability to CSE in health	Incorporate CSE in training within health	Designated Health professionals	Nov 14		All trained in CSE
11. 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		Designated nurse attending all Social care team meetings to update on health issues - once completed will reinstate a weekly drop in for practitioners.
12. 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	General Paediatricians and nurses at Evelina London.	July 15		Agreed funding for two new posts in the acute to raise the profile of LAC. Recruitment underway
13. Better recording of statistics in new health care system to be introduced next year	Link up with Carenotes deployment team	Service Manager, Community Paediatrics.	Oct 15		Ongoing  New clinical system will commence end Sept 15
14. Accurate immunisation information for LAC	Find the administrative resource to record immunisations completed on RiO  Increase the uptake through good data recovery from GPs and reminders where	Service Manager, Community Paediatrics,	Oct 15		Capacity has meant delay in progressing – resource recently identified

<b>Key Priorities</b>	<b>How</b>	<b>Who responsible</b>	<b>When by</b>	<b>Comments</b>	<b>Update July 2015</b>
	there are gaps in the schedule				
15. Improve Co-ordination, efficiency and timeliness of information exchange between health and Social Services	Update admin processes, share information regularly Weekly reports	Service Manager, Community Paediatrics Beryl Fletcher	February 15	Needs regular review and monitoring	Liaison between admin teams improved with exchange of weekly lists of reviews pending.  Work needed to receive consent in timely way.
16. Improve uptake and recording of SDQs and mental health issues	SDQs is sent to carers prior to Review Health Assessments by Social services.  Pathway for sending SDQs to onward management and recording to be clarified	Service Manager, Community Paediatrics Service Support Manager, Southwark Council, Designated professionals CareLink	February 15		Social Care are taking the lead in ensuring higher take up of SDQs by carers.  Health using SDQ when young people seen for health review.

<b>Item No.</b> 9.	<b>Classification:</b> Open	<b>Date:</b> 13 July 2015	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Health Provision for Care Leavers	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director Social Care	

## RECOMMENDATION

1. That the committee consider the information presented in this report on health services and note the actions we are taking to ensure positive outcomes are achieved for care leavers 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. 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'<sup>1</sup> 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.
4. In Southwark, we have developed good partnership arrangements with our health and CAMHS colleagues to monitor and review children and young people's health. Recent developments have focused on preparation for young people as they leave care to have detailed health plans and transition arrangements. This is with a view to establishing clear support to navigate the adult health provisions available within the respective community that the young person will reside in.
5. The successful transition from children's health services to adult services remains one of the biggest challenges in accessing responsive and appropriate services for care leavers.

## Achieving Excellence and Care Leavers Strategy

6. In October 2013, a cross-departmental strategy for young people leaving care was published.

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<sup>1</sup> Promoting the resilience and wellbeing of care leavers-Mike Stein. 2009

The strategy addresses the implementation of a vision which will remove some of the practical barriers that care leavers face as they progress to adulthood. The broad areas of concern identified are: education, employment, financial support, health, housing, justice system, ongoing support.

7. The Department for 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.
8. 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.'<sup>2</sup>

### KEY ISSUES FOR CONSIDERATION

9. We know that good planning and preparation are crucial to supporting care leavers as they plan to leave care and we support them in the community.
10. 'We know from research that approximately half of children in care have clinical-level mental health problems; a rate that is four to five times higher than in children in the general population. Care leavers face complex psychological challenges. While most young people make a gradual transition to independence, supported by their family, care leavers often experience multiple, overlapping changes in their living circumstances all at once.'<sup>3</sup>
11. Current preparation for care leavers starts with the health assessment and review. If young people are struggling to engage with health professionals social workers and Sunshine House health professionals are often flexible in meeting young people in non-health environments and sometimes conducting home visits. Health and wellbeing are reviewed. Access to sports, arts, healthy eating are discussed. Immunisations reviewed and dental checks monitored and follow up actions progressed. We are working with health to develop a health passport for young people which will contain their key health details, for them to reference as they progress into adult-hood.
12. Our Carelink colleagues in CAMHS have worked closely with us to train care staff and to review all rising eighteen year olds to assess their current and projected needs. These assessments are used to apply for transitional services for young people prior to their eighteenth birthday so that there is provision in place to support very vulnerable young people with ongoing mental health input. Accessing the services to manage the transition is not always successful due to the threshold of adult services.

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<sup>2</sup> HM Government. Care Leaver Strategy. A cross-departmental strategy for young people leaving care. 2013.

