

DECISION-MAKER:	COUNCIL		
SUBJECT:	ANNUAL CORPORATE PARENTING REPORT 2015/2016		
DATE OF DECISION:	19 JULY 2017		
REPORT OF:	CABINET MEMBER FOR CHILDREN'S SOCIAL CARE		
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STATEMENT OF CONFIDENTIALITY			
N/A			

BRIEF SUMMARY

The Care Planning, Placement and Case Review Regulations (2011) require Local Authorities to provide an annual report on the outcomes for Looked After Children (LAC) which is to be presented to the Corporate Parenting Committee. This report fulfils that requirement, and provides the Council a profile of Southampton's looked after children and care leavers for the year 2015/2016

RECOMMENDATIONS:

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| | (i) | That Council review and comment on the contents of the report. |
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REASONS FOR REPORT RECOMMENDATIONS

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| 1. | To provide evidence, alongside other reporting and scrutiny requirements, that the care of Southampton's looked after children is robustly and appropriately monitored. |
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ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

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| 2. | N/A |
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DETAIL (Including consultation carried out)

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| 3. | The term 'corporate parenting' emphasises that we should have the same interest in and aspirations for children and young people in care (or leaving care) as we would for our own children. Looked After children are those children and young people from birth to 18 years of age who are unable to remain with their family and are cared for by the local authority. This can be through a voluntary agreement reached with their parents or by virtue of a court order. Some are looked after by family or friends who have been approved as a foster carers. Looked after children and those leaving care are some of the most vulnerable and disadvantaged children in the community. |
| 4. | The term 'care leaver' refers to a Looked After Child/young person aged 16+ who is transitioning from childhood into adulthood. Local authorities currently have a statutory obligation to support care leavers until they are 21 years old (or 25 if they are in education or training). Young people who have been in Special Guardianship arrangements but were previously in care also have entitlements to a leaving care service. In addition to our current duties, the Children and Social Work Bill, currently at report stage is focussed on increasing support for care leavers. If accepted, it is likely to introduce the additional requirement to offer support to care leavers with a personal |

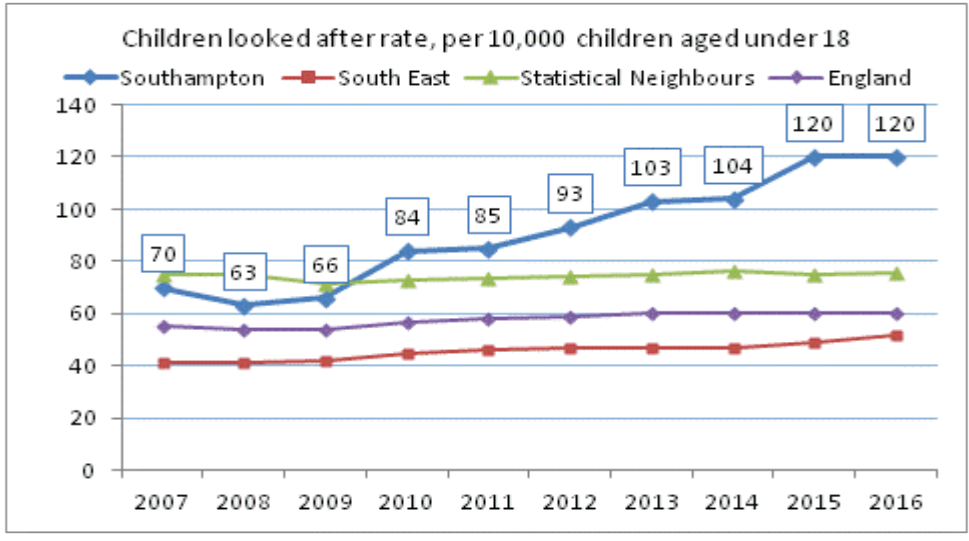
advisor up to the age of 25. The extended support role of the foster carer into adulthood will require focus and we will be required to produce a 'Care Leavers Covenant' which includes and a clear local offer of entitlements.

5. The concept of Corporate Parenting, introduced in The Children Act 2004, places collective responsibility on local authorities to achieve good parenting for all children in public care. "Corporate Parent" defines the collective responsibility of the council, elected members, employees and partner agencies for providing the best possible care and safeguarding for the children who are looked after in public care. Good corporate parents champion every opportunity to help children and young people in care to achieve their full potential and to have a successful transition into adulthood. Elected members in Southampton carry out this duty through:

1. Regular meetings between the Cabinet Member for Education and Children's Social Care and the Service Director, Children and families Service.
2. Scrutiny of regular reports at the Corporate Parenting Committee.
3. Representation from the Young People in Care Council at some meetings and additional meetings including members of this group and the Lead Cabinet Member.
4. The Children and Families Scrutiny Panel led by Elected Members robustly examines the work and performance of services and outcomes for children and young people in the City and includes a targeted focus upon children in care and care leavers.

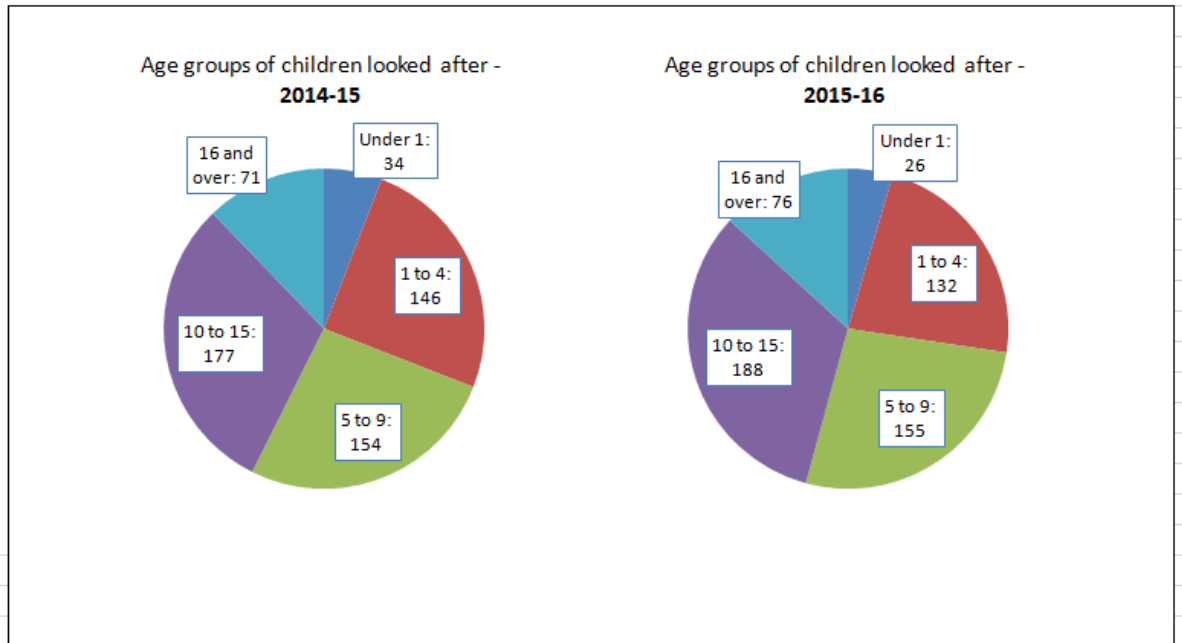
6. **Profile of looked after children and care leavers**

