

Corporate Parenting Panel Agenda



To: Councillor Alisa Flemming (Chair)

Councillors Maria Gatland, Patricia Hay-Justice, Bernadette Khan, Shafi Khan, Andrew Rendle, Andy Stranack, Gill Manton and Sandra Richards

A meeting of the **Corporate Parenting Panel** which you are hereby summoned to attend, will be held on **Wednesday, 8 November 2017** at **5.00 pm** in **Council Chamber, Town Hall, Katherine Street, Croydon CR0 1NX**

JACQUELINE HARRIS-BAKER
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www.croydon.gov.uk/meetings
Tuesday, 31 October 2017

Members of the public are welcome to attend this meeting.
If you require any assistance, please contact the person detailed above, on the righthand side.

N.B This meeting will be paperless. The agenda can be accessed online at www.croydon.gov.uk/meetings

AGENDA – PART A

1. Apologies for absence

To receive any apologies for absence from any members of the Panel.

2. Minutes of the previous meeting (Pages 5 - 10)

To approve the minutes of the meeting held on 19 July 2017 as an accurate record.

3. Disclosures of interest

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

4. Urgent Business (if any)

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Update on timeliness of LAC health assessments (Pages 11 - 18)

6. Children In Care Council update (Pages 19 - 22)

7. Corporate Parenting Panel work plan (Pages 23 - 26)

8. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

“That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of

Schedule 12A of the Local Government Act 1972, as amended.”

CORPORATE PARENTING PANEL

Meeting held on Wednesday 19 July 2017 at 5.00pm in the Council Chamber,
Croydon town hall, Katharine Street, Croydon, CR0 1NX

MINUTES - PART A

Present: Councillor Alisa Flemming (Chair)
Councillors Maria Gatland and Patricia Hay-Justice

Officers Amanda Tuke, Sarah Baker, Wendy Tomlinson, Ian Johnston, Caroline Baxter, Lyn Glover, Dionne Sang, Ilona Kytomaa (clerk)

Also in attendance: Looked After Children

A34/17 APOLOGIES FOR ABSENCE (agenda item 1)

Apologies were received from Councillors Shafi Khan, Andrew Rendle and Andy Stranack, and from Ian Lewis.

A35/17 MINUTES (agenda item 2)

RESOLVED that the minutes of the meeting held on 26 April 2017 be agreed and signed by the Chair.

A36/17 DISCLOSURE OF INTEREST (agenda item 3)

None

A37/17 URGENT BUSINESS (agenda item 4)

None

A38/17 EXEMPT ITEMS (agenda item 5)

None

**A39/17 ASSESSING THE HEALTH AND WELLBEING OF CROYDON'S
LOOKED AFTER CHILDREN (agenda item 6)**

Part 1 of this agenda item focused on arrangements for improving health outcomes for Croydon's looked after children. Officers highlighted performance issues in relation to looked after children's health assessments. Members were reminded that initial health assessments should be carried out within 20 working days of the individual being registered as being in care. In 2016-17, only 20% of assessments were carried out within this period of time, due to insufficient capacity. As a result, the commissioning officer escalated the matter and obtained additional funding to commission assessments at the North Croydon Medical Centre. Now, Panel members were informed that there was sufficient capacity for the very first time to deliver initial health assessments within the above-mentioned deadline.

Members were also informed that the health assessment template had been improved and that the process for consenting to a health assessment had been simplified. Officers will also be working on improving the process for notifying medical staff that a health assessment was needed.

Officers stated that reassessments needed to be carried out at least once a year and twice a year for children aged under five years. They informed members that there had been a deterioration in providing timely repeat assessments in 2016-17, again as a result of capacity issues. To improve matters, the Designated Nurse for looked after children moved reassessments to a clinic, as a result of which their number had risen to 30 per month, which is an improvement though still insufficient. Officers highlighted the need for more nurses to carry out reassessments within deadlines. Members were also informed that health staff were working hard to minimise the number of missed appointments, particularly for hard to reach children and young people. If a young person misses an appointment twice, social services are contacted to resolve the situation and have the young person's health reassessed.

Councillors expressed concerns regarding the fact that problems with the timeliness of health assessments had not improved despite being raised in the Annual Report of the Safeguarding Children Board as well as the recent Joint Targeted Area Inspection. They expressed the wish to receive more regular performance updates.

Young people attending the meeting were asked to contribute to discussions on health assessments.

R.

R. questioned officers regarding sexual health advice for young people. He asked whether the assessment gave young people an opportunity to ask the nurse for information and advice, and to find out more about

relevant services and the agencies that provide them. The designated LAC nurse explained that staff carrying out health assessments had been trained to provide such information and advice in a way that is clear and easy to understand. She added that while health assessments usually lasted an hour, it was possible to lengthen them slightly to discuss issues raised by the young person. If need be, the young person's concerns can be recorded on his/her confidential health assessment record and action plan.

