

Public Document Pack

# HEALTH OVERVIEW AND SCRUTINY PANEL

Tuesday, 29th April, 2014  
at 6.00 pm

PLEASE NOTE TIME OF MEETING

## Council Chamber - Civic Centre

This meeting is open to the public

### Members

Councillor Stevens (Chair)  
Councillor Claisse (Vice-Chair)  
Councillor Bogle  
Councillor Cunio  
Councillor Parnell  
Councillor Spicer

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# PUBLIC INFORMATION

## **Role of Health Overview Scrutiny Panel (Terms of Reference)**

The Health Overview and Scrutiny Panel will have 6 scheduled meetings per year with additional meetings organised as required.

- To discharge all responsibilities of the Council for health overview and scrutiny, whether as a statutory duty or through the exercise of a power, including subject to formal guidance being issued from the Department of health, the referral of issues to the Secretary of State.
- To undertake the scrutiny of Social Care issues in the City unless they are forward plan items. In such circumstances members of the Health Overview and Scrutiny Panel will be invited to the relevant Overview and Scrutiny Management Committee meeting where they are discussed.
- To develop and agree the annual health and social care scrutiny work programme.
- To scrutinise the development and implementation of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy developed by the Health and Wellbeing Board.
- To respond to proposals and consultations from NHS bodies in respect of substantial variations in service provision and any other major health consultation exercises.
- Liaise with the Southampton LINK and its successor body "Healthwatch" and to respond to any matters brought to the attention of overview and scrutiny by the Southampton LINK and its successor body "Healthwatch"
- Provide a vehicle for the City Council's Overview & Scrutiny Management Committee to refer recommendations arising from panel enquiries relating to the City's health, care and well-being to Southampton's LINK and its successor body "Healthwatch" for further monitoring.
- To consider Councillor Calls for Action for health and social care matters.
- To provide the membership of any joint committee established to respond to formal consultations by an NHS body on an issue which impacts the residents of more than one overview and scrutiny committee area.

### **Public Representations**

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest

**Smoking policy** – the Council operates a no-smoking policy in all civic buildings.

**Mobile Telephones** – please turn off your mobile telephone whilst in the meeting.

### **Dates of Meetings: Municipal Year 2013/14**

<b>2013</b>	<b>2014</b>
23 May 2013	31 January 2014
18 July	20 March
19 September	2 April
21 November	17 April
	15 May

### **Council's Priorities:**

- **Economic:** Promoting Southampton and attracting investment; raising ambitions and improving outcomes for children and young people.
- **Social:** Improving health and keeping people safe; helping individuals and communities to work together and help themselves.
- **Environmental:** Encouraging new house building and improving existing homes; making the city more attractive and sustainable
- **One Council:** Developing an engaged, skilled and motivated workforce; implementing better ways of working to manage reduced budgets and increased demand.

### **CONDUCT OF MEETING**

#### **Terms of Reference**

Details above

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules) of the Constitution.

#### **Business to be discussed**

Only those items listed on the attached agenda may be considered at this meeting.

#### **Rules of Procedure**

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

#### **Quorum**

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

### **DISCLOSURE OF INTERESTS**

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

#### **DISCLOSABLE PECUNIARY INTERESTS**

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

- (vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:
- a) the total nominal value for the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
  - b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

#### **Other Interests**

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

#### **Principles of Decision Making**

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

## AGENDA

Agendas and papers are now available via the City Council's website

### **1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

### **2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

### **3 DECLARATIONS OF SCRUTINY INTEREST**

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

### **4 DECLARATION OF PARTY POLITICAL WHIP**

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

### **5 STATEMENT FROM THE CHAIR**

### **6 INQUIRY MEETING 4 - TACKLING COMPLEX HEALTH AND OTHER NEEDS ASSOCIATED WITH HOMELESSNESS**

Report of the Assistant Chief Executive, introducing the speakers that will address the inquiry in relation to tackling complex health and other needs associated with homelessness, attached.

Thursday, 17 April 2014

HEAD OF LEGAL AND DEMOCRATIC SERVICES

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# Agenda Item 6

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	INQUIRY MEETING 4 – TACKLING COMPLEX HEALTH AND OTHER NEEDS ASSOCIATED WITH HOMELESSNESS		
<b>DATE OF DECISION:</b>	29 APRIL 2014		
<b>REPORT OF:</b>	ASSISTANT CHIEF EXECUTIVE		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Dorota Goble</b>	<b>Tel:</b> 023 8083 3317
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

## **BRIEF SUMMARY**

This report provides details for the fourth meeting of the Health Overview and Scrutiny Panel (HOSP) Inquiry examining the impact of housing and homelessness on the health of single people. At this meeting the inquiry will the issues for other non-housing agencies in the city who are indirectly involved in tackling the complex health and other needs associated with homelessness.

The issues will be separated into four sections:

**PART 1** Children Looked After and adult safeguarding. Including:

- Support for children looked after – Gill Horrobin, Senior Manager Social Care, Children Looked After
- Adult safeguarding – Carol Judge, SSAB Board Manager

**PART 2:** Police and Probation including:

- The Police perspective – Inspector Sharman Wicks, Portswood HQ
- Probation Services - Robbie Turkington, Operations Manager, Southampton Probation

**PART 3** Impacts of Welfare Reforms, migration and No Recourse to Public Funds:

- Welfare Reforms – Sara Crawford, SCC Improvement Manager and Liz Slater, Housing Needs Manager
- Homelessness in Migrant workers – Dave Adcock, Project Manager EU Welcome
- Human trafficking victims / homelessness - Jess Gealer, Medaille Trust (TBC)

**PART 4** Primary care and services connected with the hospital

- UHS perspective – Sara Charters, Emergency Department VAST; Mary Chamberlain, Discharge Bureau; Maternity Services (TBC); Family Nurse Partnership (TBC)
- Southampton Ambulance Services TBC
- GP Perspective – Dr Steve Townsend
- GP registration review – Rob Kurn, Healthwatch Southampton Manager (TBC)

## RECOMMENDATIONS:

- (i) The Panel is recommended to consider the information provided by presentations and use this, alongside the appendices, as evidence in the inquiry.

## REASONS FOR REPORT RECOMMENDATIONS

1. To enable the Panel to consider the evidence in order to agree findings and recommendations at the end of the inquiry process.

## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not applicable

## DETAIL (Including consultation carried out)

3. The purpose of the Inquiry is to consider the impact of housing and homelessness on the health of single people, a significant number of whom have complex needs, and live unsettled and transient lifestyles, and to examine the difficulties that their everyday life presents to deliver a preventative and planned approach to improve their health and well being and access to a settled and decent home.
4. The third meeting will be split into four sections.  
**PART 1** Children Looked After and adult safeguarding  
**PART 2:** Police and Probation  
**PART 3** Welfare Reforms, migration and No Recourse to Public Funds  
**PART 4** Primary care and services connected with the hospital  
**PART 1: Children Looked After and adult safeguarding**
5. The panel have heard anecdotal evidence about the prevalence of children who have been looked after or those who have suffered traumatic or abusive childhoods falling into the homeless system later in life. Gill Horrobin, Senior Manager Social Care, Children Looked After will outline the current services, profiles for children looked after and work that is underway to provide early intervention and support for this group to obtain and stay in safe housing into adult life. Appendix 1 highlights the transformation work underway for care leavers and Appendix 2 is the Care Leavers Strategy. Appendix 3 details the Terms of reference for the Corporate Parenting Committee.
6. Single homeless people often have complex needs and live chaotic lives. These vulnerable adults may on occasion need adult safeguarding intervention. Carol Judge, Adult Safeguarding Manager will highlight the services and issues for the Adult Safeguarding Team in supporting single homeless people. Appendix 4 outlines the adult safeguarding homeless issues.  
**PART 2: Police and Probation**
7. The Police will often be the first responder to an incident involving single homeless person. Inspector Sharman Wicks will talk to the panel about the Police perspective in response to single homelessness in Southampton.
8. Appropriate and sustainable housing has been evidenced as playing an important part of reducing repeat offending following a custodial sentence.



Robbie Turkington, from Southampton Probation Services will highlight their services and barriers to support ex-offenders to access appropriate housing. Appendix 5 outlines the Southampton Probation Local Delivery Unit, Health Trainer Report. The results from the Ministry of Justice [Surveying Prisoner Crime Reduction \(SPCR\) survey](#) provide information on accommodation, homelessness and reoffending of prisoners.

### **PART 3: Welfare Reforms, migration and No Recourse to Public Funds**

9. Sara Crawford, SCC Improvement Manager and Liz Slater, Housing Needs Manager will highlight the impacts of the Welfare Reforms and work that is underway and planned to support homeless people to adapt to these changes in the city. Appendix 6 highlights the changes and potential impacts of the Welfare Reforms on single homeless people. Further information can also be found through [A High Cost to Pay](#) in which Homeless Link highlight their findings of research into the impact of benefit sanctions on people experiencing homelessness. Appendix 7 DWP Report on Homeless issues.
10. EU Welcome does a lot of work to support EU migrants, both to find work and access appropriate support services. They also seek to identify ways to support those migrants who have 'no recourse to public funds'. Dave Adcock, EU Welcome Project Manager, will highlight the issues, risks and barriers to the health of single homeless migrants in the city.
11. The Medaille Trust runs 3 safe houses in Southampton for the victims of human trafficking. The Medaille Trust supports these victims for 45 days and then seek to assist them moving into appropriate Housing. Jess Gealler from the Medaille Trust will highlight the risks of homelessness and poor health to their clients once support is no longer available.

### **TO BE CONFIRMED**

### **PART 4 Primary care and services connected with the hospital**

12. The panel have heard that homeless people have a higher than average use of A&E services. In fact the University Hospital NHS Foundation Trust will offer medical support to single homeless patients both through its Emergency Department who may later be admitted and through many usual inpatient / outpatient routes. However, it is not always easy to identify when patients are homeless. Often due to complex medical needs these patients may take longer or need additional intensive support to recover. Difficulties or delays may also be experienced in ensuring a safe discharge for these patients due to their complex needs. The following services will highlight their experiences with single homeless people to the panel:
  - Sarah Charters – ED Vulnerable Adult Support Team (Appendix 7 Vulnerable Adult Support Team Homeless Report)
  - Mary Chamberlain – Integrated Discharge Bureau
  - Maria Dore, Karen Pulfer – Midwifery services (Appendix 8 Midwifery Case Study examples) **TO BE CONFIRMED**
13. Dr of Psychology, Nick Maguire has undertaken extensive research into the psychological issues around homelessness. Appendix 8 A Psychological Approach to Homelessness

14. GPs will usually be the first point of access to health services, however despite access to the Homeless Health Care Team homeless people still tend to have a higher than average A&E attendance. Registration at GP surgeries may also present problems for homeless people. Cllr Stevens, as the Chair of HOSP attended the GP Forum on 12 March 2014 to raise awareness of the inquiry and to discuss GP experiences of homeless people's accessing their services. A short survey was distributed following the meeting and a summary of the feedback received will be highlighted to the panel at the meeting. Dr Steve Townsend, Southampton CCG Governing Body and Bitterne Park Surgery, will present some of the key issues for GPs supporting homeless people's primary health care needs. Appendix 10 provides an overview of the GP's perspective to single homeless people accessing primary care services.
15. Healthwatch have been undertaking a review into GP registration in the city. A verbal update on progress will be given at the meeting.  
**TO BE CONFIRMED**
16. The Panel is invited to have a discussion on the availability of suitable accommodation for single homeless people and support services to keep them in their own homes, alongside the back ground information provided in this report, and use this as evidence for the inquiry.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

17. None

### **Property/Other**

18. None.

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

19. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

### **Other Legal Implications:**

20. None

## **POLICY FRAMEWORK IMPLICATIONS**

21. None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	ALL
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### SUPPORTING DOCUMENTATION

#### Appendices

1.	Care Leavers Report
2.	Care Leavers Strategy
3.	Terms of reference for the Corporate Parenting Committee.
4.	Adult safeguarding
5.	Southampton Probation Local Delivery Unit, Health Trainer Report
6.	Changes and potential impacts of the Welfare Reforms on single homeless people
7.	DWP Welfare Reforms Report
8.	Vulnerable Adult Support Team Homeless Report
9.	Midwifery Case Studies
10.	A Psychological Approach to Homelessness
11.	Overview of the GP's perspective to single homeless people accessing primary care services.

#### Documents In Members' Rooms

1.	None
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#### Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes/No
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#### 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.	None	
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# Agenda Item 6

Appendix 1

## APPENDIX 1

<b>Meeting title</b>	<b>CORPORATE PARENTING COMMITTEE</b>
<b>Meeting date</b>	14 January 2014
<b>Report title</b>	<b>Care Leavers Report: Position Statement and Developments</b>
<b>Report author</b>	Gill Horrobin, Principal Officer, Looked After Children

**Note:** *Since the presentation of this report some updates have been included in order to provide some recent statistics and additional information regarding Children's Services Transformation*

### 1 INTRODUCTION

- 1.1 We are committed to fulfilling our statutory requirements and to ensuring care leavers are provided with comprehensive personal support so that they achieve their full potential as they make their transition to adulthood.
- 1.2 Research and practice shows that young people who have been looked after will have the best chance of success as adults if those providing transitional care and other support take the following principles into account in talking to the young person and when making any decision:
- Is this good enough for my own child?
  - Providing a second chance if things don't go as expected
  - Is this tailored to their individual needs, particularly if they are more vulnerable than other young people?
- 1.3 Responsibilities for providing continuing support applies to all care leavers until they reach the age of 21 or, if they are being helped with education or training, to the end of the agreed programme of education or training (which can take them beyond their 25th birthday). The Children and Young Persons Act 2008 includes provision so that, where a former relevant child (which means a child aged 18+ so no longer looked after) previously entitled to leaving care services wishes to take up additional education or training beyond the age of 21, but before the age of 25, then their responsible authority must ensure that they are allocated continuing Personal Advisor support.
- 1.4 This report outlines national developments which have come into force since the introduction of the revised Children Act (1989) Guidance and Regulations (Volume 3: Planning Transition to Adulthood for Care Leavers), refers to the performance relating to care leavers and provides detail into the development work currently being undertaken to improve the support provided to young care leavers in Southampton.

### 2 RECOMMENDATIONS

- 2.1 That Members of this Committee support:

1. Ongoing developments to create a robust and effective Children in Care

Council;

2. The signing of the Care Leaver's Charter in Southampton before the end of this financial year;
3. The provision of a £2,000.00 grant for all care leavers to enable their smooth transition to adulthood;
4. The development of a care leavers Face Book page to promote ongoing contact, including beyond their 25<sup>th</sup> birthday;
5. With officers, actively promote a range of work experiences and apprenticeships within the City for children looked after and care leavers in order to improve the proportion of care leavers who access further and higher education and work opportunities.

### 3 DETAIL

#### 3.1 Background

There is a strong evidence base of the importance of focussing upon improving outcomes for care leavers and this is a key government priority. On 30 October 2012, in a letter from Edward Timpson, MP, Parliamentary Under-Secretary of State for Children and Families, to Directors of Children's Services, the Department set out the Government's expectations of local authorities:

1. **Sign up to the Charter for Care Leavers** and discuss what needs to be done to embed its principles in day-to-day practice. The Charter sets out a series of principles and promises, which care leavers, wanted central and local government to make. The care leavers involved in the preparation of the Charter urged local authorities to use these principles when they make decisions about young people's lives. It is designed to raise expectations, aspiration and understanding of what care leavers need and what the government and local authorities should do to be good corporate parents. (**see Appendix 1**).
2. Take an active part in schemes aimed at **increasing employment opportunities** for care leavers.
3. Prioritise **Staying Put arrangements**, particularly for young people in further or higher education
4. Pay **setting up home allowances** that are adequate to buy the essentials needed; increase Care Leavers Grants to at least £2000 and review the figure annually.

To date 124 local authorities have signed up to the Charter and committed to embedding the principles in practice. Of our comparator authorities, Portsmouth, Bristol, Plymouth, Peterborough, Sefton, Kent and Medway have signed up to the Charter. Telford and Wrekin and Southampton have not yet signed up.

The Care Leavers Data Pack (taken from local authority returns to the DfE) was published simultaneously and showed the following key findings<sup>1</sup>

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<sup>1</sup>The detailed analysis in this data pack uses data up to 31 March 2011

- The number of young people aged 16 and over leaving care had risen each year from 8,170 in 2007 to 10,000 in 2012.
- More than half of these young people (63%) were aged 18 and over at the time of leaving care. 19% were aged 16 and 18% were aged 17.
- The number of 19 year olds who were looked after aged 16 was 6,610 at 31 March 2012. This was a rise from 6,290 at 31 March 2011.
- 2,400 (36%) of young people in 2011-12 were not in education, employment or training. In 2010-11, this figure was 33%.

Young people on Care Orders were found to be more likely to leave care at aged 18 than those who are voluntarily accommodated.

- 3.1.1 In May 2013 it was announced that a Single Framework for Inspection would be introduced. This framework has introduced a particular focus on the experiences and progress of care leavers and will examine the following outcomes:
- Care leavers are safe
  - Care leavers acquire the skills and emotional resilience to successfully move toward independence,
  - Care leavers access employment, education or training
  - Care leavers enjoy stable and enduring relationships with staff and carers who can meet their needs.
- 3.1.2 In October 2013 the government published a Care Leaver's Strategy which, in essence, has pulled together a range of developments into one coherent strategy for improving support to care leavers. **A copy is included as a separate document to this report.**
- 3.1.3 In November 2013 the Government proposed to extend accommodation provision under Staying Put<sup>2</sup> and released some funding which will enable all young people to stay with their foster carers until the age of 24 years, regardless of whether they are in employment, education or training. This will have ongoing financial and practical implications for the City if all those young people who are entitled to now "Stay Put" do so. The need for a continuation of payment to the carer in order to provide an incentive for them to continue to support the care leaver in their household (as opposed to fostering another child) will impact financially and in addition, for each care leaver in question, a fostering placement will be 'taken up' for each care leaver who 'Stays Put'.
- 3.2 **Performance Against Key Indicators**
- 3.2.1 The City's performance for looked after children compared with local authorities nationally and against statistical neighbours is presented to this Committee in a separate report today. The data relating to care leavers is extracted and can be seen below.
- 3.2.2 At the end of March 2013 63% of our care leavers who were in contact with us,

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<sup>2</sup>This provision previously allowed for young people to stay in their foster placements until the age of 21 where they were in employment, education or training.

were in suitable accommodation compared to 84% (SN) and 88% (England) which places Southampton at the bottom of the table. This is a slight improvement from 2011/12 when it was 61%, but up until end March 2013 there was a general downward trend over the last seven years. Addressing this has been a priority area for focus and further development, and as at the end of December, 88% of care leavers were in contact with us and in suitable accommodation. This is a much improved position and one which we will continue to build on.

The current position as at mid April, is that 90% of care leavers are in contact with us (in the preceding 8 weeks) and in suitable accommodation.

- 3.2.3 At the end of March 2013 41% of our care leavers were in education, employment or training compared to 56% (SN) and 58% (England) and 81% (all young people living in Southampton). Again, a downward trend can be seen over the past seven years and this is an additional area for urgent focus and development. There is clearly a correlation between these outcomes and those relating to achievement at KS4 whereby the City's performance in relation to the percentage of looked after children who achieve A\* - C including English and Maths is poor and has significantly deteriorated. Young people's aspirations are significantly impacted upon by poor educational outcomes which act as a barrier to access apprenticeships and entry to college. National research has shown that the achievement of good educational outcomes and good employment is seen as a "way out" for care leavers. At the end of December 2013 this had improved slightly and was 47%.

The current position as at mid April is that 43% of care leavers are in education, employment or training (but to further contextualize that figure another 11% of the cohort are unable to work due to pregnancy or parenting responsibilities, a further 6% are in custody and 2% more are medically unfit for work).