As at 31st March 2016, 590 children and young people were looked after in Southampton, in contrast to 31st March 2015 when there were 580 looked after children. In 2013-14 this figure was 500. The number of looked after children in Southampton is significantly higher than Statistical Neighbours at a rate of 120 children per 10,000 compared to 76 (Statistical Neighbours) and 60 (England). As at the end of September 2016, the number of looked after children in Southampton was 606, compared to 626 in the same period in the previous year.



7. In 2015-16, 210 children started, and 204 ceased to be looked after. The number of children who became looked after for a second or subsequent time in 2015-16 was 23; this was a reduction of 20 from the previous year.

At 31 March 2016, the largest proportion of children in care in Southampton was aged 10 to 15, as illustrated in the graph below. Of children starting to be looked after in 2015-16, 15.9% were aged under 1 and 29.0% aged 1-4. Under 5's are our most vulnerable group and this indicates a focus on early intervention with this group.

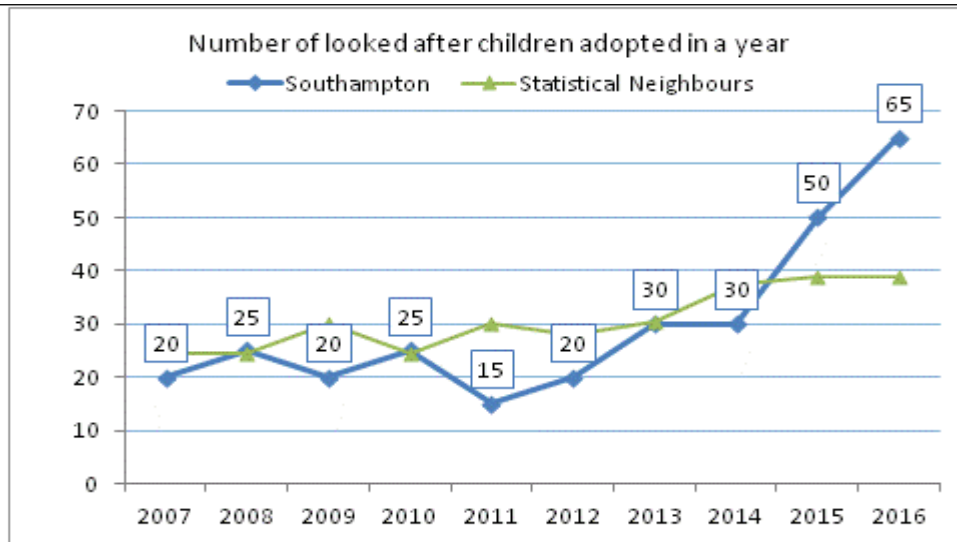


Overall, there continues to be more boys than girls looked after at the end of 2015-16, with 56% of CLA being boys and 44% girls. These percentages are in line with national data.

White British children continue to represent the largest cohort of looked after children at 74.5%. This is in line with national figures for 2016, with 75% of looked after children being White British in England.

8. Achieving Permanence

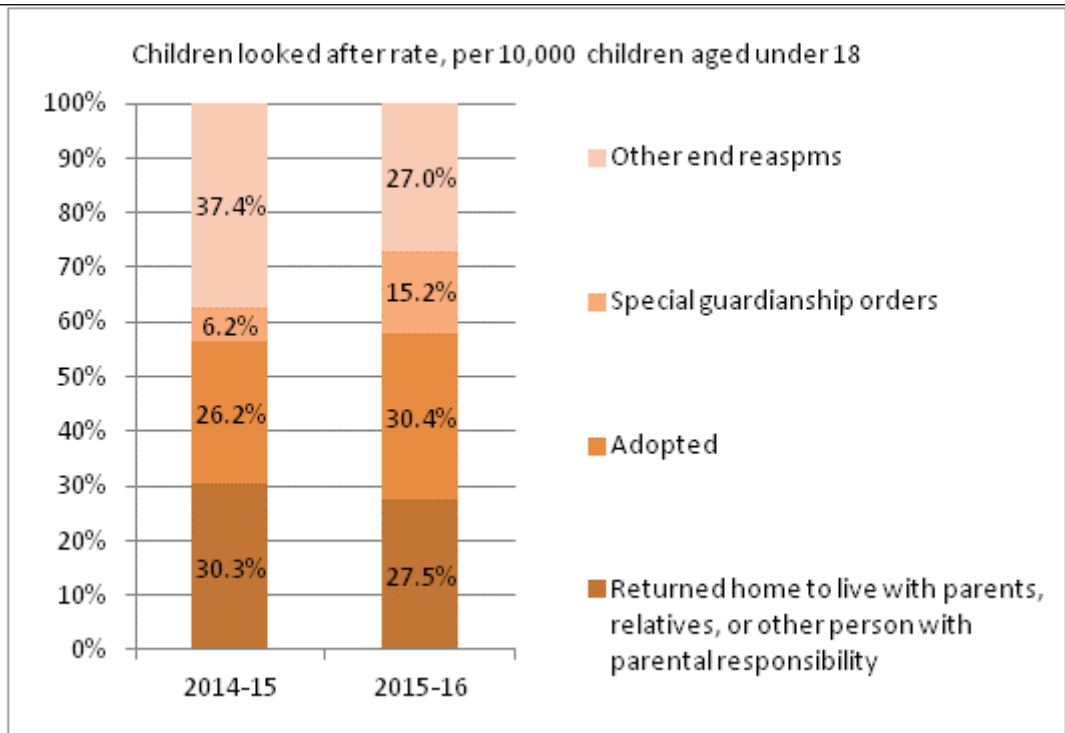
As at 31st of March 2016, 65 children had been placed with adoptive families, compared to 50 in 2015 and 30 in 2014. The annual numbers of adoptions for Southampton are shown below, with Statistical Neighbour's performance shown for comparison. Over the past 12 months (from October 2015 to September 2016), 60 children have been successfully placed with their adoptive families.