R. was asked whether he felt that his health assessments provided satisfactory information and advice and stated that he did not receive this during his own assessments. He also reported that health assessments tended to be carried out by different nurses from one year to the next, preventing him from developing a trusting relationship with medical staff. Councillors sympathised with this view point. The Designated L.A.C. nurse stated that efforts were made to maintain continuity whenever possible.

Members pointed to the information in the report on health assessments (page 12, paragraph 17) stating that the Croydon Health Services community children's medical service provided six to twelve initial health assessments per month and that further initial assessments were delivered by the North Croydon Medical Centre. They asked how well the extra funding obtained was likely to meet demand. Officers explained that the additional funding covered an additional 7-8 assessments per week.

The Independent Chair of the Children's and Adult Safeguarding Board echoed members' concerns regarding the timeliness of health assessments. She asked looked after children where they preferred to have their assessments, at a clinic or at another place of their choice. R. responded that they would rather have their assessments at home during the weekend.

R. stated that it would be a good idea to have a health assessment shortly before leaving foster care to prepare oneself for dealing with one's health needs as an adult. Officers observed that current performance and capacity issues made this somewhat difficult to achieve. However, they added that a leaving care "summary" was completed by the nursing team shortly before a young person left care, to ensure that all health checks and care had been carried out. Moreover, if a young person has health concerns, the simplest approach was to contact his/her G.P. for advice and treatment where needed.

R. stated that it was important for health reassessments to take place at a location close to home, and for them not to encroach on a young person's education, training or work. The Designated Nurse explained that an appointment based system had been introduced to reduce the number of missed appointments. A plea was made for weekend appointments, including Sunday, as many young people had weekend jobs. Unfortunately, it was observed that clinics took place Monday to Friday

from 9am to 5pm and that capacity issues would make it difficult to offer weekend appointments.

Officers highlighted the useful outcomes of a health awareness day held about two years previously, in which young people had been given the opportunity to ask a wide range of questions regarding their health needs.

Asked whether foster carers spoke to looked after children about sexual issues, officers explained that this formed part of their training.

Officers were questioned regarding the decrease in the number of completed Strengths and Difficulties questionnaires. It was observed that this did not mean that young people's needs had changed. It was observed that the scores achieved on these questionnaires was low and had fallen in 2016, which was positive. Members were advised that STQ scores in Croydon were generally better than those of other looked after children in the country.

Officers gave the Panel assurances that Independent Reviewing Officers were given health assessment reports prior to statutory reviews and used the health section of the review minutes to record any health concerns such as delays in obtaining health services. Members asked whether IROs could be advised of health issues *before* an assessment was carried out. They were advised that the pre-meeting report provided the opportunity to highlight any health concerns. Officers added that they were pooling statistics from various service providers in order to identify issues as early as possible.

Part 2 of this agenda item focused on the results of an assessment of the health needs of Croydon's looked after children, based on the findings from an audit of the following:

- initial and review health assessments of 80 cases
- analysis of referrals to LAC CAMHS
- analysis of information about LAC with Special Educational Needs and Disabilities

Officers reported that the quality of the assessments had been generally good, although they highlighted concerns regarding the assessment of mental health needs and the failure to assess the Body Mass Index of looked after children when measuring and weighing them. They explained that 15% of unaccompanied asylum seeking children were below the normal range, but that this had not been identified or tackled. Likewise, 40% of these children were above the normal range and referrals to relevant services had not been made.

Officers stated that they had analysed 35 mental health assessment from the past year. They stated that there was an improvement in health staff's recognition of mental health needs. Members heard that 40-50% of the cohort had mental health needs and there was evidence that more young

people with mental health needs were getting a referral to relevant services.

Officers added that the assessment form needed improving. In particular, they needed to reflect the different health needs of three age groups:

- 0-5 year olds
- 5-10 year olds
- 11 year olds and above

Members were informed that the young people who were underweight were mainly from Syria and Afghanistan. They do not eat well because of stress issues. They can be referred to a dietitian but the cause of the problem is emotional. This is now being addressed in GP training. Officers stressed the importance of asking the right questions to identify young people's emotional problems. One hurdle to obtaining information is the fact that many unaccompanied asylum seeking children do not know how to express or explain their emotions, and translators need to know how to draw out this information sensitively and tactfully from them. Officers explained that services such as the "Off the Record" counselling service was particularly well geared up to deal with such issues in a holistic way.

R. stated that moods could affect people's appetite significantly. He added that it might be difficult for foster carers to find the type of food children were used to and that some might not be familiar with the dietary rules linked to the children's religion.

A40/17 CORPORATE PARENTING PANEL WORK PROGRAMME (agenda item 7)

The topic of the 11 October 2017 meeting was confirmed as engagement.

Members also agreed that each meeting should commence with a short agenda item on progress made since the previous meeting. For the October meeting, this will include progress on the following:

- reducing delays in initial and repeat health assessments
- completing a higher number of Strengths and Difficulties Questionnaires
- re-examining statistics relating to Strengths and Difficulties Questionnaires (number of questionnaires completed and scores achieved)

Officers in attendance at this meeting committed themselves to attend the October meeting to respond to Members' questions.