<sup>3</sup> NSPCC Health and Wellbeing of Care Leavers. May 2015



13. The Social Work Matters operating model has integrated clinical practitioners who will support the social work staff in delivering the best health outcomes for children and care leavers. The clinical practitioners will often co-work with a social work colleague or undertake specific work with a young person to enable the management of a difficult event. Or to provide an intervention that will assist the young person to gain skills in managing their health difficulties.
14. Most young people who have been looked after will return to Southwark, to live. For those that remain out of borough this is generally because they are undertaking further education and employment, are settled in their accommodation and have identified with their local area. These factors will generally correlate with better health outcomes and management for these young people.
15. Southwark has a children and young person's health working group. The group has been developing a borough wide health strategy for all young people. The draft strategy prioritises looked after children and care leavers in receiving responsive and appropriate health services.
16. A key development within the strategy is a Wellness Centre in Southwark to provide flexible and accessible health services for young people. Funding has now been agreed for this project and developments commenced to identify key locations in the borough. A small team of health professionals will provide sensitive and rapid responses to young peoples health enquiries and needs.
17. Alongside the Wellness Centre, a health outreach service will be developed to reach those young people who require greater flexibility and a trusting relationship to be able to start to address their health needs. The health strategy is also considering the health training needs of social care staff. The development of GP services to become more responsive to the needs of young people and improved young people's health information within the borough.
18. The children and young person's health strategy will enable care leavers to access more responsive local health services to meet their physical and mental health needs. The delivery of comprehensive wrap around services for some care leavers will remain a challenge as they enter into adulthood. The improved planning and developments in local services will provide a platform for these cases to be negotiated more effectively.
19. The Care Leavers Association have been awarded an innovation grant from the DFE, to work with CCGs to develop specific health services for care leavers. This work will develop the understanding within CCG's of the specific needs of care leavers and service developments such as the Southwark Children and Young People's health strategy.

### **Actions being taken**

20. Ensuring that all care leavers have a detailed health plan at the point of leaving care which highlights their transitional needs and services required to meet need.
21. The 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 considers partner agency contributions and opportunities to improve the delivery of services to children and young people.

22. Key area's for focus will be:

- Improved planning and co-ordination of health services for care leavers.
- The development of a health passport.
- Ensuring that 'The Southwark Offer' incorporates clear information for young people about health services and access.
- Developing feedback from young people leaving care about their health needs and support required to inform individual planning and future service delivery.

### **Community impact statement**

23. 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**

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

### **APPENDICES**

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

## AUDIT TRAIL

<b>Lead Officer</b>	Rory Patterson, Director, Children's Social Care	
<b>Report Author</b>	Jane Scott, Head of Care	
<b>Version</b>	Final	
<b>Dated</b>	30 June 2015	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	30 June 2015	

<b>Item No.</b> 10.	<b>Classification:</b> Open	<b>Date:</b> 13 July 2015	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Improving Educational Outcomes for Looked After Children	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director of Education	

## RECOMMENDATION

1. That the committee note information provided in the report in relation to educational needs of looked after children in Southwark.

## BACKGROUND INFORMATION

2. The corporate parenting committee have reviewed the educational outcomes of looked after children (LAC) in Southwark through the Virtual Head teacher's report at their meeting in November 2014. Following this, the committee have requested further information on the experiences and practices of other local authorities in improving educational outcomes be provided. This report highlights national best practice in raising LAC educational outcomes, the experiences of other London local authorities and Southwark's approach.

## KEY ISSUES FOR CONSIDERATION

### National research and best practice case studies

3. A previous review of what works in improving educational outcomes for LAC undertaken by the Centre for Excellence and Outcomes in Children's and Young People's Services (C4EO) highlighted that:
  - A high proportion of children and young people see their entry into care as beneficial in relation to their education suggesting that in some cases, entry into care offers stability from a previous disruptive home environment, which allows children to concentrate on education
  - In seeking to improve educational outcomes, attention should be paid to all stages of a child's educational career, from early years through to support for further and higher education
  - Measurement of educational outcomes of the looked after group is complex, and improvements on the ground may not be reflected in local authority returns.
4. The C4EO study emphasises that improving educational outcomes is linked with overall improvements in quality of care and wider outcomes, and it is suggested that innovative approaches can be taken to raising educational attainment. Best practice case study examples include:
  - The use of therapeutic placements and interventions to address barriers to

- learning stemming from difficult or traumatic backgrounds
  - An out of hours learning offer (OSHL), which provide students with one-to-one study support and learning resources, runs Saturday English classes and offers extra-curricular activities, such as theatre trips, to help develop LAC personally. The virtual school is staffed by fully qualified teachers to ensure knowledge and understanding of curriculum matters, how schools and their wider services operate and how to galvanise support from them as well as bringing carers and social services on board
  - Using Multi-dimensional Treatment Foster Care in providing ‘wraparound’ care to intensively support the young people in all areas of their lives and help them develop better relationship and life skills
  - Targeting the borough’s LAC cohorts in promoting and implementing national initiatives such as the Summer Reading Challenge.
5. National research by Oxford University and the Nuffield Foundation is currently taking place examining the factors affecting educational progress of children in care. Preliminary conclusions from this research include:
- Reading at home with foster carers has a positive impact on outcomes;
  - Reducing exclusions increases the educational outcomes for looked after children (and all others)
  - A joined up consistent approach is essential in improving the educational outcomes for looked after children
  - Children and young people with input into their care plan will achieve better outcomes.
6. The research also draws on findings from international research regarding improving educational outcomes. Interventions include:
- Some foster carer training in behaviour improves education outcomes;
  - Improvements in reading using paired reading with foster carers and primary school children
  - Mentors, maximising placement and school stability, aggressively pursuing educational supports, and treating mental health problems that may act as barriers to classroom success.

