

Corporate Parenting Panel Agenda



To: Councillor Alisa Flemming (Chair)

Councillors Shafi Khan, Janet Campbell, Bernadette Khan, Jerry Fitzpatrick, Maria Gatland and Helen Redfern

Co-optee Members

Virtual School: Shelley Davies, Angela Griffiths, Sarah Bailey;

CLA Designated Health Professionals: Dr Julia Simpson, Fiona Simmons

Health Commissioners: Amanda Tuke, Pasquale Brammer, Laura Saunders

Health Providers: Lyn Glover, Sue Goode

EMPIRE: Young People and Council Staff

Care Leaver Representative; Ashleigh Searle

Foster Carer Representatives: Angela Christmas, Manny Kwamin and

Martin William (Chair of Foster Carers Association);

A meeting of the **Corporate Parenting Panel** which you are hereby summoned to attend, will be held on **Wednesday, 15 January 2020** at **5.00 pm** in **F10, Town Hall, Katharine Street, Croydon CR0 1NX**

JACQUELINE HARRIS BAKER
Council Solicitor and Monitoring Officer
London Borough of Croydon
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Tuesday, 7 January 2020

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 - 14)

To approve the minutes of the meeting held on Wednesday 13 November 2019 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 actions agreed at previous meeting(s)

6. Children in Care Performance Scorecard (Pages 15 - 18)

The Children in Care Performance Scorecard for November 2019 is attached.

7. Children Looked After Health Commissioning and Performance (Pages 19 - 28)

This report provides additional clarity on the actions being undertaken to improve the performance; and also an overview of the provision of services to improve emotional wellbeing and mental health of children looked after and actions relating to these services.

8. Annual Report of Adoption Service and Panel (Inc. plans/update of regional adoption agency) (Pages 29 - 54)

There are 3 reports attached:

1. Annual Adoption Agency Report

A summary of the adoption service activities over the last financial year

2. Annual Adoption Panel Report

A report by the independent chair on the activities of the Adoption Panel

3. Update on the transfer and progress of Adoption London South

9. How has the Panel helped Children in Care today?

For the panel to consider how its work at the meeting will improve services for children in care.

10. Work Programme (Pages 55 - 56)

To consider and approve the Panel's work programme for the municipal year 2019/20.

11. 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."

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Corporate Parenting Panel

Meeting of Corporate Parenting Panel held on Wednesday, 13 November 2019 at 5.04 pm
in F10, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillor Alisa Flemming (Chair);

Councillors Shafi Khan, Bernadette Khan, Jerry Fitzpatrick, Maria Gatland and Helen Redfern

Co-optee Members:

Foster Carer Representatives: Angela Christmas and Manny Kwamin;
Care Leaver Representative; Ashleigh Searle;
EMPIRE: Young People and Council Staff;
Virtual School: Sarah Bailey
Health Commissioner: Fiona Simmons

Also

Present: Jo Negrini (Chief Executive Officer)
Nick Pendry (Director of Early Help and Children's social Care)
Vanessa Strang (Head of Social Work with Children Looked After and Care Leavers)
Laura Saunders (Senior Commissioning Manager)
Emily Collinsbeare (Youth Engagement Manager)
Rodica Cobarzan (Service Manager Fostering)
Clive Seall (Interim Head of Early Help)
Jade Lloyd (Youth Engagement Worker)

Apologies: Apologies for lateness received from Councillors Alisa Flemming; apologies for absence received from Cllr Janet Campbell and Co-optee Member Martin Williams (Chair of Foster Carers Association).

PART A

Cllr Fitzpatrick nominated Cllr Khan to start the meeting.
Cllr Gatland Seconded the motion.

Councillor Shafi Khan Chaired the meeting from its start until the arrival of Councillor Flemming.

45/19 Minutes of the previous meeting

The minutes of the meeting held on Thursday 5 September 2019 were agreed as an accurate record.

46/19 Disclosures of interest

There were no disclosures of interests.

47/19 Urgent Business (if any)

There was no urgent business.

48/19 Update on actions agreed at previous meeting(s)

At the last Corporate Parenting Panel, Members requested an action log for issues raised be kept as record.

There were a number of actions raised from the previous meeting and officers updated the Panel with the status of the actions. These included:

1 – *Following up on the complaints made by a young person in foster care placement.* This issue had been addressed by the team and with the young person. The service manager had an oversight of the YP and their care plan, and further follow-ups had been put in place.

2 – *A consultation document for the young people.* A Pathway Plan template had been put to the young people for consultation. As a result, a focus group consultation had taken place.

3 – *A breakdown report of staff turnover in fostering service.* This had been submitted and had shown that the turnover had been low. The information would be forwarded to everyone.

4 – *An urban dictionary for social work officers.* This was to be coproduced by EMPIRE. This has been followed through.

5 – *Advocacy sessions with young people.* Youth Services were exploring “I am Amazing” to deliver sessions to EMPIRE. This would be something the team would roll out internally with their own resources.

6 – *A presentation of Virtual School to EMPIRE.* Virtual School had made arrangements to meet with EMPIRE later in November 2019 to discuss the feedback received in February. Virtual School representatives would be attend EMPIRE sessions once every half term so education was embedded in the themes happening at their session.

7 – *Work around the Independent Visiting Service.* The Independent Visiting Service was contacted for arrangements to talk with EMPIRE and share what the service offer.

8 – *Advertising EMPIRE to all Children Looked After* – Following a PEP meeting, a flyer and leaflet was the chosen method to give out to foster carers

and young people when meetings are taking place. This had been put in place.

17:19 – Cllr Flemming attended the meeting.

Councillor Flemming directed the remainder of the meeting as Chair. The order of the meeting was revised to include EMPIRE.

49/19 Children in Care Performance Scorecard

The Head of Social Work with Children Looked After and Care Leavers gave an update of the September month performance, which highlighted the service performance was doing well in some areas and had struggled in other areas.

Officers shared that the local authority had 548 children in care of which 290 children were looked after from unaccompanied minors from aged 16 who came from Lunar House and were cared for by another local authority.

There were more performances noted in amber than red which was good progress for the service improvement journey.

One of the red performance issues, related to having an updated care plan and pathway plan for looked after children. It was noted that a new system had been introduced for social workers to use. In addition, a new pathway plan had been more child friendly and focused to ease the problems raised. The updated pathway plan was due to be launched this November 2019.

Officers highlighted a change in targets and expectations in foster care visits, and had introduced for social workers to conduct an every 4-week visit to foster carers, with expectations to rise to 95% from 85% last year.

The Panel discussed what had been heard and questions were asked. EMPIRE noted that the percentage was low for the 17-15 aged group of children and they asked how Children Services helped children in education, not in employment and training. Officers said that collaborations with the children's services and Virtual School were in process of setting up a NEET (Not in Education, Employment or Training) Panel, to set up a multi-disciplinary panel to see what we can do in the wider council and with develops relationships to address other issues to look at real opportunity for young people. The idea had come from the model used in the Camden borough, which was looked at as part of the improvement model for Croydon. It was noted that figures needed to improve and this was the first step to address the issues.

The Chief Executive Officer noted that some of the failures before reemployment and training were left in one department. In light of these issues, it was noted that the Council would be doing more to encourage young people in work or training by way of apprentices and other

opportunities. There was an agency called Croydon Works, which had brought other opportunities and networking. Croydon Hospital and the Council looked to create better opportunities for the young person.

Other Members commented on the notable progress made within the service from the scorecard presented, though concerns were raised around continued employment for young people aged 20 who had employment for twelve months.

Officers shared that training was offered to staff for additional support in their workforce and further took on board comments highlighted by the Panel to enhance the service.

The Panel discussed the issue of the consistency in visits and how it was monitored. Co-optee Members highlighted the pressures social workers had in trying to fit in 6-weekly visits and reducing caseloads. Officers acknowledged that social workers had been under pressure to complete home visits in 6 weeks and to reduce the target would be difficult as the 6-weekly target was not successful, and suggested that the visits should be monitored before moving on to another target. Other issues in visits were raised concerning clear promises that were not often followed through and visits that were not often planned. Officers responded that the service was introducing a better way for social workers to plan visits, by encouraging standard practices to book three to six months in advance with a letter template so the young person and the foster carer know of their scheduled appointment.

Officers noted the report stated a 4-weekly fostering visit, which was incorrect and should be noted for a 6-weekly fostering visit. The service had introduced good practise of a 4-weekly visit and working towards 6-weekly. Further, officers noted that management was working to support staff in their demanding work to help build an improved performance within the service.

The Panel discussed the pathway plans and its statutory entitlements, and Members relayed the ongoing issues of its availability within the timescales provided to the young person. Members were glad to see the changes included a better template in completing the plans, and were concerned of its unclear timekeeping. Members were further concerned with the quality of visits and giving staff support. Officers acknowledged that timekeeping with pathway plans was an issue and indicated that their aspiration to change the way pathway plans were coordinated would reduce the issues highlighted, and every young person and foster carer would have a copy of the care plan within the required time. Further, officers were insuring that all social workers had manageable caseloads to deliver quality service.

ACTION: Clarity around timescales for pathway plans to return back to Panel.

The Panel discussed the raised concerns of young people who were known to be drifting off, and officers assured that there were support for young people to access, such as Legacy. The leaflets had been distributed to professionals and schools which provided information on Legacy so young people are aware of it. The Chair acknowledged there were issues arising in young people on a case by case basis, and more emphasis was given that they are supported across the board. Officers noted that the service were looking at different support based on the individual needs, to reduce people feeling panicked and overwhelmed.

At 5:58pm the Panel adjourned for a short break

At 6:04pm the Panel resumed the meeting

50/19 Annual Report of Virtual School - Data Update

The Head of Virtual School introduced the updated report, which was a request of the Panel to return from the last meeting in September 2019.

Inside the report there was additional information to answer questions around looked after children and supporting them to get to university.

