

MINUTES OF THE CORPORATE PARENTING ADVISORY COMMITTEE HELD ON MONDAY, 3RD OCTOBER, 2022, 7:00PM – 8:33PM

PRESENT: Councillors Zena Brabazon, Elin Weston and Johnson

ATTENDING ONLINE: Councillors Ahmed Mahbub and Marsha Isilar-Gosling

1. FILMING AT MEETINGS

The Chair referred to the filming of meetings and this information was noted.

2. APOLOGIES FOR ABSENCE (IF ANY)

Apologies had been received from Councillor Collett.

3. URGENT BUSINESS

There were none.

4. DECLARATIONS OF INTEREST

There were no declarations of interest.

5. MINUTES

RESOLVED: That minutes of the meeting of the 13 July 2022 be approved as a correct record.

6. PERFORMANCE REPORT Q1 2022/23

Mr Richard Hutton, Senior Performance Officer, presented the item. There was a detailed discussion on the performance data and members asked several questions and points of clarifications.

The Committee heard that:

- When a young person had been in care for a certain period of time after their 16th birthday, the young person would be entitled to leaving care services. This meant that the individual would have an allocated personal advisor and be given financial and moral support. Efforts would be made to ensure that the individual would be settled into permanent accommodation, that the individual's aspirations would be supported including furnishing. Support would also be provided for emotional wellbeing and

mental health needs. Work would be done with the multi-agency set-up for any interconnected issues, such as the use of drugs.

- Regular dental checks were provided, but there were some underlying issues. This had been escalated to Public Health England. There was a small programme within London whereby if a young person was unable to get a dental appointment, then one could be provided. This included urgent dental appointments or routine checks which would have a waiting period of two to four weeks. It was important that dental appointments be encouraged.
- In relation family acute stress points, when cases escalated from Early Help, this was largely due to the complexities of parental consent and barriers that impact parental engagement that could be provided by Early Help. When cases were tracked, there had not been any cases which had gone to court which had not satisfied the criteria. For families in acute stress, there was more work done at the earlier intervention processes, partly due to mental health issues. A child could not be taken into care simply on the bases that the family was suffering from financial hardship.
- During the coronavirus crisis, social workers were one of the only resources that were available for young people and this had a long-term effect on service delivery across the system. Efforts were underway to redesign how the issue would be addressed. There was a challenge regarding the number of care leavers with undiagnosed mental health support needs. The stress was becoming visible amongst care leavers. Therefore, there was a lot of the pressure on social workers and the young adult service to advocate and to intervene.
- The target for pathway plans was being met (at 84%) and this was being tracked on a fortnightly basis.
- In relation to children in care, the competing priorities were the same, although there had been some movement in the summer. A high number of young people had turned 16 recently and the Council was now planning at the age of 15 and a half years of age regarding their prospective future. Soon all young people would have a pathway plan where required.
- Young people reaching the age of 25 having issues such as not being able to contact their personal advisor would be referred to Adult Services for a Care Act assessment. Work was being done with GPs to see what community resources or treatment could be put in place. There was floating support available to assist with young people in their own accommodation. Haringey also had a contract with MIND to provide therapy to young people virtually or in person. General support could always be given to any young person even if they were over the age of 25.
- The locality model led by the Adults team had adopted the transitional safeguarding protocol. This means that over time there were agencies that would ensure that any young person who needed further support beyond the age of 25 in Haringey would have a place to turn too. The specific individuals would be identified on the year of the 25th birthday and conversations would be held with them regarding their future support needs. However, it was more challenging to arrange support for those young people who did not live in the borough.
- In relation to a comment re the data the breakdown for the number of children in care and the method of the LA duty to care for them is denoted by those under a Care Order, S.20 and UASC.

- There were eight children who were in semi-independent accommodation. They were in the age group of 16 years and older. Only two were not meaningfully engaged in education, two were working, two in education and two were in further education.

The Committee noted that paragraph relating to conflicting and challenging priorities required more detail especially the kinds of challenges that the young people and the service was facing.

RESOLVED:

That the report be noted.