### **Experiences of other London local authorities**

7. The following features have been adopted by other local authorities in London to raise educational outcomes for LAC.
8. Virtual school: LAC are worked with as if they were in a single school; the virtual school provides advice, guidance or direct involvement to support education of LAC, working with school staff, social workers and foster carers on a wide range of educational responsibilities. The virtual school is relatively small, in some cases with less than 5 staff members but work closely in partnership with other teams. Budget tutors, mentors and specific projects are commissioned as required either through pupil premium money or a separate education support. Southwark has adopted some features of the virtual school.
- Advantage: virtual schools provide an opportunity to use an integrated, multi-disciplinary approach to ensure that educational considerations are central in care planning and review of plans; this has been found to improve educational attainment, attendance as well as having a positive effect on

- wider outcomes
- Disadvantage: Budget constraints had led to a significant reduction in the capacity of the virtual school in some local authorities and some authorities are uncertain about the future of virtual schools in their areas.
9. Support to encourage and improve reading: these include an initiative where volunteers hear LAC read in school; help for foster carers to help them embed good reading and learning habits in children in their care – Southwark has also adopted these measures to support our foster carers.
- Advantage: It has long been held that strong reading habits foster good educational outcomes and improve resilience and reduce frustrations with learning
  - Disadvantages: these initiatives will arguably have the most impact for younger children and may not be as effective in encouraging adolescents and teenagers. In addition, these may not improve educational outcomes in other areas, e.g. Maths, which may require different approaches.
10. Maximising educational opportunities outside of school: these have included a bespoke centre to provide 1:1 study support sessions, university tasters and inspirational speakers and graduates attending to talk to, inspire and motivate young people. Another initiative is an education 'champions scheme', where senior officers from the local authority, police and health take an active interest in the education of a child in care, promoting high academic expectations and 'opening doors' to additional opportunities. Southwark also promotes educational opportunities outside of school.
- Advantage: providing educational opportunities for LAC away from the classroom has shown to improve their outcomes by encouraging them to develop a range of out of school interests and hobbies that widens their educational base
  - Disadvantage: these initiatives will be most successful if long-term provision can be secured to ensure consistency. In a climate of budget restrictions, it has been challenging for local authorities to ensure the future of bespoke centres. It is also important that there are sufficient volunteer educational champions who are engaged with the process, to ensure each looked after child has this available to them.

### **Issues affecting Southwark**

11. Southwark is faced a number of challenges including that the majority of Southwark LAC are educated outside of Southwark, and live 20+ miles from Southwark. In addition, there is higher than average proportion of 16+ young people in care.
12. Southwark Virtual School has taken forward a number of initiatives to improve educational outcomes for LAC in Southwark, and further work is planned. These include:
- Commissioning 'Letterbox', a literacy and numeracy intervention at Key Stage 2 and 3. Foster carers are encouraged to read, and complete maths puzzles, alongside their looked after child
  - Advertising University Taster days via Southwark's Participation, Education and Training Team and Virtual School

- Working closely with schools to monitor school predictions in line with pupil's individual academic starting points, to ensure that schools generate realistic, achievable, while still ambitious, projections
- Identifying pupils at risk of disengagement through regular tracking meetings, providing support through a cross-service approach to maximise pupil retention
- Paired-reading intervention at Key Stage 3 (TextNow) for pupils and their carers
- Increasing supervising social workers/residential worker' early intervention regarding attendance and achievement.
- Increasing unannounced visits to education provision attached to residential care
- Continued delivery of specialist input by LAC education team to support social care service staff in achieving quality personal education plans (PEPs).

### **Post adoption support**

13. Any child who remains looked after continues to receive support from the Virtual School. The Virtual School endeavours to support education decisions that will best meet the child's needs once they are adopted.
14. Current resourcing does not stretch to meet the additional needs of the newly adopted cohort in Southwark. The Virtual School is looking to utilise an element of centrally retained 2015/16 Pupil Premium (LAC) to secure 3 fixed term posts. The remit for these Advisors will include early post-adoption support.

### **Policy implications**

15. Southwark's approach to raising educational outcomes for looked after children will be outlined in the forthcoming Children in Care and Care Leavers Strategy. This includes priorities to improve educational outcomes through increased placement and school place stability. This work is in line with the Children and Young People Plan 2013-16 priorities, which is overseen by Southwark's Children's and Families Trust on behalf of the Health and Wellbeing Board.