The report also highlighted the raw data of children in Key Stage 5, aged 17 and 18, who had taken A-levels (or equivalent) and would take other courses before they went to university. The Panel heard that personal advisors had been available to help advocate for young people and some universities were also helpful in providing support.

The report also showed that seventeen reception children required a huge amount of support in reading and writing, though the percentage was low, the service would want to do more.

Officers shared that there was a special phase for education to work with young people to close gaps in numbers, alongside working with foster carers. There were some people within that group not captured due to adoption. The Chief Executive Officer commented on the types of interventions addressed to bridge the gap. Officers said that the schools were working closely with foster carers and there was also training for carers for “play” at home and what could be offered through growth and play. The whole package included language skills and vocabulary.

The Chair commented on the pathway plans highlighting that a good development level for children starting primary school would prepare them for secondary school. Noting that there were challenges for the young person in taking their GCSEs at a later stage, it was important to understand how the service supported children so the gap did not increase year on year. Whilst a structured plan was really important, the model was utilised for the right cases. Officers encouraged for children to be taught reading at home the same way they are taught in school to help uniform the structure.

EMPIRE made reference to the support professionals would provide children going through stress, anxiety or depression in the long term future. Officers informed the Panel that the service worked with all the professionals working with children, providing training to understand awareness and better relate to children who suffered and would require support. Co-optee Members noted the encouraging change Virtual School had put in place, and commented on the provisions to unaccompanied asylum seeking children that there were professional services such as Off The Record for counselling, which was deemed positive.

ACTION – CEO to work with Director of Early Help and Children's Social Care to look at how the service and the Council (as an organisation) could create opportunities to children.

ACTION – CEO to work with the Director of Human Resources to raise the role of volunteering within the Council to support the Looked After Children Service (assisting young children in reading etc).

The Panel discussed the issue around the threshold for CAMHS, and noted that there was a push back to the role of CAMHS and other services who were supporting the young person. Officers informed that CAMHS were doing a lot of work on the transformation plan for more opportunity and integrated services. The service were looking at things nationally to get away from the emotional work, and looked at clinical work in the community and in schools for good guidance and expectations. Members of the Panel acknowledged the difficulty involved within the LAC services and highlighted the importance of hearing the voice of the young person. Other Co-optee Members noted that another local authority in Bexley recognised perspective from a young person by introducing the social worker to think about a young person's experience.

Officers further informed the Panel that they were looking for a Tier 2 or 3 SLAM service for a young person who came into care and the experienced they have and look at a fast response and different support offered, from independent fostering agencies directed for children and their caregivers.

ACTION – For the Service to start thinking of ways we communicate with individuals on their social, emotional and physical wellbeing, rather than Tier 4 provision in SLAM.

Further discussions on CAMHS from Panel Members wanted to see a CAMHS service operate within schools, which would be better effective. This would manage time, resources and the demotivation of a young person being taken by a parent or foster carer.

Virtual School highlighted a project that was funded year by year providing trainee staff to provide mental health services. This needed ongoing medium funding. This would be additional support provided by schools which is not directly linked to CAMHS.

Other comments discussed by the Panel acknowledged that whilst CAMHS may be stretched, the alternative methods for mental health support is not often appreciated, this is because other methods are not often talked about. Work with Off The Record, and Mindness and other methods were to be recognised as an alternative method for young people to use in a positive way. This was to be further explored. Further comments from EMPIRE highlighted that children were not often comfortable in one to one therapy sessions and may feel tranquil in group sessions. The idea for the group therapy to happen outside of school time or at weekends; to provide a session in school or youth clubs as it would be beneficial for children to get involved, was put forward. It was noted by officers who addressed the Panel that there was specification to provide the services young people were asking for.

ACTION – To consider and introduce group therapy to young children as an alternative to one-to-one therapy. EMPIRE to lead.

In response to questions raised by Panel Members regarding the creation of an app to support young people when applying for university, officers highlighted that the service had newly signed a years' license for a software that was being trialled.

ACTION – To have data of all support available for LAC when they go to university, i.e. What are the choices, what is supported, how to apply, all the stages from UCAS to personal specification, with case studies. To be in collaboration with the Leaving Care Team [long-term action].

ACTION – To integrate the local offer for care leavers.

Further questions from EMPIRE were asked regarding how young people could access their pupil premium and how they could access computers available at home. Officers shared that pupil premium money was given to schools to choose how it could be spent. Going forward, some of the pupil premium would be held back for money to be spent on a laptop or a tech model for each child aged 9+. EMPIRE further enquired regarding the support available to buy books for studying core subjects and other subjects in preparation for GCSE, and officers confirmed that all materials would come from the same pot of money accessed through school, and support was available via Virtual School. It was also noted that foster carers received allowances for books.

The Chair concluded for officers to provide an overview of schools across the borough to show how Pupil Premium was being used as not many parents had been informed about the scheme or know how to use it, and further to support carers in how to use Pupil Premium.

ACTION – Virtual School to provide an overview of the spending in pupil premium.

51/19 Children Looked After Health Commissioning and Performance

Officers introduced the report informing on the performance of the initial health assessments for all young people in care who were seen by a care professional or a LAC (Looked After Child) Medical.

Questions from EMPIRE included how the NHS kept a track on the mental health of the young children, how long the information was stored for and the confidentiality of data. Officers informed the Panel that there was ongoing work around monitoring health needs and reviewing individual data. A spreadsheet was used to capture data for officers to have a better picture of what was being recorded. Officers confirmed that the information stored was for up to ten years due to the request of information that may be required within the decade to provide answers to the individual or involved services. With regards to confidentiality, officers advised that consent was often granted before staff completed a medical, the staff would explain the routine process and who would be in the know of their medical information to the young person before they are to sign any form. It was said that usually the social worker, the school nurse and the GP were kept aware of the health of their young person, though if the young person did not want their medical notes to be shared this was to be acknowledged.

The Chief Executive Officer (CEO) was interested to understand what the reasons were for young people declining health medicals and issues around health assessments, why there was a dip in completing health assessments and what the service was doing. Officers informed that they were working very closely with Children's Services for better communication between the systems for referrals to be received on time. Officers informed the Panel that there was difficulty in completing health assessments if the referral was not received within the timescales.

A delay to the receipt of a referral would often include incorrect information of the young person's foster carer to book appointments. Officers added that there was a high rate of children who do not attend scheduled appointments, which meant having to reschedule.

Officers highlighted that the health team was aware of the difficulty in timescales and were reviewing standards to improve the service. The health service was further reviewing their assessments and were at a point where they were sharing information twelve weeks in advance. The service had put a lot of intensity into one area as other areas were often missed, and needed to understand why it was not happening from a themed perspective.

The CEO, on reviewing an action plan, asked as part of the action plan whether there were key actions to dealing with the backlog and work for the ones backlogged, and further asked whether there were capacity issues. Officers addressed the queries by stating that they were putting in plans and through their data were looking at how far behind they were, and the approach to work on clearing the backlog without creating another backlog. The service were also providing appropriate provision for better assessments. Conversations between services had improved and GPs were given more

time to complete their assessments. Officers confirmed that there were no capacity issues within the service, and with the review health assessments, the service had capacity within the nursing team, which was positive.

Co-optee Members complimented four LAC assessment reviews and initial assessments they attended, which were spot on and within the three weeks' timescale. The only concern shared was that contact information is often not updated and foster carers receive calls for children not in their care. Officers commented that the doctors who see the young person do not often spend a lot of time with the young person and would generally need more than one hour to complete their assessment. Two hours was generally given to an unaccompanied child, which was deemed appropriate. Doctors were also able to access a lot of information, however cross borough records were more difficult to access. Part of the improvement plan was for communication to be better between boroughs for sharing data.

The Panel heard that the service had a requirement for GPs to spend more time with the young person and training had been put in place for unaccompanied asylum seeking children's information to make referrals as appropriate. There was also a triage in process for the most appropriate GP or paediatrician to pick up on the referrals and put in place adequate time.

The Panel discussed their disappointment in reasons why assessments were delayed or not completed within the timescales, and there were still some uncertainty as to what the delays were. Members also noted that twenty-three missed children according to the report was very upsetting, and noted a communication problem between the foster carers and health should be looked into further. In detail, officers said that the twenty-three missed children related to the young children who were not brought in to have their assessment completed. Officers further commented that the young people who were being cared for should be encouraged to attend appointments. For the purpose of the report the wording was changed to "did not attend".

The Panel would like to see the service review the way health services complete assessments to avoid missing vital information in young people. The Chair added that it was important that this was monitored across the board as it was very important for a child or an unaccompanied asylum seeking child coming into the system to see the process in a seamless way without any blockage. Though this was a very good report there was a request for wider detail.

ACTION: Health Paper to return to the next CPP meeting to review shortfalls, and why it is happening. Regarding the 23 missed children and overview of the process in wider detail.

52/19 How has the Panel helped Children in Care today?

The Panel highlighted the accomplishments and discussed changes to help Children in Care.

A big thank you was awarded to EMPIRE for their suggestion made at the meeting which was powerful and clear.

53/19 Work Programme

The work programme was received for information.

54/19 Exclusion of the Press and Public

Not required.