The average length of time between entering care and being adopted in 2012-15 was 463 days, compared to 476 in 2011-14 and 527 in 2010-13. The latest three year averages including data for 2016 had not been published at the time of writing this report.

9. Plans for returning children home when it is safe, and arranging for children to leave care, are considered as part of usual business and a full analysis of our looked after cohort took place in 2015-16. In 2015-16, the rate of ceasing looked after episodes was 42.6 in 10,000 0-18 year olds, compared to 40.7 in the previous year. The rate of new looked after children per 10,000 0-18 year olds was 43.8, a reduction from the previous year when the rate was 55.5. There are a number of initiatives in place to support children to remain with families wherever possible, including reunification programmes, edge of care interventions and a robust review of all our children's permanence arrangements. Of significance, a high proportion of our looked after children are subject to either an interim or full Court Order. This means a Court has agreed with the local authority that a child has met the threshold of 'significant harm'. To return them to their family therefore requires the Court to agree it is the correct course of action and it is safe. These plans are also scrutinised and ratified by independent reviewing officers and Court advisors. Alternative permanent options such as special guardianship, adoption and child arrangement orders are therefore the only way forward in many cases.

10. Of the children who ceased to be looked after in 2015-16, 27.5% were enabled to return home to live with their parents or placed with relatives. This is however, below the national average of 34%. The other large groups of children ceasing to be looked after included those with successful permanency plans including adoption (30.4%) and children granted a special guardianship order (15.2%). Special guardianship orders and adoptions both increased as end reasons compared to the previous year, as illustrated in the graph below.



Progress continues to be made in this area but it continues to be a challenge balanced against the number becoming looked after.

11. **Education of Looked after Children**

The Virtual School continues to work with schools both in and out of the city focussing on closing the gap between the outcomes of our Looked after Children and those of their peers. The completion rate of Personal Education Plans at the end of the academic year 2015/2016 was 80%. Personal Education Plans are written three times a year and are produced collaboratively between social workers, schools and Foster carers

The education data contained within this report is provisional and at the time of writing, only provisional data for Key Stage 2 and Key Stage 4 is available. No data is yet available for KS1 or EYFS.

12. **Key Stage 2 (Year 6, Age 11)**

There were 27 pupils that had been looked after continuously for at least a year as at the 31st March 2016. 1 pupil has been identified as taking end of key stage 2 assessments in a future year, therefore the cohort considered in the analysis below is 26 pupils with each pupil counting for 3.8%.

39% of this cohort achieved the Expected Standard in **Reading**. This is 27% below the achievement of all pupils nationally (66%). 39% achieved the Expected Standard in **Writing**. This is 39% below the achievement of all pupils nationally (74%). 42% of the cohort achieved the Expected Standard in **Maths**. This is 28% below the achievement of all pupils nationally (70%). 19% (5 no.) of the cohort achieved the Expected Standard in **Reading, Writing & Maths Combined**. This is 34% below the achievement of all pupils nationally (53%).

13.	<p><u>Key Stage 4 (Year 11, Age 16)</u></p> <p>Key Stage 4 GCSE results were released to schools and students on the 25th of August 2016. The short briefing note below, based on provisional data provides an overview of Southampton's performance for LAC pupils looked after continuously for a year as at the 31st March 2016. National and other Local Authority data will not be published by the DfE for several months; therefore comparisons are currently not possible.</p> <p>Southampton's provisional KS4 cohort of pupils consisted of 37 looked after children - of those, 34 were looked after continuously for 12 months. 9 pupils within this cohort were either not entered for any GCSE exams or not entered for any DfE Performance Table approved qualifications. Of these 9 pupils with no GCSE outcomes, 7 either attended Independent Schools, were EOTAS (Education Other Than At School) or Elective Home Education (EHE) and are therefore excluded from the calculations below. An additional CLA pupil who achieved a single GCSE qualification in an Independent school is also excluded.</p> <ul style="list-style-type: none"> • 27% (7 no.) of pupils achieved A*-C GCSE in English Language or English Literature. • 12% (3 no.) of pupils achieved A*-C GCSE in Maths. • 8% (2 no.) of pupils achieved A*-C GCSE in English and Maths, this is a decrease of 7% from 2015 when 15% of Southampton pupils achieved this threshold. This is below the 2015 National performance of 16% by 8%. • 25.0 was average Attainment 8 score for this CLA cohort (equivalent of a grade F across eight subjects) • 12% (3 no.) were entered for the English Baccalaureate (Ebacc). • No looked after pupils achieved the English Baccalaureate (Ebacc) in 2016 while in 2015, the national average was 3%.
14.	<p>The Virtual School continues to work with schools both within and outside Southampton to improve and develop opportunities for looked after children. The outcomes for 2015/2016 are in need of significant improvement but some firm foundations have been laid to secure progress in the future.</p> <ul style="list-style-type: none"> • 82% of Looked after Children now attend a Good or better school. • 92% of pupils needing a school move are admitted within 20days <p>The quality of PEPs is now monitored closely and at the end of the summer term over 65% were judged to be good or better. New PEP forms and guidance for social workers and designated teachers are in place. There are termly meetings with Designated teachers to target specific education issues. Attendance is monitored robustly with schools, social workers and carers. The Virtual School is in contact with the 26 other authorities where our children attend school.</p> <p>Tracking mechanisms have been improved and are still under review to robustly monitor the progress of each child in care. A Pupil Premium funding allowance is given</p>