Members were also informed that officers would be reviewing the Terms of Reference of the Corporate Parenting Panel.

A41/17 DATES OF FUTURE MEETINGS (agenda item 8)

- Wednesday 11 October 2017 at 5pm
- Wednesday 10 January 2018 at 5pm
- Wednesday 7 March 2018 at 5pm

The meeting ended at 6.45 pm

REPORT TO:	Corporate Parenting Panel 8 Nov 2017
SUBJECT:	Update on progress on improving delivery of health assessments for looked after children within timescales
LEAD OFFICER:	Barbara Peacock , Executive Director of People Department
CABINET MEMBER:	Alisa Flemming, Cabinet Member for Children, Young People & Learning
WARDS:	ALL
CORPORATE PRIORITY/POLICY CONTEXT:	
<p>A caring city: Provide safer, high quality, integrated healthcare and social care services close to home with a focus on maternity, children and young people, and mental health services.</p> <p>Corporate Parenting.</p>	
FINANCIAL IMPACT	
No financial considerations.	
FORWARD PLAN KEY DECISION REFERENCE NO: N/A	

1. RECOMMENDATION

- 1.1 Corporate Parenting Panel to note the report which is the requested update on the timeliness of LAC health assessments.

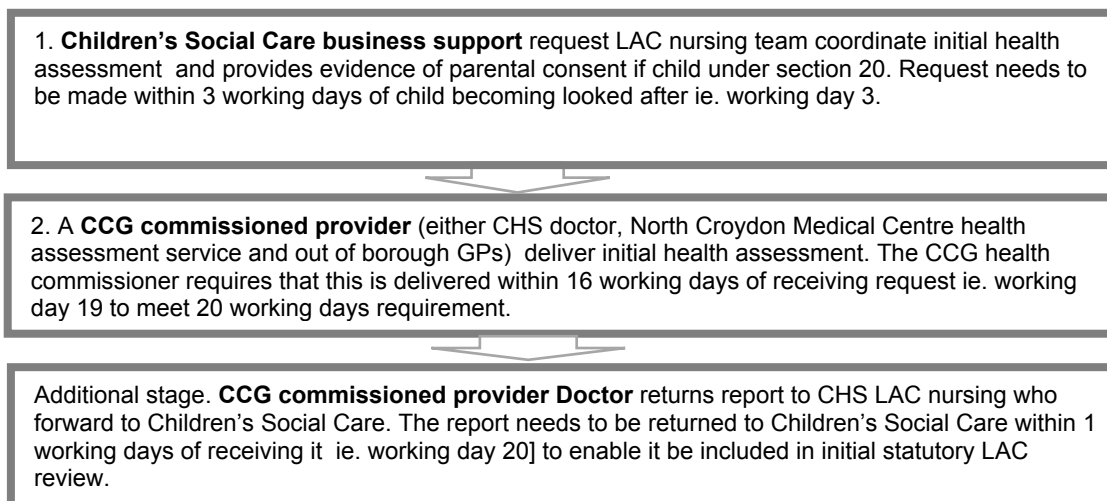
2. EXECUTIVE SUMMARY

- 2.1 The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child’s physical, emotional and mental health and acting on any early signs of health issues.
- 2.2 This report is in response to the Panel’s request for an update on the progress in improving timeliness of health assessments for looked after children.

3. DETAIL OF REPORT

Initial health assessments – context

3.1 Statutory guidance requires that initial health assessments for looked after children are delivered within 20 working days of the child becoming looked after and must be carried out by doctors. The flow diagram below shows the Croydon process and timescales for each initial health assessment which are required to deliver required performance of delivery within 20 working days.



3.2 On 19 Jul 2017, Children's Social Care and the CCG health commissioner reported to the Panel members that performance in relation to initial health assessments timeliness was poor.

Issues, actions and progress in relation to timeliness of initial health assessments

Requesting initial health assessments within 3 working days

3.3 Currently, the responsibility for requesting an initial health assessment from the LAC nursing team (within 3 working days of the child becoming looked after) lies with the business support officers who support each of the Children's Social Care teams which hold LAC cases.

3.4 As shown in table 1 and 2, Children's social care performance team report that for only 6 of 217 children (2.8%) becoming looked after since 1 Apr 2017, the request was made to the nursing team for an initial health assessment within 3 working days. For 74.7% of children who became looked after since 1 Apr 2017, the request had not been made as of 27 Sep 2017.

Table 1. Number of working days from child becoming looked after to initial health assessment being requested for all children becoming looked after since 1.4.17

Working days	Number of children	percentage
3 days or less (Target)	6	2.8%
4 to 7 days	8	3.7%
more than 7 days	41	18.9%
Request has not been made as of 27.9.17	162	74.7%
Total	217	100%

Table 2. Of children in table 2, proportion whose initial health assessments were delivered within required 20 working days of becoming looked after.