- 3.2.4 Southampton keeps in touch with 78% of this group compared to 88% (SN) and 92% (England). This has implications in terms of the ongoing support that can be provided. The position at the end of December 2013 was 77% so has remained relatively static. This is therefore a further area for ongoing focus.

The current position is much the same as at mid April, in that we have been in touch with 79% of our care leavers in the preceding 8 weeks.

## 4 YOUNG PEOPLES' VIEWS

- 4.1 The Pathways Team recently organised a care leavers lunch to celebrate their achievements, take the opportunity to seek their views about the Care Leavers Charter and relate their experiences of the City's performance against the stated principles. Their feedback is detailed at **Appendix 2**.
- 4.2 Youth Options are supporting the Children in Care Council (CICC) to ensure young people are enabled to express their views and engage in the co-design of a range of service developments. The project is also charged with securing engagement from a wider group of looked after children and assisting the Council in effectively reporting to Corporate Parents over key issues affecting them and their outcomes. There are also plans to develop further the current care leavers' Face Book page in



order to creatively elicit views of young people in terms of shaping the service.

The contract for provision of support to The Children in Care Council, currently provided by Youth Options, is nearing the end of a tendering process and a new contract will be awarded to take effect from the 1<sup>st</sup> April this year. Whilst it is planned to sign up to the Care Leaver's Charter this financial year, it is crucial that the CICC are actively prepared and involved in a formal launch and this will be a priority for early in the next financial year, in partnership with the provider and the CICC.

- 4.3 Young people are encouraged to take part in and lead on the review of their Pathway Plans. Care leavers are also encouraged to contribute to service planning, interviews of staff, social events, foster carer training and the review of foster carers' registration. The Service Manager for Children Looked After has recently visited care leavers in their housing accommodation and sought their views about their accommodation.

## **5 POSITION STATEMENT**

- 5.1 As at the end December 2013 there were 106 care leavers open to the Pathways Team with a further 38 young people becoming 18 over the next 12 months.

At the end of March, numbers of care leavers have increased further to 118 with 30 more young people becoming care leavers in the next 12 months.

### **5.2 Pathway Planning**

- 5.2.1 The City currently undertakes a pathway needs assessment at age 15yrs and 9 months in respect of each young person who will remain looked after and therefore become a care leaver. This needs assessment informs the Pathway Plan which builds on the Care Plan and incorporates what action is required, by whom and the timescales involved in order to set the scene for the level and type of support a care leaver may need as they move towards and beyond their 18<sup>th</sup> birthday. The Pathway Plan needs to be robust and involve all appropriate partners in order to support each care leaver through their transition to adulthood. Ongoing audits are undertaken by managers to assess effectiveness of the Pathway Plans and to determine what action is required, both individually and strategically to improve support mechanisms and determine what developments are required.

- 5.2.2 **Practical and Emotional Support:** Care leavers are provided with deposits for accommodation, bus fares, advice on independent living through Next Steps (provided by Youth Options). They are also supported to access other organisations in line with their defined needs set out within their Pathway Plan.

A tendering process for provision of advocacy services is almost at its conclusion and will result in a designated contract in place for children looked after and care leavers from April 2014. Currently there is a spot purchase process in place which has not been suitably effective or equitable. At present there are 13 young people who are being supported by an advocate. A total of 18 young people have received advocacy support between April and end of September 2013. This is an improved position but a universal drive to ensure better take-up is required and an ongoing commitment to funding these support services is crucial to enable children and

young people to have a voice and contribute to service developments.

- 5.2.3 It is proposed to offer each care leaver a £2k grant, calculated on the basis that £500 could be provided for practical goods etc with the remaining £1.5k being allocated as a draw down budget, which would allow the young person to draw down from the amount as and when this was needed. A young person could use this to pay a deposit, pay the first month's rent, purchase goods, buy driving lessons etc. It would be expected that any spend would be linked to the care leavers pathway plan so very much needs-led and allocated on an incremental basis.

If this recommendation was accepted there are, of course, financial implications. It has been calculated that this will amount to a spending pressure of £52K in a three year period and remain at £52k per three year period thereafter. The calculation is based upon a set up fund of £500 for setting up of home and the further £1,500 per young person from which they can draw down to assist them in moving into adulthood.

The re-structuring of the children looked after services, as part of Phase 2 of Children's Services Transformation, would need to take into account this financial pressure.

- 5.2.4 **Junior Individual Savings Accounts (JISAs):** To be eligible for a Junior ISA, a looked after child must be:

- Under 18
- Not born between 1 Sept 2002 and 2 Jan 2011 ( i.e. eligible for a Child Trust Fund)
- Resident in the UK
- Continuously looked after for one year or longer after 3 January 2011

The DfE has appointed The Share Foundation to establish Junior Individual Savings Accounts (ISAs) for children and young people looked after and they are responsible for:

1. Opening their accounts with an initial Government contribution of £200;
2. Ensuring that their accounts are properly operated and invested appropriately with a range of Junior ISA providers;

Southampton has registered with The Share Foundation and on a monthly basis, shares data regarding children looked after who have become eligible. When each young person reaches 18 they are able to access the funds in their JISA.

## 5.3 Accommodation

- 5.3.1 In October 2013 of the 107<sup>3</sup> care leavers open to the City there were a range of types of home.
- 24 young people in supported housing (flats, shared living)

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<sup>3</sup> Of the 107 care leavers aged 18+ 6 young people aged 16/17 are included in this figure as they discharged themselves from care, having been looked after under Section 20 of the CA1989.

- 28 with family and friends
- 26 in council/private rented accommodation
- 3 in custody or secure home
- 6 other e.g. Army or adult placement (e.g. shared lives)
- 6 not known (not in touch with Pathways)
- 13 young people who are living with their foster carers in “Staying Put” arrangement
- 1 young person is living in a residential placement following a breakdown in a supported lodgings placement

At the end of February 2014 there were 112 care leavers and their accommodation was as follows

24 young people in supported housing  
 28 with family and friends  
 27 in council/private rented accommodation  
 11 other e.g. army/custody etc  
 4 not known (not in touch with Pathways)  
 18 young people in Staying Put arrangements with foster carers

- 5.3.2 The most common first step to independence for most care leavers is to go back to live with their family and friends. This often carries a level of risk as the family they are returning to often continue to present the risks which caused their admission to care in the first place. These placements tend to be less stable and often present support workers with challenges in terms of providing robust support. And enable them to reach their full potential.
- 5.3.3 The second most common route to independence is to enter a shared living arrangement via Chapter One or YMCA. Chapter One is a large house with single bedrooms which are secured by locks. The kitchen, lounge, toilets and a shower rooms are shared between the residents. The YMCA is made up of self contained flats with a shared larger kitchen. Shared living can bring challenges and risks for young people who can lack maturity, independence skills and self regulation. Often our care leavers are not able to comply with the types of expectations that other young people find easier and can be drawn into challenging behaviour or situations. Furthermore it is an expectation that all residents are engaged in education, employment or training.
- 5.3.1 The Council is currently undertaking a Strategic Review of the Housing Support Services for Young People and Young Parents aged 16 to 25 at risk of homelessness in Southampton. The current housing support service contracts end in summer/autumn of 2014 and new housing support services will be commissioned in 2014. Although the funding for the Supporting People programme is no longer ring fenced there is a commitment within the City to continue to improve outcomes for young people and young parents in the City who are at risk of homelessness. Housing support is an important part of achieving this aim and representatives from Children’s Social Care, including the Pathways Team, are involved in the review in order to ensure needs assessments are taking into account our care leavers.
- 5.3.2 Children looked after and care leavers are encouraged to remain with their foster carers until the age of 18 yrs and beyond. Currently there are 13 young people who

have remained with their carers beyond their 18<sup>th</sup> birthday and this trend is predicted to increase with the removal of the condition that these children need to be in employment, education or training for them to remain in placement. The predicted increase for 2014/15 for those Staying Put is 24 young people.

There is no question about the favourable impact staying put will have for young care leavers, and it must be seen as an absolute priority for most. However, strategies need to be planned to address the impact, both financially and practically. This includes the need to work collaboratively with the 11 authorities who, as part of a Framework Contract, have commissioned Independent Fostering Agencies (IFAs) to provide fostering placements. At present there is no provision within the schedule that address young people staying put beyond their 18<sup>th</sup> birthday. This results in a lack of consistency in rates charged and generally, some high tariffs.

## **6 ACTION PLANNING (INCLUDING ANY RESOURCES/JOINT COMMISSIONING IMPLICATIONS)**

6.1 There are a number of key actions related specifically to care leavers included within the Children Looked after Transformation Plan. These are as follows:

- To increase the advocacy take-up for children looked after (ongoing)
- To develop and implement a new Pathway Plan format that is more service user friendly (complete)
- To review educational attainment of children looked after and children leaving care and identify areas for improvement (underway with the Virtual School)
- To develop the Children in Care Council (underway)
- Review on a regular basis the existing procurement of out-of-city and IFA placements and work with other local authorities to ensure high quality cost effective options are available when needed (liaison with the Integrated Commissioning Unit is ongoing)
- Provision of Pathway Plan training to staff (complete but ongoing)
- To develop an Independence Training Pathway for care leavers (provided by No Limits currently – review to take place)
- To formulate a Staying Put Policy (complete)
- To work collaboratively with housing and supporting people colleagues to increase housing capacity and support (ongoing)
- To increase capacity for supported lodgings.

6.2 In addition to the actions currently included within the Transformation Plan, further actions, which ensure we meet the requirements referred to earlier in section 3.1, have been identified as follows and now need to be added to the Plan. There are as follows:

- To sign up to the Care Leavers Charter in Southampton before the end of this financial year
- To further develop the Face Book page for care leavers
- To work with partners within the City to develop opportunities for work experience and apprenticeships for children looked after and care leavers
- To forge closer links with local Jobcentre Plus

- To build links with local universities to provide opportunities for care leavers to access higher education
- To strengthen the partnership with the Youth Offending Service and ensure appropriate support and diversion strategies are adopted and offending levels reduced for this vulnerable group

## **7 IMPACT ON OUTCOMES FOR LOOKED AFTER CHILDREN AND CARE LEAVERS**

- 7.1 Outcomes for care leavers within Southampton are poor. The focus for developments, as stated within this report, are urgent in order to provide better support to these vulnerable young people.
- 7.2 Phase 2 of the Children's Services Transformation Programme is in its early stages and specifically targets looked after children and care leavers amongst other key statutory parts of Children's Services. Work is underway to reconfigure how services are delivered in order to provide a dedicated and specialist care leaver's service. In terms of care leavers specifically, the aim of this reconfiguration is to focus attention on this vulnerable group and ensure their outcomes are improved and their journey through to adulthood successful.
- 7.3 Currently there is a Pathways Team which holds responsibility for all looked after children (once their plan is to remain looked after). This comprises 202 children. The team is also responsible for supporting all the City's care leavers aged 18+, currently 121 (as at end March 2014).
- 7.4 Given the high number of looked after children cared for by the Pathways Team, and the statutory nature of the service, the needs of the care leavers have tended to be marginalised which has resulted in their poor outcomes, despite the best intentions of the team to meet their needs.
- 7.5 The transformation will provide a dedicated care leaver's service with a team manager, social workers and personal advisors. Plans are underway to configure the team in such a way as to ensure there is active multi-agency involvement from other key partners, including health and housing.
- 7.6 It is intended that final draft structures will be in place within the next month, followed by a consultation period and implementation later this year.

## Care Leavers' Charter

A Charter is a set of principles and promises. This Charter sets out promises care leavers want the central and local government to make. Promises and principles help in decision making and do not replace laws; they give guidance to show how laws are designed to be interpreted.

The key principles in this Charter will remain constant through any changes in Legislation, Regulation and Guidance. Care leavers urge local authorities to use these principles when they make decisions about young people's lives. The Charter for Care Leavers is designed to raise expectation, aspiration and understanding of what care leavers need and what the government and local authorities should do to be good Corporate Parents.

### **We Promise:**

#### **To respect and honour your identity**

We will support you to discover and to be who you are and honour your unique identity. We will help you develop your own personal beliefs and values and accept your culture and heritage. We will celebrate your identity as an individual, as a member of identity groups and as a valued member of your community. We will value and support important relationships, and help you manage changing relationships or come to terms with loss, trauma or other significant life events. We will support you to express your identity positively to others.

#### **To believe in you**

We will value your strengths, gifts and talents and encourage your aspirations. We will hold a belief in your potential and a vision for your future even if you have lost sight of these yourself. We will help you push aside limiting barriers and encourage and support you to pursue your goals in whatever ways we can. We will believe in you, celebrate you and affirm you.

#### **To listen to you**

We will take time to listen to you, respect, and strive to understand your point of view. We will place your needs, thoughts and feelings at the heart of all decisions about you, negotiate with you, and show how we have taken these into account. If we don't agree with you we will fully explain why. We will provide easy access to complaint and appeals processes and promote and encourage access to independent advocacy whenever you need it.

#### **To inform you**

We will give you information that you need at every point in your journey, from care to adulthood, presented in a way that you want including information on legal entitlements and the service you can expect to receive from us at different stages in the journey. We will keep information up to date and accurate. We will ensure you know where to get current information once you are no longer in regular touch with leaving care services. We will make clear to you what information about yourself and your time in care you are entitled to see. We will support you to access this when you want it, to manage any feelings that you might have about the information, and to put on record any disagreement with factual content.

#### **To support you**

We will provide any support set out in current Regulations and Guidance and will not unreasonably withhold advice when you are no longer legally entitled to this service. As well as information, advice, practical and financial help we will provide emotional support. We will make sure you do not have to fight for support you are entitled to and we will fight for you if

other agencies let you down. We will not punish you if you change your mind about what you want to do. We will continue to care about you even when we are no longer caring for you. We will make it our responsibility to understand your needs. If we can't meet those needs we will try and help you find a service that can. We will help you learn from your mistakes; we will not judge you and we will be here for you no matter how many times you come back for support.

### **To find you a home**

We will work alongside you to prepare you for your move into independent living only when you are ready. We will help you think about the choices available and to find accommodation that is right for you. We will do everything we can to ensure you are happy and feel safe when you move to independent living. We recognise that at different times you may need to take a step back and start over again. We will do our best to support you until you are settled in your independent life; we will not judge you for your mistakes or refuse to advise you because you did not listen to us before. We will work proactively with other agencies to help you sustain your home.

### **To be a lifelong champion**

We will do our best to help you break down barriers encountered when dealing with other agencies. We will work together with the services you need, including housing, benefits, colleges and universities, employment providers and health services to help you establish yourself as an independent individual. We will treat you with courtesy and humanity whatever your age when you return to us for advice or support. We will help you to be the driver of your life and not the passenger. We will point you in a positive direction and journey alongside you at your pace. We will trust and respect you. We will not forget about you. We will remain your supporters in whatever way we can, even when our formal relationship with you has ended.

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## **Feedback on Charter Principles from Young People**

### ***To respect and honour your identity***

What our care leavers said:

- This is ok but could be improved by rewarding achievements – GCSE's etc in YR 11
- To use Pathway Plan to discuss getting resources such as driving lessons to help to gain employment and increase personal challenges and changes.

### ***To believe in you***

What our care leavers said:

- Mixed views
- 'Only person that believes in me is my social worker'.

### ***To listen to you***

What our care leavers said:

- Yes and no
- Actions speak louder than words.

### ***To support you***

What our care leavers said:

We are supported through

- Bus fares
- Travelling costs
- Decent social worker
- Independent living – moving on

But we need:

- House deposits
- Housing – need more support – tailoring to individual needs –we need someone to advocate for us when things get hard in housing

### ***To find you a home***

What our care leavers said:

- We need you to be guarantor sometimes.

### ***To be a lifelong champion***



What our care leavers said:

- You've got a lifelong champion if have a good social worker – not good if keep changing social worker.

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HM Government

## Care leaver strategy

A cross-departmental strategy for young people leaving care

October 2013

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# Foreword

Central and local government have a unique relationship with children in care and care leavers as we are their 'corporate parents'. As someone who grew up alongside foster children, I know how important and difficult the transition into adulthood can be for children in care and I am committed to improving their outcomes.

The government is demonstrating its leadership in this critical area through the Social Justice Cabinet Committee. Government departments across Whitehall are working closely to develop a more coherent approach to how we support care leavers. The publication of this document setting out our strategy for care leavers coincides with Care Leavers' Week, and I can't think of a more opportune time to share this vision with young people and the practitioners who work with care leavers.

As the lead minister for looked after children and care leavers I regularly meet and listen to their views. This has helped me understand some of the everyday problems young people face as they try to navigate their way into adulthood. A consistent message I hear from care leavers is that there needs to be changes in the way mainstream and specialist services support them. All too often, these young people feel that public services do not understand their needs, and as a result, they receive unsatisfactory or delayed support and guidance.

Through working together across central government and through our partners in local government and voluntary agencies, I hope that this document will support the introduction of changes to how local services are provided on the ground, building on the best local practice. We want to see care leavers receiving high quality services that meet their needs and support them make the transition into adulthood.

This is by no means the end of the process. We will continue to discuss how we can further improve support to care leavers over the next 12 months and intend to publish a further report to coincide with Care Leavers' Week in 2014.

I would like to thank Ministers in the other Departments, the voluntary sector organisations, and, most importantly, care leavers who have helped produce this strategy.



**Edward Timpson MP**

**Children's Minister  
Department for Education**

# Setting out the case

Around 10,000 young people leave care in England each year aged between 16-18 years old<sup>1</sup>. They leave home at a younger age and have more abrupt transitions to adulthood than their peers. Unlike their peers who normally remain in the family home, care leavers will often be living independently at age 18. Information from the Children Right's Director's surveys<sup>2</sup> on care leavers and Children in Care Council (CICC) meetings show that many care leavers feel that they leave care too early and often feel isolated and lonely.

Research and inspection reports show that the quality of support care leavers receive is patchy and that their journey through the first decade of adult life is often disrupted, unstable and troubled. They often struggle to cope and this can lead to social exclusion, long term unemployment or involvement in crime. For example, 34% of all care leavers were not in education, employment or training (NEET) at age 19<sup>3</sup> in 2013 compared to 15.5% of 18 year olds in the general population.

**“Within a couple of weeks I can feel that I’m going to be on the streets and another number”**

Care leavers come into contact with a range of services including housing, health, employment, and education, yet they are often not recognised as a priority group for services. Improving how local authorities and other agencies support them is crucial to improving the lives of this vulnerable group of people. They need services which are integrated, easy to access, embedded within local communities, and which treat them with respect.

The report *Access all Areas* (2012)<sup>4</sup>, produced jointly by the Catch22 National Care Advisory Service<sup>5</sup>, The Care Leavers' Foundation, A National Voice and The Prince's Trust, called for each central government department to scrutinize their individual policies and to begin to look at ways of working together across departments for a more coherent overall approach. In September 2012, the All Party Parliamentary Group (APPG)<sup>6</sup> for looked after children and care leavers, chaired by Edward Timpson MP – now the Children's Minister - published its report on the education of looked after children and care leavers. The report made reference to *Access all Areas* and made a significant number of recommendations aimed at progressing this area of work.

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<sup>1</sup> DfE: [Children looked after in England \(including adoption and care leavers\) year ending 31 March 2013](#)

<sup>2</sup> Children's Rights Director for England: [Learning Independence](#)

<sup>3</sup> DfE: [Participation in education, training and employment by 16- to 18-year-olds in England, end 2012](#)

<sup>4</sup> The Care Leavers' Foundation, A National Voice and The Prince's Trust: [Access All Areas](#)

<sup>5</sup> Catch22 (NCAS) [website](#)

<sup>6</sup> APPG: [Education Matters in Care](#)

# Our Vision and Strategy

Care leavers should expect the same level of care and support that other young people get from their parent. Our strategy is based on the principles of good corporate parenting. It sets out the government's commitment to remove some of the practical barriers that care leavers face as they progress into adulthood. In the following pages you will see the steps that government departments are taking to reflect the needs of care leavers in their policies. We want to see holistic and quality support provided in all mainstream and specialist services by: local authorities; Jobcentre plus; housing; health bodies; the justice system; and, educational institutions. We want to see services that are integrated, simplified and that treat care leavers with respect and dignity.

