

Corporate Parenting Committee

Wednesday 17 July 2024

2.00 pm

Ground floor (G02B and C rooms), 160 Tooley Street, London SE1 2QH

Membership

Councillor Jasmine Ali (Chair)
Councillor Esme Dobson
Councillor Natasha Ennin
Councillor Youcef Hassaine
Councillor Sarah King
Councillor Maria Linforth-Hall
Councillor Charlie Smith

Reserves

Councillor Irina Von Wiese
Councillor Sunny Lambe
Councillor Joseph Vambe
Councillor Renata Hamvas

Non-voting co-opted members

Dr Mark Kerr and Rosamond Marshall

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information

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Contact

Beverley Olamijulo on 020 7525 7234 or email: Beverley.olamijulo@southwark.gov.uk
or paula.thornton@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Althea Loderick

Chief Executive

Date: 9 July 2024



Corporate Parenting Committee

Wednesday 17 July 2024

2.00 pm

Ground floor (G02B and C rooms), 160 Tooley Street, London SE1 2QH

Order of Business

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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. ELECTION OF VICE-CHAIR FOR THE CORPORATE PARENTING COMMITTEE 2024-25

Election of Vice-Chair for the Corporate Parenting Committee 2024-25

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.

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Item No.	Title	Page No.
	Members to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
6.	MINUTES	1 - 6
	To approve as a correct record the Minutes of the open section of the meeting held on 16 April 2024.	
7.	SPEAKER BOX - VERBAL UPDATE (2.10PM - 3.10PM)	
8.	DRAFT ANNUAL HEALTH REPORT FOR CHILDREN LOOKED AFTER (3.10PM - 3.30PM)	7 - 65
9.	FOSTER ANNUAL REPORT (3.30PM - 3.55PM)	66 - 117
10.	CORPORATE PARENTING COMMITTEE - WORK PLAN 2024-25 (3.55PM - 4.05PM)	118 - 122

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: 9 July 2024



Corporate Parenting Committee

MINUTES of the OPEN section of the Corporate Parenting Committee held on Tuesday 16 April 2024 at 2.00 pm at the Council Offices, 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Jasmine Ali (Chair)
 Councillor Charlie Smith
 Councillor Naima Ali
 Councillor Rachel Bentley
 Councillor Sarah King

OTHER MEMBERS PRESENT: Dr Mark Kerr (subject matter expert)
 Rosamond Marshall (foster carers)

OFFICER SUPPORT: Alasdair Smith, Director, Children and Families
 Elaine Reid, Head of Service: Permanence and Resources
 Dechaun Malcolm, Children's Rights and Participation Officer
 Chair of SpeakerBox and young people
 Ekta Gupta, children rights and participation
 Joy Hopkinson, Head of Safeguarding & Community Services, Governance and Assurance (legal)
 Michael Crowe, Service Development Manager
 Anna Chiva, Assistant Director for SEND
 Clare Ryan, Service Manager, Looked After Children
 Dan Woods and Julie, Children's and Adults' Services
 Paula Thornton, Constitutional Officer

1. APOLOGIES

Apologies for absence were received from Councillors Esme Dobson and Natasha Ennin, Dr Stacy John-Legere and Joy Edwards.

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

None.

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

None were disclosed.

5. MINUTES

RESOLVED:

That the minutes of the meeting held on 28 February 2024 be approved as a correct record and signed by the chair.

6. SPEAKERBOX VERBAL UPDATE

Speakerbox made a presentation to committee highlighting the following key points:

- 55% increase in engagement compared to the previous year.
- Young people participated in the following ways:
 - Delivered training
 - Recruited senior leadership roles
 - Co-facilitated at the Learning Fest
 - Attended consultations
 - Contributed to cookbook for care experienced young people
 - Attended corporate parenting committee.

Under 13s cohort – principles behind younger group's engagement

1. Identification and building sense of self
2. Containment (feeling safe and held)
3. Familiarity and consistency (shared experiences)
4. Role modelling and community building
5. Voices (sharing knowledge, resources and feedback). *The committee heard*

some direct quotes and feelings as part this presentation.

LEAP leadership programme

During the April half-term Speakerbox members attended the first phase of the leadership residential programme (an interactive programme where young people are able to ignite their personal growth through games and exercise).

The programme provided space for attendees to:

- Develop new leadership skills
- Learn how to build positive relationships
- Develop new methods of problem solving
- Build confidence and raise self-esteem.

The next phase will include a four-day residential this summer.

The Big Theatre Production

A total of 10 young people participated in the Big Theatre Production in partnership with London Bubble Theatre and Southwark Stands Together against Racism.

A musical story was performed on the 12 April with a dynamic performance piece following a group of young Londoners as they examine, share and draw you into their world.

Positive outcomes for children and young people

Over the past 10 months Speakerbox has provided opportunities for young people which resulted in young people:

- Developing and acquiring new skills
- Feeling heard through direct advocacy via children rights officers (CROs)
- Having a secured base with consistent adults
- Becoming more confident in public speaking
- Improved understanding of rights
- Improved emotional well-being and
- Having improved aspirations and career paths.

Looking Ahead 2024-25 – key objectives

1. Rebrand and develop website to extend reach to more children and young people
2. Attend first residential in over seven years, partially funded by the voluntary sector and LEAP
3. Campaigning
4. Working in partnership with human resources in developing a development

- programme for young people in recruitment.
5. Staring pod-cast lead by care leavers.

Summary of points arising from discussion of presentation

- The pressures faced by under 13s and young people generally relating to mental health and pressures of social media
- The importance of positive role models and use of a key range of activities that helps deliver resilience. Example quoted of the older members of Speakerbox providing positive role models and support for the younger members
- Importance of consistency and building trust
- Query about the possibility of holding another performance and to give schools the opportunity to attend
- Different roles and skills acquired by young people in participating in the theatre production including writing and stage management
- How the committee can assist young people? Provision of opportunities where young people voices can be heard, a vision and how can influence decision making. Getting to know the young people so that they are familiar with councillors to make them more comfortable in communicating
- Young person from Speakerbox voiced the vulnerability felt by young people leaving care and suggested a default job position with Southwark to be offered a job. It was further explained that often when a parent runs / owns a family business and their child is looking for a job it is natural to offer / secure a job with their company. Argued that this should also apply to the council as corporate parents and their care leavers
- Need to address hurdles, barriers and access jobs
- Officers confirmed would continue to work with human resources on employment / training opportunities
- The issue of a venue for the annual care celebration raised.

ACTION:

1. Noted that discussions with human resources in respect of access to jobs for young people and care leavers will continue.
2. That Councillor Jasmine Ali discuss the venue issue and the possibility of Mountview for annual care celebration event with the council's director of planning and growth.

7. BRIEF REPORT: LIFELONG LINKS IMPLEMENTATION

Officers presented the report to committee.

Issues arising out of discussion

- Issue of communication raised and confirmed that a flagship launch event is being planned to promote work doing and raise awareness and

- will ensure all members of the corporate parenting committee are invited
- Examples quoted of children / young people tracing family members. This work is set against the data protection and safety considerations for the children and young people
 - Acknowledged the positive impact that friends and family can have a young persons life
 - Noted Speakerbox to be involved in recruitment / consultations.

RESOLVED

1. That the Lifelong Links programme and its implementation for children in the care of the council, or those formerly who are care leavers, as part of the Department for Education (DfE) family finding, befriending and mentoring programmes be noted.
2. That the inclusion of people with lived experience of social work within the Lifelong Links implementation, including children and young people, care leavers, parents and carers be noted.

8. SOUTHWARK HOMES FOR SOUTHWARK CHILDREN PROGRAMME UPDATE

Michael Crowe, service development manager presented the report to committee.

Summary of issues discussed / raised

- Safeguarding of children in homes. It was explained that a report is to be submitted to cabinet on quality assurance framework which will also be submitted to the corporate parenting committee
- Confirmed also that different layers of regulation and assurance in place for childrens homes
- Query relating to the acknowledgement of foster carers and the role. Noted measures currently in place to acknowledge work and that a foster carers ball will take place in October.

RESOLVED:

1. That the contents of the update on the Southwark Homes for Southwark Children programme of improvement work for the delivery of services to looked after children and care leavers be noted.
2. That the comments on the progress of the improvement work programme be noted as set out above.
3. That the quality assurance requested by cabinet also be submitted to the corporate parenting committee.

9. CORPORATE PARENTING COMMITTEE - WORK PLAN 2024-25

To be considered at the next committee meeting in July once the 2024-25 membership of the committee confirmed.

The meeting ended at 4.10pm.

CHAIR:

DATED:

Meeting Name:	Corporate Parenting Committee
Date:	17 July 2024
Report title:	Annual Health Report for Children Looked After.
Ward(s) or groups affected:	Children In Care and Care Leavers, London Borough of Southwark
Classification:	Open
From:	<p>Dr Stacy John-Legere, Designated Doctor for Children Looked After and Care Leavers (CLA) Southwark.</p> <p>Joy Edwards, Designated Nurse for Children Looked After (CLA) Southwark.</p> <p>Dr Jenny Taylor, Virtual Mental Health Lead for Looked After Children.</p>

RECOMMENDATION(S)

1. That the Corporate Parenting Committee note the report contents in relation to the delivery of health services for Children Looked After (CLA) and Care Leavers who are in the care of London Borough of Southwark.
2. That the Corporate Parenting Committee feedback any comments on the Southwark Children Looked After Health report for consideration by the Children Looked After Health leads across the health economy.

BACKGROUND INFORMATION

3. The following report is an annual overview of the provision of health services across the health economy for Children Looked After and Care Leavers and includes Unaccompanied Asylum-Seeking Children (UASC).
4. The purpose of the report is to inform and to advise the Corporate Parenting Committee of the annual evaluation of health services by the Senior Health Leads for Children Looked After (UASC) and Young People. The report outlines the effectiveness of health care planning and describes the progression of services to fulfil relevant performance indicators including statutory timescales within the current commissioned services.

5. The report aims to advise the Corporate Parenting Committee of initiatives, considerations and challenges within health with the aim of improving and developing current and future service delivery.
6. This report has been collated with the Virtual Mental Health Lead for CLA in Southwark and contributions from provider health services.

KEY ISSUES FOR CONSIDERATION

7. Health services for Children Looked After continuing to provide services in line with current commissioning arrangements.
8. This report highlights the Children Looked After Health service delivery to children and young people in care to London Borough of Southwark during the reporting period of April 2023-March 2024.
9. The key areas of progression within health and recognizing the plans for the year ahead.

Policy framework implications

10. The Children Looked After report reflects both national and local policies that aim to improve the health and well-being of Southwark Children Looked After and to support those that care for them.

Community, equalities (including socio-economic) and health impacts

Community Impact Statement

11. Improving health outcomes for CLA and Young People remains a priority. The report aims to reflect the progression of work, key achievements and future plans to continue to highlight and improve the health needs and outcomes of the CLA population across the health economy.

Equalities (including socio-economic) impact statement

12. The report outlines the delivery of health services to all Children and young people in care to Southwark Local Authority.
13. Health services are committed to delivering health services to everyone and consider individual need and accessibility within all areas of health service provision.

Health impact statement

14. Promoting the health needs of Looked After Children and Young People continues to be highlighted across the health economy.

Climate change implications

15. There are no overt implications to climate change.

Resource implications

16. At the time of reporting there are no resource implications.

Other officers

17. The report has been shared with the Senior Leads both within Southwark ICB and Provider Services.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Safeguarding Children's Annual Report	Southwark ICB	katarzyna.zawadowska@selondonics.nhs.uk
Safeguarding Adult's Annual Report		
Southwark Annual Looked After Children and Care Leavers Health report 2022/2023		

APPENDICES

No.	Title
Appendix 1	Adoption Activity
Appendix 2	Residential Audit

AUDIT TRAIL

Lead Officer	Paul Larrisey, Acting Chief Nurse	
Report Author	Dr Stacy John Legere, Dr Jenny Taylor and Joy Edwards	
Version	Final	
Dated	2 July 2024	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive, Governance and Assurance	No	No
Strategic Director, Finance	No	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team	2 July 2024	

APPENDIX 1

SOUTHWARK ICB/ICS ANNUAL CHILDREN LOOKED AFTER AND CARE LEAVERS HEALTH REPORT 2024/2025

Dr Stacy John-Legere

Designated Doctor for Children Looked After and Care Leavers Southwark.

Joy Edwards

Designated Nurse for Children Looked After and Care Leavers Southwark.

Dr Jenny Taylor

Virtual Mental Health Lead for Children Looked After Children Southwark.

Contributing Authors

GSTT Children Looked After Health Service.

Carelink CAMHS

Southwark CSC

Regional Adoption Agency

Southwark Virtual School

Named GP for Child Safeguarding & Named GP for Adult Safeguarding

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Introduction

The following report is to update the Corporate Parenting Committee of progression within Children Looked After and Care Leavers (CLA) across the health economy for the financial year of 2023-2024. Included within the report, is an overview of intentions for the year ahead and the current commissioned health services, that are specifically commissioned for CLA. Additional reports and detailed information have been shared by the provider services.

Statutory requirements remain unchanged for CLA and the statutory guidance within Promoting the Health of CLA continue to influence the delivery of health services alongside local need and other national drivers that impact on ensuring all children meet their optimum health and are safeguarded.

Reflecting on our outcomes of 2023/2024 the report will show the progression made and will include the focus of our aims for Southwark CLA/Care Leavers including unaccompanied asylum-seeking children in 2024/2025.

All partners including health, continue to strive for better outcomes and more support for this population, the report will reflect priority areas of work within health and reflect on previous work that has been taken within the last twelve months.

There have not been any changes within the NHS Integrated Care Boards (ICB) that have impacted on either strategic or operational delivery.

The report should be read in conjunction with the following reports:

Southwark ICB Safeguarding Children's Annual Report/Safeguarding Adult's Annual Report

Southwark Children's Services Report

Southwark Annual Looked After Children and Care Leavers Health report 2022/2023.

Adopt London South Annual Report.

Fostering Annual Report.

Report of the Headteacher (Southwark Virtual School)

Independent Reviewing officer annual report.

Local Team Structure

The current ICB Designated staff allocation and team structure, including roles and responsibilities are outlined in the annual report of 2022/2023. The structure, capacity, and requirements of Designated Professionals remain unchanged¹

¹ Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing (rcn.org.uk)

The Commissioned services within local providers specifically directed towards CLA Young People and Care Leavers continue to be delivered within agreed contracts, service specifications and key performance indicators.

KEY MESSAGES

Service delivery remains stable. Strategic oversight and development of services remain consistent and reflects the outlined capacity/roles and responsibilities within the Corporate Parenting Committee annual report of 2023/2024.

Governance and Accountability:

The requirements for CLA and Care Leavers continue to follow the local arrangements and are in line with the statutory requirements as outlined in detail in the 2023/2024 annual report to Corporate Parenting Committee²

In addition to local assurance and governance reporting mechanisms within the ICB, at the end of the financial year 2023/2024 a National Health Service Executive dataset was shared by the National Health Service Executive (NHSE) specifically for Children Looked After and is a mandatory requirement for all ICB's to complete every quarter.³

The data requires all the statutory requirements that are currently reported on and in addition requests further information of Children Looked After who would access health services where they are living, irrespective of placing authority and is requested on a quarterly basis.

The intention is to develop a clearer demographic picture of the children as a national collective and how this reflects the access of health services in the area that they live. It is known that historical anecdotal data indicates some variances across the country for our children to access timely and responsive health services. It is hoped that this data will influence change in how the NHSE views Children Looked After in accessing health services and recognising the known distinct vulnerabilities and emotional well-being needs of this cohort of children and young people. Early in its implementation and use, the impact analysis is yet to be determined.

The current Designated Doctor and Nurse for CLA, UASC and Care Leavers both have long standing professional background within CLA's Health Service and have a shared drive to improve and develop services.

² Corporate Parenting Report 2023/2024

³ NHS England » Looked After Children (CLA) Clinical Reference Group

Designated Health Professionals maintain their role and responsibilities by seeking assurance and reassurance in line with current commissioned arrangements and maintain a visible presence within commissioning and service delivery across the Safeguarding Partnership and the health economy.

Aiming to reflect the needs and known vulnerabilities of this population by highlighting specific areas of needs, risk assessment, reviewing embedded practice and providing strategic oversight and direction. Including oversight and scrutiny of performance indicators and services specifications specifically aimed towards Children Looked After and Care Leavers.

The current allocation for Designated CLA professionals within Southwark ICB is as follows: Designated CLA Doctor (0.2 WTE/ 1 days per week) and a Designated CLA Nurse (0.4WTE/2 days per week) roles and responsibilities are aligned with national statutory requirements and remain unchanged. The roles of the Designated Professionals continue to be pivotal in ensuring that services towards our children are strategically influenced by national and local data with the intention to ensure that our work is influenced by the voice of the child in service planning and delivery.

The role of Virtual Mental Health Lead for our looked after children is undertaken by the Council's Assistant Director for Clinical Practice. The role of the VMHL is to maintain oversight of the mental health needs of and service provision for our looked after children and careleavers, and to work in partnership with Health colleagues and other providers to ensure our children's mental health needs are appropriately met.

In addition to Southwark place assurance and reporting requirements, the Designated Professionals represent Southwark at the South -East London wide Designated Professionals meeting. Recognising that Southwark CLA can be placed across the SEL footprint, the meeting is a dedicated lead professional meeting to discuss collective challenge, innovative practice development and shared learning in health for this cohort of children.

The current commissioned service provision within GSTT, remains unchanged and at time of reporting has a full complement of Staff, including Paediatricians, Specialist Children Looked After Nurses and administrators.

CLA and Care Leavers views and ideas are an imperative part of our assurance process. In seeking their views of their experiences within the health economy this will ensure that we are delivering services that wherever possible reflect their opinions, thoughts, views, with the intention of influencing service delivery that reflects their voice.

Working with the Care Leavers Steering Group and Speaker Box a project has progressed across the provider setting to establish how in health we can improve their experiences in health, particularly in engaging with the health assessment. Funding was sought to support this area of engagement and this work continues.

KEY MESSAGES

Governance and assurance are embedded in practice. Regular partnership meetings within Children Looked After Services are embedded.

Experienced Designated Professionals for Southwark and the Virtual Mental Health Lead continue to align the health focus for Children Looked After and the health economy, alongside local priorities and national strategic influence.

A focus of improving practice is in place to critically review data and seek required resolution. In addition, training and support is offered to all relevant professionals to ensure that quality assurance, innovation, development, and safe practice remains a high priority in delivery of care.

The NHSE dataset has just commenced across SEL it is hoped that this will establish any identified challenges within Health for CLA and Care Leavers both locally and nationally. Recently implemented in SEL it is hoped that the data will influence how the NHS delivers services nationally to this cohort of children.

We continue to seek the views of children and young people in establishing services which reflects their thoughts, views and opinions.

National Drivers and influences:

Gender Identity Development Service (GIDS)

Since the closure of the Tavistock Hospital a national review has taken place of these services. The Cass report (2024) has recently been published and has influenced the new NHSE commissioned services for Children and Young People who are seeking advice, guidance, and support ⁴

In addition to the increasing population of young people seeking advice and guidance, Cass recommends a different service which should align itself to Paediatric Provision. The service should provide a holistic evidenced based care to gender questioning young people.

As part of ensuring all our staff across Health & Social Care are aware of the issues children with gender-related distress may face, the Council and Health providers are encouraging all staff to access the latest NHSE MindEd training regarding working children and young people experiencing gender related distress.

Southwark and SEL wide services continue to collaborate and work with partners in supporting the care pathway for CLA, thus supporting young people who may express a need to explore their gender identity and refer onto relevant pathways.

⁴ Final Report – Cass Review

Children with Disabilities:

Following the Child Safeguarding Practice Review Doncaster and a subsequent local review of Children with Disabilities and complex Health Needs⁵ was undertaken by the Local Authority. All the children had a review of their health needs. No concerns were raised at the time.

The Designated Doctor and Designated Nurse arranged to undertake a further detailed audit of the units to outline the current arrangement and establish any identified challenges in accessing timely health services in the area they live. The audit includes questions in relation to the residential unit, the access to local health services.

Attached to this report is an outline of the audit questions (Appendix One) Governance and consent processes were put in place with the Local Authority. Team managers were advised information was shared with parents as appropriate. In progress and following Safeguarding procedures no immediate concerns have been raised. The audit is due to be completed by the end of June 2024, summary and findings will be shared once full report available.

Care Leavers Care Covenant:

The Care Leavers Care Covenant 2018⁶ as a part of the governments 'keep on caring' strategy in supporting young people to become independent. Health are proactively in support of this action and work is progressing across SEL to promote the covenant within the health domain.

Following a task and finish group in which the Designated Professionals took part, a project is currently being progressed by the SEL ICS Workforce Programme. Forty thousand pounds has been received to support care leavers in securing employment within health and care. Intended to give young people comprehensive support they need to succeed both personally and professionally.

After reviewing many offers at the task and finish group, 'Catch22' has been secured and will be an extension of 'Catch22' Social Switch Project allowing a strategic collaboration that aims to allow a project aimed at benefitting thirty care leavers. The Social Switch project has added another forty thousand pounds to the project which is funded until June 2025.

In addition to this project, other career and work opportunities are being promoted across health domains for all young people including Care Leavers. It is recognised

⁵ <https://www.gov.uk/government/news/urgent-action-to-protect-children-with-disabilities-from-abuse>

⁶ Care Leaver Covenant - GOV.UK (www.gov.uk)

that the NHS as an organisation can offer many employment opportunities, in all aspects of Healthcare, but also in Finance, Catering, Analysis, and IT. These are some of the many opportunities to be explored as apprenticeships or career pathways.

The Designated Professionals work alongside Child and Adult Safeguarding Designated and Named Professionals to influence the other key areas of Safeguarding which are also pertinent towards CLA, including the following areas of work: Violence Against Women and Girls (VAWG) Serious Youth Violence and learning from Serious Case reviews amongst other strategic influences across the partnership.

KEY MESSAGES:

National and Local Drivers influence in strategic and operational delivery towards this population.

The Designated Professionals and other key health partners, continue to develop services to reflect both current and new focusses for Children Looked After and Young People

Whilst recognised as a vulnerable group, Children Looked After health services also consider and reflect the wider health strategies that impact on the population.

Local Delivery

Southwark Children's Looked After Health Services Strategic focus 2024/2025.

Strengths

Whilst not unique to Southwark the CLA Health Service (Currently Commissioned via the ICB and delivered by GSTT NHS Foundation Trust) is a dedicated Paediatric service for CLA up until the age of eighteen years and includes UASC and Care Leavers.

Experienced Designated CLA professionals and a Virtual Mental Health Lead with a drive to continue to build upon current services and influence future commissioning for this population not only in CLA services but across the health economy are in post.

Any Care Leaver over the age of eighteen until twenty-five years experiencing a challenge in accessing adult health services, can contact the CLA health service on a needs basis for support and guidance as required. New 18+ MH

The team comprises of Paediatric Consultants, Paediatricians and Qualified Nurses, all of whom have a vast range of skills and expertise with a distinct interest in Children Looked Children, UASC and Care Leavers. Social Worker, Carers, Families, and

other professionals can seek advice and guidance relating to a child, which is supported by embedded practices of consent and confidentiality.

Partnership working with the ICB is paramount to the positive health outcomes for CLA and Young People. The Named and Designated Professionals and the VMHL meet on a regular basis to develop and improve upon current services by promoting a professional culture of learning and development in addition to the governance and assurance that is sought in line with the statutory requirements.

In addition, the Designated Doctor and Nurse meet at least every third week, to continue to drive the strategic agenda for CLA in Southwark, which reflects local priorities and partnership work with the Local Authority.

As outlined, work continues across South- East London Designated Professionals meetings and in addition attendance at London Designated Meetings which may influence any distinct areas of needs within the health domain of CLA services.

Achievements

The collective projects of South- East London include: the recent Launch of the pre-paid prescription certificate for Care Leavers who meet the threshold to pay for prescriptions, which is now embedded and being accessed by young people to support access to free prescriptions.

Supporting the Care Covenant for Care Leavers has led to funding for SEL to promote the ambitions for Care Leavers to access support and guidance in developing skills and confidence to establish career pathway or work experience in the health care setting.

A new expedited pathway for assessing looked after children and other children open to local authority children's services for autistic spectrum conditions was developed during 2023-24 and opened in May 2024 in response to the specific needs of this cohort for clarity of diagnosis and timely support, and the benefits of joint assessment given their more complex needs. The clinic is staffed via the Evelina Children's Community team and the Council's embedded Clinical Service Southwark and will initially run for 6 months with a review in January 2025 – further details are presented in the Mental Health Provision Service Development section of this report.

Training and development programmes have been delivered within the health economy and partners including Foster Carers, Social Workers and Acute Health Services.

Attendance at Complex Case Panel chaired by the Local Authority is now embedded in Practice and is attended by Senior Named and Designated Doctors or Nurses for CLA as well as a senior member of the local authority's embedded Clinical Service.

Funding sought and agreed via the ICB to support a project of work of the voice of the child in partnership with the Care Leavers Steering Group and Speaker Box.

Challenges

Engaging adolescents with the health assessment and the value of the health summary and care plan persist.

Care Leavers have voiced that they are not aware of the health summary that is offered to them as they leave care and move into care leaving services.