	to schools to specifically address the individual needs of looked after children and the Virtual School works in partnership with schools to make best use of this investment to improve outcomes for the relevant children and young people.
15.	<p>Health of children in care and care leavers</p> <p>Looked After Children and young people share the same health risks and problems as their peers but often to a greater degree. They often enter care with an inferior level of health to that of their peers in part due to the impact of poverty, abuse, neglect and inadequate parenting.</p>
16.	Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. Almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults (Promoting the health and well-being of looked after Children DE, DH 2015).
17.	The NHS has a major role in ensuring the timely and effective delivery of health services to looked-after children. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and The NHS Constitution for England make clear the responsibilities of CCGs and NHS England to looked-after children (and care leavers). In fulfilling those responsibilities the NHS contributes to meeting the health needs of looked-after children in three ways: commissioning effective services, delivering through provider organisations, and through individual practitioners providing coordinated care for each child.
18.	Under the Children Act 2004, health professionals have a legal responsibility to promote the health and wellbeing of all children who they are responsible for, this is particularly pertinent with regard to vulnerable cohorts such as LAC. 'Promoting the Health and Wellbeing of Looked After Children' (DE DH 2015) sets out a framework for the delivery of care from health and social services to ensure their effectiveness to support and deliver care to LAC.
19.	NHS Southampton CCG employs a Designated Nurse for LAC (Head of Safeguarding) and Designated Doctor for LAC to assist the CCG in fulfilling their responsibilities as commissioner of services to improve the health of LAC. The Designated professionals also provide strategic oversight and advice working closely with health providers, Local Authorities, health care planners and commissioners to promote the welfare of LAC locally and out of area.
20.	NHS Southampton City CCG as the responsible commissioner for Southampton Looked After Children commission an annual report from Solent NHS Trust LAC Health Team in order to assure itself that services delivered to LAC are meeting expectations. In addition to Designated Professionals, NHS Southampton CCG commissions a bespoke LAC Health Service from Solent NHS Trust which includes a Named Nurse and 2 specialist nurses. Increases in the number of children coming into the care system is managed via the additional capacity built into the service from additional clinics and speciality GPs who can be used to respond to any unpredictable increase.
21.	Whilst locally, the numbers of LAC fluctuate they remain around 600 in total with the majority living in the Southampton area or within a 20 mile radius. Approximately 180 children are placed outside of this area (Nov 2016). NHS Southampton CCG retains responsibility for them all and funds the out of area health assessments as part of the

responsible commissioner guidance Who Pays? Determining responsibility for payments to providers (see pages 12 and 13 of that guidance) (DH 2013). Ensuring that all LAC placed out of area receive quality and timely health assessments and have access to health services remains a challenge and will be a key priority for the Designated Professionals and Solent NHS Trust LAC health team next year.

22. Annual reporting figures from Solent NHS Trust Health of LAC team (April 2015-March 2016) are detailed in the table below and are a marked improvement to the previous year results for health reviews at 6 monthly and annual timescales. The target of 90% has not been achieved and exception reporting undertaken by Solent, has identified out of area (ooa) health assessments and the high figures of “Was not brought” to appointments as areas of particular concern which impact upon performance figures.

Table 1: Percentage data reporting

KEY PERFORMANCE INDICATOR / MEASURE	March 2015 - April16
1. Annual reporting of percentage of children with an up to date dental check.	79%
2. Annual reporting of number of children who have been advised or whose foster carers have been advised of the need for a dental check.	90%
3. Annual reporting of percentage of children who are up to date with immunisations	90%
4. Annual reporting of percentage of children with up to date review health assessment in timescales	94% (under 5 years of age / 6 monthly) 83% (over 5 years of age/annually)]
5. Annual reporting of percentage of OOA children with up to date review health assessment in timescales	61% (under 5 years of age/6 monthly) 68% (over 5 years of age/annually)
6. Annual reporting of percentage of children within initial health assessment in timescales	83% (85%within 28days of notification)

23. Exception reporting (now hotspots) has enabled Solent to appreciate further information as to why children and young people are not seen within timescales for the health assessment. Challenges are still evident in relation to non-attendance at health appointments which is monitored monthly by the LAC health team and details shared with the LAC Children’s Social Care team managers.

Further analysis will be undertaken by Solent NHS Trust to understand the details of themes such as which group of carers does the “was not brought” relate to.