The meeting ended at 7.15 pm

Signed:

Date:

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OUR
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Childrens Performance Dashboard

November 2019

Produced by
Performance Intelligence and Data Quality Team



CROYDON
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Indicator Number	Indicator Title	Polarity	2019/20											2019-20 YTD or latest	Comparative Data									
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	RO	2019-20 Target	RAG		Croydon 2017-18	England 2017-18	Stats Nbr Average 2017-18	Croydon 2016-17	England 2016-17	Stats Nbr Average 2016-17	Croydon 2015-16	England 2015-16	Stats Nbr Average 2015-16	
MC 8	Number of missing episodes started in month - LAC missing from placement	SIB	203	224	256	266	258	193	192	209	HD	NA	Grey	1,801	871			525 (all missing)	399.5 (average)	543 (average)	105	57 (Average)	59	
MC 11	% of Total found episodes in month (missing episodes only) where RHI was offered and accepted (RHI DONE) - LAC missing from placement	SIB	71%	63%	60%	58%	51%	62%	57%	60%	HD	NA	Grey	60%	44%									
LAC 1	Number of LAC at the end of the month		836	840	849	838	836	838	826	831	VS	NA	Grey	831	783			785	478.09 (Average)	507 (Average)	800	Average 463	517 (Average)	
LAC 2	Rate of LAC per 10,000 under 18 population		85.1	85.5	86.4	85.3	85.1	85.3	84.0	84.6	VS	NA	Grey	85	83.0			83.0	62.0	54.1% (average)	86.0	60.0	59 (Average Rate)	
LAC 2a	Rate of LAC per 10,000 under 18 population excluding UASC		56.8	57.1	57.6	56.8	56.5	55.8	54.7	54.7	VS	NA	Grey	55	52.0			42	42	48				
LAC 3	Number of LAC at the end of the month who are Local LAC (Non-UASC)		558	561	566	558	555	548	538	538	VS	NA	Grey	538	484			396	448	457	370	Average 436	468	
LAC 4	Number of LAC at the end of the month who are UASC		279	279	283	280	281	290	288	293	VS	NA	Grey	293	309			390	4500 (Total)	51 (Average)	430	4300 - average 28	395	
LAC 10	Percentage of LAC for whom a visit has taken place within statutory timescales (6 weekly Visits)	BIB	95%	96%	93%	92%	92%	92%	96%	95%	VS	95%	Green	94%	88%						90%			
LAC 11	Percentage of LAC children with an up to date review	BIB	88%	90%	91%	93%	94%	93%	85%	93%	AFS	95%	Amber	92%	68%						80%			
LAC 12	Percentage of LAC who have participated in Reviews (aged 4+) in the month	BIB	70%	75%	80%	88%	75%	69%	87%	84%	AFS	80%	Green	78%	78%			Need to establish			91%	78%		
LAC 13	% of LAC with a Personal Education Plan (PEP) quality assured and completed by the Virtual School in the last 6 months	BIB	61%	78%	85%	87%	99%	94%	71%	63%	VS	85%	Red	80%	66%						70%			
LAC 14	Percentage of eligible LAC with an up-to-date Care Plan	BIB	87%	98%	98%	99%	83%	84%	84%	81%	VS	95%	Red	81%	92%						n/a			
LAC 15	Percentage of eligible LAC with an up-to-date Pathway Plan	BIB	60%	64%	67%	68%	80%	74%	76%	79%	VS	95%	Red	79%	48%						52%			
LAC 16	% of children in care for at least 12 months for whom health assessments are up to date.	BIB	85%	80%	83%	88%	90%	88%	85%	85%	VS	95%	Amber	85%	80%			66.5%	89.4%	94.2%	86%	90%	93%	
LAC 18	% initial health assessments delivered within 20 working days of date child became looked after.	BIB	69%	67%	84%	68%	52%	46%	90%	TBC	VS	95%	Grey	68%	15%									
LAC 19	Percentage of LAC that have been in care for 12+ months, that have had same social worker for last 6 months	BIB	58%	63%	64%	59%	64%	61%	57%	61%	VS	65%	Amber	61%	65%									
LAC 20	Percentage of LAC under 16 in care for more than 2.5 years: in the same placement for 2+ years	BIB	72%	74%	76%	78%	79%	78%	79%	79%	VS	75%	Green	79%	73%						71%			
LAC 21	Percentage of LAC at end of month with 3 or more placements during the year	SIB	8%	8%	9%	9%	7%	8%	7%	7%	VS	8%	Green	7%	9%			9%	10% (average -	11.6% (average -	8% (2015)	10% (2015)		
LAC 22	Percentage of LAC placed <20 miles from home	BIB	84%	84%	84%	84%	83%	83%	83%	83%	VS	90%	Amber	83%	81%			42%	74.2%	68.4%	92% (2015)	86% (2015)		
F 1	Total number of foster carer households	BIB	231	235	237	236	238	237	231	230	VS	NA	Grey	230	239			260 Household	288 (average)	152 (average)	390 (total number)	292 (average)	170 (average)	
F 3	Percentage of Annual Reviews of Foster Carers completed on time	BIB	95%	92%	91%	84%	85%	87%	80%	83%	VS	95%	Red	83%	81%									
F 4	Percentage of Foster Carers' most recent announced visit within timescales	BIB	79%	79%	78%	64%	69%	77%	79%	77%	VS	95%	Red	77%	77%									

Indicator Number	Indicator Title	Polarity	2019/20											2019-20 Target	RAG	2019-20 YTD or latest	Comparative Data							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	RO	Croydon 2017-18	England 2017-18				Stats Nbr Average 2017-18	Croydon 2016-17	England 2016-17	Stats Nbr Average 2016-17	Croydon 2015-16	England 2015-16	Stats Nbr Average 2015-16	
AD 0	Number of Adoption Orders achieved in the month	BIB	0	3	2	1	1	1	3	4	IF	NA	Grey	8	9			<i>Need to establish</i>	28.6	26				
AD 1	Number of children for whom the agreed plan is adoption (ADM)	BiB	0	0	4	2	2	3	2	0	IF	NA	Grey	11	431						28			
AD 2	Number of children waiting to be matched to an adopter		10	15	13	13	9	12	12	12	IF	NA	Grey	12	18						19			
AD 7	Average time between a child entering care and moving in with the adoptive family , for children who have been adopted (days) (12 Months rolling average)	SIB	0	0	570	570	600	570	566	504	IF	558	Green	504	309			696 (2014-17) 3 yr average	520 (2014-2017) 3 yr average	554.5 (2014-2017) 3 yr average	1073 (2016) AND 779 (3 Year	558 (2013-2016) 3 yr	604 (2013-2016) 3 yr	
CL a	Care Leavers with an Up-to-date Pathway plan	BIB	89%	83%	87%	85%	85%	83%	85%	84%	FM	85%	Amber	85%	69%									
CL 1a	Percentage in employment, education, or training (EET) on their 17th to 21st Birthday	BIB	65%	64%	59%	64%	65%	69%	65%	64%	FM	85%	Red	64%	75%	84%	81%	53% (19-21 yr olds)	50% (average 19 to 21 yr olds)	50.2% (average 19 to 21 yr olds)	60% (345) (2016)			
CL 3a	Percentage in suitable accommodation on their 17th to 21st Birthday	BIB	90%	90%	85%	94%	93%	94%	94%	93%	FM	90%	Green	93%	75%	84%	81%	77% (19-21 yr olds)	84% (19-21 yr olds)	81.5% (19-21 yr olds)	77% (2016)	83%	83%	

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REPORT TO:	Corporate Parenting Panel 15 January 2019
SUBJECT:	Health Commissioning – Performance actions
LEAD OFFICER:	Amanda Tuke (Head of children and maternity integrated commissioning, on behalf of Croydon CCG and Croydon Council) Julia Simpson (Designated Doctor Children Looked After)
CABINET MEMBER:	Cllr Alisa Flemming, Cabinet Member for Children, Young People & Learning
WARDS:	All

CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:

The commissioning and provision of effective, safe and efficient services for children and young people who are looked after supports the corporate objective “Our children and young people thrive and reach their full potential”

These services are commissioned by the Children and Maternity Integrated Commissioning Team on behalf of Croydon Clinical Commissioning Group (CCG) and Local Authority, to meet statutory requirements. Through working on behalf of both the CCG and Council, the team aims to develop high quality services where health and social care services are appropriately integrated to improve outcomes for children and young people.

Designated CLA professionals are employed by the CCG to support commissioning functions by providing expert clinical advice. This is to ensure that services delivered offer value for money and the CCG is assured that the children and young people in the care of the borough are being safeguarded, and their health needs identified and met.

[NHS Safeguarding Accountability and Assurance Framework- 2015](#)

[Corporate Plan for Croydon 2018-2022](#)

FINANCIAL IMPACT

While the recommendations in this report do not have direct financial impact on Croydon Council, Croydon Clinical Commissioning Group recently agreed additional resources for commissioning health assessments in 2020/21 with the objective of improving the quality of assessments.

1. RECOMMENDATIONS

- 1.1 Corporate Parenting Panel are asked to agree the targets, actions and deadlines as appropriate to improve the timeliness of initial health assessments, coverage of review health assessments and access to emotional wellbeing and mental health services.

1.2 We recognise that improving timeliness of health assessments does not in itself improve health outcomes for children looked after but the information collected in health assessments is important for providing information on health outcomes and identifying where there are unmet needs to inform commissioning. A CLA health needs assessment has been commissioned by the Health and Wellbeing of Children Looked After Strategic Board; chaired by Vanessa Strang (Head of Corporate Parenting) and Fiona Simmons (Designated Nurse Children Looked After). Commissioners recommend that the outcome of this needs assessment is reported to Corporate Parenting Panel as part of an annual CLA health report and request that this is added to the forward plan.

2. EXECUTIVE SUMMARY

At the November 2019 Corporate Parenting Panel, health commissioners were asked to provide additional clarity for the January 2020 meeting on the actions being undertaken to improve the performance of:

- Timeliness of CLA initial health assessments (IHA's) including clarifying the role and performance of health services in the pathway
- Coverage of CLA review health assessments (RHA's)
- Emotional wellbeing and mental health services for CLA

This relates specifically to the following indicators on the CSC Monthly Dashboard reported to Corporate Parenting Panel:

LAC 16	% of children in care for at least 12 months for whom health assessments are up to date.
LAC 17	% initial health assessments requested for health service within 3 working days of date child become looked after.
LAC 18	% initial health assessments delivered within 20 working days of date child became looked after.

Commissioners were also asked by Panel members to cover in the report:

- a. Numbers of children in care who haven't had their initial health assessments; and
- b. The reasons why they have not had their initial health assessments and what might impede timeliness;
- c. The overview of the process.