Last quarter data notes a reduction regarding reaching the statutory requirement for review health assessments. This has been noted and work progressing to establish the rationale with a request of a 'deep dive analysis' of those children whom were delayed.

Noted delays for some children accessing relevant health services for our CLA placed out of borough.

Increasing complex needs of CLA as they enter care.

Migration of a new recording system across the health economy has led to some challenges, the challenges are being rectified as identified with additional 'builds' being incorporated.

The external factor over the last 12 months relating to train strikes in both staff/patients and clients being able to attend planned appointments and re-organising dates and alternative options including virtual appointments.

Ambitions

The Designated Professionals and Virtual Mental Health Lead will continue to have oversight on delivery, assurance, and reassurance with the current commissioned health services towards Children Looked After and young people.

A continued drive to develop and build upon the influence of the voice of the child in not only establishing a meaningful way to engage older young people with the Health Assessment but continue to seek the voice of the child in how we can delivery any services to this cohort of children. Aiming to progress and evidence a more meaningful experience that is age appropriate and has a positive valued impact. Including the value and meaning of their health summary as they transition to adulthood.

Alongside nationally commissioned services and local priorities working with relevant partners to locally support and review guidance and support for Children Looked After who are seeking information in relation to gender identity and development advice.

To explore and influence additional commissioning arrangement for all children with disabilities who live in resident Children Looked After health services.

In partnership with Southwark Local Authority, support the planned opening of a residential unit with dedicated clinical other health partners in relation to health guidance, policy, and practice (to include Pharmacy, Primary Care, Commissioned Southwark Children Looked After Services) a health training, advisory and support. At time of reporting this has commenced with further meetings to be arranged.

Continue to develop and progress learning across the partnership. Including further development and implementation of a trauma informed care approach, learning from serious case reviews, audit, and all required mandated safeguarding learning. In addition, aiming to support the partnership with any identified learning needs that are specific to Children Looked After.

In partnership with the Local Authority consider a distinct pathway to support young people who are approaching Leaving Care to have a greater understanding of their health summary and increased confidence in maintaining and accessing relevant health services needed.

In addition, and in partnership with the Named Doctor Primary Care the Designated Professionals have requested data regarding CLA that are identified within GP patient recording systems as a diagnosis of ASD/LD. Once full data completed from Southwark GP practices this will be analysed and shared across partnerships. With the aim to support health partners with the additional challenges that the children and their carers may present.

Designated Professionals: Outcomes of the key ambitions of the last financial year 2023/2024:

<p>To review and progress an audit to establish both the health care delivery, environment, and access to local health services, of our Children with high level Physical and Learning Disabilities in residential units</p>	<p>Following on from the Doncaster review. At time of reporting an audit is taking place of the residential units of children that are placed with Disabilities. Further details of audit outcomes will be shared once completed with all relevant partners.</p>
<p>Continue to seek the voice CLA and Care Leavers to influence Health Service delivery and reflect their views, thoughts and opinions.</p>	<p>Speaker Box and the leaving care Steering Group representatives continue to meet with Children Looked After Health Providers to progress the voice of the child in valuing the health assessment. One workshop has been completed and another date is planned. Recognising that further work is required to reflect future impact.</p>

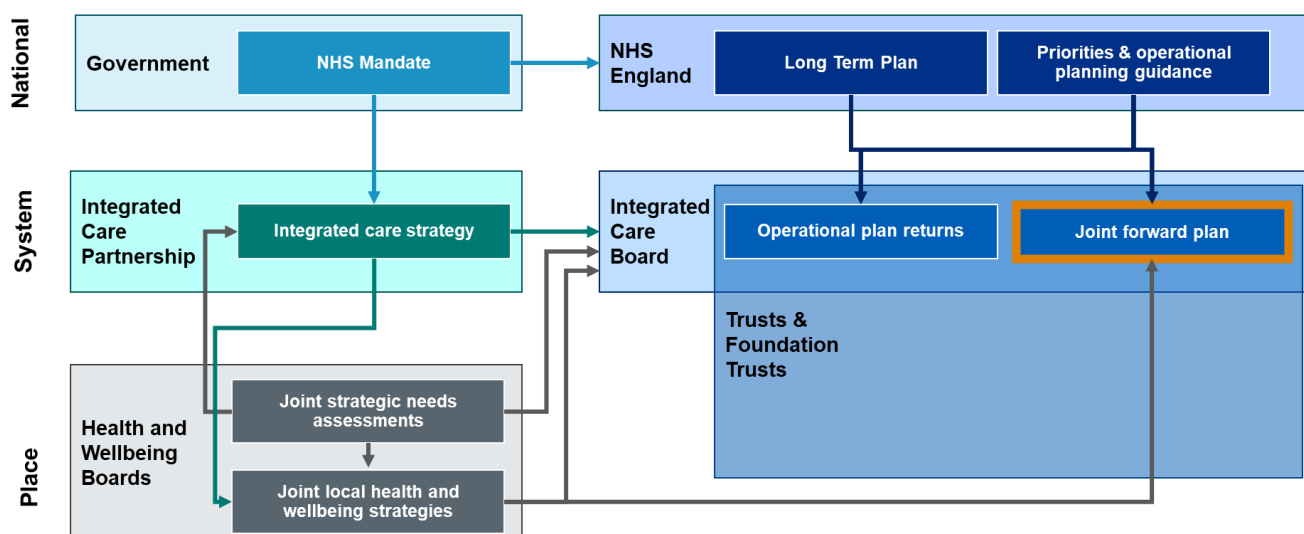
<p>Initial meetings are taking place to establish a trauma informed care approach in the care of CLA.</p>	<p>Trauma informed training has been shared across the health economy and a training competency strategy has been developed within the ICS/ICB. Initially commissioned for Designated Professionals any undersubscribed places are available to other Health Professionals. Further training and development are planned across the partnership.</p>
<p>Further progression is required in how the Child and Adolescent strengths and needs measure (CANS) can supplement the SDQ and improve understanding of the needs of our children.</p>	<p>The Governance and IT infrastructure for use of the CANS is now in place and the online training platform is live. Training of foster carers and social work staff is commencing this month – further details are provided in the section on Mental Health Provision Service Developments</p>
<p>Work continues to ensure equity of services for those children placed out of borough.</p>	<p>Early in implementation the NHSE CLA Database has been implemented. There is an escalation pathway for any Child Looked After who is unable to access any health service in the area that they live, and the Designated Professionals will actively seek resolution for any identified need.</p>
<p>An NHS directive was received regarding access to Dental Provision for CLA following the delays in accessing dental care post pandemic.</p>	<p>Since the directive no further escalations have been received by the ICB that CLA are experiencing delays.</p>
<p>Strategic development of additional health support for care leavers progresses, including:</p> <p>A commitment for Care Leavers who meet the threshold to have free access to a pre-paid prescription certificate.</p> <p>Training and development for those working with Care Leavers in relation to supporting them in accessing health services.</p>	<p>Care Leavers are now able to access free prescription certificates if they must pay.</p> <p>CLA Health professionals continue to offer training and development to our partners.</p> <p>Including the following:</p> <ul style="list-style-type: none"> • A day workshop with CAMHS, Pharmacy, CLA Doctors and Nurses in how to support young people in accessing health services • Training and update in the how young people can access the prescription certificates.

	<ul style="list-style-type: none"> The developmental brain 0-5 and adolescent brain.
In partnership with Local Authority, Health will need to establish a more visible presence in the oversight and assurance of children placed in residential settings.	Specialist CLA Doctors and Nurses attend the weekly complex case panel which includes Children placed in residential settings. A Senior Clinical Practitioner for Children in Residential Care has been appointed within the Council's embedded Clinical Service who take the lead on reviewing the mental health needs of all our looked after children placed in residential care.
It is known that CLA are particularly vulnerable during the adolescent years, and it is imperative that their distinct needs and impact on adult transition is recognised and highlighted within any future arrangements and plans and is shared across the health economy.	Looked After and Safeguarding Leads, a representative of the Council's embedded Clinical Service and the Designated and Named attend both the strategic meetings for MACE and extra familial harm meetings. Information is shared across the health economy as appropriate.
Work with immunisation partners to deliver an extended offer of access to improve uptake of the immunisation programme for CLA	Immunisations are proactively encouraged. <ul style="list-style-type: none"> Additional immunisation clinics are available for CLA and Young People. Extended training to Children Looked After Specialist Nurses allow for immunisations to be given at point of contact if relevant consent is available.

National Policies/Guidance and Reviews

The local service delivery is influenced and informed by the national organisational strategic delivery. Current progression and delivery continue to progress in line with the policies and guidance outlined in the Southwark Health of CLA (2023/2024).

Influence, oversight and delivery within the NHS remains unchanged and is outlined in the diagram below.



Partnership Working

The continued aim of the ICB is to improve outcomes for our population in both health and healthcare. We continue to maintain strong relationships with both our health partners and Local Authority.

A quarterly Looked After Health Forum takes place and includes partnership updates, development, and learning. This is in addition to the quality and effectiveness sub-group which is attended by Safeguarding Leads and Designated CLA Nurse.

Health representation is present at the weekly acute and complex case panel, health advice and guidance are shared in a multi-agency meeting.

Regular meetings continue with AD Children's service to discuss and have oversight of the statutory timescales for Health Assessments.

Key areas of work within the Safeguarding sub-groups continue to influence Children Looked After service delivery and development.

Data Southwark CLA Cohort March 2024

Data received from Southwark Local Authority March 2023 and March 2024.

Further data is available regarding health outcomes for Looked After Children within the reports shared by providers.

From the data outlined, the cohort of Looked After Children as a total is relatively stable over the last 12 months, with only twenty less children identified as Children Looked After from the end of the financial year 2023. This figure reports the children in care as year-end March 2023 and 2024.

2023	Under 1	1-11	12-16	17plus	UASC
Age	11	58	184	168	59
2024	Under 1	1-11	12-16	17plus	UASC
Age	12	87	199	99	52

Not included in the figures are Children entering care and returning home within the year whom are also seen within the statutory health assessment framework with their health needs identified and actioned whilst remaining within care services.

Whilst showing an increase in the younger population 2022/2023, the older adolescent cohort continue to be our largest population (78.63%). Evidence tells us that for most Looked After Children their adverse childhood experiences will have an impact on their overall health outcomes.

Adolescents entering care would have been exposed to more adverse experiences for a longer length of time with the additional concern that they may not have accessed/been taken to appropriate health advice or guidance, including routine screening, developmental checks and immunisations.

The adolescent/leaving care population also includes unaccompanied asylum-seeking children who will also enter the country with limited knowledge of their own or family health history. This cohort of young adolescents may have experienced significant trauma, increased exposure to health risks e.g.: blood borne viruses, poor sanitation, infectious diseases, malnourishment and potential abuse, during their asylum-seeking journey.

The SDQ (Strengths and difficulties questionnaire) is a mandatory measure collected annually for all children and young people aged 4-16 years old in our care. As at 31 March 2024 we had 195 children in our care aged 4 to 16, of whom 170 (87%) had an SDQ score, above the national average SDQ recording of 77%.

Proportion of children in each banding of the SDQ:

- Banded "Normal": 49% - slightly higher than the national average for CLA of 47%
- Banded "Borderline": 14% - in line with the national average for CLA of 13 %
- Banded "Cause for concern": 36% - slightly lower than the national average of 40%

Following the initial statutory health assessment framework, immunisations, undiagnosed or unsupported health needs will be referred into relevant health services

to support the child and improve any identified health need. Designated and Named professionals continue to strongly advocate for the child in ensuring that they access relevant services as soon as possible. Further information regarding the array of services available is provided in the sections on Health and Mental Health Service Provision later in this document.

Children who remain in Care to the local authority continue to have their health reviewed six monthly if under five years of age and annually over five years of age until they leave care or are adopted.

In addition to identifying individual need, the Looked After health team deliver training to Hospital and Community Staff to increase their understanding of both the impact of adverse childhood experiences for this population and the impact that it can have on their physical health and emotional well-being both prior to being in care and during their care experiences and journey.

Unaccompanied Asylum-Seeking Children (UASC):

Data indicates that UASC figures for Southwark have been consistent, the current figure is 13% (51) of Southwark Looked After Children. Health recognises that for this cohort of children, their experiences and journey prior to entering care may have a significant impact on their overall emotional and physical health with additional pathways in place to ensure that any identified health concern is met as the earliest opportunity.

Children Looked After with an Education Health Care Plan/Statement/Additional needs:

Identified as 31% of our current cohort, these children are identified as requiring additional support which may include distinct and specific additional health needs.

Some of this cohort due to their additional needs may be placed outside of placing borough. We continue to endeavour that the needs of these children are identified during the statutory review and recognise that these children require access to additional services irrespective of where placed. There are distinct processes regarding escalation from providers should there be any identified challenges for these children in accessing timely services.

Health Services for Children Looked After

Guys & ST Thomas NHS Foundation Trust

REPORT TO GSTT SAFEGUARDING ASSURANCE COMMITTEE	
Date:	2023/2024
Date Paper produced:	Paper Title: Children Looked After Annual Report 2023/2024- Southwark Provider Summary
Sponsoring Director (responsible for signing off report):	Dr Bidisha Lahoti – Clinical Director, Community Children’s Services Abdul Algahi - General Manager for Children's Community Directorate
Authors: Contributors:	Rachel Massey, Named Doctor for Children Looked After, Lambeth and Southwark Jenny Izod, Named Nurse for Children Looked After, Lambeth and Southwark Neetu Vohru, Assistant Service Manager, Vulnerable Children team Luca Molinari, Medical Advisor for Adoptions Southwark Reviewed by Debbie Saunders Head of Nursing Safeguarding Children and Diana Howlett/Jessica Turnbull, Consultant Community Paediatrician, Head of Service
Purpose/Decision required:	This report is for information and comment. It relates to the provider role of GSTT to services for Children Looked After by the London Borough of Southwark
Impact on Patient Experience:	The patient experience will be greatly enhanced following implementation of the recommendations contained herein.
Impact on Financial Improvement	The Children Looked After team is commissioned as part of the block community contract with the ICB.
History: (which groups have previously considered this report)	The Children Looked After health professionals are required to produce an annual report on the health of these children. This report covers the provider function of GSTT NHS trust and will be included in the summative Children’s Looked After annual report
Related Trust Values:	<ul style="list-style-type: none"> Put patients first

<ul style="list-style-type: none"> • Take pride in what we do • Strive to be the best • Respect others • Act with integrity 	
Related CQC 5 Key Areas of Care:	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led
<p>Has an equality impact assessment form been completed? Not applicable. This service applies to all children and young people looked after by the London Borough of Lambeth.</p> <p>Has legal advice been taken? No</p> <p>Does this report have any financial implication? No</p> <p>If so, has the report been approved by the Financial Department?</p>	

Introduction

The health team are commissioned by Southwark ICB to provide statutory health services to Children Looked After by the London Borough of Southwark. We ensure that the health assessments are holistic including addressing the physical, developmental and emotional wellbeing needs of the children. We also aim to ensure the voice of the child is heard throughout the assessment including the creation of the health recommendation and care plan.

The health of Children Looked After has been recognised as poorer than other children nationally and locally. We have concentrated on improving the quality of health assessments, tracking processes to improve the quality and follow-up of recommendations in Health Care Plans.

It is worth noting some demographics of the population of Southwark. There are 307,600 residents (Census 2021) and available public health data of the children and maternal health information (2022/2023), with 7,515 families living on the lowest income. Data shows 420 children in care, an increase on previous years. There are 151 CYP aged between 16-17 years not in education or training (NEET) currently and. It is well documented being NEET has a negative impact on health, can lead to deterioration in mental health, isolation, lack of social support and increase in unhealthy behaviours such as drinking and smoking. (Public Health England)

The support and contribution of the NHS is crucial to work with local authorities to ensure all responsibilities are fulfilled as Corporate Parents and that Children Looked After achieving the same optimal outcomes as any good parent would wish for their child.

Health Services for Looked after children

Guys & ST Thomas NHS Foundation Trust

The Southwark Looked after Children's Health Service is commissioned and funded by NHS Southwark Integrated Care Board (ICB) from Evelina London, Guy's and St Thomas's NHS Trust (as the provider) and lies within the Trust's Vulnerable Person's Assurance Group with direct reporting into the Children's Safeguarding Executive at Guys and St Thomas'. It designates the doctor for looked after children. There are Named Professionals for looked after children (operational leads) based within GSTT NHS Trust.

The service undertakes statutory health assessments on behalf of the local authority, provides enhanced clinical assessments and support for CLA and, when needed, care leavers.

Child-specific triage is undertaken for all referrals. The CLA health team continue to liaise with OOB team and request health assessments to be done.

As per the legislation and Statutory guidance for Looked after Children (England) that Initial Health Assessments must be undertaken by a qualified medical practitioner - all IHA's are undertaken by a doctor. There is a robust induction process in place for all doctors and all reports for trainee doctors and OOB health assessments are quality assured.

The Named and Designated Doctor provide robust clinical supervision for the CLA health team.

The team supports a robust training and education programme across GSTT, the wider health economy and across sectors. The CLA training is a core component of GSTT safeguarding training delivery.

The Looked after Children's Team actively participate in safeguarding activities, they attend strategy meetings, follow up referrals from Social Care, as well as carrying out joint visits where appropriate. The team attend care plan meetings as well CPAs for vulnerable Looked after Children, attend Match Panel as needed and professional meetings. The CLA Health Team participate in CLA peer review every two months.

- The Medical Advisor for Adoption and the Named Doctor for CLA also provide advice, based on assessments carried out by their local GP, regarding any physical or mental health issues that may impact on the adult's capacity (prospective

adopters, prospective carers under an SGO or foster carer) to look after vulnerable children who need fostering and adoption.

Children's Universal Services are offered supervision and training regarding CLA. They communicate directly with the CLA Health Team for expert advice and co-ordination of health care plans.

Looked after children are prioritised for services wherever possible. Services are offered regardless of local GPs. The CLA health team are notified of all ED (emergency department) attendances of Southwark Looked after Children.

The Named and Designated nurses and doctors for looked after children provide advice for individual children to social workers, foster carers, and independent reviewing officers. They also liaise with local hospital teams, as necessary. This includes offering a view on planned operations/procedures and medication – particularly for children placed out of the borough where their local hospital teams may not have access to their whole health record. This ensures co-ordination and joint understanding of the child's health needs and planned interventions, with a reduction in delay of receipt of service.

Purpose of report

Southwark Children Looked After Health Service sits within the Community Paediatric provider service. The purpose of this report is to provide overview of activity, provide assurance, key developments and challenges within the service.

An annual report for Children Looked After is required by the Statutory Guidance Promoting the Health and Wellbeing of Looked after Children March 2015.

The Statutory Guidance requires:

- An annual report to inform the appropriate provider board and the commissioners
- The collection and analysis of data to inform the profile of Children Looked After in the area for Children and young people (CYP) needs assessment

Context and impact for 2023/24

A new electronic patient system was introduced trust wide in October 2023 requiring significant hours of training prior to launch and ongoing support and program modification needed to utilise functionality of the system and maintain report standards.

Clinicians and admin teams have shown dedication and resilience during this significant change to working practice.

Guidance – The Children Looked After health team were adaptable and made regular changes to the Children Looked After service plan based on continually updated and published GSTT trust guidance, Royal College of Paediatrics and Child Health

(RCPCH) guidance, Coram BAAF guidance, Public Health England and Government guidance

Staffing - The Named Nurse and Doctor CLA provide management, leadership, and supervision alongside clinical commitments. The core Children Looked After health team is made up of:

Paediatricians to focus on children with disability and complex needs as well as the newly accommodated children:

- A named doctor for Children Looked After (1 day/week),
- A medical advisor for adoption and fostering (1 day/week).

In addition, the Children Looked After core team are supported to carry out the Health assessments by senior doctors including designated doctor, senior Consultants specialist registrars and other clinicians particularly from the child protection team which has increased the depth of clinician's knowledge.

A nursing team who completes Review Health Assessments both in borough and some of those placed outside the borough as well as the children that are hard to reach:

- 4 specialist Children Looked After Nurses who work across both Southwark and Lambeth.
- A Named nurse for Children Looked After – 4 days a week (across the boroughs of Southwark and Lambeth)

The Medical Advisor and team sit within the Universal Children Looked After (CLA) health service with the Statutory Health Assessment being the 'Adoption medical' (with up-to-date additional information from local health providers as required). This provides equitable assessment and care for all CLA children regardless of permanence option and enables timely 'adoption medicals' as a greater pool of clinicians is available with differing skill mixes assigned according to the child's needs. All medicals are quality assured by senior clinicians.

Equality, Diversity and Inclusion

The CLA service is accessed by children and young people, carers, multiagency and allied professionals from diverse backgrounds and life experiences. We strive to ensure that our service meets the needs of those accessing it regardless of their profiles in accordance to the Trust values. Some of the initiatives we have led on this reporting year are that we have taken on board the feedback from young people to improve service provision, we have reviewed our pathways to ensure that we provide the same level of service offer for young people remanded into care and we have worked jointly with Separated Child Foundation charity for our cohort of unaccompanied asylum minors. We have continued to provide information leaflets in different languages and continue to expand the resources we have available.

We continue to have regular internal meetings to ensure that everyone has a voice and opinions are heard. Where challenges have arisen, we have worked cohesively as a team to resolve them, and the administrative and clinical team have an excellent working relationship.

Quality improvement projects and Audit

Name of project	Findings and recommendations
<p>Engagement work with CYP – care leavers and Speaker box cohort</p>	<p>The aim of this piece of work is to drill into the voice and feelings of the CYP and work with them to see what changes are needed to encourage engagement in attending health assessments.</p> <p>-initial work shop was held in October 2023 with the older YP cohort – care leavers – 17 plus years. The group was small but general feedback was that YP felt DNA's were due to them feeling healthy and not feeling an appointment was needed. A key message from the group was that they would like to be able to get GP appointments quicker! Teaching was done around role of CLAhealth team.</p> <p>-a work shop is planned for June 2024 to do a similar exercise with the younger cohort of CYP 13-17yrs and seek their views. This is being held with the support of Speaker Box who work closely with the YP and have great rapport and relationships already built.</p> <p>-recommendations will follow</p>
<p>Developmental Audit</p>	<p>As one of the outcomes for health domains an audit was carried out on Developmental assessments (SOGS, Griffiths). Findings concluded as below:</p> <ul style="list-style-type: none"> • Completed in all health assessments for those aged 5 and below. <p>This identifies any developmental needs and drives onward referral to appropriate services.</p> <ul style="list-style-type: none"> • This was a longitudinal audit in 2023 looking at 20 cases for children under 5 to assess whether: <ol style="list-style-type: none"> 1. Developmental assessment was done. 2. Whether a need was identified, and appropriate onward referral made. <p>Results: Of these 20 cases – all had developmental review. 5 children were identified with a developmental need at initial</p>

	<p>assessment. With further difficulties identified in 3 other children at subsequent assessment. Social communication difficulties were identified in 3 children with referral to autism and related disorders clinic occurring (with one subsequently being removed due to needs be reassessed). One child was subsequently diagnosed with ASD.</p> <p>This audit demonstrates how the early interventions in CLA health team can support onward referrals as appropriate for these children and expedite any necessary diagnoses.</p>
<p>Audit of quality of health assessments for children with complex needs, being care for out of borough by Lambeth and Southwark Looked After Children Team</p>	<p>Children and young people were identified as living out of borough and open to the children with complex disability team. There were 27 CYP that fitted this criterion.</p> <p>This audit has highlighted that needs of the children and young people living out of borough are complex and multifaceted. There is a very high prevalence of children with autism, learning disability, reduced verbal communication and behaviour that challenges.</p> <p>The RHA allows a holistic overview to understand if all health needs are being met and adds opportunity to support careers. This audit demonstrates that the overall quality of review is high and ensures that the need of the child is met and communicated clearly within the RHA document.</p> <p>Where there is medical complexity that requires specialist care – e.g. escalation of respiratory plan, management of fever with portacath – this should be discussed with carers in the appointment and management should be detailed in the care plan (which could be by attaching a copy of the lead team's letter with a care plan)</p> <p>Improvement was around the recommendation of children with a learning disability being on the GP register</p> <p>An area of further consideration is about how-to best support children with potentially life limiting conditions and planning for any deterioration in the future, and how their voice should be best heard.</p>

Statutory Performance - Southwark

Table 1: Statutory performance returns March 2020-2024⁷

	31 March	2020	2021	2022	2023	2024 Awaiting formal ratification
	CLA at 31 st March	459	449	457	417	383
	CLA looked after for 12 months continuously as at 31 March	307	337	317	346	276
Key performance Indicators	Health Assessments up to date	98%	97%	94.6%	84%	97.5%
	Immunisations up to date	91%	86%	82.3%	46%	69.2%
	Dental Assessments up to date	82%	30%	57.4%	44%	84.4%
	Developmental assessments up to date	100% (9/9)	72% (18/25)	100% (22/22)	100% (30/30)	100% (9/9)
	Substance abuse problem	5%	3%	5.4%	9.8%	13.4%
	SDQ % completed	86%	79.9%	79.1%	63%	73.4%
	SDQ average score	14.1	13.3	13.3	12.6	<i>Pend</i>

Initial health assessments (IHA)

Of the 168 referrals received by GSTT CLA Health Service, 126 were received within five working days of the child becoming looked after (BLA). 126/168 (75%) children and young people were offered an appointment for IHA within 20 working days of BLA and all attended. 159/168 (95%) children and young people had an appointment within 20 working days of receipt of referral. All IHAs were completed by GSTT paediatricians.

