

Children in care and care leavers strategy 2016-2019

FINAL DRAFT

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Foreword



In Southwark we want to do our absolute best for all our children and young people. This goes beyond providing them with a safe home and financial support, it means being honest, open and trustworthy and providing them with love and guidance. It means making the most of the knowledge and resources we have to help them to be the best they can be and be prepared for the everyday challenges of life. It means keeping our door open, picking them up when they are down and treating them with the respect they deserve, as they find their way in the world. It means championing them and celebrating them and not defining them by the care system that they are part of, through no fault of their own, but as the brilliant and unique children and young people they are.

The Corporate Parenting Committee regularly meets with Speakerbox, our Children in Care Council. They told us that communication with social workers, the quality of placements, family contact (particularly siblings) and respecting their right to privacy are some of the things that matter most to them. These key areas, and other feedback from our children and young people, have shaped our vision and strategy.

Through the delivery of this strategy we will keep our children and young people at the heart of what we do, regardless of the challenges we face in local government, and give them the love and support they need to achieve the best possible outcomes.

Councillor Victoria Mills, Cabinet Member for Children and Schools and Chair of Southwark Council's Corporate Parenting Committee

Our vision

“We want all our children and young people to be safe, happy and healthy and to enjoy life. We will give them the care and support they need to be resilient and well prepared for adulthood and independence.

We will provide them with high quality care, support and guidance to ensure they get the opportunities they deserve.”

Our values and principles

The following values underpin the planning, commissioning and delivery of services to support children and young people.

- Be the champions our young people deserve
- Deliver high quality care, support and accommodation services
- Do our best to enable families to stay together
- Keep children and young people safe at all times
- Keep children and young people's needs and wishes central to our work
- Keep all children and young people in care and care leavers well informed about their rights and where to go for help
- Empower children and young people to take control of their own lives and realise their full potential
- Deliver proactive support that secures the best long term outcomes for all children and young people
- Ensure the views of children, young people and their families inform service improvement
- Deliver, through action, our commitment to the **Care Leavers Charter**:
 - To respect and honour your identity
 - To believe in you
 - To listen to you
 - To inform you
 - To support you
 - To find you a home
 - To be your lifelong champion

Outcomes for children in care and care leavers

The national picture

National statistics show that 62 per cent of children are in care as a result of abuse or neglect, children in care are four times more likely than their peers to have a mental health difficulty and they are less likely than their peers to do well at school. Furthermore, two-thirds have a special educational need or disability (SEND) and of those a significant proportion will have a statement or a learning difficulties assessment.¹

Children in care are nearly twice as likely to be cautioned for, or convicted of, an offence as their peers and although estimates vary, it is thought that nearly a third of children in custody have been looked after.²

National Audit Office research shows that young people who have had a background in care are more likely than their peers to have poor social outcomes in later life. The most recent estimates are that:

- In 2010, 25 per cent those who were homeless had been in care at some point in their lives
- In 2008, 49 per cent of young men aged under 21 who had come into contact with the criminal justice system had a care experience
- In 2014, 22 per cent of female care leavers become teenage parents; and
- In 2012, it was reported that those in care and care leavers were between four and five times more likely to self-harm in adulthood.

In 2014 41 per cent of 19 year old care leavers were not in education, employment or training (NEET) compared to 15 per cent of the general population.

Despite these challenges many children in care and care leavers achieve positive outcomes and succeed into adulthood. The nature of the range of challenges they can face highlights the need for effective joint working across health, education, employment, housing, criminal justice and social care. It is our role, as effective corporate parents, to ensure that all children and young people in our care are not disadvantaged by their circumstances. It is our aim to ensure that the support we provide enables all children and young people in our care and care leavers to achieve the best possible outcomes at all times.

The Southwark picture

Southwark is a diverse borough with a resident population of 293 500. We are the 21st most deprived borough in England with 30 per cent of children living in income deprived households³. We are one of the largest social landlords in the country.

At the end of March 2015 there were around 500 children and young people in our care. This figure has been reducing steadily since March 2012, through more effective work with young people and their families to keep them safely at home.

¹ [National Audit Office, July 2015, Care leavers transition to adulthood](#)

² [DfE, March 2015, Promoting the health and well-being of looked after children](#)

³ [DCLG, September 2015, English indices of deprivation](#)

- Half of the children and young people who entered care between April 2014 and March 2015 did so as a result of abuse or neglect. 17 per cent entered because of family dysfunction and 11 per cent entered as a result of absent parenting
- A high number of children and young people in care in Southwark are placed in foster care; the majority of those are in foster placements managed directly by the council
- There has been an increase in the proportion of children in care who were subject to Full Care Orders. The proportion has increased from 48 per cent at the end of March 2014 to 51 per cent at the end of March 2015
- There has been an increase in the proportion of children and young people accommodated under Section 204 - from 27 per cent at the end of March 2014 to 34 per cent at the end of March 2015
- The highest percentage of children entering care across each of the past five years has been within the 10-15 age group, with the lowest percentage being within the 5-9 age group (with the exception of 2010/2011)
- 10-17 year olds accounted for 50 per cent of those entering care as at the end of March 2015, with the percentage of children within this age group accounting for at least 45 per cent of new care entrants across each of the preceding 4 years
- At the end of March 2015, 23 per cent of children entering care were aged 16-17, one per cent lower than the previous year, which saw the highest percentage for the past 5 years
- At the end of March 2015 44 per cent of those in care were black or black British, 34 per cent were white and 15 per cent were of mixed ethnicity
- At the end of March 2015 around 3/4 of those in care lived outside the borough boundary. Around a fifth were placed more than 20 miles from their home
- The proportion of children and young people who had 3 or more placement moves was 18 per cent at the end of March 2014, this has decreased to 12 per cent at the end of March 2015
- The proportion of young people living in the same placement for 2.5 years, or placed for adoption, was 61 per cent at the end of March 2014, this has increased to 65 per cent at the end of March 2015
- At the end of March 2015 39 per cent of young people left care because they turned 18, 32 per cent left because they returned home to live with parents or relatives as part of the care planning process and 14 per cent left because they were adopted

⁴ This is the part of the law (Section 20 of the Children act 1989) that gives Children's Services the power to look after a child when there is no-one with parental responsibility for the child or when the person caring for the child is prevented from caring for them, for whatever reason. This is also called voluntary Accommodation. <http://www.frg.org.uk/need-help-or-advice/an-a-z-of-terms>

- 13 per cent of children in care achieved 5 A*-C grades or equivalent at GCSE at the end of March 2014. Unverified figures for March 2015 show that 15.4% of children in care achieved their GCSEs.
- At the end of March 2015 24 per cent of all school age children in care had a statement of special educational needs or Education, Health and Care Plan (EHCP)
- At the end of March 2015 37% of children in care aged over 4 and under 17 recorded concerns with their emotional and behavioural health
- At the end of March 2014 43 per cent of our care leavers were in education, employment or training
- At the end of March 2014 78 per cent of care leavers were in suitable accommodation
- At the end of March 2014 approximately 5 per cent of care leavers were in higher education
- At the end of March 2015 there were 30 Unaccompanied Asylum Seeking Children (UASC) in care

The key challenges locally are:

- High number of children and young people in care, and the increasing number of older children coming into care
- A high rate of children in care for under 3 months
- Continuing to improve the stability of placements
- Ability to deliver flexible services that respond to the range of needs of children and young people
- Providing a range of locally based, high quality accommodation and support provision – foster placements, adoptive parents
- Engaging with care leavers
- Increasing the number of care leavers in education, employment and training
- Identifying and meeting demand for mental health/emotional well-being support
- Mitigating the impact and implications of housing benefit reforms for young people
- Increased demand for services from those with No Recourse to Public Funds
- Narrowing the gap in the outcomes achieved for those in care and care leavers and other children
- Supporting children and young people to be resilient

What do our children and young people say is important to them?