7. ADOPT LONDON NORTH (ALN) ANNUAL REPORT 2021-22

Ms Lydia Samuel, Adopt London North, presented the item. A discussion was held as Members sought further clarification and commented on various areas of interest.

The Committee heard that:

- One of the difficulties with CAMHS was that often some young people were seen as low risk when assessed in crisis because they had supportive parents and were seen as having a stable home environment. There had been individuals who had been released from hospital after suicide attempts. However, there was a project underway across London to try and get funding nationally to help improve pathways and have more clear areas of responsibility for adoption support and CAMHS responsibilities.
- Through the adoption support fund, therapy could be provided for every family that needed it. The type of therapy could be decided upon their need and this could include family therapy. A total of £5,000 worth of therapy could be accessed per year. There was difficulty when the issues bordered into clinical need and CAMHS involvement would then be required.
- CAMHS could be invited to a future meeting.
- The issue needed to be brought forward to the Health and Wellbeing Board.
- Haringey always had a relatively high number of adoptions in comparison to the other North London boroughs. The boroughs may have differences in the sizes of their populations. Some of the experiences of Haringey related to the number of single parents where there was a combination of challenges such as substance use, mental health and experience of domestic abuse.
- People who foster normally continued to foster, although some people went on to adopt.
- People intending to go into adoption needed to meet a financial stability threshold and this was a particular challenge for those who lived in London. The participants would normally need to have spare bedrooms and adequate space. It was likely that the cost of living crisis would have a negative effect on those who came close to meeting the criteria for adoption. It was likely to have a less immediate effect on fostering, but

fostering was likely to be affected. Efforts were being made to target financial assistance for those looking to go into adoption.

- Some local authorities had been able to allocate housing for foster carers. This was more difficult to do for those looking to adopt did not have a child identified to them and therefore was not yet approved for adoption. However, even if an individual was approved to adopt, they were told they could not increase their property size unless their home was overcrowded.
- The adoption orders had been affected by the delays in the courts partly due to the coronavirus crisis. Proceedings were also generally taking longer. As children got older, it became harder to get them into adoptive placements.
- Even when the court process was efficient, there was still pressure on timings. The service was now moving to more strategic operating model to ensure that any issues that aggravate delays would have a mitigated approach.
- If there was an early permanence arrangement in place whereby the prospective adopters were fostering until the adoption was confirmed, then those carers would receive a fostering allowance. They would also have access to adoption pay and adoption leave. There was more intense and willingness to consider early permanency.
- They will also other existing adoption allowances. Some families received them based on the needs of the child or based on their own needs and would receive them until the child is an adult. However, these allowances were based on the child. Those requiring financial support would be best served by being attached an allowance to them at the beginning before a child was allocated them. The North London boroughs were committed to this type of approach.
- The assessment process was meant to take about six months. The first stage of the process was taking longer and would take around four months and stage two process was taking about 5 months - a total of nine months.

RESOLVED:

That the report be noted.

8. UPDATE FROM THE CHILDREN IN CARE HEALTH TEAM

Ms Lynn Carrington, Whittington Health NHS, presented the item. Members sought clarifications on the report and made queries on the data.

The Committee heard that:

- The full health report should be completed and uploaded within two weeks, but this was not happening. In relation to nurses' reports, there was long-term sickness within the nursing team and the team was struggling to complete reports. The new doctors had started in September 2022.
- A further update would be provided when the situation stabilised and an update would also be provided regarding recruiting for the post of the designated doctor.

RESOLVED:

That the update be noted.

9. ANY OTHER BUSINESS

In relation to Corporate Parenting Champions, the training was ready to be implemented. The first programme of training be completed after the half term and the second week in December 2022. These would be sessions that lasted an hour and a half. In the New Year, the same format would be implemented in January and the second week of February. After this, a launch would be organised for March 2023.

The Chair felt that a full set of responses would be gathered from all members of the Committee.

Any expressions of interest should be please shared with Ms Beverley Hendricks, Assistant Director of Safeguarding and Social Care.

CHAIR:

Signed by Chair

Date