Initial health assessment delivered within 20 working days	Number of children	percentage
yes	10	5%
no	207	95%
Grand Total	217	

3.5 The report from Children’s social care performance team is consistent with data reported to the lead commissioner by the LAC nursing team which would suggest that requests for initial health assessments are rarely made within 3 working days of the child becoming looked after (stage 1 in the process).

Demand and capacity of CCG commissioned provision for initial health assessments

3.6 At the start of 17-18 the CCG health commissioner estimated the monthly demand for initial health assessments as 40 from the average number of children becoming looked in 2016-17. Services have been commissioned to deliver up to this number.

3.7 Table 3 shows for April to July 2017:

- estimated demand compared with actual demand;
- number of LAC becoming looked after in previous month in comparison with numbers of requests for IHAs received by LAC nursing;
- number of IHAs delivered in comparison with clinic slots wasted through DNA.

Table 3. Capacity and demand for initial health assessments 2017-18

	Apr 17	May 17	Jun 17	Jul 17
Estimated no. of IHAs needed each month	40	40	40	40
Capacity of CCG commissioned services - monthly average CHS 6, NCMC 32, OOB 2. ¹	40	40	40	40
No of LAC becoming looked after in preceding month <i>[Social Care data]</i>	40 in Mar	30 in Apr	37 in May	39 in Jun
No of IHAs requested by Children’s Social Care <i>[NHS data] NB. This is the number of all requests received, not necessarily those from LAC brought into care in the preceding month</i>	36	16	24	15
Total no. IHAs delivered <i>[NHS data]</i>	24	17	12	16
Number of children who did not attend clinic appointment without notice	6	12	7	10

Notes: (1) This is the total number of clinic spaces available so if the child and carer do not attend their appointment without notice, the slot will be unused but still charged to the CCG.

3.8 Table 3 shows that:

- The CCG had commissioned sufficient clinic capacity to deliver the total number of initial health assessments which are needed combining health assessments delivered by both the CHS community paediatricians and the additional service commissioned from North Croydon Medical Centre which has been in place since April 2017 (stage 2 in the process)
- There was a high “did not attend” rate which resulted in wasted clinic appointments which impacted on capacity and CCG funding (stage 2 in the process).

Performance in relation to the commissioned health services delivering initial health assessments within 16 working days of receiving the request from Children’s social care.

3.9 The CCG health commissioner requires monthly performance reports from the LAC nursing team on the % of initial health assessments delivered within 16 working days of the request being received. This performance data is broken down by provider so that performance can be monitored as shown in table 4.

Table 4: Timescales for initial health assessments (numerator /denominator shown in brackets) 2017-18

	Apr 17	May 17	Jun 17	Jul 17
% all IHAs delivered in reporting month within 16 working days of request	54% (13/24)	59% (10/17)	25% (3/12)	38% (6/16)
% IHAs delivered by CHS community paediatricians within 16 working days of request (mth)	0% (0/6)	0% (0/5)	0% (0/7)	17% (1/6)
% IHAs delivered by North Croydon Medical Centre within 16 working days of request	76% (13/17)	100% (10/10)	60% (3/5)	56% (5/9)
% IHAs delivered by other boroughs within 16 working days of request	0% (0/1)	0% (0/2)	N/A	0% 0/1

3.10 Table 4 shows between April and July 2017 that there was poor performance against delivery within 16 working days of request from the CHS doctors and moderate performance from the North Croydon Medical Centre. At the set up of the NCMC contract it was agreed that CHS community paediatricians would deliver health assessments for all children under 10. In this time period there was a higher than usual proportion of younger children (aged under 10) so the restrictions in place led to a number of children under 10 waiting longer than required for their health assessment.

3.11 Table 4 also shows poor performance from Out of Borough doctors. For children placed beyond 20 miles of the borough, health assessments are requested from their GPs. These health assessments are rarely delivered in a timely way and while considerable efforts are made by the LAC nursing team to encourage timely delivery, the lead commissioner has limited leverage to improve this.

Summary of issues in relation to timeliness of initial health assessments:

3.12 Children’s social care rarely request initial health assessments from the LAC nursing team (who coordinates the assessment appointments) within the necessary 3 working days of the child becoming looked after.

3.13 Clinician resources are wasted if children and carers do not attend with no notice or if requests for health assessments are artificially clumped into batches of requests.