Research conducted by the Children's Rights Team and Speakerbox, our Children in Care Council, provide clear messages about the issues that affect our children and young people and how they can feel empowered to take control of their lives.

How they want to feel	The support they need	What empowers them
<ul style="list-style-type: none">• Safe• Cared for• 'Normal'• Respected	<ul style="list-style-type: none">• Being near their family/siblings• Being listened to and understood• Regular contact with their social workers• Independent living skills (including budgeting)	<ul style="list-style-type: none">• Knowing their rights• Being ready and able to live independently• Being actively involved in Care and Pathway Planning• Understanding changes and the reasons for placements moves in advance• Being supported through changes

The quotes that are included in this strategy are from members of Speakerbox and from consultations gathered by our Children's Rights Team.

Strategic aims

1. Safely reduce the number of children in care

We are working with an overarching drive to reduce the need to bring children and young people into care because they remain safe, in loving family homes. This means providing the right support to families before issues escalate and supporting children and young people to return to their families if a temporary move into care is needed, working across the local authority and its partners to provide effective housing, education, health, criminal justice and employment support at all times.

We have set out how we will deliver effective early help and preventative services to families in our Families Matter Strategy. Both the Children in care and care leavers Strategy and the Families Matter Strategy recognise that many families in Southwark have complex needs, which vary over time. They need high quality services that respond to underlying and changing needs through integrated working, supporting families to build their resilience and achieve positive outcomes together, reducing the need for intervention by social care through the delivery of responsive community based provision.

Where it is not possible for children and young people to stay with their birth families we will continue to ensure as many children as possible achieve permanence outside the care system through adoption and special guardianship.

2. Improve the health and wellbeing of children in care and care leavers

The health risks and problems children in care and care leavers have are often exacerbated due to their experiences of poverty, abuse and neglect. Children in care show significantly higher rates of mental health disorders than others. They can have multiple traumatic experiences that lead to emotional and mental health needs. They are more likely to have physical health problems than their peers. Prior to coming into care there is often no one who has an overview of their health needs or history. Delays in identification and positive action on physical, development and mental health needs, as well as meeting their emotional needs relating to well-being will affect all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as resilient adults.

We want the best for our children and young people and we aim to provide services that promote self-esteem, positive learning experiences and nurturing relationships, and help children and young people to better cope with adversity. We aim to improve the resilience of our children and young people and prepare them for a successful adult life where they can live independently.

We will work with our key partners to ensure physical, mental and emotional health needs are assessed and met so that children in care, regardless of where they are placed; receive the high quality health care support they are entitled to. We will continue to champion the emotional and mental health needs of children in care and care leavers by supporting dedicated services like Carelink.

We will work in partnership with the Children Looked After (CLA) Health Team and Designated health professional to ensure that the strategy and individual focus on health is maintained throughout the care journey of children and young people.

We will work in partnership with the Clinical Commissioning Group to deliver the Joint Strategic Framework for Children and Young People ensuring that mental and physical health needs are reflected in health commissioning priorities and that strategic planning reflects the high need for child and adolescent mental health services (CAMHS) amongst the care population and those leaving care.

We will continue to make the best use of available intelligence, such as our joint strategic needs assessments and feedback from consultations with children and young people, foster carers and adoptive parents to design and commission services that are accessible and better meet the health needs of children and young people.

3. Improve the quality of care and effectiveness of our workforce, leadership, management and governance

We need to have the mechanisms in place to effectively monitor performance, identify and address gaps in support and use intelligence effectively to inform commissioning, service improvement, and work to evaluate the impact of what we do to improve the lives of children and young people.

As well as meeting our statutory duties we aim to develop standards which make it clear what children and young people should expect from the services they are provided.

We will continue to invest in the development of our workforce through programmes like Social Work Matters, our child centred, systemic practice approach to social work, which focus on providing a team around the child, and promote continued oversight and support from practitioners and managers. We will enhance interagency working across the Care Service, health teams, Carelink and the Virtual School to ensure good quality and informed care and support packages are provided to children and young people. We will improve clinical governance, in line with care and education governance, to ensure that key agencies have shared responsibility for meeting the needs of our children and young people. We will invest in training and support for our workforce and carers so they can create a secure base for children and young people, build their resilience and provide the right support at the right time.

Strategic priorities

The following presents our strategic priorities in responding to the above challenges, within the context of our overarching aims.

1. Children and young people have a say and their voice is heard

2. Develop our support and interventions with families to keep children and young people safe, enabling them to remain with or return to their families

3. Children and young people achieve timely, permanent care arrangements in safe, secure and loving homes

4. More children and young people feel safe and secure in their placements and live closer to home, in provision that meets their needs

5. Increase the focus on physical and mental health and social and emotional wellbeing through the development and delivery of our services

6. Foster carers, adoptive parents and special guardians feel well supported to deliver the best care


7. More children and young people make good educational progress and achieve the best possible outcomes at Key Stage 2 and 4

8. Continue to safeguard children and young people who are at risk of CSE, missing, criminal activity and radicalisation

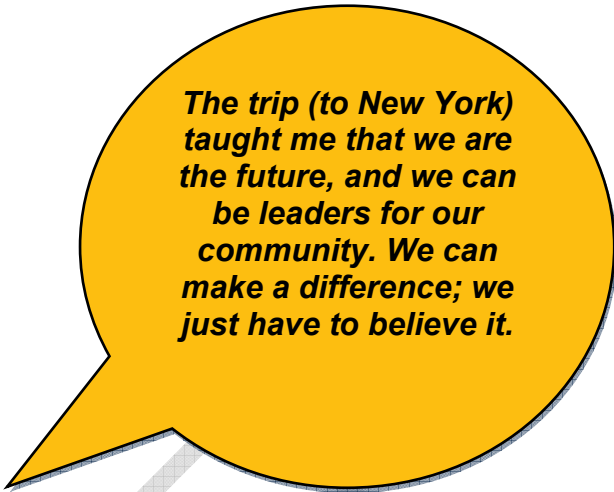
9. Young people leave care well prepared for independent living

10. More care leavers are in education, employment and/or training

1. Children and young people have a say and their voice is heard



***Yeah I have got a lot out of this process, I feel like I am saying what it would be like for a young person to live somewhere and then you guys think about it. It's nice, I feel like I am helping make sure kids in care live in safer and more caring places.
(Young Inspector)***



The trip (to New York) taught me that we are the future, and we can be leaders for our community. We can make a difference; we just have to believe it.

Like any child or young person, those in care need to be able to engage in activities that enable them to make a positive contribution to society, get involved in decision making processes, learn new skills, meet new people and develop their sense of value and belonging.

We want all Care and Pathway Plans to be child centred and outcome focused and to reflect children and young people's needs and wishes. This means making sure young people have access to opportunities to learn and have fun and to get their point of view across. Our Children in Care Council, Speakerbox, provides creative ways for children and young people to get involved in issues that affect them and help them to understand, and stand up for, their rights and entitlements.