24. Table 2: Themes for non-attendance at initial health assessment:

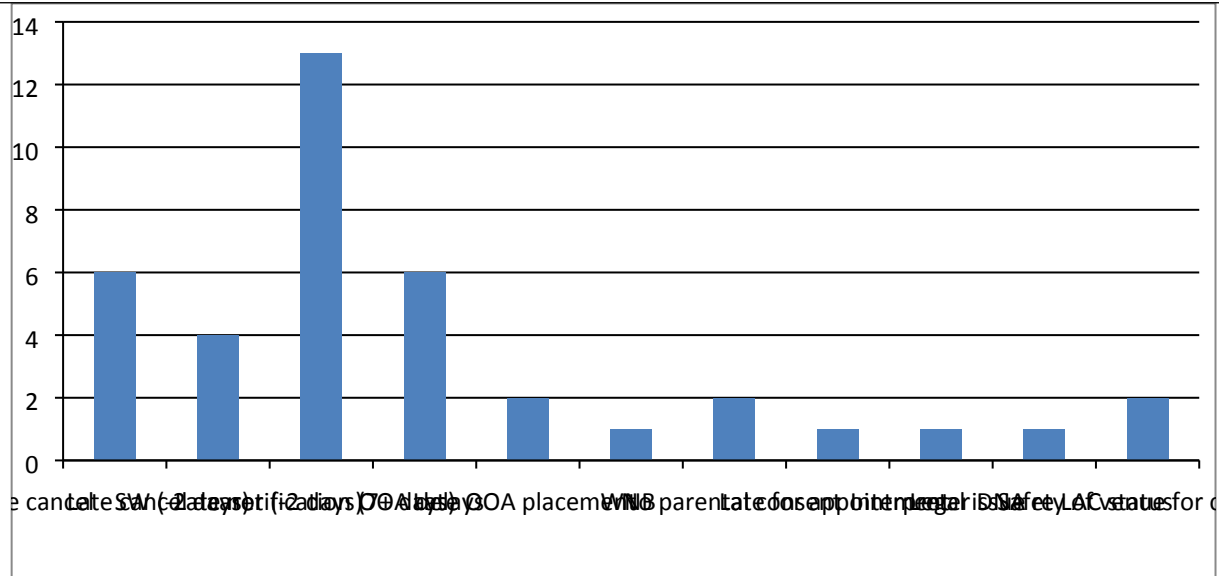
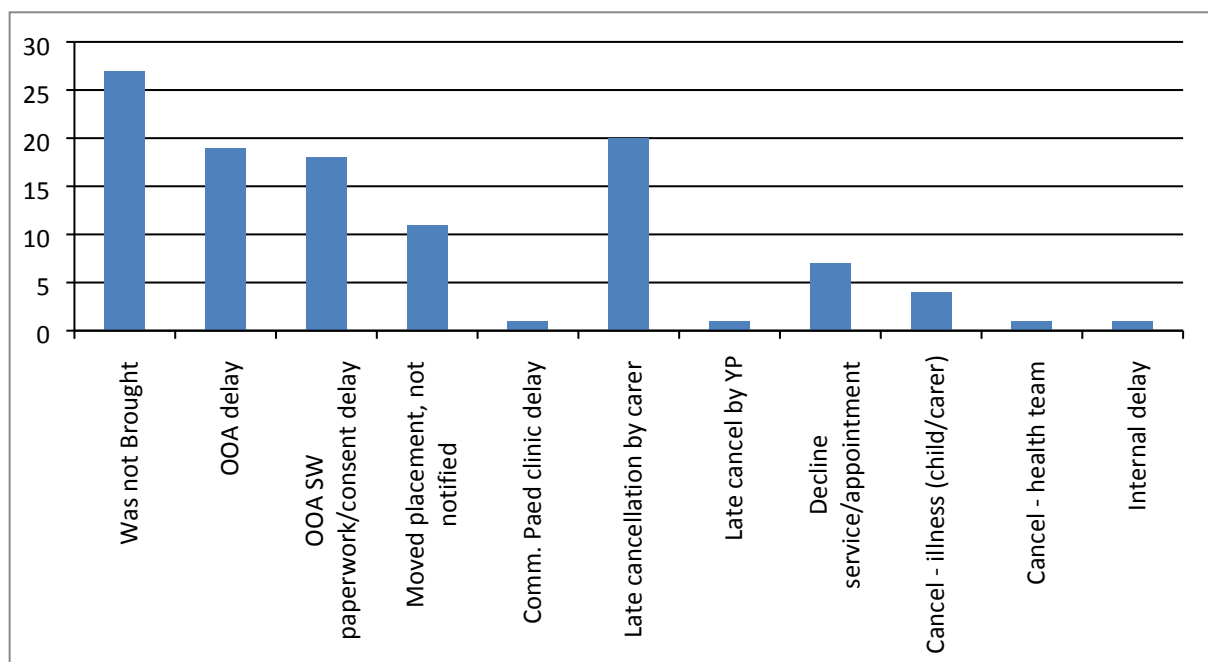


Table 3: Themes for non-attendance at review health assessment:



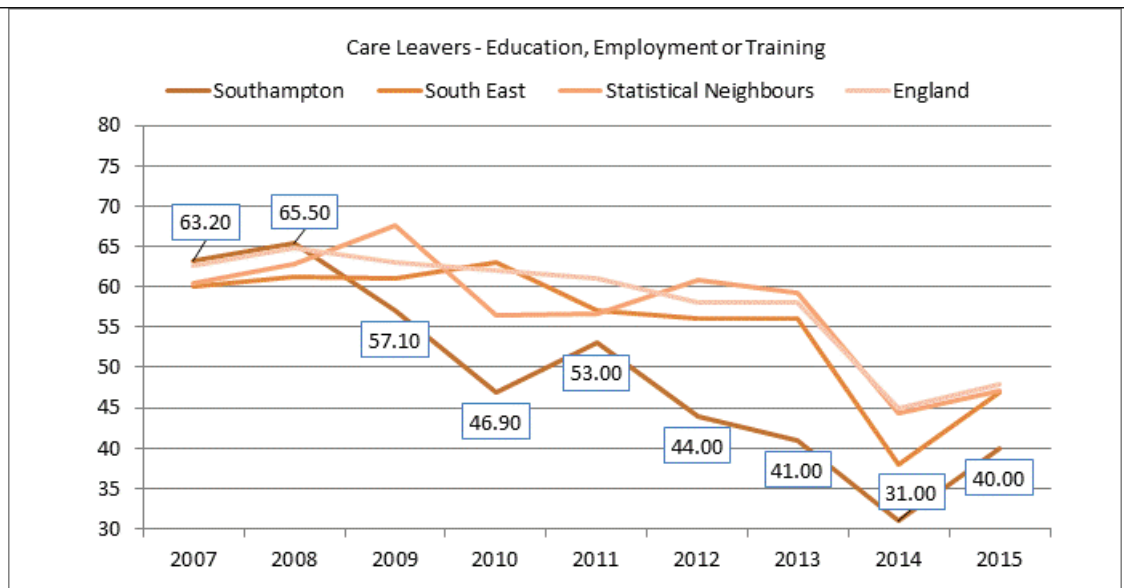
25. For Children in Care immunisation rates are 90% (2015/16) slightly higher than the national average of 87.1% which does not include the school leaver booster, administered via GP practices. A higher percentage of looked after children (95.2%) have received their first dose of immunisation by the age of two in Southampton. By the age of five, 90.6% of LAC have received their second dose of MMR immunisation which is higher than the England average.

26. The service continues to undertake a range of activities such as working with BRS (Building Resilience and Strength) to screen for and assess emotional and behavioural difficulties in Looked After Children, they have developed a Care-Leavers Health Care Plan and a “Declined Service” pathway to ensure those young people who do not wish to engage with the service have access to health information and know how to re-engage when they wish. The service is also looking at appropriate incentives to improve the uptake of health assessments by young people.