Whilst this document does not attempt to capture every difficulty care leaver's experience, it is accurate to say the broad areas of concern for them are:

- Education
- Employment
- Financial support
- Health
- Housing
- Justice System
- On-going support

As well as reiterating the government's commitment to supporting care leavers to realise their aspirations, the strategy outlines the actions the government is taking to specifically address the above areas of concern for care leavers.

# Education

**“If it wasn’t for my personal adviser I would never have got to university. I didn’t think I could do it, but he thought I could and he encouraged me a lot and helped me apply... Now I am there and love it.”**

A good standard of education is a key driver towards achieving positive employment outcomes in adulthood. However, there remains a significant gap between the educational achievements of care leavers and their peers.

Care leavers are less likely to have achieved 5 A\*-C GCSEs (37% of looked after children compared to 80% of non-looked after children in 2012). Only 6% of care leavers go into higher education compared to 23% of their peers at aged 18.<sup>7</sup>

A big priority for government is, therefore, to ensure that children in care and care leavers get the support they need from schools, colleges, universities and local authorities to maximise their educational attainment and employment opportunities

## What we have done

- The Department for Education (DfE) placed a duty on local authorities to provide care leavers with a Personal Adviser where they wish to resume education and training up to age 25;
- The Department for Business, Innovation and Skills (BIS) National Scholarship Programme which runs for three years is aimed at widening access to higher education amongst disadvantaged groups of which care leavers are an important target group;
- NIACE, used grant funding from BIS and its own resources, to undertake a range of work to improve support for care leavers in accessing education, training and employment;
- BIS is working closely with the Buttle Trust, on its Buttle UK Quality Mark for work with care leavers. Currently 72 higher education institutions in England have achieved the Quality Mark. As well as BIS, the Association of Colleges is also represented on the Buttle UK Quality Mark steering group: 29 further education colleges in England have achieved the Quality Mark and more applications are in the pipeline.

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<sup>7</sup> DfE: [Outcomes for Children Looked After by Local Authorities in England: 31 March 2012](#)



*Hertfordshire's Virtual School works with young people up to the age of 25 and brings together an education lead virtual school and Learning and employment team under a 'Head of Achievement for CLA'. The extensive team includes advisory teachers and education support workers, youth Connexions personal advisers, University support, and a support learning team.*

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## What we will do

- BIS will publish a brief guide to the further education and skills system, aimed at care leavers and those that work with them. Sector bodies will help make sure the guide clearly gives the information care leavers really need about careers advice, eligibility for free training, grants and other support available;
- DfE will strengthen its statutory guidance about local authority duties to support care leavers aged 21-24 who wish to return to education or training, so that those with on-going problems receive support back into education.

## Impact of measures

- Local authorities, through their financial support and policies, encouraging and supporting all care leavers to remain engaged in education, take up training opportunities and undertake activities aimed at improving employability;
- Care leavers experience improved access to further and higher education as well as better support whilst at a further education college or university.

# Employment

The Social Justice Strategy, Social Justice: Transforming Lives, sets out the importance of work not just as the best route out of poverty, but as a means of delivering positive change for individuals and for whole communities. The benefits of work are far wider than just remunerative and we know work provides structure, a sense of purpose, progress, achievement, self-confidence and personal responsibility.

Too many care leavers are not in education, employment or training (NEET) or are long term unemployed. There are currently significant challenges for many young people taking their first steps into the world of work. However, some local authorities and charitable organisations – working independently and with Jobcentre Plus - have nonetheless increased the number of care leavers they have supported into employment, education and training through focused action and support.

Government is determined to maximise employment opportunities for all care leavers by learning from this good practice and being vigorous about building on our responsibilities as corporate parents.

*Catch 22, a charity providing support for care leavers worked collaboratively with Marriott hotels and Jobcentre Plus to design and provide a work experience opportunity for Jodie, an 18 year old care leaver: “When my work experience placement started I didn’t have much confidence but with the right support and encouragement from Catch 22, my employer and my Jobcentre Plus adviser I started to really enjoy working. The experience has changed my life by giving me the chance to start on a career in the Hotel business and prove myself as a valuable employee, while earning my own money and finding my independence. I’ve gained lots of skills and experience”. Jodie’s employer was really impressed with her progress and work ethos and after finishing her placement offered her full time employment.*

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## What we have done

- Through the Youth Contract, The Department for Work and Pensions (DWP) have provided 18-24 year olds, including care leavers with access to additional adviser support, work experience, apprenticeships and wage incentives for employers;
- Jobcentre Plus advisers have been given more flexibility to provide direct personalised employment support to those care leavers who face greater difficulties in finding work, including support to help them volunteer, train or undertake work experience. Jobcentre Plus Advisers also have access to local flexible support funding, which is being used to provide locally based targeted employment support;

- DWP have ensured that care leavers are able to access the Work Programme from the third month of their claim to benefit so they can benefit from tailored, locally-appropriate employment support as early as possible in their benefit claim;
- Since 2011 the DfE have funded the voluntary sector organisation Catch22 to run the *FromCare2Work* programme. The programme brings national and local employers and local authorities together to enable care leavers to benefit from new employment opportunities - from taster days, through apprenticeships to full time employment; this includes big name participants like the Marriott Hotels and Arsenal, Chelsea and Tottenham Hotspur football clubs. Outcomes so far include:
  - 105 local authorities creating 6169 employment, training and education opportunities; and,
  - 109 national employers, creating 580 work experience opportunities.
- DfE and other government departments have been providing apprenticeships and short term work experience directly to care experienced young people.

## What we will do

- DWP has recently introduced a 'marker' to routinely identify care leavers on their information database. This is a very significant step forward to recognise care leavers within Jobcentre Plus which will enable DWP to track both the support care leavers are receiving and how effective this is in delivering employment outcomes. The communications activity for the marker has encouraged local authority teams supporting care leavers to forge closer links with local Jobcentre Plus;
- Linked to the launch of the marker, DWP is also raising awareness of Jobcentre Plus Advisers' of the issues care leavers face in their transition to independent living/adulthood and work;
- DWP will announce a new commitment to give care leavers the chance to join the Work Programme at the earliest opportunity.
- DfE will continue to fund Catch 22 to expand the *FromCare2Work* programme to increase the numbers of care leavers given employment opportunities.

## Impact of measures

- A further reduction in the number of care leavers who are NEET, through improved support by mainstream and specialist services.
- Improved understanding of how effective Jobcentre Plus support is in driving care leaver employment outcomes and identifying areas for further improvements in service delivery.

# Financial Assistance

When you do not have the support of family to fall back on, particularly when having to meet the challenge of independent living at a much younger age than your peers, having access to timely financial help is crucial.

Care leavers have told us that they often find it difficult to navigate services and work out what financial support they are entitled to.

Government is committed to ensuring that care leavers are adequately supported financially in their transition from care to adulthood to enable young people leaving care to have the same opportunities to fulfil their potential as their peers.

*The benefit processing centre in Sefton has a well-developed joint working group in place which includes Jobcentre Plus and the local authority leaving care team. As a result of this close working a protocol<sup>8</sup> has been in place since 2011 to allow the local authority to register claimants for benefit two weeks before the young person`s 18th birthday. This successful partnership means that care leavers are able to more effectively engage with employment, education and training opportunities as opposed to focusing on their immediate financial constraints at the point of leaving care and making the transition to independent living.*

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## What we have done

- DfE has given an entitlement to care leavers, aged 16-19, attending a Further Education course to the £1,200 Further Education Bursary (Educational Maintenance Allowance replacement);
- DfE has funded local authorities to give care leavers a Higher Education Bursary of £2,000 if they are attending a university;
- DWP have ensured that all Jobcentre Plus districts using current legacy systems can, using dedicated named advisers, allow care leavers to make a claim to benefit in advance of leaving care to prevent unnecessary delays in the payment of benefit and hardship;
- DWP has extended 'Second Chance Learning' from age 19 to age 21 or the end of the academic year in which the 21st birthday occurs. This allows care leavers to claim

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<sup>8</sup> The protocol can be found at the NCAS Leaving Care website [here](#)

Income Support and Housing Benefit if returning to full time, non-advanced, education to make up for missed qualifications. These enhanced measures will continue as part of Universal Credit;

- Following a letter from the Children's Minister the number of local authorities paying at least £2,000 Setting Up Home Allowance (leaving care grant), has risen to date from 32 to 97.

## What we will do

- As part of the national roll-out of Universal Credit, DWP will ensure care leavers can make a claim to Universal Credit in advance of leaving care;
- DWP will ensure care leavers who need help managing their money and paying bills on time in Universal Credit will have access to personal budgeting support. This will include the option of having their Universal Credit payments paid more frequently than monthly;
- DfE will amend statutory guidance to encourage all local authorities to pay at least £2,000 as part of their Setting Up Home Allowance (leaving care grant) to their young people when they leave care, and to review this annually with their local Children in Care Council.

## Impact of measures

- Care leavers receiving financial support and guidance from their local authority and benefits agency, so that they are able to manage their income and reduce the risks of falling into debt;
- An increase in care leavers attending further and higher education.

# Health

Children often enter the care system with a poorer level of physical and mental health than their peers, and their longer-term outcomes remain worse. Two thirds of looked after children have at least one physical health complaint, and nearly half have a mental health disorder. Care leavers frequently tell us that they encounter a lack of support in accessing appropriate services. They often feel that the professionals working close to them do not have an understanding of their needs, particularly in respect of mental health. Care leavers also face difficulties around the transition from Child and Adolescent Mental Health Services (CAMHS) to adult services.

*In Blackburn there is a dedicated care leavers CAMHS worker who provides good levels of support for young people in their transition to adult services. Comprehensive CAMHS are provided through locality working and specialist teams, which are meeting the current identified needs of the local population, including good and timely access to tier4 beds.*

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## What we have done - through the Department of Health (DH) and its partners

- The government's Mandate to NHS England (November 2012) includes an expectation that the NHS, working together with schools and children's social services, will support and safeguard vulnerable children -- including looked after children and, by extension, care leavers;
- Health and wellbeing boards are required to undertake Joint Strategic Needs Assessments and agree Joint Health and Wellbeing Strategies to improve the health and wellbeing of the local community and reduce inequalities. Revised statutory guidance (March 2013) says that they must consider the needs of vulnerable groups -- such as looked after children and care leavers;
- The National Institute for Health and Care Excellence (NICE) produced a quality standard for the *Health and wellbeing of looked-after children and young people* in April 2013, which sets out for health and social care the priority areas for quality improvement. It builds on public health guidance issued in 2010. Both cover care leavers;
- The mental health strategy, *No health without mental health* (February 2011), highlights looked after children and care leavers as a group whose mental health needs are greater than those of the general population of the same age. DH is investing £54 million in 2011-15 in the Children and Young People's Improving Access to Psychological Therapies programme, to drive service transformation in CAMHS;

## What we will do

- Statutory guidance on *Promoting the Health and Well-being of Looked After Children* (November 2009) highlights the importance of care leavers being able to continue to obtain health advice and services. In updating it in 2014, DH and DfE will set out how organisations in the reformed health system should work with local authorities to improve support for care leavers;
- The Royal Colleges and other health professional bodies will shortly update the intercollegiate framework, *Looked after children: knowledge, skills and competences of health care staff* (May 2012), in light of the NHS structural changes in England. It covers responsibilities to support care leavers;
- The Care Quality Commission (CQC), Ofsted and the other inspectorates are developing plans to commence multi-agency inspections of local arrangements for safeguarding children and for looked after children in 2015. In the meantime, CQC introduced in September 2013 a new programme to inspect local health service arrangements for these groups, including care leavers;
- DH will launch interactive e-learning programmes to support children and young people's mental health, via an e-Portal, in 2014. This will help extend the skills and knowledge of NHS clinicians, teachers, social workers, counsellors and supervisors working in a range of health, educational and youth settings. The e-Portal developers will invite care leavers to help shape its content and presentation.

## Impact of measures

- Care leavers have timely access to mainstream and specialist health services, which meet their physical and mental health needs.

# Housing

Care leavers are a vulnerable group of young adults who have particular needs in relation to housing and homelessness. Around a quarter of those living on the streets have a background in care.<sup>9</sup> The majority of care leavers leave care by the age of 18 and rising demands on social housing and other accommodation is making it increasingly difficult for young people to find suitable accommodation as they enter adulthood.

**“Being a care leaver has to be the most pressure I’ve been under in my life, one minute I was 12 and living at home then I’m 21 and find myself being homeless.”**

88% of care leavers live in suitable accommodation at aged 19<sup>10</sup>. Frequent feedback from care leavers, however, is that they do not always feel safe in their accommodation. We know that the best local authorities are using “staying put” arrangements to ensure that care leavers can continue to live with and get support from their former foster carers.

*Alice is 19 years old. She was looked after by local authority foster carers for 5 years and was able to remain with them through a “staying put” arrangement. Alice’s foster placement was close to her family and friends and meant she was able to continue with her education in the school she had attended prior to becoming ‘looked after’. Alice gained her GCSEs and then went to college and was successful in gaining full-time employment. Alice eventually moved out of her foster placement to live with her long term partner but she remains in touch with her foster parents and stays with them on a regular basis, going back for important events such as Christmas and birthdays. She said that Staying Put “gives young people the opportunity to be with people they want to be with post 18 and provides a stable and secure family unit for them to prosper in.”*

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## What we have done

- DfE have revised Leaving Care guidance, issued in April 2011. The guidance encourages local authorities to consider introducing “staying put” provision, as part of their range of options to provide care leavers with suitable accommodation. It says ‘Local authorities should develop “staying put” policies that provide foster carers and young people with information and guidance regarding all aspects of extending placements

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<sup>9</sup> Source: CRISIS: [The hidden truth about homelessness: Experiences of single homelessness in England](#)

<sup>10</sup> Source: DfE: [Children looked after in England, including adoption 2013](#)



*beyond the young person's 18th birthday.'; and, 'For young people living in foster care, the first statutory review following the young person's 16th birthday should consider whether a "staying put" placement may be an option.'* The Children and Families Minister, Edward Timpson, wrote to Directors of Children's Services in October 2012 urging them to prioritise their care leaver services. In that letter, the Minister asked all local authorities to ensure that all their care leavers are living in safe and suitable accommodation and that "staying put" is offered to their young people;

- DfE have published guidance on tax and benefits to help foster carers and local authorities entering into "staying put" arrangements. We hope that this guidance will encourage greater take up of staying put.

The Department for Communities and Local Government (DCLG) has:

- Worked closely with leading voluntary sector organisations and local authorities to develop a *Positive Youth Accommodation Pathway* for those who cannot stay within the family network (for example care leavers). The Pathway approach requires that Local Authorities offer tailored accommodation options and a supportive transition into adulthood. It focuses on developing services and practices which invest in early intervention, putting young people in charge of planning for their future and providing consistent information and advice about every aspect of the young person's life, not just housing. The Pathway also focuses on progression to work and economic independence through a range of accommodation options;
- Published statutory guidance for local authorities on homeless 16 and 17 year olds and care leavers which highlights the importance of providing housing with support;
- Implemented a new homelessness Gold Standard with investment of £1.7million that sets the bar for local housing services and supports local authorities to provide cost effective and efficient homelessness prevention services. It has several youth homelessness elements including a specific commitment not to place 16-17 year olds in bed and breakfast accommodation, partnership working with Children's Services and the need to develop a specific accommodation pathway for young people.

## What we will do

- DCLG is consulting on proposals to issue new statutory guidance on social housing allocations encouraging local authorities to adopt a residency test as part of their qualification criteria for social housing. The guidance will recommend that local authorities, when adopting a residency test, consider the position of those who might be particularly disadvantaged, such as care leavers who are in out of borough placements;
- DCLG is currently developing proposals for tackling youth homelessness including looking at models offering affordable shared accommodation options for homeless young

people and a programme aimed at improving the integration of local services for young people, including care leavers, who are at risk of homelessness;

- DfE is funding Catch22 (NCAS) to run a residential children's homes project over the next two years, with a particular focus on supporting care leavers.

## Impact of measures

- Care leavers live in safe and suitable accommodation that meets their individual needs.
- Programmes to reduce homelessness address the specific needs of care leavers.

# Justice System

The Ministry of Justice (MoJ) and Home Office (HO) recognise that young adults who have been in care can be particularly vulnerable as they transition into adulthood, particularly if they are in the criminal justice system. They are also a particularly vulnerable group that are at risk of being drawn into crime. Equally we know that care leavers can be particularly vulnerable to becoming a victim of crime, including in some cases falling victim to grooming and exploitation online or offline.

## What we have done

In support of the cross-government strategy to make services and policies reflect the needs and aspirations of care leavers the following actions have been undertaken:

- In October 2013, MoJ's National Offender Management Service (NOMS) published new guidance for those working with care leavers in the Criminal Justice System. This takes into account the new criminal justice landscape, where a range of providers and not just the prison and probation staff, will have responsibility for supporting young adults to make the right choices and reduce rates of re-offending. It will be made available to all of those working with this cohort, both in the community and in custody;
- The Youth Justice Board (YJB) carried out significant work with young people who are under 18 who are or have been in care. The YJB funds dedicated social workers in all under-18 young offender institutions to meet the needs of looked after children and care leavers;
- Set up a new national group on Sexual Violence against Children and Vulnerable People, led by Home Office. This is a panel of experts brought together to co-ordinate and implement the learning from recent inquiries into historic sexual abuse and current sexual violence prevention issues;
- The group membership is made up of key partners such as the police, the Crown Prosecution Service (CPS), Government departments and very importantly, experts such as Child Exploitation and Online Protection Centre (CEOP), Barnardos, Rape Crisis and the NSPCC. The National Group has already launched an action plan outlining activity across nine key areas (Prevention, Culture Change, Supporting Victims, Offenders, Institutions, Cybercrime, Policing, Criminal Justice Systems, and Local Implementation);
- In addition, the National Group have also published early findings on the Home Office sponsored Multi-agency Working and Information Sharing Project, which aims to support

local areas in putting in place more effective strategies for identifying and protecting all those at risk, including care leavers.<sup>11</sup>

## What we will do

- MoJ will appoint a new Care Leavers Champion, who will act as an internal advocate for this group, and will ensure effective dissemination of the published guidance to staff and relevant staff groups.
- Through the Home Office led National Group we will ensure that the risks to particularly vulnerable groups, including care leavers, are included in our work.
- MoJ will develop clear ways of identifying care leavers in adult services both in custody and in the community so we can better ensure they receive the right support. This builds on improved identification in Asset for young people who are under 18. It will be coupled with guidance for practitioners who are completing assessment tools so that they understand better who qualifies for care leaver status.
- MoJ will work with other Government Departments, particularly with DCLG, to help ensure local authorities improve their links with young adult offenders who are care leavers, particularly in custody.

## Impact of measures

- Programmes to reduce crime and the risk of young people being exploited specifically address the needs of care leavers.

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<sup>11</sup> The action plan and early findings can be found [here](#)

# On-going support

Care leavers require support and guidance before and after they turn 18. Care leavers, unlike their peers, may not have networks of support outside of their local authority. We know that young people leaving care frequently feel isolated, lonely and lacking the safety net of someone to talk to and to advise them in a crisis.