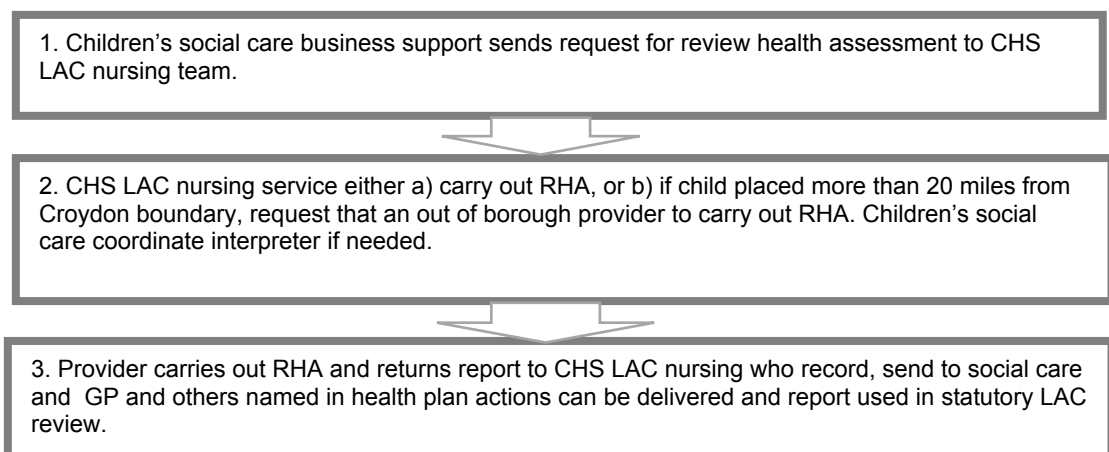
3.14 Limiting the delivery of initial health assessments for LAC aged under 10 to CHS was reducing the flexibility in resources to meet the 16 working days requirement.

Actions to resolve issues with timeliness of initial health assessments

- 3.15 **Children’s Social Care managers** have submitted a business case for additional resources from Corporate Business Support (as part of Children’s Social Care business support review and Social Care Improvement plan) to create a permanent LAC health coordinator role which would include taking responsibility for making all requests for initial health assessments to the LAC nursing team on behalf of all Children’s Social Care teams. This business case was agreed on 27.9.17 for 6 months and actions are now underway to recruit to this role. Further action will be needed to achieve agreement for this to be a permanent role as performance will quickly return to poor once the temporary post ends at the end of 6 months.
- 3.16 **The CCG Designated LAC nurse**, as described in the report to Corporate Parenting Panel members on 19 July 17, has initiated a “Did not attend/hard to reach” group with Children’s Social Care with the objective of ensuring through partnership working that vulnerable LAC receive their health assessments and clinic slots are not wasted.
- 3.17 **The CCG Designated Doctor** has delivered training to North Croydon Medical Centre GPs from the Designated LAC doctor deliver to enable them to confidently deliver initial health assessments for children of all ages to make better use of resources.

Review health assessments - context

- 3.18 Statutory guidance requires that all looked after children receive an annual (or 6 monthly if under 5) health assessment which can be carried out by a nurse or doctor. Performance is measured as the proportion of children at year end who had their annual or 6 monthly health assessment in the previous 12 months.
- 3.19 The flow diagram below shows the Croydon process for review health assessments.



- 3.20 On 19 Jul 2017, Children’s Social Care and the CCG health commissioner reported to the Panel members that performance in relation to delivering all the required review health assessments within the year was poor.

Issues, actions and progress in relation to delivery of review health assessments

Demand and capacity of CCG commissioned services for providing review health assessments.

- 3.21 At the start of 2017-18 the CCG health commissioner identified that there was not

sufficient nursing capacity to deliver the estimated number of review health assessments needed in the year. The CCG agreed a business case from the health commissioner and designated LAC nurse for additional funding to increase capacity, currently until Mar 2018. Two additional nursing posts are out to recruitment with the expectation that the nurses will be in post and up to speed before the end of Dec 17.

3.22 The table below shows:

- How the estimated gap between CCG commissioned services and number of review health assessments needed will be reduced throughout the year as a result of additional capacity funded in the LAC nursing team.
- The lower than anticipated number of review health assessments which have been requested by Children's Social Care business support in quarter 2.

Table 5. Demand and capacity for review health assessments 2017-18

	Q1 (3 mths data)	Q2 (6 mths partial estimate)	Q3 (9 mths estimate)	Q4 (12 mths estimate)
A. Estimated cumulative number of review health assessments needed (of estimated 720 in total for 17-18)	180	360	540	720
B. Capacity of CCG commissioned services (each quarter)	99	99	99	234 ¹
C. Capacity of CCG commissioned services (cumulative)	99	198	297	531
D. No. review health assessments requested by Children's Social Care (cumulative)	219 ²	276	-	-
E. Total no. of RHAs delivered (cumulative)	88	190 ³	-	-
F. Cumulative capacity gap [C minus A]	-81	-162	-243	-189
G. Cumulative delivery gap [E minus C]	-11	-8	-	-
H. Number of missed appointments when child/carer did not attend without notice	34	39 ³	-	-
Estimated performance at Mar 2018 on % of LAC in care for at least 12 months with up to date health assessments with additional capacity in place from Jan 2018.				74% ⁴

Notes: (1) CCG has commissioned an increase of LAC nursing team with two additional nurse posts currently out to recruitment. Given the recruitment challenges, a cautious view has been taken (2) A large number of requests were made from RHAs outstanding from 2016-17 following social care manager intervention (3) Extrapolated from Jul data. (4) The estimated denominator of 720 review health needed per year is deliberately at the top end of the estimate, includes all LAC rather than just those in care under 12 months and does not take into account a) children placed out of borough, and b) children under 18 who will return home in the year before their RHA is due.