As well as providing engagement and support services through our Children's Rights Team, we deliver child- centred social work practice and aim to ensure the voice of the child is present in Care and Pathway Planning.

We know we still have improvements to make to ensure children and young people are actively involved and can influence decision making. We will continue to explore different ways for us to involve children and young people in planning and designing services and make better use of existing research and consultation results.

Programmes like the Young Inspectors, which was set up so young people could assess the quality of semi-independent accommodation, provide a strong platform for this. The feedback young people provided had a direct influence on commissioning decisions and promoted the review of 16+ accommodation. This and, further feedback from children in care and care leavers has led to accommodation being identified as a key priority in our New Belongings programme action plan.

New Belongings is a national programme aimed at improving outcomes for care leavers and is supported by The Care Leavers Foundation. We are part of the South London New Belongings programme with Bexley, Greenwich and Lewisham councils. To help shape our action plan and be our critical friends we have established a New Belongings Care Leavers Forum led by young people to challenge us on the deliver of our plan. Our forum representatives tell us the most important thing for them is to see the improvements to the service.

In order to achieve this we will:

- Ensure children and young people are engaged with their Care and Pathway Plans and are informed about any changes to their plans
- Keep in regular contact with children and young people, and visit them in their placements. We will make sure young people have the opportunity to visit placements before they are move in
- Reintroduce Group Work to provide reflective learning and a safe space for discussions
- We will continue to involve children and young people in our strategy and planning; building on successful programmes like the Young Inspectors
- We will continue to ensure children and young people know their rights and entitlements and know how to access the council complaints team and advocacy services if they feel unsafe or unhappy
- Conduct regular surveys and seek feedback from children in care and care leavers via Speakerbox and the New Belongings Care Leavers Forum
- Ensure regular contact between the Children in Care Council (Speakerbox) and the Corporate Parenting Committee

Good practice: Speakerbox

We are proud of our Children in Care Council (Speakerbox), which provides a range of opportunities for children in care and care leavers to get involved in projects and activities. A group recently visited New York for example, and met with their peers in Harlem. Speakerbox developed the Young Inspectors programme where young people are trained to become inspectors of their placements. Their findings help inform commissioning decisions and the future standards for what young people expect from their accommodation.

2. Develop our support and interventions with families to keep children and young people safe, enabling them to remain with or return to their families

In recent years we have seen an increase in the number of older children and young people coming into care and those entering care with parental agreement (under section 20 of the Children Act 1989). Most teenage entries to care are on an unplanned basis when a crisis occurs and young people typically return home to unchanged circumstances. This creates a pattern where the teenager moves erratically in and out of the family home without the opportunity for effective planning.

Adolescents often enter care in a crisis; with their family, with the police or with their mental and emotional health. Finding them a safe place tends to drive the care system's immediate response but this initial safe containment can often drift into a longer term approach. When we consider the impact on young people's lives the current care system needs to serve them better.⁵

Research shows that the primary reasons for 10-15 year olds being in care are family problems or the child's behaviour, rather than the need to protect the child from significant harm or abuse and recommends early and therapeutic interventions to limit the use of the care system as a respite service, providing support to help families stay together.

We have secured DfE Innovation Fund to create more family focused support. This funding has helped us provide our Resources Panel, which reshapes structures to facilitate the open and expert discussion required to improve outcomes for families and our Keeping Families Together Practice Group, providing targeted therapeutic intervention to support those on the edge of care.

The Panel focuses on children aged 11-18 whose movement into care has a particularly negative impact on their development, and who, with the right interventions and support services, would be entitled to remain with their families.

We will:

- Continue to provide support to children and their families via the Keeping Families Together Practice Group
- Focus on providing the right support, at the right time, to prevent unnecessary moves into care
- Provide suitable temporary accommodation for young people when a crisis at home occurs
- Provide dedicated services to late entrants to care, including Unaccompanied Asylum Seeking Children (UASC)
- Act quickly to ensure that those who can return home do so safely and promptly

⁵ [DfE, April 2014, Rethinking support for adolescents in or on the edge of care](#)

Good practice: Keeping Families Together

Southwark secured £317,000 from the DfE Innovation Fund to pump prime its approach to improving outcomes for children and young people on the edge of care.

This funding has helped to:

- Develop a **Keeping Families Together Practice Group** which responds immediately to families whose young people are at risk of being accommodated.
- Shape services to provide interventions to families at an earlier stage
- Reduce bureaucracy for front line workers to free them up to concentrate on direct work with children and families.

The Children's Social Care department has developed a weekly **Resources Panel** which is scrutinising requests for care and offering alternative solutions including support packages where possible.


Specialist Functional Family Therapy (SFFT)

The SFFT team works with the whole family to support and challenge the family and to prevent family breakdown. Practitioners from a range of disciplines are co-located which provides flexibility and swift access to other specialist and mainstream services within the Families Matter programme. SFFT includes a range of outreach workers, a Mental Health and Substance Misuse nurse, a Primary Care nurse, parenting workers and co-located voluntary sector workers. The approach builds on the strengths of the family to achieve positive outcomes and sustained changes. The Keeping Families Together team is co-located with SFFT to provide intensive support if this is deemed necessary.

Both teams have access to a **Family Functional Therapy (FFT)** unit which offers family therapy in the home. FFT is an evidence based family therapy approach to working with young people and their families where the adolescent in the family presents with challenging behaviours. It shifts the focus away from negative and blaming interactions on individuals, to a helpful and supportive way of building and strengthening relationships in families.

This approach ensures that families receiving support are held within one service and thus reduces bureaucracy and duplication of activity. A researcher has been commissioned using the Innovation Fund to assess the efficacy of this approach to preventing family breakdown.

3. Children and young people secure timely, permanent care arrangements in loving homes



I went back to see my first foster carer. I just wanted to be with someone who loved me. I needed love in my life

Children and young people may come into care for a temporary period or for the longer term and some will be permanently removed from their homes. Whether a child or young person is adopted, in friends and family care, cared for through a special guardianship order, in long-term foster care or returning to their family, our aim is always to provide high quality and stable care with effective and timely permanence planning that enables children and young people to develop a sense of identity and belonging.

Research⁶ shows that children and young people who experience stable placements that provide good quality care are more likely to succeed educationally, be in work, settle in and manage their accommodation after leaving care. They are also more likely to feel better about themselves and achieve social integration in adulthood than those who have experienced further movement and disruption during their time in care.

Children in care have often suffered abuse and neglect and can find it difficult to develop attachments and build trust with adults. It is important that our carers are able to provide sensitive and responsive parenting to help improve mental health and emotional wellbeing, being reflective about children and young people rather than reactive to their behaviour.

We know that feeling safe and secure in placements is about the suitability of the physical placement, the relationships with the carers, the support available and the emotional wellbeing of the child or young person in the placement.

Through effective assessment and placement planning we aim to ensure the best possible match to the needs of the child or young person. We deliver therapeutic care through the Secure Base Model across our Fostering and Adoption Services. Our CAMHS Carelink service provides dedicated mental health support for children in care, foster and adoptive parents. All foster parents who have children in treatment with Carelink are able to access support via Carelink. These services have contributed to better placement stability, though we know we still have work to do to improve the safety, and felt security, of the accommodation we provide, particularly to older young people and care leavers.