This report also provides an overview of the provision of services to improve emotional wellbeing and mental health of children looked after and actions relating to these services.

3. DETAIL

Introduction

- 3.1 The actions detailed in this report are identified and tracked by the Health and Wellbeing of Children Looked After Strategic Board which is jointly chaired by Vanessa Strang (Head of Corporate Parenting, Children's Social Care) and Fiona Simmons (Designated Nurse Children Looked After, Croydon CCG). This Board replaced the LAC health sub group of the Children and Families Partnership. The new Board developed and oversees the delivery of the *Children looked after (CLA) Health and Wellbeing multi professional improvement plan*. This is a 'live' plan where actions are added and amended as required to meet the health and wellbeing needs of CLA. The senior responsible officers of the action plan are Elaine Clancy, Director of Quality and Governance CCG, and Nick Pendry, Director of Early Help and Children's Social Care
- 3.2 The action plan is both strategic and operational; bringing together service delivery improvement plans, action plans to address issues raised by CQC and reporting from any required task and finish group.
- 3.3 Progress against this plan will be reported:
- By SROs to the Croydon Safeguarding Children Board six monthly
 - By SROs to Corporate Parenting Panel on a six monthly basis
 - By action owners to the CLA Health Strategic group on a bi-monthly basis.
 - To the Children's Improvement Board via the Director of Children's Services report on the Children's Improvement Programme
 - By the Designated CLA nurse and Doctor to the Safeguarding Children and Adults Governance Group Meeting (SCACG). (The SCAGG is a CCG group and receives updates related to the CQC action plan).
- 3.4 This report sets out the specific actions in the *Children looked after (CLA) Health and Wellbeing multi professional improvement plan* which relate to timeliness of IHAs, coverage of RHAs and services to support CLA emotional wellbeing and mental health.

Current performance on timeliness of Initial (doctor-led) health assessments (IHAs)

- 3.5 Statutory guidance requires that IHAs are delivered within 20 working days of the child becoming looked after (see indicators LAC 17 and 18 in the Corporate Parenting Dashboard). Locally the agreed delivery pathway is that the notification to the CLA nursing team by Social Care should be received within 3 working days of the children becoming looked after and provision for delivering IHAs is commissioned on the basis of delivery within 16 working days of the nursing team receiving the notification from Social Care to achieve delivery within 20 working days overall.
- 3.6 The table overleaf shows performance for the IHA delivery pathway. The data shows that there has been an improvement in performance on timeliness of initial health assessments compared with previous years. In particular the % of

IHAs delivered within 20 working days is approaching the 19/20 target of 95%. Social care and Health professionals continue to work in partnership to make sure the performance gains are consolidated.

	17/18 ann.	18/19 ann.	19/20 target	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19
LAC 17: % IHAs notified to CLA nursing service within 3 working days of child becoming looked after	18%	19%	N/A	52%	50%	60%	52%	34%	38%	62%
LAC 18: % IHAs delivered within 20 working days of the child becoming looked after – statutory requirement	15%	28%	95%	69%	67%	84%	68%	52%	46%	90%
% IHAs delivered by health services within 16 working days of referral received from Social Care reported by CLA nursing (1)	N/A	N/A	95%	76%	62%	84%	56%	80%	100%	Data not yet available

1: This is a new measure and reports of IHAs delivered, the percentage which were delivered within 16 working days of health receiving the referral. Data for October 2019 is currently being quality assured.

3.7 To manage risk, analysis is carried out of the number of children who have an outstanding IHA:

- 23 CLA who had become looked after before July 2019 and had not received their IHA.
- Of the 23, 10 had refused to attend, a further 4 had been placed out of borough and for the remaining 9 the reason was not given.
- To improve the timeliness of IHAs for Croydon children placed outside of Croydon:
 - Croydon health commissioners have commissioned health assessments for children placed up to 20 miles from Croydon's boundary to be delivered by Croydon health providers;
 - Where children are placed beyond this distance, Croydon CLA nurses negotiate delivery of IHAs by providers local to the child's placement (and there is a statutory requirement for the local provider to support the placing authority in ensuring health assessments are delivered) and follow up as necessary to ensure these are delivered to meet timescales
 - Croydon health commissioners make sure that we pay invoices from out of area providers of health assessments in a timely way to incentivise future delivery.
- This analysis of children whose IHAs are outstanding is currently being refreshed for quarter 3.

3.8 Providers of health assessments are asked to report to health commissioners the number of children who are not brought by their carers to their appointments without notice given. Health commissioners recognise that this may be out of the control of the carer on the occasions where the young person refuses to attend the appointment without notice. In either case, the clinic appointment cannot usually be re-used. 'Was not brought' rates for months in 2019 have in some months been higher than the threshold of 20% (for example the rate was 32% in Aug 2019) and this continues to be one of the obstacles to maximising capacity and achieving IHA delivery within 20

working days of the child becoming looked after.

- 3.9 IHA reports are an important source of information about CLA health needs to inform health commissioning. An analysis of these needs is being carried out by Public Health to inform a CLA health report to Corporate Parenting Panel.

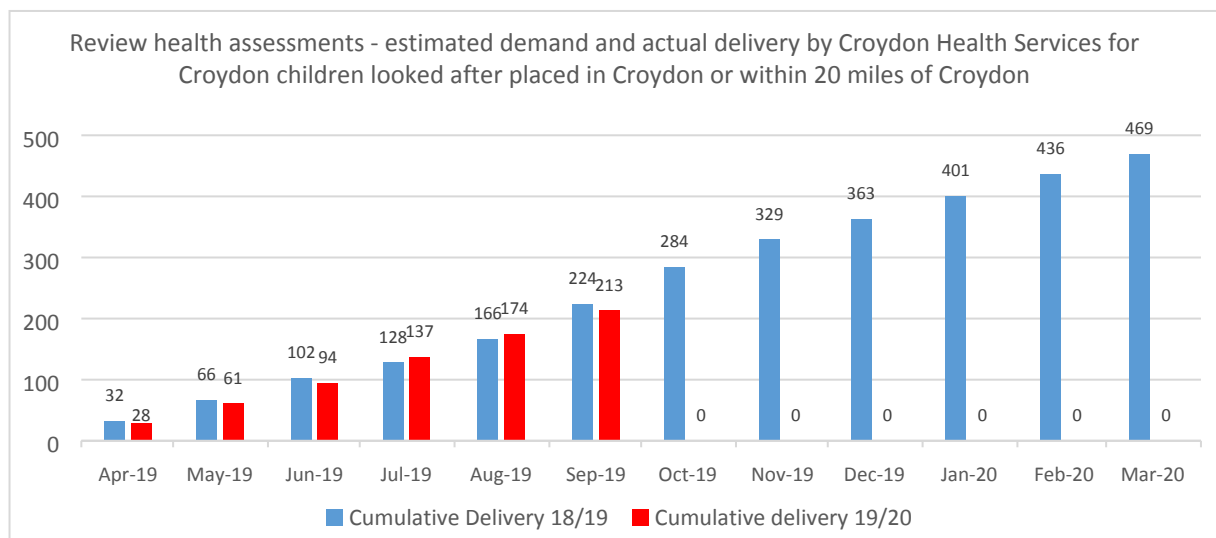
Current performance on coverage of review (nurse-led) health assessments

- 3.10 The table below shows performance at year end on the % of children in care for at least 12 months who had up to date health assessments. Up to date in this context means that children aged 5 plus received an review health assessment (RHA) in the previous 12 months and children aged under 5 received an RHA in the previous 6 months. This shows a significant improvement year on year.

	16/17 annual	17/18 annual	18/19 annual
LAC 16: % of children in care for at least 12 months for whom health assessments are up to date	66.5%	79.4%	91.4%

- 3.11 For 19/20 year to date the percentage of children who have up to date health assessments (review within the last 12 months if 5 years + or within 6 months if under 5 years) is currently 85% which is a similar level to this time last year. The delivery of RHA’s has remained in line with the delivery of 2018/2019 (figure 1). Analysis suggests there is commissioned capacity to achieve the 95% target. Partnership work continues to achieve this target including the earlier identification of children needing their health assessments.
- 3.12 Recent analysis has identified that 70% of children who are placed more than 20 miles away from Croydon have up to date health assessments. A review of the pathway is under way to understand how the Partnership can improve on this (see action 2.1, table 1). Croydon CLA nurses continue to follow-up with out of area providers to make sure the remaining 30% of children have health assessments.
- 3.13 Children placed with a relative or friend not long term or FFA are another priority for Croydon CLA nurses as currently only 55% have an up to date RHA.

Figure 1: Delivery of review health assessments for children placed in Croydon against delivery for the same month in the previous year.



Actions being taken to improve timeliness of IHAs and coverage of RHAs.

3.14 Table 1 lists the actions being tracked by the multi-professional plan and supplementing actions or programs of work to achieve improved timeliness of delivery of IHAs and the coverage of RHAs.

Table 1 Service improvements to improve initial and review health assessments.