Summary of issues in relation to the review health assessments needed in 2017-18

3.23 The data in table 5 shows that requests for review health assessments by Children's Social Care are not being managed to make best use of available health capacity.

3.24 Because of the time taken to achieve agreement on additional funding and recruitment challenges, additional nurse capacity would improve performance from the 60% for 2016-17 but is unlikely to be in place quickly enough to enable all review health assessments to be delivered before the end of Mar 2018.

3.25 The funding for additional nurse capacity has only been agreed until Mar 18 which

may have been a factor in the recruitment challenges.

Actions to resolve issues with capacity to deliver review health assessments

3.26 **Children's Social Care manager's** business case for an additional LAC health coordinator role (as described in initial health assessment section of this report) includes responsibility for managing requests to the LAC nursing service for review health assessments across the year to ensure the best use of nursing resources.

3.27 **The lead health commissioner and LAC designated nurse** will be working with the provider service to monitor successful recruitment for the additional nurse posts and to ensure maximum impact of the additional resources in delivering the health assessments needed. A verbal update on recruitment progress will be given at the meeting.

3.28 Once the additional nurses have been recruited, **the lead health commissioner** will be raising the issue of additional capacity in the longer term.

4 CONSULTATION

4.1 This report has been produced in collaboration between the lead health, the Designated LAC nurse and the Council social care managers.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 There are no financial considerations arising from this report.

6 COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

6.1 There are no legal implications of this report.

7. HUMAN RESOURCES IMPACT

7.1 There are no human resources implications of this report.

8. EQUALITIES IMPACT

8.1 This report is not proposing a change in policy or service.

9. ENVIRONMENTAL IMPACT

9.1 There are no environmental implications of this report.

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 There are no crime and disorder implications of this report.

CONTACT OFFICER:

Wendy Tomlinson, Head of looked after children, Croydon Council

**Amanda Tuke, Joint head of children's integrated commissioning
On behalf of Croydon Clinical Commissioning Group and Croydon Council**

BACKGROUND DOCUMENTS

Not applicable

REPORT TO:	Corporate Parenting Panel 8 November 2017
SUBJECT:	Children in Care Council Update
LEAD OFFICER:	Barbara Peacock, Executive Director of People Department
CABINET MEMBER:	Alisa Flemming, Cabinet Member for Children, Young People & Learning
WARDS:	ALL
CORPORATE PRIORITY/POLICY CONTEXT:	
<p>A caring city: Provide safer, high quality, integrated healthcare and social care services close to home with a focus on maternity, children and young people, and mental health services.</p> <p>Corporate Parenting.</p>	
FINANCIAL IMPACT	
To be confirmed.	
FORWARD PLAN KEY DECISION REFERENCE NO: N/A	

1. RECOMMENDATIONS

- 1.1 Corporate Parenting Panel to note the report, which is an update.

2. EXECUTIVE SUMMARY

- 2.1 The Croydon Children in Care Council was relaunched in October 2017 to provide looked after young people in Croydon with an opportunity to be heard and to make a positive impact in the borough.
- 2.2 The format of the CiCC is currently designed to establish two new cohorts of 8-12 yr. olds and 13-18 yr. olds to who will participate in activities and discussion with the intention of shaping the service they get, engaging them in decision making about their lives, giving them access to senior managers and supporting their ambitions when moving on from being a looked after young person in Croydon.
- 2.3 The official launch of the CiCC took place on Tuesday 24 October.

3. DETAIL

3.1 Actions taken to date

- 3.1.1 The Youth Engagement Team are leading on re-establishing the CiCC and recruiting looked after young people to join. The membership of the group is based on young people voluntarily participating and in some cases, particularly the younger cohort, with the support of those who look after them.
- 3.1.2 The approach to recruiting young people is based on targeting looked after young people known to the Youth Engagement Team directly and by enlisting support from schools, social work units and the Virtual School. Further recruitment efforts have targeted looked after young people known to existing partners.
- 3.1.3 Advertising has been created with Croydon Design.

3.2 Recruitment update and inter-departmental support

- 3.2.1 One young person has agreed to be a peer volunteer, she is a past member of the Youth Cabinet and Youth Forums, she is 18 years of age and living independently after leaving care.
- 3.2.2 One young person signposted from Shpresa (a voluntary sector organisation supporting Albanian unaccompanied minors commissioned by Croydon Council) but it is likely there will be further attendees encouraged by his attendance.
- 3.2.3 There is a commitment from John Ruskin College to support young people to attend the relaunch and future sessions.
- 3.2.4 10-15 young people have been identified to attend from existing projects or Youth Forums/Cabinet.
- 3.2.5 Since embarking upon recruitment there has been a positive response from within social care and other parts of the organisation. Permanence 1 and 2, Leaving Care, Fostering and Business Relationship teams in particular have all actively supported recruitment efforts.
- 3.2.6 Permanence 1 unit 3 and 4 are approaching young people directly to support recruitment. To date, unit 3 has 5 young people who we expect to join CiCC from the launch. Permanence 2 and Leaving Care are also supporting this work by connecting looked after young people to the CiCC through workers in their respective strands.
- 3.2.7 Fostering and Business Relationships teams have facilitated the Youth Engagement Team attendance at the foster parent's monthly forum and are

directly contacting foster parents to help recruitment to the CiCC. In addition to social care, the Virtual School have also approached looked after young people directly and will have visibility at the launch.