⁶ Morris (2005) Children on the edge of care, JRF

Routes to permanence include⁷:

- Permanent return to birth parents;
- Shared care arrangements, including regular short-break care;
- Permanence within the looked after system, whether in residential placement, unrelated foster care or family and friends care; and
- Legal permanence, through adoption, special guardianship orders and residence orders.

Our Adoption Service extensively uses all means possible to find adopters for children. The Adoption Taskforce, chaired by the Director of Children's Social Care, meets monthly and reviews all children waiting for adoption where there may be concerns about possible delay.

Creative support packages that have been designed around the needs of the child in the adoptive family have enabled children with a higher level of needs to be adopted. Just over a quarter of adoptions in 2014/15 were transracial showing a strong commitment to matching children based on a range of their needs, embracing the change in law in this area.

We know from feedback from children and young people that being able to stay with, and have close contact with, their siblings is very important to them. We will continue to do our best to keep siblings together, recruiting and supporting adopters who are able to provide care for sibling groups, as well as those with complex needs.

We will:

- Continue to improve the timeliness of adoption and adoption approvals through oversight of the Adoption Taskforce
- Continue to implement our Adoption Recruitment Strategy with a focus on harder to place children
- Further develop our system tracking and Permanence Consultations, as well as offer of early permanence options through Southwark's Fostering for Adoption scheme
- Expand our Family Group Conference activity to increase the investment in enabling families to identify what they need to give the best care for children and young people
- Strengthen the approach of our Fostering Service to ensure that more support is given to friends and family foster carers by developing the support for temporarily approved carers
- Continue to develop our support for Special Guardians, which will open up more learning and support opportunities

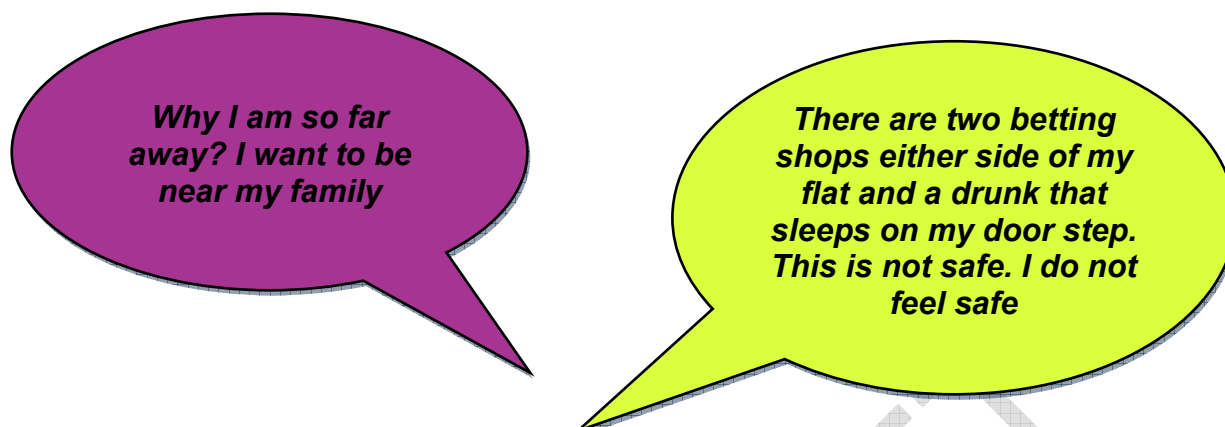
⁷ <https://www.fostering.net/sites/www.fostering.net/files/resources/england/understanding-permanence-for-lac-janet-boddy.pdf>

- Embed the regulations and guidance around long term foster care and develop a clearer scheme for children who achieve permanence through that route
- Continue to support the CAMHS Carelink service for children in care

Good practice: Early Permanence

Southwark has successfully implemented a Fostering for Adoption scheme since October 2014. In December 2015 8 adopters/foster carers had been approved and 5 children had been placed in this way. This represents a unique life chance for those children to be with their forever families at the earliest opportunity. This approach was rarely undertaken before and the scheme has been hugely valued by carers and social care staff who share the understanding of the difference this can make for children.

4. More children and young people feel safe and secure in their placements and live closer to home, in provision that meets their needs



We have a statutory duty to ensure that there is sufficient accommodation to meet the needs of children in care in our community. The statutory guidance⁸ states that children should live in the local authority area with access to local services and close to their friends and family, when it is safe to do so. Having 'the right placement in the right place, at the right time' is crucial in improving placement stability, which leads to better outcomes for children in care.

We know that one of the most common reasons for children and young people to abscond from their placement is their desire to stay closer to their family. Most children in care who go missing from their placement are often those placed in other boroughs returning to their family in Southwark. This can affect the relationship with the carer, raise concerns about the child or young person's whereabouts and safety and have a negative affect on placement stability.

Whether children and young people feel safe and secure in their placement also impacts on placement stability and their emotional wellbeing.

Research conducted by our Young Inspectors in 2014 found a number of reasons young people felt unsafe in their (semi-independent) accommodation:

- Anti-social behaviour in the area of the property
- Unsecure access doors/fear of break in
- Other tenants in the property
- Lack of security allowing access to other people not living in the property
- Health concerns
- Poor lighting
- Unclean property

The results of this research promoted a strategic review of all accommodation offered to young people aged 16 and over in the borough and lead to the development of a 16+ commissioning strategy which will improve the accommodation pathway, enable independent living and provide more in-borough provision.

⁸ [DfE, March 2010, Securing sufficient accommodation for looked after children](#)

Those placed further away are less able to benefit from local services in place in Southwark, particularly health and education services, and receive regular contact from their social workers, Independent Reviewing Officers (IROs) and support networks. Contracting teams also find it more challenging monitoring placement providers that are a considerable distance from Southwark. There are no residential homes in Southwark so all those who require these services are placed out of borough, some at a considerable distance from home.

We know that over 90 per cent of care leavers want to return to the borough so care placements in and closer to the borough can ease the transition from care.

We know that some children and young people will need to live away from the borough to help keep them safe from harm or from dangerous influences closer to home, such as gang involvement, and that others will need specialist care that is not available locally. Our aim is to make sure we have the right supply of placements to meet the needs of children and young people and that they are well supported by health, care and education services and their local community and networks regardless of where they are placed.

We will:

- Deliver our Placement and Sufficiency Strategy and 16+ Commissioning Strategy to ensure children and young people in and leaving care have accommodation that meets their needs and that there is a broad choice of placement options available locally
- Continue to improve placement stability through developing a Placements Service with focused expertise on placement, matching and support
- Ensure those placed out of borough have access to the same quality health and education services and that outcomes in these areas are closely monitored
- Enhance support for those transitioning from placements and care
- Continue to enable young people leaving care to visit properties before they move in
- Ensure Independent Reviewing Officers retain oversight of Care Plans and Pathway Plans up to 18 years old and follow up on delays
- Improve contracting arrangements with accommodation providers and better hold providers to account on the delivery of Pathway Plan outcomes and keeping young people safe
- Provide dedicated accommodation for young people who need to be placed out of borough via the Youth Offending Service

Good practice: 16+ Commissioning Group

The 16+ Commissioning Group, whose members include representatives from the Care Service, Commissioning, Housing, Regeneration, Youth Offending Service, was established to develop proposals for commissioning a range of high quality, value for money, Southwark-based accommodation and support services, in place of existing provision, for young people who are aged 16+ and require a statutory service.

New accommodation and support services will include a clear pathway, focusing on enabling young people to live independently.