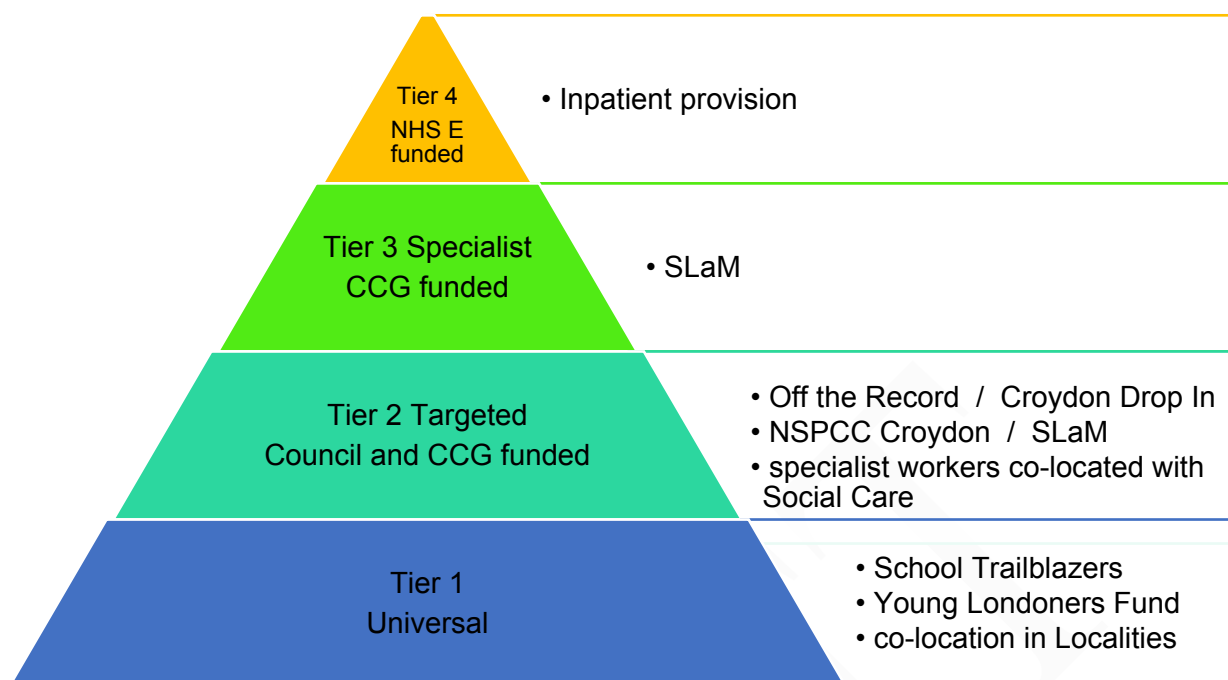
Plan ref	Action	Lead(s)	Timescales
1.1	Health Champions in Social Care promoting reviews	Social Care	Completed
1.10	Foster Career contract amended to include attendance at reviews	Social care	Completed
1.9	Review of children who have not attended appointments to reduce Was not Brought rates and inform service developments	Social Care CLA nursing team	Began November 2019
2.6	Specification review for CLA Nursing team Including capacity review and quality assurance processes	Integrated Commissioning Team & Designated health leads	To go live from April 2020
3.8	Introduction of a pathways for those children who are overdue a health assessment (either initial or review) - "was not brought" pathway - Pathway for those who decline	Designate leads Social care	Pilots began November 2019
3.10	Specification review for North Croydon Medical Centre (IHAs for over 5 years) including improved Quality Assurance requirements	Integrated Commissioning Team	To go live from April 2020
3.10	Back log plan for the outstanding 55 RHAs and 38 IHA's (accurate on 3/11/2019)	Integrated Commissioning Team and CLA nursing team	Work underway to complete January 2020
2.1	Review the health pathway for unaccompanied asylum seeking children (UASC) and out of borough children to ensure these groups are receiving timely health interventions	Designated nurse Social care	To be confirmed

Improving the emotional wellbeing and mental health (EWBMH) of children looked after

- 3.15 Emotional Wellbeing and Mental Health services which CLA can access include a wide offer from advice and advocacy, counselling, specialist community services, to regional and hospital-based services. While no longer the preferred descriptions, many people are familiar with the Tier 1-4 descriptors:
- Tier 1: general advice and treatment, provided by staff who are not mental healthcare specialists
 - Tier 2: advice, advocacy, counselling, usually provided by a psychologist or counsellor
 - Tier 3: multi-disciplinary team of specialists in a community mental health or hospital outpatient clinic
 - Tier 4: multi-disciplinary, most often in a hospital setting
- 3.16 Figure 2 provides a summary of the Croydon offer to children and young people.

DRAFT

Figure 1: Social and Emotional Mental Health Offer split into tiers with funding responsibility



- 3.17 In Croydon, the main provider is South London & Maudsley NHS Foundation Trust (SLaM), responsible for the majority of specialist community, regional and hospital-based services. This is supported by local voluntary sector providers, Off The Record, Croydon Drop In, and NSPCC Croydon, delivering advice, advocacy, counselling, and targeted services for refugees, BAME (especially young black men), and victims of sexual trauma.
- 3.18 Approximately 100 children looked after (CLA) are referred to SLaM each year. CLA do not receive input from a single dedicated team. Rather, they are placed with the team that is most appropriate to meet their specific mental health needs. CLA receive prioritisation for their initial appointment – they are offered the next available session rather than placed at the end of the waiting list.
- 3.19 Off The Record provides support to approximately 150 children looked after, almost 100 of these will be unaccompanied asylum seeking minors who receive support through the Refugee service. The remaining 50 will access face-to-face, digital counselling and BAME outreach services. Over 50% of all children and young people wait less than 4 weeks for their initial appointment.
- 3.20 Croydon Drop In provides support to around 35 children looked after who access counselling services in face-to-face counselling in community and school settings each year; around 10% of all service users.
- 3.21 In addition to continuous service improvement of emotional wellbeing and mental health services, the actions identified in Table 3 have recently begun or are soon to begin.

Table 2: Social, Emotional Health and Wellbeing Service developments

Plan ref	Action	Lead(s)	Timescales
3.11	Mental Health Support Teams in schools (trailblazer)	NHS England funded Integrated Commissioning team	October 2019 – September 2021
3.11	Expanding access to digital	Off the Record & Croydon Drop	Q4 2019/2020

	counselling services	In (providers) Integrated Commissioning team	
3.11	Specialist emotional wellbeing & mental health team within the council Children Looked After service	SLaM (provider) Integrated Commissioning team Children's Social Care	Q1 2020/2021

4. CONSULTATION

4.1 This report has been produced in collaboration between health commissioners, the designated CLA professionals, health provider leads and Council Improvement leads.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

No financial implications of this report.

6. LEGAL CONSIDERATIONS

No legal implications of this report.

7. HUMAN RESOURCES IMPACT

There are no human resources impacts of this report

8. EQUALITIES IMPACT

There are no equalities impacts of this report

9. ENVIRONMENTAL IMPACT

There are no environmental impacts of this report

10. CRIME AND DISORDER REDUCTION IMPACT

There are no crime and disorder reduction impacts of this report

11. DATA PROTECTION IMPLICATIONS

There are no data protection implications of this report.

11.1 WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

Not applicable

CONTACT OFFICER: Julia Simpson- juliasimpson1@nhs.net
Laura Saunders laura.saunders@croydon.gov.uk

APPENDICES: None

BACKGROUND DOCUMENTS: None

DRAFT

Croydon Council

For General Release

REPORT TO:	Corporate Parenting Panel 15th January 2020
SUBJECT:	Annual Report of Adoption Service and Panel
LEAD OFFICER:	Nick Pendry, Director of Early Help and Children's Social Care
CABINET MEMBER:	Cllr Alisa Flemming Cabinet Member for Children, Young People & Learning
WARDS:	All
CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON: <i>Include here a brief statement on how the recommendations address one or more of the Council's Corporate Plan priorities:</i> Corporate Plan for Croydon 2018-2022	
FINANCIAL IMPACT None.	

1. RECOMMENDATIONS

- The adoption agency report is for information only and relates to the operation of the adoption service in the previous financial year.

2. EXECUTIVE SUMMARY

There are three reports attached;

- 1. Annual Adoption Agency Report**
A summary of the adoption service activities over the last financial year
- 2. Annual Adoption Panel Report**
A report by the independent chair on the activities of the Adoption Panel
- 3. Update on the transfer and progress of Adoption London South.**

3. DETAIL OF YOUR REPORT

3.1 Annual Adoption Agency Report

3.2 One key development was the restructuring of the service to ensure clearer lines of accountability and effectiveness in terms of key performance areas such as recruitment, family finding and adoption support. This restructuring took place in January 2019 and therefore had limited impact on performance for 2018/2019 but has had an impact on timeliness in 2019/2020.

3.3 The adoption service was also enabled to use the Children's Recording System, (CRS). This has meant better record keeping and the ability to obtain performance data more easily.

3.4 These changes have improved the services operation and resulted in positive comments from Ofsted in October 2019 about the progress and improved performance.

3.5 The main areas to develop for 2019/2020 are focused on preparing for the RAA, Adoption London South.

- Preparation of staff for TUPE to RAA.
- Preparation of data for transfer
- Alignment of working practices.
- Ceasing of the LB of Croydon Adoption Panel – (August 2019).
- Weekly tracking of all children with a plan for adoption and a Placement Order.
- Reducing the waiting lists in Adoption Support specifically adult adopter enquiries.
- Improvement in links with Social Work with Families Teams.

3.6 Annual Adoption Panel Report

3.7 The LB of Croydon Adoption Panel has had a very experienced chair and consistent members, this has provided a level of stability to the service as well as an oversight of the quality of work and functions.

3.8 The adoption panel stopped operating in August 2019 due to the start of Regional Adoption Agency, Adoption London South.

3.9 All Adoption Agencies have to set up an Adoption Panel. The Agency has to create a 'Central List' of people who have experience, expertise and knowledge about adoption matters who will make up the Adoption Panel. The three main functions of the Adoption Panel are to make recommendations to the Agency about the suitability of potential adopters, to recommend the placement of a child with specific adopters and to recommend an adoption plan for a relinquished child. The Adoption Panel has an independent status and a role to assure good standards of practice, consistency of approach and fairness in the adoption service. The National Minimum Standards for Adoption require a report to be made by the Adoption Panel to the Agency on the local authority's adoption service.