3.3 Official Launch and Next Steps

3.3.1 Tuesday 24th October 2017, 2-5pm at the TMRW Hub on Croydon High Street.

3.3.2 Focus on young people being present and engaged in activities.

3.3.3 At this first session young people reviewed The Pledge established by the Corporate Parenting Panel, hoping to 'youth proof' it and make it more accessible.

3.3.4 Members of Youth Cabinet attended the launch to support new CiCC young people and give a presentation on their work and ideas for joint projects in the future.

3.3.5 Senior council leadership attended and shared aspirations for young people and the CiCC.

3.3.6 Comms and press support were in place to push advertising and 'good news' stories.

3.3.7 CiCC will look to design their own logo in the first few months.

3.3.8 Early projects for CiCC to work on include developing a 'welcome to care package' for all children and young people entering the care of Croydon council.

3.3.9 The aim is to have a number of Croydon Takeover Challenge 2017 (November 24th) places filled by looked after young people.

3.3.10 School holidays day events for looked after young people (particularly 8-12 yr. olds) will be in place from early 2018.

3.3.11 Future plans for 2018 are to develop a young volunteer's programme for care leavers to support their younger peers.

3.3.12 It is expected that the launch will establish a foundation from which participation in the CiCC will grow. Recruitment will remain a priority in the coming months.

3.3.13 Since embarking upon recruitment there has been a positive response from within social care and other parts of the organisation. Permanence 1 and 2, Leaving Care, Fostering and Business Relationship teams in particular have all actively supported recruitment efforts.

3.3.14 Permanence 1 unit 3 and 4 are approaching young people directly to support recruitment. To date, unit 3 has 5 young people whom we expect to join CiCC from the launch. Permanence 2 and Leaving Care are also supporting this work by connecting looked after young people to the CiCC through workers in their respective strands.

3.3.15 Fostering and Business Relationships teams have facilitated Youth Engagement Team attendance at the foster parent's monthly forum and are directly contacting foster parents to help recruitment to the CiCC. In addition to social care, the Virtual School have also approached looked after young people directly and had visibility at the launch.

4. RECOMMENDATIONS

4.1 Corporate Parenting Panel to note the report, which is an update.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 Not applicable

6. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

6.1 Not applicable

7. HUMAN RESOURCES IMPACT

7.1 No adverse impact.

8. EQUALITIES IMPACT

8.1 Not applicable at this stage.

9. ENVIRONMENTAL IMPACT

9.1 Not applicable

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 Not applicable

CONTACT OFFICER: Emily Collinsbeare, Youth Community Engagement Team Manager

BACKGROUND DOCUMENTS

None

Croydon Council

For General Release

REPORT TO:	Corporate Parenting Committee 8th November 2017
SUBJECT:	Forward Work Plan
LEAD OFFICER:	Barbara Peacock
CABINET MEMBER:	<i>Cllr Alisa Flemming</i>
WARDS:	All

CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:

The term 'Corporate Parenting' was first used in the Children Act 1989 and has been updated in subsequent Acts.

The Local Authority holds a Corporate Parenting Panel in order to allow members to have oversight of the work to support looked after children and care leavers who are the direct responsibility of the local authority.

The Ofsted Inspection of service for children in need of help and protection, children looked after and care leavers concluded that '*As corporate parents the local authority has not prioritised and planned sufficiently to improve outcomes for children*'. The Inspectors also noted that the panel '*does not focus enough on improving poor performance in priority areas*'.

Additionally, Ofsted noted that:

More work is needed to engage the Children in Care Council.

The Terms of Reference for the Corporate Parenting Panel have not been formally reviewed since 2010 (appendix A attached).

The current workplan expires in early 2018 and therefore is due for review.

FINANCIAL IMPACT

There are likely to be financial implications arising from aspects of the work programme, but these are as yet to be quantified.

1. RECOMMENDATIONS

- 1.1 For the Panel to approve a work plan for the forthcoming year and review the terms of reference.

2. EXECUTIVE SUMMARY

- 2.1 The work plan is intended to cover all areas of work that support looked after children and care leavers. It will include standing agenda items and agendas that can be repeated and updated year on year. The agenda is broadly grouped into areas that relate to each other.

3. DETAIL OF THE REPORT

3.1 Corporate Parenting training

- 3.1.1 The officer group would like to offer updated training and input to elected members using a resource such as the National Children's Bureau's *Putting Corporate Parenting into Practice* or similar.