### **Community impact statement**

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

### **BACKGROUND DOCUMENTS**

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

**APPENDICES**

No.	Title
None	

**AUDIT TRAIL**

<b>Lead Officer</b>	Merril Haeusler, Director of Education	
<b>Report Author</b>	Liz Britton, Head Teacher, Virtual School, Tasneem Mueen-Iqbal, Policy Officer	
<b>Version</b>	Final	
<b>Dated</b>	2 July 2015	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	2 July 2015	



<b>Item No.</b> 11.	<b>Classification:</b> Open	<b>Date:</b> 13 July 2015	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		St Christopher's Missing Children Service: Update report	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director Social Care	

## RECOMMENDATION

1. That the committee note the information presented in this report from St Christopher's Missing Children Service which provides independent return interviews to looked after children who go missing from home and care.

## BACKGROUND INFORMATION

2. Safeguarding and promoting the welfare of children is a key priority for Southwark and requires effective joint working between agencies and professionals. When a child goes missing or runs away they are at risk and effective safeguarding includes protecting them from this risk. Local authorities are responsible for protecting children whether they go missing from their family home or from local authority care.
3. Children may run away from a problem, such as abuse or neglect at home, or to somewhere they want to be, such as visiting a girlfriend or boyfriend or to be closer to their family. They may have been persuaded to run away by someone else. There are particular concerns about the links between children running away and the risks of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation, to violent crime, gang exploitation, or to drug and alcohol misuse.
4. The DfE statutory guidance on children who run away or go missing<sup>1</sup> states that local authorities have a duty to offer children missing from home or care an independent return interview. The interview should be carried out within 72 hours of the child returning to their home or care setting. This should be an in-depth interview and is normally best carried out by an independent person (i.e., someone not involved in caring for the child) who is trained to carry out these interviews and is able to follow-up any actions that emerge.
5. The guidance also states that where children refuse to engage with the independent interviewer, parents and carers should be offered the opportunity to provide any relevant information and intelligence. This should

<sup>1</sup> DfE, Statutory Guidance on children who run away or go missing from home or care. January 2014:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/307867/Statutory\\_Guidance\\_-\\_Missing\\_from\\_care\\_3\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307867/Statutory_Guidance_-_Missing_from_care_3_.pdf)

help to prevent further instances of the child running away and identify early the support needed for them.

6. St Christopher's Charity were commissioned in October 2014 to provide services to missing children within Southwark. The service initially developed protocols, referral routes with the different children's services across social care. They became actively involved in responding to referrals from January 2015.
7. The report refers to the period January to March 2015. The information generally applies to looked after children who were missing during this period who were referred to the service. It is anticipated that the profile of information will change as more services across social care access the service.
8. The draft Children in Care and Care leavers Strategy prioritises developing services and our understanding of the needs of looked after children who are missing from care and those vulnerable children and young people who are missing from home.

### **KEY ISSUES FOR CONSIDERATION**

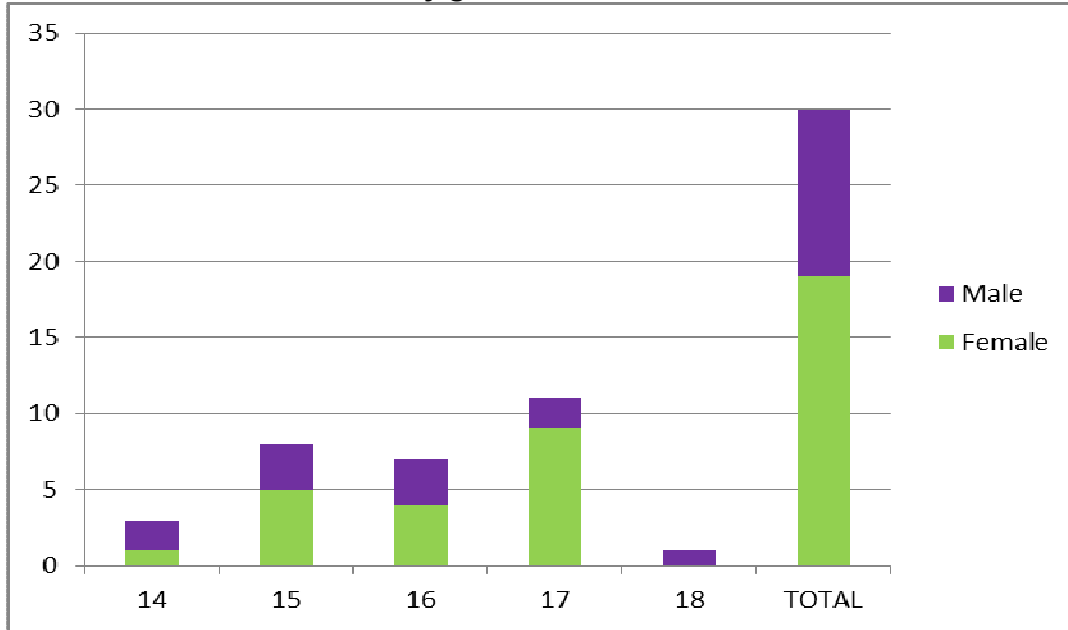
9. The following data outlines activity from January – March 2015 and references the particular activity of looked after children and services they have received.