- 3.10 The panel reported that there were 6 families approved for adoption in the second half of the year and only one was improved within time scales. The reason for the delays was mostly due to issues collecting background checks in stage 1 and this was mainly due to delays in receiving DBS checks.
- 3.11 The panel recommend matches for 11 children and stated that the quality of the reports generally range from good to excellent.
- 3.12 *Update on the transfer and progress of Adoption London South*
- 3.14 It was expected that the transition to ALS would have some impact on the performance of adoption in the region and this has been the case.
- 3.15 Adoption activity for the LB of Croydon has remained static and the timeliness of placements has improved.
- 3.16 The challenges remain the same for the placing of children who have a disability, are of ethnic minority or are older. There is opportunity to engage with the public with larger resources across the whole of London in order to meet the variety of needs of adopted children in region.
- 3.17 The communication with Adopters could have been improved. The ALS website was not ready until November 2019 and there was not clear routes for adopters to contact ALS. This lead to some service dissatisfaction from service users. This has been addressed now but could have been avoided with a longer transition period.
- 3.18 ALS staff and management are committed to improving adoption practice, recruitment and support and I am confident that this will happen. As part of a pan-London structure the resources are much enhanced.
- 3.19 Good governance arrangements are in place and there is a commitment to make ALS work.

4. CONSULTATION

None.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

None.

6. LEGAL CONSIDERATIONS

None.

7. HUMAN RESOURCES IMPACT

None.

8. EQUALITIES IMPACT

None.

9. ENVIRONMENTAL IMPACT

None.

10. CRIME AND DISORDER REDUCTION IMPACT

None.

11. DATA PROTECTION IMPLICATIONS

11.1 WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

No

HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?

No

CONTACT OFFICER: Vanessa Strang, Social Work with Children Looked After and Care Leavers, 020 8726 6000 ext 61811.

APPENDICES TO THIS REPORT

1. Annual Adoption Report 2018/2019
2. Annual Panel Report 2018/2019
3. Update on the Regional Adoption Agency

BACKGROUND DOCUMENTS:

None.

Adoption Agency Annual Report 2018/2019.

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Section 1 **Background Information.**

This is a report on the performance of the LB of Croydon's Adoption Service in line with the National Minimum Standards and Statutory Guidance.

1.1 Introduction

The work of the LB of Croydon's Adoption Agency is governed by the Adoption and Children Act 2002 and associated regulations and guidance. The adoption services contributes to the improving outcomes for the most vulnerable children and young people in the borough.

The key priority is to achieve 'permanence' for Children Looked After, ensuring that they can be brought up in a loving, secure and stable families. Where the child's welfare requires a placement outside of the birth family the Adoption Agencies paramount consideration is the child's welfare. Permanence outside of the birth family can e legally secured through adoption, special guardianship or child arrangement orders.

This report provides details of the adoption service activities from 1st April 2018 to 31st March 2019.

I have also included in the report details about the transition to the Regional Adoption Agency, Adoption London South, (ALS).

1.2 The National Context and Regional Adoption Agencies, (RAA).

The Education and Adoption Act 2016, provides the Secretary of State with the power to order local authority adoption agencies to combine services if they do not voluntary do so. The expectation is that all local authority adoption agencies join a RAA by March 2020.

The LB of Croydon has been working towards becoming part of a RAA with 8 other south London Boroughs. The plan is to merge on the 1st July 2019 and to be operational from the 1st September 2019. The RAA will be called Adoption London South, (ALS).

ALS will undertake all the statutory adoption functions for the LB Of Croydon. This will include:

- Adopters recruitment
- Family finding for children
- Matching and linking
- Step-parent adoptions
- Adoption Support
- Partner contracts such as PAC and IAC.

The following functions will remain with the LB of Croydon:

- Agreement for a Plan for Adoption
- Agency Decision Maker, (ADM), for a child to be matched.
- Funding of adoption support and funding of inter-agency fees.

Nationally there has been an increase rise in the use of Special Guardianship Orders with family members as an alternative route to adoption to achieve permanence. This has also been the case in the LB of Croydon.

Section 2 **Service Structure**

2.1 The LB of Croydon Adoption Service

The Adoption Service provides the following core services in accordance with statutory requirements.

- Recruitment and assessment of prospective parents.
- The selection of adoptive parents and matching of children for adoption.
- The ADM functions and adoption panels.
- The provision of financial support for adoptive parents where appropriate.
- The provision of adoption support services.
- The provision of intercountry adoption services through the Intercountry Adoption Centre, (IAC).
- The provision to assess, supervise and report to court for non-agency adoptive parents.

2.2 The Adoption Teams

The service comprises of 2 teams supported by one service manager. The adoption service manager also acts as an advisory role to the ADM and as the panel adviser to the adoption panel.

The recruitment activity is carried out by the assessing social workers and preparation training is carried out by the South London Consortium for which the LB of Croydon actively contributes some staffing and resources as one of the

largest partners. There is an adoption team manager who leads on this area.

Family Finding is supervised by an Assistant Team Manager who is responsible for finding families in a timely way.

Adoption Support is led by a Team Manager and a team of Social Workers.

The Adoption Service has 4 different Service Managers in the year. This has impacted on performance and consistency of practice and has been challenging for the staff.

Some of the Adoption staff have also had the role as the child's Social Worker.

The current structure was introduced to reflect the structure of ALS and best practice in terms of functions and effectiveness. The current structure started in January 2019.

2.3 The Adoption Panel

The adoption Panel has an independent chair, deputy chair, several independent members and councilor membership. Attached to the panel is also a medical adviser.

All the panel members are very experienced, some are adoptive parents and some have experienced adoption. The ethnic mix and gender is also diverse. This adds strength to the decision making and support for applicants.

The panel has the following functions:

- The approval of prospective adoptive parents
- The matching of children with prospective parents
- The de-registration of approved of adoptive parents who no longer wish to be approved or are assessed as not suitable for continuous approval.

The report by the chair is attached at the end of this agency report.

Section 3 **Finance**

Total Staffing Budget - £1,035k

The Adoption other costs budget is £924k (adoption allowances and interagency fees)

The total budgets for the two Adoption cost centres is £1,959k

Section 4 **Other services**

4.1 Inter-Country Adoption

A service level agreement is in place with IAC. Quarterly monitoring meetings are in place.

4.2 Non-agency Adoption, (Step-parent Adoption).

During 2018/2019 all these assessments were managed by a specialist social worker in-house.

4.3 Support to birth parents

The Post Adoption Centre, (PAC), has a service level agreement with the LB of Croydon. PAC offer local surgeries and support/counselling for birth parents. The service level agreement has been monitored on a quarterly basis.

Section 5 **Disruptions**

A strength of the LB of Croydon's Adoption Service is the low level of disruptions. This is attributed to careful matching and management of arrangements.

There were no disruptions in 2018/2019.

There was one disruption in 2019/2020, which occurred during introductions. A meeting was held to review the circumstances and understand any learning points.

There was some vulnerabilities with the prospective adoptive parent that had not been fully understood and this combined with some challenges from the child

caused the prospective parent to withdraw. A complicating factor was that the prospective parent was supplied by an independent agency who did not evaluate the vulnerabilities to the extent they should have been.

Section 6 **Complaints**

There is one complaint recorded for 2018/2019.

The complaints concerned a delay in receiving post adoption support. The complaint was upheld and resolved at stage 1.

Section 7 **Adoption Performance**

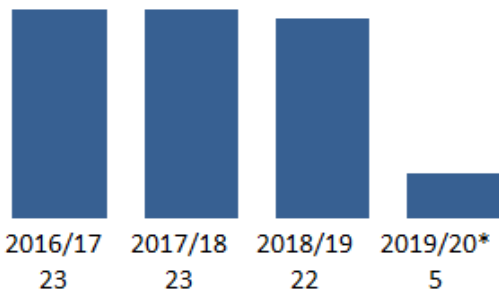
The LB of Croydon uses a variety of performance indicators to triangulate evidence of outcomes.

One of the challenges for the LB of Croydon is that approximately half of its children looked after are UASC who are generally older and therefore usually require a different plan to adoption. This has the impact of halving the number of children who could be considered for adoption compared with other London Boroughs and the rest of the country.

Table 1 below displays the number of Adoption placements per year and includes up to quarter 2 for the current year. The data indicates a consistency of performance and the challenge of early permanence decisions.

Table 1

Number of adoptive placements by year



Early permanency placements by year

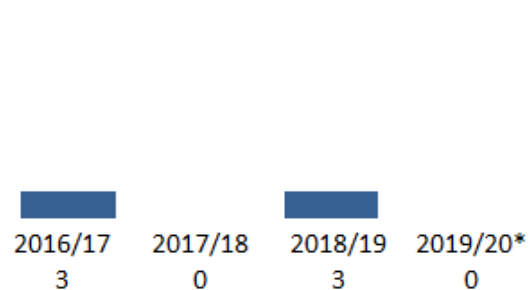


Table 2 below displays the characteristics of the children placed and waiting as of the 30th September 2019. Children in all categories have been placed in adoption.

Table 2

Child characteristics:	Aged under 5 years old	Aged 5 years old and over	Female	Male	BME	Disabled	Part of sibling group	Harder to place
Number adopted in last 12 months	17	6	15	9	10	0	7	17
Number waiting with a PO...	13	2	7	8	7	0	5	11
..of which have been waiting at least 18 months since BLA	7	2	3	6	3	0	4	7

A = becoming looked after = entering care

Table 3 displays the number of days that children wait. This indicates that the LB of Croydon is slower than the England 3 year average and that most of the delay is pre the placement order being granted. This can be due to delays in going to court or delays in the court. The profile of the children who are being sought adoption placements for are and are waiting a long time is children who are from ethnic backgrounds and children with a disability. These are clear areas that ALS will have to address. Croydon’s position with these children is the same as other LB in ALS.