3.2 Work plan Options

- 3.2.1 Officers are suggesting that the young people of the Children in Care Council are given the work plan and asked to contribute with forward questions and 'challenge cards' to officers and elected members. This will be led by the members from the Children in Care Council.
- 3.2.2 A Children in Care performance scorecard will be developed for challenge and discussion covering all key performance indicators.
- 3.2.3 Engagement of members with staff and young people.
- 3.2.4 Reviewing the Pledge to Children and Young People in Care. This should be led annually by the Children in Care Council.
- 3.2.5 Mentoring/peer mentoring.
- 3.2.6 Celebration / Awards: This would be a short report that updates the Panel on plans and recruits their commitment to supporting success.
- 3.2.7 Complaints. Summary of complaints from children in care directly, or via a third party, with a review of the learning from complaints with some key examples. This would be led by the complaints team.
- 3.2.8 Fostering: Annual Review of the Statement of Purpose. Annual Report on the work of the Service; input from the Croydon Foster Carers' Association (CFCA). Report on recruitment and de-registrations. This will include how young people support the training of carers and how they are offered choice. We will need to hear from the young person who sits on Panel. Update on the Fostering Action Plan.
- 3.2.9 Adoption: Recruitment of adopters, annual report from the service, Update on regionalisation agenda where appropriate and use of Adoption Support Fund (ASF).
- 3.2.10 Housing for Care Leavers. Report on how many young people have stayed put, how many have been offered social housing tenancies. This report would need to cover what the parameters are for supported housing, as well as some numbers.
- 3.2.11 Sufficiency planning. Placement availability and choice.

- 3.2.12 Analysis of the prevailing and emerging health needs of the Looked After population and Care Leavers. We would want to ask our health colleagues to include discussion about themes and patterns of physical and mental health needs and the evidence of those needs having been met, and access to wider health opportunities such as free or subsidised access to leisure.
- 3.2.13 Supporting children who go missing from care. Risk management, multi-agency work, panels, Return Home Interviews (RHIs) and their Impact. This report will need to offer something about the profile of these young people and the initiatives we have in place to reduce missing.
- 3.2.14 Virtual School Annual report, GCSE outcomes, A level outcomes, Graduate care leavers, care leavers education, training and employment figures, details on apprenticeship schemes both within the Council and within partners. Leisure opportunities, positive contribution, volunteering, internships. Commissioning intentions.

4. CONSULTATION

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 There are likely to be financial implications arising from aspects of the work programme, but these are as yet to be quantified.

6. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

- 6.1 There are no legal implications of this report.

7. HUMAN RESOURCES IMPACT

- 7.1 There are no human resource implications of this report.

8. EQUALITIES IMPACT

- 8.1 This report is not proposing a change in policy or service.

9. ENVIRONMENTAL IMPACT

- 9.1 There are no environmental implications of this report.

10. CRIME AND DISORDER REDUCTION IMPACT

- 10.1 There are no crime and disorder implications of this report.

CONTACT OFFICER: Wendy Tomlinson, Head of Looked after Children, Croydon Council.

APPENDICES TO THIS REPORT

Appendix A – Corporate Parenting Panel terms of reference

BACKGROUND DOCUMENTS: Not applicable.

Corporate Parenting Panel

Established: First established 2007 and re-established annually since then.

Regularity of meetings: 4 times per year.

Membership: 7 Members - 5:2

2017/18

1 Alisa Flemming, (Chair).	1. Maria Gatland
2 Bernadette Khan	2. Andy Stranack
3 Shafi Khan	
4 Andrew Rendle	
5 Pat Clouder	

Proportionality: 5 Majority Group and 2 Minority Group

Discretionary training requirements: Speed reading, Data Protection and Freedom of Information. Members Code of Conduct/ Declaration of Interest, Safeguarding for Children, Children's Trust

Duties of Panel Members: (1) to read papers and identify questions and comments (2) to attend panel meetings (3) to declare interests as required (4) to carry out any follow up actions (5) attend any required training

Clerk: Ilona Kytomaa Ext 62683

Lead Officers: Barbara Peacock, Executive Director (people), Philip Segurolo, Interim Director, Early Help and Children's Social Care, Wendy Tomlinson, Head of Looked After Children and Resources

Quorum: 3

Terms of Reference (Revised July 2010)

- The Corporate Parenting Panel will focus on improving outcomes for children looked after by Croydon Council
- To monitor performance targets and priorities so far as they relate to children looked after or young people in receipt of leaving care services.
- To monitor the health needs of looked after children, promoting positive engagement of health partners in Corporate Parenting.
- To monitor the education needs of looked after children, promoting positive engagement of education partners in Corporate Parenting.
- To ensure the Council actively promotes opportunities for looked after children across the whole Council.
- To listen to representations from looked after children and young people who are in receipt of services from the Council or from those young people who are care leavers.
- To advise the Director of Children's Services and the Lead Member for Children's Services on issues relating to Corporate Parenting Policy.