⁷ <https://www.gov.uk/government/collections/statistics-looked-after-children>

Since January 2022 Social workers are invited to attend IHA's, to facilitate health recommendations being communicated at time of health assessment to people responsible so immediate actions can be taken.

A weekly meeting takes place, chaired by the Assistant Director of Children's services to ensure the necessary steps are being taken for newly accommodated children, with early indications showing that this is helping to improve performance. Notifications about Children Looked After including coming into care, change of placement and change of social workers. Notification of coming into care is being addressed at joint meetings

Review health Assessments (RHA)

- 307 RHAs completed for Southwark's looked after children
- 210 (68%) by CLA Nurses
- 85 (28%) by GSTT Paediatricians
- 12 (4%) by other CLA Teams

Southwark Exception Report summary – RHA's: April 2024

The Looked After Children health provider team recognise that for the last 2 quarters (Aug 2023-Dec 2023) the review health assessment data shows a fall in RHAs occurring by due date. Our current rate is below the target for statutory time frames. This poses the risk that the health needs of vulnerable children may not be identified in a timely fashion delaying appropriate interventions. It should be noted however, that despite these challenges we have managed to complete 96.7% of health assessments within the reporting year.

The rationale for the challenges booking RHAs on time are related to a number of contributing factors:

- DNA's – these rates fluctuate and there is a possible correlation in respect of the age of the young person as the older young people are less inclined to attend and refuse
- Time of year, for example holiday periods, or exam times can add to varying rates of attendance
- young person feels it is an inconvenient time – maybe during school holidays, or exams when at school
- young person or carer are sick and unable to make appointment
- To mitigate these factors the following actions are in place, offering flexibility. There is further ongoing engagement work planned with the young people to seek their views and see what would encourage them to attend their RHA.
- Wider offer of outreach to our young people on our caseload with the Specialist Nurses travelling to see the young people and save any travel for them.

- Clinicians contact the young people when they refuse to attend an appointment or there are challenges booking the appointment. This was previously led by the administrators, but with the additional knowledge clinicians hold they can offer a more detailed explanation about the RHA which is hoped to encourage attendance. It gives the young person someone who they feel 'they know' when an initial phone conversation has taken place that they will then meet in person.
- The young person and / or carer receives a call / text the day before the appointment to ascertain attendance.
- The triage process of allocation of young people needing RHA's is completed at least a month in advance allowing time for a DNA or cancellation and still being able to re-book in statutory time frames.
- If a clinician is sick or unexpectedly off then all clinicians working that day are asked to see the young people due to reduce any cancellations needed.
- If the young person DNA's or refuses to attend a number of times then a virtual appointment will be offered to them to enable an assessment to still be able to take place. It is only after attempts at virtual appointment and with social worker and young person confirmation that they will be marked as refusers.

Care leaver's Health Summaries:

In this reporting year 45% of Care Leaver Health Summaries (CLHS) were completed for all young people reaching 18 years old. This remains an area of focus for the named professionals who are working closely with clinicians to improve the process of production of these reports. This activity was affected by the new electronic patient system and is yet to migrate fully on to it. The hope as we continue to optimise pathways within the programme, is that the CLHS process will become more streamlined, allowing us to use the functionality of the new programme to produce high quality health summaries for all Care Leavers in a more contemporaneous way.

DNA rate

The DNA rate for CLA appointments for 2023/24 is 13%. As every DNA impacts on capacity and RHA performance there are plans to audit this thoroughly. This project will be led by one of the specialist nurses with the aim of clearly understanding the reason behind non-attendance and to assess what systems can be put in place to mitigate this as much as possible.

There is a wider offer of outreach to our young people on the caseload and contact by clinicians to the young people when they do not attend an appointment. This was previously led by the administration team, but with the additional knowledge clinicians hold, we have found, they can offer a more detailed explanation about the RHA which is hoped to encourage attendance. This also gives the young person someone who they feel 'they know' when an initial phone conversation has taken place that they will then meet in person.

To date there has not been a noticeable improvement in data to show improved did not attend (DNA) rates. The rate is continuing to vary, and this is something we monitor and review to assess service delivery.

There appears to be a correlation with respect to the age of the young person coming into care and it appears that sometimes those in the 15+ cohort are less likely to wish to engage and more likely to not attend.

This is compounded by the time of year that the appointment is required as well and rates appear to be higher, for example, during holiday periods and at points during the academic year such as the summer exams.

This is information the CLA health team request from Children's Social Care team in advance of booking an RHA to try to minimise the impact of this and prevent offering appointments where a DNA is more likely.

For exception reporting as a CLA health team we provide flexibility in appointments offered, bring in the CYP early to allow re booking of appointment and still meet statutory timescale requirements. This covers if there are DNA's, sickness, or any other reason a CYP cannot attend the initial offered appointment. We work hard to reduce the DNA rate and continue to offer appointments to those who have not yet engaged. Generally offering 2-3 face to face appointments, and then moving to the offer of a virtual or telephone appointment if the CYP is still having difficulty attending. We are flexible on this and are guided by the CYP and social care as to what is the most appropriate medium for the appointment.

Immunisations:

The team has worked hard this year to encourage immunisations, the uptake remains suboptimal for the children and young people who are looked after. The figures are 58% and then 69.2 % for those children who have been in care for 12 months or more. Whilst below target this does represent an improvement from 2022/23. Below are some of the additional measures we have implemented this year to improve immunisation rates.

There has been an additional drive to promote and increase uptake by:

- Sending letters out to all children who are not up to date with MMR at beginning of March 2024.
- Escalation of encouragement for uptake of all scheduled immunisations with support from designate professionals to disseminate through Children's Social Care.
- Offer of additional clinics from CLA nursing team.
- Information regarding extra drop-in clinics in the local area provided by Public Health England (as part of a drive to improve immunisation rates to all children nationally) shared to Children's Social Care to allow social workers to promote immunisation.

We have not had an immunisation coordinator in post since x and as yet we have been unable to assess the impact of the measures above on the rate of immunisation.

Health Needs

The table below illustrates the differential of diagnosed health conditions/identified health needs of children and young people in care.

This information underpins commissioning strategies as well as training content for social workers, foster carers and other professionals providing care to children and young people in care.

The specialist nurses have worked closely with administrative team members over the last year to keep this tracker up to date to provide accurate and current details of identified health needs. This can be useful in informing new trends, such as an increase in YP vaping and help direct us with team training and provision of training resources for both the young people we work with and the members of the professional network supporting them.

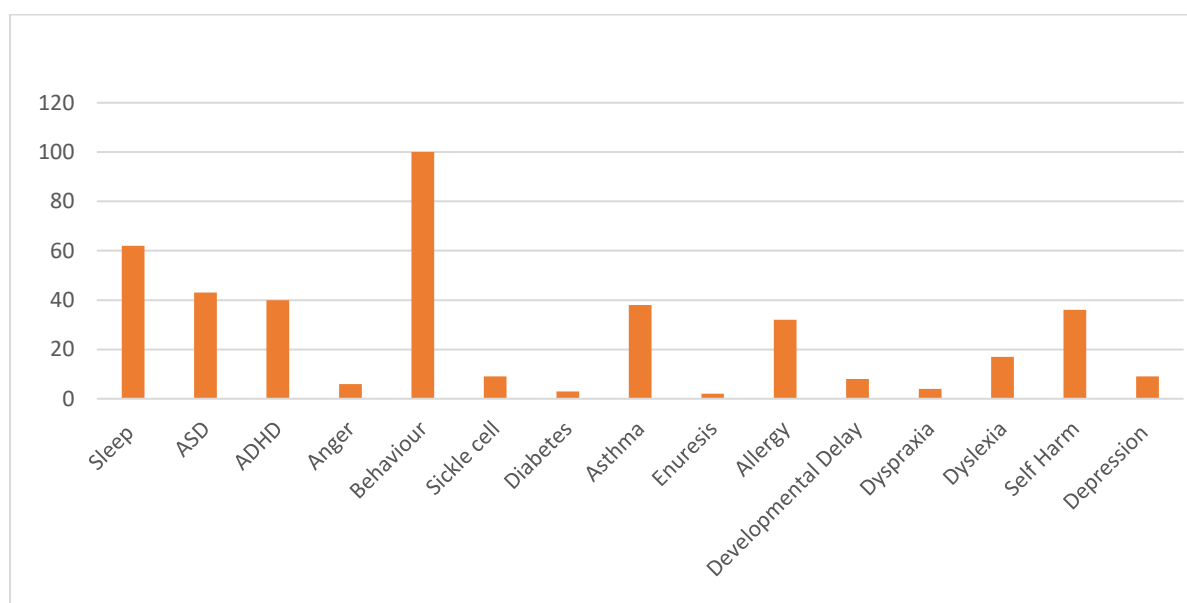


Figure 1 Most common health needs of Southwark looked after children at March 2024 – identified from statutory health assessments

SDQ

The carer scored SDQ (Strengths and difficulties questionnaire) is a mandatory measure collected annually for all children and young people in care.

Whilst this is not the most sensitive measure for children and young people in care, one of its strengths is that it can provide a triangulated snapshot screen of a child/young person's presentation when the teacher, carer and self-reported questionnaires are used together.

Going forwards we will continue to work closely with our colleagues in mental health to understand trends and what extra support health can offer.

Key messages / highlights

- New electronic patient record system implemented in October 2023
- Developmental assessment audit – demonstrates onward referrals are actioned as soon as possible by health provider team.
- Gender incongruity work – recognition of the challenges in this service provision nationally for all CYP. The needs of looked after young people in this cohort are being evaluated by Designate professionals with the aim being to offer some support whilst service provision is being agreed nationally.
- Audit of quality of health assessments for children with complex needs, being care for out of borough by Lambeth and Southwark Looked After Children Team
- DNA rates for RHA's remain higher than statutory aim – trying to improve by seeking the views and opinions of our CLA population – engagement work with care leavers and speaker box CYP as described in audit.
- Exception reporting – mitigation of delays in RHA by bringing in CYP earlier than due date of appt to allow room for DNA's, re book, missed appts. Offer as many outreach appts as possible and clinicians call to encourage attendance pre-appointment.
- Learn Fest for Children's Social Care attended by Named Professionals to highlight role and support available from CLA health team
- Immunisation rates in cohort static and not meeting expected numbers. Key actions mentioned in text of report.
- To continue to provide effective and efficient CLA health services which improve outcomes for CLA. To seek assurance that emotional health and mental health support is appropriate, accessible and timely to improve outcomes for CLA.

Kings College Hospital NHS Trust (KCHT)

Looked after children, their vulnerabilities, and the role of health professionals in promoting their health and wellbeing are embedded in safeguarding training delivered within the Trust. The Southwark CLA health team provide support and advice as required by the KCHT safeguarding team. All Looked after children attending ED are notified to the Southwark CLA health team.

**Primary Health Update - Primary Care Safeguarding Annual Review
2023-2024**

Authors: Named GPs Adult and Children Safeguarding- Dr Shimona Gayle and Dr Megan Morris
NHS SEL ICB Southwark

Assurance and Quality Review

Aim: To support practice engagement and quality improvement

Objective: Identify and share areas of good practice, and identify areas for development at both practice and support at ICS level

Section 11 of the Children Act 2004 and the **Care Act 2014** places a statutory duty on agencies, including GP practices, to ensure that they have regard to the need to safeguard and promote the welfare of children and vulnerable adults.

This assessment tool has been designed to allow opportunity to highlight areas of strength and to identify areas for development in respect of duties and responsibilities.

This tool assists the ICS- Southwark borough safeguarding team to identify where to target support, in order to drive safeguarding standards upwards.

4 domains:

Practice Policy and Process
Training
Frontline safeguarding
Looked After Children and Care Leavers

Searches were designed alongside support from GP federation and made available for practices to run directly

Looked After Children and Care Leavers			
63-70.	We have reviewed coding and recognition of this cohort in the past annual reviews. We would now like to move onto looking into the additional needs of this cohort. Please find search available in Safeguarding folder in the IHL and QHS library in EMIS, to review ADHD/ASD and LD prevalence and needs of this cohort.		
	Total number of registered patients under 18 years		Total number of looked after children.
	Total number of registered patients under 18 years with an ADHD diagnosis		Total number of looked after children with an ADHD diagnosis.
	Total number of registered patients under 18 years with an ASD diagnosis		Total number of looked after children with an ASD diagnosis.
	Total number of registered patients under 18 years with an LD diagnosis		Total number of looked after children with an LD diagnosis

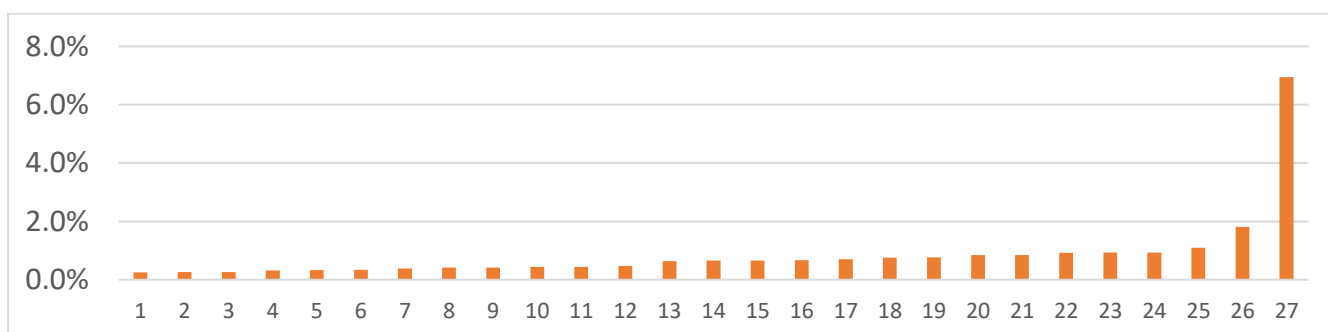
71.	What proportion of your patients who are looked after children with LD have had their annual LD review (applicable to patients 14-18years) Please express in numbers (total number of LD reviews completed/ total number of looked after children with LD aged 14-18)	
72.	Please share any comments on the needs of patients with ADHD/ASD/LD in your CLA cohort and/or additional areas of support the practice has identified in providing care for this group of looked after children?	

27/31 practices completed.

The data below provides a very helpful snapshot of information regarding need. We recognise the need to interpret percentages with caution owing to the relatively low numbers of looked after children registered per practice.

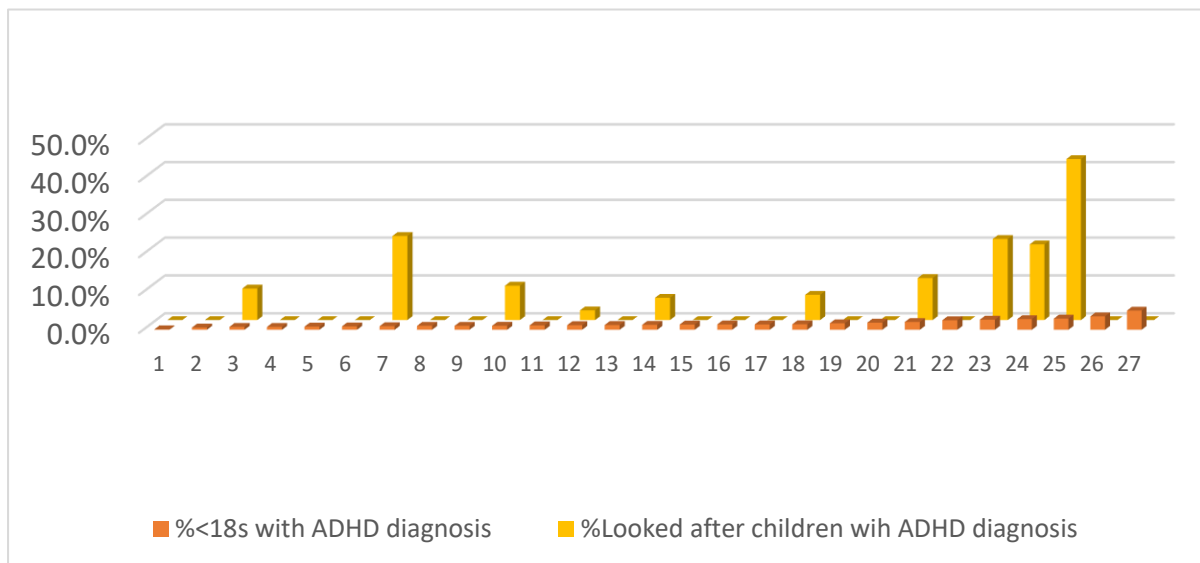
Results:

Percentage of looked after children within practice <18 years patient list



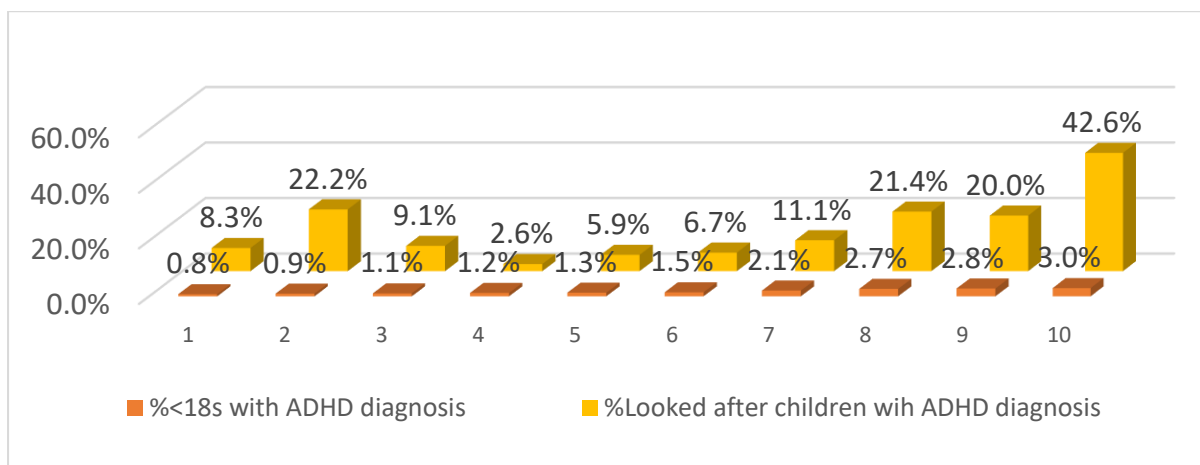
*Practice 27- possibly element of coding issue

Looked After Children and ADHD

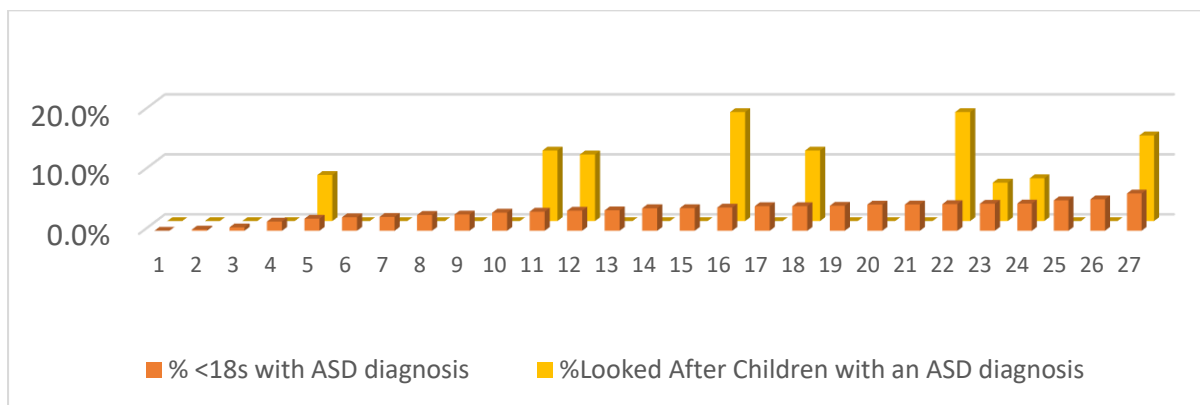


17 Practices reported no Looked After Children with an ADHD diagnosis

For the remaining the prevalence of ADHD in the CLA cohort was consistently higher

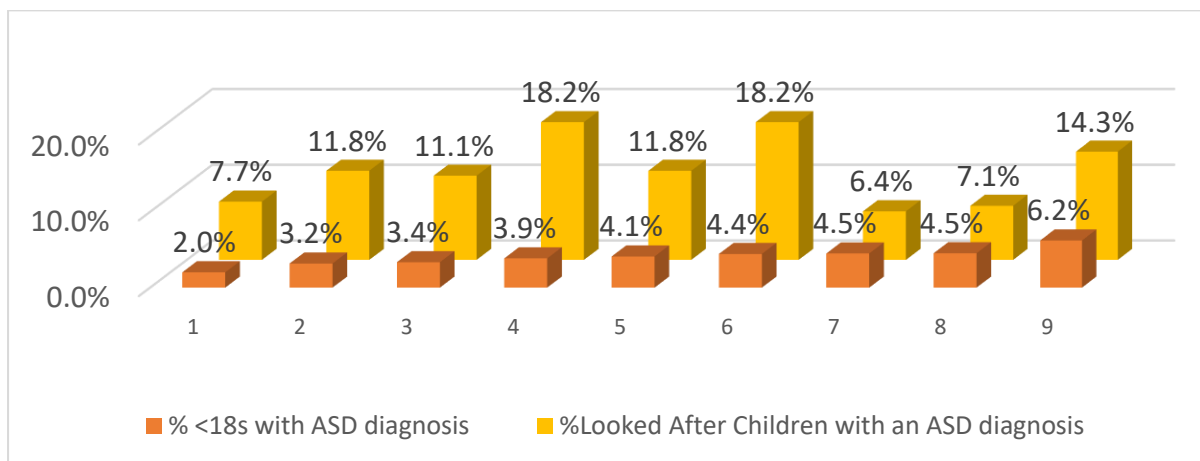


Looked After Children and ASD

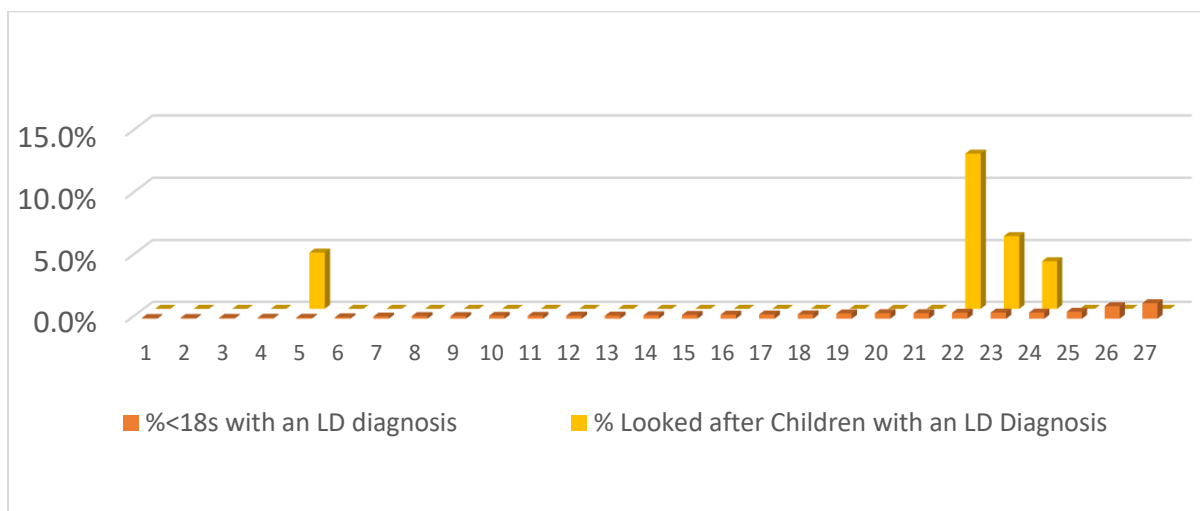


18 Practices reported no Looked After Children With ASD

For the remaining the prevalence of ASD in the CLA cohort was consistently higher

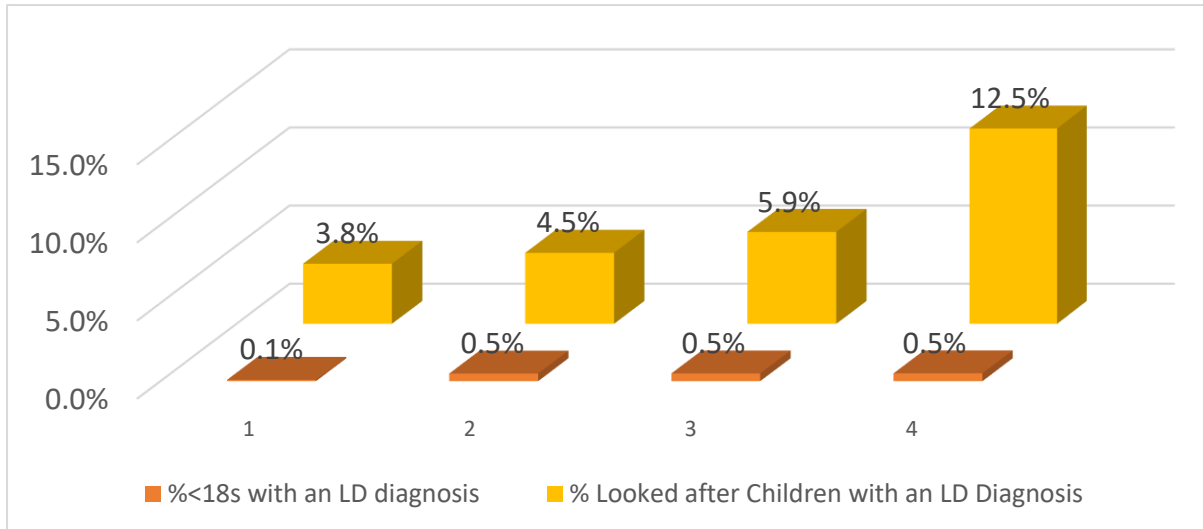


Looked After Children and LD



23 Practices reported no Looked After Children with an LD diagnosis

For the remaining the prevalence in the CLA cohort was consistently higher



Comments from the practices:

- Generally CLA have quite good support; difficult to refer a child with LD to get help -> Local Offer <https://localoffer.southwark.gov.uk/>
- We provide very personal care to this register
- Poor mental health services in the area. Assessment for ADHD has a long waiting list. Both these areas put patients at risk.
- This child had good support through foster carer and school, important to remain aware of unique and particular needs of this child, supporting transition to adult services
- Have not been used to inviting them in for LD health checks, we are doing it for the first time this year.