#### **Referrals**

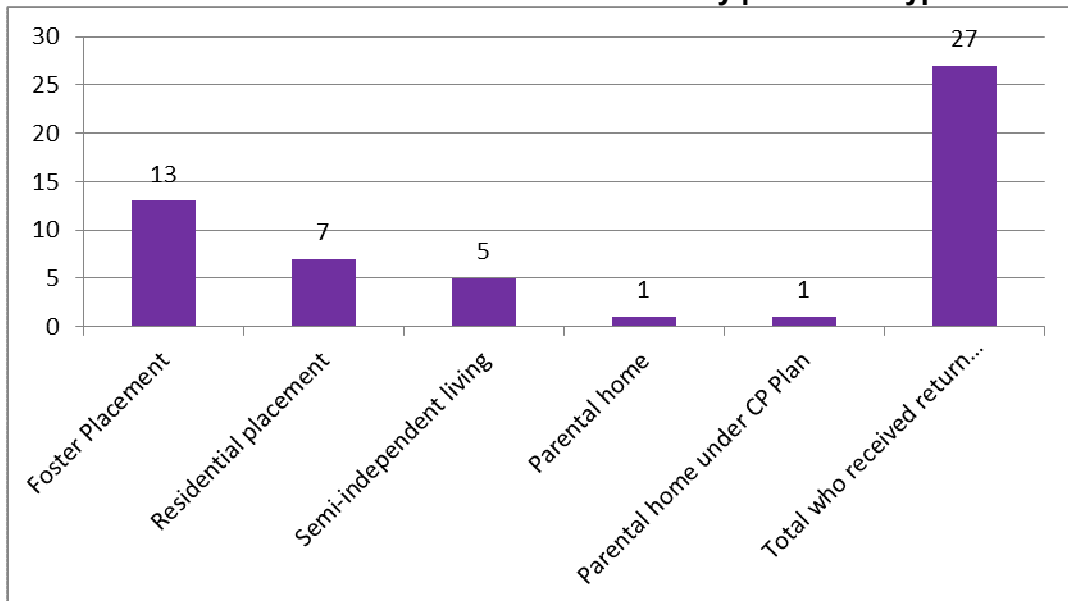
10. Of the 30 referrals made to the St Christopher's Missing Children Service between January and March 29 were for looked after children, 1 was from the Multi-agency Safeguarding Hub. The majority (18) of referrals were made for unauthorised absence from their placement. This was young people staying out without the permission of the carer.
11. Seven of the referrals were one off incidents of children and young people missing for a period of time. All young people who go missing from care are offered a return interview by the service. St Christopher's Missing Children Service is in addition to other activities undertaken by the police, social worker, foster carer or residential staff. Of the thirty referrals, twenty two went missing repeatedly and on more than one occasion and generated eighty two referral notifications. Where young people have been missing for consecutive days, this has been counted as one referral.
12. The majority of cases have received an interview within the set timescale. There are a number of open cases of those young people who go missing on a regular basis, who want to visit their family or their partners. In order to be responsive to the on-going needs of young people St Christopher's have weekly or fortnightly one-to-ones with the young people and provide support alongside their social worker.