The Commissioning Group includes two sub-groups for:

- Young People who currently use or who have used services
- Providers

The aim of these sub-groups is to undertake service user and market engagement initiatives to inform commissioning proposals.

Commissioning plans will be presented in March 2016.

5. Increase the focus on physical and mental health and social and emotional wellbeing through the development and delivery of our services



Mental health

We know that the social adversity and trauma children experience that result in them moving into care poses critical developmental risks for their mental health and well being. 45 per cent of children in care are estimated to have a diagnosable mental health condition; around 248 children in care in Southwark need to access Child and Adolescent Mental Health Services (CAMHS).

Southwark has a well developed and dedicated CAMHS team for children in care called Carelink. Carelink is jointly funded Southwark CAMHS and Southwark Council and provides mental health support services to children and young people in care and adoption from 0-18 years.

Carelink assess children to identify mental health intervention needs. If a mental health need is identified, Carelink, as an assessment and treatment team, can offer this. Carelink provide ongoing reviews of the child/young person in care regardless of whether treatment was offered after the initial assessment, to ensure any changes in need are supported. Carelink works hard to ensure that children are not stigmatised and find the best form of treatment for each child/young person and their foster parent.

Carelink provide services to children in care placed both in and out of borough (approximately 50 per cent of Carelink open cases are out of borough). Carelink work to ensure that those who are placed in distance placements have access to local CAMHS services and provide additional support to carers where their child/young person is receiving treatment from the service.

Although programmes of mental health support are available for care leavers, predominately through the voluntary and community sector, there is not a dedicated service in place to support the mental health and emotional wellbeing of young people who have been in our care post 18, although Carelink do continue to work with young people aged 18 and support transitions from care. Children leaving care are also at high risk of mental health issues and services need to be planned to ensure continuity of support as they move to independence.

Speakerbox has identified emotional wellbeing as one of their key priorities and it has been identified as such in our New Belongings Action plan. This has led to a

partnership with Young Minds who have delivered workshops for young people, focusing on helping them to build their resilience.

Physical health

The Children Looked After Health Team provides health support to children in care up to the age of 18, conducting annual health assessments and reviews to ensure they are in their best health and have access to the right health provision.

We have a specialist Children with Disabilities Team within social care who work with families where there is a disabled child with a severe and permanent disability or a child with a lifelong condition. Those with disabilities who are moving from Children's to Adults Social Care support are supported by the Transitions Team in Adult Social Care.

The general health issues of children in care range from the important, but relatively minor, treatments or catch up immunisations, to the identification of life threatening diseases or inherited disorders. Children and young people in care share many of the same health risks and problems of their peers, but often to a greater degree. For children with long term medical issues the Health Team often has a co-ordinating role, making sure that a child has relevant specialist follow up, and that health information is appropriately shared, passed on, and understood.

For all children in care, but most acutely for babies, there are the potential consequences of drug and alcohol abuse in pregnancy, blood borne infections, and prematurity. Developmental delays and disorders are frequent; often resulting from past abuse and neglect and difficulties with attachment, and present throughout childhood. Children in care often have an increased genetic risk of developing learning difficulties and severe mental illness such as schizophrenia, because of their family histories.

Sexual health is an important issue for children in care, with increased risks of sexual exploitation, early sexual activity, and early parenthood. The teenage conception rate has fallen in Southwark as nationally. However, higher proportions of care leavers become pregnant or are young parents and a number of them have had their children removed. We have invested in resources to support this group through our Young Women's Worker and through innovative projects like the Pause Project. We will continue to work with young people to promote sexual health through services that are accessible and free from stigma.

Substance misuse rates for children in care are reportedly fairly low in England (4% in 2013-2014) and in Southwark (6%, 21 young people in care in 2014-2015). Southwark's rate has increased from 3% from 2013-2014. Having a history of having been in care is strongly associated with problematic adult substance misuse, which usually starts in childhood so addressing this early is important.

For young people leaving care having information about their own health history, which includes a record of their immunisations, is important. Often there are sensitive issues about family history that need to be explored and discussed. The Health Team provide young people with both information leaflets and care leavers summaries for individual care leavers.

Improving the health and wellbeing of children in care and care leavers is a key strategic aim across the council and health partners. Southwark Council and the Clinical Commissioning Group (CCG) have developed the Children and Young

People's Mental Health and Well-being Transformation Plan 2015-2020 to give a strong local focus on improving mental health and well-being outcomes for children and young people in Southwark.

We will work with our health team, Carelink and Virtual school partners to ensure physical, mental and emotional health needs are assessed and met so that children in care and care leavers, regardless where they are placed; receive the high quality health care support they are entitled to.

We will:

- Support the delivery of the Southwark Children and Young People's Mental Health and Well-being Transformation Plan
- Ensure the health needs of children in care and care leavers are reflected in strategic health commissioning priorities to ensure that they continue to receive high quality services that result in demonstrable improvement in the physical health outcomes
- Continue to support the CAMHS Carelink service
- Continue to develop joint health commissioning arrangements with Public Health and the Clinical Commissioning Group and make the best use of available intelligence to inform commissioning
- Enhance the mental and emotional health support offer to those transitioning from care, particularly during times of transition
- Ensure mental health needs are assessed and understood at an early stage and that support is available to children and young people as long as they need it
- Continue to provide additional training to social workers, Personal Advisors and carers to help them provide emotional support and recognise mental health issues
- Ensure that children and young people in care feel healthy and are able to access a social environment that promotes their health and wellbeing
- Ensure children in care and care leavers with disabilities are represented in the development and implementation of the SEND Preparing for Adulthood agenda

Good practice: Sensory Garden

In 2015 a group of children in care presented the concept of developing the garden at the Care Service offices in Peckham to Service Directors, in a 'Dragons den' style event. Working with the Children's Rights Team a committee of young people developed a therapeutic, sensory garden for children in care and care leavers.

The garden was established by a group of 65 young people and 15 volunteers from across the council during 'gardening week'. Barnardos and Young Minds were on hand to provide support and take referrals to their services. Young Minds also delivered an emotional health session for children and young people.

The garden has become an invaluable resource for children that visit the building, and a place that they identify as their own.

Good practice: Social-emotional under 4's Screening and Intervention Study (S.U.S.I)

A pilot project run in Carelink in collaboration with Social Care and Child Health (funded by Guys and St Thomas' Charity) between September 2010 and November 2011 was the first combined mental health screening and intervention project for under 5 children in care in the UK. This study completed a screening assessment with 94% of the children who became looked after in a 12 month recruitment period and revealed significant unmet emotional/mental health needs in the LAC group of children. 67% of these children were identified as having social-emotional needs/difficulties in comparison to 10% being identified by Paediatricians in the 12 month period prior to the pilot.

As a result of this the SUSI study has offered birth parents of children in care the opportunity for their child to take part in the initial screening assessment and where indicated a follow up intervention of 10-15 sessions that are delivered over a 6 month period. The intervention targets the child's social-emotional development and supports the parent/carer-child relationship.

The overall aim of the model is to improve the child's emotional well-being and mental health along with their attachments to their primary caregivers and to understand the evolution of emotional/mental health needs of children in care by providing regular 6 month review screenings.

Dissemination events and written information on the findings and SUSI model will be available in 2016.