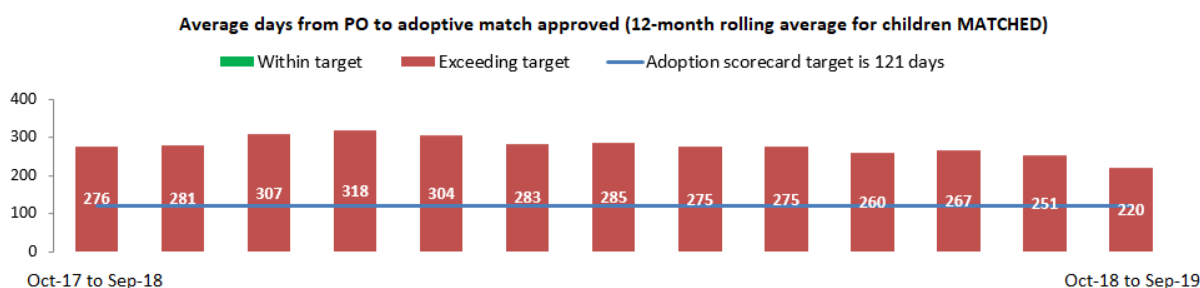
Table 3

Scorecard indicators:

	2018/19 Q3 - 2019/20 Q2
A1: Average time between a child entering care and moving in with its adoptive family	526 days
A10: A1 timeliness where times for children who are adopted by their foster family are stopped at the date the child moved in with the foster family	502 days
A2: Average time between an LA receiving court authority to place a child and the LA deciding on a match to an adoptive family	261 days
A3: Children who wait less than 14 months between entering care and moving in with their adoptive family (number and %)	20 (30.3%)

Table 4 displays the underlying data of children who have a Placement Order and who have been placed. This date demonstrates an improvement in placement times. The England National average is 201 days and the LB of Croydon is now just above this

Table 4



There were 11 prospective adoption families approved in 2018/2019. This was particularly disappointing and was as a result of some performance issues.

Section 8

Key Service developments 2019/2020

The service development was disrupted in 2018/2019 by too many management changes and lack of a clear development plan.

One key development was the restructuring of the service to ensure clearer lines of accountability and effectiveness in terms of key performance areas such as recruitment, family finding and adoption support. This restructuring took place in January 2019 and therefore had limited impact on performance for 2018/2019 but has had an impact on timeliness in 2019/2020.

The adoption service was also enabled to use the Children's Recording System, (CRS). This has meant better record keeping and the ability to obtain performance data more easily.

The main areas to develop for 2019/2020 are focused on preparing for the RAA, Adoption London South.

- Preparation of staff for TUPE to RAA.
- Preparation of data for transfer
- Alignment of working practices.
- Ceasing of the LB of Croydon Adoption Panel – (August 2019).
- Weekly tracking of all children with a plan for adoption and a Placement Order.
- Reducing the waiting lists in Adoption Support specifically adult adopter enquiries.
- Improvement in links with Social Work with Families Teams.

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REPORT OF THE ADOPTION PANEL TO THE LONDON BOROUGH OF CROYDON ADOPTION AGENCY.

Period 30/09/2018 - 1/4/2019

Introduction

All Adoption Agencies have to set up an Adoption Panel. The Agency has to create a 'Central List' of people who have experience, expertise and knowledge about adoption matters who will make up the Adoption Panel. The three main functions of the Adoption Panel are to make recommendations to the Agency about the suitability of potential adopters, to recommend the placement of a child with specific adopters and to recommend an adoption plan for a relinquished child. The Adoption Panel has an independent status and a role to assure good standards of practice, consistency of approach and fairness in the adoption service. The National Minimum Standards for Adoption require a report to be made by the Adoption Panel to the Agency on the local authority's adoption service.

The Adoption Panel

The Adoption Panel has functioned well and efficiently during this period. The panel members are committed to ensure that the work of the panel is conducted with due care and professionalism. I would like to thank my colleagues for their commitment to complete the duties required of them. The contribution of panel members to the consideration of the cases shows the importance with which they approach the business of the panel. The level of attendance by members is excellent and their attention to the reports they are required to read and consider is worth mentioning. The panel meets twice a month and there is always a willingness to convene quickly or in addition if delay needs to be avoided. The varied skills and experience of panel members strengthen the contribution of the panel to the adoption service.

The Agency Adviser to the panel is diligent to ensure that the reports to the panel are prepared correctly and that he exercises an active quality assurance function.. Legal advice is available should an issue arise on a particular case and this has been available when needed or when a particularly complex case is being considered. The Medical Adviser to the Agency attends the panel meetings and Health Summaries on the child or potential adopters are provided.

The Panel Administrator continues to provide an efficient standard of administration of the panel business. The reports arrive with members in good time and the production of the minutes is timely and accurate.

Panel Statistics

During this period there were ten meetings of the Adoption Panel. There was one extra panel meeting needing to be convened to avoid delays.

Applicants Data	
Panel Meetings	10 + 1 urgent extra meeting
Suitable to Adopt Recommendations	11
Not Suitable to Adopt Recommendation	0
Recommendation to Terminate Approval	0
Brief Reports	0
Applicant's Ethnicity	
Number of White British Applicants	5

Number of Asian – Dual (Filipino/ Singaporean Applicants	1
Number of Mixed White/Anglo Indian Applicants	1
Number of White European Applicants	3
Number of Caribbean Applicants	1

There were five couples and one single person approved as suitable to adopt in this period.

Children's Data	
Number of Children Recommended to be Placed	14
Number of placements made with Croydon adopters	7
Number of Disruptions	0
Number of Relinquished Children	1
Number of Sibling Groups	2
Number of children placed in foster to adopt scheme	3
<i>Ages of Children at the time of Placement</i>	
Number of Children Placed Aged 0-2 years	11
Number of Children Placed Aged 2-5 years	2
Number of Children Placed Aged 5+	1
<i>Ethnicity of Children Placed</i>	
Number of White UK	7
Number of White British/ Black Caribbean	3
Number of Romanian Heritage	1
Number of White and Spanish Heritage	1
White British/Other Heritage	1
White Irish Heritage	1

Panel Feedback

The Adoption Panel has to monitor the quality of the agency's work and pay attention to the issues of delay in the placement of children. There are requirements to prescribe those who may write adoption reports and the agency has ensured that these are met.

The standard and quality of the Prospective Adopters Report is consistently good. The quality of the Child Permanence Report is generally adequate to good and where the panel has comments for improvement these are positively received and acted upon. In an effort to improve the quality and standard of these Reports specific training has been provided in the past and it may be appropriate to provide it again as the workforce has changed and those social workers likely to have to complete them may benefit..

When asked by panel to comment on their experience of the assessment many adopters comment constructively on their experience. The adopters value the commitment and professional relationship

they have received from their assessing social worker. Many consider they have been well prepared to be adopters. It is perhaps an indication of the level of approval that adopters hold the agency in that the annual Adoption Fun Day is very well attended by adopters and their children.

National Minimum Timescales

The Adoption Panel has to measure some aspects of the work against the Adoption National Minimum Standards to see how far the standards are met. The National Standard for the assessment and approval of adopters is six months.

National Minimum Timescales – Approval of Adopter’s	
Number of adopters approved	5 couples and 1 singleton
Number of adopters approved within the timescales	1 couple

There is a National Standard that prospective adopters need to be approved within six months of their application.

The reasons for the delays were; a couple’s availability and the availability of necessary preparation groups, taking longer to explore an interest in the foster for adopt scheme, delays in receipt of checks during Stage 1 and then subsequent health follow ups, a bereavement, needing to do some extra work with a previously adopted child and a change in the assessing social worker. These were understandable reasons for the delays and the agency has always to endeavour to complete the assessments of adopters within the National Minimum Standards timescales.

The National Standard for the placement of children with adopters is six months from the date of the decision that the plan for the child is adoption to the date when the decision to match the child with a new family is made.

National Minimum Timescales – Placement of Children	
Number of Children Recommended to be Placed	14
Number of Children Placed within timescales	5

It is important to avoid delay in the placement of children for whom the plan is adoption. Among the reasons for the delays in the nine Matches were; delays in assessing other adopters for the children, families selected withdrawing x 5, difficulties in finding adopters for a black, male child, delay in pre-selecting families for visits, delays updating CPR, change of social worker and holidays. The agency may wish to review these outcomes and establish whether there needs to be any changes made to the monitoring process or the family finding activity.

Quality Assurance Monitoring.

The agency and the panel introduced a system in May 2017 to collect and monitor feedback in a more systematic manner. Comments were elicited from adopters and social workers about their experience of attending the panel. Panel member's views about the quality and content of the Child Permanence report (CPR) and the Prospective Adopters Report (PAR) were also collected. The panel members provide detailed feedback on the reports so that improvements can be made.

Panel Feedback on the Quality of PAR's Presented	
Excellent	1
Good	3
Adequate	1

The PARs were generally of a good standard and some analyses of the adopter's strengths and vulnerabilities were very well covered in the report.

Panel Feedback on the Quality of CPR's Presented	
Excellent	3
Good	7
Adequate	
Poor	

The CPRs generally require a little more attention and consideration to create a document that will be of value to the adoptee in the future. There is a need to review the contents, update the information and ensure the document is presentable from its first presentation to the ADM to when it is provided to the panel for a matching recommendation. The descriptions of the birth parents could benefit from more attention to not portray the parents, their histories and personalities in too harsh a light. Most of the CPRs provided the child with a coherent account of his/her early life and the reasons why he/she could not remain with the birth family. They did set out the child's needs well and the child's identity needs were also well addressed. Most of the descriptions of the child were seen to bring him/her alive. The CPRs were considered to have fully summarised the child's current and future needs very well.

It is good to note that the majority of Adoption Placement Reports provided good or excellent evidence of the child's current needs, and evidence that the adopters were able to meet the child's needs.

Prospective Adopter and Social Worker feedback

Four prospective adopters gave feedback on their experience of attending the panel. They felt positive about their experience of attending and being interviewed. Their evaluation of the process was that it was excellent. There were no critical comments.

Feedback on the panel from seven social workers attending to present cases was received. Their evaluation was that one rated their experience as excellent and six as good. Generally, they felt the questions put were clear, relevant and that the panel listened to them. Most considered that the adopters found the experience to be excellent or good.

During this period, the number of children for whom the Agency Decision Maker decided that the preferred plan for them was adoption was eleven.

The Agency is currently looking for new adoptive families for ten children.

Currently, the Agency has eleven approved adopters waiting for a placement.