*“I wish more people were given more support in the transition of semi-independent to independent living.”*

## What we have done

- DfE have issued more rigorous regulations and guidance, *Transitions to Adulthood*, which sets a clear expectation that local authorities continue to stay in touch and support young people when they leave care through pathway planning until the young person reaches 21, and beyond if he or she is in education;
- DfE published the Care Leaver Charter in 2012, which was written by young people. The charter is a set of principles that enshrine the aspirations and needs of young people. The majority of local authorities have now signed up to the charter which endorse the principle of local authorities staying in touch with young people when they are no longer anybody’s statutory responsibility;
- Since 2012, DfE have started to open a Junior Individual Savings Account (JISA) worth an initial £200 for every young person who has been in care for more than a year. Young people will be able to access these accounts once they turn 18. In the first 12 months, 35,000 such accounts have opened.

## What we will do

DfE will:

- Amend the Care Planning Regulations for 16 and 17 year old looked after children. A new rule will mean that a decision to cease looking after a young person of this age is not put into effect until it has been approved and signed off by the Director of Children’s Services. The intention behind this proposal is that young people do not leave care until they are properly ready;
- Fund the Care Leavers’ Foundation to run the *New Belongings* project. Nine local authorities in England have signed up to this project that - aims to create the gold standard in supporting care leavers, which can then be replicated in other areas to improve the lives of vulnerable young people leaving care;

- Amend the statutory guidance to encourage all local authorities to pay at least £2,000 as part of their Setting Up Home Allowance (leaving care grant) to their young people when they leave care;
- The Cabinet Office will work in partnership with DWP and DfE to explore innovative ways to support care leavers. The Cabinet Office's Centre for Social Action aims to tackle social issues by making the most of community resources and individuals, for example by promoting volunteering, mentoring or peer-to-peer support. There are some strong examples of projects using social action to support young people through the transition to leaving care: the Centre for Social Action will lead this cross-departmental project to understand what works and build upon it to improve outcomes for care leavers.

## Impact of measures

- Care leavers receive high quality on-going support from their local authorities so that they do not feel lonely and isolated;
- Care leavers leave care at a time when they are ready.

# Challenge and Inspections

The government wants all local authorities to work to the standard of the best. It is vital that they are able and willing to support and challenge each other so that those with the greatest challenges are able to learn from those with a strong track record.

It is in this context that the Department for Education has published a data pack on outcomes for care leavers. Its aim is to:

- summarise national data about children who leave care aged 16 and over and outcomes of care leavers at age 19;
- help local authorities to compare their performance with others; and,
- investigate issues such as age of leaving care and placement stability on the outcomes of care leavers.

We have asked all local authorities to consider the findings from the pack and learn from the best practice<sup>12</sup>.

Ofsted is revising its local authority children's services inspection framework to place additional emphasis on those young people preparing to leave care and care leavers. Separate local authority fostering and adoption services inspections will be replaced with a new single inspection of services for children looked after and care leavers. Inspections will look closely at each child and young person's 'journey' from entering through to leaving care.

The new inspection arrangements, which will come into effect from this autumn, will have a specific focus and 'sub judgement' on care leavers. In particular it will look at:

***“Young people leaving care and preparing to leave care receive support and help to assist them in making a successful transition to adulthood. Plans for them to leave care are effective and address their individual needs. They are safe and feel safe, particularly where they live. Young people acquire the necessary level of skill and emotional resilience to successfully move towards independence. They are able to successfully access education, employment, training and safe housing. They enjoy stable and enduring relationships with staff and carers who meet their needs.”<sup>13</sup>***

These changes should help drive improvements to the care system and ensure standards are monitored effectively.

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<sup>12</sup> DfE: [Care Leavers Data Pack](#),

<sup>13</sup> Ofsted: [Prioritising the experiences of children who need help, protection and care - a new single inspection](#)

# Data collection

A crucial area of intelligence for policy making is the extent of data available to policy makers to make informed decisions. It will also be critically important that our data collection arrangements allow us to assess the impact of this strategy.

We recognise that in the past we have not had sufficient data on young people such as care leavers. From 2014, the Department for Education will be collecting data on care leavers at 18, 20 and 21 in addition to age 19. This data will provide the Department with more information on how care leavers progress at different stages of their lives and how our policies are impacting on their lives.

DWP have developed mechanisms to identify care leavers who claim benefits and will start to collect data to assess the effectiveness of the support they receive to find work.

The MoJ will develop mechanisms that, over time, will better identify care leavers in custody and in the community. This will facilitate those who work with care leavers to ensure they receive the right support.

As part of the cross-departmental work we are undertaking on care leaver policy, we will explore how the government can develop a joined up approach to data collection so that services such as health and employment agencies can readily recognise care leavers and their needs.



## Next Steps

Recognising the critical role central government must play, we will act as a catalyst and advocate for wider change, promoting opportunity and changes to attitudes to care leavers. We will continue to work through the Social Justice Cabinet Committee to review and agree how we can improve support provided to care leavers and will issue a further report in October 2014, both to measure progress and set out what more we intend to do.

It is not for government alone to bring about change – we all have a role to play. Dynamic and creative partnerships across sectors are essential for innovation, and can bring about the changes needed in communities that will have a real and lasting effect on the day-to-day lives of care leavers. We need to continue and expand our discussions with others: we will work in partnership with local authorities, the voluntary sector and wider civil society, as well as with care leavers' organisations and individual care leavers

Some of the questions the group will review include:

- What are the key guidance or strategy documents currently being produced by departments which could be care proofed?
- What other initiatives that are being aimed at vulnerable or socially excluded groups could care leavers benefit from?
- Where policy is changing are there any protected groups amongst which we can include care leavers?
- Is there any guidance or regulations being developed by departments where care leavers can be included?
- What skills development programmes are there for the workforce of frontline services where care leavers can be highlighted?
- What are the frontline services that are being provided and how can these be tailored to meet more effectively the needs of care leavers?
- How can we ensure the needs of care leavers are considered as part of the on-going Welfare Reforms?
- Are there new and innovative ways of supporting care leavers, and, if so, what barriers are there holding them back?

# Feedback from Care Leavers

We would welcome feedback from care leavers on what issues and themes they consider we should address over the coming year. As indicated earlier in the document, a working group will continue to review care policy which will include monitoring progress of the actions to be taken by each department. Please send suggestions to: [careleavers.feedback@education.gsi.gov.uk](mailto:careleavers.feedback@education.gsi.gov.uk)



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## APPENDIX 3

### CORPORATE PARENTING COMMITTEE

#### TERMS OF REFERENCE

Southampton City Council is committed to improving the outcomes for Children in Care.

The Corporate Parenting Committee acts to assist the Council in continuing to fulfil its legal obligations and responsibilities towards children looked after (CLA) and leaving care, under the Children Act 1989 and Children (Leaving Care) Act 2000.

The Corporate Parenting Committee acts strategically to ensure that children looked after and care leavers are effectively supported to reach their potential through the provision of excellent parenting, high quality education, opportunities to develop their talents and skills, and effective support for their transition to adulthood.

The Corporate Parenting Committee has a responsibility to monitor and review the quality and effectiveness of services for CLA delivered by Corporate Parents; the council, partner agencies and commissioned services; to ensure that every child and young person looked after is supported to be safe, happy, healthy and to achieve their full potential. In addition, it has a key role in listening to the voice of children and young people looked after and leaving care.

#### **1. Legislation and guidance that guides these Terms of Reference:**

- Section 27 of the Children's Act 1989, amended 2006, places a duty on Housing, Education and Health Authorities to assist with Corporate Parenting;
- Section 22(3) Children's Act 1989/2004
- Quality Protects 1998, DfES 2003 – Councillor's Guide to being a Corporate Parent and the Duty on Local Authorities to Promote the Educational Achievement of Children in Care
- Children (Leaving Care) Act 2000 To increase support to young people leaving care;
- Promoting the Health Care needs of Looked After Children, Nov 2002;
- Adoption and Children's Act 2002;
- Guidance on the Education of Children and Young People in Public Care 2000.
- Care Matters: Transforming the lives of children and young people. Green Paper 2006
- Children and Young People Bill 2008

## **2. Membership of the Committee**

The Corporate Parenting Committee is chaired by the Lead Member for Children's Services. Membership is from councillors, officers and organisations who are responsible for providing services directly to children looked after and/or care leavers.

The membership and involvement of young people from Southampton's Children in Care Council (CiCC) is a crucial element of the Committee to ensure young people looked after meet directly with key decision-makers and influence the priorities, decisions and service developments.

### Elected Member's Membership:

- Six Councillor representatives from across all political parties including the Lead Member for Children and Young People

### Service User Membership:

- Chair and Deputy Chair of the Children in Care Council
- Southampton Foster Carer's Association
- Youth Option

### Officer Membership:

- Director People
- Head of Safeguarding
- Head of Education
- Virtual Headteacher
- Senior Manager Children Looked After
- Service Manager Children Looked After
- Named Nurse Children Looked After
- Head of Housing Services
- Clinical Commissioning Group
- Principal Officer Quality Assurance

The quorum is two councillors and two senior officers (Head of Service and above).

## **3. Meetings**

- The Corporate Parenting Committee will meet on a bi-monthly basis.
- This body is serviced administratively by Democratic Services and supported by the Corporate Parenting Team.
- The Committee agrees an annual work programme setting out its key priorities and areas for action, and records outcomes of these actions.
- The chair of the Committee meets with the Director of People, Corporate Parenting Team Manager and Chair of the Children in Care Council separately before each Committee meeting to agree the agenda and review actions and progress.

#### 4. Reporting Mechanisms:

- The Corporate Parenting Committee will not be a formal committee of the Council under either the Local Government Act 1972 or the Local Government Act 2000. The Committee will not have a formal decision making role but will support the Cabinet Member for Children's Services and the Director of People in the execution of their statutory decision making functions. Any actions required arising from deliberations, which are not within the delegations to the Director of People, would be the subject of a report to the appropriate decision making body.
- The Committee is required to submit an Annual Corporate Parenting report to Full Council and require Elected Members to endorse their commitment to Southampton City Council's Pledge to Children and Young People in Care.
- Minutes of the Committee are to be sent to the Director of People, Head of Children's Services and the Council's Management Team.
- The Committee has a requirement to submit an Annual Corporate Parenting report to the following bodies:
  - Southampton Safeguarding Children's Board
  - People Directorate DMT Service
  - Children's Trust Board

#### 5. The Corporate Parenting Committee has a Responsibility:

- To oversee the implementation of the Southampton City Council Corporate Parenting Strategy and Action Plan and monitor the quality and effectiveness of services to ensure they fulfil the council's responsibilities and achieve good outcomes for LAC
- To monitor and evaluate progress of relevant legislation and government guidance and its implementation in Southampton to ensure services are responsive to the needs of LAC in line with the national agenda.
- To monitor and review the quality and effectiveness of services across the council, partner agencies and commissioned services to achieve continuing improvements in outcomes for looked after children and care leavers.
- To ensure that the voice and opinions of as wide a range as possible of children looked after and care leavers are heard and that their views are used to shape policy and monitor performance.
- To directly receive the views of children and young people looked after and leaving care via the Children in Care Council mechanisms and annual consultation to ensure their views and experiences directly influence decisions made at this level.
- To receive reports on all aspects of children looked after and care leavers' welfare as required from the local authority and partner agencies in sufficient detail to enable it to undertake its strategic responsibilities for planning, monitoring and evaluation.

- To monitor the performance of the Council by receiving progress reports on the score card of key performance indicators relating to children looked after and care leavers.
- To monitor Southampton's whole authority commitment to joint-working arrangements between council departments and partner agencies and examine ways in which holistic, integrated and cross-cutting practice can be further embedded and priorities and objectives agreed.
- To maintain a strategic overview on the development of all new policies, procedures and initiatives to ensure these are in line with local and national priorities and objectives including the Corporate Parenting Strategy; and that they will effectively meet the needs of children looked after.
- To make recommendations to decision makers in Southampton City Council and its strategic partners as it deems appropriate to fulfil its Corporate Parenting duty.
- To consider recommendations from internal and external inspections and reviews, for example Ofsted inspection, to agree the actions needed to address any issues identified and to evaluate the implementation of any plan agreed.



# Agenda Item 6

Appendix 4

## APPENDIX 4

### Adult safeguarding

This inquiry is about single homeless people and how access to safe and sustainable housing (or lack of it) can impact on the current health and future health outcomes

This can be people who have been street homeless, sofa surfing, or at risk of losing their home

Common issues are that they often have extremely chaotic lives, multiple issues that are just below criteria, or have suffered some sort of life trauma or abuse.

Many have high dependency on alcohol and/or drugs

### How do we determine if a person is vulnerable and needs safeguarding support?

1. Adult Social Care funds the voluntary sector providers to provide hostel, move-on and floating support services for homeless people in the city. This includes Two Saints, Society of St James and Family Mosaic. All are funded through 'Supporting People' (introduced to the Committee in the opening session of the Inquiry). This is a significant investment to provide protection and support to individuals in a vulnerable position. This resource underpins housing and other long-term support solutions. Risk Assessments and assessments of the individual are undertaken by the provider unless there is a Care Manager involved. If this is the case then the person is referred back to the Care Manager.

### What do we do if they fall below the criteria?

2. The term 'vulnerable individual' can be understood as including children, by virtue of their age, and some categories of adult. The Department of Health's paper 'No Secrets' (2002, paragraph 2.3) and (Who Decides, Lord Chancellor's Department - 1997). defines adults vulnerable to abuse in "**A person who is 18 years of age or over, and who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation**".

Those outside of this definition may also be vulnerable to abuse due to low self-esteem, social exclusion, drug or alcohol misuse, offending history, homelessness, domestic violence, ethnicity, immigration status, gender or sexuality.

It must also be remembered that some homeless individuals have the capacity to their own choice.

Under **Principle 3**: of the Mental Capacity Act 2005 **Unwise decisions**:

People have the right to make what others might regard as an unwise or eccentric decision. Everyone has their own values, beliefs and preferences which may not be the same as those of other people. This principle underpins the right to personal autonomy by preserving the right of a person to make an irrational, unusual or eccentric decision which, if viewed objectively, is not in that person's best interests without the person being treated as being mentally incapable. It does not prevent a capacity assessment being undertaken in respect of a person who makes an unwise decision, a series of unwise decisions, a decision that puts that person at risk, or who makes a decision which does not reflect that person's values, beliefs or approach to risk taking.

3. **What do we do if they fall below the criteria?** – Homeless people do not fall easily into care categories (e.g. mental health, drugs etc.). However, assessments are carried out on many individuals. For complex care, a collaborative assessment panel process includes consideration of community safety casework services, an explanation of safeguarding criteria and people's rights to make unwise choices. Adult Social Care is already involved with, and helps to provide care to, a number of individuals with the homelessness services. This is focused on the accommodation services being part of the system of keeping people safe.
4. **How do we support vulnerable people who wish to continue taking drugs and alcohol?** All homelessness services are linked to drugs services and needle exchanges. All support workers are tier 2 trained (a contractual requirement). This means they can understand drug use and addictive behaviours, can identify individuals at risk, and can focus support on those who are likely to respond well to less intensive and specialist forms of help such as through the provision of advice, information and other forms of brief intervention. As part of a separate contract, there are services with 19 bedspaces for very heavy drinkers – including end of life support. This is largely focused on those problematic drinkers who have been identified through the homelessness services and/or the day centre.
5. **What do we do if people have multiple problems – but all below all the criteria ie some LD, alcohol, drugs, behaviour, risk of mate crime?** A collaborative assessment process operates in the city for complex individuals, and this works closely with other community safety casework services.
6. **Does age make a difference? It may be inappropriate for older people to be in a hostel setting.** As a city we try to ensure all people aged 60 and above are diverted away from the homelessness support services. These are identified at the day centre and by the Street Homeless Prevention Team, and are linked with our general housing services. As a result, Southampton has very few older people (60+ and above), in homelessness hostels/services. Adult Social Care and housing work together to provide more appropriate accommodation with support where required. Generally, this group does not respond well to residential care settings (entrenched behaviours can cause difficulties), so this option is rarely used.

7. **What is Adult Social Care's knowledge of identifying the risks of homelessness?** A Housing and Community Care Officer post and the new Single Point Access (SPA), ensures links are made with Housing/Homelessness colleagues. The risks are not only around the individual being homeless the support needed to find accommodation. Risk assessments and risks posed by those living in the accommodation also needs to be taken into account. For example, the risk of exploitation by others. Such risks are managed in line with policies and procedures.
8. **Knowledge of systems and links to housing support services?** The Housing and Community Care Office role is key. The links with the Street Homeless Prevention Team and Housing/Homelessness colleagues is also crucial.
9. **Links with homelessness from A&E discharge?** There is a housing discharge protocol, and the Hospital Discharge Bureau works to ensure appropriate discharges. We have very few older people (60+ and above), in homelessness hostels/services. ASC and housing work together to provide more appropriate accommodation with support where required. Adult Social Care and housing supported the development of the Two Saints project, Breathing Space.
10. **Is there expertise and training given from both sides to understand the issues?** Health and Adult Social Care work closely together to ensure there is a range of training provided in the city. This includes End of Life Care training, Tier 2 training, Safeguarding training (all agencies have their own induction processes). We regularly review the training available.
11. **What works well in the system to access homeless services and health?** The model of homelessness services is well known and comprehensive for a city of Southampton's size. It also links with other services, acting as a key signposting point, and ensuring there is consistency in approach to homeless people in the city.
12. **What barriers are there or doesn't work well?** As constituted, the model works well, but does accentuate the small group of "revolving door" individuals, already identified by the Panel. This group represents a significant challenge to the help available within settled accommodation. Within the model we have ensured there is a range of options that can be targeted at this group, including self contained and shared longer-term housing. However, the chaotic behaviours does create risks, including in helping individuals to maintain their tenancies. Some individuals have accessed residential care settings, but these have been found not to be suitable. We continue to seek longer term solutions, including looking at models outside of the city. One key aim is to ensure that these individuals are safe, as a minimum.
13. **Any issues around transition from children's to adults services?** Care leaver services are linked into our Young People Support Services, similar to the homelessness services, however, for this younger age group Housing Benefit restrictions apply from the age of 22 years old.

- 14. Homeless people not assessed on the street – but when in hostel they are no longer critical but those services are not geared up to provide care and the individual is still at high risk of becoming homeless as many are revolving door clients and not getting out of the cycle. Although funding is an issue what can ASC do to help vulnerable adults high cost adults from revolving?** It is very difficult to assess someone on the street, however, once a person has been identified, and they meet the criteria for ASC eligibility in the model of services it is now easier to identify individuals with care needs and help is offered and appropriate care/support is provided when individuals are in hostels. The need for care services is not necessarily exacerbated by being a rough sleeper. The key focus is always on helping someone to be safe, and the model of services is successful in meeting this aim. Within the homelessness sector is a fund for 'personalising' support – aimed at helping individuals to achieve move-on, support to gain employment or meaningful activities (where this is more appropriate). This fund is well used by the projects, and the positive outcomes for individuals are often significant.
- 15. What are the gaps in the system?** As above, the solutions for the group of revolving door clients remains an issue for the city.
- 16. What changes would support homeless people better?** Safeguarding and working with homeless services/agencies. Raising awareness with those who are homeless so that they identify their own vulnerability.

# **Southampton Local Delivery Unit Health Trainer Report**

**Quarter 3  
Oct – Dec 2013**

## **Executive Summary**

This report covers developments within the Probation Health Trainer service for the period October 2013 through to December 13. This is the third quarter of the new reporting year. During this review period extensive work has gone into developing the database. Within the report you will note there are still areas for improvement and a resource has been identified to continue with this development work.

Year to date we have achieved 192 referrals of the target of 300 referrals (64% of our yearly target).

As previously reported the team consists of one full-time and one part-time (0.6) member of staff. However the .6 member of staff has had a significant amount of sickness absence linked to her pregnancy during this quarter. As of the 27/11/13 she has been consistently off sick and is now classed as "long term sickness". This means during this quarter the team has been staffed with only one Health Trainer.