6. Our foster carers, adoptive parents and special guardians feel well supported to deliver the best care

We are proud of our foster carers, adopters and special guardians. They provide the love and support children and young people need. They care for children and young people who have often suffered prolonged abuse and neglect and present some very challenging behaviour. We will continue to provide foster carers, adopters and special guardians with the initial and on-going support they need to provide loving homes.

By doing this we will improve placement stability, limiting the number of unplanned moves, and have a positive impact on developing resilience and healthy emotional wellbeing in children and young people.

We have begun the implementation of the Secure Base Model across our Fostering and Adoption Services. This is the foundation of a therapeutic approach to caregiving that is fundamental to developing the capacity of carers.

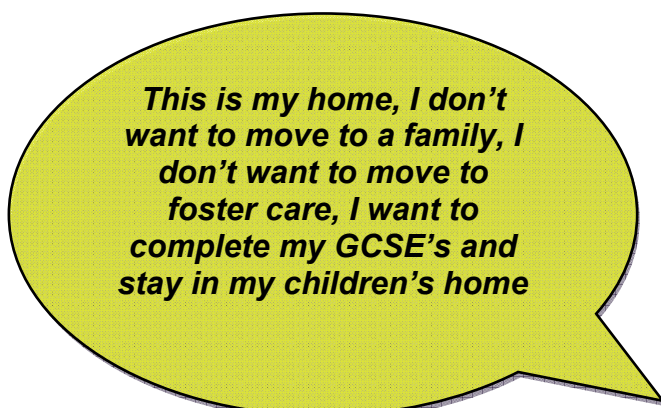
To ensure our carers and adoptive parents feel well supported to deliver the best care we will:

- Continue to embed Secure Base as our foundational approach to care giving
- Promote therapeutic care within our Fostering Service for all children through the embedding of the Empathic Behavioural Management approach focusing on “connection not correction”
- Introduce Theraplay as a key approach to enhance attachment and strengthen placements at the earliest stages in our Adoption Service that includes use with special guardians.
- Increase use of the Adoption Support Fund through a dedicated therapeutic service provided by Carelink (CAMHS)
- Develop more expertise and capacity in teenage fostering, parent and child foster placements and in caring for unaccompanied asylum seeking children
- Continue to work with We Are Family, an adopter led support and advocacy group for adoptive families, to develop and improve our services
- Embrace the challenge of the regionalisation of Adoption Services to ensure that any changes have a positive impact on children and adoptive families
- Develop our approach to supporting placements and matching with the needs of children through a dedicated Placement, Contact and Support Service alongside the Fostering Service

Good practice: Support group for special guardians

In September 2015 Southwark's Post Permanence Support Team launched its first support group for special guardians. Since then the group has been well attended, averaging between 9-14 carers. Those that attend the group have said that they really valued the chance to meet with others caring for children and young people in a similar position. Expert speakers are invited to the groups including those from education or legal services. Post Permanence Social Workers help to facilitate the groups and are also able to offer some follow up work to individuals if this is needed. Plans are in place to develop workshops on subjects like life story work, contact and therapeutic play as the group continues to build and develop. Support has been offered from We Are Family, who run a peer support group for adopters in Southwark to strengthen the peer support approach this group is developing.

7. More children and young people make good educational progress and achieve the best possible outcomes at Key Stage 2 and 4



Recent research⁹ has found that the care system provides an environment that is more conducive to education, compared to children who are 'in need' and thereby challenges the suggestion sometimes made that it is the care itself which contributes to poor education outcomes. It found that the longer the stay in care the more likely children and young people are to achieve good educational outcomes. Positive outcomes are strongly linked to placement stability; where children and young people are more likely to be settled in their learning.

This is consistent with local research which found that that young people who are taken into care around the time of their GCSE are unlikely to achieve the threshold of good attainment, whereas those taken into care after they have completed their GCSEs are more likely to have already achieved a good outcome. We also know that locally care leavers who have been in care for a longer time before their 19th birthday are more likely to be in education, employment and training when they are older.

Special educational needs (SEN) are far more common among children in care and associated with large differences in outcome. The 'gap' in attainment between those in care and others is considerably reduced if allowance is made for special educational need. Those SEN most strongly associated with poorer outcomes in children in care are severe/profound learning difficulties, autism spectrum disorders and moderate learning difficulties. In addition, having a disability was also associated with poorer outcomes.

As at March 2015 23.9 per cent of children in care learners in Southwark have a Statement of Special Education Needs or are on an Education, Health and Care Plan; a relatively small number of looked after children progress to higher education and too many are recognised as not in education training or employment.

We know that education is key to increasing life opportunities and we want all our children in care to have access to as many opportunities to learn and gain a good education as possible. We want them to enjoy their learning experiences; those in school and their hobbies and interests outside of school. We want them to be able to achieve their potential and feel well informed about the options available to them when thinking about their learning pathways and future careers.

⁹ [Rees Centre, Nov. 2015, Educational Progress Looked After Children Overview Report](#)

Our Virtual School team focus on delivering educational outcomes for children in care; they hold schools to account on their attainment, provide support to carers to help children in their care achieve a good education and track pupil progress. They help social workers to prepare Personal Education Plans (PEPs), which establish clear targets and actions to respond effectively to each child's needs and aspirations and provide a continuous record of their achievements.

The Virtual School expanded their remit to include year 13 pupils from September 2015. As a result of direct support those recognised as NEET at Key Stage 5 reduced from 51 per cent (July 2015) to 14 per cent (November 2015). All support is offered from a principle of high expectations, to encourage and support each learner to achieve their potential.

We will:

- Continue to champion the educational achievements of children and care and care leavers and ensure we provide additional learning where this is required
- Ensure continuous access to adequate and appropriate diagnostic and therapeutic services for children and young people with suspected special needs or additional learning needs
- Increase school attendance, closely monitor and address unauthorised and missing from school incidents
- Continue to prioritise tracking of pupils who are new into care or moving to new care provision until the Virtual School is assured that pupils are receiving appropriate education
- Increase training offer to Foster Carers and Social Workers regarding education provision, children's needs and education choices
- Maximise the use of the Pupil Premium to improve PEPs and support outcomes for children in care and care leavers
- Ensure effective tracking of educational outcomes of young people post 16
- Ensure 'good' or 'outstanding' education placements are provided and that educational attainment is promoted and closely monitored
- Develop a 'Virtual College' for children in care and care leavers
- Ensure integrated (education, health and social care) transition of care leavers with EHCPs to appropriate post-18 (adult) services

Good practice: The Virtual School case study

B is 17 and lives in semi-independent provision. B is withdrawn in his behaviour and reluctant to engage with adults. B has a highly supportive key worker/manager with whom B has a constructive relationship. B experienced chronic neglect and physical and emotional abuse during the first 6 years of life. B has SEN, ADHD, low self-esteem and low levels of literacy and numeracy. There are anger management issues and the EHCP indicates mental health remains a concern. B is making steady progress at college doing Maths and English and 'work ready' skills. B has expressed an interest in a plumbing course.