Mental Health Services for Looked After Children

Southwark's looked after children continue to benefit from access to an array of mental health provision as detailed below.

Core Mental Health Service Provision

Ongoing whole population monitoring and review

The initial and annual holistic health assessments carried out by *GSTT* are early and regular opportunities to consider the child's psychological as well as physical well-being. Clinicians meet with the child or young person, speak to their carer/s and review their SDQ scores, and can then access specialist mental health services as needed.

In addition, all of our children and young people are looked after by social work teams which benefit from *embedded mental health clinicians employed by the local authority*, so that their individual psychological needs, and the relational issues they face in their placements and with their birth families, can be considered without delay.

Clinical Assessments & Therapeutic work

Where children/young people up to the age of 18 would benefit from a clinical assessment or a therapeutic intervention, in most cases this can be accessed via our specialist multi-disciplinary *NHS CAMHS CLA provision* (SLAM's Carelink team). Should the child or young person prefer, they can alternatively access our *Open Access CAMHS* provision (The Nest).

Young people aged 18-25 are also able to access our *Open Access CAMHS provision* (The Nest), as well as *NHS AMHS provision*. Southwark local authority in partnership with SLAM AMHS have created an innovative 'Trusted Assessor' pathway that allows for young people aged 18-25 who have been assessed by our embedded clinicians to move straight to consideration for allocation by Southwark's NHS AMHS teams, rather than requiring re-assessment.

If the support required cannot be provided via any of the above routes *our embedded local authority mental health clinicians*, will provide it or work with colleagues to access alternative provision.

Arrangements for children living out-of-borough

As described above, all our children, whether in or out-of-borough, have their psychological needs regularly reviewed and considered as part of their healthcare

assessments and as part of the multi-disciplinary social work that the embedded clinicians provide to their social work teams. Carelink are also able to work with children looked after by Southwark but placed in the SLAM boroughs of Lewisham, Lambeth and Greenwich. If children are permanently residing outside the SLAM boroughs, using the "Who Pays" Commissioning guidance, Southwark CCG CAMHS Commissioner, SLAM NHS Trust and the local authority work closely to ensure that they *access local CAMHS services out-of-borough*. Should this not be possible due to issues around acceptance criteria, or because of placement instability, direct work can be provided by the *embedded local authority mental health clinicians*, or on occasion via *private providers*.

Access to other specialist mental health teams

In addition to the specialist CLA CAMHS team within SLAM (Carelink), all our Southwark children in care also have access to the South London & Maudsley National & Specialist (Tier 4) services with a variety of highly specialist interventions if required. For instance, eating disorders, autism related disorders, forensic service (FCAMHS) and 'adolescent at risk' services.

Flexible service provision

All services developed the capacity to provide clinical services online during the lockdown periods and these continue to be offered where needed to improve accessibility. In terms of out-of-hours support, SLAM CAMHS provide a CAMHS Crisis Service which operates extended hours in the evening and at weekends and can offer a short period of intensive follow up using home visits following presentation at A&E.

Working with and via the system

The local authority's embedded mental health staff are attached to each of the local authority looked after children and care leaver teams, and provide informal consultation, clinical input to weekly group supervision, accompany social workers on joint visits, and are part of panels and planning meetings regarding children where there are high levels of concern. CAMHS/Carelink senior staff are members of these key panels and relevant Carelink staff join multi-agency meetings and provide advice and consultation to the professional network regarding children they are working with. Carelink and the embedded mental health staff jointly provide training to both social workers and foster carers.

Mental Health Provision Service Developments

Specific post for unaccompanied asylum-seeking children

Carelink secured funding for a part-time clinician focussing on the needs of UASC for 2023-24. This funding ended in March 2024 but a different source of funding was identified by Commissioners to continue to fund a part-time clinician on a lower banding for a further year. In 2023-34 there were 21 UASC referrals to the service, 17 of which had direct contact and access to the service through professional meetings, interventions, assessments or have been supported with the transition to post 18 or to a different area as appropriate.

Main interventions offered:

- Trauma stabilisation intervention and familiarisation with mental health services. Preparation for trauma processing work
- Assessment and signposting to relevant post-18 services
- Foster Carer/ Key Worker Support
- Trauma processing intervention (NET)
- Liaison with Community Services and appropriate signposting when required, including for other health related referrals (e.g. Neurology)

Outreach/ liaison

-Ongoing offer of 1:1 consultations/ specialist advice to SLAM clinicians working with unaccompanied children

-Liaison with local stakeholders- This quarter we have been working in liaison with Play for Progress in Croydon (many of our UASC reside OOB at present)

-Ongoing close liaison with local agents and stakeholders (community organisations- Refugee Council, Education Advisers, Social Workers, Colleges/ Schools, Support Staff) to employ psychosocial approaches to young people's health.

-Ongoing collaboration with the Separated Child Foundation who are providing free sleep aid packs for the USAC we work with

-Close collaboration with the post-18 PCMHT Team to support post-18 transitions and identify gaps in support services escalating as appropriate.

Advocacy

-Ongoing work on reviewing the Trust-Wide policy of working with Young Refugees and Asylum seekers and their families

-Escalation of safeguarding or other concerns to appropriate agents, including social services and Home Office safeguarding and welfare teams.

-Dynamic advocacy for young people's rights within the clinical setting, ongoing feedback to the Trust and continuous liaison with the Trust-Wide Equalities for Services Team in order to ensure anti-discriminatory practice

-Invitation to young people to voice their views on the Review of the SLAM Policy on Working with young Refugees and Families.

Specific post for CareLeavers

The local authority has taken the decision to fund an additional mental health clinician post focussing specifically on provision of services to our careleavers. The new clinician will come into post in 2024-5

New ASC assessment pathway for Looked After Children

A new expedited pathway for assessing looked after children and other children open to local authority children's services for autistic spectrum conditions was developed during 2023-24 and opened in May 2024. Two additional clinics are now being run every month, staffed by a team of GSTT paediatric and local authority psychology staff, ensuring a comprehensive and timely assessment of our most complex children. We are looking at incorporating speech and language expertise into this clinic, and also consider how we can provide outreach assessments to children or young people who will struggle to attend the clinic at Summer House.

Progress on the implementation of the Child and Adolescent Needs and Strengths (CANS) approach to assessment and care planning.

CANS covers the wide range of challenges that our children face and helps practitioners and carers to prioritise appropriate supportive interventions, and so provides significantly more detailed and useful information than the SDQ screening tool alone. It also, unusually for such tools, has a great focus on supporting the development of children's individual passions and talents, as well as the strengths that exist in their family, community, and cultural networks. The online training platform is now ready to go live, and staff and foster carers will receive their individual access codes in the next few weeks. Live introduction sessions will also be provided for staff. CANS is one of the key tools that will be provided to Southwark's residential children's home staff and will support them to make tailored therapeutic care plans for children in the Southwark children's homes- CANS training for residential workers is planned to be part of the training programme for the new residential teams this summer. Several CANS events are planned for the coming months to increase awareness of the approach and build enthusiasm for its use across social care.

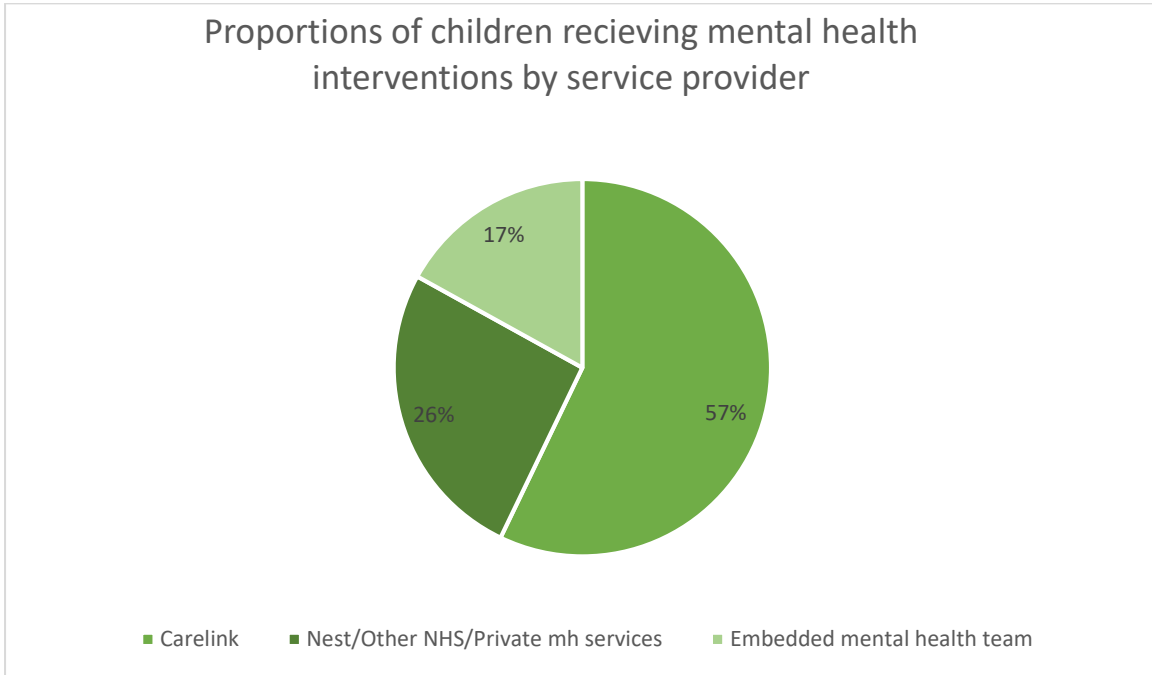
Lifelong Links

LBS was delighted to be successfully awarded a grant to develop our Lifelong Links service for our looked after children, and unusually for such a service, in Southwark this will include an embedded clinician to support children and their extended networks with the sometimes emotionally complex task of rebuilding links. The service has been under development in 2023-4 and will start working with children in 2024-5.

Mental Health Services Activity & Disproportionality Data

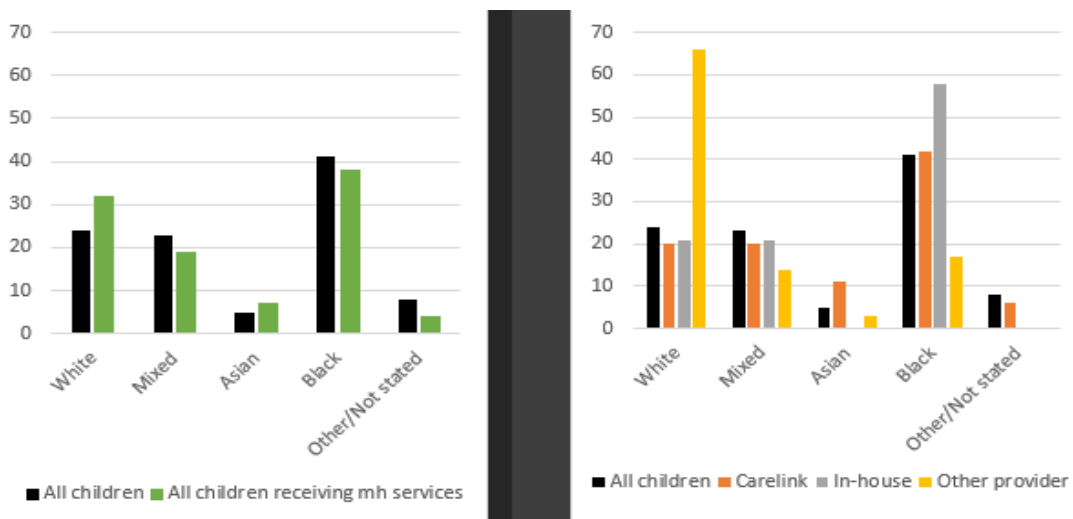
Activity Data regarding under 18s

According to our new recording system, as on March 31st 2024, 112 (28%) of our 397 under 18 year old looked after children were in receipt of mental health interventions, although this is likely to be an underestimate as we are still not confident that we are collecting all data regarding children seen by private therapists or out-of-borough services. The majority of these children were receiving support from our local NHS specialist CAMHS team, Carelink, with the rest receiving services from the Nest, from other NHS CAMHS teams in other boroughs, private providers, or via the embedded mental health team.



Disproportionality screening for mental health service access for under 18s

The graphs on the left-hand side below show the percentage of our looked after children with each broad demographic characteristic in black, and the percentage of children in receipt of mental health services with that demographic characteristic in green. The graphs on the right-hand side show the same information but broken down by service provider.



As can be seen in the graph on the left above, whilst only 24% of our looked after children are white, white children made up 32% of the children in receipt of mental health services as at 31 March 2024. However this overall statistic obscures the fact

illustrated by the graph on the right that this is due to the children being seen by out of borough CAMHS or private therapists being disproportionately more likely to

Figure 2: Broad ethnicity percentages for disproportionality of access screen be white children (66% compared to the population statistic of 24%), and children seen by the in-house service being disproportionately more likely to be black children (58% compared to the population statistic of 41%). By comparison the ethnicity distribution of those children seen by Carelink is more in keeping with our overall looked after children population.

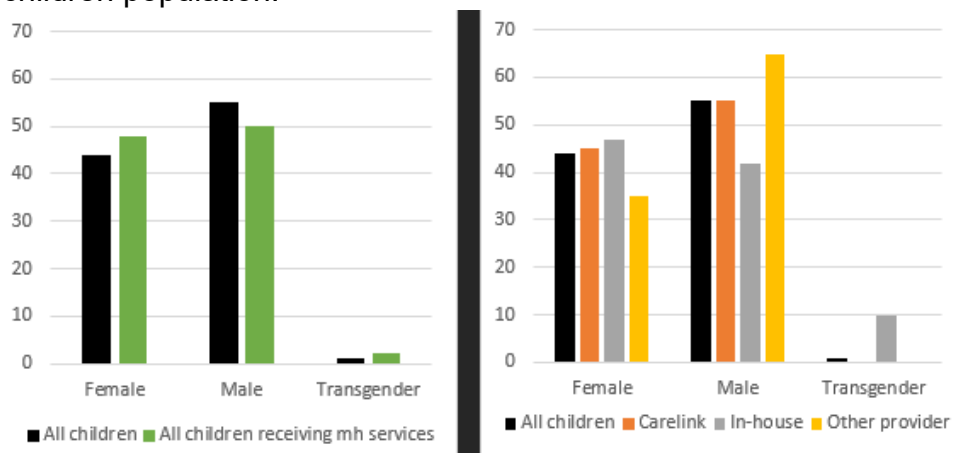


Figure 1: Gender percentages for disproportionality of access screen

As can be seen from the graph on the left, overall, slightly more female children are in receipt of mental health services than make up our population of looked after children, however this again obscures the fact that out of borough CAMHS and private providers are seeing a disproportionate number of male children. The numbers of transgender children seen are in keeping with the population figures and are at present currently mainly seen in the in-house service, however as the numbers are small this does not of itself indicate any specific concern re disproportionality.

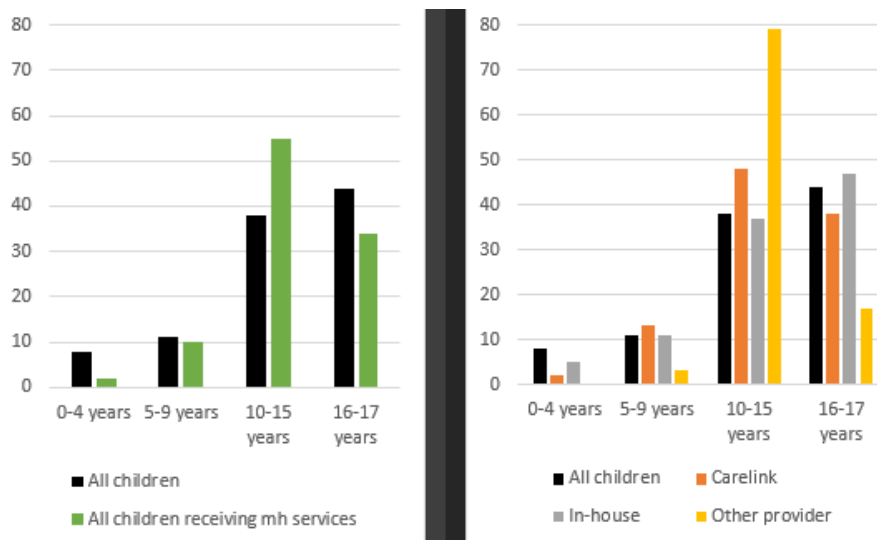
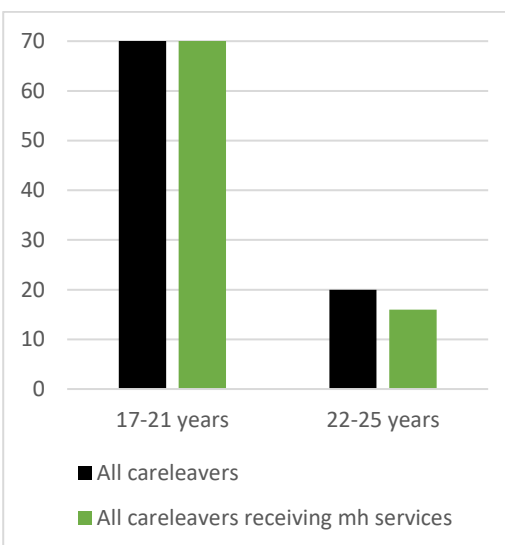
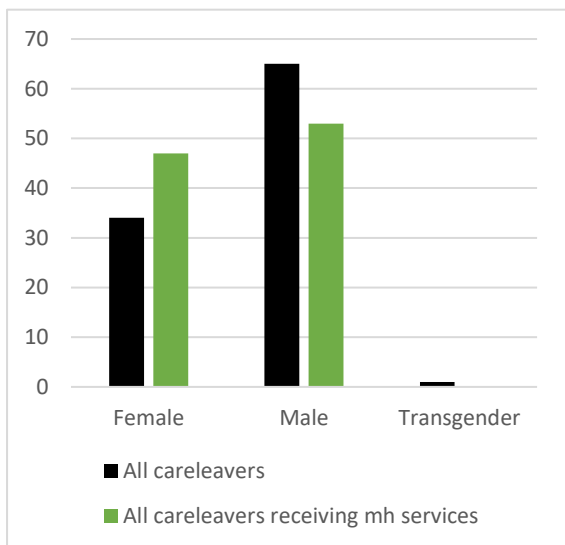
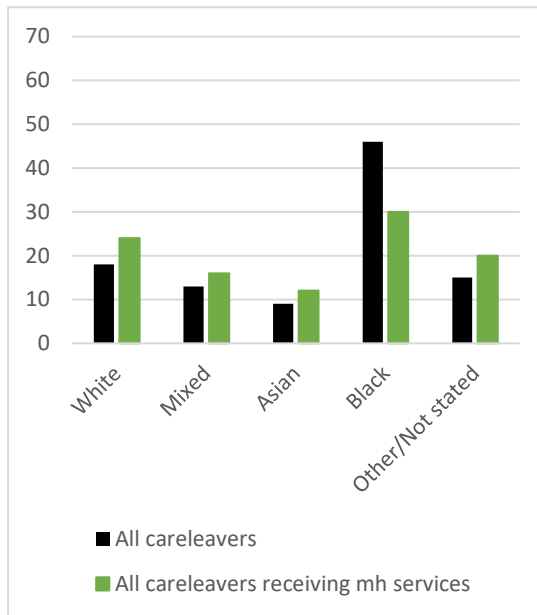
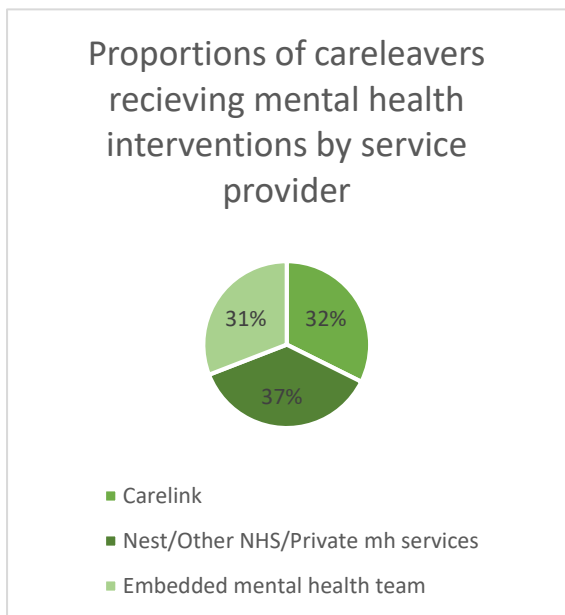


Figure 2: Age group percentages for disproportionality of access screen.

In terms of age, as can be seen from the graph on the left, overall less children under 4 and aged 16-17 are receiving mental health services than the population proportions, with children aged 10-15 being those most likely to be seen by services. The reduced number of under 4s may be in keeping with likely appropriateness of mental health service provision, but the lower numbers of 16–17-year-olds probably indicates ongoing issues with making services accessible to older teenagers. Again, breaking down the access by provider shows some interesting patterns – it appears that we are mainly getting access to out-of-borough or private providers for our 10-15 year olds, with significantly less access children of all ages accessing these providers.

Mental Health Services Activity & Disproportionality figures for Careleavers

At least 68 (10%) of our over 18-year-old Care leavers were in receipt of mental health services on 31 March 2024, but again this number is likely to be an under-estimate as our system for collecting this information is still under development. The below graphs show access by type of provider, and the disproportionality screens in relation to access by demographic characteristic. As with the previous graphs, the black bars indicate the demographic characteristics of our careleavers as a whole, and the green bars show those in receipt of mental health services. Given the smaller numbers we have not drilled down by service provider for the disproportionality screen.



In terms of providers, all types of providers are involved with working with our Careleavers, indicating that Carelink is extending its services to support 18-year-olds for a period of time after they reach the official age for handover to AMHS.

In terms of disproportionality, when it comes to mental health services for our careleavers, black young people and young men do not appear to be able to access support as easily as white young people and young women.

Unfortunately, we are still not yet at the stage where we have a unified system for outcomes and user satisfaction reporting in relation to all mental health service provision for our looked after children and careleavers. In the interim the in-house clinical service data for 2023-4 indicates that 72% of social workers and 87% of service users reported a positive impact of the service on outcomes for children across Children's Social Care, and the NHS Carelink Annual Report will be available shortly.

Key Messages:

- Southwark looked after children have access to a range of mental health services including a specially commissioned NHS Tier 3 CAMH service for looked after children (Carelink), an Open Access mental health service commissioned by the local authority for ALL children and young people in Southwark up to aged 25, and embedded mental health clinicians within the local authority, as well as out of borough CAMH services and private providers.
- 112 looked after children under 18 years old were in receipt of mental health services at March 31st 2024, approximately 28% of our looked after children population. This figure is lower than the figure reported last year, which is likely to be due in part to vacancies within our services and in part due to the change in our method of collecting this data.
- In terms of equity of access, our data suggests that there are issues around equity of access for those children who cannot be seen by Carelink or our in-house clinical service, and that we continue to struggle to ensure access to services for over 16 year olds. In terms of our careleavers, our black young people and our young men particularly struggle with accessing mental health services – we hope to impact on this with our new dedicated careleavers mental health post.
- The local authority, SLAM NHS Trust, and The Nest are working together on the development of a unified dashboard of outcomes and user satisfaction, which will allow for better reporting of the overall picture in terms of outcomes and satisfaction going forward

Adoption

The CCG works with the local Authority in finding and supporting secure stable and happy placements for looked after and relinquished children. The health services

supporting adoption are an integral part of the CLA Health service and the community paediatric service.

The team consists of a Medical Advisor for Adoption (currently Dr Luca Molinari, Specialty Doctor Community Paediatrics), and administrative assistance. All Drs and other HCP seeing looked after children are a part of the team; for example, local therapists prioritise Southwark looked after children and work very closely with the paediatricians to assess and understand the needs of looked after children and those going for adoption.