Recently I was involved in the recruitment of two part-time members of staff 0.6 and 0.5. A candidate was appointed for the 0.6 post and she is due to start employment at the beginning of February. Her post will focus on the accommodation and benefit needs of clients to help reduce the demand on the other health trainers. Unfortunately the 0.5 post was not filled. This post was to work the opposite hours of the current 0.6 member of staff but this now needs to be reconsidered due to her ongoing sickness.

The foods skills/poverty project which has been commissioned Health Champions Training (Ltd) has unfortunately made little progress during this quarter due to difficulties with finding a suitable venue. An Indicative costing has been provided regarding a Health Trainer attending the project.

Probation Health Trainers are now invited to the Community Health Trainer fortnightly team meetings. They are also able to access training, although at a cost.

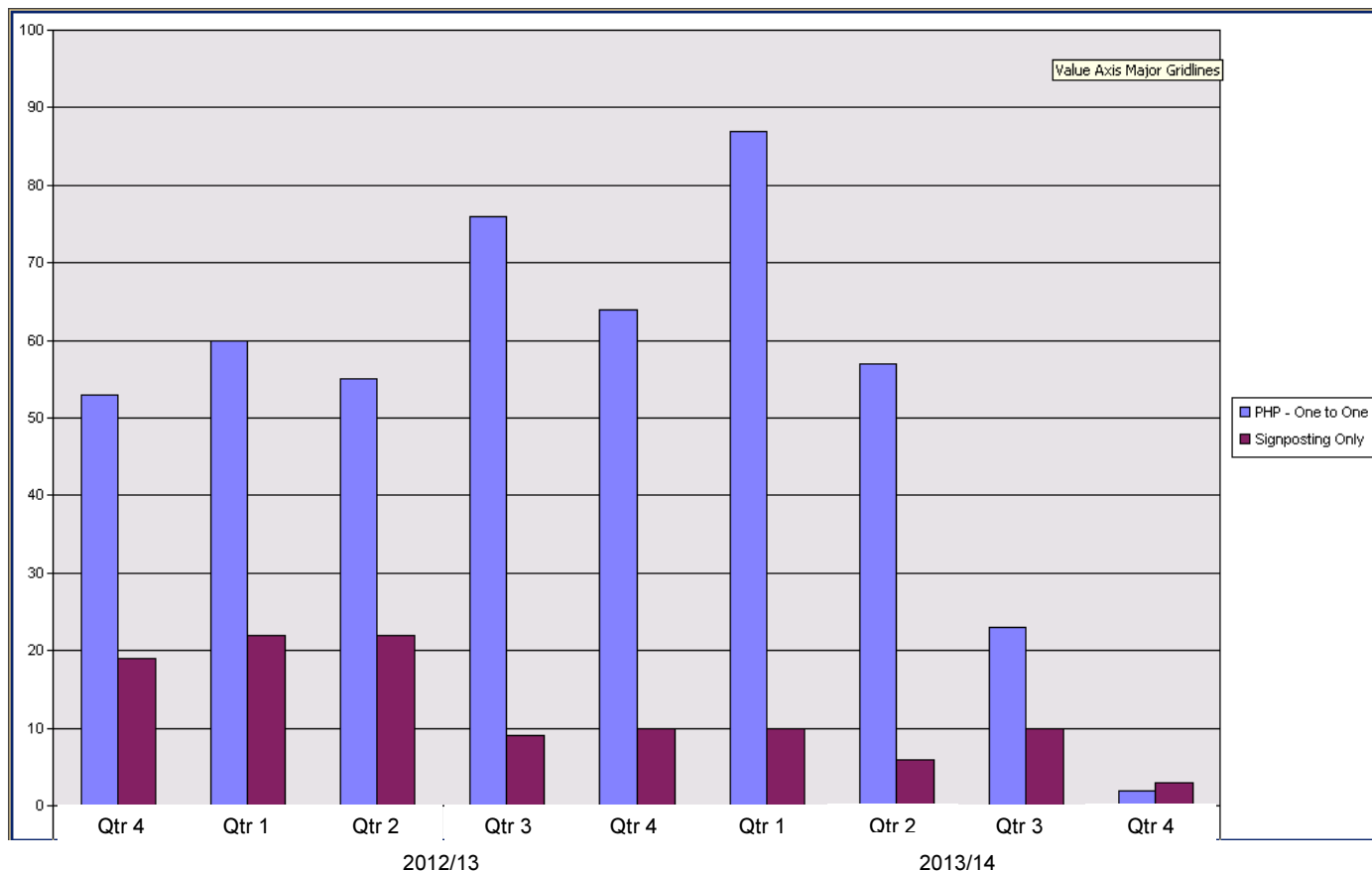
In respect of ensuring the correct referrals are being made to the health trainers, a re-launch of the service to the Town Quay Probation Office is planned for February. With a health trainer specifically appointed to take referrals relating to accommodation and benefits will mean the other health trainers can focus on more meaningful one-to-one sessions with clients.

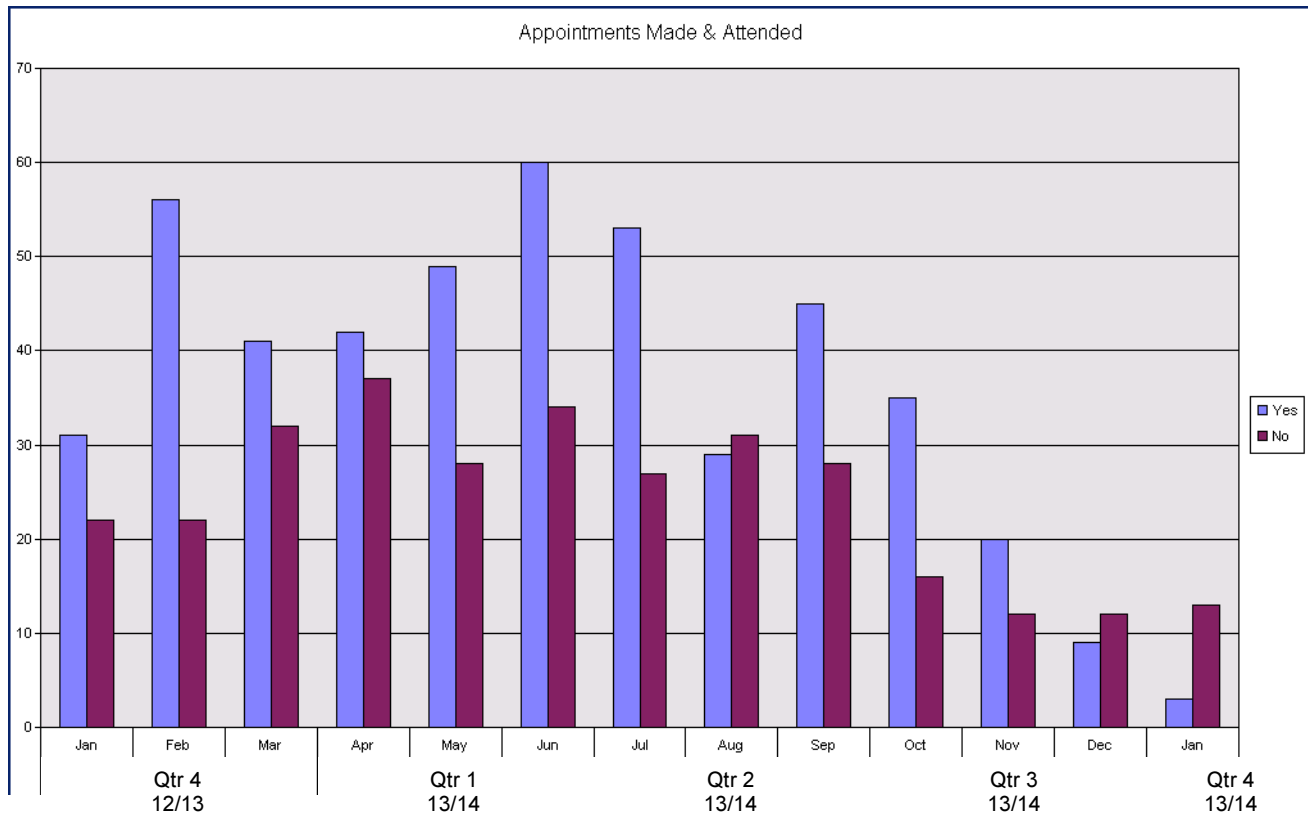
Amanda Pontin  
Senior Probation Officer

## Performance

During the period of the report there were 33 new referrals. Of the 33 referrals this quarter, 23 of those were one-to-one appointments and 10 were signposting. The signposting referrals have remained consistent within the last 4 quarters.

This is a significant reduction from previous quarters. The reason for this reduction is due to the team consisting of only one Health Trainer and having to filter the referrals and work with those deemed to have the most need. Where it was possible to signpost this has been done and would explain the increase in such referrals in this quarter.





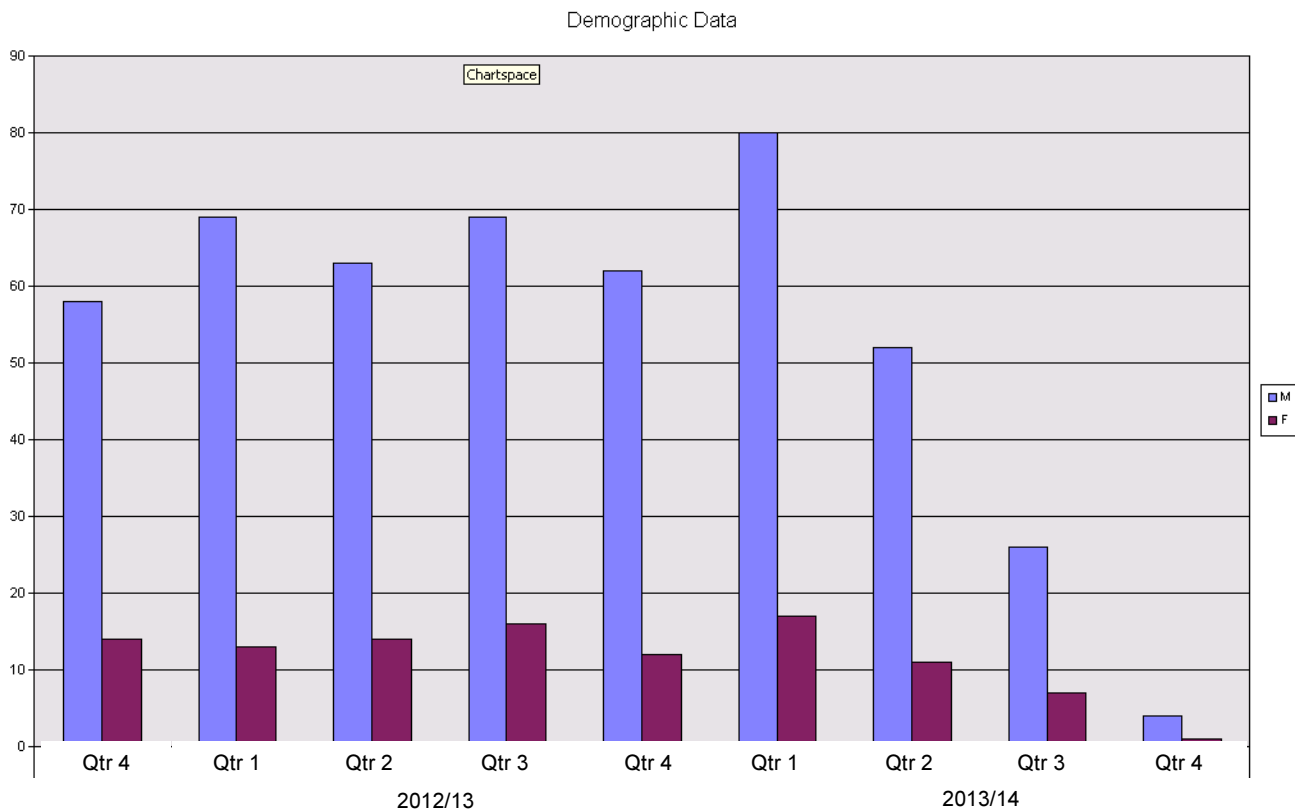
From the 33 referrals during Qtr 3, 104 separate appointments were made of which 64 were attended (61%). Despite there being a significant reduction in referrals, the percentage of appointments attended has increased by 4%. The chart clearly highlights that attendance at appointments gradually decreased during the months of November and December which is common with offenders when the weather deteriorates and other priorities are deemed more important, such as Christmas.

The annual target for helping offenders achieve health goals through one to one sessions is 300. Our year to date figure is 192 which is 64% of the yearly target.

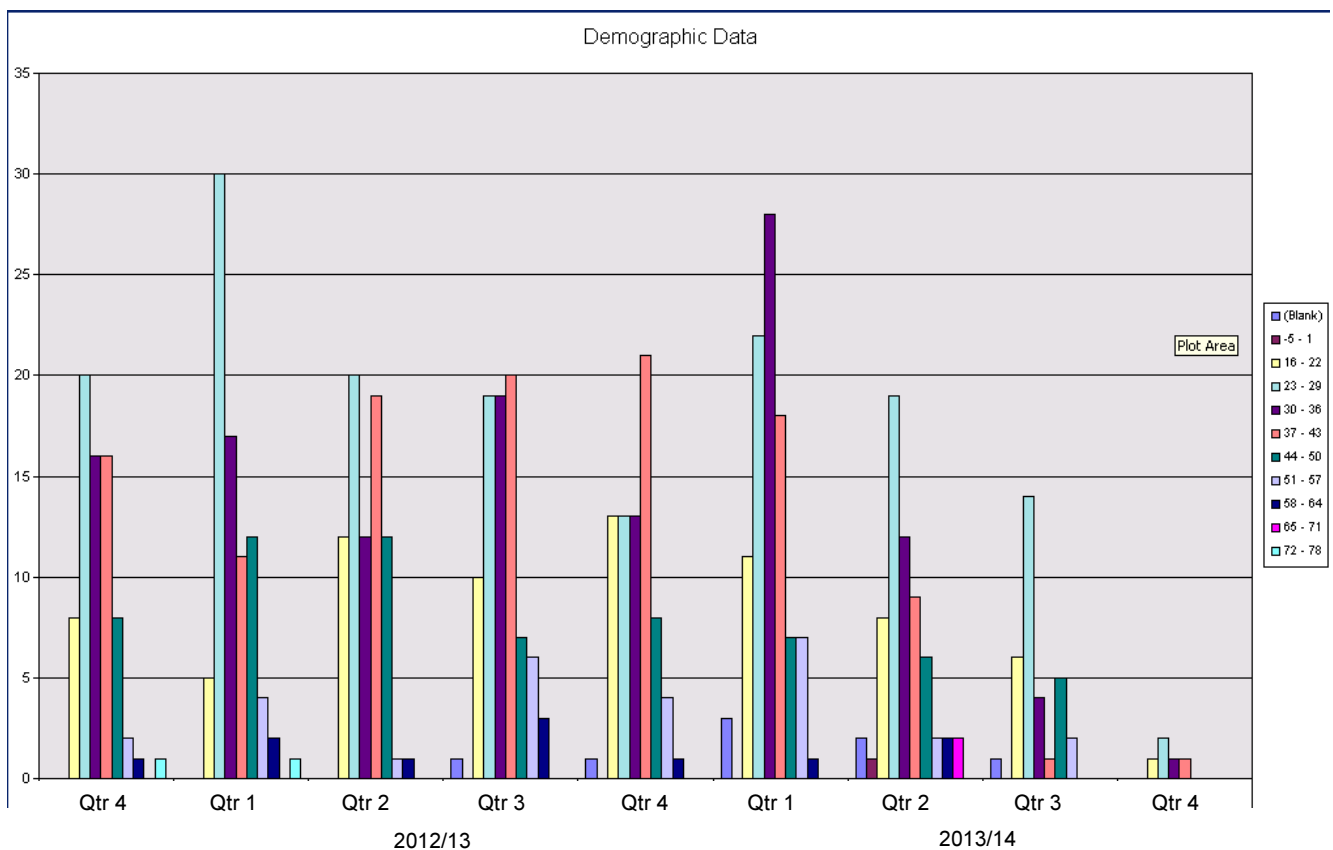
Client Demographics

During the reporting period the following Age, Gender, Ethnicity and Postcode information was collected:



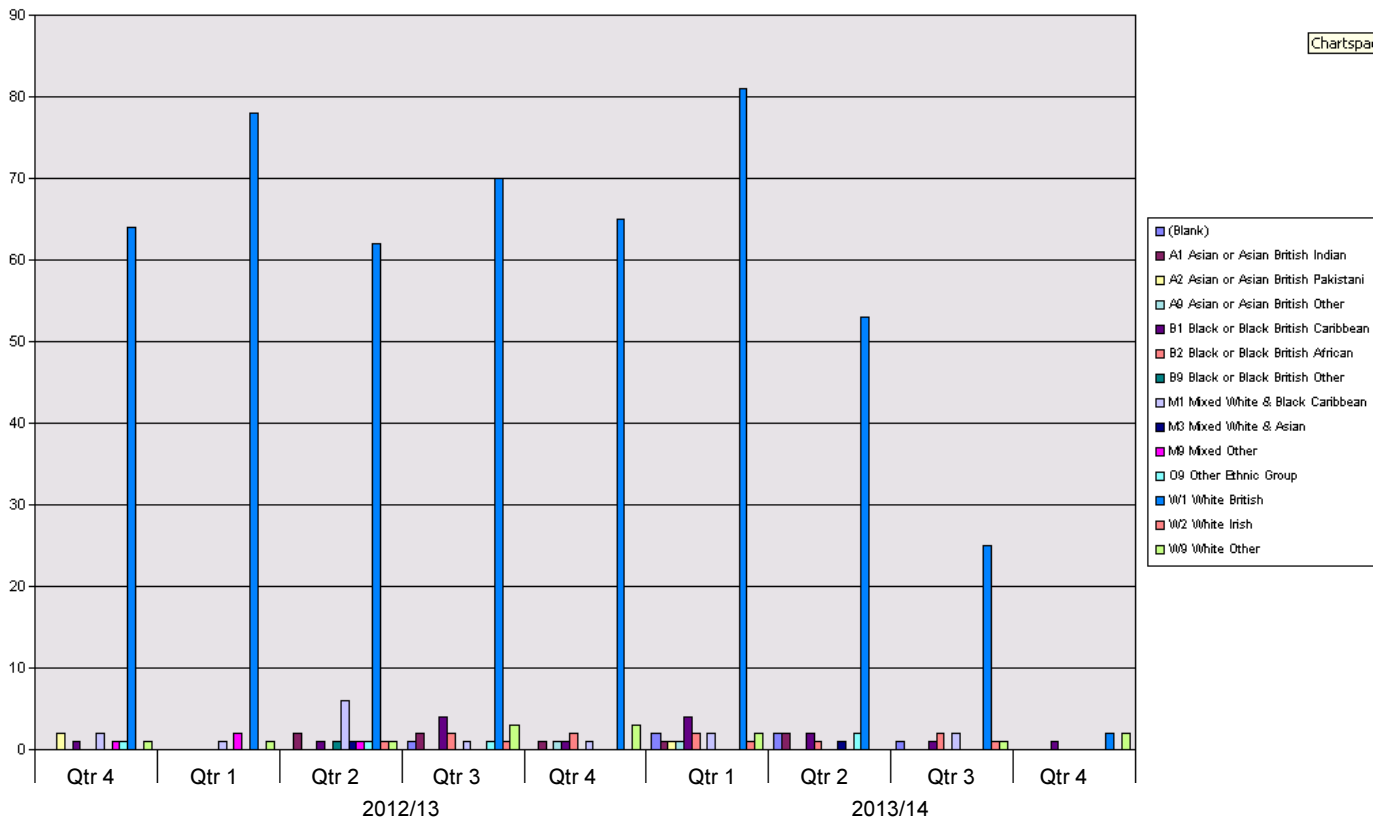


The gender split this quarter remains consistent with previous quarters with males being the main clientele at 79% of the referrals and 19% being female. The demographic profile for the City of Southampton records approximately 84% males and 16% females.