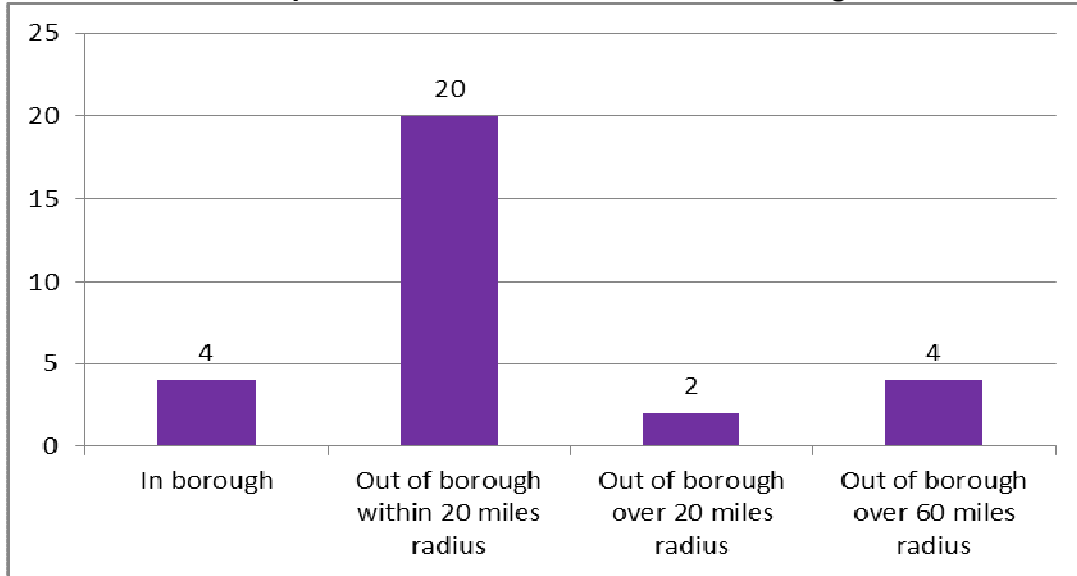
#### **Age and gender**

13. Chart 1 shows the majority of referrals (67%) were from females. All were from those aged 14-18, with the most referrals made by females aged 17 (9).

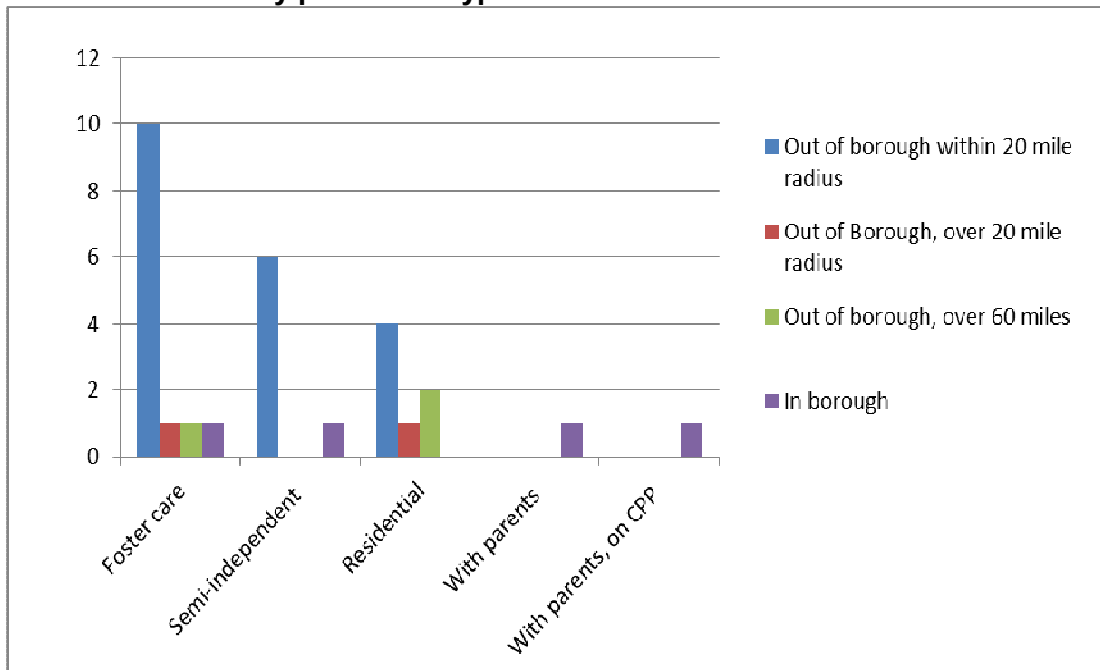
**Chart 1: Number of referrals by gender****Placement type and geography**

14. Chart 2 shows the majority of those who went missing were from foster and residential placements.

**Chart 2: Numbers who received return interviews by placement type**

**Chart 3: Distance of placements for those who went missing**

15. Chart 3 shows that of those referred to the service between January and March 2015 most were in placements out of the borough and within a 20 mile radius. 4 were out of borough and over a 60 mile radius from Southwark. The majority of return interviews and on going support for children and young people is outside of the borough. Some of these will be placements with Southwark carers who live in neighbouring boroughs. Further analysis of the impact of being in the borough on those children in placements that do not go missing is to be reviewed.
16. The chart below shows the distance by placement type. It shows that the majority of young people who go missing are placed in foster care placements that are within a 20 mile radius of the borough and that the placements that are furthest away are residential.