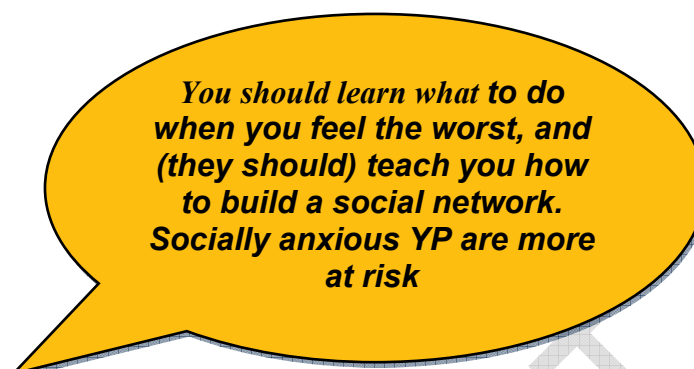
The Virtual School explored B's career preference in detail during a PEP meeting. The interest in plumbing stemmed from a family member having this role. Widening the discussion it appeared that B enjoyed working with animals. B has a Saturday job in a local stables and B stated that he felt calm in the company of horses. Discussions with an Education Psychologist confirmed that there is a therapeutic process around working with animals which can yield excellent results for those with post traumatic stress.

It was apparent that B related to the process of healing lame/abused horses and nursing them back to health. The VS education adviser informed B that the Berkshire college of Agriculture (BAC) offer accredited courses in animal welfare, which might appeal. The response to this suggestion was dramatic; B showed real enthusiasm. We arranged for Reading College to arrange a visit to BAC and the VS Ed advisor contacted BAC to ensure B was welcomed and given a full tour.

B is making steady progress on the course and is expected to achieve entry level 3 in Maths, English and work ready skills. B has visited BAC and is weighing up options. B is focussed and excited about the future. B continues to receive therapeutic input from CAMHS and the Virtual School have arranged for the student support officer at college to check progress once a week. B is still working on Saturdays and has been encouraged to join the college Mindfulness course once a week. The college work placement team have agreed to source a position that compliments SC's interest in this area.

The Virtual School's intervention with B has highlighted the importance of ensuring that young people's voices are heard and that our students fully understand why they are making decisions about their future. We are here to support the decision making process and help put into effect a chain of events that lead to successful results. To this end it is our duty to mobilise educational institutions into providing targeted support for our students against measurable outcomes.

8. Continue to safeguard children and young people who are at risk of Child Sexual Exploitation, missing, criminal activity and radicalisation



A young person's resilience to risk factors in their lives will also help minimise their own risk-taking at levels that pose safeguarding concerns; child sexual exploitation, engagement in criminal activity, for example. Children and young people become more or less resilient depending on the opportunities they are given. They will take risks as part of their development; this is natural. It is our role to make sure they are protected from harm, are equipped to make sound judgements and are not unnecessarily criminalised when they do take risks.

We recognise that adolescent and teenagers are most likely to display challenging and risky behaviour. Those who go missing from care in Southwark for example, are predominately aged between 15-17 years. Not all those who go missing (from home, care or education) are at risk from harm, but there are those who are at more risk of sexual exploitation, radicalisation, involvement with gangs and criminal behaviour, for example. We will continue to provide a dedicated service to those who go missing, preventing further incidences occurring by addressing underlying concerns, and refer cases where there are concerns about exploitation, radicalisation or extremism through our Multiagency Safeguarding Hub (MASH) or to our Prevent Lead Officer where appropriate. We will continue to providing training and support to staff and carers to help recognise risks and manage these effectively.

We will work to develop a better understanding of the link between coercion and exploitation affecting children and young people involved with gangs as noted in Catch 22's recent Running the Risks¹⁰ report. We will robustly monitor the data we have available and take all risks seriously whilst we continuing to develop strong links between safeguarding, social care, youth offending and the police and our Multi-agency Safeguarding Hub (MASH).

We recognise that young people in care may have particular mental health and emotional wellbeing needs that affect their behaviour and which may cause them to react negatively. We will continue to provide dedicated mental health support to children and young people and their carers via Carelink and improve interagency working to ensure that concerns are addressed through well informed responses from a range of expertise.

In all cases it is essential that staff and practitioners, teachers, carers and parents are able to recognise risks and intervene effectively and that Care and Pathway Plans identify and address vulnerabilities.

¹⁰ [Catch22, July 2015, Running the Risks](#)

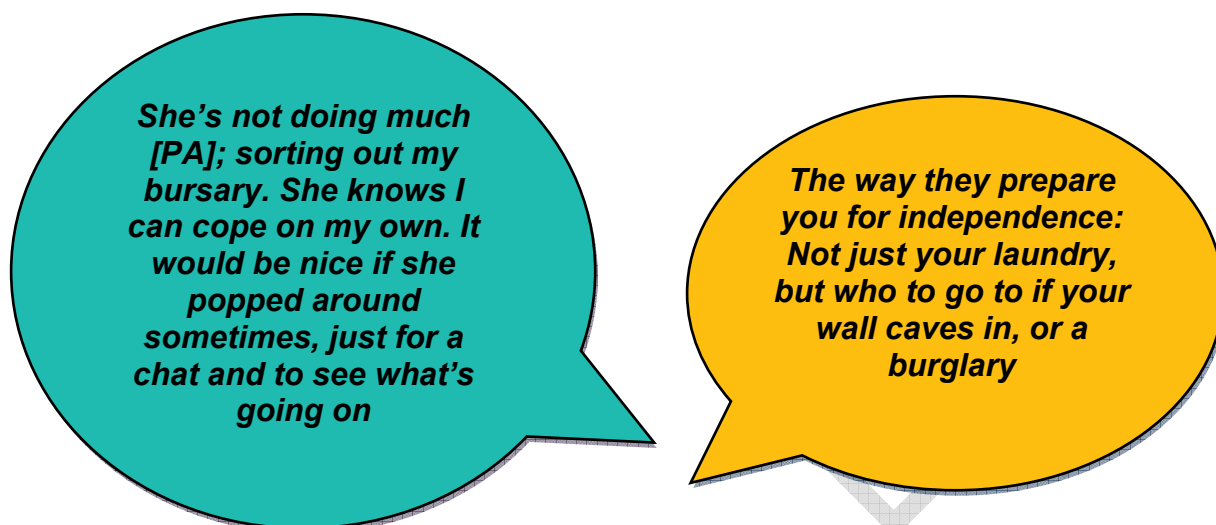
We will:

- Continue to provide training for carers to help them deal with more challenging and risky behaviour through Empathic Behaviour Management, focusing on “connection not correction”, as well as ensure they are well trained to understand risk in all areas including online and CSE
- Effectively monitor and respond pro-actively and assertively to incidents of missing/absent from home, care and school
- Work to ensure that children and young people have consistent relationships with adults they trust, whether with their carer or social worker, mentor or advisor, and take time to understand the significance of their support networks, friends and families
- Reduce the number of missing episodes in placements by ensuring suitable contact with families is in place, and that young people’s risks, such as child sexual exploitation or relating to gang involvement, are reduced
- Ensure Care and Pathway Planning plays a key part in managing risks and that those placed out of the borough have access to the same level of support as those placed in the borough
- Work through underlying issues with our young people, helping them to understand the consequences of their behaviour and be there for them
- Provide, through our Youth Offending Service, support that focuses on restorative justice interventions, raises awareness of risks to carers through direct support and training that ensures that carers have the skills to deal with challenging behaviour and recognise risks
- Support those young people who do spend time in prison to effectively integrate into the community and support their resettlement, as part of our new accommodation pathway for young people

Good practice: Southwark Multi-Agency Safeguarding Hub (MASH)

The MASH analyses all CSE referrals, ensuring risk assessment is carried out as per Police Protocol. We have also commissioned CSE casework capacity, overseen by the MASH, to provide therapeutic and support services and consider the needs of CSE victims and their families. We have a dedicated service located in the MASH, provided by St Christopher’s Fellowship, who undertake independent return interviews with all children in care when they return from missing episodes. Our approach to managing cases involving trafficked children who may be at on going risk of CSE has been strengthened by embedding the London Safeguarding Children Board’s Trafficked Children Toolkit in these cases. We have embedded Social Care CSE Screening Tool and integrated a missing workflow with on going risk assessment for missing children in our new Mosaic Children’s Social Care Record that allows for effective monitoring.