For those adopters approved and awaiting a placement a number of training courses and groups have been provided to support and enhance their skills in parenting adopted children.

There were no training sessions for panel members during this period.

The Government's adoption reform agenda continues. There are plans progressing for Croydon to join Adopt London South which is a Regional Adoption Agency required to be set up by the Government. This is planned to become operational in the summer of 2019. This will mean that the current arrangements for the adoption panel and the adoption service in Croydon will cease and be replaced by the new organisation.

As this may be the final Panel Report to the Agency, I need to acknowledge the consistent commitment of the adoption panel members, over the years, to the work of the panel and their contribution to achieving new permanent families for a significant number of children.



Bernard Monaghan.
Independent Chair Adoption Panel

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Update report on Adopt London South, (ALS) December 2019

Introduction

The transfer to Adoption London South began on the 1st July 2019 when all the staff in scope transferred to the LB of Southwark but remained at the LB of Croydon offices until the 1st September 2019.

The legal agreement and data transfer agreements for the LB of Southwark taking over the full adoption functions were signed in June 2019.

ALS has taken on all the statutory adoption functions on behalf of the LB of Croydon. As a result of this the LB of Croydon Adoption Panel ceased to function in August 2019. The LB of Croydon adoption service officially ceased to function as an agency on the 1st September 2019.

The LB of Croydon maintains the functions to decide which children have an adoption plan, the agreement to a match between prospective parents and children, financial responsibility for adoption support and interagency fees.

There will be an event for lead members and Directors of Children's Services in June 2020.

Governance

ALS will supply quarterly reports on the performance of the adoption agency to each of the London Boroughs.

All the four Regional Adoption Agencies in the London area report to the Pan London Adoption Leadership Board.

There are monthly Board meetings for Adoption London South attended by Directors/Head of Service to discuss strategic issues and performance.

Monthly quality assurance meetings are attended by Service leads for Permanence/Adoption. These meeting focus on practice and quality of work undertaken by ALS.

The legal agreement sets out the duties to be undertaken by the LB of Southwark in terms of operating as an Adoption Agency and management of the agency.

There is good collaboration between the 8 London Boroughs within ALS. The 8 London Boroughs are Croydon, Southwark, Merton, Lewisham, Sutton, Wandsworth, Kingston, Lambeth and Richmond.

Staffing

All the 6.22 staff who transferred to ALS from the LB of Croydon were successful in their first choice options.

This was a difficult time for the staff members due to the complex nature of TUPE and the reorganisation that followed their transfer.

Staff in the LB of Croydon had regular meetings with the Director and HR to address any concerns.

The complex nature of the transfer impacted on the total number of staff that TUPE to ALS from all the London Boroughs and at its launch there were a number of vacancies. These are gradually being filled.

I have regular contact with the staff members who have TUPE from the LB of Croydon and they are all reporting to be satisfied and enjoying their new roles.

ALS has allocated to the LB of Croydon has 2 dedicated Family Finders allocated to support children with a plan for adoption and ensure effectiveness in terms of time scales and quality of families. These family finders are ex-Croydon staff and base themselves in the Croydon offices 2 approximately 2 days per week.

Performance.

The first quarter of data has been published, the next set of data is due at the end of December 2019. The LB of Croydon will be provided with its own data set on children as well as the overall data set for all children in South London region.

The overall data for ALS is detailed in the table below.

Children adopted 2019/20

	Number of children	Commentary
Year to date	52	Adoption rising
Full year 2018/9	56	Adoption fell
Full year 2017/8	101	

Q2 data analysis

Adoption orders	27	
Placed but not yet adopted	63	
New placement orders	16	
Matches agreed	14	
Waiting with placement order	43	Some children have alternative plan
With ADM Best interest decision	89	

The data below reflects the picture in the LB of Croydon. The biggest challenge is older children, BME children and children with a disability.

Analysis of ALS Children still waiting, by days waiting as at Q2

Child characteristics	Average days waiting	Commentary
Babies under 1 year	222	Adopters are waiting for babies including Early permanence carers.
White 3 sibling groups	1103	New approaches proposed
Single BME child with disability	1286	New approaches proposed
BME child aged 5	1592	New approaches being implemented

35 children have been waiting at least 18 months. Decisions will need to be made as to whether revocation of the Placement Order needs to take place. However it also reflects that a more ambitious adopter recruitment programme needs to take place.

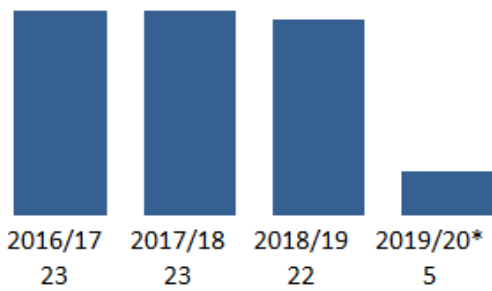
ALS are working across London and nationally with a variety of organisations to attract a more diverse range of Adopters and Adopters who can take a more diverse range of children such as older children and children with additional complex needs.

ALS Adopter journeys in Q2

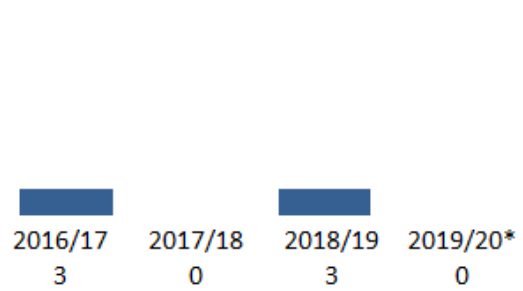
Families needed for current children waiting	48	Coram projection data
Adoption orders made to ALS Adopters	14	
Children placed	13	
Matched this quarter	14	
Approved this quarter	13	Improve identification of early ALS children
Waiting to be matched	31	Improve identification of early ALS children
In assessment	37	Improve identification of early ALS children
Adopters approved in 2018/9	44	Transition challenges, not all adoption ready.

The LB of Croydon's performance is displayed below. This data is up to the second quarter eg the end of September 2019.

Number of adoptive placements by year

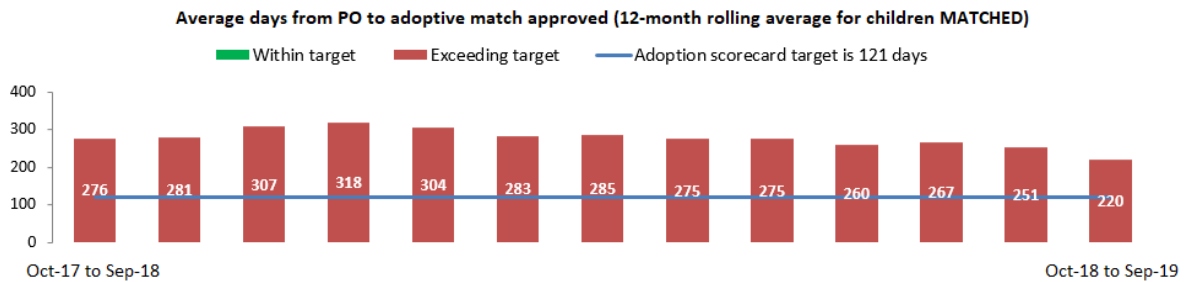


Early permanency placements by year



The table below displays the activity of the service for the LB of Croydon’s children.

Number of...		2018/19	2018/19	2019/20	2019/20	Total 2019/20* (* = YTD)
		Q3	Q4	Q1	Q2	
Adoption Orders		3	8	9	4	13
Placements		7	9	2	3	5
Matches		8	6	3	4	7
Placement Orders		4	4	5	4	10
Plan for Adoption		8	2	7	7	14
Early Permanence Placements		1	1	0	0	0
Changes of Plan		0	0	0	0	0



The data indicates that there has been consistency in terms of activity and that the average time scales for children from Placement Order to being placed for adoption

is improving. There has been an impact on the number of children placed. This will improve in quarter 3.

Summary

It was expected that the transition to ALS would have some impact on the performance of adoption in the region and this has been the case.

The challenges remain the same for the placing of children who have a disability, are of ethnic minority or are older. There is opportunity to engage with the public with larger resources across the whole of London in order to meet the variety of needs of adopted children in region.

The communication with Adopters could have been improved. The ALS website was not ready until November 2019 and there was not clear routes for adopters to contact ALS. This lead to some service dissatisfaction from service users. This has been addressed now but could have been avoided with a longer transition period.

ALS staff and management are committed to improving adoption practice, recruitment and support and I am confident that this will happen. As part of a pan-London structure the resources are much enhanced.

Good governance arrangements are in place and there is a commitment to make ALS work.

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Corporate Parenting Panel Work Programme 2019/20

Meeting date	Wed 3 July 19	Thurs 5 Sept	Wed 13 Nov	Wed 15 Jan 20	Wed 4 Mar	Thurs 30 Apr
Theme	SUFFICIENCY	EDUCATION	HEALTH	ADOPTION	FOSTERING	
Item	Terms of Reference	Exam Results Exclusion SEN	IHAs	Annual Report of Adoption Service and Panel (inc. plans/update of regional adoption agency)	Annual Report of Fostering Service and Panel	Annual Report of Corporate Parenting Panel
Officer						
Item	Residential Care (Part B paper – 37 children)	Mentoring and Careers guidance for LAG and CL	RHAs		Statement of Purpose	CIC Performance Scorecard
Officer						
Item	Update on the South Commissioning Programme	Difference between Mentoring and IV work	CAMHS	CIC Performance Scorecard	Recruitment and Deregistration	
Officer						
Item	IRO Annual Report	Engagement Achievement (inc. complaints and leaving opportunities)	CIC Performance Scorecard		Review of Fostering Services	
Officer						
Item	Annual Report of Corporate Parenting	Annual Report of Virtual School			Escalation Policy for Foster Carers	
Officer						
Item	CIC Performance Scorecard	CIC Performance Scorecard			CIC Performance Scorecard	
Officer						

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