27.	<p>In January 2016, a multi-agency group named the Health and Wellbeing of LAC was established by the Designated Nurse in the Clinical Commissioning Group. The aim of the group was to ensure effective working across all agencies and services to improve the health and wellbeing of LAC in Southampton. The group is well supported and includes representatives from education, social care, foster carers, Youth options, No Limits as well as health services such as CAMHS, sexual health and the specialist LAC health team. The group is supporting a health needs assessment of LAC which is being undertaken by a specialist registrar in public health (Health Education Wessex). This report will be completed by Jan 2017. The group provides a forum for best practice and challenge and has already improved information sharing of services to support health and wellbeing outcomes such as increased referrals to advocacy services and awareness of services and tools to support the ongoing work into child sexual exploitation.</p>
28.	<p>CQC Review of LAC</p> <p>CQC undertook a review of Southampton LAC and safeguarding children health services in February 2016. The service delivery model of the looked after children team was inspected and reported to be; “gold’ standard and highly commendable, more so given the high quality of health assessments and the high number of young people in care.”</p> <p>The inspectors found that the overall quality of the initial health assessments (IHAs) and review health assessments (RHAs) undertaken by the team were of exceptional and consistent quality and that all IHAs are undertaken by the designated doctor/team of paediatricians unless the child is immediately placed out of the Southampton area.</p>
29.	<p>Looked-after children with emotional and mental health needs receive very robust, child centred support promptly from BRS (previously Behaviour Resource Service), an Integrated Family Assessment and Intervention Service (IFAIS) in Southampton. BRS is a jointly commissioned multi-agency team (health and social care) which provides therapeutic services for children and families across the looked after children pathway in Southampton. One of the specialist LAC nurses sits on the BRS therapeutic panel and the looked after children health team meet bi-monthly with BRS enabling joint exploration and discussion of cases, and provides an element of supervision to the looked after children practitioners.</p>
30.	<p>CQC did identify that young people looked after are not benefiting from the use and evaluation of strength and difficulties questionnaires (SDQs) as there is currently no local provision of SDQs in Southampton. This is not compliant with Department for Education requirements and when utilised effectively, can be very helpful in identifying and tracking a child’s emotional health and wellbeing whilst in care. This has been addressed by Solent NHS Trust and from June 2016 onwards, the team will integrate the SDQ into the health assessment process.</p>
31.	<p>CQC LAC Health recommendations:</p> <ol style="list-style-type: none"> 1. Ensure better recording of the ‘voice of the child’ in looked after children initial and review health assessments as opposed to quoting them in the ‘third person’ and making care plans SMART. 2. Put into place a formalised quality assurance framework to better assess the quality of both IHAs and RHAS for children and young people placed both in and out of area. 3. Ensure SDQ scoring is used to assist the care planning process for all looked after children and young people across Southampton.

32.	<p>Since the CQC visit, the designated doctor has already put in place actions to address the 3 recommendations. The voice of the child and SDQs has already been discussed and a quality assurance process for all out of area initial and review health assessments, and health plans has also been put in place by the Designated Doctor. This process will be supported by the Named nurse once in post and a formal framework with supporting documentation has been developed by designated doctor.</p>
33.	<p>There is a strong offer of health support to care leavers even though the service is commissioned to age 18 only. Young people who have had a background in care are more likely than their peers to have poor social outcomes in later life and the specialist health team continue to actively support many young people beyond the age of 18 years. The specialist LAC team have already developed processes to support care leavers and will continue to work with the designated professional to engage first hand with the Children in Care council to develop and roll out a care leaver's health passport. The specialist nurses are working on an options paper to consult the group with; listening to their explicit needs has previously established a need to provide them with a Health Passport which will contain their historical and current health information. It is anticipated in autumn 2015 that this consultation will take place.</p>
34.	<p>As commissioning lead for the LAC health service, during 2015, the Designated Nurse has reviewed the existing service specification with the addition of reporting and quality schedules, to enable transparency between the CCG and commissioned providers and ensure relevant monitoring of service performance, delivery and quality assurance through audit of outcomes for LAC in Southampton. This report identifies multiple challenges for the LAC health team during 2016/17, however, with strong leadership from the Designated Doctor and the passion of the team to deliver a quality service, potential opportunities for further development of the already strong service model and improvement in practice are exciting and the Designated nurse will continue to provide support and advice whilst monitoring and seeking assurance.</p>
35.	<p>Care leavers</p> <p>There has been continued progress against some measures of performance for young people leaving care but further work is still required to improve and maintain a consistently good level of outcomes and opportunities. Due to high numbers of looked after children demands on the service have increased and this requires further consideration in terms of resource. The percentage of care leavers who were still in contact with Social Services in 2014-15 was 89.0% and 90.1% in 2015-16. The latest figures for Southampton show that at the end of Quarter 2 2016-17, 98.5% of care leavers were still in contact. Clearly, this is a positive increase and provides opportunities for practitioners to work with young people to address and deliver improved outcomes in relation to identified needs.</p>
36.	<p>The city's strategic approach to sourcing and accessing suitable accommodation for young care leavers includes a "staying put" offer for care leavers to continue to reside with their current foster carer(s). Joint working between the Care Leavers/Pathways Team and the Housing Needs Team is positive, with weekly housing panels in place. This ensures that the most appropriate housing and support is identified as part of the young person's pathway planning process, including access to a secure tenancy with SCC or one of the City's Housing providers. A joint protocol between the relevant agencies to ensure all partners understand their roles and young people experience a planned and supported transition to independent living is in place. This includes a shared commitment by agencies to adopt a 'corporate parenting' approach for care leavers. The Children and Social Work Bill also indicates we will need to consider</p>