Accountability is to the Designated Doctor for Looked after children and through her to GSTT, CCG Corporate Parenting Committee and LSCB

Key relationships are with the Stacy John-Legere, Designated Dr for Looked After Children, and Rachel Massey, Named Dr for Looked After Children, Safeguarding team of Drs and Nurses, CareLink CAMHS (dedicated service for looked after children), and Children's Social Care teams - Adoption and Permanence teams, Safeguarding, pre-birth, Assessment and care teams.

1.1 Adoption activity

The Health team contribute to the timeliness of adoptions and appropriateness of adoptive matches via their contributions to:

- 1 Presenting a full and thorough assessment of the child's health and developmental needs
- 2 Offering medical perspective on the health of prospective adopters regarding parenting – usually in the form of written reports made available to Panel
- 3 Meeting with prospective adopters regarding ongoing health needs and any implications to future health of the child's previous life experiences/identified health conditions
- 4 Teaching and training offered to prospective adopters and social workers
- 5 Attending panel

1b Panel Chairs' Report for period 1st April – 30th September 2023

Four Panels are held on the first and third Wednesday and second and fourth Thursday of each month across ALS. During this period Panels sat on a total of 17 occasions, as 6 Panels were cancelled due to lack of business and/or the withdrawal of cases. Panels will continue to be held virtually for the foreseeable future, which appears to be the pattern across most RAAs due to its convenience.

Both panel chairs remain in post and work effectively alongside the panel advisors and panel administrators. Panel membership is drawn from a central list in line with statutory requirements, and all panels have been quorate throughout the period. Cases are allocated 60 minutes for approvals, while matches are now allocated 75

minutes (both include 15 minutes for pre-discussion). Matches of siblings are allocated 90 minutes. The time allocated for each type of case will remain under review and reduced as the quality of reports presented to panel improves, leading to the need for fewer questions.

Panel members continue to make good use of the reflection period at the end of each panel to reflect and discuss any issues that have come to light during the meeting.

Panel members: there have been no change to the 36 members that make up the Central List.

1.2 Key Issues and challenges

There is always the challenge of information sharing and tight timescales. Many of the children have complex genetic, antenatal, social and emotional difficulties even at a very young age. Every effort is made to offer appointments at short notice.

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.

Review Health Assessments, usually completed by the Medical Advisor or other CLA doctors, 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.

There has been an increase in referrals of children adopted often presenting with complex developmental and behavioural problems. Many are referred by and assessed with Care Link, who have received some money from the Government for therapy for post-adoption therapeutic support. A post adoption clinic is run by Dr Massey.

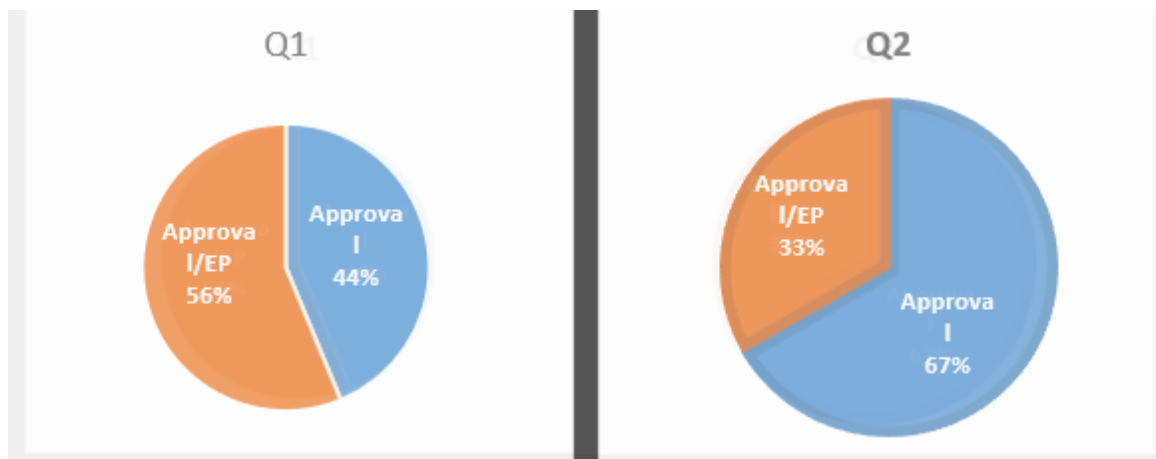
There is an increasing request for AH assessments. Adult health assessments are completed by their GP for all prospective adopters and foster carers. Foster carers also have review health assessments. The role of the designated dr and Medical Advisor is to advise the adoption or fostering panel on the 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. Sometimes the GP reports need follow up with the prospective carer, hospital specialists and GPs which can delay approval but there have been no delays because of that.

There is an increasing recognition of the needs and vulnerabilities of children placed on SGOs. We offer to see prospective special guardians in a similar way to those being matched for adoption and we are meeting with social care to improve our work with this vulnerable group of children.

There are issues around the SE MA contract and arrangements that have been escalated to Southwark leads, and around SW MAs not able to participate/attend panels as they are differently commissioned, and there have been sometimes cross coverage. The non-attendance of medical advisors at the SW panel continues to be an issue which needs to be resolved with urgency.

A total of 51 cases were heard during this period involving 22 approvals, 11 of which were joint approvals as early permanence carers. There were 27 matches involving 31 children including 4 sibling groups of two.

Adoption approvals



During this period there have been 22 prospective adopters household approvals (with an ADM decision):

- 11 households were approved solely as suitable to adopt
 - 3 of which were single carers
- 11 households were approved as suitable to adopt and suitable for Early Permanence
 - 3 of which were single carers
 - 4 households were same-sex couples

Adoption matches

During this period 26 children were matched (with ADM approval):

- 12 White British children

- 6 White Other children
- 1 Any Other child
- 4 Black African children
- 1 Black Caribbean child
- 1 Mixed White and African child
- 1 Mixed White and Caribbean child
- There were 3 sets of sibling groups of 2 children
- 16 children were matched with ALS adopters
- All 7 Black or Black Mixed ethnicity children were placed with adopters of the same or similar ethnicity.

The quality of cases presented to the panel during this period have largely been 'good' and in some cases reports have included excellent detail and analysis. Child-centered practice continues to be at the forefront of social work practice with clear evidence of careful matching and plans for introductions at the child's pace. The panel has also been impressed by the professional network's collaborative working relationships to achieve permanency for children through adoption.

Summary and Conclusion:

The last financial year has seen stability within the commissioned Looked After Children's Health Services and Designated Professionals.

Strategic influence continues to inform our practice and all Looked After Health professionals continue to strive to make a difference not only in service delivery, but also for individual children.

Ultimately in place to improve the health outcomes for Southwark Looked After Children, governance, assurance and reassurance requirements remain in place. Any identified challenges are reviewed and actioned to improve outcomes and service delivery.

The key ambitions for 2023 outlined in the 2022/2023 annual report have been evidenced and outcomes with an overall indication of positive progression in the areas identified.

Appendix 1- Adoption

PANEL ACTIVITY 1st October - 30th September 2023

	Qs 1 2023	Qs 2 2023	Qs 1 & 2 2023 total
No of panels	9	8	17
No of panels cancelled	2	4	6
No of cases	25	26	51
No of approvals	16	6	22
No of early permanence approvals	9	2	11
No of matches	13	13	26
No of ICA match	0		0
No of children placed under EP	6		
No of consented adoptions	0	0	0
No of deferments	0	0	0
No of annual reviews	0	0	0
No of terminations of approval	0	0	0

No of negative recommendations of approval/matches	0	0	0
No of resignations	0	0	0
No of recommendations ratified by ADMs	25	21	46
No of recommendations not ratified by ADMs	0	0	0

APPENDIX 2

Residential Home Audit - Children's home audit tool

Name of home:

Date of audit:

Person/s completing audit:

Speciality of home (in any):

Ofsted rating and last inspection date:

The following audit questions have been developed in line with the 'Quality Standards for children's homes as prescribed for purposes of section 22 (1a) of the Care Standards Act 2000', 'Children Act 1989', 'Care Planning, Placement and Case Review Regulations 2010' and 'Managing Medicines in Care Homes 2014'.

The audit is to be completed in conjunction with 'Guide to Children's Homes Regulations including the quality standard 2015':

Engaging with the wider system to ensure children's needs are met	Y	N	Auditor Comments
Advocacy and promoting the best interests of the child			
Communication pathways with allocated social worker/ originating Local Authority			
Links with the looked after children's health team			
Pathways in place to work in partnership with the school/ educational setting			
Close working relationships with families and those with parental responsibility			
Quality and purpose of care	Y	N	Auditor Comments
Statement of purpose in place			
Personalised care			
Contributing to care planning			
A welcoming environment			
A safe and supportive environment			
Providing personal space			
Children's views, wishes and feelings	Y	N	Auditor Comments
Evidence of working in partnership with others			

Processes in place to take children's views, wishes and feelings into account			
Advocacy and promoting the best interests of the child			
Does the home have a children's guide			
Processes in place to support children with communication difficulties			
Education	Y	N	Auditor Comments
Staff understand the barriers to learning			
Staff have an understanding of special educational needs and disabilities			
Home contributes to the Personal Education Plan			
Home contributes to the Educational Health Care Plan			
Processes in place to support the children attending school/ educational provision			
Suitable environment and support for those who are home educated			
Enjoyment and achievement	Y	N	Auditor Comments
Children are provided with opportunities to develop their interests			
Children are provided with appropriate activities in and out of the home			
Home has an understanding of the local provisions for leisure and activities			
Health and well-being	Y	N	Auditor Comments
All children in the home registered with a GP, Dentist, Optician			
Staff have an understanding regarding nutrition and children are provided with a healthy balanced diet			

Appropriate processes in place to ensure the administration of medication is completed and recording as prescribed			
Permission in place for staff to administer non-prescribed/ over the counter medication from the person who holds parental responsibility.			
Appropriate storage of medication in place			
Drugs cupboard kept locked with one set of keys			
Systems in place for safe disposal of medication			
Staff have an understanding of local services available for sexual health			
The home contribute to the healthcare plan, should any tasks be assigned to them			
Appropriate members of staff are first aid trained			
Staff have training in mental health awareness and building resilience			
Staff have training in risk assessment and management including managing suicide risk			
If staff suspect that a young person has mental health problems, they aware of the referral processes to early help and children and young people's mental health support			
Are the home/staff members able to access consultation and support from other partner agencies and organisations			
Are the young people encouraged and supported to discuss their feelings and worries			
Does the young person's care plan have a coproduced section addressing emotional wellbeing/resilience/mental health			

Does the home provide any therapeutic interventions for the young people			
If yes are the staff members providing the interventions appropriately trained and supervised			
Is the home a member of any professional organisations e.g. 'Community of Communities', RCP, Consortium of Therapeutic Communities (TCTC) or other			
Following an incident is there post incident support for staff and young people			
Do the young people have ready access to information pertaining to emotional wellbeing and mental health matters e.g. Young Minds etc.			
Positive relationships	Y	N	Auditor Comments
The home has a thorough understanding around the children's history and impact of a placement move and effect on the other young people in the home			
Children are supported in developing healthy relationships with peers			
Positive behaviour strategies are encouraged			
Staff are supported in developing healthy and constructive relationships with the children in their care			
Children are allocated a key worker			
Protection of children	Y	N	Auditor Comments
Fulfil duties under 'Working together to safeguard children' and staff aware of their duty to report any concerns raised			

Appropriate processes in place to inform allocated social worker/ local authority of concerns			
Risk assessments in place to assess exploitation risks			
Clear pathways in place for missing episodes and children are supported to have their return home interview			
Staff have a good understanding around safe online use and provide appropriate supervision to the children in the home			
Appropriate vetting is in place for the visitors in the home			
Supervision is in place for staff			
Clear policies are in place for Whistle blowing which include the principles set out in 'Freedom to speak up' review			
Children are supported to understand abuse and how to report any concerns			
Allegations made by children are always believed and reported to the appropriate authorities			
Policies are in place regarding self-harm and suicide			
Positive behaviour management is encouraged and reflected within policy			
Policies are in place regarding restraint and deprivation of liberty			
Appropriate security is in place within normal routine of the home			
Leadership and management	Y	N	Auditor Comments
A 'registered person' is in place			
Appropriate record keeping is in place			
Adequate staffing levels in place			
All staff compliant with all statutory and mandatory training			
Privacy and confidentiality processes in place			
Delegated authority in place			

Care planning	Y	N	Auditor Comments
Ethos to only accept children into the home where they feel they can meet their needs			
Processes in place to challenge the allocated social worker/local authority where current care plan is not meeting the child's needs			
Contact with families is supported and encouraged in line with the care plan			
Processes in place to teach children independence skills			
Transition to adulthood is considered			

Meeting Name:	Corporate Parenting Committee
Date:	17 July 2024
Report title:	Fostering Annual Report 2023-2024
Ward(s) or groups affected:	All
Classification:	Open
Reason for lateness (if applicable):	Not Applicable
From:	Director of Children Service for the Children and Families Directorate

RECOMMENDATIONS

1. That the corporate parenting committee notes the annual report of Southwark Fostering Service for 2023-2024

BACKGROUND INFORMATION

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

KEY ISSUES FOR CONSIDERATION

3. Southwark Fostering Service continues to provide good quality care for a significant proportion of children and young people in care to the council. The Fostering Annual Report for 2024- 2023 sets out in the Appendix the key areas for consideration.

Policy framework implications

4. The Borough Plan has a commitment to a great start in life for all children and young people in the borough. This particularly has in mind those who are in care, for whom Southwark foster carers are a key part of ensuring the Borough Plan commitment is met.

Community, equalities (including socio-economic) and health impacts

Community impact statement

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

Equalities (including socio-economic) impact statement

6. Southwark foster carers are a diverse group in respect of ethnicity, age, gender, sexuality and disability. They are the heart of our services for children in care. The service is highly committed to challenging all forms of discrimination and seeking to uphold and have an action plan to address anti-racist practice and the commitments of Southwark stands together.

Health impact statement

7. There are no health impacts issues

Climate change implications

8. There are no climate change implications.

Resource implications

9. There are no resource implications.

Legal/Financial implications

10. There are no legal or finance implications.

Consultation

11. No consultation was undertaken in the preparation of the report.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Head of Procurement

12. A concurrent form the Head of Procurement is not applicable.

Assistant Chief Executive, Governance and Assurance

13. No supplementary advice is required.

Strategic Director, Finance

14. No supplementary advice is required.

Other officers

15. No further officer comment is required.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark's Approach to Equality https://www.southwark.gov.uk/council-and-democracy/equality-and-diversity/equality-objectives	Safeguarding and Care, Children and Families Directorate, Children's and Adults' Services 4 Floor, Children's and Adults' Services Tooley Street 160 Tooley Street, London, SE1 2QH	Helen Woolgar 0207 525 1973

APPENDICES

No.	Title
Appendix 1	Fostering Annual Report 2023-24

AUDIT TRAIL

Lead Officer	David Quirke-Thornton Strategic Director of Children and Adult Services	
Report Author	Sophie James, Fostering Service Manager	
Version	Final	
Dated	8 July 2024	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive, Governance and Assurance	No	No
Strategic Director, Finance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		8 July 2024

Fostering Annual Report 2023/24



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Purpose of the Annual Report

Southwark Fostering Service's Annual report provides an overview of the functioning of the service from 1st April 2023 - 31st March 2024; the assessment, supervision and support provided to carers, and the impact this has had for the children and young people in our care. The purpose of this report is to inform the Public, Elected Members and the Council of progress and developments during this period and considers the strategic development plans for the year ahead.

Background

Southwark's Fostering Service operates within the regulatory framework provided by The Fostering Services (England) Regulations 2011 made under the Children Act 1989 and Care Standards Act 2000; and the National Minimum Standards (2011) for Fostering Services. The service also takes account of other childcare legislation such as the Care Planning, Placement and Case Review (England) Regulations 2010 that underpin our practice.

Southwark Council is committed to creating a fairer future for our most vulnerable children and families. Our mission is to *Put Children First* and *Keep Families Strong*. However, for children who cannot remain with or return safely to their birth families or those connected to them, good quality foster care offers the best opportunity for them. We understand that when a child enters care, it is one of the most important and significant changes in their life and it is crucial that their needs are met and that we offer safe, stable and loving care in a family environment that they feel a part of. Our overarching aim is to give children and young people the best possible childhood, where their voice is heard, and as a network, we empower them to maximise their life opportunities and become valued members of society.

Through our Recruitment and Retention Strategy 2022-24 we have sought to increase placement choice and stability for children to ensure that we are able to offer individualised and reparatory care. We aim to recruit 15 extra carers per year and increase our in-house placement offer in or as close to Southwark as possible, reducing the need for external providers and residential settings. For our existing carers, we offer robust support and development from a dedicated supervising social worker offering support, reflection and challenge where needed to enable high quality care. Our extensive training offer provides a range of mandatory and specialised courses and workshops to develop carers through three distinct levels to become experienced carers providing therapeutic care. Our Fostering Panel provide review and quality assurance of our work, making recommendations to our

Agency Decision Maker and remain our critical friend, providing feedback to support and develop practice.

Southwark's Fostering Service includes our Special Guardianship and Connected Carers team. The Department for Education paper 'Children's Social Care: Stable Homes, Built on Love', published in 2023 highlighted the need to support both children and families particularly in kinship care. Southwark has committed to this and continues to develop this team, the assessment and long term support offer to children remaining within family and friend care.

Southwark's Sufficiency Strategy 2023–26 noted our fostering service generally has sufficient capacity to meet the needs of the under 10s locally but we need more capacity for older children, especially; unaccompanied asylum seeking young people, children on the autistic spectrum, children who are vulnerable to exploitation and may present a risk to themselves or others, children who require placements in an emergency and sibling groups of more than 2 children, in addition to older children who require more complex care when coming into care and when stepping down from residential care settings. Furthermore, we need parent and child placements that can take couples, fathers and allow fathers access.

Children in Foster Care in Southwark

On a national level, as of 31st March 2023 there was a 2% increase in children looked after from 2022 – 23 to 83,840 and a 29% increase in Unaccompanied Asylum Seeking Children (UASC).¹ There were 57,020 children living with 43,405 fostering families, accumulating 68% of children looked after by Local Authorities². The national crisis requiring more foster families to care for our children remains.

As of the 31st March 2024, there were **397** children in Southwark's care in contrast to the national increase this is a reduction from **421** on 31 March 2024; **167** children were placed in foster care placements, **94** placed with a friend or relative, **102** in IFAs and **34** in other settings, including; independent fostering agencies, residential settings, foster to adopt placements, placement with parents, semi-independent provisions, as well as children on remand or in NHS settings.³

¹ Government Paper 'Children Looked After in England, November 2023. [Children looked after in England including adoptions, Reporting year 2023 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk/adoption-reporting-year-2023)

² Fostering Statistics, Fostering Network. 2023. [Fostering statistics | The Fostering Network](https://www.fosteringnetwork.org.uk/fostering-statistics)

³ Fostering Data Returns. Southwark. 2024

The below table shows the comparison between March 2023 and 2024 annual reports:

	2023 ⁴	2024 ³
Children in Care	421	397
Children placed with foster carers (IFA + in-house)	291	272
In-house Foster Placements	115	107
Placed with Family and Friends	67	63
Independent Fostering Agencies (IFA)	109	102
Long Term Matches	2	8

This shows a decrease in children coming into care, a decrease in placements with in house foster carers and a decrease in placements with Family and Friends Carers, however an increase in percentage of our placements with Family and Friends Carers. In 2023, in house foster placements nationally made up 46%, 19% were Family and Friends Carers and 35% IFAs. As of 31st March 2023, Southwark had 40% in house, 20% family and friends and 37% with IFAs. As of 31st March 2024, Southwark had 39% in-house placements, 23% family and friends and 38% with IFAs. Whilst there are a lower total number of children placed in IFA's than the previous year, the percentage remains high. We are striving to increase our in house placement capacity and sufficiency.

Long Term Matches:

Creating stability and permanency for children is a key priority for Southwark. Last year we aimed to complete more matches than the two previous years combined, which was achieved. Southwark Fostering Service work closely with the Safeguarding and Support and Care Service to complete matching reports that are presented to our independent Fostering Panel for quality assurance, scrutiny and recommendations before finally being presented for approval to our Agency Decision

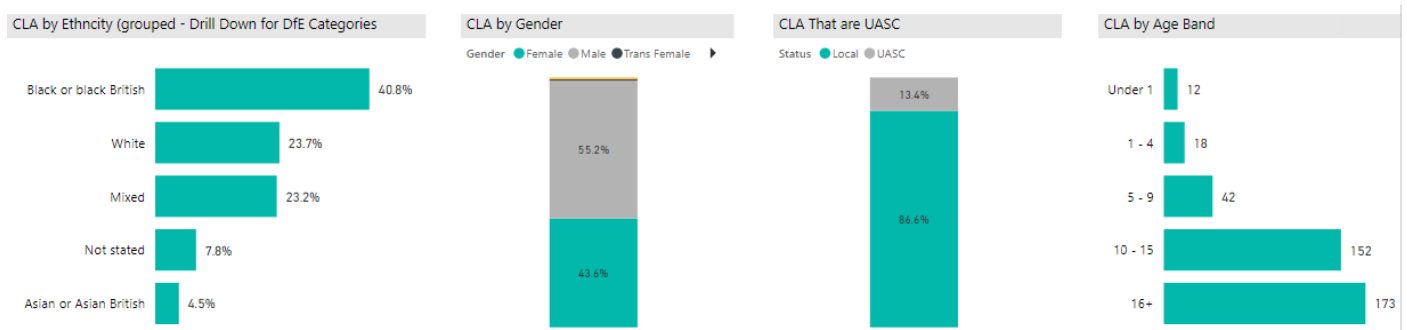
⁴ Fostering Annual Report 2023

Maker (ADM). Children over 14 years require a report and support plan to be completed which is presented to our ADM however do not need to attend panel. A new support plan has been developed to consider children's needs now and in the future, which can be consistently reviewed to ensure adequate, relevant and timely support to avoid difficulties and breakdowns, and increase the likelihood of permanency and stability.

Southwark have recruited a Service Manager Permanency Lead role to improve practice, ensuring greater permanency, stability and outcomes for children. It is expected we will see a greater number of long term matches next year.

In the Fostering Service, the duty team works hard to consider matching at an early stage, and by appointing a dedicated in-house Fostering Placements Officer, alongside our supervision and support, we hope to continue increase placement stability and permanency for children and young people at an early stage.

Demographics of Children in Care:



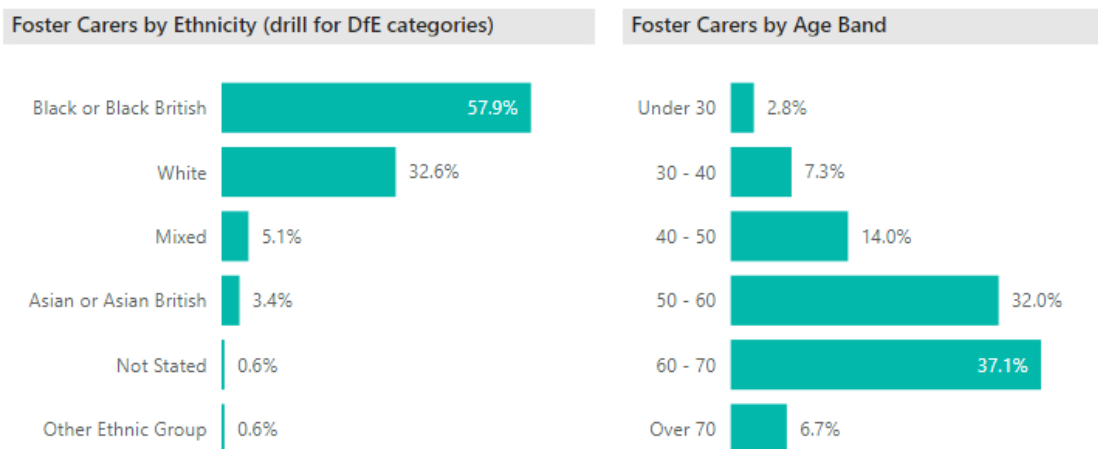
Southwark's Provision of Foster Carers

As of **31st March 2024**, Southwark had **167** fostering households with up to **304** placements available, which is a decrease in both areas since **2023**. This includes a decrease in all placement types offered to children, including those placed with family and friends, which was **44**. There were **5** newly recruited carers showing an increase from last year and **49** deregistration's, showing a small decrease in those leaving³. This is not sufficient however to support the needs of the children and young people in our care and therefore greater recruitment and retention of carers is necessary. The majority of registrations ending are kinship carers who care for children for a short period who then return home.

The 304 figure advising of placement availability assumes that all carers are able to take the maximum number of children in their approval range. This is not always possible as the approval may be contingent on the children being siblings who can share a room or the carer may not be able

to take a placement for a range of other reasons related to their personal or household circumstances (including places being unavailable due to young people in 'staying put' arrangements after they turn 18). Our return data shows we have **73** vacant spaces and **64** unavailable³. These include 15 spaces within the Family Link Team which is located with the All Age Disabilities Service. These figures rely on social worker's accurately recording and consistently updating foster carer files. Further analysis and staff training is required in order to accurately reflect and record placement capacity and sufficiency, to consider discrepancies in reporting and any changes required in our current carer cohort and approvals to ensure we have a fully functioning service responsive to the needs of our children and young people.