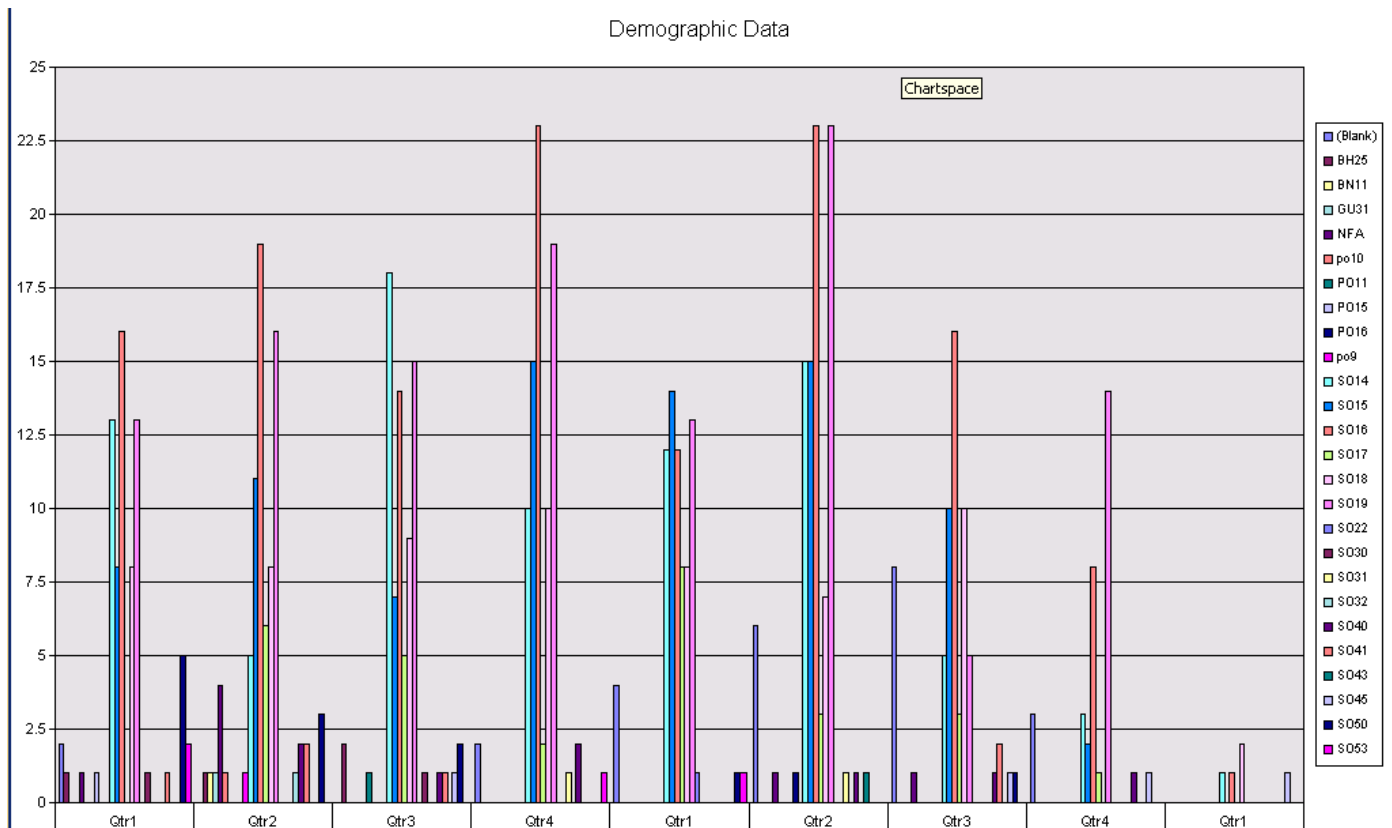
Age group trends remain consistent with the majority of referrals being within the age group of 23-29. This quarter there has been a decrease in referrals for 30-36 year olds, but an increase in the age group 44-50. However, over the year there is a consistent pattern of the main age groups being 26-34 and 35-49. These referrals are in line with the demographic profile for age group trends in the City of Southampton: approximately 35% for the age group 25-34 and 30% for the age group 35-49.

Demographic Data



The ethnic breakdown count for 2012/13 of ethnic groups represented on the HT caseload with white British making up the majority of referrals. The City of Southampton demographic profile for ethnicity confirms white British is the more prevalent ethnicity in the city at 76.35%.

Demographic Data

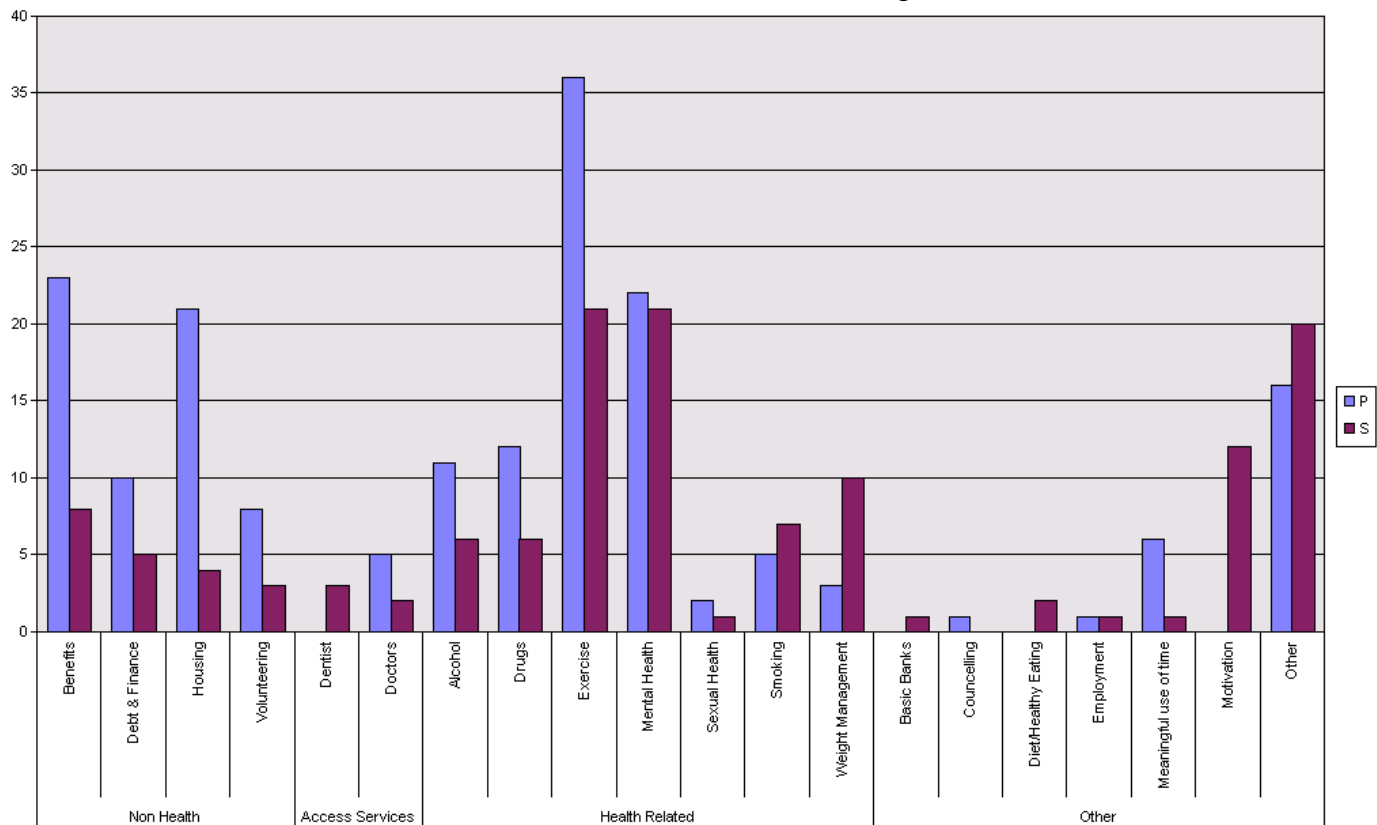


SO19 continues to generate the highest number of referrals at 25.27%. SO16 provides 22.65% and SO15 19.34%.

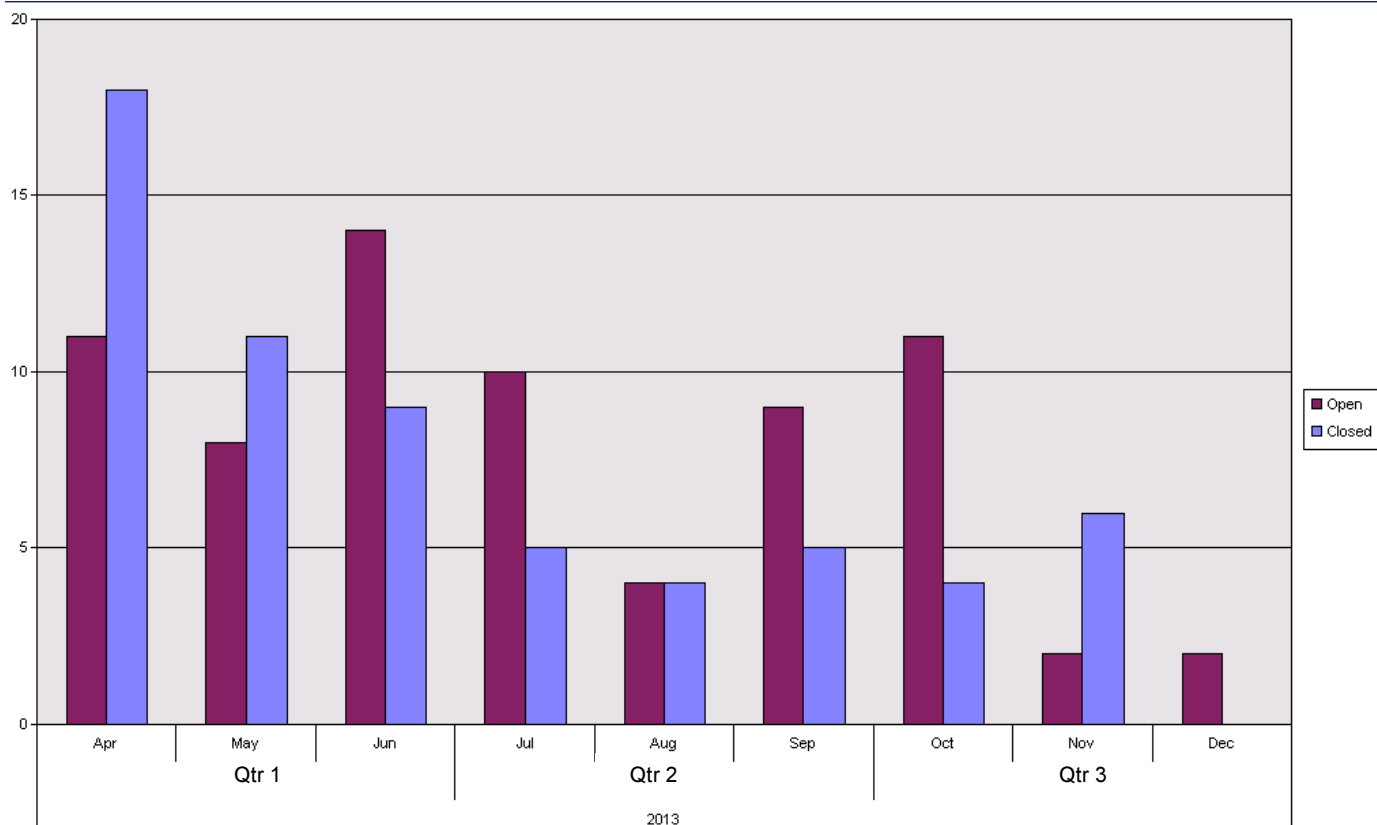
## Interventions

The following individual interventions were carried out during the period. Positively the focus this quarter has been on exercise and mental health where previously housing and benefits have been the main focus.

There are still entries being recorded under "other". What exactly these primary and secondary interventions are is unclear. I will have this information for our meeting.



The graph below shows the number of cases being opened each month compared with those being closed. There was a significant increase in the number of cases closed in November. This was due to the team reviewing their caseloads as referrals were reducing giving them time to review old cases and close those no longer engaging.

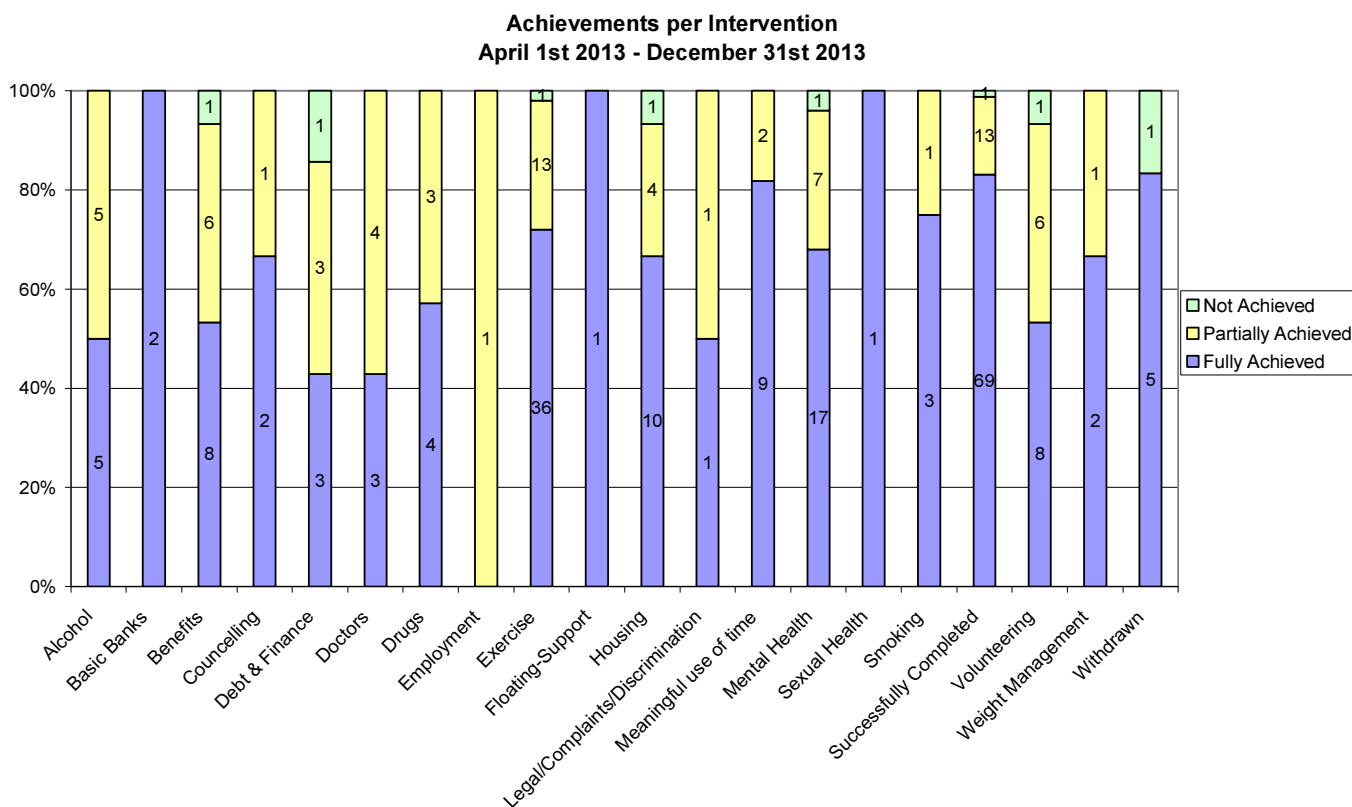


## Successful completions

Health trainers are recording a status of 'not achieved', 'partially achieved' or 'fully achieved' against every meeting/intervention they have with an individual rather than against the journey the individual takes with the health trainer. The current database does not enable the health trainers to record a status for an individual's whole journey rather than that individual interventions. The Graph below shows the percentage of each status against each meeting/intervention type.

It is comforting to note the main areas of health such as exercise, mental health, sexual health, smoking and weight management are being fully achieved.

The reference to 'successfully completed' is an error in recording that will be addressed during the next quarter. This is being used when a case finishes working with a health trainer and should not be within this intervention section.

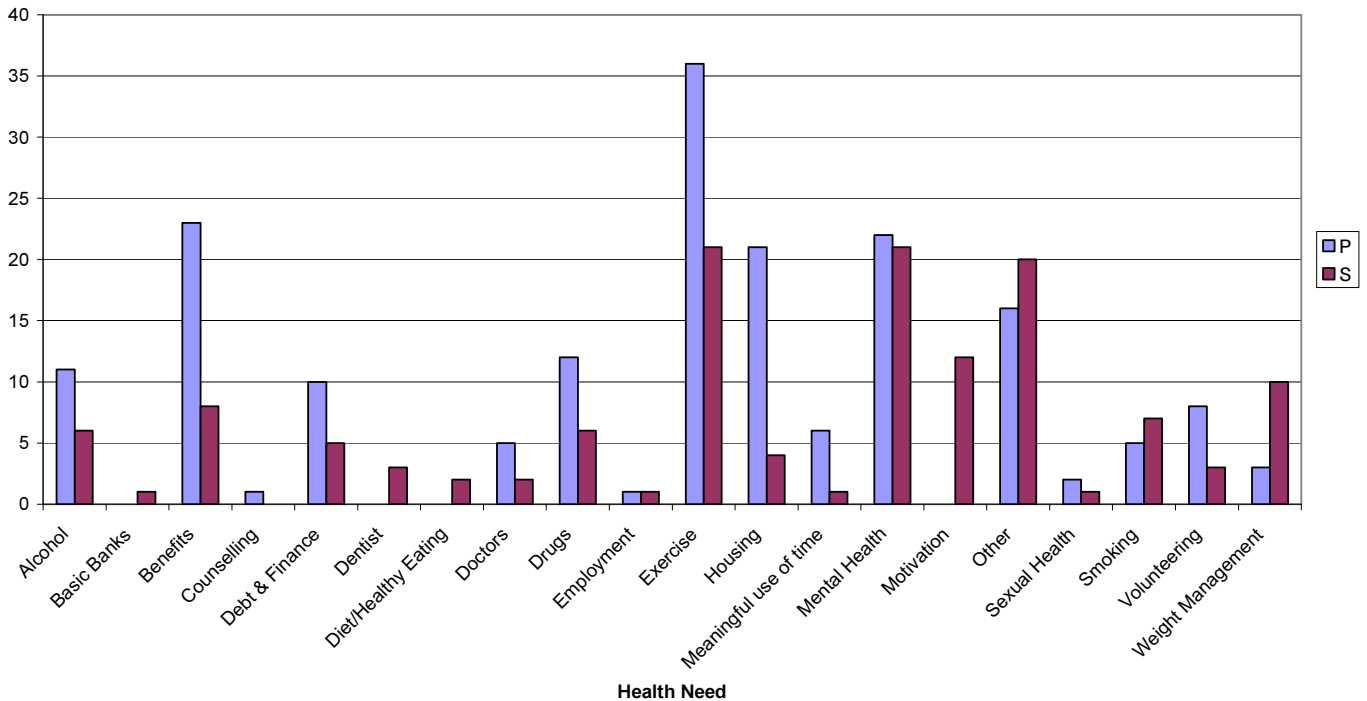


## Primary and Secondary Needs

The graph below looks at the primary and secondary needs of service users at the time of referral into the service. Exercise continues to be the main reason for referral.

As already stated above, further information is being collated to find out what primary and secondary needs are being recorded under "other".