**Chart 3: Distance by placement type**

## **Service development analysis**

### **Caseload summary**

17. A total of 30 young people were referred to St Christopher's Missing Children Service between January and March 2015. The majority of these cases were from the Care Services, although during this time we have also started receiving referrals from other services.
18. Of the 30 cases from this quarter 24 have received return interviews, 3 have been contacted and a return interview is being progressed, whilst the remaining 3 were unable or unwilling to engage with the service. One young person was arrested prior to the return interview being arranged; one young person was referred by other local authority and St Christopher's are trying to make contact and one young person refused to engage with the service, despite joint efforts made by their social worker and St Christopher's. This young person has difficulties engaging with services.
19. 22 young people from this cohort were identified as repeat missing persons, therefore most of St Christopher's resources have been utilised to provide on-going support to those young people who have been going missing on a regular basis.
20. 17 repeat missing persons have been receiving follow up intervention after their initial return interview. This intervention has been inclusive of further return interviews, one-to-one sessions with the young person, attendance at strategy meetings, regular liaison with care placement staff or foster carers and proactive joint working with social workers. For the remaining 5 repeat missing persons, a one-off return interview was deemed to be sufficient.
21. Since April, referrals from other services are being made. St Christopher's are re-assessing priorities and processes for the delivery of one or more return interviews to single cases.

### **Emerging Themes from missing return interviews and follow up activity Reasons for absconding and related risks**

#### **Family**

22. The most common reason for children to abscond is their desire to stay closer to their family. Most looked after children who have been referred to our service are placed in other local authorities and would often return to their family in Southwark when going missing.

#### **Friends and Peer Pressure**

23. Another common reason for children to go missing is staying out with friends. Peer pressure and the desire for more independence are usually the main triggers. Some of these young people might be ready to manage their lives more independently and become more settled once they move on from their current care placement. In most cases though they may still be very vulnerable (e.g. learning difficulties, addictive personality, unhealthy relationships,) and it would be easier for them to be exposed to higher risks (e.g. exploitation, substance misuse, offending).

## Relationships

24. Relationships are another important factor in missing episodes. Some young people would be absconding to stay with their boyfriend or girlfriend. There is one case in particular where the abusive relationship with a boyfriend would not deter a young vulnerable female from running away. This is a complex case, the young person is receiving weekly intensive support and the case is being monitored closely by the social worker and St Christopher's.

## Criminal Activity

25. For other young people the involvement with criminal activities would be a determining factor for their repeat absences. In one particular case there have been growing concerns about the pattern of missing episodes for young male who is deemed at risk of involvement in drug dealing and gang related activities. This young person receives intensive support and monitoring to assist him to change his behaviours and to share in reducing risk. He is nearly eighteen years and therefore the focus is on how to enable him to protect himself and organise his activities to achieve in education or employment.

## Actions being taken

26. We recognise that more children and young people want to be near their families, this is an issue that has been highlighted through Speakerbox and feedback from those in care, that is why our key strategic priorities focus on ensuring more children and young people live closer to home, in provision that meets their needs in which they feel safe and secure.
27. Southwark has received £317,000 from the DfE Innovation Fund to support its approach to improving outcomes for children and young people on the edge of care and help keep more families together. The funding has supported:
- The 'keeping families together' team which responds immediately to families whose young people are at risk of being accommodated.
  - Reshaping services to provide interventions to families at an earlier stage
  - Reduced bureaucracy for front line workers to enable them to concentrate on direct work with children and families.
28. The department has set up a weekly Recourses Panel which scrutinises requests for care packages and offers alternative family focused solutions where possible.
29. In delivering our strategic priorities we will continue to reduce the use distance placements, increase the number of local foster care placements, and those who can support teenagers, remodel existing in-borough provision and continue to emphasis a child-centered approach in the delivery of care services.
30. We also recognise that in becoming more independent young people will want to visit friends and boyfriends/girlfriends without causing alarm and these incidents need to be managed appropriately. We will continue to support carers to recognise and manage risk and potential risk.
31. The following further actions are being taken to deliver positive outcomes for

children and young people who go missing:

- Ensuring that all children and young people have a missing return interview within the 72 hour time frame stipulated in statutory guidance.
- To further roll out the missing project to all social care services.
- To develop information and training for staff and partner agencies to understand the impact of missing behavior on children and young people and their exposure to potential risks of CSE and gang related activity.
- To ensure that data and qualitative information is regularly reviewed and incorporated into service developments through the Looked After Children Strategic Group.
- Recruit a female worker so those who feel more comfortable working with a female member of staff can access this direct support. It should be noted that this has not been raised as a reason for non-engagement to date and St Christopher's have been asking families and young people if they would prefer to speak to a female worker in their correspondence.

### **Summary**

32. St Christopher's continues to develop the missing service within Southwark Social Care. The service has raised the profile of the management of missing episodes and collaborative working with Child Sexual Exploitation services. Training has been rolled out to all service areas and groups. Involvement in strategy meetings, joint working with police, education and health enables greater monitoring, risk management and prevention of further missing/unauthorised absences. Data management and qualitative information is starting to build up a profile of key themes from which we can learn and develop future service provision. Further improvements will be made to the monitoring pro forma to enable us to make the best use of this intelligence.
33. St Christopher's are now received more referrals via the MASH and the police, and it is likely that their case load will increase in the next quarter. Looked after children remain the priority and St Christopher's will work to ensure that where they can make safe and empowering referrals, to local schemes like mentoring services for example, or arrangements to spend more time with their families, they will do this with agreement for the young person and their social worker. They will continue to prioritise those who are most at risk and do not operate a waiting list. They will reassess their case load in the next quarter to ensure they have capacity to meet the service need.