Demographics of carers:



5

This highlights diversity in our carer group that largely reflect the demographic of White and Black or Black British children that require foster placements. It identifies a smaller number of mixed carers, however this is not a reflection of our capacity to match children of mixed heritage with a caring household with mixed ethnicity, as the data shows individual ethnicity of carers, rather than the household. It identifies less Asian and Asian British carers than the population of children in care, suggesting a need to recruit a greater number of Asian and Asian British carers.

Care is taken to meet the needs of children by matching them with foster carers of the same ethnicity or a household that is reflective of their cultural and ethnic heritage however this is not always possible. Southwark trains all foster carers on equalities, diversity and supporting children around issues such as racism and discrimination, so they are able to effectively support and care for children who are of a different ethnicity. As a service, we are learning more about the impact of intersectionality and the compounding disadvantages that people experience, and we are aware of

the need to consider this in the support we offer children and carers in our work and matching considerations.

Southwark has an aging population of Foster carers and many are choosing to end their fostering career following many years (and in some cases decades) of providing loving and supportive foster homes. At present approximately 44% of Southwark's in-house carers are 60 years old and over and a target for carer recruitment is to recruit more carers from a younger demographic.

Southwark's Special Guardianship and Connected Carers

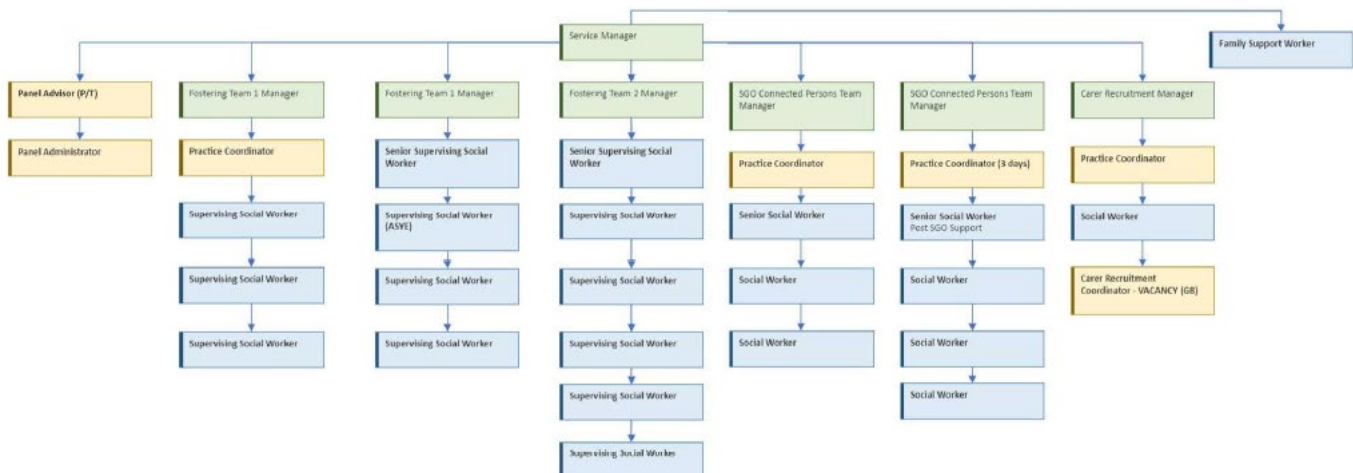
Southwark have a dedicated Special Guardianship (SG) and Connected Carers (CC) assessment and supervisory support team. Wherever possible, Southwark will assess and support children to remain within their families, when they may not be able to remain with their birth parents. The team works alongside the children's social work teams, assessing wider family and connected persons and offering supervisory social work support to temporary Regulation 24 and approved Regulation 27 carers. The team also provide advice, guidance and support to case work teams with Regulation 24/Viability assessments.

We received **81** enquiries between 1 April 2023 and 31 March 2024. **54** assessments were completed in house and **27** outsourced to Independent Social Workers. **14** assessments did not progress due to the applicant withdrawing. There were **26** Special Guardianship relationships recorded as of 31 March 2024.³ **7** Special Guardianship Orders were made via care proceedings and **6** through private applications³. We sought **12** regulation 25 extensions and approved **8** Regulation 27 Connected Carers. This is a drastic reduction from last year, where there was a total of **41** assessments with **16** requests for extension and **17** approved as connected carers. A greater number of assessments were either negative, positive but completed of multiple family members, or the care plan for the child changes, including returning to birth parents. Continuing our positive relationship and joint working with our Safeguarding and Family Support and Assessment and Intervention colleagues is essential to share best practice during Regulation 24 and Viability assessments and feedback regarding assessment outcomes.

Fostering Service Structure and Function

The Service is comprised of:

- Recruitment Team (1 Team Manager, 1 Social Worker and 1 PT Practice Coordinator, plus access to Form F ISW assessors),
- 2 Fostering Supervisory Support teams (3 Team Managers - two job share, 2 Senior Social Workers, 11 Social Workers)
- a Family Support Worker
- Special Guardian/Connected Carer team, including assessment, support and post SG support (1.5 Team Managers, 2 Senior Social Workers, 6 Social Workers).
- The Panel Advisor and Panel Administrator support our Independent Fostering Panel (see appendix 2)



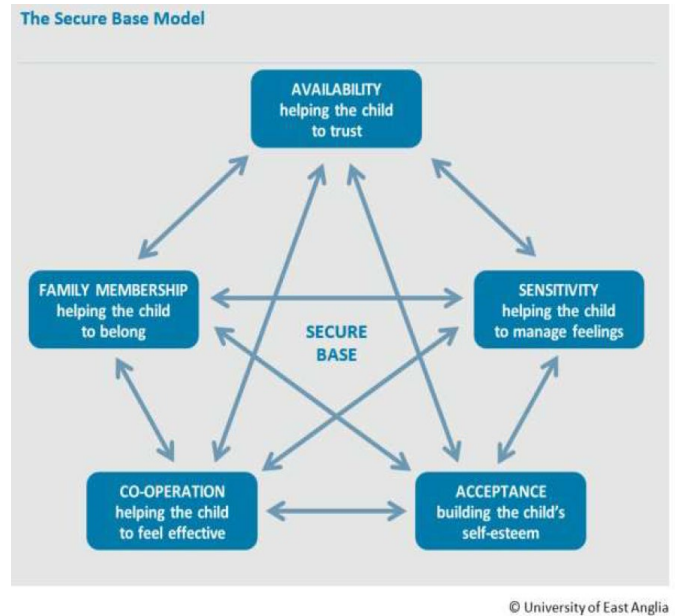
There are two positions in the Special Guardianship Team being covered by Agency staff, one covering a secondment and another we have been unable to permanently recruit to. We have an agency Marketing Officer that is co-managed across the Fostering and Communications Services in order to support our Marketing and Recruitment Strategy.⁸ A permanent Panel Advisor has been recruited to start in July 2024. Otherwise the service is fully resourced by workers on permanent contracts. Recruitment of a permanent Placement Officer is to be prioritised in the coming year to support increasing our in-house placement offer.

The Fostering service have contributed to the development of Southwark's residential provision and recruitment of staff. We continue a close working relationship with our Access to Resources Service sharing the aim of providing more local homes for Southwark children. It is envisaged some children

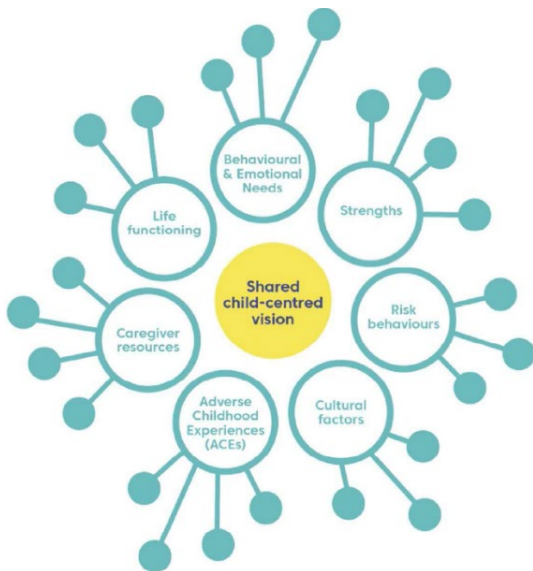
who spend time in residential care in Southwark with be linked with foster carers for respite and where children have plans to move from residential to a family setting.

Practice Framework

Southwark uses The Secure Base Model, developed by Gillian Schofield and Mary Beek that can be used with children, young people and carers with diverse needs, cultures and age groups. Many children coming into our care have had painful experiences of separation and loss, and as a result may feel insecure and find it hard to trust people, including their carers. The Secure Base Model help carers to offer individualised care and scaffolding, focusing on natural attachments, that may lead to a child's first experience of attachment to a care giver. There may be behaviours that carers and professionals worry about and require significant understanding and considered responses to promote a sense of security, trust, support and belonging within the family unit.



This runs alongside training on Emotional Behavioural Management and Trauma-Informed Care for both staff and foster carers to ensure supervision and support to upskill carers who can provide reparative care to children.



Southwark has this year started implementing the Child and Adolescent Needs and Strengths (CANS) assessment tool, developed by Dr John Lyons. The multi-purpose tool enables a comprehensive assessment of needs, risks and strengths within the household, considering the whole system and outcomes to be achieved to help decision making. Our staff and foster carers have been trained in the model and have detailed guidance in considering how the differing factors and agency of those in the network can share and develop the child-centred vision, to promote and achieve positive outcomes. We plan to fully embed this in 2024-25.

Southwark has additionally adopted the Caring Life app that supports an online portal for photos and memories that can support Life Story Work and a 'scrapbook' for children, especially if they have experienced placement moves and changes in workers. Our Family Support Worker is supporting to implement this and ensure all foster carers are set up and able to use the technology.

Southwark is additionally developing its Life Long Links program, to support the networks of care leavers. Our Service Manager, Team Manager and a volunteer foster carer are part of the steering board to support its implementation.

Carer Recruitment and Marketing

Our Carer Recruitment team is responsible for the marketing, assessment, training and recruitment of foster carers and supported lodgings hosts. Supported Lodgings are a form of supported accommodation for young adults who are not ready to live independently for a variety of reasons. The scheme provides places for care leavers aged 18 to 25 years, they have their own room in a family home and are supported by the adult or adults in the home. They offer support and guidance to the young person where required and help them towards independence.

We recruited 6 foster carers this year, which is the same as 2023 however not in line with our target of 15 carers per year⁵, therefore increasing the number of carers recruited is a key priority for the service this coming year.

We recruited 2 further supported lodging hosts and now have 5 available to support the opportunity for children to transition into adulthood and have independence with the greater support from a family setting and environment. We seek to increase our provision of supported lodgings hosts this year and update our policies and procedures to support them.

	2023 ⁴	2024
Number of Enquiries	189	123
Number of approvals of foster carers	6	6
Number of approvals of supported lodgings hosts	3	2 ¹³

⁵ Southwark's Recruitment and Retention Strategy 2022-24

We have improved our reporting and analysis of our carer recruitment process which has shown a significant number of enquiries that do not progress to initial visits. 48% of our initial visits progress to assessments this year, and 33% of those in assessment were approved as foster carers. On average, initial visits are made within 6 days of enquiries being made and assessments commence within 8 working days of visits being undertaken. Some assessment appear to be taking longer than the recommended 6 month timeframe, which needs greater analysis and improved practice, alongside an understanding of the reasons of those concluding at Stage 1 & 2.

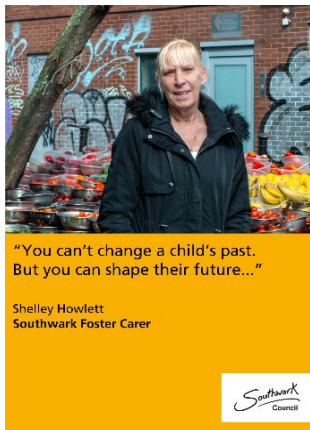
Reasons for assessments concluding without approval:

Reason	Ended	%
Health issues	1	10%
No spare room	2	20%
No response or Relevant information not provided	3	30%
Decided to go with another agency	1	10%
Progressed to Adoption	1	10%
Not ready to Foster	1	10%
Change in Circumstances	1	10%
Total	10	

Further analysis of our data, recording, reporting and practice is being undertaken, with our data transformation and service development team in order to ensure that we are maximising conversions between enquiries, visits, assessments and approvals in the coming year. We receive enquiries via our website, facebook, information meetings, from existing carers via word of mouth and follow attendance at community and council events. We run an incentive scheme for current carers and staff.

With the addition of the Marketing Officer, we have implemented a new Marketing Strategy. We completed a period of online testing with our existing and prospective marketing material to consider the style, target audiences and re-targeting methods that provided greater interest and enquiries. As a result, we have updated physical and social media marketing material, including films involving our current care leavers, carers and staff to accurately represent their voices, the service and support we provide. We hope to reach a larger number of prospective foster carers and grow our in-house fostering capacity and community.

New marketing material:



Alongside our regular recruitment information sessions, we have attended a greater number of events to promote visibility and actively recruit carers within the council and local area.

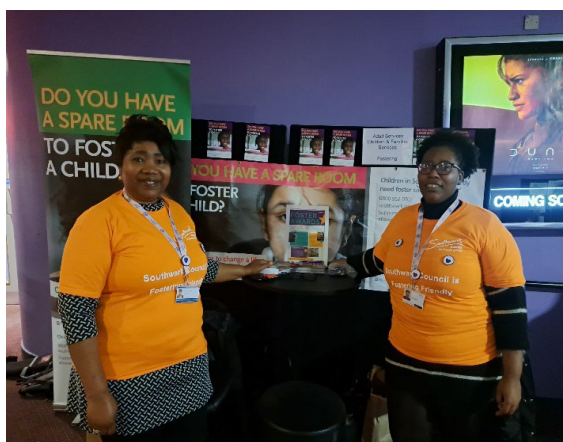
Lambeth Country Show



Goose Green Fair



Southwark Staff Expo



Fostering Fortnight stand at Tooley Street



Retention of Foster Carers and Support

Retention of foster carers is critical to the functioning of the Fostering Service. We acknowledge there will be an annual loss due to retirement, adoption, change of circumstances and de-registration.

Southwark provides a strong offer of support to carers including;

- Council Tax Relief for foster carers living in Southwark
- Monthly visits and dedicated Social Worker support and supervision
- A range of relevant, specialist and mandatory training alongside support with learning and development plans
- Monthly coffee mornings and support groups including therapeutic massages and key speakers
- Family Support Worker to offer activities, emotional support, life story work or bitesize training reminders
- Coaching and peer support from experienced carers
- Training pathway for Foster Carers and Connected Carers to enhance professional development and quality of placements linked to the opportunity to develop through 3 Levels to become therapeutic foster carers with increased financial benefits
- Support packages for complex care needs including; respite, clinical and financial support
- Annual Ball and award ceremony
- Therapeutic intervention and support from a lead clinician, medical advisor, education, and Carelink service to support children in placements and the fostering household
- Regular communication and information sharing via emails and quarterly fostering newsletters

Our Foster Carers are kept up to date with changes and developments in the service and council and have been involved in development council-wide initiatives and most recently our marketing and recruitment campaigns.

We plan in 2024 to re-establish and support the Southwark Council's Fostering Association, run by foster carers to provide a forum for support, discussion and feedback.

The Fostering Recruitment and Retention Strategy will be updated this year, with Marketing, Recruitment and Retention as key priorities for 2024-25.

Carer Training and Development

The Recruitment Team offers a 3 day Skills to Foster initial training course for prospective foster carers with support from the Fostering Supervising Social Workers and Team Managers. Observations are shared for reflection and analysis within their assessments. The Fostering Service Manager attends on the final day to answer any questions and provide a welcome to the service. The course consistently receives excellent feedback, and our inclusion of current foster carers and care experienced people is especially appreciated. Many participants often cite these sessions as being the turning point in their decision to continue in the journey to become foster carers.

The Senior Social Worker who leads on and develops our training program (Appendix 1) additionally provides bespoke one-to-one training where required alongside post approval training to support new foster carers completing their Training and Development Standards portfolios. This support is striving to improve compliance and meet targets and responsibilities in this area which is highlighted as crucial for the coming year.

Our training programme continues to assist foster carers in developing the understanding and recognition of trauma informed practice. From Skills to Foster, Emotional Behavioural Management, Secure Base, Caring for Unaccompanied Minors and Challenging Placements, we are able to provide a direct link to the body's and individual's need to recognise the effects of early childhood trauma. In addition to our core program, we run training on: Appropriate Adult Roles and Responsibilities, Caring for Unaccompanied Minors, Restorative Practice, Transitions, and Transracial Placements and Trans and LGBT+ Placements. We continue to develop links with other services and can offer training with our LADO, providing a valuable addition to carers understanding of both process and standards required of them by Southwark.

For 2024, we have extended our training, development and progression through Levels 1-3 to our Connected Carers, to recognise the care they provide and support and training they need.

We continue to be an active member of the London Permanency Partners, sharing training and development opportunities for all levels of staff and foster carers.

There continues to be a healthy learning culture in the Fostering Service incorporating and reaching both foster carers and social workers. Foster carers recognise that as professionals working with children they need to continuously reflect on their practice and update their knowledge and skills.

The importance of building supportive, trusting and empowering relationships with foster carers is the responsibility of the supervising social worker and the service as a whole.

We plan to bring back the reflective group supervision sessions that were previously held by invitation to enable foster carers to discuss a theme and learn from each other, with Supervising Social Worker and clinical practitioner facilitating.

Our Special Guardianship and Connected Carers team provide monthly support groups to Special Guardians and a duty support helpline during working hours however the service is developing, alongside our clinical practitioners, a rolling training offer including; Emotional Behavioural Management, Attachment/Secure Base and Trauma-Informed Care. This is aimed at supporting and enhancing the assessments of Special Guardian's as well as offering support and training post order to avoid difficulties and breakdowns, and increase stability and permanency for children within their families.

The Service is reviewing our post-Special guardianship support offer alongside our current Special Guardianship cohort via focus groups to identify support specific to collective themes based on their experiential feedback.

Southwark also support Connected Carers to apply for Special Guardianship Orders if appropriate to support greater permanency and stability for children with less intervention from the Local Authority. The Fostering and Special Guardianship teams are continuing to work together, alongside the children's social work teams to consider the long term support plans required for children and carers in these circumstances.

Staying Put & Supported Lodgings

The Children and Families Act 2014 introduced a duty on the local authority to provide 'Staying Put' arrangements for children in foster care to continue to live with their former foster carer beyond their 18th birthday and potentially up to the age of 21 years if they are in education, employment or training. This is a welcome development for young people many of whom are not ready to move into independent living and who want to remain as part of a family. The service was well-placed to implement these changes as we were already enabling young people to remain in their placements while they completed exams and were prepared fully for independence. Southwark's Staying Put Policy and Procedures were updated in September 2021 providing increased financial support to Staying Put Carers as well as an excellent package of support so Carers can continue to provide emotional support in term time and staying support in holidays for children who go to university in term time. This offers a secure base to young adults so they can continue to benefit from full family membership and remain in a family setting until they are ready for independence.

Southwark introduced a Supported Lodgings Scheme in 2022-23 and the Carer Recruitment Team became responsible for assessing, training and approving Supported Lodging Hosts. From 2024, the service has assigned a dedicated Supervising Social Worker to review and support all Staying Put and Supported Lodgings hosts alongside the duty service. Whilst this sits alongside the Fostering Service, it does not fall under Fostering Regulations and the focus is to support young adults, who will have already been assessed to have a level of maturity and independent skills, to live independently with the support of a key adult, within a homely setting.

Throughout 2023-4 we have had 75 children in Staying Put arrangements, a slight increase from 71 last year and 7 in Supported Lodgings arrangements.

Performance and Quality Assurance

The Fostering Service has a Quality Assurance Framework, which is part of the overarching quality assurance and performance framework for Southwark Children's Services. The framework includes: effective Fostering Panel scrutiny; foster carer feedback through consultations, the annual review process and feedback on training and development; management oversight of casework and performance data and reviews including audit activity; as well as learning from complaints and placement breakdowns.

The Fostering Service use Power BI for reporting and oversight on frequency of; visits, unannounced visits, DBS, medicals, annual reviews and case supervisions for foster and connected carers. Performance in these areas are largely consistent to last year fluctuating between 70 – 80% and is a continued area for improvement over this year to meet the 95% expectations. Performance meetings are held on a monthly basis with team managers.

Completing reviews and getting them to panel in a timely manner is still a focus for the service, which is considering the loop of good practice and quality assurance to reduce unnecessary removals from panel alongside extra panels to reduce the current backlog of cases returning. Southwark continue to consider bringing Independent Reviewing Officers in house to the Quality Assurance team to support timelines whilst maintaining independence.

The reporting system additionally helps to identify vacancies and unavailable spaces, however further analysis is required to ensure these are reflective of available spaces and sufficiency of carers, and that plans are in place where any gaps remain to be confident in our carer cohorts capacity and availability. Additionally we are reporting on training and development plans and progress, as these remain a standard and requirement that need improving, similarly to last year.

The Carer Recruitment and Special Guardianship and Connected Carers team managers complete monthly reports on performance, good practice and areas of development, which are reviewed within

meetings with the Service Manager and shared with the Head of Service. We are in the process of both teams' workflows to be updated on our mosaic recording system in order to have Power BI reporting functions to better support oversight. Over the next year, the Carer Recruitment team are focusing on improving oversight and effectiveness in marketing and recruitment in order to recruit, assess, train and approve high quality foster carers. The Special Guardianship team are ensuring that good quality timely assessments are completed, with relevant checks.

Audits have looked at the quality of assessments, visits, supervisions and timeliness of reviews. Other themes have included the quality of relationships, communication and children's/carer's experiences. An audit review was completed in February 2024, including a comparison from 2023 – 2024 audits, highlighting an improvement in the number of 'good' outcomes, one with outstanding features, a decrease in aspects requiring improvement and none reviewed as inadequate. The current audits are looking at anti-racist practice.

At least three times a year Southwark have a 'Learningfest' where audits are completed across Children's Services based on a theme, alongside a whole week of themed learning and training for staff to develop knowledge and practice. This approach has positive feedback and enables feedback and learning loops across services and the system. It is planned for foster carers to be invited to future 'Learningfest' events.

Southwark's Fostering Panel

Fostering Services Regulations (2011) and National Minimum Standards (2011) require a Fostering Panel to be constituted, chaired by an independent person. Southwark's panel advisor offers quality assurance and scrutiny on papers prepared for panel and supports the feedback loop alongside the Service Manager. Panel members include representatives from Children's Social Care and independent members with a range of experience. The panel makes recommendations about the initial and continuing approval of foster carers, reviews Standards of Care, resignations and deregistrations and matches of children for long-term foster care. They additionally have oversight over Regulation 25 extensions. Final decisions, based on the panel's recommendations, are made by the Agency Decision Maker (ADMs), Assistant Director Safeguarding and Corporate Parenting. A report detailing the activity of the Fostering Panel is included as Appendix 2.

Complaints

The Fostering Service reviews complaints received from foster carers, and uses the learning to inform service improvement and development.

Year	2020/21	2021/22	2022/23	2023/24
Number of complaints	10	8	15	5

The number of complaints reduced this year in comparison to previous years. Out of **5** complaints, **1** progressed to stage 2. The learning from these involved prompt reimbursement of finances, ensuring standards of care processes are provided in writing, prompt multiagency meetings are held following children moving from placements and clear actions provided as well as accurate information being present in children's placement referrals.

The learning from complaints, as agreed with the complaints team, is always shared with those involved alongside managers to consider learning and development which is encouraged for discussion within group supervision settings. It is also shared with relevant services and senior management in quarterly performance meetings and annual reports to embed learning across Children and Families.

Review Service Priorities, progress through 2023/4 and plans for 2024/25

The current Service Manager returned from maternity leave in September 2023 and is tasked with developing the service, alongside the team managers, social workers and practice coordinators.

Service Priority 1	<p>To ensure that the voice of children is threaded through all aspects of our work to improve their experiences of care.</p> <p>To ensure families and carers are heard, so that their views shape and improve our services to support a continuous learning journey.</p>
Progress through 2023/24	<p>Exit interviews to be undertaken by Fostering Recruitment Team Manager and feedback shared with staff and panel for service development.</p> <ul style="list-style-type: none"> - <i>Limited exit interviews completed and change of team manager delayed progress in this area.</i> <p>Microsoft Forms were introduced across the service to capture feedback, measure quality, progress and experience.</p> <ul style="list-style-type: none"> - <i>Approx. 30% carers provided feedback from panel, an area for improvement</i> <p>Foster carers to support the young people in their care to participate in Speakerbox (Children in Care Council) activities and campaigns, and these to be promoted in Fostering newsletter.</p> <ul style="list-style-type: none"> - <i>Ongoing, newsletter has been revamped and shared on a 3 monthly basis to include communication about any changes, developments and activities.</i> <p><i>A new audit framework was developed specifically for fostering with the requirement of speaking to carers, social workers and reviewing recording systems. Levels of practice have seen an improvement.</i></p>
Plans for 2024/25	Exit Interviews to be progressed by new Fostering Recruitment Team Manager and feedback shared with staff and panel for service development.