**Primary & Secondary Needs  
April 2013 - December 2013**



**Outcomes Stars**

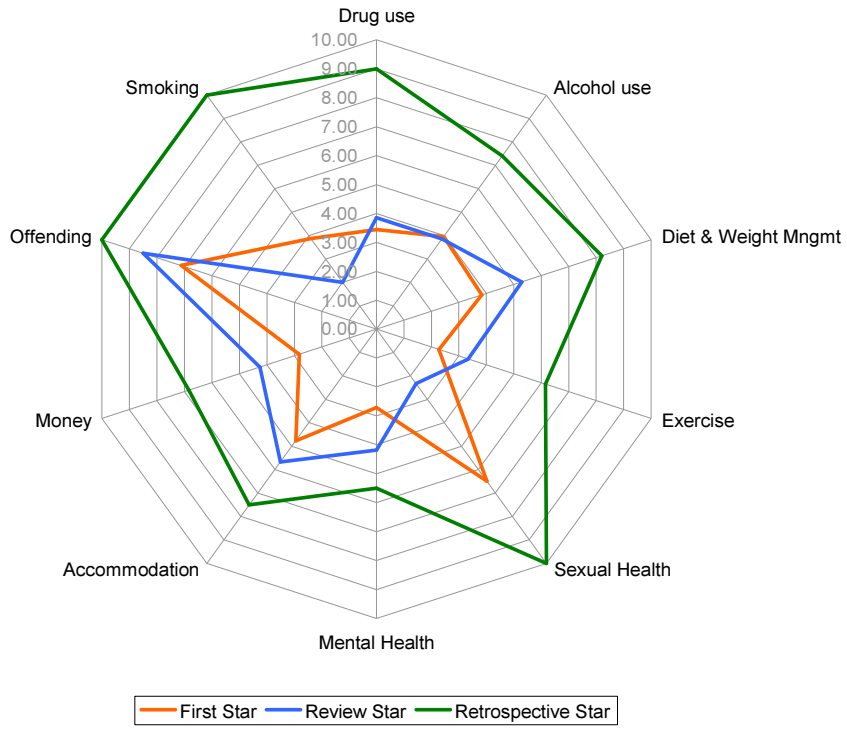
Since 1<sup>st</sup> January 2013 136 outcomes stars have been completed; 92 of those were classed as first stars; 29 were 'review' stars and 14 'retrospective' stars. The focus of the stars breaks down as follows:

	Drug use	Alcohol use	Diet & Weight Mngmt	Exercise	Sexual Health	Mental Health	Accommodation	Money	Offending	Smoking
<b>Total</b>	<b>27</b>	<b>35</b>	<b>30</b>	<b>60</b>	<b>10</b>	<b>59</b>	<b>51</b>	<b>50</b>	<b>44</b>	<b>21</b>
First	18	23	18	41	6	35	33	32	27	16
Review	7	7	7	12	3	16	12	12	10	4
Retrospective	2	5	5	7	1	8	6	6	7	1

The web graph below shows average outcome star score by review type and health need. It is encouraging to note that there is progress shown against mental health, accommodation, money, offending, diet & weight management and exercise. Further work needs to be done however as part of the launch to ensure the robustness of this information.

- 1-2 = Stuck
- 3-4 = Accepting help
- 5-6 = Believing
- 7-8 = Learning
- 9-10 = Self-reliance.

### Average score by review type and health need



### APPENDIX 6

#### WELFARE REFORMS: A SUMMARY.

##### **Background:**

The Welfare Reform Act (2012) represents the biggest change to the welfare benefit system in 60 years. These changes have been designed to create a simpler and fairer system and encourage more claimants into employment by making work pay. The changes effect mainly working age claimants (in-work and out-of- work) and cover a whole spectrum of welfare and housing benefit changes, paving the way for the introduction of Universal Credit in 2017.

The Southampton Homelessness Prevention Strategy 2013/18 predicts these reforms – and the effect they will have on individuals – will be the single biggest challenge to preventing and tackling homelessness over the coming years. The combination of more claimants actively seeking work, looking to reduce the size and/or cost of their accommodation, whilst seeing their income from benefits reduced, may lead to increased levels of homelessness.

##### **Summary of the Welfare Reforms:**

A number of welfare reforms have been implemented since 2011 and the programme continues through to 2017 when the roll out of Universal Credit is scheduled to be fully implemented.

The reforms can be grouped into four broad categories:

- Reforms only affecting those in work, particularly changes to Tax Credits and the elements within this to support low income households (Working Tax Credit and Child Tax Credit).
- Reforms targeting those claiming benefits for a health condition or disability, particularly the removal of contributory ESA (Employment and Support Allowance) from most of those claiming for more than a year and the replacement of DLA (Disability Living Allowance) with PIP (Personal Independence Payment).
- Housing Benefit Reforms - affecting those in work and out of work – including Local Housing Allowance, Benefit Cap and the social sector size criteria ('spare room subsidy'/ 'bedroom tax').
- Other Reforms - affecting those in work and out of work – including changes to Council Tax Benefit, up-rating of benefits by 1% instead of inflation and changes to non-dependant deductions.

There are data limitations around claimant information which mean analysis of the cumulative impact of the reforms on households with particular characteristics is not possible but available evidence suggests that

households with a disabled person and larger families are some of the 'hardest hit'.

### Local Impacts of Welfare Reforms in Southampton:

The programme of reforms has been underway since 2011. Baseline data is now collated across departments to capture and track the impact of welfare reforms. A range of local and national data has been used to predict and used to develop partnership work and effective targeting of support.

The cumulative impact of housing benefit reform during 2011/12 was estimated to take £2 million per annum out of the local economy, much of it paid to local landlords.

### Housing Benefit Reforms 2011/12:

Housing Benefit Reforms 2011/12	Number of Claimants affected	Average weekly reduction per claimant	Estimated Annual reduction in HB payments (full year)
Removal of LHA excess payments above rent level	325	£9.42	£159,200
Restricting LHA rates to 4 bedroom level	46	£95.04	£227,300
Reducing LHA rates from median in range of rents to 30 <sup>th</sup> point	4564	£7.30	£1,732,500
Increasing non dependant charges	557	£6.99	£202,500
<b>Total</b>			<b>£2,321,500</b>

### Key Changes April 2013:

Change	Description	Number of Claimants/ Households Affected April
<b>Benefit Cap</b>	Max £500 per week - family Max £350 per week – single person	168 households (some affected by more than £300 per week)
<b>Social Sector Size Criteria</b>	Entitlement reduced by 14% or 25% (one or two bedrooms) for under-occupation	1,992 Housing Benefit Claimants (1,442 Council Tenants and 550 Social Sector)
<b>Council Tax Benefit</b>	Localisation of Council Tax Benefit	15,000 households. Average £3.67 per week
<b>Social Fund</b>	Localisation of the of the discretionary elements of the Social Fund - Crisis Loans and Community Care Grants	In 2011/12, 820 Community Care Grants and 4,430 Crisis Loans were awarded to residents in Southampton.



## Estimated Local Impacts of Key Reforms 2015/2016: Southampton

The table below gives an overview of the estimated impact on Southampton for 2015/16 based in the LGA 'local impact model'. In total, it predicts an overall financial impact of £53 Million, affecting 34,157 households with an average loss of £1,551 per year.

Welfare Reform Impact (not including Universal Credit)		HB LHA	Social sector size criteria	Non-dependent deductions	CTB	Tax Credits	DLA	1% up rating	ESA Time Limit	Benefit cap
Total	Numbers affected	6,500	2,004	1,278	15,400	23,900	7,690	34,157	2,144	202
	Overall impact (£m)	7.4	1.3	0.6	1.8	20.0	5.4	10.8	4.9	0.7
	Average loss (£/affected)	1,132	670	498	120	838	708	315	2,286	3,304
Employed	Numbers affected	2,608	424	358	5,236	17,900	692	20,818	609	N/A
	Overall impact (£m)	2.7	0.2	0.2	0.6	20.9	0.5	4.3	1.4	N/A
	Average loss (£/affected)	1,032	507	498	120	1,167	708	206	2,286	N/A
Not employed	Numbers affected	3,892	1,580	920	10,164	6,000	6,998	13,338	1,535	202
	Overall impact (£m)	4.7	1.1	0.5	1.2	-0.9	5.0	6.5	3.5	0.7
	Average loss (£/affected)	1,200	713	498	120	-147	708	485	2,286	3,304

### Estimated Local Impacts of Key Reforms: How we compare with other cities.

The table below provides a summary of the overall predicted impacts on some of the core cities for 2015/16.

	TOTAL				EMPLOYED			NOT EMPLOYED		
	Numbers affected	Overall impact (£m reduction)	Average loss (£/year)	Average loss: rank	Numbers affected	Overall impact (£m reduction)	Average loss (£/year)	Numbers affected	Overall impact (£m reduction)	Average loss (£/year)
<b>Southampton</b>	34,157	53	1,551	143	20,818	30.8	1,479	13,338	22	1,664
<b>Portsmouth</b>	29,344	45.2	1,540	160	17,760	26.4	1,486	11,583	19	1,622
<b>Liverpool</b>	97,144	154.5	1,591	110	50,488	71.9	1,424	46,655	83	1,771
<b>Sheffield</b>	82,845	123.9	1,495	220	48,417	71.7	1,482	34,428	52	1,514
<b>Bristol</b>	63,335	90.1	1,422	306	35,576	48.2	1,354	27,759	42	1,510
<b>Leeds</b>	110,440	171	1,548	146	63,982	98.2	1,534	46,458	72.8	1,567
<b>Newcastle</b>	45,092	68.5	1,519	188	24,667	36	1,459	20,424	32.5	1,591

## APPENDIX 7

### **DWP Information Paper Homelessness**

#### **Current DWP strategies during rollout of Welfare reform changes:**

DWP is supporting the Local Authority establish the Local Support Services Framework to enhance the effective mapping of available provision within Southampton including digital inclusion, financial/debt management, and triage.

DWP works collaboratively in Southampton actively participating in Connect, the Welfare Reform Group, anti poverty meetings, Southampton Skills Development Zone and with a range of other Partnership organisations to maximise opportunities for homeless claimants.

DWP is developing models of cross organisational working e.g. working with Homeless Link in a forthcoming event to facilitate direct contact between frontline homelessness support workers and JCP frontline coaches to engender greater understanding and more collaborative working.

DWP is undertaking Claimant Commitment presentations to frontline support workers to enable them to support homeless clients to meet conditionality rules, thereby reducing the use of sanctions. There will be greater focus on diagnosing individual needs and providing an appropriate level of support.

DWP is strengthening the relationship between Voluntary and Community Sector key-workers and Jobcentre Plus Work Coaches generally through input to Claimant Commitment to consider how any homeless claimant's situation affects the steps that are reasonable for them to take to find work.

DWP believes we can do more to help tackle the challenging circumstances faced by some homeless claimants, particularly those who have experienced rough-sleeping. Consequently we will be introducing changes that give our Work Coaches the scope to treat some homeless claimants as available for and actively seeking work for a temporary period while they focus on finding accommodation. Allowing these homeless claimants time to focus on finding sustainable living accommodation is an appropriate and reasonable step towards the stability that will better enable them to find work in the future. We expect to implement this change later in the year following the introduction of amended legislation.

## **Support provided by Jobcentre Work Coaches:**

The role of a Jobcentre Work Coach is to provide advice and help related to the receipt of the correct benefits, jobs, training and to help the jobseeker into work by breaking the cycle of no job, no home: no home, no job.

Jobcentre Work Coaches familiarise themselves with details of their Local Authority housing team and the process for signposting appropriate claimants to them for assistance.

Within the Department for Work and Pensions (DWP) a homeless person is defined as any individual a Jobcentre Work Coach identifies as disadvantaged by the lack of accommodation or where the claimant perceives that their lack of permanent accommodation is a barrier to employment or training. The Person With out Accommodation (PWA) marker is set on our computer systems for these claimants so homeless claimants can be identified and support targeted.

Whilst homeless people may have some common problems each person is treated as an individual case. The difficulties which the individual faces will vary depending on their housing circumstances and any other personal problems they may have, for example, drug and alcohol misuse, a background in offending, behavioural problems, mental health issues etc.

People sleeping rough and those in insecure accommodation face severe barriers to employment. They can spend much of their time concentrating on survival so searching for a job can be a problem.

When a claimant with one or more of these barriers to work is identified by a Jobcentre Work Coach they are referred to available appropriate provision.

Work Coaches identify appropriate provision that focuses on the needs of ex-offenders/offenders, homeless and drug/alcohol misusers in Southampton and consider the best option for the individual. Get Britain Working measures as well as specialist providers provide support to help claimants prepare for, and find, work.

Jobcentre Work Coaches are not equipped to counsel homeless people or take on the role of a Social Worker. However, having an insight into some of the problems homeless people face might assist with building rapport, showing understanding/empathy and result in the claimant's self disclosure or the identification of an individual's circumstances and barriers to work.

Because their circumstances are compounded by other problems, homeless people are instantly at a disadvantage in the labour market.

Rough sleepers may find it difficult to look clean and presentable. This can discourage potential employers and may also deter jobseekers from applying for jobs.

Homeless people could also well be suffering from one or more of the following:

- Cold
- Hunger
- Depression
- Poor diet
- Ill health
- Loneliness
- Frustration
- Embarrassment at their predicament
- A feeling of isolation
- Stress, and
- Lack of sleep.

The lack of security, privacy and a place to go are likely to have a serious effect on self esteem, morale and motivation.

A homeless person's priorities will be:

- Finding a place to sleep
- Keeping warm, and
- Getting a hot meal.

Addresses for temporary bed and breakfast accommodation may be well known to Jobcentre Work Coaches and may help in identifying a homeless person. Hostel addresses are checked through the Homeless Link database

Once their homeless status has been identified, any advice offered by a Jobcentre Work Coach to a claimant will depend on what the individual and their Work Coach considers to be a barrier to work and the specific factors affecting their job search.

Andrew Sherman

DWP Partnership Manager

Greater Wessex District.

## **CURRENT GUIDANCE FOR DWP WORK COACHES**

This guidance is used when constructing a Claimant Commitment for a homeless person in terms of what they are required to do to look for work. There is some easement currently available under the domestic emergency guidance which I have also included.

There are proposed changes to legislation, that will give DWP Work Coaches the scope to treat some homeless claimants as available for and actively seeking work for a temporary period while they focus on finding accommodation.

This would go beyond the scope of the current easement under the domestic emergency guidance below.

### **Claimants with no living accommodation:**

If a claimant has no living accommodation, or is living in temporary accommodation, it may be difficult for them to be contacted by anyone offering employment or help in obtaining employment. They may also need to spend much of their time searching for accommodation.

220. Take both these factors into account when considering what steps it is reasonable for a claimant without accommodation to take in a week. The JSAg/CC will need to be varied once accommodation is found.

221. A claimant who is newly homeless may benefit from an easement from the conditionality requirements under the domestic emergency provision in order to find accommodation. It is less likely that a long term or habitually homeless claimant will be able to benefit from the domestic emergency easement as for them, being without anywhere to live may not necessarily be classed as a domestic emergency. However, each case should be considered on its own merits.

222. If the claimant does not wish to avail themselves of the domestic emergency provision or it is not appropriate, they must still be available for and actively seeking employment. Being homeless may limit the actions a claimant can take but they could still search for work.

223. However, the fact that they will be seeking accommodation as well as seeking work should be taken into account. Depending on the individual circumstances of each claimant, it may be reasonable to allow priority to be given to their search for a home over their search for a job at least at the start of their claim or period of homelessness.

## **Domestic Emergency**

60. Claimants can be treated as available for employment for up to a week at a time, for a maximum of 4 times in a year. The periods can run consecutively if appropriate

61. For some claimants, becoming homeless could be classed as a domestic emergency and consideration should be given to extending a conditionality easement in these circumstances.

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# Agenda Item 6

Appendix 8

## APPENDIX 8

### **HOMELESS REPORT: EMERGENCY DEPARTMENT / VULNERABLE ADULT SUPPORT TEAM**

#### **Introduction**

The Emergency Department (ED) at Southampton General Hospital manages the care of about 280-320 patients a day. Some of these patients will be either homeless or living within insecure housing situations. ED staff aim to identify and manage psychosocial problems, alongside the delivery of physical healthcare, but this can be complex and time consuming, and is complicated by the rapid turnaround of the emergency workforce (for example, junior doctors rotate every 4 months). Basic mechanisms have been put in place to support staff, including a webpage with information about local homeless services and patient information leaflets. To provide a more comprehensive intervention for vulnerable patients, including the homeless, the ED has introduced a Vulnerable Adult Support Team, which is made up of highly trained AFC Band 3 staff.

#### **Preparation of Full Homelessness Report**

The Consultant Nurse Emergency Care (Vulnerable Adults) and Vulnerable Adult Project Worker are preparing a report which will provide a comprehensive profile of patients who have been identified as homeless and have been managed by the VAST in Quarters 2-4 of the current financial year. This will be submitted to the Southampton City Council health inquiry into homelessness by 04 April 2014. This provisional report gives an outline of the service provided to homeless people by the ED/VAST team and provides some provisional findings from audit of attendances during Q2-4.

#### **Identification of Homeless Patients for Audit**

Comprehensive audit of homelessness from the ED electronic patient management system – Symphony – is currently not possible. Patients who declare themselves to be of No Fixed Abode (NFA) at registration can be identified by a unique post code and those who live in homeless hostels can also be identified by their address. However, many patients who are identified as homeless by ED clinicians and/or vulnerable adult support workers (VASW) have been registered with a private address. For example in a sample of 30 patients seen by a VASW for a homelessness intervention, 47% (n=14) were registered with a private address.

We do not have a policy for identifying patients who are homeless. In the context of a fast-paced emergency department, where efficient patient flow is crucial to maintain safe patient outcomes, it would not be possible to introduce a screening tool for homelessness.

Therefore, this provisional report focuses on patients seen by members of the Vulnerable Adult Support Team (VAST).

#### **Vulnerable Adult Support Team (VAST)**

Since the introduction of VAST to the ED in May 2012, 219 patients who have disclosed that they are street homeless, or at risk of street homelessness, have been managed by a VASW. Of the 219 people assessed, 199 of them had complex needs surrounding their homelessness – including mental health problems, substance misuse, and victims of abuse.

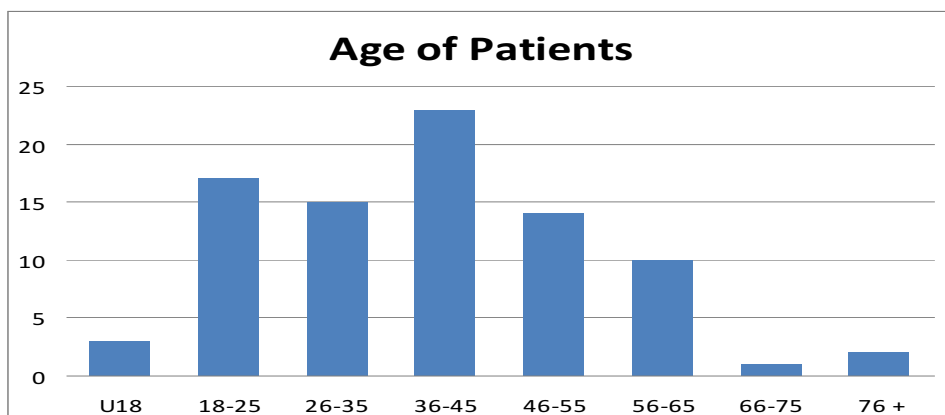
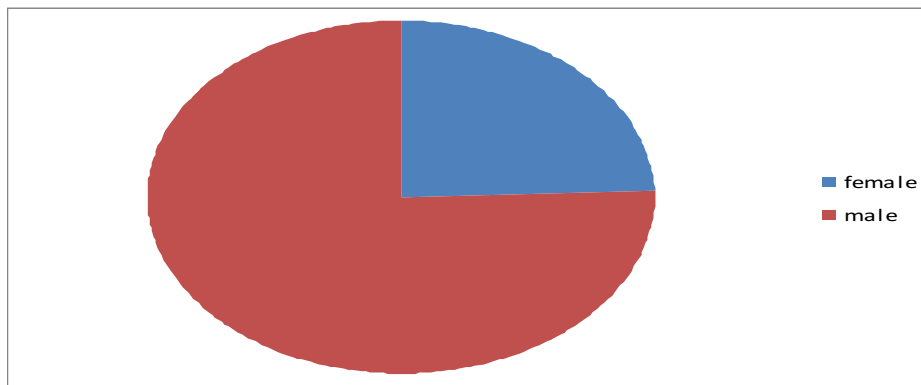
The VAST has been able to offer and, with patient consent provide, risk management for alcohol and/or drug misuse, and domestic abuse (as well as a wide range of other adult vulnerabilities) whilst providing an intervention for the homelessness. The interventions include liaison with care coordinators (if already open to services), information giving, and referral to community services. The team also has responsibility for safeguarding referrals, including raising concerns about the impact on children of parental psychosocial issues.