	<p>'staying close' arrangements for young people leaving care out of county to ensure they maintain good support networks if they wish to remain near to their residential home and link workers</p>
37.	<p>The latest figures for Southampton show that at the end of Quarter 2 2016-17, 88.1% of care leavers were in contact and in suitable accommodation. The total number of care leavers being supported by Southampton at 31st of March 2016 was 176. 117 (82.4%) of these young people were in contact with the Local Authority and in suitable accommodation. 25 (17.6%) were deemed to live in unsuitable accommodation. 34 care leavers were not included in this cohort and therefore excluded from the above percentage calculation as they were either not in touch (and therefore it was not known whether their accommodation was suitable), or the young person had died, or returned home to live with parents or someone with parental responsibility for a continuous period of six months or more.</p>
38.	<p>Looking at the previous years' figures, at the end of March 2015, 78% of care leavers were in contact and in suitable accommodation. This represents an upward trend in performance of 8% since March 2014, when the percentage was 70.</p> <p>Outcomes in the area continue to improve although the service recognises that activity in this area must continue to drive improvement up to statistical neighbour rates (79.1% in 2015) and beyond.</p>
39.	<p>Local Authority continues to be committed to the national Care Leavers Charter; with an allocation of £2,000 for all Care Leavers to support transition to independence; the creation of a more robust and effective Young People in Care Council; the development of a Facebook page to promote ongoing contact and support beyond their 25th birthday and to improve partnerships that enable Care Leavers to access apprenticeships, work experience, further and higher education.</p>
40.	<p>The City currently undertakes a pathway needs assessment at 15yrs and 9 months for each young person who will remain looked after and therefore become a care leaver. It continues to be acknowledged that this planning process should be commenced earlier to ensure stronger plans which have comprehensive 'buy-in' from young people and involve carers and the entire professional network at each stage of planning. Auditing outcomes are well established to monitor and then check that the Pathways team is focussing upon improving the quality and timeliness of plans. It is expected that all young people have a complete and robust pathway plan in place by the age of 16years and 3 months.</p>
41.	<p>Education, Training and Employment for care leavers</p> <p>According to published figures, 40% of 18-21 care leavers were in education, employment or training at the end of March 2015, an 9% increase on the previous year (at 31%). Despite the improvement in this area, Southampton care leavers in EET fared less well compared to statistical neighbours (47%) and England (48%). At the time of writing, 2016 figures have not been published.</p>



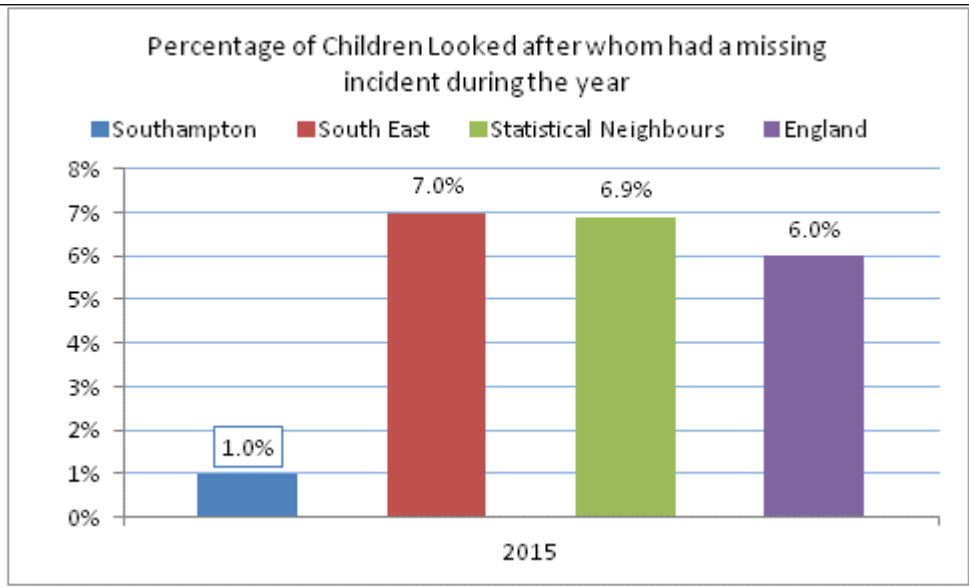
43.

Employment Training and Education remains a key priority improvement area, and a range of focussed activities are in place to secure better outcomes and performance. These include:

- Improved tracking of personal education plans for year 10 and 11 looked after pupils transitioning towards independence.
- Monitoring and tracking of the cohort of young people not engaged in education, training and employment with partners within the council, educational provision and the third sector (including monitoring and reporting 16-17 year old Care Leavers to Corporate Parenting, which is over and above the statutory reporting requirement).
- The provision of a dedicated worker from the Council- led City Deal programme to assist in supporting employment outcomes for those young people who are referred through the Pathways Team.
- Recruitment of a part-time Careers Advisor to provide careers information advice and guidance, and ensure that systems are in place to support and track the young people from KS4 through to fully engaging in post 16 provision (post holder commencing November 2016).
- An offer of a placement or apprenticeship within the Council to care leavers, and prioritisation in the Council's apprenticeship recruitment
- Inclusion of Care Leavers as one of the three priorities for Connect, Southampton's Strategic partnership, to enable mentoring and placements through local major employers.
- Access to funded enhanced traineeships (pre-Apprenticeship) through EU funded programme, including work placements, English and Maths support and expenses payments for the young people.
- A NEET prevention system for the City including a process to identify Risk of NEET in school, which includes Children in Care status. These young people are then referred to support including during summer holidays and into progression post- 16
- Case conferencing systems to ensure full support is in place.

However, it should be noted that funding and provision of services to support NEET young people fluctuates through external grant availability.

44.	<p>Participation and engagement of children and young people</p> <p>The active participation of children and young people is a key priority for Children’s Services and its partners. The strategy for looked after children sets out a clear vision for practice, and the Quality Assurance Business Unit alongside the LAC Service facilitates consultation, involvement and participation of children and young people who are looked after. The additional support of Southampton’s young people’s participation worker has been welcomed. Consultation is gradually feeding into service development, and our involvement in the Bright Spots survey has identified key areas where young people feel we could improve as well as what is going well. Our action plan is in place and will be monitored by the Corporate Parenting Committee.</p>
45.	<p>Positive messages came out of the above survey including:</p> <ul style="list-style-type: none"> • Children were generally positive about their future compared to children in care in other local authorities and believed their lives were improving. • The vast majority of children felt settled, trusted carers and had access to an adult who they trusted and who they saw as helping them. • Young children in particular had a positive sense of wellbeing in terms of trusting their carers, feeling settled in their placements, feeling safe and feeling happy. • Children had fun and were able to pursue hobbies and interests and access the outdoors. • They generally enjoyed schools and their carers were engaged in supporting their learning.
46.	<p>An annual awards ceremony recognises the achievements and contribution of children and young people looked after and care leavers. The Children in Care Council (in Southampton called the Young People In Care Council – YPiCC) directly supports the Corporate Parenting Committee to measure and monitor the effectiveness and quality of ‘Corporate Parenting’ to children and young people in accordance with the views and experiences of the children who are in care. The committee remains fully committed to listening to the voice of service users and the active involvement of children and young people within the decision-making processes. However, it is recognised that the Young People in Care Council (YPiCC) has had a fluctuating membership. The group meets on a monthly basis but numbers remain low and we are currently looking at other options to increase membership and participation options. In 2015/16 they have been working on Southampton’s ‘Pledge’ and have created a video to promote awareness of Child Sexual Exploitation. The younger group have focussed on stranger danger and both groups have been working on projects supporting children who come into care.</p>
47.	<p>Children Missing from Care</p> <p>Overall percentages of looked after children having a period missing from care were low in Southampton (1%) compared to Statistical Neighbour (6.9%) and England (6.0%). At the end of quarter 2 2016-17, the number of looked after children missing for 24 hours or more was 16 (2.6% of all looked after children). Robust missing from care procedures remain in place and the individual cases of missing children are tracked and scrutinised by managers on a daily basis.</p>
48.	<p>The graph below shows that compared to Statistical Neighbour and England averages, Southampton had a significantly lower percentage of looked after children going missing during the year. Figures for 2016 are currently not available for this indicator.</p>