	<p>Service to continue to capture feedback, measure quality, progress and experience across multiple avenues including;</p> <p>For carers:</p> <ul style="list-style-type: none"> - Within visits, supervisions, reviews, and panels (by allocated workers, team managers and panel chair) - Independent feedback sought following panel (via microsoft teams form), exit interviews and audits (independent TM) - Learning and outcomes from complaints to be shared with the service - Feedback from training to be shared for service development <p>For children:</p> <ul style="list-style-type: none"> - Supervising social workers to evidence discussions with children in visits and alongside child's social worker seek feedback for annual reviews and panel, inviting children to attend where appropriate <p>Foster carers to continue to support young people in their care to participate in Speakerbox (Children in Care Council) activities and campaigns, and these to be promoted in Fostering newsletter.</p> <p>Southwark Foster Carers Association to be set up to support reflection, support networks and communication with the service.</p> <p>Southwark foster carers and care experienced young people to continue to be part of recruitment of staff members via experienced interview panels, and considered in Skills to Foster training and support the assessment of foster carers.</p> <p>Ensure learning from complaints, feedback and reviews actively inform service delivery and continued communication of service development via email and newsletters. Ensure placement referrals are relevant, timely support packages put in place, all carers have relevant policies and procedures in writing and plans and decisions are shared in writing in a timely manner.</p> <p>To continue developing audit processes and programs with Audit Lead to exploring practice standards, quality assurance, support feedback loops and ensure consistency across the service</p>
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Service Priority 2	Maintain and further develop a stable and high-quality workforce.
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<p>Progress through 2023/24</p>	<p>Ensure all staff receive regular one-to-one management support, have a work plan, learning and development plan and have an annual appraisal.</p> <ul style="list-style-type: none"> - <i>121 and practice group supervision is embedded in practice. Team Managers are undertaking management and coaching training to support reflection, learning and practice within supervision settings with access to clinical support in group supervision. These also support peer learning and opportunities to share service developments.</i> - <i>Social workers have access to learningfest training programs twice yearly and ongoing training via 'My Learning Source'.</i> - <i>We have had various development opportunities including Practice Coordinator, ASYE, Social Worker, Maternity and Secondment covers, Senior Social Worker and Team Manager positions available</i> - <i>Confidential Counselling service extended to panel members</i> <p>Feedback sought from social workers and supervising social workers via forms and consultation following panel and during audits.</p> <ul style="list-style-type: none"> - <i>Due to low uptake of staff members completing feedback, panel advisor also seeking and offering debrief sessions</i>
<p>Plans for 2024/25</p>	<p><u>For Staff:</u></p> <ul style="list-style-type: none"> - Review and update skills audit and training needs for the service, ensuring all new members have completed training in key practice areas - Learning, development and support plans reviewed via appraisals and monthly supervision - Continued offer of a range of training and development courses plus consideration of specialist training and support where relevant - Continued feedback sought from panel experiences - Panel Advisor to continue to offer preparation and debrief sessions where required - Panel Advisor to share learning and feedback for team managers and service manager within management meetings which are disseminated in group supervision settings <p><u>For Panel Members:</u></p> <ul style="list-style-type: none"> - Annual Appraisals to be completed and appropriate training identified - Feedback sought following panel and training - Joint meetings with Team Managers to be introduced to share learning and expectations

	<p>All Staff and panel members to continue to have access to confidential counselling services.</p> <p>To embed our STAR adopted five pledges within the service:</p> <ul style="list-style-type: none"> • to promote an open and transparent culture where employees who experience/see racism or discrimination are able to raise it and expect the issue to be dealt with swiftly and fairly. • to listen to and amplify our diverse voices within our organisations on how we create an inclusive, fair and representative workplace at all levels • to work to address and prevent structural racial inequalities and structural racism within our organisation, the organisations we partner with and within the service we deliver • to champion organisations that address racial injustices and organisations that promote equality and diversity • to ensure that people of all backgrounds can rise to the top of the organisation. <p>To ensure anti-racist and anti-discriminatory practice is at the heart of our practice and consider carers, children's and staff's experiences of intersectionality and any support required.</p> <p>Recruitment and development opportunities for staff to continue to be considered, alongside continued support and assessment of ASYEs throughout the service.</p>
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Service Priority 3	Improve placement stability of children both short and long term
Progress through 2023/24	<p>Southwark's Long Term Stability for children currently sits at approx. 63% and children with 3 or more placement moves is approx. 13%³. There is a small decline in long and short term stability for children since 2023 which was 64% for long term and 12%³ 3 or more moves. National averages cited in 2023 were 69% and 6% respectively , highlighting the need for greater placement stability for children.</p> <p>There has been increased joint working between ART-Fostering services including a daily morning meeting to consider all referrals, ensuring they are of sufficient quality to support a timely match to in house foster carers with any extra support packages required. Service Manager or Head of Service reviews searches completed before agreeing to external search.</p> <ul style="list-style-type: none"> - <i>There are a greater number of children in in-house foster care</i> - <i>New placement recording system put in place for duty and anonymised searches evidences on child's and foster carer's files.</i>

	<ul style="list-style-type: none"> - <i>There is better recording of placement searches completed and reasons for unavailability noted</i> <p>Placement stability and support meetings have been introduced to consider challenges and support at an early stage and avoid placement breakdown</p> <ul style="list-style-type: none"> - <i>This has been implemented across services and are reviewed by Heads of Services prior to agreement of placement moves to increase placement stability and support with moves only taking place where necessary</i> <p>Foster carers have access to general and specialist training and support to meet the needs of our children.</p>
Plans for 2024/25	<p>Recruitment of Placement Officer to support Fostering Duty and Placements Service, alongside ART, to promote consistency and scrutiny over placement referrals, matches and ensure creative support plans available were required.</p> <p>Duty Placement Service to continue to record searches undertaken and reasons for unavailability or incapacity to support placements. Children in residential or independent placements that do not have a permanency plan to remain on fostering search list and reviewed by Fostering and Care Service Managers to support permanency planning.</p> <p>Methods of data analysis to be set up to understand limits to capacity and support/training required to support matches alongside foster carers progressing through Levels 1-3.</p> <p>Further analysis and staff training is required in order to accurately reflect and record placement capacity and sufficiency, to consider discrepancies in reporting and any changes required in our current carer cohort and approvals to ensure we have a fully functioning service responsive to the needs of our children and young people.</p> <p>Continue Placement Support Meetings, chaired by TM from Fostering or Children's Social Work teams, involving all relevant professionals and clinical support to consider expectations, challenges and support packages that are reviewed regularly to prevent breakdowns.</p>

Service Priority 4	Improve permanence outcomes and practice , particularly through long-term foster care, placements with friends and families and life story work
Progress through 2023/24	<p>Ensure that more children have their permanence confirmed and celebrated in long term fostering placements in order that they feel safe and secure and enjoy family life.</p> <ul style="list-style-type: none"> - <i>Fostering have continued to work alongside children's social work teams to increase the number of children matched long term to foster carers and been successful in securing a greater number of matches this year.</i> - <i>A Matching Support Plan has been developed to consider children's needs over the long term and how carers can meet them in order to review support required and promote permanence</i> <p>The timeliness of Life Story Work was noted as an area of improvement required in the 2022 Ofsted Inspection and the Caring Life application introduced to support gathering and storing photos.</p> <ul style="list-style-type: none"> - <i>Caring Life app rolled out across Services, with the Life Story social worker in Care alongside their practice coordinator and Fostering's Family Support Worker to ensure all children and foster carers are linked and can upload photos and memories</i>
Plans for 2024/25	<p>Fostering Service to work alongside Permanency Leads to ensure best practice and plans for permanency are identified and progressed in a timely way.</p> <p>Matching Support Plans to be completed, alongside matching reports to be reviewed at permanency meetings and updated throughout the child's journey, considering care required and carer's capacity.</p> <p>Connected Carers to be provided the full training and support package available to progress through Levels 1-3 and be financially remunerated alongside this scheme.</p> <p>Supervising Social Workers and Team Managers to regularly review matching considerations in visits and through supervision, considering children's current and future needs and carer's current and future capacity to provide reparative care, including any support required, and professionals reviews undertaken to put this in place.</p>

	<p>All foster carers to be signed up and using Caring Life App with every child to support photos, memories and life story work, alongside contributing to children's social worker's life story work.</p> <p>Service Manager, Team Manager and volunteer foster carer to continue to be part of the steering board to support the implementation of Southwark's Life Long Links program to improve the support network for care leavers.</p>
<p>Service Priority 5</p>	<p>Improve placement choice and sufficiency to reduce the number of children placed in residential and independent care, and those living more than 20 miles away by increasing the number of foster care placements available locally.</p> <ul style="list-style-type: none"> • To continue with recruitment and marketing strategy to recruit 15 additional foster carers annually and, alongside this, ensure attention is given to retention and incentives/barriers for carers to care for older children and those with more complex needs. • To grow our own fostering service to create the range and types of fostering placements required for children of all ages including; babies, complex needs, older children, respite, crisis intervention, siblings, and parent and child placements, as well as ensuring a supply of step down placements for our residential provisions.
<p>Progress through 2023/24</p>	<p>Recruit more foster carers living within the borough or nearby to Southwark who are able to meet the needs of Southwark Children, by implementing recommendations from a review of the Southwark Recruitment and Retention Strategy 2022-24 and Sufficiency Strategy 2023-2026.</p> <ul style="list-style-type: none"> - <i>We recruited 6 foster carers this year however, which is the same as 2023 however a greater focus is required to increase our number of foster carers</i> - <i>We created a new marketing strategy that has generated more leads and enquiries</i> <p>Ensure creative and robust support plans enable more children and young people to experience family life in foster care, allowing them to move out of residential care.</p> <ul style="list-style-type: none"> - <i>Fostering duty continue to seek in house foster placements for children in residential homes</i>

	<ul style="list-style-type: none"> - <i>Data shows that 19.6% of Southwark's children were living more than 20 miles away, which is marginal increase from 19% in both 2023 and 20223.</i> - <i>Fostering are actively supporting the recruitment of staff for Southwark's Residential fostering home</i> <p>Consideration to the development of a Therapeutic Fostering Hub or Mockingbird model to support carers and placements.</p> <ul style="list-style-type: none"> - <i>These were considered and Mockingbird identified to pursue</i>
Plans for 2024/25	<p>The Fostering Recruitment and Retention Strategy will be updated this year, with Marketing, Recruitment and Retention as key priorities for 2024-25.</p> <p>Continue to implement Marketing Strategy and analyse the impact of Recruitment and Marketing campaigns to evaluate whether the increase in enquiries are converting to an increase in initial visits, assessments and approvals.</p> <p>Ensure marketing strategies focus on recruiting carers who can offer the range and types of placements required including targeted campaigns for the particular carer cohorts required and those that have the expertise required to meet the needs of our children and young people.</p> <p>Continue close liaison with Family Link services to support marketing, recruitment and development of training and practice standards.</p> <p>Streamline carer recruitment assessment process including implementing response timelines and better recording of information to improve reporting, oversight and applicant experiences in the recruitment process.</p> <p>Ensure assessments are completed within the recommended 6 month timeframe, with high quality oversight, supervision, access to skills to foster training and panel dates adhered to, in order to approve more carers. Ensure delays are in exceptional circumstances. Continue monthly reports to analyse process and practice, and reasons of those concluding at Stage 1 & 2 to consider where support, training or development may be necessary.</p> <p>Work with the Data Team to ensure workflows are on the recording system and produce a dashboard that accurately reports on recording, to understand, analyse and maximise conversions between enquiries, visits, assessments and approvals in the coming year, and help oversight and service development.</p>

	<p>Increase our recruitment, assessment, training and provision of Supported Lodgings hosts and update our policies, procedures and practice framework to support them. Improve the support and review provided to Supported Lodging Hosts and Staying Put carers.</p> <p>Implementing Mockingbird to be further explored to increase support package and incentives/offers to carers and improve retention, alongside increased placement options for siblings and children coming out of residential care whilst building a culture of support and familial models within our carer cohort.</p>
Service Priority 6	<p>Continue to embed the Secure Base model of therapeutic caregiving across children's services</p>
Progress through 2023/24	<p>Evaluate the implementation of the Secure Base model by measuring the impact on children, YP and foster carers</p> <ul style="list-style-type: none"> - <i>This has progressed alongside implementing the CANs framework</i> <p>Foster carers to continue to be involved in the Secure Base training of social workers across children's social care.</p> <ul style="list-style-type: none"> - <i>This has not progressed in 2023/4</i>
Plans for 2024/25	<p>Evaluate the implementation of the Secure Base model and CANs framework by measuring the impact on children, YP and foster carers and seeking feedback, in consultation with clinical services.</p> <p>Ensure all supervising social workers have completed Secure Base training and program is developed for social workers across Children's Services</p> <p>To continue our healthy learning culture in the Fostering Service incorporating and reaching both foster carers and social workers. Foster carers recognise that as professionals working with children they need to continuously reflect on their practice and update their knowledge and skills. The importance of building supportive, trusting and empowering relationships with foster carers is the responsibility of the supervising social worker and the service as a whole.</p>

Service Priority 7	<p>Develop high quality support for connected (Kinship) carers and SGO carers.</p> <ul style="list-style-type: none"> To continue to build a strong family and friends fostering offer in order to maximise our opportunities for children and young people to remain within their networks.
<p>Progress through 2023/24</p>	<p>Continue to develop SG and CC team in their remit of assessing and supporting prospective SGO and friends and family carers</p> <ul style="list-style-type: none"> <i>Increased capacity within the team and decreased ISW assessments</i> <p>Ensure there are a robust quality assurance mechanism in place for all special guardian and connected person (Kinship) fostering assessments.</p> <ul style="list-style-type: none"> <i>Team Managers provide quality assurance and supervision</i> <p>Ensure Safeguarding and Connected Persons teams are supported to work more closely together in respect of Regulation 24 assessments.</p> <ul style="list-style-type: none"> <i>New referral mechanism and advice and support in place</i> <p>Ensure robust tracking of timescales for all assessments to ensure Friends and Family assessments are undertaken within 16 weeks and the 8 week extension is only sought at Panel in exceptional circumstances.</p> <ul style="list-style-type: none"> <i>Tracking system is in place to prepare and book panel at required dates however some extensions are still being requested alongside placements becoming unlawful with risk assessments completed.</i> <i>Timescales for Medicals and DBS checks often impact on requests for extensions</i> <i>Monthly meetings with Health established to consider delays in medicals</i> <i>Liaison with Police established to consider delays in DBS'</i> <p><i>Post SGO offer of duty line, support groups and training has been implemented alongside applications to the Adoption Support Fund and annual financial reviews with a dedicated Senior Social Worker leading this area of practice.</i></p>
<p>Plans for 2024/25</p>	<p>Team Managers and Service Manager to continue current tracking and reporting system alongside monthly reporting on performance, team capacity and functioning. Further work to be completed with Data Team to ensure workflows are on recording</p>

	<p>systems and dashboards accurate report on performance for greater oversight and service development.</p> <p>Further oversight needed from Team Managers and Service Managers to track and ensure checks are completed at the initial stages of assessment to avoid delay and understand any other issues to reduce the need to request Regulation 25 extensions and ensure placements do not become unlawful.</p> <p>Service Manager to continue to track, monitor and review with Health and Police Services progress with DBS and Medical checks.</p> <p>Service Manager and Team Managers to continue to meet with Legal and Safeguarding Services to review and support feedback loops to improve practice standards and timescales to ensure high quality assessments and support plans are presented to court.</p> <p>Post SG Team alongside Development Team to complete focus groups with current SGO carers to consider support offer to Special Guardians, alongside annual financial review.</p> <p>Team Managers to develop alongside our clinical practitioners, a rolling training offer including; Emotional Behavioural Management, Attachment/Secure Base and Trauma-Informed Care, aimed at supporting and enhancing the assessments of Special Guardian's as well as offering support and training post order to avoid difficulties and breakdowns, and increase stability and permanency for children within their families. Ensure feedback is sought from support groups and training to evaluate service delivery.</p>
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<p>Service Priority 8</p>	<p>Develop a responsive and professional Foster Carer cohort in Southwark</p> <ul style="list-style-type: none"> To build a resilient and expert foster care community able to support and care for the older cohort of young people
<p>Progress through 2023/24</p>	<p>Foster carers to return to panel every three years to ensure they continue to provide good care for Southwark children who are looked after.</p>

	<ul style="list-style-type: none"> - <i>Improved management reporting and oversight, with increased number of carers returning to panel however there remains a backlog to ensure consistent return to panel and oversight.</i> - <i>Improved feedback from children in care and foster carers birth/other children within the household</i> - <i>Improved feedback from children's Independent Reviewing Officers</i> - <i>Children's social worker feedback needs to be routinely provided for annual reviews and panel, this is a gap in feedback from a key professional required to review approval</i> - <i>Standards of Care process and timelines reviewed with the service to improve timeliness of review</i> <p>Ensure carers complete their Training Support and Development standards (TSDs)</p> <ul style="list-style-type: none"> - <i>Oversight from Panel and data collection shows a high proportion of carers are not completing their Training Support and Development standards in the required timescale of 12 or 18 months. Whilst a greater number have been completed this year, this is an ongoing issue.</i> - <i>The Service have been addressing this with additional sessions led by a Senior Social Worker and the training lead to support completion.</i> - <i>Themes identified in 2023 included lack of completion due to english not being their first language, connected carers struggling to complete logs and attending training, and some carers being in employment. Plans were put in place to reiterate importance of TSD's in recruitment assessment stage, social workers to provide 121 support during visits with the support of the family support worker if needed, to be reviewed at annual review and panel and timescales to be given to carers.</i> - <i>All new carers will have separate training documents on recording system, rather than joint for accurate reporting (and identification where secondary carers have not completed training but primary carers have)</i>
Plans for 2024/25	<p>Continued performance meetings and learning sessions with Team Managers and Social Workers to ensure that carers are visited and supported in line with expectations, social workers are adequately supervised, DBS and Medicals are completed in a timely manner, high quality reports are provided, with feedback from all relevant professionals, carers and children for timely reviews and panel papers quality assured to provide overviews of the work undertaken and recommendations for approval, including learning, training and development plans.</p> <p>Service Manager to track and monitor Standards of Care processes and timeliness.</p>

	<p>Service Manager to continue to track, monitor and review any challenges with Health and Police Services and across the Directorate, to ensure importance of feedback is shared and provided to review placements and carers approvals.</p> <p>Service Manager to work alongside Panel Advisor, Chair and Administrator to review functioning of panel to increase timely panel capacity and running order. Learning and review meetings set up between panel members and team managers</p> <p>Southwark to consider bringing Independent Reviewing Officers in house to the Quality Assurance team to support timeliness of reviews, improved practice and service development whilst maintaining independence.</p> <p>Carers to ensure they are completing their Training Support and Development standards (TSDs). Supervising Social Workers to continue to review in visits and Team Managers within supervision, alongside signposting to training offered. Clear expectations of Training and Learning and Development are detailed with dates to attend for the Annual Review and Panel paperwork, and Team Managers to quality assure this paperwork to ensure standards are upheld or plans in place to address them. If lack of compliance impacts on Standards of Care then procedures to be followed.</p> <p>Senior Social Worker to continue to provide sessions to support completion of TSDs, including prospective connected carers in assessment.</p> <p>Supervising Social Workers to review the importance and capacity of carers to provide electronic logs, and Family Support Worker or local resources to be sought to improve access to technology and completion of logs.</p> <p>Service to review Training Offer to consider training outside of working hours to support carers in employment alongside any additional training required to meet the needs of carers and our children and young people.</p> <p>Carers to be offered support and training in English courses specific to fostering requirements.</p> <p>For out of borough foster carers, requests to be made to local provisions to consider training on offer and methods/agreements to attend and provide feedback/assessment of engagement.</p>
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	<p>Develop further clinical support and possible specialist training that is needed to support carers to take on more challenging placements at edge of care, or residential including step down from residential.</p>
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	<p>Reflective practice group meetings for carers to be set up alongside a Team Manager and Clinical Practitioner.</p>
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Appendix 1 – Southwark’s Training Program

Our Core training is to be undertaken every 3 years:

- Safeguarding
- Placement Stability
- Attachment, Child Development and Secure Base
- Diversity

LEVEL ONE: Post-Approval Training in the First Year or 18 months if you are a Connected Carer (covers TSD Induction Standards)

This training will be repeated twice yearly.

1. Working with the Department: your role as a foster carer
2. Child Protection and Safer Caring - accessed online via KCA training associates
3. Attachment - accessed online via KCA training associates.
- 4 Child Development - accessed online via KCA training associates
5. Secure Base
6. Managing Behaviour
7. Supporting your child with Education and PEP's
8. The Role of the LADO and Allegations
9. Promoting the Health of Looked After Children
10. Emotional, Physical Well-Being for Foster Carers
11. TSD Workshops

LEVEL TWO
<ol style="list-style-type: none"> 1. Life Story Work 2. Resilience 3. Self-harming behaviour - accessed online via KCA training associates. 4. Suicide Prevention 5. Mental Health and Well-Being 6. Gangs Awareness 7. Substance Misuse 8. R.A.C.E.R training
LEVEL TWO (Parent & Child)
<ol style="list-style-type: none"> 1. Working with Parents to Assess Attachment 2. Child Observation 3. Advanced Safeguarding 4. Legal Process & Report Writing 5. Roles & Responsibilities 6.
LEVEL TWO (Teenagers)
<ol style="list-style-type: none"> 1. Preparing for Independence & Transitions 2. Appropriate Adult 3. Restorative Justice 4. Sexual Health & Relationships

LEVEL THREE (Specialist Therapeutic Carers)

Therapeutic carers will complete Empathic Behaviour Management training, Advanced Safeguarding and Mentoring training and provide written evidence with their practice observed by the SSW to demonstrate that they are practicing at an advanced level. They will continue to develop their skills, e.g. through specialist training and other learning - courses, e-learning, attending conferences, self-directed learning, reading etc. and assist with training and support of other carers.

Appendix 2 – Southwark’s Fostering Panel Report

Southwark Fostering Panel Report for the period April 2023 to March 2024

1. Introduction

This report covers the period from 1st April 2023 to 31st March 2024, providing details of the Fostering Panel’s activity over the twelve-month period. The primary functions of the Fostering Panel are to:

- recommend the approval of prospective foster carers including the terms of their approval, i.e. the type of foster care they can provide.
- recommend the continued approval of foster carers after their first and third annual reviews, or following complaints or allegations made about the quality of care provided.
- provide a quality assurance role.

The Agency Decision Maker either ratifies or rejects panel recommendations, thereby making a decision.

2. Panel meetings and membership

Panels continue to be held virtually on the first and third Wednesday of the month. Virtual panels work well and is convenient for panel members, foster carers and social workers alike. The reflective period at the end of each panel continues to be a safe space to discuss any feelings about the cases presented to panel that day.

It is important that the panel’s composition reflects, as far as possible, the diversity of the wider local community. Therefore, the central list includes members of different ages, genders, sexualities, heritage, and ethnic backgrounds.

3. Fostering Panel Central List Membership:

Role	Background
Independent Panel Chair	Fostering Panel and RAA Panel Chair
Independent Vice Chair	Educational Psychologist
Independent Panel Member	Foster Carer, Adopter and Independent Social Worker
Independent Panel Member	Adopter
Independent Panel Member	Foster Carer and Adopter

Independent Panel Member	Care experienced person
Independent Panel Member	Care experienced person
Independent Panel Member	Independent social worker
Agency Panel Member	Qualified Social Worker
Agency Panel Member	Care Proceedings Case Manager
Independent Panel Member	Foster Carer and Adopter
Agency Panel Member	Clinical Practitioner
Agency Panel Member	Qualified Social Worker
Agency Panel Member	Team Manager
Agency Panel Member	Team Manager

There are currently 15 Panel Members on the central list. A panel member taking a break has now resigned for personal reasons. Availability of agency social workers has been a challenge at times, as the Panel cannot sit without a social worker with three years of experience. Recruitment to identify agency social workers, Kinship Carers and care-experienced young people has continued and will aim to ensure its members reflect the diversity of the wider community.

4. Panel Advisor and Panel Administrator

Panel members greatly appreciate the support they receive from the panel advisor, particularly the quality assurance role in gatekeeping reports to ensure they are fit for purpose. Reports, particularly those with gaps, are expected to be referred back to the authors for correction before they are shared with panel members.

The efficiency of the panel is largely due to the panel administrator who is responsible for the effective functioning of the panel. The role includes planning panel dates throughout the year, managing the agenda, the virtual waiting room, minuting the meeting and distributing the minutes for approval. They also keep the central list records and collect data relating to panel activity. There was a mid-year change in panel administrator during this period, which can often be unsettling in terms of the process; however, the new administrator has settled well and the panel continues to function well.

5. Panel Members' Appraisals

Panel appraisals are due to be held in June 2024.

6. Panel training

There has been a delay in arranging annual training for panel members, which is now due to take place in July 2024, following the recruitment and onboarding of new panel members. Learning material in the form of articles continues to be shared with and between Panel Members as part of their ongoing development.

7. Panel activity throughout the year

Between April 2023 and March 2024, the Fostering Panel met on 22 occasions out of an expected 23, with one panel cancelled. The number of cases presented to virtual panels largely depends on the type and complexity of the case as some require more discussion time than others. The panel heard 88 cases during the reporting period. The table below provides data on Panel activity for the review year. Where available, data on activity in the previous two years is included to allow some comparison.