The team’s input, in collaboration with ED clinical staff and community partners, meant that nearly all of the 219 patients were offered access to community homeless services and other services relevant to their individual circumstance. The team is funded from 1400-2200, seven days a week. Homeless patients who attend outside of these core hours are unlikely to receive such a comprehensive service.

**Collaboration with Community Partners**

VAST works in close liaison with the Cranbury Avenue Day Centre, Street Homeless Prevention Team (SHPT), Homeless Healthcare Team (HHCT), Patrick House and No Limits to provide a robust referral pathway for homeless patients. They also liaise with women’s refuges, homelessness teams within appropriate council offices, and hostels that provide services for patients living in other parts of Hampshire. They work closely with services that manage some of the issues that may cause homelessness, including service providers for substance misuse, domestic abuse and mental health.

**Basic Profile of Homeless Patients Seen by VAST**

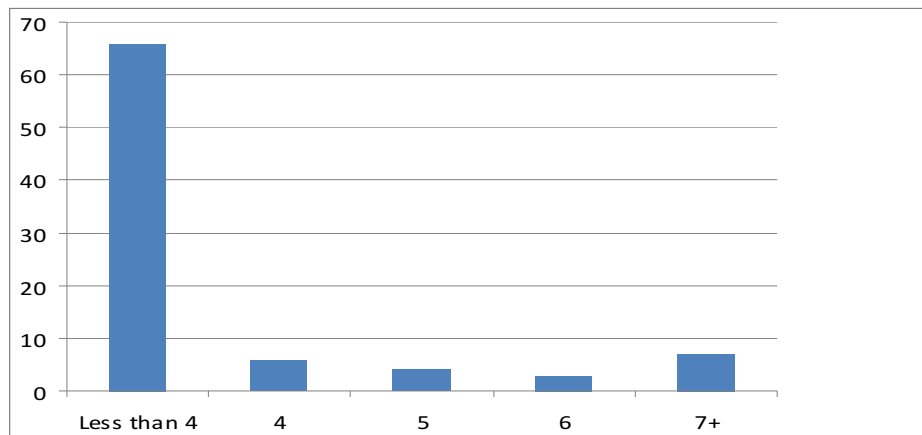


**Frequent Attendance**

A number of homeless patients have become frequent attendees, usually because either

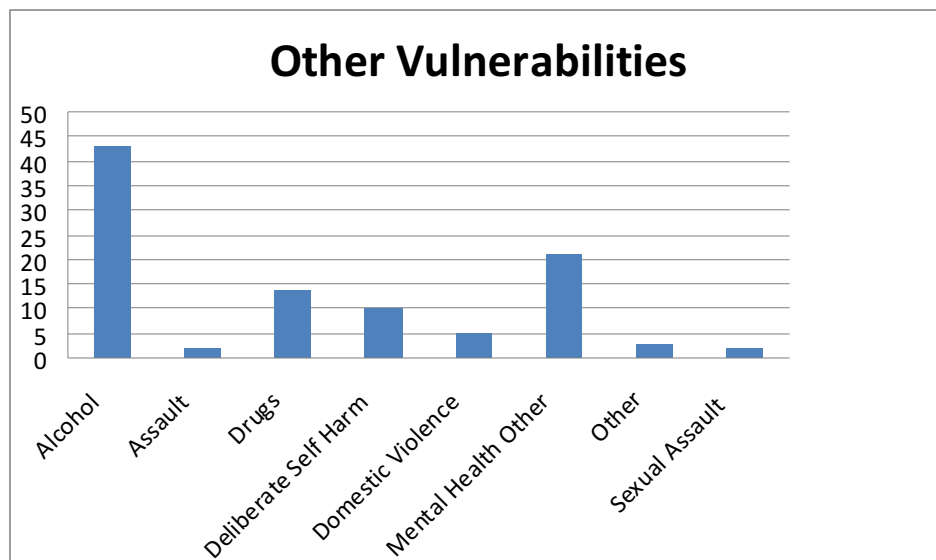
they declined referral to community services or chose not to engage with those services once discharged. Comprehensive data will be provided in the full report. To give an impression of the scale of frequent attendance, the following chart demonstrates the number of visits in the 3 months prior to VAST intervention.

**Number of ED attendances in 3 Months Prior to VAST Intervention**



**Complex Presentations**

As outlined above, the homeless patients who attend ED have a high level of complexity. Often two or more vulnerabilities are identified. The data presented in the following chart is likely to be a slight under-representation of additional vulnerabilities. In the full report, we will have enriched accuracy of reporting, through a clinical notes review.



**Difficulties Encountered**

Members of VAST have found that it is much harder to facilitate access to homeless services for the following patient groups:

- Patients who are declared medically fit for discharge outside of working hours. It is not uncommon for VAST to find that there is no hostel accommodation available out of hours, as all beds (including emergency beds) at Patrick House are often full. In these circumstances, VAST may request that a patient is admitted to the Clinical Decision Unit (CDU) overnight, so they can be referred to appropriate services in the

morning.

- Young people aged 18-24 years – a panel sits once a week to consider applications for hostel accommodation for young people; it is almost impossible to access same day hostel accommodation, as all applications have to be reviewed by this panel. There is an understandable reluctance to place young people in Patrick House and no emergency beds elsewhere
- Older adults aged about 60 years and above – older people are not placed in Patrick House. If they do not require residential or nursing home care – there does not seem to be a clear system in place to support emergency housing needs of older people
- People who have no recourse to public funds (usually from Eastern Europe) may not be eligible to any form of hostel accommodation as they are not in receipt of the benefits required to fund their accommodation.
- People whose behaviour has caused them to be banned from hostel accommodation
- Dependant drinkers who struggle to care for themselves with regard to activities of daily living (eg incontinence) – we have had patients who do not need acute hospital admission but, due to their diminished capacity to care for self and/or self neglect, cannot be safely managed in a hostel without a care package in place. For working age adults it seems to take a while to source funding.
- Patients with acute mental health problems, including self harm - we sometimes see patients who have self harmed in response to their psychosocial circumstance, including their homelessness. The hostels may be reluctant to accommodate them if there is an ongoing risk of self harm.
- People who live on the outskirts of Southampton - Eastleigh Parishes, Romsey, New Forest - as there is only one hostel in Winchester, which covers a large geographical area. Often we cannot pre-book a bed (first come, first served system) and so it feels risky sending them to Winchester, if there is no guarantee of a bed
- Alcohol dependant patients who live within the catchment area of the hostel in Winchester, are in a difficult situation, as alcohol is banned in the hostel. With no access to alcohol, they are at risk of alcohol withdrawal.

### **Suggestions for Improvement of Service Provision for Homeless Patients**

1. Expansion of the hours of the VAST to at least 0800-2200, so more patients can be offered a comprehensive intervention for homelessness when they attend ED.
2. An increase in the number of emergency beds available to accommodate people who are fit for discharge from hospital, particularly those who can be discharged out of hours.
3. Same day access to emergency beds in hostels for young people.
4. Clear pathway for referral of older adults who are homeless but do not otherwise need health or social care.
5. Continued funding to provide services for people with alcohol, drug and mental health problems, including specialist service for 'dual diagnosis' clients.
6. Clearer / faster pathways for gaining care packages for the severely dependant alcoholics of working age who, because of their alcohol misuse, cannot safely care for themselves.

Sarah Charters  
Consultant Nurse Emergency Care (Vulnerable Adults)  
14 Mar 14



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## **MATERNITY HOMELESSNESS CASE STUDIES**

### **CASE 1**

Alison. 31 years old lives in a multi-occupancy house with five others. Top floor room. Partner lives on the other side of the city and is the sole carer for his elderly grandparent reliant on benefits.. Volatile on/off relationship. Alison works as a clearer earning minimum wage. Alison's mother lives in Southampton in one bedroom flat and is about to remarry. Alison does not get on with either her mother or her new partner and they are little support. Brother lives in Oxford.

Alison suffers from selective mutism which likely stems from her traumatic childhood which makes communication very challenging.

Alison does not feel safe in her flat and says that there are drug users renting other rooms in the house. Following an altercation between her boyfriend and someone else in the house a window was broken and Alison now faces eviction unless she repairs the damage but has no funds to do so.

Health Visitor and midwife agree this is totally unsuitable environment for mother and new baby. Alison and baby eventually placed with foster mother in New Forest for 6 months.

### **CASE 2**

Kelly. 22 years old lives in Housing Association flat supported by social care and learning disability team. This is Kelly's second baby, the first removed as Kelly mixing with undesirable influences. No family support and only current support is the father of the who is an alcoholic. Kelly aware that she will not be able to keep this baby unless she disassociates herself from him,

Planning meeting at 38 weeks pregnant around housing as Kelly cannot take a baby back to her flat as it would be in breach of the terms of her lease. Alternative housing eventually found 5 days after the birth in a mother and baby unit.

### **CASE 3**

Anna. 35 years old unbooked until very late in pregnancy. Sex worker and heroin user. Currently residing in boyfriend's flat which is squalid in the extreme. No home of her own. Supported by 3D project and local Church. No family support. Previous child aged 16 removed at birth.

Ambulance crew who picked Anna up to bring her into hospital for birth reported the squalid state of the flat.

Baby placed in foster care and Anna discharged from hospital 4 days after birth back to boyfriend's address.

### **CASE 4**

Leah. 20 years old. Known to maternity services following birth of her first child, which was born in a local known drug den and removed at birth. Leah reported to be pregnant again by local street pastors and living in a skip behind Debenhams with her partner. Unable to locate to offer care and eventually found to be in Prison. On release from prison back on the streets and eventually presented for care when in labour. Baby removed. Self discharged.



## APPENDIX 10

### Southampton City Council

### A Psychological Approach to Homelessness: Research at the University of Southampton

Dr Nick Maguire

Senior Lecturer in Clinical Psychology, University of Southampton

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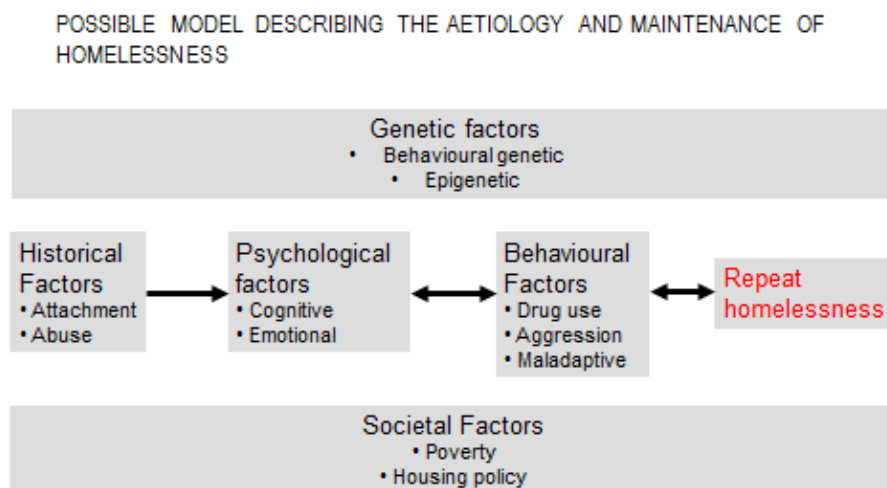
#### Introduction

Homelessness in all its forms continues to blight our 21<sup>st</sup> Century, post-industrial society. The last national rough sleeping snapshot figures published by Communities and Local Government (Autumn 2013) indicated that 2414 people were sleeping on the streets of England. This is likely to be an underestimate. There are around 40,000 hostel bed spaces at any one time in England, giving a measure of the total single homeless population (but excluding homeless families).

Figures released by Crisis in 2013 give an indication of the chronic health problems and early death rates of rough sleepers. They cite the mode age of death as being 44, the mean age 47, factors including drug and alcohol use, suicide, homicide and untreated health issues.

Narratives around the causation and maintenance of homelessness and rough sleeping are often characterised by the polemic debate around the role of society vs the role of the individual, i.e. it's all society's fault or it's the fault of the individual. Where the debate is political, these extremes are sometimes tied up with left and right wings respectively.

One way of synthesising this dialectic debate is to consider the individual in relation to their environment. Psychology provides theoretical and empirical frameworks for such a consideration. Wider issues such as societal and genetic factors can also be noted in the following model:



Work done over the last 8 years has investigated the roles of cognitive, emotional and behavioural factors in this model.

## **Research into psychological factors implicated in homelessness**

We have conducted a fair amount of formal research investigating psychological factors implicated in homelessness, together with the evaluation of psychological interventions to treat those issues. The University works in close partnership with local providers Society of St James, TwoSaints and the Booth Centre (Salvation Army). Much of our research is dependent on these close relationships and could not be done without them. The data from this research has been or is in the process of being written up for publication in peer-reviewed, academic journals.

The mental health issues suffered by rough sleeping and hostel-dwelling people are well documented. These include anxiety, depression, psychosis and personality disorder (although this latter term is dubious in terms of validity), with associated drug and alcohol use, and self-harm. We have identified prevalence rates of serious mental health problems (e.g. the diagnosis of personality disorder) which are in line with other research conducted by Crisis. We have also identified some of the underlying processes associated with these diagnoses, which inform the interventions needed.

A significant factor identified in our research is the role of childhood neglect and abuse, and associated difficulties in managing emotions. These difficulties are associated with substance abuse and self-harming behaviours, which in turn often result in behaviours which lead to tenancy breakdown. Our research has also indicated that attachment problems, again related to early abuse and neglect, results in establishing and maintaining healthy relationships, again a significant barrier to healthy, societal living. Such factors can be particularly important when living in structured, social environments such as hostels or shared housing. Add to this difficulties in managing practical issues such as rent, bills etc. and some of the processes leading to repeated eviction become apparent.

## **Interventions**

A number of psychological interventions are designed to address a number of these factors. For example, cognitive behavioural therapy (CBT) and dialectical behaviour therapy (DBT) take a skills approach to the treatment of emotion management and relationship difficulties, and have been shown to be effective in increasing functioning of people suffering the complex mental health difficulties described above.

Such interventions may enable people operate better in structured environments, although it needs to be acknowledged that 1) these skills take time to acquire, and housing can be an issue during transition; and 2) the existing health services set up to deliver these interventions tend to operate to the exclusion of homeless groups (e.g. on the basis of current use, transitional housing).

In addition, engagement in primary care needs to be a priority, as a way of intervening early in health problems before they become chronic, and as pathways to health care other than expensive, chaotic use of e.g. emergency departments of hospitals.

We can make wider use of the psychological knowledge generated through training delivered in hostels. We have data indicating that through training we can enable hostel staff to make use of cognitive and behavioural frameworks to 1) understand apparently self-destructive behaviours; 2) understand their own cognitive and emotional reactions to client behaviours; and 3) enable clients

to understand their own urges to behave in ways which are to their own and others' detriment. We can also enable an understanding of engaging clients in the process of change, firstly in terms of thoughts about change, then perhaps behavioural change itself. This work is progressing under the label of 'psychologically informed environments'.

Commissioning of services according to realistic and meaningful outcomes is essential to this way of thinking. Service providers need to be able to answer the question 'what will change as a result of what you do?'. In this way providers may be encouraged to think creatively about their areas of expertise in delivering tangible and measurable change. Monitoring of these changes may contribute to a culture of evidence-based commissioning, where services are clear with commissioners about what outcomes may be expected, and commissioners then hold the services to that contract.

Meaningful outcomes (as opposed to inputs and outputs) are often difficult to define. However, for this population, behaviours across a number of domains (e.g. incidence of types of antisocial behaviour, drug and alcohol use etc.) are the most tangible of outcomes. At some point, manifest behavioural change should be a measure of success of an organisation. Organisations can of course at any point start to measure change as a result of their interventions. This is sometimes called 'evidence-generating practice'. Any organisation that wishes to increase the efficacy and quality of its services will need to engage with evidence, in terms of consumption and generation.

## Summary

Psychological services (and psychologically augmented services such as psychologically informed environments) are showing potential not just to the individuals concerned, but in terms of savings to budgets across DH, MoJ, DWP and CLG (and local individual authorities).

The understanding of the psychological models is progressing, with a concomitant understanding of the nature of the type of psychological interventions necessary. However it is not just the type of intervention which needs attention, but how they are provided given the difficulties of engaging people with long-standing problems in change. Partnerships between the University and local providers are essential in this.

Evidence-based commissioning of services would be aided by a culture of evaluation, particularly around behavioural change attributable to the interventions created by those services.

A note of caution should be sounded. The problems suffered are complex, and interactions with health and housing structures increase the complexity of the issues. No one intervention or set of interventions will be a panacea and significant work needs to be done to increase the sophistication of psychological and environmental interventions.

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# Agenda Item 6

Appendix 11

## APPENDIX 11

### General Practice and the Single Homeless

The homeless have much greater health need than the general population, and suffer poor health outcomes. 80% of them are registered with a general practice compared to 98% of the rest of the population, and they make greater use of the hospital services, particularly Accident and Emergency departments,

For general practitioners, homeless patients present a challenge for a number of reasons, sometimes related to their mobility, sometimes related to the complexity of their health problems and often because of a combination of the two. They also frequently have a chaotic lifestyle, which can lead to problems balancing their needs against the needs of other patients.

One obstacle to providing good care is that the NHS recommends that practices ask patients to present documentation such as a driving licence or utility bill when they register. The main purpose of this is to prevent people dishonestly acquiring controlled drugs, but it is difficult for people who do not have documents of this nature to access health care. Most GPs support the British Medical Association's opposition to this policy, and we may be able to change it.

It is almost impossible for a GP to sort out properly a patient who has a number of long term conditions, quite possibly complicated by mental health problems, or misuse of drugs or alcohol, in a standard 10 – 15 minute consultation without access to the patient's medical records. The introduction of electronic transfer of records will alleviate this problem to a degree, but it will still remain difficult for a practitioner to digest complicated notes in the time available.

It is very rare to receive any information when a prisoner is released. This is unsatisfactory for the patient, and unsatisfactory for the community as ex-prisoners sometimes falsely claim to be on psychotropic medication.

72% of homeless people have a mental health problem, 52% use illegal drugs and 20% drink alcohol in harmful amounts. Many GPs do not have any great experience of managing drug problems, and access to substance misuse services can be slow. The introduction of the IAPT (Improving Access to Psychological Treatment) service has improved mental health care, and we remain grateful to voluntary organisations for their support of particular client groups.

Lack of support at home is undoubtedly a reason why the homeless are admitted to hospital more frequently and for longer than the population at large.

We are fortunate in Southampton to have the Homeless Healthcare Team, which is better geared up to care for the homeless and have greater expertise to meet their needs than the ordinary practices.

Providing care for the homeless is a challenge, and we need to ensure that their care is as commensurate with their needs as it is for the rest of the population.

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