49. Barnardo's currently deliver a return 'safe and well' service for Southampton children and young people. When a child/young person returns from going missing, Barnardo's are notified and then contact that child/young person to identify any issues or concerns that are ongoing for them. Information on the matter is then passed to the relevant 'lead professional' via the MASH and this is used to help inform future safety and protection planning where relevant. The Local Authority works with the Local Safeguarding Children's Board's 'Missing, Exploited and Trafficked' Group (MET) to identify particular concerns for individual children, and areas of the City, and then addressed these matters through the sharing of intelligence amongst agencies, joint planning and targeted interventions. There has been a lot of activity in the summer of 2016 ensuring we are risk assessing and planning appropriately for children who are going missing and potentially at risk of CSE.

50. **Summary of Priorities for 16/17**

We must take our corporate parenting role seriously and have the same high aspirations for children looked after as we would for our own children. We need to listen to the messages from our children and young people, build on our strengths and develop our services with their needs and views at the centre of any plan.

The numbers of children in care at the end of March 2016 is significantly higher than two years ago. Further initiatives and options are being developed to strengthen available support to children and young people on the edge of care to remain in the care of their own families and to move into other permanence arrangements from care. The Bounce Group in particular is a 12 week group which aims to build resilience for children looked after. It is being researched in conjunction with the university of Southampton and is beginning to show positive outcomes for this cohort of children.

Services for care leavers are improving, however we have more to do. In 2016 – 17 we are prioritising the development of our care leavers service to ensure we are meeting needs at all levels and expanding our 'offer'. This will include ensuring we are accessible at times when young people need us.

51.	Adoption rates and the timeliness of placements continue to show significant improvement over the past 12 months. Permanency planning processes for children are being continuously reviewed and strengthened. We are moving towards different delivery arrangements within the adoption service with the Government push to move into regional adoption agencies. 2016 – 17 will see significant developments in this area. Should widen opportunities to matching children with permanent families at an earlier stage.
52.	Health assessments for looked after children have been significantly improved over the past 12 in both timeliness and quality. This improvement must be monitored and maintained through the partnership of agencies and processes put in place to establish these improvements. Solent NHS Trust and the Local Authority also need to deliver similar improvements in relation to immunisations and dental checks for children in care.
53.	Priorities going forward include the development and introduction of a health “passport” for all care leavers which is given to young people when they leave care. The health passports for all LAC will contain key health information about all children throughout their formative years and provide young people with a complete health history which is crucial in promoting and managing individual health needs.
54.	Other work will focus on ensuring that the Local Authority better understands the emotional and mental health needs of young people prior to, and after they leave care, and ensure that services consistently meet identified needs, and promote services designed to address such needs. Recent Quarter 2 information showed BRS outcome measure (CGAS) demonstrate an average 15 point improvement post intervention from the service.
55.	The educational performance of children in care declined during the year amongst the older age group, but there has been relatively good performance across other age ranges. However, in general outcomes for looked after children and care leavers in Southampton requires improvement and is a major priority for the Corporate Parenting Committee chaired by the Lead Elected Member in the year ahead. The way the Virtual School works has been refreshed in recent months and their staff are working more closely with care planning practitioners and have identified a clear approach for monitoring the educational development and needs of looked after children. Additionally, the Personal Education Plan (PEP) assessment tool has been strengthened and used more effectively to identify children’s needs, set realistic and ambitious goals and to put support in place quickly. The PEP completion rates require significant improvement and will be monitored and driven meticulously throughout the year ahead.
56.	<p>A further challenge for the coming year will be to support and maintain the current cohort of 16 to 18 year old young people in their education, employment and training settings and empower them to complete chosen pathways successfully, and transition on to fulfil their individual ambitions and potential. These young people together with those up to the age of 21 will be closely monitored through a multi-agency group and officers will explore greater opportunities to increase apprenticeships and work based opportunities for looked after children and care leavers.</p> <p>The service is involving children and young people more in participation and service development but there is more work to do in this area.</p>
57.	Working with looked after children with significant levels of vulnerability including those at risk of sexual exploitation and offending behaviours continues to be an overarching priority. The Service has processes in place to both identify these young people as

	early as possible and to ensure that appropriate services are put into place to support and keep them safe.
RESOURCE IMPLICATIONS	
There are no new resource implications arising from this report.	
<u>Capital/Revenue</u>	
	N/A
<u>Property/Other</u>	
	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
	The Children Act 2004 places a duty on local authorities to take collective responsibility for good parenting of children in care and looked after.
<u>Other Legal Implications:</u>	
	The corporate parenting responsibilities must be carried out having regard to the Equalities Act 2010, the Human Rights Act 1998 and all other pervasive legislation.
POLICY FRAMEWORK IMPLICATIONS	
	The proposals set out in this report are wholly consistent with the Council's Policy Framework.
KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	N/A
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	N/A
Documents In Members' Rooms	
1.	N/A
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
Other Background Documents	
Equality Impact Assessment and Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule

		12A allowing document to be Exempt/Confidential (if applicable)
1.	N/A	