Number and type of cases presented to panel

Type of cases presented	2021-2022	2022-2023	2023-2024
Reg 27 Kinship Approval	12	17	8
Reg 25 extension	12	16	12
Family Link Approval	1	1	0
General Household Fostering Approval	8	6	6
Return to Panel follow an Allegation			1
Review Following Standard of Care	3	5	9
Return to Panel at Panel's request	0	7	1
Return to Panel Following First Annual Review	6	15	15
Fostering Match	5	2	7
Return to Panel Following First Review Family Link	0	1	0
Return to Panel Following Three Yearly Annual Review	2	6	19
Resignations	0	0	8
Total	53	76	86

During the period covered by this report the Fostering Panel considered the following cases:

Fostering Approvals

Fostering Approvals	2021-2022	2022-2023	2023-2024
General Fostering Households	8	6	6
Kinship Carer Households	16	17	8
Family Link Short Break Carers	1	1	0

There were six general fostering household applications presented to the panel, the same as the previous year. However, there was a marked reduction in Kinship Carer approvals, with eight presented to panel, representing almost 50% fewer households than in the previous two years.

No Family Link assessments were presented to panel during this reporting period.

All recommended approvals were ratified by the Agency Decision Maker.

Fostering Matches

Fostering Matches	2021-2022	2022-2023	2023-2024
Total number of children matched with foster carers	6	2	8
Number of children matched as part of a sibling group	1		2
Children matched with Southwark foster carers			2
Children matched with Independent Fostering Agency foster carers			6

Unless adoption is the care plan for a child, children in care should be expected to achieve permanency through placements with kinship carers or foster carers. As IROs are responsible for developing children's care plans, permanency planning should be discussed during children's Looked After Reviews and considered for inclusion in their care plans by their second review.

Young people over fourteen have the opportunity to be matched with carers via the Statutory Review process, while younger children are presented to the Fostering Panel. It is positive to note the increase in the number of children matched during panel during this period is the highest it has been since 2020/2021 when 13 children were matched with their foster carers. The majority of children matched (5 households involving 6 children) were with Independent Fostering Agency carers.

All recommended matches were ratified by the Agency Decision Maker.

Fostering Households 1st Year Review

1 st Year Reviews	2021-2022	2022-2023	2023-2024
General fostering households	6		15
Family Link short break carers	1		1

It is a regulatory requirement that all foster and kinship carers' 1st Annual Reviews are presented to panel to consider their continued approval following their first year of practice. Panel members consider and comment on the quality of Independent Annual Reviews and recommendations made outlining foster carers' approval number, age range and ability to meet the NMS. Southwark commissions an independent agency to conduct its foster carers' Annual Reviews, providing an additional level of independent scrutiny of foster carers' practice and the local authority's monitoring and support role.

The reviews are chaired by different reviewing officers and all provided sufficient information to support panel's understanding of the key issues. There are areas that panel believe warrant fuller discussion during the meeting. These include Learning and Development Plans, which are often not presented with the review paperwork and may be the reason there is often limited challenge when minimal training has been attended. Focus generally appears to be on the TSDS rather than on what core training should be completed within the first year. Similarly, although record-keeping is discussed, it is not discussed in detail. Panel has noted that few foster carers are using the online system to record. A number of foster carers record use different methods to record with no clear plan of how they will progress to completing electronic records.

All recommended continued approvals were ratified by the ADM.

Three Yearly Fostering Reviews

3 Year Fostering Reviews	2021-2022	2022-2023	2023-2024
Return to Panel Following Three Yearly Annual Review	2	6	19

While there is no requirement for foster carers to return to panel every three years, it is regarded as good practice for the panel to have some oversight of foster care practice over a period of time and the support carers receive. Following their third annual review, nineteen cases were presented to panel, which is by far the highest number to date. Panel was able to acknowledge good practice and discuss required action where carers fell short of expectations.

Reg 24/ 25 Kinship Extension

	2021-2022	2022-2023	2023-2024
Kinship Carer Extension	12	16	12

Kinship Carer assessments must be completed and ratified within 16 weeks; otherwise, their temporary approval ends and the placement becomes unlawful. In exceptional circumstances, an additional 8-week extension can be granted (Regulation 25 of the Care Planning & Placement Review (2010)) to complete the assessment.

These requests are usually made when there is a delay in the return of a DBS or medical due to late submissions. Twelve requests were made, which is a welcome reduction. It was hoped that by involving Supervising Social Workers at an earlier stage these delays could be prevented. However, obtaining the appropriate paperwork from carers when requested has also led to delays. The quality of the Regulation 25 reports are generally good with clear information on carers' ability to meet the child's basic needs and safeguard their welfare.

Panel did not recommend the extension for one case as felt the carer was unable to meet the children's needs. The Agency Decision Maker did not uphold panel's recommendation and granted the extension.

Return to Panel following Standards of Care, Allegations or other reasons

Standards of Care	2021-2022	2022-2023	2023-2024
Standards of Care	3	5	9
Allegations			1
Panel Requested Return to Panel			1

Nine carers have returned to the panel following Standards of Care investigations. These included a lack of transparency, allowing a child to see their mother while in the park, delays in reporting incidents, operating outside a care plan, and an altercation with another foster carer. All were investigated, and training, additional support, and monitoring were put in place.

Panel requested the return of one case following panel recommended action.

Resignations and Termination of Approval

Resignations and Deregistrations	2021-2022	2022-2023	2023-2024
Resignations	0	0	8
Termination of Approval			0

Panel acknowledged eight resignations during this reporting period. The majority were due to retirement after many years. Three foster carers had been approved since 1992, 1998 and 2006. A Kinship Carer was able to resign when her grandchildren were successfully transitioned back to their mother's care.

The panel has not recommended terminating the approvals of any carers during this period.

8. Fostering Panel's role in Quality Assurance

Assessments: Panel recommendations are based on the quality of the assessments and other paperwork it receives. Panel will regard an assessment report as of sufficient quality when it provides comprehensive information about the applicant, their abilities and motivation. It should identify their strengths, any vulnerabilities and provide a clear analysis and reason for the recommendation that is made. This process also applies to Reviews for continued approval and long-term matches. Fostering Assessments during this period were generally of a high standard. Direct feedback from children within households and children being cared for has also improved, with the majority now included in panel paperwork.

Feedback from children's social workers: Children's social workers do not routinely provide written feedback for foster carers' Annual Reviews. This is a gap in key information, as they have regular contact with foster carers and their households and, therefore, are best placed to provide feedback on how well the carer is meeting the child's needs. This has been raised within the department, and there has been some improvement.

Standards of Care investigations: Standards of Care concerns are thoroughly investigated; however, there is often some delay in returning such cases to the Panel, which can frustrate foster carers. They should be returned within eight weeks of the review following the investigation.

Fostering matches: Permanency matching reports are generally of good quality, outlining children's needs and the carer's ability to meet them to majority. Support plans would be a helpful addition to these reports.

Training: It is positive to note that more Training, Support, and Development Standards are being completed, though not always in the first year of approval. A number of foster carers' attend very few training sessions each year, stating they could not see the value in attending training they have

previously attended. This is an area that will need further work. Learning and Development Plans are also not routinely completed and included in Annual Review and panel paperwork, making it difficult to identify training attended and learning outcomes.

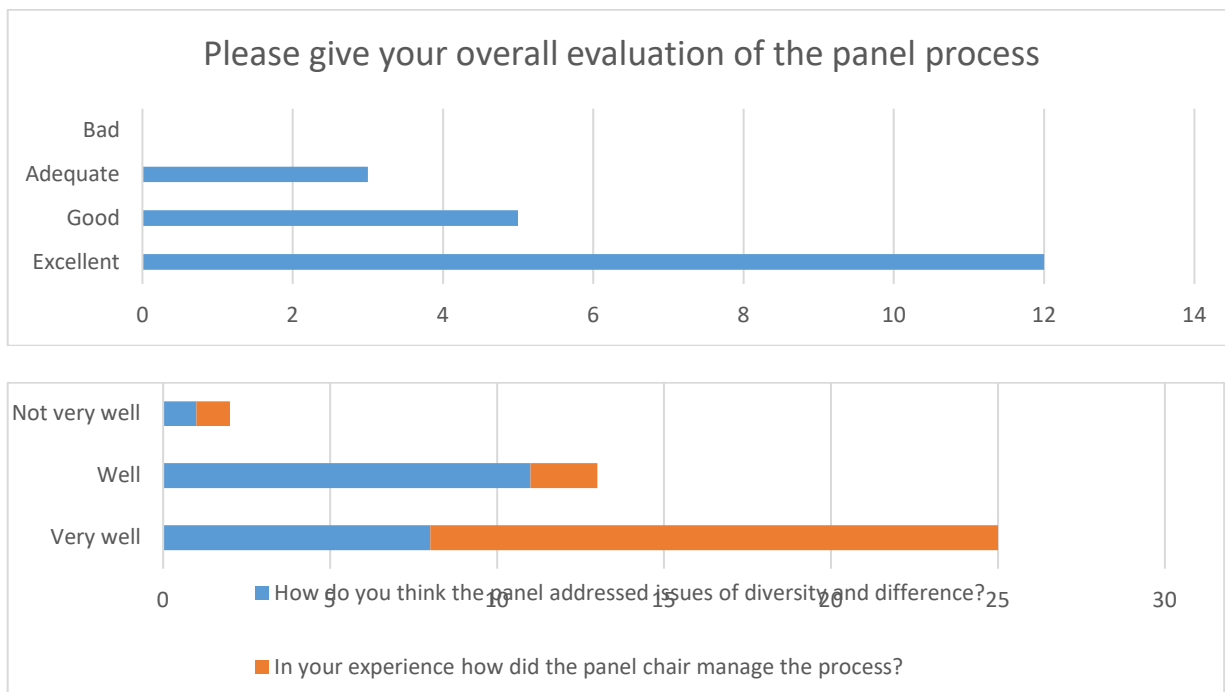
Recording: Many foster carers continue to use their own methods of recording, usually in diaries. This works well for them; however, there appears to be no clear method to help them transition to the online system. This will need further discussion to ensure they can be supported to make this transition.

9. Quality Assurance Meetings

Quarterly Quality Assurance meetings are attended by the Agency Decision Maker, Fostering Head of Service, the Service Manager, Panel Advisor and Panel Chair. The meeting provides the opportunity to discuss quality assurance feedback from the panel and panel advisor, issues raised in feedback forms and any departmental or panel issues. Follow-up action is assigned and reviewed at the next meeting.

10. Foster Carers feedback on the Panel process

Foster Carers and social workers attending panel are asked to provide feedback on their experience. Feedback was sent to new applicants, those returning for reviews and seeking matches. Out of the 67 feedback forms distributed, 20 were returned (29.8%). Of those, 12 described their overall experience as 'Excellent', 5 as 'Good', and 3 as 'Adequate'.



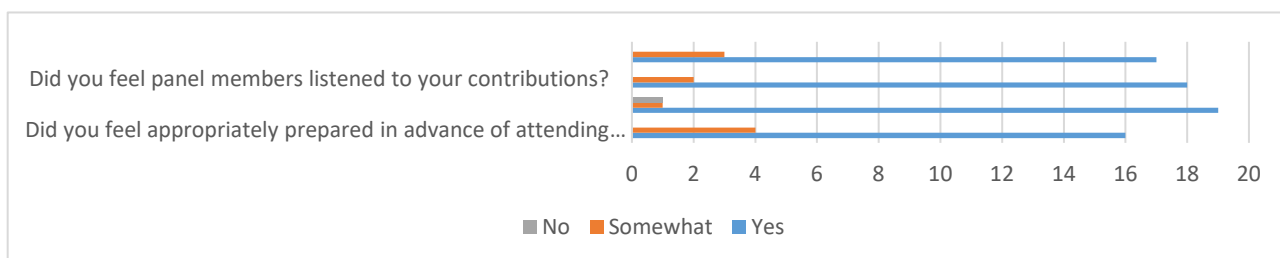
It was positive to note that 12 of those attending panel felt it was an **'Excellent'** experience, 5 described it as **'Good'** and 3 as **'Adequate'**.

Those who felt their experience was 'Excellent' (12) also felt the process was **'very well managed'** by the chair, while 2 felt it was **'well managed'** and 1 **'not very well managed'**. Only 8 attendees felt 'difference and diversity was **'very well managed'**, while 11 felt it was **'well managed'** and 1 thought it was **'not well managed'**.

The panel generally ask questions concerning **'difference and diversity'** if these areas have not been discussed in the paperwork. However, this feedback referred to the attendee's view of the lack of diversity of panel members on that day. *

Additional comments about panel and suggestions for changes support the feedback includes:

- *They made me feel at ease.*
- *I was very impressed by the panel. The panel was very diverse and very inquisitive and welcoming.*
- *Panel itself was good but the prework was awful. If my husband and I were not experienced in the field (teacher & nurse) we would have struggled. I feel for others who may be put in this situation.*
- ** As Southwark is a multicultural and diverse borough I would have expected to see this reflected on the panel.*
- *To all the members who were on my panel. Keep up the good work.*
- *A smooth process.*
- *It was a positive experience.*
- *Plans need to be made to move panel sessions from virtual to face to face meetings.*
- *The chair was very good and very professional, we felt confident in the process but felt under pressure making it difficult to answer the questions. It is important that if a virtual member has difficulty with their camera they should be excluded from the meeting as this comes across as passive aggressive. We were pleased with the outcome!*



The majority of those attending panel felt they were **'asked appropriate questions'** (17), **'listened to'** (18) and **'treated with courtesy and respect'** (19) by panel members. However, two felt that their contribution was **'somewhat'** listened to:

'Whilst answering Panel questions about Fostering TSD's/regulatory requirements a Panel Member made a sound like a guff, this was off-putting to both SSW and the foster carer.'

Those who felt the questions were only 'somewhat' appropriate (3):

'I feel a lot of it was not understood on a cultural level as I felt this was not reflected on the panel.'

Most concerning is the feedback from attendees who felt they were 'not treated with courtesy and respect':

'We felt that one particular panel member was very aggressive'.

The panel member concerned later reflected on their style of questioning and apologised.

It is important that attendees are provided with information about the panel process to help prepare them for panel. It is positive to note that the majority (16) felt appropriately prepared, however 4 only felt 'somewhat prepared':

'Because of the poor preparation and communication of the social workers there were personal questions that should have been in the report and not asked during the panel.'

Panel members and social workers will learn from the feedback provided, so those attending future panels have a more positive experience.

11. Social workers feedback on the panel process

What is the most helpful thing that happened when you attended the fostering panel recently? In addition, why?

- *The family being granted a positive outcome! This was because they have worked so hard to provide a secure base for the child, and have ensured he has consistent love and support.*
- *Carer had already been presented for her annual review to panel shortly before our request for Reg. 25 extension, so panel did not need much details from us.*
- *The panel members exhibited a supportive attitude toward the FC. They asked pertinent questions and provided guidance when it was necessary.*

What do you think about the questions the panel ask? Are they relevant? Was it clear why they were asking?

- *The questions were relevant on the whole, and it was useful for us to reflect and consider the journey for the child and his carers over the years.*
- *There were some very interesting questions that were raised, but not seen as relevant for this session. However, there was a reason and it would have been great to have had further discussions. There were others that were not appropriate in the manner in which they were raised.*
- *Relevant and appropriate.*
- *The panel's questions pertained directly to the matter at hand and the stated objectives. The questions carried weight and substance, digging deeper to uncover significant insights and information.*

Is there anything at panel you would like more of, or less of?

- *I would like a prompt start as we were left waiting for quite some time before being admitted to the meeting. I would have enjoyed further discussions where we were not so rushed and restricted by time.*
- *None – panel were professional. Took it in turns to ask questions – I attribute this to a good chairing.*

What do you do to prepare yourself for panel?

- *I pray! I was very nervous as I had never presented a match report before. I did not have my manager there either, which left me alone, but I think I managed okay. I relied on supporting and encouraging the network and we worked effectively as a team, and this was demonstrated in the way we all stepped in with excellent knowledge of the child's journey.*
- *I write all the documents that I sent and I read them before Panel.*
- *Read over what has been presented and seek any updates since paperwork was collated and sent to fostering panel admin.*

What are the best ways that panel ask questions to carers?

- *In my view, the panel members demonstrated an effective approach when questioning the foster carers. They communicated in a polite and empathetic manner while also exhibiting resilience.*
- *I think it is putting them at ease and not feeling as if there is a power dynamic. The Chair was very good at spotting issues, but at times struggled to keep one member under control. At the time there was no more that the Chair could have done to curtail this member's approach.*
- *No carer present as it was a Reg. 25 panel.*
- *It was enjoyable.*

Is there anything in particular about panel on this occasion that you would like to feedback on?

- *Questions regarding identity and the manner in which the carers were addressed, was not appropriate. It was not at all helpful for carers to feel under attack. This ruined the experience for them in what should have been a period of critical reflection and learning. Instead it ended up being a barrage of questions, and criticisms, leaving the carers feeling they had to defend themselves.*

If you were chairing the panel is there anything that you would do differently.

- *I think it was difficult as we started very late. I felt the chair did very well in getting through the questions. She was very firm with the panel member in question, yet they did not seem to acknowledge her curtailment and instead pursued an unhelpful line of questioning.*

Do you have any other feedback?

- *The panel member did not have their camera on, and I felt that this underpinned a passive aggressive onslaught putting carers at a disadvantage*

The feedback from social workers confirms that their experience and that of the applicants they supported were, for the most part, positive. A late start was a hinderance for one social worker, which on that occasion was caused by technical difficulties of an attendee on a previous case. Attendees are usually notified of the likelihood of a delay; however, it is acknowledged that a delay of even 10 minutes can seem much longer in such circumstances.

The more concerning feedback from social workers relates to a particular line of questioning by one panel member, whose camera was not on the day in question. This, along with the type of questions asked, was unhelpful, particularly as the applicant could not be seen. The panel member apologised after panel as realised their approach had been unhelpful.

There has also been an increase in feedback forms from children placed with foster carers

12. Conclusion

The fostering panel has functioned well during this period, which has seen a change in the panel administrator. The support of the new panel administrator together with the panel advisor has ensured consistency. Feedback from those attending the panel suggests that panel members are welcoming and ask relevant questions, though recent feedback suggests some areas for review. This includes panel diversity, which is being addressed through recruitment to ensure panel reflects the diversity of the local community.

Social workers continue to work hard to increase the quality of reports presented to panel, though the majority are already of a very good standard. Annual reviews are also of a high standard, with many providing detailed information that the panel has found very helpful. More in depth discussion around the gaps in training and recording during annual reviews would be beneficial, together with timescales set for improvement that can be monitored. The panel will also need to ensure action is being taken to address these areas when foster carers return to the panel.

There is evidence that Southwark supports its foster carers well to meet the needs of children placed in their care. However, foster and kinship carers need to be returned to the panel in a more timely manner following Standards of Care investigations as this can cause some frustration.

It is good to note that the number of matches for children in foster care has increased. However, more work is needed in this area. The IRO's role in ensuring the adherence to permanency timescales will be very important.

Most importantly, the voices of children placed with foster and kinship carers are clearly represented in their feedback forms, which have further increased during this period, along with feedback from children in carers' households.

Areas for development:

- Every effort should be made to ensure Kinship Carers assessments are presented to panel within the 16-week timescale, and extensions sought in exceptional circumstances. The paperwork for DBS and GP medicals should be discussed with temporarily approved Kinship carers during the viability assessment to ensure they have the necessary documents and to prevent delay.
- Some delays in foster carer medicals is reported to be due to some GPs refusal to complete medicals until they are paid. This will require discussion as medicals are required to ensure foster and kinship carers are fit to foster.
- Very few Learning logs are presented to panel and fewer still with learning outcomes. It is clear that a number of foster carers are not attending required training course because they have already attended a particular course in the past. The fostering service will need to consider what it expects of its carers. Perhaps a minimum number of evidenced hours of learning per year and in an agreed form might help increase their development.
- Foster carers should return to panel within eight weeks of their First Annual Review, which should be held within 12 months of their approval.
- All matching reports should include a support plan and information on the foster carers' ability to prepare a young person for independence.

- All children's social workers should provide written feedback for foster carers' annual reviews, including when children have left the placement within the reviewing period.
- Foster carers currently using diaries or other methods to record information about the child in their care should be supported to use the online template.
- All Learning Development Plans should be fully completed with details of learning outcomes and presented with paperwork for foster carers' Annual Reviews and fostering panel.

Areas for Panel development:

- The panel will ensure it asks relevant questions about foster carers' ability to meet a child's cultural and identity needs unless this is evidenced in the paperwork.
- The Panel Chair will endeavour to keep to time during the meeting, despite any delay and if not possible notification will be sent to attendees waiting to alert them of any delay.
- Panel members will ensure cameras are on at all times, if technical issues arise during panel the chair will ask the panel member's question.
- The panel Chair will ensure panel members explain the reasons why certain questions are being asked.

Independent Fostering Panel Chair

Meeting Name:	Corporate Parenting Committee
Date:	17 July 2024
Report title:	Corporate Parenting Committee – Work Plan 2024-25
Ward(s) or groups affected:	All
Classification:	Open
Reason for lateness (if applicable):	N/a

RECOMMENDATIONS

1. That the corporate parenting committee agree the approach and work plan as set out in the report.
2. That the committee review and identify any further items for consideration in the work plan.

BACKGROUND INFORMATION

Role and function of the corporate parenting committee

3. The constitution for the municipal year 2024-2025 records the corporate parenting committee’s role and functions as follows:
 - a. To secure real and sustained improvements in the life chances of looked after children, and to work within an annual programme to that end.
 - b. To develop, monitor and review a corporate parenting strategy and work plan.
 - c. 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.
 - d. To develop and co-ordinate a life chances strategy and work plan to improve the life chances of Southwark looked after children.
 - e. 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.
 - f. 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.

- g. To ensure performance monitoring systems are in place, and regularly review performance data to ensure sustained performance improvements in outcomes for looked after children.
- h. 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.
- i. To report to the council's cabinet on an annual basis.
- j. To make recommendations to the relevant cabinet decision maker where responsibility for that particular function rests with the cabinet.
- k. To report to the scrutiny sub-committee with responsibility for children's services after each meeting.
- l. To appoint non-voting co-opted members.

National and local context for care leavers

- 4. There is national momentum towards improving outcomes for care leavers. The government introduced 'Keep on Caring' strategy in 2016, increased council statutory duties to care leavers in the Children and Social Work Act in 2017, appointed a national Adviser for Care Leavers who produced a report in 2018, alongside the national launch of the Care Covenant. The council has responded to the various recommendations, for example by prioritising education, employment and training outcomes for care leavers in the Council Plan and developing the care leaver local offer as well as increasing service capacity for the extended personal adviser duties to 25.
- 5. Although much has been done to improve services and outcomes for care leavers, the council has an ambition to go above and beyond, by creating the best Leaving Care Service possible, by co-designing this with young people, learning from other organisations and trialling new ideas to test what works best.
- 6. In 2017 the council and Catch22 received funding from the DfE Social Care Innovation Programme to work in partnership to design and test new ways of working to support care leavers. The Care Leavers Partnership (CLP) works to improve outcomes for young people in Southwark by working across boundaries, reshaping the service delivery model, unlocking capacity in the community, and co-designing solutions. There are a number of strands that the CLP is working on to achieve our goals.

KEY ISSUES FOR CONSIDERATION

- 7. The corporate parenting committee review and update the work plan each

meeting. Following the beginning of the municipal year 2019-20, and reflecting on the momentum towards improving outcomes for care leavers, the opportunity has been taken to review how the committee works and present proposals to refresh this in relation to: non-voting co-opted members; committee approach; and work plan and suggested agenda items.

Corporate Parenting Committee work plan 2024-25 – draft outline

23 October 2024

- Speakerbox verbal update / annual report
- Annual independent reviewing officer report
- Adoption annual report
- Quality assurance report on children homes to cabinet
- Annual virtual head teacher's report.

26 February 2025

- Speakerbox verbal update
- Care leaver and housing protocol
- Lifelong Links (tbc).

1 April 2025

- Speakerbox verbal update
- Southwark children homes – quality assurance report requested by cabinet
- Corporate Parenting Committee annual report to cabinet (tbc).

SpeakerBox

8. 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 particularly service planning and design. 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 and councillors.

Community, equalities (including socio-economic) and health impacts

Community impact statement

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

Equalities (including socio-economic) impact and health impact statement

6. Relevant issues will be addressed in the reports submitted to the corporate parenting committee.

Climate change implications

7. The work plan process for the committee has no direct implications.

Resource implications

8. 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@southwark.gov.uk
Web link: http://moderngov.southwark.gov.uk/ieListMeetings.aspx?CId=129&Year=0		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Alasdair Smith, Director of Children and Families	
Report Author	Beverley Olamijulo/ Paula Thornton, Constitutional Team	
Version	Final	
Dated	3 July 2024	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Assistant Chief Executive – Governance and Assurance	No	No
Strategic Director of Finance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	3 July 2024	

CORPORATE PARENTING DISTRIBUTION LIST (OPEN)**MUNICIPAL YEAR 2024-25**

NOTE: Original held by Constitutional Team; all amendments/queries to
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