### **Community impact statement**

34. 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**

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

**APPENDICES**

<b>No.</b>	<b>Title</b>
Appendix 1	Case studies

**AUDIT TRAIL**

<b>Lead Officer</b>	Rory Patterson, Director, Children's Social Care	
<b>Report Author</b>	Jane Scott, Head of Care.	
<b>Version</b>	Final	
<b>Dated</b>	2 July 2015	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
List other officers here		
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	2 July 2015	



**Case studies****APPENDIX 1**

Child A is living in a residential setting in South London. Child A is a repeat missing person and, despite engaging well with our service, in the last few months the pattern of missing episodes has been increasing.

The main reason for Child A to run away is to be with their family. Thanks to an intensive effort from all parties involved and the observation provided by the case worker following from one-to-ones with Child A., it has now been possible to make a written agreement that allows the young person to spend weekends at the parental home.

Child B's placement is over 20 miles radius of Southwark. It was deemed safer to be living faraway from London due to risk of CSE.

Child B was flagged up as a repeat missing person and met with our case worker once. Child B engaged well with the return interview and found it helpful to re-focus on priorities (i.e. education, future employment, independence). We have not received missing person notifications since.

<b>Item No.</b> 12.	<b>Classification:</b> Open	<b>Date:</b> 13 July 2015	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Corporate Parenting Committee – Work Plan 2015/16	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director, Children’s Social Care	

## RECOMMENDATION

1. That the corporate parenting committee review the work plan for 2015/16 as set out in paragraph 3 of the report.

## BACKGROUND INFORMATION

### Role and function of the corporate parenting committee

2. The constitution for the municipal year 2015/2016 records the corporate parenting committee’s role and functions as follows:
  1. To secure real and sustained improvements in the life chances of looked after children, and to work within an annual programme to that end.
  2. To develop, monitor and review a corporate parenting strategy and work plan.
  3. To seek to ensure that the life chances of looked after children are maximised in terms of health, educational attainment, and access to training and employment, to aid the transition to a secure and productive adulthood.
  4. To develop and co-ordinate a life chances strategy and work plan to improve the life chances of Southwark looked after children.
  5. To recommend ways in which more integrated services can be developed across all council departments, schools and the voluntary sector to lead towards better outcomes for looked after children.
  6. To ensure that mechanisms are in place to enable looked after children and young people to play an integral role in service planning and design, and that their views are regularly sought and acted upon.
  7. To ensure performance monitoring systems are in place, and regularly review performance data to ensure sustained performance improvements in outcomes for looked after children.
  8. To receive an annual report on the adoption and fostering services to monitor their effectiveness in providing safe and secure care for looked after children.
  9. To report to the council’s cabinet on a twice yearly basis.
  10. To make recommendations to the relevant cabinet decision maker where responsibility for that particular function rests with the cabinet.
  11. To report to the scrutiny sub-committee with responsibility for children’s services after each meeting.
  12. To appoint non-voting co-opted members.

## **KEY ISSUES FOR CONSIDERATION**

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

### **13 July 2015**

- The experiences/practices of other local authorities in improving educational outcomes
- Care leavers, to also include information on the health services they access
- St. Christopher's Project. Report back on performance data requested February 2015 committee
- Update report on public health (with officer from public health to attend)
- Update on action plan on report from Designated Doctor for looked after children
- Update on medical advisor appointment.

### **2 November 2015**

- Report from the Virtual Head Teacher
- Annual report on fostering services
- Annual report on adoption services.

### **23 February 2016**

- Report back on St. Christopher's Project in order to review the process (due February 2016).

### **Items to be programme 2015/16**

- 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 person enters care
- Autism Strategy – to review progress
- Transition from care to independent living – report back on outcome of review of semi-independent living/supported housing
- Innovation Projects.

### **Corporate Parenting Committee Meetings with SpeakerBox**

4. SpeakerBox, established in 2005, ensures that the views of looked after children and care leavers are used to influence decision making that affects their care and support. Representing children and young people between 8 and 24 years the group also provides a peer to peer networking support system for looked after children. The programme is operated independently and run by the young people themselves, although it is supported by the council's children services team, senior managers and councillors.
5. The committee are due to meet with SpeakerBox on the following dates: mid July, 27 October 2015 and 16 February 2016.

### Community impact statement

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

### Resource implications

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

### BACKGROUND DOCUMENTS

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

### AUDIT TRAIL

<b>Lead Officer</b>	Rory Patterson, Director, Children's Social Care	
<b>Report Author</b>	Paula Thornton, Constitutional Officer	
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<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	24 June 2015	

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Paula Thornton Tel: 020 7525 4395

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