9. Young people leave care well prepared for independent living



The average age for leaving home is 24 yet young people are considered 'care leavers' from their 18th birthday and most move into semi-independent or some form of independent living before that. The council has recognised that for some this is too soon and have introduced the Staying Put arrangement so young people can remain with their foster carers up to the age of 21, where this is suitable for both the young person and the carer.

We know that, generally, those who have been in stable foster care placements for longer are more likely to make a successful transition to independent living and that later entrants (which make up a large proportion of our care population) may come into care as a result of homelessness or with parental consent, as a result of problems and disagreements at home, rather than serious concerns about safety.

Local authorities and local housing authorities have respective duties under Part 3 of the Children Act 1989 and Part 7 of the Housing Act 1996 to secure or provide accommodation for homeless 16 and 17 year old children. Young people aged 16 and 17 who present as homelessness can be accommodated under the Housing Act Children Act 1989 and moved into care under section 20 of the act; we have seen an increase in the numbers accommodated through this route over recent years and an increase in the number of young people accommodated with no recourse to public funds (NRPF).

Young people are assessed via a Housing Protocol between Housing and Children's and Adult's Services to ensure young people receive the correct assessment of their needs and are accommodated with the right support in place. Where the team agrees there is a need to provide care, a decision on either a section 17 (child in need status) or a section 20 (looked after child status) is made. All section 17 is passed to Housing Homeless Support Unit and section 20 to Children's Brokerage to source accommodation for the young person.

Southwark care leavers receive a priority nomination for council tenancies under the council's allocation policy. They are supported to maintain their tenancies via a referral to our Sustain Team in Housing and are supported by their personal advisor.

This is a welcome offer which helps ensure care leavers can secure a tenancy locally. We aim to support young people to enter the private sector where this is a viable options and support them to secure employment.

Regardless of when they entered care, young people need to be effectively supported to live independently and to manage their own homes. The 16+ commissioning review and the New Belongings programme for care leavers have highlighted areas young people are most concerned with as they make this important transition:

Themes	Key areas
Finance and budgeting	<ul style="list-style-type: none"> • Budgeting • Accessing benefits
Accommodation	<ul style="list-style-type: none"> • The process of how to apply for a council house
Managing at home/life skills	<ul style="list-style-type: none"> • Water and electricity bills, managing money, saving, credit cards and what to do if you are evicted. • How to do electrics, such as change light bulbs and use a boiler safely • Hygiene • Cooking • 'Realities of life' class
Education, employment and training	<ul style="list-style-type: none"> • How to apply for work • Help applying for college
Health	<ul style="list-style-type: none"> • Learning what it means to be healthy • Learning how to deal with stress • How to cope on your own • Self esteem • Where to go if you are pregnant • How to manage health • Access to health records and understanding health histories
Support and advice	<ul style="list-style-type: none"> • Learning how to be part of the community you live so you are not isolated • Communication skills • Where to go for help • Healthy relationships, such as what you are entitled too and how to keep safe

The above information is helping to shape our 16+ commissioning strategy, which will enable us to hold providers to account on the delivery of their support and help ensure we offer support that caters for the differing needs of young people, depending on where they are in their transition from care. We will ensure that preparation for independence starts when the young person is in their 15th year and is fully integrated into Pathway Plans.

We will:

- Reshape our Care Service to provide more focus and dedicated expertise around Care Leavers, giving greater support during transitions to independence
- Provide low, medium and high support to those making the transition to independence, depending on their level of needs
- Ensure providers are held accountable for the delivery of outcomes linked to Pathway Plans and that the support they offer is delivered flexibly, to meet young people's schedules
- Take stock of the success of our approach to Staying Put to build on this to ensure those who want to are able to 'Stay Put' with their foster carers and that this is a simple, comprehensive process
- Provide a range of supported accommodation options that allow young people to learn to live independently in a safe environment where they can make mistakes and not lose their homes or benefits
- Provide coordinated and effective support for those with disabilities transitioning between children's and adult's services
- Expand the health support offer to care leavers- taking into account their wishes and specific vulnerabilities
- Ensure access to appropriate adult health services for care leavers with learning disabilities or moderate physical impairment
- Develop 'best practice' models of preparation for independence training

Good practice: New Belongings

New Belongings is a national programme run by the Care Leavers Foundation. Southwark is part of the South London Cluster for this year long programme with Bexley, Greenwich and Lewisham.

The programme aims to improve outcomes for care leavers and through the development and delivery of the our New Belongings action plan and the Care Leavers Forum for care leavers we have been able to focus on the delivery of 3 key outcomes for care leavers; emotional health, accommodation and education, employment and training.

10. More care leavers are in education, employment and/or training



Too many young people who have been in our care are unemployed or not engaged in education or training. This can affect their longer term prospects and can mean they are often struggling with debt. It also means it is harder for them to socialise and enjoy life like young people should be able to do. They are can get caught up in a cycle of welfare dependency, as they jobs they can access are often low paid and temporary, which makes it harder for them to be independent and make plans for their future.

Engaging in education, employment and training is not only important it terms of self-sufficiency and self worth, it is also vital to enable young people to develop skills, learn what they want to do in life, build their networks and enhance their social capital.

We have a Southwark wide apprenticeship scheme which has successfully supported a number of our children in care and care leavers to gain an apprenticeship and secure employment. We have a dedicated employment and skills advisor providing support to young people in the Care Service, who works closely with the council's Southwark Works employment support programme.

Southwark Works provides access to local employment opportunities and training to support those who need help to access the job market, including children in care and care leavers, to access employment. The council also has the Southwark Employment Enterprise Development Scheme which supports young people who are recognised as NEET into 12 month employment contracts in the borough, providing experience, training and mentoring support to young people at the London Living Wage.

Through the New Belongings programme we will continue to promote the use of these services and enhance of offer to care leavers by creating a borough wide support directory for care leavers; a key action in the New Belongings action plan.

We will:

- Reshape our Care Service to provide more focus and dedicated expertise around care leavers, especially to greater support those not in education, employment or training
- Create a dedicated and tailored service for care leavers accommodation, through the delivery of the 16+ Commissioning Strategy and further

improvements to the Care Service to greater support stability and prospect for education, employment and training

- Create a directory of services for child leavers, including employment, education and training support services
- Improve contracting arrangements to hold providers to account on the delivery of outcomes for care leavers in their accommodation
- Improve interdepartmental and interagency working between housing, employment provision, welfare benefits (Jobcentre Plus) and social care to ensure young people can achieve independence and secure employment
- Work with the Virtual School to develop a 'Virtual College' for children in care and care leavers and develop our tracking of this group across all council services involving education, employment and training

Good practice: Employment and Skills Advisor

We have a dedicated Employment and Skills Advisor based in the Care Service This role provides 1-2-1 support and advice to young people to help them access relevant training and employment opportunities, helping to build their CVs and apply for jobs. This post links to the wider Southwark Works employment support network, providing the latest local job and training opportunities.